



Dental Public Health Project Descriptive Report Form

Please provide a description of your organization’s successful dental public health project by completing this form. Add extra lines to the form as needed but stay within **word limits**.

Please return the completed form to Lori Cofano: lcofano@astdd.org

Name of Project
MOTIVATE: Maine’s Team Based Initiative: Vital Access to Education
Executive Summary (250-word limit)
<p>Poor oral health is not a normal part of healthy aging. Elevated oral health risks and disparities exist for older adults residing in nursing homes which have been linked to poor oral health and poor health outcomes as well as negative impacts to quality of life. Most health care team members receive limited to no education on oral health assessments, evidence-based care guidelines, and interprofessional team-based oral health practices. Research demonstrates that oral health education can effectively and efficiently reduce mouth pain, improve masticatory function, minimize social isolation, and help manage systemic disease.</p> <p>The Lunder-Dineen Health Education Alliance of Maine, a program of Massachusetts General Hospital developed the MOTIVATE program as a solution to this problem for long-term care teams caring for our most vulnerable older adults.</p> <p>MOTIVATE stands for Maine’s Team Based Initiative: Vital Access to Education. The MOTIVATE program is an education and quality-improvement intervention that empowers and equips the health care team with the knowledge and skills needed to improve oral health care quality and staff confidence through evidence-based training, quality improvement coaching, and access to external oral health expertise. MOTIVATE’s success in long-term care demonstrates, through third party evaluation, that staff training is feasible, results in knowledge and attitudinal changes over time, greater health care provider confidence and practice changes. Evaluation findings note improved oral health care provided to long-term residents through increased oral health assessments conducted and increased use of oral health care planning at participating sites.</p>
Name of Program or Organization Submitting Project
Lunder-Dineen Health Education Alliance of Maine (Lunder-Dineen), in collaboration with Massachusetts General Hospital (MGH)

Essential Public Health Services to Promote Health and Oral Health in the United States

Place an "X" in the box next to the Core Public Health Function(s) that apply to the project.

	Assessment
	Policy development
X	Assurance

<http://www.astdd.org/state-guidelines/>

Project submissions will be categorized by the Core Public Health Functions on the ASTDD website.

Healthy People 2030 Objectives

List Healthy People 2030 objectives related to the project.

- Increase the proportion of adults who get recommended evidence-based preventive health care — AHS-08

This information will be used as a data resource for ASTDD purposes.

Keywords for sorting the project by topic.

Provide **three to five** keywords (e.g., access to care, children, coalitions, dental sealants, fluoride, policy, Medicaid, older adults, pregnant women, etc.) that describe the project. Keywords are used to categorize submissions.

Access to Care: Workforce; Prevention: Adults and Older Adults Oral Health; Interprofessional Collaboration; Interprofessional Training; Practice Transformation; Long-term Care

Detailed Project Description

Project Overview

(750-word limit)

1. What problem does the project address? How was the problem identified?
2. Who is the target population?
3. Provide relevant background information.
4. Describe the project goals.

The burden of oral disease and its connection to poor overall health and quality of life, represents a significant public health challenge for older adults. Approximately 1.2 million adults aged 65 and older reside in nursing home facilities with the majority of older adults (70%) requiring some type of long-term care (LTC) during their lifetime. For those living in LTC, performing daily activities, such as tooth brushing, dressing, and eating, requires assistance. Compared to prior generations, today's older adults are more likely to retain their natural dentition, increasing the need for restorative oral care, care to prevent dental disease and related systemic diseases that impact oral function and quality of life.

The responsibility of oral hygiene care often falls to nursing and direct care staff with varying degrees of training and awareness of the connection between oral health and overall health.

However, interprofessional education (IPE) addressing oral health competencies can contribute to health improvements.

Health professions education is the cornerstone of Massachusetts General Hospital and its affiliated programs, including the Lunder-Dineen Health Education Alliance of Maine (Lunder-Dineen). Lunder-Dineen's mission is to improve the health and well-being of Maine residents by providing high-quality, continuing health education that supports collaborative, team-based practice, and patient-centered care. Lunder-Dineen developed the MOTIVATE program as a solution to this problem for long-term care teams caring for our most vulnerable older adults.

MOTIVATE supports practice transformation through provider education and training, organization-level practice support, and subject matter expert consultations. The goal of this program is to shift oral health attitudes, increase oral health care knowledge and skills and to support nursing homes to apply their learning to practice by implementing enhanced, evidenced-based oral health care practices. Sub goals included: identifying and forming an advisory team to guide the project, conducting a needs assessment to align the project to identified gaps, securing a pilot site to test the concept and internally publishing results to guide the program's expansion.

A statewide interprofessional advisory team was formed, comprised of oral health experts from academia, practice, policy, and administration. The Maine Veterans' Homes (MVH) system, with six sites across Maine serving over 600 residents, was identified as a key inaugural practice partner as Maine has one of the largest per capita veteran populations, with over half aged 65 and older. Systems-level executive leadership and site administrators agreed to establish a strategic partnership to pilot test the MOTIVATE program across the six statewide MVH locations.

In collaboration with the University of Maine Center on Aging, a pre-program stakeholder needs assessment was conducted, surveying MVH staff to identify training and education preferences; gaps in knowledge, skills, and attitudes; barriers to providing oral health care to residents and relevant topics in team-based care. This assessment revealed a preference for brief, interactive and blended learning along with the need for on-site support to apply the education and training to care delivery. Short, interactive online modules, workshops and case studies were designed to accommodate diverse learner needs adapting content from existing evidence-based models, where possible, including Mouth Care Without a Battle. Based on assessment data, an interprofessional oral health curriculum and multi-modal implementation plan was developed for LTC health care teams.

To foster an ongoing stakeholder-informed approach, the MOTIVATE team supported on-site interprofessional committees, led by oral health champions, to promote the application of education to practice. Lunder-Dineen organized and facilitated monthly implementation meetings with them to coach the team on application of the education to care delivery. Subject matter experts were introduced at different intervals to provide access to experts from the community. A stepwise approach was planned for program implementation across the six sites, from 2015 through 2019.

The MOTIVATE program was initially tested in two sites, using Plan-Do-Study-Act cycles of rapid change and then gradually expanded. Oral health materials for residents were supplied. MOTIVATE has since expanded to five more LTC settings across Maine, reaching over 1000 learners caring for 1,100 residents.

With each implementation cycle, Lunder-Dineen continues to use stakeholder feedback to enhance the program. To date, the education and training strategy has expanded to include

additional content for families and residents: namely an oral health flyer introducing the program as well as an oral health knowledge game available in both physical and digital formats. For staff, a MOTIVATE program companion manual was developed with resources to help the committee implement the program that includes sample processes, tips, tools and references. Most recently, a cultural competency pocket guide and an additional expert consultation meeting for the MOTIVATE committee were added, bringing a greater focus on justice, equity, diversity and inclusion to guide the team to consider next steps for being more inclusive.

Resources, Data, Impact, and Outcomes (750-word limit)

1. What resources were/are necessary to support the project (e.g., staffing, volunteers, funding, partnerships, collaborations with other agencies or organizations)?

The Lunder-Dineen Health Education Alliance of Maine staff provided oversight and management of the program. Collaboration with our evaluation partner was critical along with the guidance of our volunteer advisory team which met with us monthly.

2. (a) What process measure data are being collected (e.g., sealants placed, people hired, etc.)?

Process measures collected include the number of sites participating in the program (11 to-date), number of staff trained via the program, number of residents who are cared for via trained staff, number of modules completed by staff, attendance at trainings. Additional survey questions, administered after learning module completion, examine perceived relevance to the staff member's role (relevance), feedback on module length, clarity, and learner interest (format).

(b) What outcome measure data are being collected (e.g., improvement in health)?

Learner outcomes are collected regarding pre/post changes in oral health knowledge and beliefs, learner self-report of application of knowledge into practice is collected post-implementation, and resident metrics tracked include the number of oral health assessments conducted over time and the number of oral health care plans implemented.

A core set of self-report assessments included: 1) "Every member of our healthcare team has a clear role in providing oral health care to residents." 2) "I am confident in my ability to assist residents with oral health care as needed." 3) "Regular oral health care enhances residents' quality of life." 4) "Regular oral health care enhances residents' dignity." 5) "How important do you think receiving oral health care is to preventing disease?" Respondents rated statements on a scale from one ("strongly disagree/not important") to five ("strongly agree/ very important").

An overall increase in scores across the learning domains was noted over time from baseline to post-implementation. For all statements, there was at least a modest improvement in scores from baseline to the post-implementation. Baseline scores were generally high for each statement, particularly perceptions that oral healthcare is important for quality of life, dignity, and preventing disease. Confidence in providing oral care and the clarity of roles across disciplines in providing oral healthcare demonstrated the most improvement.

Based on write-in comments, staff who have been trained by MOTIVATE indicated they intend to apply learning and specific skills regarding improved mouth and pain assessment techniques, encouraging residents to lead their own oral care, collaborating with other staff to address oral health issues, and overall increased oral health skills for daily care/brushing.

In addition, data collected on nursing home resident-level outcomes indicate that the program is successful in increasing the number of oral health assessments and oral health care plans put into place for nursing home residents.

(c) How frequently are data collected?

Data are collected from participants at baseline/program registration and again approximately one-month post-implementation of the program. Resident-level metrics are reported monthly beginning at least 3 months prior to the start of staff training through 3 months post-training to identify pre- and post-program trends.

3. How are the results shared?

The University of Maine has served as an evaluation partner for the MOTIVATE program, assisting with the third-party collection and analysis of learner data and resident metrics to document program outcomes since the inception of the program. Each site that implements MOTIVATE receives an internal report and live presentation detailing the evaluation findings for their site along with recommendations for improving program implementation and sustainability. Recommendations are also developed that identify how Lunder-Dineen can improve future implementation of MOTIVATE at new sites.

Program evaluation results have been shared via a publicly available report ([Link to Report](#)) and numerous local and national conference presentations including presentations to the Maine Dental Hygienists' Association, The Maine Healthcare Association, The Maine Oral Health Coalition, The National Oral Health Conference, American Society on Aging Conference, and the Gerontological Society of America. A manuscript detailing evaluation findings is also currently under review by the *Journal of Public Health Dentistry*. Findings have also been translated into a user-friendly infographic format to provide an easy and engaging way for the public and interested stakeholders to assess program outcomes: [Link to Infographic](#).

Budget and Sustainability

(500-word limit)

Note: Charts and tables may be used.

1. What is/was the budget for the project?
2. How is the project funded (e.g., federal, national, state, local, private funding)?
3. What is the sustainability plan for the project?

Lunder-Dineen is funded jointly by Massachusetts General Hospital in Boston, Massachusetts and the Lunder Foundation in Portland, Maine. MOTIVATE is one of three Lunder-Dineen signature programs responding to education gaps for health care professionals in Maine. In addition to the philanthropy from MGH and the Lunder Foundation, Lunder-Dineen has successfully secured funds from several private foundations including the Sam L. Cohen Foundation, the Maine Health Access Foundation, and the CareQuest Institute for Oral Health. The MOTIVATE program is an effective IPECP model for developing oral health competencies and promoting evidence-based oral health care in nursing homes. The program is a replicable and sustainable model for promoting practice

transformation through provider-level education and training; organization-level practice support; and consultations with subject matter experts.

Furthermore, to reach caregivers of older adults that live at home, the program has recently broadened its reach and developed a track geared to those caregivers. MOTIVATE at Home has recently completed a 12-month pilot in partnership with the CareQuest Institute for Oral Health, an Area Agency on Aging in southern Maine and the University of Maine Center on Aging. The program is seeking additional funding to expand the program statewide by identifying care partner organizations and continuing to tailor the learning experience to best educate this new learner group.

Through participation in regional and national conferences, several groups across the nation have requested more information about both the MOTIVATE and MOTIVATE at Home programs. This is a testament to the nationwide need to fill this education gap with tested education/quality improvement interventions. Aspirational goals include pursuing a train-the-trainer model to allow for national scalability. Sustainability can be addressed through revenue generated by Lunder-Dineen to coach and facilitate a train-the-trainer model.

Lessons Learned

(750-word limit)

- (a) What lessons were learned that would be useful for others seeking to implement a similar project?
- (b) Any unanticipated outcomes?
- (c) Is there anything you would have done differently?

MOTIVATE aimed to address oral health education and practice gaps for interprofessional teams in LTC by delivering an effective model for oral health competencies and promoting evidence-based oral health care. Program evaluation data demonstrated the effectiveness of this IPECP model to develop oral health competency and promote practice change over time in an LTC setting. Survey data illustrated that LTC staff maintain positive views of the importance of oral health care and its connection to total health. Notably, ratings of both confidence in providing oral health care and understanding of oral health team roles in promoting oral health grew the most over time indicating that educational interventions, such as MOTIVATE, have a positive impact. This underscores the need for educational support to build experience and comfort with the provision of role-specific oral health support for a learner audience that largely has no prior oral health training.

Participants experienced knowledge and attitude gains around oral health care provision over time with clear intentionality to implement their learning post-training. Evaluation findings underscore the value of IPECP and align with the growing support for utilizing high-functioning interprofessional teams when caring for older adults.

Recruitment of long-term care implementation sites is often a long and deliberate process tied to alignment in strategic goals and relationship building. Identifying and cultivating relationships with long-term care settings and leadership takes time and needs to be an on-going process to ensure that there are no gaps in implementation from one site to the next. We have currently added quarterly check-in meetings with past MOTIVATE homes to offer support and learn what is working and what additional support might be needed to sustain the good work.

Yet, we know not all solutions are education and training based. The MOTIVATE program embraces this understanding by including monthly interprofessional collaboration meetings whereby the team collaboratively discusses and examines opportunities to enhance care such as streamlining processes and clarifying roles and responsibilities. MOTIVATE also

embraces the importance of relationship building to foster trust and credibility and by simply being present (whether on-site or virtually), supporting them and showcasing oral health, it motivates them to do the same. In addition, Lunder-Dineen models and mentors on how to create a culture of learning and create psychological safety. We know that outcomes are better when all of this occurs.

The MOTIVATE model is a solution to a public health problem facing our most vulnerable and at risk older adults. The MOTIVATE program is an effective IPECP model for developing oral health competencies and promoting evidence-based oral health care in nursing homes. MOTIVATE’s multi-modal approach achieved positive shifts in knowledge and application to practice. For a full evaluation report, please visit: <https://lunderdineen.org/program/motivate-transforms-oral-health-in-long-term-care>.

Resources

List resources developed by this project that may be useful to others (e.g., guidelines, infographics, policies, educational materials). Include links if available.

MOTIVATE Resources: <https://lunderdineen.org/motivate-oral-health-resources/>
 MOTIVATE at Home Portal: <https://lunderdineen.org/program/motivate-at-home-portal/>

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