

## 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](mailto:lcofano@astdd.org)

Name of Project
<p><b>Preventive Services Program (PSP): Missouri’s Preventive Oral Health Program for Head Start Children</b></p>
Executive Summary (250-word limit)
<p>The Preventive Services Program (PSP) is a free program dedicated to promoting and improving healthy smiles for all Missouri children through education and preventive services. The program goal is to assess all Missouri children’s oral health status while implementing a public health intervention designed to dramatically reduce tooth decay, fluoride varnish. The program uses community involvement to implement evidence-based prevention strategies to improve oral health outcomes for children ages infant to 18 years of age. Community-wide support is essential to the implementation and success of the program. This program is coordinated through the Office of Dental Health.</p> <p style="text-align: center;"><b>Four Components of PSP</b></p> <ol style="list-style-type: none"> <li>1. <b>Surveillance/Screening</b> Dentists or dental hygienists conduct an annual oral screening using the Association of State and Territorial Dental Directors (ASTDD) Basic Screening Survey (BSS) guidelines. This visual exam detects obvious decay and problems that need intervention. Screening data are compiled for surveillance and program planning. Online calibration is required to conduct the screening, 1 hour of CE is offered.</li> <li>2. <b>Education</b> PSP provides basic oral hygiene instruction and the benefits of fluoride varnish. Toothpaste, a toothbrush, floss and oral health literature are also provided to each participant to take home after the PSP event.</li> <li>3. <b>Prevention (Fluoride Varnish)</b> Volunteers apply two applications per year. Anyone can assist, must be at least 18 years old and complete the required online varnish application training.</li> <li>4. <b>Referral</b> The program provides the names of community dentists who can help provide treatment for unmet dental needs. The list is shared with parents when they are notified of significant findings in their children’s screenings.</li> </ol>

## Name of Program or Organization Submitting Project

Missouri Department of Health & Senior Services, Office of Dental Health

### ***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.

<input checked="" type="checkbox"/>	Assessment
<input type="checkbox"/>	Policy development
<input checked="" type="checkbox"/>	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.

Reduce the proportion of children and adolescents with lifetime tooth decay — OH-01

Reduce the proportion of children and adolescents with active and untreated tooth decay — OH-02

Increase the proportion of low-income youth who have a preventive dental visit — OH-09

Increase the proportion of children and adolescents who have dental sealants on 1 or more molars — OH-10

Reduce consumption of added sugars by people aged 2 years and over — NWS-10

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.

Fluoride varnish, children, community volunteers

## Detailed Project Description

### **Project Overview**

(750-word limit)

1. What problem does the project address? How was the problem identified?

The project addresses the unmet dental decay and lack of oral health education for Early Head Start and Head Start populations, plus all school-aged children. The problem was identified a couple of different ways. The main way was through the Basic Screening Survey (BSS) conducted in conjunction with the ASTDD and CDC every five years at randomly selected schools to assess the dental health of children in the state. A more indirect identifier was the increased need for oral health surgeries and emergency department visits related to oral health issues among children.

2. Who is the target population?

All children in the state of Missouri, infant to 18 years of age, including the special needs population (up to 21 years of age) in Missouri's State Schools for the Severely Disabled, are the target for the program.

3. Provide relevant background information.

The Preventive Services Program (PSP) was designed to address the high incidence of tooth decay in Missouri children. This was identified through the results of the BSS conducted during the 2004-2005 school year. PSP was created to serve children at high risk of decay, on the free and reduced school lunch program, and those with low socioeconomic status, however PSP is offered to all children in the state regardless of the aforementioned factors. The PSP has been active since 2006 and has reached between 50,000-90,000 children statewide per year. PSP identifies existing tooth decay and helps prevent future tooth decay through two applications of fluoride varnish during the school year.

4. Describe the project goals.

The program's goal is to assess Missouri children's oral health status, bring awareness of oral health issues to parents/caregivers and provide a strong referral system while implementing a volunteer community-based public health intervention designed to dramatically reduce tooth decay.

## **Resources, Data, Impact, and Outcomes**

(750-word limit)

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

Several different resources are necessary to support PSP. PSP relies on community volunteers to function. Dentists, dental hygienists, parents, community organizations, Federally Qualified Health Centers, dental clinics, coalitions, dental and dental hygiene students, plus anyone in a community that cares about the oral health of their children. Even though school nurses are not volunteers for the program, they are typically the coordinators at their school for PSP. A school nurse may not be available to coordinate PSP and in that instance, an administrator or volunteer parent takes on that role. The school PSP coordinator is the champion of the program at their school and without their agreement/buy-in to coordinate and host the event, PSP would not happen at their school. Funding is obviously very important for continuance of PSP in order to continue the purchase of fluoride varnish, oral hygiene supplies, and literature and resources, not to mention staff time and travel by the Office of Dental Health (ODH) staff.

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

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

(c) How frequently are data collected?

Several different process measures are collected. One measure is the number of volunteers who took part at each PSP event, both professional and unlicensed (lay) volunteers. A survey form for each child collects the following information annually:

- Age, race/ethnicity, amount of previous treated decay, untreated decay, oral hygiene status, and existing sealants, all of which are part of the BSS guidelines. The outcome measures that are being collected each year are caries reduction, number

of children with early and urgent dental care needed and number of sealants applied to first molars.

- All of this data is collected annually, once per school year.

3. How are the results shared?

Results are shared through several different mechanisms. One is that data from the respective sites (Early Head Start & Head Start and schools) are prepared in a summary report and emailed to the school nurses for their needs. Another reporting mechanism is an annual one-page report and a Tableau Dashboard that gives findings for all children for that year. This dashboard is available on our Oral Health data webpage and one-page report is shared as the information is requested. The other mechanism is on ODH's state website where an interactive Tableau dashboard has been created for people to view and gather data.

**Budget and Sustainability**

(500-word limit) )

Note: Charts and tables may be used.

1. What is/was the budget for the project?

The annual budget for this project is approximately \$144,298 for expense and equipment and approximately \$250,000 for Personnel Services (PS) & fringe. This is based on seeing approximately 80,000 children/year.

E&E	
varnish	65672
oral care supplies	54626
printing	10000
travel	5000
shipping/freight	9000
total	144298
PS & fringe	250000
total	394298

2. How is the project funded (e.g., federal, national, state, local, private funding)?

The project is funded by the MCH Block Grant.

3. What is the sustainability plan for the project?

The sustainability plan for the project is to continue to show the importance of this project to the MCH funders and show how the project improves the oral health of children participating to stakeholders who can champion the importance.

**Lessons Learned**

(750-word limit) )

- (a) What lessons were learned that would be useful for others seeking to implement a similar project?

Several lessons have been learned through the years of doing PSP. One is locating dental professionals to assist with a PSP event (to conduct oral screenings). This can be a challenge in some areas of the state where there is a lack of dentists and hygienists. Another is finding follow up care for children identified with unmet dental needs, especially in areas of the state where no dentists are practicing. (There are 10 counties in Missouri with no licensed dentists). And even if there are practicing dentists, not many of those dentists are available to provide care quickly, and if the child is on Medicaid, it can be a challenge to find a Medicaid provider.

With these lessons, ODH has found that the more education/promotion of PSP that can be done among dental professionals, the better. By promoting PSP, more dental professionals are apt to volunteer for the program and to treat the children that are found to have unmet dental needs. ODH staff exhibit at conferences where dental professionals are in attendance, present at these conferences, promote the program in dental health professional newsletters/ magazines and have local dental/hygiene students participate while they are still in school. ODH has found that working with the local dental/hygiene schools and exhibiting at conferences and speaking with the professionals in person has proven to be the most effective. Also, many of these volunteers work for the local FQHCs in these communities and these FQHCs have been participating with this program for years so it is considered to be a part of their community outreach and has just continued. In many Missouri counties, the only dental professionals are those from the FQHCs. Once a community recognizes the importance of oral health and how it relates to other issues, the parents, school administrators and staff, and concerned citizens may be more likely to help bring PSP to their school.

Consent is required for the applications of fluoride varnish and the return of consent forms from the parents is another challenging area. Again, a major way to increase consent is by educating everyone involved on the importance of oral health. Finding school nurses/volunteers who have time to coordinate PSP at their schools has been difficult, especially since COVID. One-way ODH has tried to improve this is by simplifying the instructions and resources for PSP for the coordinators.

- (b) Any unanticipated outcomes?

There have been no unanticipated outcomes

- (c) Is there anything you would have done differently?

Based on the lessons learned above, this is likely not the only thing that could have helped the program, but an oral screening is not required to start each school year. Unfortunately in Missouri, oral screenings are not required prior to school entry. If oral health screenings were required of all school children, it would enable the ODH to promote good oral health and identify unmet dental needs.

## Resources

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

PSP web page, narrated oral health presentation by grade level, free oral health educational literature and information for all ages and other languages, fluoride varnish facts, community water fluoridation info, plus many other oral health topics-

<https://health.mo.gov/living/families/oralhealth/oralhealtheducation.php>

oral screening calibration and fluoride varnish training-  
<https://psp.health.mo.gov/psp-screener-and-volunteer-trainings/>

<b>Contact for Inquiries</b>	
Name:	Julie Boeckman
Title:	Program Manager
Agency/Organization:	Missouri Department of Health & Senior Services, Office of Dental Health
Address:	PO Box 570, Jefferson City, MO 65102
Phone:	573-751-6249
Email:	<a href="mailto:Julie.boeckman@health.mo.gov">Julie.boeckman@health.mo.gov</a>
<b>Second Contact for Inquiries</b>	
Name:	Ann Hoffman
Title:	Oral Health Program Consultant
Agency/Organization:	Same
Address:	Same
Phone:	573-751-5874
Email:	<a href="mailto:Ann.hoffman@health.mo.gov">Ann.hoffman@health.mo.gov</a>

<b>To Be Completed By ASTDD</b>	
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