Dental Public Health Activity
Descriptive Report Submission Form

The Best Practices Committee requests that you complete the Descriptive Report Submission Form as follow-up to acceptance of your State Activity Submission as an example of a best practice.

Please provide a more detailed description of your **successful dental public health activity** by fully completing this form. Expand the submission form as needed but within any limitations noted.

ASTDD Best Practices: Strength of Evidence Supporting Best Practice Approaches
Systematic vs. Narrative Reviews: http://libguides.mssm.edu/c.php?g=168543&p=1107631

NOTE: Please use Verdana 9 font.

CONTACT PERSON PREPARING THE SUBMISSION AND TO ANSWER QUESTIONS

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PROVIDE CONTACT INFORMATION FOR ONE ADDITIONAL PERSON WHO COULD ANSWER QUESTIONS REGARDING THIS PROGRAM

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SECTION I: ACTIVITY OVERVIEW

Title of the dental public health activity:

Illinois Oral Health Workforce Project: Establishment of Community Dental Health Coordinator Curriculum in Illinois Dental Hygiene Degree Programs

Public Health Functions*: Check one or more categories related to the activity.

"X"	Assessment
	1. Assess oral health status and implement an oral health surveillance system.
	2. Analyze determinants of oral health and respond to health hazards in the community
	3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health
	Policy Development
X	4. Mobilize community partners to leverage resources and advocate for/act on oral health issues
	5. Develop and implement policies and systematic plans that support state and community oral health efforts
	Assurance
	6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices
X	7. Reduce barriers to care and assure utilization of personal and population-based oral health services
X	8. Assure an adequate and competent public and private oral health workforce
	9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services
	10. Conduct and review research for new insights and innovative solutions to oral health problems

*ASTDD Guidelines for State and Territorial Oral Health Programs that includes 10 Essential Public Health Services to Promote Oral Health

Healthy People 2020 Objectives: Check one or more <u>key</u> objectives related to the activity. If appropriate, add other national or state HP 2020 Objectives, such as tobacco use or injury.

"X"	**Healthy People 2020 Oral Health Objectives**	
X	OH-1	Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth
X	OH-2	Reduce the proportion of children and adolescents with untreated dental decay
	OH-3	Reduce the proportion of adults with untreated dental decay
	OH-4	Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease
	OH-5	Reduce the proportion of adults aged 45 to 74 years with moderate or severe periodontitis
	OH-6	Increase the proportion of oral and pharyngeal cancers detected at the earliest stage
X	OH-7	Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year
X	OH-8	Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year
	OH-9	Increase the proportion of school-based health centers with an oral health component
	OH-10	Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health component

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	OH-11	Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers each year
X	OH-12	Increase the proportion of children and adolescents who have received dental sealants on their molar teeth
	OH-13	Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water
	OH-14	Increase the proportion of adults who receive preventive interventions in dental offices
	OH-15	Increase the number of States and the District of Columbia that have a system for recording and referring infants and children with cleft lips and cleft palates to craniofacial anomaly rehabilitative teams
	OH-16	Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system
	OH-17	Increase health agencies that have a dental public health program directed by a dental professional with public health training

"X"	Other national or state **Healthy People 2020 Objectives**: (list objective number and topic)

Provide 3-5 Key Words (e.g. fluoride, sealants, access to care, coalitions, policy, Medicaid, etc.) These will assist those looking for information on this topic:

Access to care, workforce development, case management, sealants, school-based oral health education

Executive Summary: Complete after Section II: Detailed Activity Description. Please limit to 300 words in one or two paragraphs.
Provide a brief description of the dental public health activity. Include information on: (1) what is being done; (2) who is doing it and why; (3) associated costs; (4) outcomes achieved (5) lessons learned, both positive and negative.

The Illinois Department of Public Health's (IDPH) Oral Health Workforce Project addresses workforce needs to increase access to oral health services for underserved populations in Dental Health Professional Shortage Areas (HPSA) in Illinois. Focus areas include:
- Supporting oral health providers practicing in specialized roles designed to improve oral health access in underserved communities; and
- Expanding access to community-based prevention services for underserved populations through the dental sealant program.

To achieve these goals, IDPH began implementing a multi-pronged approach to leverage its school-based oral health program with the intent to 1) implement the American Dental Association's (ADA) Community Dental Health Coordinator (CDHC) curriculum in selected college dental hygiene programs; 2) expand community outreach to increase the number of children who are actively participating in the dental sealant program and who are linked with follow-up care, and 3) increase the number of children experiencing tooth decay who receive treatment services in targeted Dental HPSA areas.

IDPH partnered with four dental hygiene colleges and three community-based organizations to implement the CDHC curriculum and provide internship opportunities. A Steering Committee provides oral health expertise and guidance to the program. As of January 2017, four colleges in Illinois have established a CDHC Program, the first class of 29 RDH graduated with a CDHC Certificate, and 125 students are currently enrolled and working toward the Certificate.

Costs include staff time for a program manager and subcontracts to colleges, community-based organizations and an evaluator, ranging from $10,000 to $60,000, to establish, plan, and oversee the project, establish and set-up the curriculum, and oversee student activities.

Lessons learned during the project's first two years included understanding the timeframe needed to establish a new curriculum and understanding of how dental sealant programs operate differently throughout the state the understanding the challenges of collecting data to show outcomes.

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Provide <u>detailed narrative</u> about the dental public health activity using the headings provided and answering the questions. Include specifics to help readers understand <u>what</u> you are doing and <u>how</u> it's being done. References and links to information may be included.

**Complete using Verdana 9 font.

Rationale and History of the Activity:

1. What were the key issues that led to the initiation of this activity?

Although the Illinois school-based dental sealant program has been a success, data indicates large disparities remain for children identified as high-risk for cavities compared to the overall population. In 2014, nearly 1.6 million children were enrolled in the Medicaid program, but only half (50.5%) of these children covered by the federal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) mandate received any dental or oral health service in FY2014 (Illinois Department of Healthcare and Family Services).

2. What rationale/evidence (may be anecdotal) did you use to support the implementation of this activity?

Breaking Down Barriers to Oral Health for All Americans: The Community Dental Health Coordinator. A Statement from the American Dental Association, October 2012
http://www.ada.org/~/media/ADA/Public%20Programs/Files/barriers-paper_repairing-tattered-safety-net.ashx

3. What month and year did the activity begin and what milestones have occurred along the way? (May include a timeline.)

PROJECT START: September 2015 – Grant funding awarded for project to start in Illinois.

Year 1 (September 2015-August 2016):
- Steering Committee established and held first meeting and met twice yearly thereafter.
- Program Manager hired.
- Colleges get necessary internal approvals to add CDHC Curriculum.
- Prairie State College obtains CDHC license from ADA.
- Prairie State College establishes curriculum and enrolls first cohort of students.

Year 2 (September 2016-August 2017):
- Subcontracts initiated with four colleges, three community-based organizations, and project evaluator.
- Prairie State College serves as a mentor to assist other colleges in establishing the curriculum.
- Southern Illinois University (SIU), Parkland College, and Malcolm X College obtain license from ADA and establish curriculum.
- First cohort of students at Prairie State graduates and receives CDHC Certificate.
- SIU and Malcolm X enroll students and begin curriculum.
- Evaluation Sub-committee established and data collection and evaluation procedures initiated.

Year 3 (September 2017-August 2018):
- Parkland College establishes CDHC curriculum as a continuing education offering for already practicing RDH, enrolls students and begins curriculum.
- Data collection and evaluation activities are refined.
- SIU, Malcolm X, and Prairie State students continue the online curriculum and internship activities leading to the CDHC Certificate.

The sections below follow a logic model format. For more information on logic models go to: W.K. Kellogg Foundation: Logic Model Development Guide

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INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES

1. What resources were needed to carry out the activity? (e.g., staffing, volunteers, funding, partnerships, collaborations with various organizations, etc.)

INPUTS
Federal Funding from HRSA; Oral Health Workforce Program established within Illinois Department of Public Health; IDPH Program staff; Oral Health Statewide Steering Committee; Evaluation subcommittee; Community College Dental Hygiene Programs; Community-based sites for CDHC Internships

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES

2. Please provide a detailed description the key aspects of the activity, including the following aspects: administration, operations, and services.

PROGRAM ACTIVITIES
Key stakeholders were identified and recruited by the Office of Health Promotion Deputy Director and the Division of Oral Health staff, and an Oral Health Workforce Statewide Steering Committee was established. The committee met initially in-person, and continues to meet twice annually by conference call to provide overall expertise to guide the project.   In addition, three sub-committees were established to work on more specific areas of the project. These include Evaluation, Professional Education, and Community-Outreach.

College Dental Hygiene Degree Programs that were located in dental Health Professional Shortage Areas (HPSAs) were identified. The colleges were contacted to determine their interest and ability to participate in the project. Once college sites were chosen to implement the CDHC curriculum, they were linked with community-based oral health service providers participating in, or collaborating with, a dental sealant program in the same area who could provide internship opportunities for the CDHC students. These college implementation and community-based sites were given the opportunity to apply to receive funding to establish the CDHC program in their area. The application included development of a work plan with timeline and budget.

Each site obtained a license and the curriculum from the American Dental Association. Once a license was granted, staff from the ADA conducted a site visit with the colleges to provide technical assistance in establishing the curriculum in their college. Students enrolled in the Dental Hygiene program concurrently completed the CDHC modules online and the CDHC internship while completing their RDH degree program. The colleges also explored the feasibility of offering the CDHC Program for continuing education to practicing RDH.

The community-based sites established local outreach committees which included the college dental hygiene program, community human services providers, dental providers, local health departments, schools, etc. to identify eligible underserved populations and provide guidance for the pilot projects. As needed, additional partners and sites were identified for CDHC interns to gain experience in community-based oral health. In additional community-based sites conducted an Oral Health Needs Assessment and Plan for their community to identify areas where CDHCs could have an impact on access to oral health care.

A subcontract with a university-based project evaluator was completed, and the evaluator developed and implemented an evaluation plan to measure and monitor program outputs, outcomes, long-term feasibility and effectiveness.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES

3. What outputs or direct products resulted from program activities? (e.g., number of clients served, number of services units delivered, products developed, accomplishments, etc.)

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OUTPUTS
- A statewide Oral Health Workforce Steering Committee, consisting of approximately 50 members, was established to assist with the implementation of the project.
- The ADA's CDHC education modules established with practicum in four college dental hygiene programs, including a Continuing Education Program at one of the sites.
- Community-based pilot sites were established to allow CDHC students to participate in an internship in four dental HPSA areas.
- Local outreach committees provide strategies for CDHC students to engage eligible families.
- An Evaluation Subcommittee was established, and a strategic evaluation plan was developed.
- A Strengths, Weakness, Opportunities, and Threats analysis conducted with Steering Committee members.
- By October of 2017, 29 CDHC students had graduated, and 125 were enrolled in the curriculum at four colleges.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	**OUTCOMES**

4. What outcomes did the program achieve? (e.g., health statuses, knowledge, behavior, care delivery system, impact on target population, etc.) Please include the following aspects:
   a. How outcomes are measured
   b. How often they are/were measured
   c. Data sources used
   d. Whether intended to be short-term (attainable within 1-3 years), intermediate (achievable within 4-6 years), or long-term (impact achieved in 7-10 years)

Short-term Outcomes

Outcome	How measured?	How often?	Data sources
Increased # of college dental hygiene programs offering CDHC Certificate	Number of subcontracts issued to college dental hygiene programs to implement CDHC Certificate Program	Annually	IDPH Internal Data
Increased # of dental hygienists with CDHC Certificate	Survey of colleges with CDHC program	Annually	Participating College Dental Hygiene Programs

Intermediate Outcomes

Outcome	How measured?	How often?	Data sources
Increased capacity and sustainability of oral health workforce through addition of CDHCs	Follow-up survey of CDHC graduates to determine if they utilize CDHC training in their employment.	Annually 6-12 months after graduation	Self-report survey of CDHC graduates

Long-term Outcomes

Outcome	How measured?	How often?	Data sources
Increase # of children in the dental sealant program linked with follow up care through expanded community outreach services	Survey of participating Community-based grantees providing internship opportunities.	Annually	Survey
Increase # of children experiencing tooth decay who receive treatment services in targeted dental HPSA areas	Survey of participating Community-based grantees providing internship opportunities.	Annually	Survey
Increase # of children who receive an annual dental visit	Survey of participating Community-based grantees providing internship opportunities.	Annually	Survey

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Budgetary Information:
NOTE: Charts and tables may be used to provide clarity.

1. What is the annual budget for this activity?

   $500,000

2. What are the costs associated with the activity? (Including staffing, materials, equipment, etc.)

Program Manager Salary and Fringe Benefits, office supplies, telephone and computer equipment, software licenses and fees, telephone and teleconference charges, travel associated with site visits. Subcontracts for university evaluator, four colleges, and three community-based organizations cover staff time, travel, supplies, telephone and administrative costs.

Salaries and Wages	$78,783.00
Fringe Benefits	$63,086.00
Supplies	$600.00
Other (telecommunications, computer, and software)	$5,200
Travel	$5,170.00
Consortium/Contractual Costs	$320,000.00
Indirect Costs	$27,161.00
TOTAL	**$500,000.00**

3. How is the activity funded?

Cooperative Agreement from the Health Resources and Services Administration (HRSA)

4. What is the plan for sustainability?

Once the curriculum is established, colleges may charge a fee for each course module and/or continuing education credit to cover the costs of the program.

Lessons Learned and/or Plans for Addressing Challenges:

1. What important lessons were learned that would be useful for others looking to implement a similar activity? Was there anything you would do differently?

Establishing a new curriculum in a college is a lengthy process which requires approximately one year or more for preparation and approvals.

Due to the large number of stakeholders involved, collecting data for evaluation also was difficult, and it was difficult to show that a change in participation rate or follow-up care was the direct result of the work of a Community Dental Health Coordinator intern. In the Chicago area, the community-based grantee worked with 56 schools in four zip codes who used 17 different dental providers. To provide a truly accurate assessment, or a more controlled environment and/or buy-in would be needed from all of the players involved would be required.

2.   What challenges did the activity encounter and how were those addressed?

During the first year of funding, a State budget impasse caused delays in hiring staff and initiating grants with pilot sites. The Dental Sealant Program Manager was able to establish the Steering Committee and identify potential pilot sites, keeping them engaged until an Oral Health Workforce Program manager could be hired near the end of Year 1 and subcontracts established with pilot sites.

Some of the colleges initially expressing interest later declined to participate because of lack of staff time among colleges completing their accreditation process. Staff continued to identify and contact colleges to promote the program until four colleges were recruited.

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The process to get new curriculum approved internally by colleges and externally through Community College Board and to execute a license for the curriculum took much more time than expected. The first college to establish the CDHC program became a mentor for other sites and assisted them in navigating these processes.

During the same time period, Illinois passed legislation to establish Public Health Dental Hygienists which caused some colleges to rethink offering CDHC and considering offering the PHDH. The Steering Committee members felt the CDHC curriculum would be a good fit as part of the PHDH program, convincing some of the colleges to move forward. The rules process for the PHDH are still being formulated, and overlap between CDHC and PHDH in the community is uncertain.

Available Information Resources:

Share any models, tools, and/or guidelines developed by the program specifically for this activity that may be useful to others seeking additional information. Hyperlink resources if possible.

Project Tools
- School-based Education Toolkit developed and copyrighted by the Oral Health Forum
- Case Management Tool Kit developed and copyrighted by the Oral Health Forum

Both toolkits are available upon request. Contact Alejandra Valencia, DDS, MPH, MS, Project Director, The Oral Health Forum, Phone: (773) 491-2632 or Email: avalencia@heartlandalliance.org.

Project Tools (in Development)
- "Improving the Oral Health of Children in Our Communities" – a training Webinar featuring the Oral Health Forum covering the topics of oral health education in a school-based setting and community assessment. (Scheduled to air on January 22, 2018; archived recording will be available soon after.)
- "Oral Health Case Management" – a training Webinar featuring the Oral Health Forum on how to conduct case management services including motivational interviewing. (Scheduled to air on January 29, 2018; archive will be available soon after.)

Other Important Tools
Links to Community Dental Health Coordinator publications on the American Dental Association's website:

Community Dental Health Coordinators
CDHC History
CDHC Education and Training
CDHC Curriculum Outline
Impact of CDHCs
CDHCs in Native American Communities
Community Dental Health Coordinators Video
10 Steps to Full Authorization of a Community Dental Health Coordinator in Your State
10 Steps to Pilot a Community Dental Health Coordinator in Your State
10 Steps to Start a Community Dental Health Coordinator Training Program at a College or University
10 Steps to Implement a Basic Community Dental Health Coordinator Program

TO BE COMPLETED BY ASTDD	
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