



Dental Public Health Activity Descriptive Report

Practice Number: 25009
Submitted By: Michigan Dept. of Health and Human Services, Oral Health Program
Submission Date: October 2015
Last Updated: October 2015

SECTION I: PRACTICE OVERVIEW		
Name of the Dental Public Health Activity: <p style="text-align: center; color: blue; font-weight: bold; margin: 0;">Improving Oral Health through Collaboration, Integration and Systems Development to Increase Capacity</p>		
Public Health Functions: Policy Development – Collaboration and Partnership for Planning and Integration Policy Development – Oral Health Program Organizational Structure and Resources Assurance – Building Linkages and Partnerships for Interventions Assurance – Building State and Community Capacity for Interventions		
Healthy People 2020 Objectives: OH-17 Increase health agencies that have a dental public health program directed by a dental professional with public health training		
State: Michigan	Federal Region:	Key Words for Searches: Collaboration, systems development, capacity, sustainability, Medicaid funding
Abstract: The Michigan Oral Health Program has limited general fund dollars appropriated directly for staff and other activities. Multiple sources such as federal grants, other state general funds and private foundations aid in funding staff and programs. In order to maintain staff, diversification of the number of grants that staff is assigned to helps with retaining and stabilizing the staff and integrating the workload among multiple staff. Reviewing staff position descriptions and how they assist and interact with Medicaid activities also diversifies the funds and allows for a percentage of time to be allotted to Medicaid funds. Matching state general funds with Medicaid funds at a 1:1 ratio helps increase the state general funds available and secure funds for more staff activities and programs. Reviewing the specific Infant Mortality general funds that support the perinatal oral health coordinator position and how it interacts with Medicaid will assist with sustainability.		
Contact Persons for Inquiries: Christine Farrell, RDH, MPA, Oral Health Director, Michigan Dept. of Health and Human Services, 109 W. Michigan Ave, Lansing, MI 48913, Phone: 517-335-8388, Fax: 517-335-8697, Email: farrellc@michigan.gov		

SECTION II: PRACTICE DESCRIPTION

History of the Practice:

Michigan Governor Rick Snyder recommended two public health initiatives during his first term, to reduce infant mortality and decrease the burden of obesity. The Michigan Department of Community Health, Public Health Administration, Division of Family and Community Health were given the lead to reduce infant mortality. More than 200 advocates attended a summit and developed strategies to help prevent infant mortality. Oral health advocates and representatives from the Michigan Oral Health

Coalition were present to provide input. The Infant Mortality Reduction Plan was developed and eight strategies were recommended. The IM Reduction Plan can be found at http://www.michigan.gov/documents/mdch/MichiganIMReductionPlan_393783_7.pdf

One strategy was to increase the health status of women and girls. There were a number of objectives and one included an oral health recommendation. At the time, the Oral Health Program was a unit within the Division of Family and Community Health. Staff was able to provide input into the objectives and recommendations so that oral health was included in the overall recommendations. With the overall plan being heavily invested in the medical community, the recommendation was to integrate oral health into the medical home so that broader health interventions and activities could be recommended.

The initial budget for the Infant Mortality Initiative was more than \$2.1 million dollars from state general funds. The Oral Health Program was asked to provide a plan and budget for how to address the oral health recommendation. Since other states had published reports on perinatal oral health and the report, National Consensus Statement on Perinatal Oral Health, had just been released, these reports provided the impetus for the development of a Michigan Perinatal Oral Health initiative.

The Oral Health spending plan developed for the infant mortality general funds initially was \$175,000 to include staff, resources and contracts.

Justification of the Practice:

Infant mortality, especially for African American infants born in Michigan is more than three times the national average. The strategies in the infant mortality reduction plan provided a multi-pronged approach to address all systems of care that could impact better birth outcomes. The Oral Health Program has limited funding from state general funds. With the new funds targeted for infant mortality reduction activities, incorporating an oral health component into a broader framework of health interventions made sense. Integrating oral health into the medical home is supportive of health interventions and systems change-- one of the key overall strategies for the department.

Several activities such as infant oral health programs and maternal-infant health programs were building awareness and providing education to providers and patients. The National Consensus Statement on Oral Health provided and the published reports from other states provided the impetus to develop the perinatal infant oral health program. The Perinatal Oral Health Conference held in August, 2013 demonstrated oral health interest from a variety of medical providers, public health providers and academia. The conference laid a framework for an oral health plan with objectives for the next five years. A number of participants have been actively engaged in the plan's activities. Champions have been identified in both the medical and dental community. In addition, the perinatal oral health conference allowed people from a variety of disciplines to network and engage in activities. The perinatal oral health coordinator has become a participant in the infant mortality advisory committee and also recruited dental advocates and providers to the committee.

Inputs, Activities, Outputs and Outcomes of the Practice:

INPUTS

Support for the oral health coordinator salary and related requirements (computers, phone, mailings, and supplies) are tied to a specific spending plan and funding source that is separate from the oral health program. The funding is all part of the large infant mortality reduction plan but is directed and managed by the oral health program. Being part of a larger component makes it more difficult to cut or eliminate specific projects.

The perinatal oral health coordinator oversees the perinatal oral health plan and assists with moving the objectives forward. (The perinatal oral health plan and objectives are on the www.michigan.gov/oralhealth webpage).

OUTPUTS

One output was to host a Perinatal Oral Health conference in 2013 with more than 60 attendees from the dental and medical community, academia, public health, maternal and child health community and others. From this conference, a Perinatal Oral Health Plan was developed with four objectives.

An output from the Perinatal Oral Health Plan has been the development of Michigan perinatal oral health guidelines. In addition, a Public Service Announcement (PSA) was created and disseminated in December in select target areas along with specific music stations such as Pandora and Spotify. This radio spot drove people to the oral health website. The number of hits to the website and the savings to the state have been identified by the Department's communications office. Listen to the PSA at: <https://www.youtube.com/watch?v=FB06eHAsowA>

Another output is the development of the Wayne State University –University of Detroit Mercy collaboration pilot project with medical residents and dental students treating each other's patients. The pilot project is scheduled to begin in the fall of 2015 but may be delayed due to funding issues.

Articles have been written and submitted for publication on the medical and dental provider survey that was conducted in 2013 asking about their knowledge and attitudes about pregnant women and dental care.

Another output was the identification of oral health champions within the medical and dental community. A physician who specializes in fetal medicine has volunteered to offer his expertise and has identified other medical professionals to consider oral health as a primary interest.

The oral health program staff and other oral health advocates have been included as part of the Infant Mortality Advisory Council. These meetings are held quarterly to address progress of the plan.

OUTCOMES

With the increased activities around oral health and the interface between the medical and dental community occurring at the advisory meetings, oral health activities have become a topic for discussion.

Maternal and child health staff continues to invite oral health staff to be present at meetings to discuss activities around perinatal, infant and child health and have become aware of the importance of oral health to overall health. This was apparent with the new Title V performance measures and that oral health was selected as the life course/cross-cutting measure.

Continued review of the state funds for infant mortality has determined the need for continued sustainability. Staff in the perinatal and infant health section has a portion of their funds supported by Medicaid matching funds. After reviewing the oral health spending plan, staff duties and responsibilities and how they impact Medicaid policy and benefit the Medicaid population, administrators realized that a portion of the activities impact the Medicaid population so Medicaid matching funds for a percent of time of the position has been pursued. This revision of the position description is ongoing and formal approval has not yet been given by the budget area or the civil service human resources department.

Budget Estimates and Formulas of the Practice:

Staff salaries and fringes: \$110,000

Supplies: \$5000

Computer Desktop and related costs: \$8500

Lessons Learned and/or Plans for Improvement:

Take opportunities to promote oral health programs in other health disciplines and be prepared to provide evidence-based practices that support the intervention. The Oral Health Program has developed collaboration agreements with a number of areas within the department such as diabetes, tobacco control, cardiac and stroke, WIC, cancer, office of services to the aging, etc. The collaboration agreements have no funding expectations but provide evidence of the types of programs and the issues that both the oral health program along with the other partner can address. Providing examples on how to incorporate educational materials into existing work plans and activities helps create dialogue and can be the catalyst for other types of activities.

Continue to participate in coalitions and advisory groups that oral health can play a role in such as school-based health centers, home visitation, primary care, cancer consortium, tobacco cessation programs, nutrition and obesity. Continue to invite staff from other areas to participate in the oral health coalition. The oral health coalition asked members to invite “guests” to the meeting and oral health staff invited people from areas where collaboration agreements already existed. The outcome has been continued collaboration with chronic disease sections and others on projects.

Promote oral health programs and how they can be integrated into other program funds that are not exclusively oral health funds. This requires initiating a lot of discussions with other areas and requires oral health staff to seek out the contacts. Oral health staff are members of the Diabetes Prevention Advisory Committee, Cancer Control and Prevention Consortium and the Tobacco Free Michigan Coalition. As a member representing oral health, it has presented multiple opportunities to discuss oral health and request that it be considered within grant activities. For example, the 2015-16 Prevention Block Grant for the chronic disease division is focused on health system change; the oral health program and the tobacco control section are collaborating on activities for tobacco cessation in health systems and dental clinics.

Look long range at sustainable funding and the purpose of each position. If possible, support staff through percentages of time on multiple grants. The duties may be similar across grants and allows for greater flexibility so not all staff position funds come from one source. The biggest challenge is determining which grants can provide support for the longevity of the grants so that all do not end at the same time, and continuing to look for new opportunities so that funding continues.

Available Information Resources:

2013 Summary of the Michigan Perinatal Oral Health Conference
http://w3.mi.gov/documents/mdch/PerinatalOralHealthConfReport_FINAL_446125_7.pdf

Michigan Perinatal Oral Health Guidelines
http://www.michigan.gov/documents/mdch/Oral_Health_Guidelines_2015_498216_7.pdf

Contact the Michigan Oral Health Program for examples of collaborative agreements.

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

How has the practice demonstrated impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence, outcomes of the practice and/or evaluation results)?

Michigan Perinatal Oral Health Guidelines were developed for medical and dental professionals. Creating a Perinatal Oral Health Advisory committee has introduced partners, especially among the education community, to develop projects for residents and dental students. Currently, the program is developing a communication plan to disseminate the guidelines throughout Michigan.

The Communications Office has been able to track and measure the return on investment of the PSA that was generated and the number of hits to the department website.

Efficiency

How has the practice demonstrated cost and resource efficiency where expenses are appropriate to benefits? How has the practice demonstrated realistic and reasonable staffing and time requirements? Provide unit cost analysis or cost-benefit analysis if appropriate.

Demonstrated Sustainability

How has the practice showed sustainable benefits and/or how has the practice been sustainable within populations/communities and between states/territories? What mechanisms have been built into the practice to assure sustainability?

The perinatal oral health coordinator position is being established as a civil service position with stable funding from general funds.

As one of the national performance measures within the Title V Maternal & Child Health Block grant, the Department chose the Oral Health performance measure as the life course measure for the 2015-16 grant cycle. The Oral Health measure includes two components. One is measuring the number of pregnant women who have received a preventive dental visit during their pregnancy.

Collaboration/Integration

How has the practice built effective partnerships/collaborations among various organizations and integrated oral health with other health projects and issues? What are the traditional, non-traditional, public and private partnerships/collaborations established by the practice for integration, effectiveness, efficiency and sustainability?

There are a number of collaborations that have been established, especially among the medical community. The collaboration with the Wayne State University medical school and the partnership with the professor of fetal medicine have moved this initiative forward. Through the partnership, there have been collaborations established with the MI-ACOG section. In addition, collaboration has developed with the Michigan Council on Maternal and Child Health (MCMCH). This new linkage has allowed the MCMCH to become involved in a variety of oral health issues including workforce models. Michigan State University College of Osteopathic Medicine and other disciplines have also discussed collaboration projects around perinatal oral health. The Delta Dental Foundation remains a partner in supporting the media messages and other communication activities for perinatal oral health.

Objectives/Rationale

How has the practice addressed HP 2020 objectives, met the National Call to Action to Promote Oral Health, and/or built basic infrastructure and capacity for state/territorial/community oral health programs?

Through integrating perinatal oral health activities into the broader plans for infant mortality reduction, the program is meeting the HP2020 objectives of increasing the number of adults and pregnant women receive preventive dental care.

It has built capacity by supporting a civil service position for perinatal oral health funded through general fund dollars. By developing an overall perinatal oral health plan with goals and objectives, it has allowed activities to be developed to pursue the goal of improved oral health for pregnant women.