Public Health Project/Activity Descriptive Report Form

Please provide a detailed description of your **successful dental public health project/activity** by fully completing this form. Expand the submission form as needed but within any limitations noted. Please return completed form to: lcofano@astdd.org

NOTE: Please use Arial 10 pt. 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:

Elks Mobile Dental Program – Dental Care for People with Special Needs in Rural Missouri

Public Health Functions* and the 10 Essential Public Health Services to Promote Oral Health:
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
	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
	8. Assure an adequate and competent public and private oral health workforce
x	9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services
x	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 2030 Objectives: Please list HP 2030 objectives related to the activity described in this submission. If there are any state-level objectives the activity addresses please include those as well.

21-1 Reduce dental caries experience in children
21-2 Reduce untreated dental decay in children and adults
21-5b Reduce periodontal disease among adults
21-10 Increase utilization of oral health system
6-10 Increase the proportion of health and wellness and treatment programs and facilities that provide full access for people with disabilities.

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:

Rural, access to care: adults and older adults, access to care: individuals with special health care needs, prevention: adults and older adults oral health, prevention: individuals with special health care needs

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 Elks Mobile Dental Program began over 50 years ago. The program delivers free dental services to children and adults with developmental/intellectual disabilities throughout the state of Missouri using two mobile clinics. The program is a partnership between the Missouri Elks Association, the Bureau of Special Health Care Needs of the Missouri Department of Health and Senior Services, and Truman Medical Center. Basic dental services (diagnostic, preventive, restorative and oral surgical) are provided to clients from all 114 counties of the state at 43 sites. The sites were selected to be familiar and easily utilized by the clients; they include state schools for the disabled, regional centers, sheltered workshops, and Elks lodges. The annual cost of the program is approximately $400,000. The program receives operating revenue from three main sources. Approximately $200,000 comes from the State; and the remainder comes from the Missouri Elks and Truman Medical Centers. The program has made a tremendous difference in the lives of people with special needs who formerly lacked access to dental care because of their medical condition, rural location, and/or insurance status.

SECTION II: DETAILED ACTIVITY DESCRIPTION

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

Complete using **Arial 10 pt.

Rationale and History of the Activity:

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

   The key issues that led to the initiation of the program were the difficulty experienced by people with special needs living in rural areas to obtain dental services.

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

   The major justification for the program is the difficulty experienced by people with special needs living in rural areas to obtain dental services. That was the justification for establishing the program nearly 40 years ago, and it is still a valid justification today. While access to dental care is a problem for many people with special needs; it is more acute for people who live in rural areas where there are fewer dentists, fewer specialized dental resources, such as pediatric dentists and dental clinics based in children's hospitals, and where travel distances are much greater than in metropolitan areas.

   The program is also justified as an innovative approach to meeting the needs of this underserved population. It is a mobile program specifically designed to allow a small number of dentists to reach patients located over a much larger geographic area than would be possible with a fixed facility. In 1990, the Missouri Rural Health Consortium recognized the Elks Mobile Dental Program for its innovative approach for bringing dental services to people who would not otherwise receive care.

   Furthermore, the program is justified by its track record of success. The primary funders, the Missouri Elks Association and the state Title V program, have provided support for over 50 years.

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

The program began in 1969 when the Missouri Elks Association approached the Missouri Department of Health and offered to help support a health project as part of its philanthropic program, the Missouri Elks Benevolent Trust. The lack of dental care for handicapped children who lived in rural areas was identified as the most-pressing need at the time, and the program was established with the purchase of four trailers. Two trailers were designed as waiting rooms and two as dental offices (each with two dental operatories). A waiting room trailer and a dental office trailer were towed to each treatment site, which at the time were limited to regional centers for people with disabilities. The program received funding primarily from the Elks Association and the Bureau of Children with Special Care Needs of the state Title V Program; however, day-to-day program management was done by the state Bureau of Dental Health.

In 1974, the program expanded when the state Department of Mental Health provided additional funds to add a new self-powered mobile unit that could be driven to the site without being towed. Washington University School of Dentistry purchased an additional dental unit and operated the program at 28 locations throughout the state as a means of providing community-based experiences to dental students. The University made its faculty available to provide clinical services and for student supervision. In 1979, the University reduced its participation in the program and responsibility to provide services in the western half of the state was contracted to Truman Medical Center in Kansas City. In 1983, Washington University withdrew from the program completely and responsibility to operate the program state-wide was assigned to Truman Medical Center, which still operates the program today.

In 1985, plans were undertaken to improve the design of the mobile units, to make them more user-friendly, and to overcome some mechanical problems, such as malfunctioning wheelchair lifts and water lines prone to freezing in winter. The first re-designed unit was delivered in 1990; a second was delivered in 1992; and a third in 1995. These units operated in various capacities until they reached the end of their productive life around 2018.

In 2018, the Elks Benevolent Trust purchased two new mobile units, which are used to operate the program today. One dentist and one dental assistant work out of one unit at a time while the other unit is relocated and maintained before the next visit. Each unit generally serves either the east or west side of the state.

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

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.)

The major program inputs are staff and equipment. Clinical staff consists of one dentist and one dental assistant, both employed full-time. Administrative staff consists of a full-time secretary, and a part time Dental Director.

The major equipment is two mobile dental units, each of which contains two dental chairs and a small waiting area. Each dental unit contains the same dental equipment that is required for any traditional dental office, including patient chairs, dental units, handpieces, x-ray, sterilization, etc.

Another resource is local assistance provided by members of the Elk lodges and staff of local programs for people with special needs. These local resources are contacted prior to the unit's arrival to assist with such functions as securing a suitable location for the unit to park, dissemination of information about the unit's arrival, advance scheduling of patients, and help with patient transportation.

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.

A great deal of advance planning is required before clinical services can be provided by the program. Coordination is required to schedule moves and required maintenance for each unit while the team is using the other unit.

Planning begins with the creation of an annual schedule for each unit, which identifies the communities visited, the length of the visit, and the visit sequence. Communities are selected based on the expected number of patients to be served, which is adjusted each year based on past experience; the availability of adequate parking; and hook-ups for water, electricity and waste; and the willingness of local organizations to provide assistance. Community visits range from 2 to 4 weeks. The goal of the sequence of visits is to minimize the distance traveled.

Working on a mobile unit far from the home base presents special challenges. When the unit is located more than 75 miles from the home base, staff receive per diem to cover the cost of food, lodging and incidentals. In recognition of individual needs, staff are given the option of securing lodging locally or of traveling back and forth from their home.

Prior to arriving at the site, the secretary works with local partners to disseminate information about the visit and to schedule appointments. Partners include members of the local Elks lodge, staff of the regional centers for people with disabilities, local health department staff, and administrators of group homes or sheltered workshops. As a result of this process, patients are identified, and daily schedules are prepared in advance of the unit's arrival.

The dental services that are provided include basic preventive and restorative care as well as limited specialty services such as oral surgery, crowns and root canals. Sedation is not used because of the lack of space for a recovery area and the lack of medical backup. When required treatment cannot be provided in the van, referrals are made to local specialists or the dental clinic at Truman Medical Center in Kansas City. Because the mobile program is an episodic care provider rather than a "dental home" that is accessible to patients year- round, realistic treatment plans are developed that can be completed during the duration of the van's visit.

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.)

Each year, the program provides approximately 700 visits and serves approximately 44% adults and 56% children. The great majority of patients reside in rural areas. Approximately two thirds of the visits are in rural areas, with the remainder in metropolitan areas; since each "stop" serves patients from a 4-6 county area, many rural residents travel to metropolitan locations for care.

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)

One outcome that has been identified is the reduction in the unmet needs of the patients, which is measured by the decrease in the average number of received dental services per patient. This outcome is attributed to the ongoing access the dental services delivered by the program over time.

Another outcome is a high level of satisfaction among the financial supporters of the program who believe they are getting a good return on their investment to warrant continued funding. The programmatic achievements are periodically provided to financial supporters. In the case of the Elks, an informative presentation was shared with local lodges across the state to inform their membership about the program and to stimulate additional contributions.

The University of Missouri-Columbia conducted a formal program evaluation in 2001. Evaluation results indicated overall client satisfaction with mobile dental unit services in the absence of competent community based dental care (Brooks C, et al. Program evaluation of mobile dental services for children with special health care needs. Spec Care Dent. 2002 Jul-Aug;22(4):156-60).

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

1. What is the annual budget for this activity?

   The annual budget for the program is approximately $400,000.

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

   Costs include staffing (approximately 68%), New units which were purchased in 2018 at a cost of over $300,000 each, materials and maintenance.

3. How is the activity funded?

   The program is funded with funds from the State of Missouri, the Elks Benevolent Trust, and Truman Medical Centers, with a small addition from Medicaid reimbursement.

4. What is the plan for sustainability?

   The Missouri Elks Benevolent Trust and Truman Medical Centers appreciate the value provided to the community by the program. The State of Missouri has also been generous in its support. Through the lobbying efforts of the Elks Benevolent Trust and Truman Medical Centers, we have achieved a line item in the State budget each year to provide $200,000. There are risks of loss of state funds, but the Elks and Truman remain stable long-term supporters.

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?

Self-propelled mobile clinics are subject to a variety of sub-optimal road conditions that are hard on dental equipment, requiring the implementation of a rigorous preventive maintenance program. Clients, especially those with intellectual or developmental disabilities, will not come to the unit if they think their first appointment requires an injection. In response, patients are only scheduled for recall and cleaning appointments during the first week of a community visit.

Well-trained dental assistants are extremely valuable in assuming a wide variety of tasks on a mobile unit that has minimal staffing. With proper “cross-training,” assistants can assume the roles of receptionist, records clerk, and scheduler, as well as assuming the traditional role of chair-side assistant.

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

The program is expecting the retirement of its dentist, who has served for several years. The program has been recruiting for over a year and has yet to find a replacement.

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

TO BE COMPLETED BY ASTDD	
Descriptive Report Number:	28006
Associated BPAR:	Oral Health of Children, Adolescents and Adults with Special Health Care Needs
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