



Dental Public Health Activity Descriptive Report Submission Form

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:

Collaborative Practice Framework for Perinatal Oral Health Improvement

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

"X"	Assessment
x	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
x	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
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 2020 Objectives: Check one or more key objectives related to the activity. If appropriate, add other national or state HP 2020 Objectives, such as tobacco use or injury.

"X"	<u>Healthy People 2020 Oral Health Objectives</u>	
	OH-1	Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth
	OH-2	Reduce the proportion of children and adolescents with untreated dental decay
x	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
x	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
	OH-7	Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year
	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

	OH-11	Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers each year
	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
x	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)	
x	AHS 6.3	Access to Health Services

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:

Collaboration, Integrated care, Prenatal oral health

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.

What is Being Done:

In December 2018, the North Carolina Oral Health Section (OHS) launched Oral Health Care During Pregnancy: North Carolina Collaborative Practice Framework. This Framework serves as guidance to educate medical prenatal healthcare providers and dental providers on the importance and the safety of perinatal oral health care. This tool is being disseminated to providers across North Carolina (NC) who care for pregnant women. Quick Reference Guides were developed in conjunction with the framework for providers to use in the clinical setting. These Guides not only highlight provider services during the appointment, but also the shared oral health messages, which support oral health literacy for the pregnant patient.

Who is Doing This and Why:

The NC Division of Public Health convened a Perinatal Oral Health (POH) Task Force in 2016 to improve oral health during pregnancy, considering that this could positively impact our state's infant mortality rate. Charged with developing state practice guidance for prenatal oral healthcare, the Task Force elected to use the Oral Health Care During Pregnancy: A National Consensus Statement as the basis for this guidance.

Associated Costs:

The cost of printing is the primary cost associated with developing the Framework and Quick Reference Guides.

\$1,780.00 for printing the Framework

\$5,564.00 for printing laminated Quick Reference Guides

Outcomes Achieved:

The Framework was successfully launched to health care professionals at the NC Public Health Association Conference during an interprofessional panel discussion including medical and dental providers. A Framework dissemination plan is currently being implemented.

Lessons Learned:

Positive: As the Framework was being developed, the significance of collaborating with diverse partners became apparent. The Framework is the NC adoption of the National Consensus Statement, therefore, we conferred with the authors of the original Consensus Statement. It is important to obtain group consensus on the content of a new document and take time to review everything before finalizing the guidance tool.

Negative: We did not have any negative experiences during the Framework development process.

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 Verdana 9 font.**

Rationale and History of the Activity:

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

The Perinatal Oral Health Task Force convened in 2016 to develop and implement strategies to improve the oral health of pregnant women at the same time as the state was launching initiatives to address infant mortality and poor birth outcomes. The task force reviewed national and state data, perinatal oral health guidelines set by AAP, ADA, and ACOG, and existing national/state plans aimed at promoting collaborative care for pregnant women. This search revealed the lack of perinatal oral health surveillance data in NC and knowledge gaps among providers regarding the safety and importance of dental care during pregnancy.

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

The summer of 2016, just after launching the Perinatal Oral Health Task Force, the Oral Health Section completed the 2016 NC perinatal oral health assessment Basic Screening Survey (BSS) on 459 pregnant women at 68 NC county health departments that offer direct prenatal care services. The survey and visual dental screenings were conducted by our 24 field dental hygienists across the state. The survey revealed that more than half (54%) of participants reported their oral health as being Very Poor to Fair and only 17% indicated they had a dental visit during their current pregnancy. The majority of participants had not been asked if they had a dentist by a medical provider. Based on the oral screening, a third had untreated caries, 10% had severe gingival inflammation and 41% needed dental care soon or urgently.

Medicaid data showed a steady decline since 2014 in the percentage of Medicaid for Pregnant Women (MPW) beneficiaries utilizing any dental service, now less than 10%. MPW dental benefits lapse at delivery because dental care is not considered pregnancy related.

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

- January 2016: Perinatal Oral Health Task Force was formed
- June – September 2016: BSS was conducted
- May 2018: North Carolina Collaborative Practice Framework was finalized
- December 2018: North Carolina Collaborative Practice Framework released

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

The development and launch of the Collaborative Practice Framework required collaboration between volunteer Perinatal Oral Health Task Force members, Oral Health Section staff members and the professional panelists who presented at the NC Public Health Association (NCPHA) Conference launch of the Framework in December 2018. The Perinatal Oral Health Task Force is an interprofessional team composed of members from academics, the NC Office of Rural Health, major healthcare systems across the state, community organizations, state agencies and the NC Area Health Education Center system.

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

Developing the framework required quarterly meetings of the Perinatal Oral Health Task Force to discuss existing national and state perinatal oral health data and research existing perinatal guidelines across the United States. The information gathered resulted in the first draft of the North Carolina Collaborative Practice Framework in alignment with the 2012 version of the National Consensus Statement. Quick Reference guides were also created as an easy reference tool for healthcare providers.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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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.)

The release of the Framework was accomplished in an interprofessional setting of the NCPHA Conference in December 2018 during a provider panel discussion on perinatal oral health. Laminated Quick Reference Guides have been made available via an online order form.

Public health professionals (medical, dental and other) attended the conference and received a copy of the Framework.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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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 goals were achieved with the successful launch and initial dissemination of the Framework to professionals at the NCPHA Conference. Continued dissemination of the Framework during 2019 will increase the knowledge of providers who care for pregnant women about the safety and importance of dental care during pregnancy and how that can impact the oral health of the mother's children.

Data Sources used: Guidelines set by AAP, ACOG, National Consensus Statement

https://www.aapd.org/globalassets/media/policies_guidelines/bp_perinataloralhealthcare.pdf

<https://www.acog.org/-/media/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/co569.pdf>

<https://www.mchoralhealth.org/PDFs/OralHealthPregnancyConsensus.pdf>

Budgetary Information:

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

1. What is the annual budget for this activity?

Approximately \$8,000.00 for printing Framework and Quick Reference Guides.

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

Costs were limited to printing.

Collaborative Practice Framework activity:

Materials: \$1,780.00 for printing 1,000 copies of the Framework
\$5,564.00 for printing 16,000 laminated Quick Reference Guides

3. How is the activity funded?

Initial printing was funded using grant funds from the Division of Public Health.

4. What is the plan for sustainability?

An annual operating budget from state appropriations will be used for future printing needs.

The Oral Health Section will continue to disseminate materials across the state utilizing several strategies:

- Live webinars;
- CME Grand Rounds at various hospitals across the state and the development of
- partnerships with local community agencies to integrate oral health into assessment forms and treatment protocol utilizing the Collaborative Practice Framework as guidance;
- Professional conferences across the state;
- Perinatal Oral Health exhibits at professional conferences across the state;
- Links to the Framework and order form for Quick Reference Guides.

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?
 - Collaboration with diverse partnerships that represent those with a stake in the population of interest is important. The Perinatal Oral Health Task Force (POHTF) was and continues to be composed of leadership from both state medical and dental schools and N.C. Department of Health and Human Services, academicians, physicians, dentists, nurses and dental hygienists.
 - Take time to review all documents as the guidance is being developed.
 - Develop group consensus when deciding the information that will be included in the final guidance document.

What could have been done differently:

- Ensure more representation from key stakeholder groups.

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

The activity encountered minimal challenges. Time-management was an obstacle, because so many of our Task Force members were high-level administrators with their own full workload who were willing to make time in their schedules for meetings. These meetings were three times a year, so we had to ensure we had focused activities or discussions at each meeting. Given that a dozen states had in some manner launched their own perinatal oral health guidance in addition to the National Consensus Statement, it still took the NC Perinatal Oral Health Task Force two full years to adopt the National Consensus Statement as the model for medical-dental collaboration to improve oral health in women during pregnancy.

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.

[Oral Health Care During Pregnancy: North Carolina Collaborative Practice Framework 2018](#)

<https://www.astdd.org/www/docs/nc-oral-health-during-pregnancy-quick-reference-guide-comp6.pdf>

[Quick Reference Guide Order Form](#)

<https://www.mchoralhealth.org/PDFs/OralHealthPregnancyConsensus.pdf>

TO BE COMPLETED BY ASTDD	
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