



Dental 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.

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:

Oral Health Program and Home Visiting Partnership

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.
X	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
X	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 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"	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
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
	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
	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)	

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: pregnant women (prenatal/perinatal) services, access to care: children services, access to care: workforce, prevention: children oral health, access to care: pregnant women (prenatal/perinatal) services, referral, planning with partners

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.

At the Rhode Island Department of Health (RIDOH), the Oral Health Program (OHP) and the Family Home Visiting Program (FHVP) have a shared vision to improve the health of pregnant women and children in Rhode Island. The oral health and family home visiting partnership focuses on successfully building a relationship that supports the objectives of the Title V Maternal Child Health Services Block Grant program's National Performance Measure 13, preventive dental visits for pregnant women and children. Over the past two years, these two RIDOH programs have worked together to educate Family Home Visitors (FHV) on oral health, increased referrals made to dentists (tracked through a database created and maintained by FHVP), created educational materials for FHV and parents/pregnant women, and worked on community outreach events. This unique collaboration serves as a model for other state programs looking to improve their maternal and child health national performance measures.

The costs associated with the partnership include the cost of creating and printing the materials (including a brochure and talking points/myth busters), hiring a consultant to oversee a focus group, and the costs associated with adding questions to the database used by FHV.

The OHP and FHVP have learned many lessons while working together, including listening and responding to the concerns of the FHV who are implementing the work as well as ensuring that all trainings and data reporting are scheduled ahead of time and that the timeline is manageable for all those involved. The partnership has been fruitful for both sides with an increase in the knowledge of FHV and a greater number of children and pregnant women going to the dentist.

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 Rhode Island Oral Health Program (OHP) received funding through the Health Resources and Services Administration (HRSA) to focus on improving the number of preventive dental visits for pregnant women and increasing the number of age one dental visits across the state. The OHP quickly realized that a holistic approach was needed. In this context, holistic meant not only reaching out to families and dentists, but also prenatal and pediatric medical providers and family support providers (i.e. WIC, Early Head Start, and FHVP).

Upon meeting with the Family Home Visitors Program (FHVP), it was discovered that their database had a referral to dental services option that had never been utilized. The OHP and FHVP staff decided to capitalize on the already existing tool to engage the Family Home Visitors (FHV) and use it to show how FHV would be using the knowledge they gained during oral health trainings to discuss oral health with families and refer them to care if needed.

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

HRSA funded the project through a Perinatal and Infant Oral Health Quality Improvement (PIOHQI) grant. At the start of the project, the OHP convened multiple focus groups with different providers to determine how much they knew about oral health, how important they felt it was, and how they would like to receive more oral health information. The focus groups were conducted with prenatal care providers, pediatric providers, FHVs, dentists and dental hygienists. The FHV focus group results showed that FHVs were interested in promoting oral health, but did not feel they had clear, coordinated messaging and did not know where to make referrals. This was a key finding that led the OHP and FHVP to move forward with the partnership. *Results can be shared upon request.*

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

The OHP and the HFVP had an introductory meeting in March 2016. In April and May 2016, data was reviewed that was already in Efforts to Outcomes (ETO), the database used by FHVs. The only oral health question was the referral to dental services option. In May through July 2016, additional questions were added to the ETO (see "program activities" section below for all new questions). Focus groups were held June 2016.

The initial presentation created based on the focus group results was given in June 2016 at a Maternal, Infant, and Early Childhood Home Visiting (MIECHV) training for new FHVs by a pediatric dentist working with the OHP. A second presentation was given at the end of June 2016 that was open to all FHVs. Subsequent presentations were given to FHVs in September 2016 and June 2017.

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.)

A Perinatal & Infant Oral Health Coordinator from the OHP oversaw the work between the FHVP and OHP. The OHP Manager and Dental Director were involved as needed. The FHVP Epidemiologist assisted with data as necessary. An FHVP contact helped move things forward as “a champion.” FHVP and the programs within it were key partners. The PIOHQI Advisory Board provided feedback on the one-pager and the presentation. HRSA PIOHQI funding supported all activities.

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.

[Market Street Research](#), a marketing research company with over 40 years of experience in providing customized, premium marketing research services for organization and business throughout the United States. The organization uses qualitative and quantitative research to help clients through the research process. Market Street Research was contracted by [KIDSCOUNT](#) (a consultant to the OHP) to prepare, implement, analyze, and report the findings of the focus group. The FHVP assisted in recruiting the participants. The focus groups were held online over three days and participants were recruited by the FHVP reaching out to Family/Home Visitors directly. The participants were required to answer different questions each day that equaled about 30 minutes of work. Participants who completed all three days received a \$100 gift card. Sixteen FHV's participated with seven from Health Families America, five from Parents as Teachers, and four from First Connections. Results were presented at the July PIOHQI Advisory Board meeting, where FHVP is a member.

The OHP worked with a pediatric dentist to create a presentation similar to one developed by West Virginia. Topics included: oral health during pregnancy, the importance of home oral health care for infants (including tips for cleaning gums and starting to brush), what the first dental visit would be like (including a knee-to-knee demonstration), and prompts to discuss how the FHV's would handle potential situations. The OHP conducted a pre- and post-tests and did an evaluation at the end. The training was altered based on the evaluations of the attendees.

The presentation was updated to include more information about a flipbook that was created by *TeethFirst!* which promotes early dental visits for very young children in Rhode Island. The campaign is organized by RI KIDS COUNT and involves such organizations as the RI Dental Association, Delta Dental of Rhode Island, Rhode Island Lieutenant Governor's Office, St. Joseph Health Center, and the American Academy of Pediatrics - RI Chapter.

The Rhode Island-based campaign was first launched in 2011. The campaign continues with DentaQuest funding through RI KIDS COUNT. Slides were added that included different pages of the flipbook and information about how the FHV's should talk about the topics displayed. This was driven by feedback provided in the evaluations. Every FHV was provided with a flipbook. The Perinatal and Infant Oral Health Coordinator managed all the scheduling and planning of the trainings, including printing materials, compiling folders for attendees, working on advertising language, and coordinating with the FHVP.

The ETO database is managed by the FHVP and an outside contractor. In addition to the sole oral health question addressing referrals to dental services, the following questions were added:

For children:

1. Does child have a usual source of dental care?
2. Has child seen a dentist since the last time periodic data was collected?
3. Was visit at health center or private dentist?
4. Name of health center or private dentist?
5. Does child have any issues with their teeth or gums?

For adults:

1. Has participant seen a dentist since last home visit?
2. Does participant have any problems with their teeth or gums?
3. Did FSW leave any oral health materials with family?
4. If yes, what did they leave?
5. How much time did FHV spend speaking with participant about oral health?

The Perinatal & Infant Oral Health Coordinator attended multiple FHV supervisor meetings to discuss the new questions and promote the referral option. Since August 2016, referral and question results have been provided to the Rhode Island Department of Health quarterly.

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.)

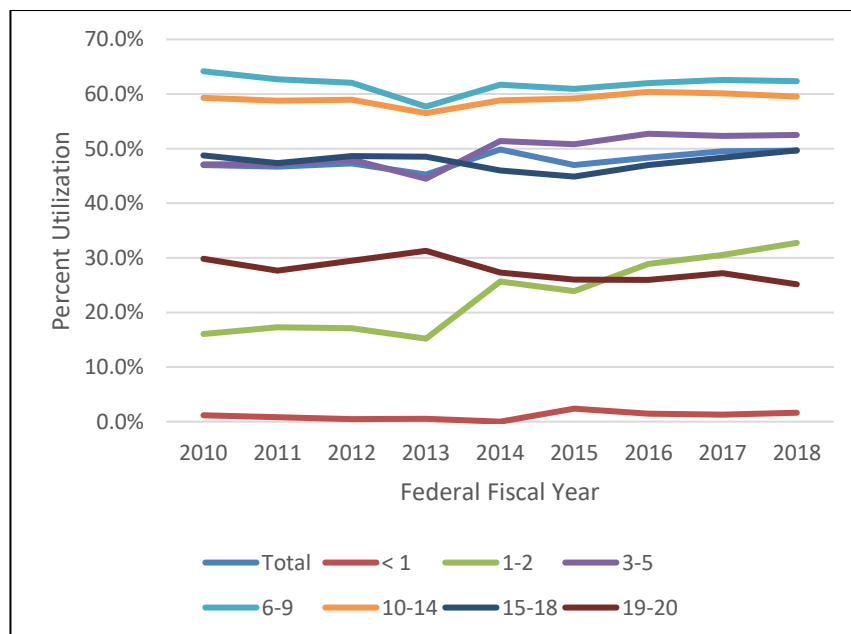
Fact sheet and myth buster one pagers were developed. Presentations were provided by a pediatric dentist. Three additional pages were added to the *TeethFirst!* flipbook to provide information on oral health during pregnancy and the safety of radiographs. Radiograph safety had previously been discussed when the flipbook was initially created, but not included in the first edition. More flipbooks were purchased and distributed to FHV and other providers. Pre- and post-tests were conducted as part of the trainings. New questions were added to the ETO database. *Pre- and post-test questions available upon request.*

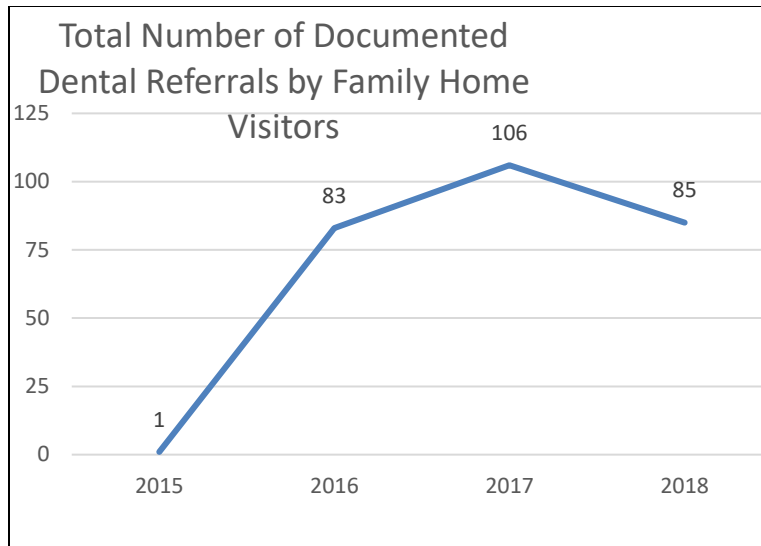
INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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1. What outcomes did the program achieve? (e.g., health statuses, knowledge, behavior, care delivery system, impact on target population, etc.) Please include the following aspects:
- How outcomes are measured
 - How often they are/were measured
 - Data sources used
 - 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)

A long-term goal was to increase the number of Medicaid children ages 0-2, who had a preventive dental visit (see graph below for results). Medicaid data were reviewed quarterly to see if there was an increase in this number. Another long-term goal was to increase the number of referrals to dental providers. ETO data was reviewed quarterly to see if this number increased. A short-term goal was to increase the oral health knowledge of FHV. This was assessed yearly using the pre- and post-test results.

Dental Utilization for Medicaid Children Age 0-20





Budgetary Information:

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

1. What is the annual budget for this activity?

This work was done under the Health Resources and Services Administration (HRSA) Perinatal & Infant Oral Health Quality Improvement (PIOHqi) grant. The grant was \$250,000/year for 4 years or a total of \$1,000,000. Below is a breakdown of the cost of the activities done for this partnership. It does not include the time for salaried employees.

Focus Group:

- Consultant (Market Street Research)- \$14,000
- Focus group oversight
- Compiling results
- Presenting findings

Trainings:

- Space (used free space at libraries)- \$ 0
- Presenter time (volunteered) - \$ 0
- Printing (evaluations, presentations) - \$ 500
- Flipbooks (add new pages & order 500) - \$3,000

Database:

- Changes/upkeep- \$1,500

2. What are the costs associated with the activity? (Including staffing, materials, equipment, etc.)
 - a) Consultant to implement the focus group
 - b) Presenter to give training (if unable to get donated time)
 - c) Printing materials
 - d) Creation of materials (if unable to do in house)
 - e) Database creation/changes to existing database/upkeep

3. How is the activity funded?

The HRSA PIOHqi grant (\$250,000/year for 4 years or \$1,000,000 total – 2015-2019).

4. What is the plan for sustainability?

We are committed to finding free space for trainings and using the State Dental Director as the trainer. The FHVP has included oral health activities in their workplan for the coming year and the OHP and FHVP continue to have regular check-ins about collaboration. When possible, the materials created will be put online in pdf format so interested parties can print the materials they need. Flipbooks and brochures will be handed out until they are all disseminated and *TeethFirst!* will continue to print both as long as funding from DentaQuest continues.

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?

- When collecting new data (in this case from ETO) make sure the collectors (Family/Home Visitors) understand the importance of the data and be prepared to listen to their feedback.
- Have a more regular schedule for trainings.
- OHP and FHVP staff should have had set dates on the calendar from the start of the partnership until the end of the grant.
- Email isn't always the best way to communicate. Meeting in person or over the phone was often the best/fastest way to determine next steps.
- Be very clear about reporting needs and have a set calendar of when the OHP would need the data.
- Ensure that a point person, who preferably appreciates the importance of oral health, is chosen from the FHVP. This person will be able to move things along from the FHVP and be a person the OHP staff can communicate with regularly to move the project along. This will provide continuity and allow for better access to the Family/Home Visitors.

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

The FHVs did not want to collect data for adults at every visit. Some FHVs visit the same person every two weeks, so it did not make sense for them to ask about a dental visit that often. Getting that feedback was helpful, and ETO was altered to collect the data less often. Turnover among the FHVs is a struggle. Many of the FHVs who have been trained have left the programs. The plan is to establish a more regular training schedule and work with the programs to add a requirement that new FHVs need to receive OH education.

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.

Please contact Sadie DeCourcy (sadie.decourcy@health.ri.gov) for resources. Available resources are:

1. Talking points and myth busters one pager
2. *TeethFirst!* Flipbook
3. FHV presentation
4. Combined brochure for pregnant women and infants
5. Folders created to distribute all materials
6. Pre- and post-test
7. Evaluation

TO BE COMPLETED BY ASTDD	
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