



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

Name: Angelica C. Sabino
Title: Dental Chief, Oral Health Program
Agency/Organization: Commonwealth Healthcare Corporation
Address: 1 Lower Navy Hill, Saipan, MP 96950
Phone: (670) 236-8369 x2108
Email Address: asabinomch@gmail.com

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

Name: Remy Barcinas
Title: Program Coordinator, Oral Health Program
Agency/Organization: Commonwealth Healthcare Corporation
Address: 1 Lower Navy Hill, Saipan, MP 96950
Phone: (670) 236-8369
Email Address: rbarcinasmch@gmail.com

SECTION I: ACTIVITY OVERVIEW

Title of the dental public health activity:

Oral Health Workforce Grant Brings Healthier Smiles to the CNMI

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
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 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
	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
x	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
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
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:

fluoride varnish, sealants, access to care

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.

There are two areas of dental public health activity that are being done by the Commonwealth of the Northern Mariana Islands (CNMI) Public Health Oral Health Program (OHP):

1. Reduction of decay in children by the OHP staff through the school sealant program (2nd-6th grade in CNMI and additional 1st graders in Rota and Tinian), the Head Start fluoride varnish (FV) program, the Wrap Around Program on Rota and Tinian and the prenatal dental preventative program on Saipan. All school activities are in partnership with the Public-School System (PSS) and binding by a Memorandum of Understanding (MOU) which states the responsibility of each party. The Prenatal Dental Referral Program is a collaborative effort between Women's Clinic, MCHB and OHP to treat prenatal patients at every point of their visit within each department. This has allowed for a decrease in decayed teeth in CNMI children. Rota and Tinian, not having had access to preventative and curative treatment including the school sealant program in years.
2. Reduction in the morbidity rate of oral cancer in CNMI through a collaborative effort of all dental clinics in the CNMI providing FREE oral cancer screening in an effort to detect oral cancer in its early stages. The medical and dental team together created a policy to effectively provide dental preventative measures for the newly diagnosed oral cancer patients for better health outcomes after cancer treatment. Partnerships were formed between OHP and other local health agencies such as Non-communicable Disease Program (NCD) and Comprehensive Cancer Coalition Program (CCCP) to provide cessation and awareness programs on the association between betel nut chewing and oral cancer. OHP with Public School System (PSS) and other community agencies together provide a venue to raise oral cancer awareness and oral cancer screening. The Oral Cancer Outreach with the school system is unique in that it includes other health agencies; the Non-Communicable Disease Program (NCD) specifically tobacco program and Comprehensive Cancer Control Program (CCCP) and Maternal and Child Health Bureau (MCHB) in the MOU with PSS.

Costs are shared by the Oral Health Workforce (OHWF) grant, the Commonwealth Healthcare Corporation, and PSS. Outcomes achieved are the lower number of children with decayed teeth and number of individuals who either never started or have stopped chewing betel nut that is associated with oral cancer in the CNMI. The negative aspect is the geographical remoteness of both Tinian and Rota, with no dentist in residence thus not allowing continuous dental care.

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?

There were two key issues that led to the initiation of two activities. One was the high number of children with decayed permanent teeth especially on the islands of Rota and Tinian. The second was the rise of oral cancer among the population that chews betel nut.

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

All islands in the CNMI lack community fluoridated water; hence there is a larger number of children with decayed teeth. Historically, the Head Start FV program, as well as the school sealant program, have proven its efficacy in combating tooth decay among the children. However, because the islands of Rota and Tinian have not had access to dental care prior to 2017, nor participated in the school sealant program until late 2018, the number of children with decayed teeth is staggering.

To introduce not only a program to expand fluoride varnish application beyond the dental setting but also to expand the sealant program beyond the normal class of 2nd and 6th grades may decrease the number of children with decayed teeth. In an effort to expand dental preventative measures, the prenatal dental preventative program was initiated, not only to address prenatal oral health issues, but to also have the opportunity to educate mothers on the importance of dental care for their children.

To decrease the number of oral cancer cases, efforts are made to raise awareness of the connection between oral cancer and chewing betel nut and to identify early stages of oral cancer. High school students have commented on cessation of betel nut chewing or not even attempting to try to chew betel nut after seeing oral cancer presentations done at their schools.

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

The sealant program in the islands of Rota and Tinian was implemented in 2018 when the Oral Health Workforce Grant was awarded. In December of 2018 when 96% of 2nd graders in the Rota Sealant Program had decayed teeth, the program expanded to include 1st grade. and a wraparound program to apply fluoride varnish in children during their well-baby visits at the immunization department was initiated. This was for the school year 2019/2020.

Prior to December 2018, there was no prenatal dental preventative program in the CNMI. Medicaid and the hospital's sliding fee policy (for those not eligible for Medicaid) did not provide financial assistance for dental preventative measures for the pregnant populations. With the collaborative efforts of Maternal and Child Health (MCH) and OHP, a dental preventative program for the pregnant population was formed and implemented in December 2018 with the intent to primarily address the large number of children with decayed teeth. However, it was also an opportunity to address the oral health of pregnant moms. To date, the program has provided for 80 prenatal patients. The MCH Centering program identifies pregnant population in their program and refers these patients to the dental clinic for their preventative treatment which includes prophylaxis, fluoride regimen, complete oral examination and radiographs.

Prior to 2016, the dental clinics in the CNMI with the Commonwealth Cancer Association agreed to provide FREE oral cancer screening to any individual wishing to be screened. The OHP with other public health agencies and in partnership with the Public-School System presented on betel nut chewing and oral cancer and provided free oral cancer screening to high school aged

students. In 2018, the oral cancer awareness program was expanded to include the middle schools. In an effort to help reduce the prevalence of oral cancer in association with betel nut chewing, a betel nut cessation program was initiated in the summer of 2019 by public health's Non-communicable Disease Program (NCD) which involved the Oral Health Program to provide dental preventative treatment, screening and oral hygiene instructions. This collaborative effort stemmed from a meeting between the coordinator of NCD and the Chief Dentist to formulate ways that may encourage a betel nut chewer to quit chewing. A policy was drawn, and funds identified to support this new betel nut cessation program.

With the high number of oral cancer patients identified and treated off island, it was noted that those that had dental preventative services such as prophylaxis, fillings and extractions prior to medical treatment had a better health outcome. Therefore, the Family Care Clinic, the Oncology Department, and the Oral Health Program produced a policy in August of 2019 to triage newly diagnosed oral cancer patients into the dental clinic which is overseen for dental treatment prior to being medically referred off island.

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.)

Most of the OHP "activities" require collaboration and partnership with various organizations. All school activities are in partnership with the Public-School System (PSS) and binding by a Memorandum of Understanding (MOU) which states the responsibility of each party. OHP Program Coordinator runs the school programs, both Head Start (HS) and School Sealant Program and coordinates the scheduling of the program including the transportation from the respective schools into the clinic. The Oral Cancer Outreach with the school system is unique in that it includes other health agencies; the Non-Communicable Disease Program (NCD) specifically tobacco program and Comprehensive Cancer Control Program (CCCP) and Maternal and Child Health Bureau (MCHB) in the MOU with PSS. This outreach targets middle and high school students with its emphasis on health behaviors. MCHB and or NCD team provides blood glucose and blood pressure clinics, OHP with the tobacco program and the CCCP present on the dangers of tobacco use including its usage in betel nut chewing which can cause oral cancer. OHP dentists are available to screen those who are given parental consent for oral cancer. This outreach is done directly at the schools.

Specific to the islands of Rota and Tinian, a partnership was formed between Immunization Program and OHP to target preschool aged children and younger to address the alarmingly high number of young children with decayed teeth on these two islands as compared to Saipan. A Rota Health Center (RHC) or a Tinian Health Center (THC) immunization staff member and the OHP dental assistant based on RHC or THC coordinates schedules of the FV application and oral care instructions to parent(s) during the well-baby schedule visits.

Collaboration within the departments of the Commonwealth Healthcare Corporation (CHCC) is forged when multidisciplinary efforts are necessary to help the community. Examples of the interdepartmental collaboration is the development of the Betel Nut Cessation Program, Dental Referral for Head/Neck Cancer Patient Policy and the Prenatal Dental Referral Program. In the Betel Nut Cessation Program, the OHP and NCD developed guidelines to identify candidates for the program using funds allocated in the NCD budget to pay for dental preventative treatment to those who successfully complete the cessation program. Though the actual collaborative efforts in the development of the Dental Referral for Head/Neck Cancer Patient Policy was made between Family Clinic, Oncology and OHP, the funding source came from NCD and legislative funding to OHP specifically for oral cancer. The intent of the policy created was to give a better medical treatment outcome to those diagnosed with oral cancer. Prenatal Dental Referral Program is a collaborative effort between Women's Clinic, MCHB and OHP to treat prenatal patients at every point of their visit within each department. This program is a joint effort to give a comprehensive prenatal visit for the pregnant population.

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

Wrap Around Program: The Wrap Around Program was developed to address the high number of young children with decayed teeth in an environment that lacks community water fluoridation and dental access, specifically on the islands of Rota and Tinian. The collaboration is between the Immunization Program (IP) and OHP staff; utilizing the well-baby schedule for immunization to apply FV to the children and oral care instruction to parent(s) by the Oral Health Program staff.

School Sealant Program: The School Sealant Program is a partnership between the Public-School System (PSS) and the Commonwealth Healthcare Corporation (CHCC) Oral Health Program (OHP). A Memorandum of Understanding (MOU) was established to forge a partnership in the application of dental sealants on PSS 2nd and 6th graders. The MOU is a legal agreement signed by the Commissioner of Education for PSS and the Chief Executive Officer for CHCC with legal counsel of both parties involved. The OHP Program Coordinator coordinates the scheduling and bussing of the 2nd and 6th graders for oral health instruction, sealant application and dental treatment referral with an assigned PSS elementary and middle school coordinators as well as the PSS Bus Manager. For the islands of Rota and Tinian, this service expands to include 1st graders AND expanded preventative services such as prophylaxis, and silver diamine fluoride (SDF) application. For the islands of Rota and Tinian, the Resident Directors of the Rota Health Center and Tinian Health Center are also involved in this partnership.

Sliding Fee Policy: The Oral Health Program has incorporated changes into the CHCC Dental Sliding Fee Policy which targets low socio-economic individuals who are not US citizens, and therefore not eligible for Medicaid, to access dental services that are affordable. Prior to 2019, this policy only covered emergency dental services for all ages. The changes made in October of 2019 allowed children up to the age of 19 and pregnant population to access preventative dental services which included prophylaxis, fluoride gel, or varnish, silver diamine fluoride, radiographs, sealants, comprehensive oral exams, oral hygiene instructions, fillings and extractions. This financial policy is a result of the collaborative efforts of CHCC billing department, OHP and CHCC executive officers which included legal counsel.

Prenatal Preventative Program: The Prenatal Preventative Program was created with the collaborative efforts of the Maternal and Child Health Bureau (MCHB), Oral Health Program (OHP) and Women’s Clinic to address the lack of oral health care in the prenatal population. Prenatal patients are referred from Women’s clinic into MCHB Centering Program, a group prenatal program that incorporates specific components of prenatal care. Patients are then referred to OHP for dental preventative treatment which includes oral care instructions for self and future child(ren). If a pregnant person is first identified at OHP, she is then referred to MCHB Centering Program for their services.

Oral Cancer Outreach: A Memorandum of Understanding (MOU) was developed and signed between PSS and CHCC to promote healthy behaviors in the PSS which includes the oral cancer outreach program. The OHP partners with the NCD, specifically the tobacco program and the CCCP to bring awareness of the associated risks of betel nut chewing with tobacco in oral cancer in form of presentations and oral cancer screenings done by a qualified OHP staff.

Oral Cancer Policy: The Dental Referral for Head/Neck Cancer Patient Policy was created with the collaboration between the medical doctors from the Family Care Clinic, ENT, Oncology Department and the Oral Health Program when the need for a comprehensive preventative treatment was indicated for recently diagnosed head/neck cancer patients. Oral cancer patients including patients diagnosed with neck cancer usually involve radiation of the head and neck region. The side effects of the radiation treatment of the head and neck include limited mouth opening and rampant decay. To provide a better health outcome POST cancer treatment, recently diagnosed head/neck (oral) cancer patients are referred to the OHP for dental preventative treatment such as prophylaxis, fluoride application and fluoride trays for prescription fluoride usage after medical treatment, preventative extractions of molars and fillings.

Betel Nut Cessation Program: To help support the cessation efforts of the NCD program, the participant of the cessation program at the end of six weeks, will avail to have their dentition cleaned by OHP at no cost to the participant.

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.).

Wrap Around Program: (policy approved in September 2019)
As of November 22, 2019 -

- Rota Health Center’s Dental Clinic encountered a total of nine patients for receiving fluoride varnish application and oral health instructions.
- Tinian Health Center’s Dental Clinic encountered a total of five patients for receiving fluoride varnish application and oral health instructions

School Dental Sealant Program: Saipan, Tinian& Rota Data for SY: 2018-2019 (2nd & 6th grade)

School	Students Assessed	Students Sealed	Teeth Sealed	Students with Caries	% with Caries
Tanapag Middle School (6th)	31	29	256	23	74.2%
ChaCha Ocean View Middle School (6th)	66	62	596	42	63.6%
Garapan Elementary School (2nd)	84	70	219	70	83.3%
San Vicente Elementary School (2nd)	75	64	203	55	73.3%
Gregorio T. Camacho Elementary School (2nd)	38	34	107	29	76.3%
Kagman Elementary School (2nd)	60	52	188	48	80.0%
Koblerville Elementary School (2nd)	107	95	321	84	78.5%
Oleai Elementary School (2nd)	62	52	166	53	85.5%
Francisco M. Sablan Middle School (6th)	74	73	673	33	44.6%
DanDan Middle School (6th)	98	96	751	64	65.3%
Hopwood Junior High School (6th)	208	200	1824	108	51.9%
William S. Reyes Elementary School (2nd)	69	58	174	49	71.0%
Tinian Elementary School (2nd)	21	21	90	12	57.1%
Tinian Elementary School (6th)	26	25	282	17	65.4%
Sinapalo Elementary School (2nd)	26	24	76	25	96.2%
Sinapalo Elementary School (6th)	32	32	328	24	75.0%
Total	1077	987	6254	736	68.3%

Data for SY: 2019-2020 (Tinian and Rota):

School	Students Assessed	Students Sealed	Teeth Sealed	Students with Caries	Students with Caries on Permanent Teeth	Permanent Teeth with Caries	% of Students with Caries
Tinian Elementary School (2nd)	27	23	76	20	11	22	74.1%
Tinian Elementary School (6th)	35	34	314	18	15	51	51.4%
Tinian Elementary School (1st)	35	20	53	27	3	8	77.1%
Sinapalo Elementary School (2nd)	23	19	57	20	8	14	87.0%
Sinapalo Elementary School (6th)	24	23	241	16	15	51	66.7%
Sinapalo Elementary School (1st)	22	11	36	18	4	7	81.8%
Total	166	130	777	119	56	153	71.7%

Prenatal Preventative Program:

As of 11/2018 - 11/2019, a total of 86 pregnant women have been encountered for receiving dental prenatal preventive services.

Oral Cancer Outreach:

Date of outreach: September and October 2019

Three middle schools and two high schools - a total of close to 350 students screened for oral cancer all were within normal limits.

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:
- 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)

Wrap Around Program: outcomes will be measured using BSS at each visit (3-month intervals). Outcome should be attainable within a short-term, but the program should be long lasting.

School Sealant Program: The children in the 1st grade program will be seen again in 2nd then 6th grade. Outcomes will be based on # of children with decayed teeth each year. The impact of this program will be short-term but the program itself should be long-term.

Head Start Fluoride Varnish Program: The FV includes children below the age of 3 in the Early Head Start Program. Results of the efficacy of the FV will be seen in the decay free dentition as they progress to the Head Start Program.

Prenatal Dental Preventative Program: The number of participants in the prenatal dental preventative program is collected. Longitudinal studies will determine if the participants will bring their future children into the clinic during the 1st year. It is likely the impact can be attained in a short-term however it will be more rewarding to see the long-term impact of this program.

Oral Cancer Outreach: The outcomes for the outreach will be based on the number of students who will either stop chewing betel nut or not even begin. There is no actual data on the number of students who stopped chewing or did not begin; however, students have verbally expressed the desire either to stop or to help in the efforts to raise awareness of the dangers of chewing betel nut. Impact would be long lasting.

Dental Referral for Head/Neck Policy: Measurement of this outcome is based on the ability to have some kind of dental home care; being able to brush and floss with limited mouth opening, among those who were treated for oral cancer. This will be based on the six month dental preventative visits.

Budgetary Information:

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

1. What is the annual budget for this activity?

Including staffing, materials, supplies for ALL Oral Health activities: \$750K

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

Staffing: \$550K (All 11 staffing - (\$240K using Oral Health Workforce Grant and \$310 from Local Funding)

Flights to and from Tinian and Rota: \$17,500

Wrap around program: Fluoride varnish \$200.

School Sealant Program: \$20k for supplies, equipment & materials

Oral Cancer (NCD funding):

1. Betel Nut Cessation Program incentive - Dental preventative treatment (\$30,000 budgeted)
2. Dental referral for Head/Neck cancer patient (\$25,000 budgeted)
3. Prenatal Dental Visits (\$30,000 - budgeted 2019; \$32,000 budgeted in appropriated money 2018)

3. How is the activity funded?

Wrap around program, Head Start fluoride varnish, school sealant program as well as all oral cancer outreach are funded by the Oral Health Workforce Grant (OHWF) that allowed the hire of 3 new dental assistants, 1 dentist and 1 project coordinator who coordinates all activities. Other staff members which include 1 hygienist, 1 front office clerk, 3 expanded duty dental assistant and the chief dentist salaries are covered by the Commonwealth Healthcare Center (CHCC). Supplies and materials costs are mostly by OHWF grant but most of the equipment is from CHCC. Funding for dental referral preventative programs for head/neck cancer patients, prenatal dental preventative coverage and the betel nut cessation program are from funds allocated by NCD tobacco funds.

4. What is the plan for sustainability?

If the Commonwealth Healthcare Corporation can assume the salary of the newly acquired staff and support the dental supplies required for the school sealant program, then all programs will be sustainable.

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?

Wrap Around Program: implemented in 2019 with hopes to help decrease the number of decayed teeth as seen in the young children on the islands of Rota and Tinian who had not had access to dental care in years which includes any preventative program. These islands have not had access to community water fluoridation, fluoride varnish programs or a sealant program in years.

School Sealant Program/Head Start Fluoride Varnish Program: Implementation of a school sealant and head start fluoride varnish program will require a partnership with the schools to effectively execute a successful program. This will require enough manpower and

dental sealant armamentarium. It can be done in the school setting or in the dental facility, whichever works best for both the dental team and school system.

Prenatal Dental Preventative Program: Funding for this program comes from NCD or even other sources within the Oral Health Program. Funding for this program is very challenging since funding sources are minimal and accuracy on amount spent for each participant differs since amount billed on each patient is dependent on what is needed whether extra radiographs are needed to accomplish a full exam. If Medicaid covers prenatal dental preventative visits, then this program is easily funded. In the CNMI, Medicaid does not cover prenatal dental preventative visits.

Oral Cancer Outreach: This program requires collaboration with schools and other public health agencies as well as policymakers. It is easily achievable with the cooperation of other partners and stakeholders including cancer associations and NCDs like the comprehensive cancer control program.

Dental Referral for Head/Neck Patients: The referral policy requires collaboration and communication between medical staff and dental staff to triage recently diagnosed head/neck patients to dental to get dental preventative treatment done.

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

Memorandum of Agreement (MOA) had to be established between OHP/Public Health and the Public-School System which takes time due to the legality of signage. Therefore, the process for the MOA to be signed must be initiated well before the school year begins.

To work in partnership with other agencies including Public Health requires extensive organizational collaborative efforts in alignment with other programs policies especially as it pertains to funding sources.

Funding for programs can be difficult so innovative alternatives must be thought of and hence partnerships are formed.

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:	59001
Associated BPAR:	State and Territorial Oral Health Programs and Collaborative Partnerships
Submitted by:	Oral Health Program, Commonwealth Healthcare Corporation
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Submission date:	February 2020
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