



Dental Public Health Activities Descriptive Summaries

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Children's Oral Health Outcomes Partnership

Oral disease is preventable. Oral disease in children is more prevalent among low-income populations. Colorado's safety-net dentists spend much of their time on restorative care with little time left for prevention. Recognizing this disparity, safety-net physicians and dentists came together to develop a project to reach children for early prevention of oral disease. The **Children's Oral Health Outcomes Partnership (COHOP)**, funded by the Caring for Colorado Foundation, is a quality improvement program designed to prevent childhood oral disease in the medical setting. The purpose of the Children's Oral Health Outcomes Partnership (COHOP) is to increase the collaboration between dental and medical providers to improve oral health outcomes for Colorado's children. This is accomplished by establishing a team of physicians and dentists for each participating medical site. The teams use data-driven, quality improvement methodologies to enhance the quality of preventive oral health care education and risk assessments provided at their sites.

FUNDING AND STAFF RESOURCES

In January 2003, the Colorado Community Health Network (CCHN) received a grant from the Caring for Colorado foundation for \$242,809 to support COHOP through May 2006. Expenses for COHOP are approximately \$80,000 per year.

The COHOP Project Coordinator is responsible for: (1) collecting and sharing the COHOP data with the teams, (2) providing ongoing support to teams through regular communication, site visits, meeting facilitation, and other technical assistance related to oral health, and (3) conducting process improvement activities. The Coordinator also advocates for the oral health needs of the underserved by participating in statewide coalitions, building relationships with state regulatory agencies, and providing technical assistance to CCHN's policy efforts related to oral health.

COHOP ACTIVITIES

COHOP collects oral health outcome data twice yearly (in April and October) from documentation in medical charts at each participating medical site. Currently 11 safety net medical clinic sites and their associated dental clinics participate in COHOP. Seven sites joined the project as pilot teams in October 2003 with four joined in October 2004. An additional four sites will begin their participation in October 2005.

COHOP data include the percentage of one and two year old patients having the following oral health outcomes:

1. Examination of teeth and gums
2. Assessment of feeding habits that put the teeth and gums at risk for oral disease
3. Appropriate dietary counseling given to address tooth decay
4. Parent being instructed to brush child's teeth as soon as they erupt
5. Adequate fluoride intake
6. Dental referral

These measures are based on the current recommendations of the American Academy of Pediatric Dentistry and the American Academy of Pediatrics. By evaluating the outcome measures, COHOP is able to measure how often oral disease prevention is being addressed in the medical setting. The project's outcome measures evaluate each team's success in making improvements and the project's success as a whole.

In addition to data collection, COHOP develops collaboration between dentists and physicians to integrate oral health into overall health. COHOP further provides training to medical practitioners on oral disease prevention including how to conduct oral screenings as part of routine physical exams, how to make appropriate referrals, and the benefits, risks, and controversy related to fluoride.

ACHIEVEMENTS

Each of 11 participating sites serve approximately 2,000 children ages 0 – 3 years. Approximately 25,000 children have received oral health education and/or risk assessment through COHOP since January 2003.

COHOP has collected another round of data in April 2005. Aggregate data from the 11 sites showed that among the one and two year old patients:

- 84.14% had an examination of the teeth and gums,
- 96.8% had an assessment of feeding habits that put the teeth and gums at risk for oral disease
- 89.8% had appropriate dietary counseling given to address tooth decay
- 70.5% had a parent being instructed to brush child's teeth as soon as they erupt
- 61.16% had adequate fluoride intake
- 18.44% had a dental referral

The April 2005 data has shown significant progress compared to baseline data collected in 2003/2004. One notable improvement is observed in the percentage of one and two year old patients being referred to the dentist. There is an increase from 1.45% to 23.87% among one year olds having dental referrals. For two year olds, there is an increase from 2.26% to 24.69% of the children having referrals.

Other COHOP successes include improved working relationships between medical and dental staff, and an enhanced quality of preventive oral health care education and risk assessments provided in the medical setting. Teams reported several reasons for these successes: (1) COHOP has increased communication between the pediatric and dental clinic, (2) the dentists are now willing to see young children, (3) an important service is provided to their patients, and (4) the quality of education provided by clinicians has improved.

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