

Dental Public Health Activity Descriptive Summary

Practice Number: 26011
Submitted By: Children's Dental Services
Submission Date: May 2019
Last Reviewed: May 2019
Last Updated: May 2019

Children's Dental Services WIC and Early Childhood Collaborative Project

Children's Dental Services (CDS) expanded services and dental education across Minnesota through partnerships with agencies that host Women, Infants, and Children (WIC) programs, Early Head Start programs, Early Childhood Dental Network, Early Childhood Family Education Programs, Department of Health, and other primary medical providers are targeting care to pregnant women and infants. CDS and partners developed a system for identifying pregnant women in need of oral health services and referred them to appropriate and accessible services. This project has been conducted through three phases: logistical planning, implementation, and evaluation.

Goals accomplished throughout this project include: 1) increase infants and pregnant women across Minnesota receiving regular dental care to over 710,000; 2) demonstrate improved oral health outcomes for 10,000 infants and pregnant women; 3) improved quality and sustainability of project activities through the use of evidence based practices, continuous quality improvement, and participation in ongoing training; and 4) collect data from families, providers, and community-based organizations to identify barriers in developing integrated dental and medical systems for Minnesota low-income infants and pregnant women and evaluate the impact of system changes.

CDS has multiple staff providing services, education and materials. Its Dental Director oversees clinical staff including Advanced Dental Therapists, Licensed Dental Assistants, and Registered Hygienists who provide comprehensive dental treatment and oral health instruction.

Associated costs with this project include salaries, travel, equipment and supplies, printing and communications totaling over \$471,494 annually.

Lessons learned during this project include, finding new sites and additional clinic days when the need exceeded the sites CDS had set up in the first year of the grant; using remote translating services when the rural Minnesota dental teams needed languages that were only offered at CDS' headquarters, and learning that new partnerships in neighboring counties most often stemmed from positive feedback from clinics CDS was actively working in.

Lessons Learned:

CDS has found that strong collaborations with community partners and schools are essential to reducing the need for emergency dental care. By actively providing preventive services, screenings, and offering onsite dental care within schools, Head Start centers, and community resource buildings, CDS is able to establish accessible dental homes for families that would otherwise wait to address dental concerns until the pain required immediate attention.

CDS' extensive work across Minnesota has made it very well-known. Being a "known commodity" in these locations, particularly in rural Minnesota, has led to increased word-of-mouth referrals, which has helped get CDS' foot in the door in WIC, community, and public health locations in almost every county in the state.

One challenge that CDS has faced is that of easily extracting data from its electronic health records (EHR), dental software. CDS has had to work closely with the EHR software, "Open Dental" to set up the kind of queries it needs to successfully run reports that extract specific and accurate data. This

continues to be a work in progress but CDS now has an established relationship with its dental software company's technical service and they have been really flexible with setting up reporting mechanisms that match CDS' needs.

Additionally, almost always, oral health electronic health records, do not "talk-to" medical records, and community clinic (ex: WIC) electronic records, which makes it tricky to gather data about a patient's "whole health."

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