

Dental Public Health Activity Descriptive Summary

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Oral Health Program and Home Visiting Partnership

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 FHVs 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 FHVs.

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 FHVs and a greater number of children and pregnant women going to the dentist.

Lessons Learned:

- When collecting new data, in this case from Efforts to Outcomes (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.

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.

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