



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. Please return completed form to: lcofano@astdd.org

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:

Partnering to Provide Perinatal Oral Health Care

Public Health Functions*: Check one or more categories related to the activity.

| "X" | Assessment |
|------------|---|
| | 1. Assess oral health status and implement an oral health surveillance system. |
| | 2. Analyze determinants of oral health and respond to health hazards in the community |
| | 3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health |
| | Policy Development |
| | 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 |
| | 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" | <u>Healthy People 2020 Oral Health Objectives</u> | |
|------------|--|---|
| 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 |
| x | OH-10 | Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health component |
| X | 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 |
| | 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:

Pregnancy
Perinatal
Integration
FQHC

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.

In 2017, the Michigan Initiative for Maternal and Infant Oral Health (MIMIOH) launched with the intention of improving the oral health of pregnant women as well as the oral health of her future children. The Michigan Department of Health and Human Services (MDHHS) awarded nearly 1 million dollars to the University of Detroit Mercy School of Dentistry (UDM) to implement a project that would place a Registered Dental Hygienist (RDH) directly within an OBGYN setting. MDHHS and UDM partnered with the Michigan Primary Care Association (MPCA), the organization that represents Michigan's Federally Qualified Health Centers. Since October of 2017, over 4100 individual women and children have received oral health services from the embedded RDH in eleven sites across the state and demonstrated the sustainability of this project within certain practice settings. This project highlights the opportunities for truly integrated care but also demonstrates the challenges associated with interprofessional practice.

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?

In 2013, Michigan developed a Perinatal Oral Health Initiative in response to Michigan’s focus on maternal and child health issues, particularly maternal and infant mortality.

Michigan (like many states) has a low rate of dental care during pregnancy, particularly in high need populations. In addition, many dental providers are hesitant to treat pregnant women and many medical providers are not aware of the importance of dental care during pregnancy or feel unequipped to address any issues. As such, the initiative works to support projects across the state of Michigan as well as educate healthcare providers (both medical and dental), students and the community. A perinatal oral health consultant was hired with Infant Mortality funding, which came from state general fund dollars. A number of activities were completed since 2013.

These include but are not limited to:

- The development of statewide perinatal oral health guidelines by MDHHS.
- A perinatal oral health education model as part of WIC health that was implemented in a national online educational platform.
- Advocacy efforts by state partners included pushing for a specific pregnant women Medicaid dental benefit. Funding was allocated by the state legislature to pursue this proposal.

In response to the legislative requirement, in 2017, the MDHHS Medicaid Program offered nearly one million dollars to the University of Detroit Mercy School of Dentistry (UDM) to help pregnant women seek dental care. A partnership between UDM, the Michigan Primary Care Association (MPCA) and MDHHS was formed to address this project.

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

In 2014, Grace Health, a Federally Qualified Health center FQHC in Battle Creek, Michigan received a small grant from the Blue Cross Blue Shield Foundation to implement a small medical dental integration project. They created the Grace Health model, which placed an RDH directly within their OBGYN department in response to need in their community. This model operated on a small scale within one site, but the framework was able to be used and replicated for this project, with Grace Health acting as a consultant for other participating sites. Barriers such as time, transportation and availability all impact the acquisition of dental care during pregnancy, so by placing an RDH directly within an OBGYN unit many of these barriers are eradicated for the patient.

Michigan’s law allows dental hygienists to work in public or non-profit agencies and provide dental hygiene preventive services under the remote supervision of a dentist. The law, PA 161 of 2005, identified the MDHHS as the department who administers the program. Grace Health is a non-profit agency that has been approved to provide a PA 161: Public Dental Prevention Program. One of the programs that they have developed is to place an RDH in their OB/GYN practice.

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

Funding began in October of 2017, with project implementation occurring in 2018. Project expansion occurred in 2019.

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 |
|--------|--------------------|---------|----------|
|--------|--------------------|---------|----------|

1. What resources were needed to carry out the activity? (e.g., staffing, volunteers, funding, partnerships, collaborations with various organizations, etc.)

Resources for this project began with funding for equipment and staffing, including the salary for the hygienist within each site through MDHHS. Although the goal is for the hygienist to become self-

sustaining. Adequate staffing is also critical. This project was fiscally and contractually managed by the University of Detroit Mercy School of Dentistry, with MPCA proving direct site assistance and MDHHS providing state level technical assistance. Sites themselves need to have a designated room available within the OBGYN department for the dental equipment and hygienist, as well as buy in from both medical and dental staff. Sites were chosen via a competitive RFP process managed by the MPCA. Lastly, a critical component of this program is Michigan’s PA 161 law, which allows a hygienist to provide preventative services by remote supervision of a dentist in a non-profit or public agency. A law that allows for different supervision and/or public health hygienists is necessary for hygienists to work outside the traditional dental supervision model.

| | | | |
|--------|---------------------------|---------|----------|
| INPUTS | PROGRAM ACTIVITIES | OUTPUTS | OUTCOMES |
|--------|---------------------------|---------|----------|

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

Administration

The MIMIOH project is overseen by the University of Detroit Mercy (UDM) School of Dentistry, with management from the Michigan Primary Care Association and technical assistance by Grace Health and MDHHS. UDM employed a project manager to develop facets of this project, while the MPCA helped to identify possible sites and managed direct communication and project initiation with them. The RDH hired by each site coordinates day to day activities in each clinic, while also involving either the chief medical officer or chief dental officer in each location.

Operations

Sites were selected using UDS data and by competitive process by the project team, spearheaded by the MPCA. Each site needed to have the capacity to designate space within their OBGYN clinic for a dental room as well as hire a full-time hygienist for this project. They also needed to have or obtain PA 161 approval status. This is an application process to the MDHHS Oral Health Program. UDM chose and ordered equipment for each space, that included a dental chair and a mobile unit. Mobile chairs were not used in order to give the room a sense of permanence and legitimacy.

Utilizing the model developed by Grace Health, an attempt was made to see each pregnant woman once in each trimester as well as postpartum by the RDH at each site. Each visit involved education, a prophylaxis and referral for comprehensive care if necessary. Children were also included in this program and if they accompanied their mother to the prenatal visit; the RDH ensured that they received an assessment, a prophylaxis and referral if needed. Family support members attending visits with the pregnant women also received services.

Data collection utilized both a tracking spreadsheet as EDR/EHR. The center’s IT department had to ensure that the RDH was able to access all needed medical records as well as can schedule appointments onsite. In addition, a provider of data-driven reporting and analytics for the Community Health marketplace utilized to track referrals and data trends from a higher level. Educational materials were procured from the maternal and child oral health resource center as well as developed on a project level by staff at each site. Supplies were also purchased by the University of Detroit Mercy School of Dentistry to give to expectant mothers.

Services

As part of this program, the RDH operating under the PA 161 program can provide an assessment, prophylaxis, education, referral, and sealants or fluoride varnish on children and participating women and their support members.

The embedded RDH becomes a resource within the OBGYN clinic and is available for oral health consultation that might be needed which eliminates the need for non-oral health professionals to try and navigate a topic in with which they may not be comfortable.

| INPUTS | PROGRAM ACTIVITIES | OUTPUTS | OUTCOMES |
|--------|--------------------|---------|----------|
|--------|--------------------|---------|----------|

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.)

Thus far, over 4,111 women and children have received assessments, prophylaxis or education through this program.

The model has proved to be sustainable in larger FQHC settings with a high patient population/high pregnancy rate to support the activity.

| INPUTS | PROGRAM ACTIVITIES | OUTPUTS | OUTCOMES |
|--------|--------------------|---------|----------|
|--------|--------------------|---------|----------|

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:

- a. How outcomes are measured
- b. How often they are/were measured
- c. Data sources used
- d. 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)

[Formal evaluation in progress by the University of Michigan](#)

Budgetary Information:

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

1. **What is the annual budget for this activity?** No direct monies from the MDHHS to the Oral Health Program.

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

All state oral health program costs are in-kind technical assistance.

3. **How is the activity funded?**

This activity was initially funded by MDHHS but upon the expenditure of those funds, Delta Dental Foundation has supported a new round of sites. The University of Detroit Mercy School of Dentistry and the Michigan Primary Care Association worked to obtain this funding from the Delta Dental Foundation. After one year, each site pays for project costs through services provided.

4. **What is the plan for sustainability?**

The project goal is for each site to achieve sustainability through a culmination of RDH provided services as well as comprehensive services completed via referral back to the FQHC. The funds generate from these services would pay for the RDH's salary as well as any overhead.

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?**

- Not every RDH may be an appropriate fit for this position. The ideal candidate will be able to be a self-starter and work to integrate into the culture of the clinic. They also need to be comfortable managing their own schedule as well as coaching reluctant patients who may not wish to seek oral health care. **The right RDH is critical to the success of each site.**

- For project sustainability purposes, children’s oral health may need be included in services provided in order to obtain enough billable encounters.
- The success of this project needs to be looked at though a comprehensive lens, with the understanding that the referrals facilitated by the RDH for comprehensive services assist in the sustainability of the position.

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

- Some sites had difficulty recruiting an RDH due to salary constrictions and professional shortages. To facilitate the project, allowances were made for a part time RDH in certain areas.
- One site had to stop the project due to staffing issues as well as the inability to develop sustainability.
- Michigan offers adult dental Medicaid benefits for most pregnant women, unless the patient is on MOMS insurance which is “Emergency services only”. This does not cover dental care and presents challenges in obtaining billable services in areas with high MOMS usage.
- While MDHHS, UDM and MPCA have a thriving partnership, dealing with each institution’s practices and timelines proved challenging from a management perspective.

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 | |
|---------------------------------|---|
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