



## Dental Public Health Project Descriptive Report Form

Please provide a description of your organization’s successful dental public health project by completing this form. Add extra lines to the form as needed but stay within **word limits**.

Please return the completed form to Lori Cofano: [lcofano@astdd.org](mailto:lcofano@astdd.org)

Name of Project						
<b>Integrated Dental Hygiene- A Simple Innovation Yielding Big Results</b>						
Executive Summary (250-word limit)						
<p>Oklahoma City Indian Clinic (OKCIC) continues to lead the way with medical-dental integration. OKCIC has implemented an Integrated Dental Hygiene (I-RDH) program that has demonstrated results and is working to expand upon this successful model of integration. In efforts to carry out their vision of being a national model in American Indian healthcare, OKCIC is sharing their model with others by presenting on the I-RDH model across the nation.</p>						
Name of Program or Organization Submitting Project						
Oklahoma City Indian Clinic						
<p><b><i>Essential Public Health Services to Promote Health and Oral Health in the United States</i></b></p> <p>Place an “X” in the box next to the Core Public Health Function(s) that apply to the project.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50px;"><b>X</b></td> <td>Assessment</td> </tr> <tr> <td></td> <td>Policy development</td> </tr> <tr> <td style="text-align: center;"><b>X</b></td> <td>Assurance</td> </tr> </table> <p><a href="http://www.astdd.org/state-guidelines/">http://www.astdd.org/state-guidelines/</a> Project submissions will be categorized by the Core Public Health Functions on the ASTDD website.</p>	<b>X</b>	Assessment		Policy development	<b>X</b>	Assurance
<b>X</b>	Assessment					
	Policy development					
<b>X</b>	Assurance					
<p><b><u>Healthy People 2030 Objectives</u></b></p> <p>List Healthy People 2030 objectives related to the project.</p> <p><u>Reduce the proportion of adults with active or untreated tooth decay — OH-03</u></p> <p><u>Increase use of the oral health care system — OH-08</u></p> <p><u>Reduce the proportion of children and adolescents with lifetime tooth decay — OH-01</u></p> <p><u>Reduce the proportion of children and adolescents with active and untreated tooth decay — OH-02</u></p>						

Reduce the proportion of people who can't get the dental care they need when they need it —

AHS-05

Reduce consumption of added sugars by people aged 2 years and over — NWS-10

Reduce the proportion of adults aged 45 years and over who have lost all their teeth —

OH-05

Reduce the proportion of adults aged 45 years and over with moderate and severe periodontitis — OH-06

Increase the proportion of low-income youth who have a preventive dental visit — OH-09

Increase the proportion of children and adolescents who have dental sealants on 1 or more molars — OH-10

This information will be used as a data resource for ASTDD purposes.

### **Keywords for sorting the project by topic.**

Provide **three to five** keywords (e.g., access to care, children, coalitions, dental sealants, fluoride, policy, Medicaid, older adults, pregnant women, etc.) that describe the project. Keywords are used to categorize submissions.

Medical-Dental Integration  
Early childhood caries prevention  
Pregnant women  
Early intervention  
Education

## **Detailed Project Description**

### **Project Overview**

(750-word limit)

1. What problem does the project address? How was the problem identified?

OKCIC recognized that the dental needs of the American Indian/Alaskan Native (AI/AN) community far exceeded the capacity of the Dental Department alone. To truly make an impact, OKCIC decided to try a different approach in which emphasis would be made on prevention, education, and early identification of disease. The initial focus was to pilot the benefits of embedding an I-RDH into the Pediatrics department. The results were so successful, the program expanded and OKCIC now has an I-RDH in Pediatrics, the Prenatal Clinic, and the Metabolic Care Center (MCC).

2. Who is the target population?

Pediatric patients  
Prenatal mothers  
High-risk diabetics

3. Provide relevant background information.

Early childhood caries is rampant in Indian Country. It is well documented that American Indian and Alaska Native (AI/AN) children suffer disproportionately from dental caries (tooth decay). According to the 2023 Indian Health Services (IHS) Oral Health Survey Data Brief, by the age of 2, about 40% of AI/AN children have already experienced tooth decay and by

the age of 5, this number rises to 80%. For children aged 1 to 5 years, decay occurs in the primary (baby) teeth. Permanent (adult) teeth start to appear in the mouth at about 6 years of age, and these teeth must last a lifetime. For this reason, early intervention is key.

4. Describe the project goals.

- **Pediatrics:** The pediatric I-RDH pilot program was deployed with the goals of increasing access to care; increasing applications of fluoride varnish; administration of adverse childhood experiences (ACE ) screenings, assisting with early identification of other risk factors, and traumatic events that could impact poor health outcomes.
- **Prenatal Clinic:** For the Prenatal Clinic the goals were to increase access to care; perform oral screenings for all expecting mothers the same day as their positive pregnancy test; tailor education to symptoms and stage of pregnancy; early identification of dental disease/caries.
- **Metabolic Care Center:** The newest I-RDH position was created in an effort to address two distinct needs of OKCIC patients that have been historically difficult to meet: dental access and diabetic retinopathy. An unusual, but innovative, approach that aims to reach beyond clinical norms and meet the medical and dental needs of OKCIC's highest risk diabetic patients.

### **Resources, Data, Impact, and Outcomes**

(750-word limit)

**1. What resources were/are necessary to support the project (e.g., staffing, volunteers, funding, partnerships, collaborations with other agencies or organizations)?**

OKCIC's initial I-RDH pilot program in Pediatrics was funded by a federal behavioral health grant that aimed to identify adverse childhood experiences, increase resiliency factors, and provide improved integrated services to improve the health of Native youths.

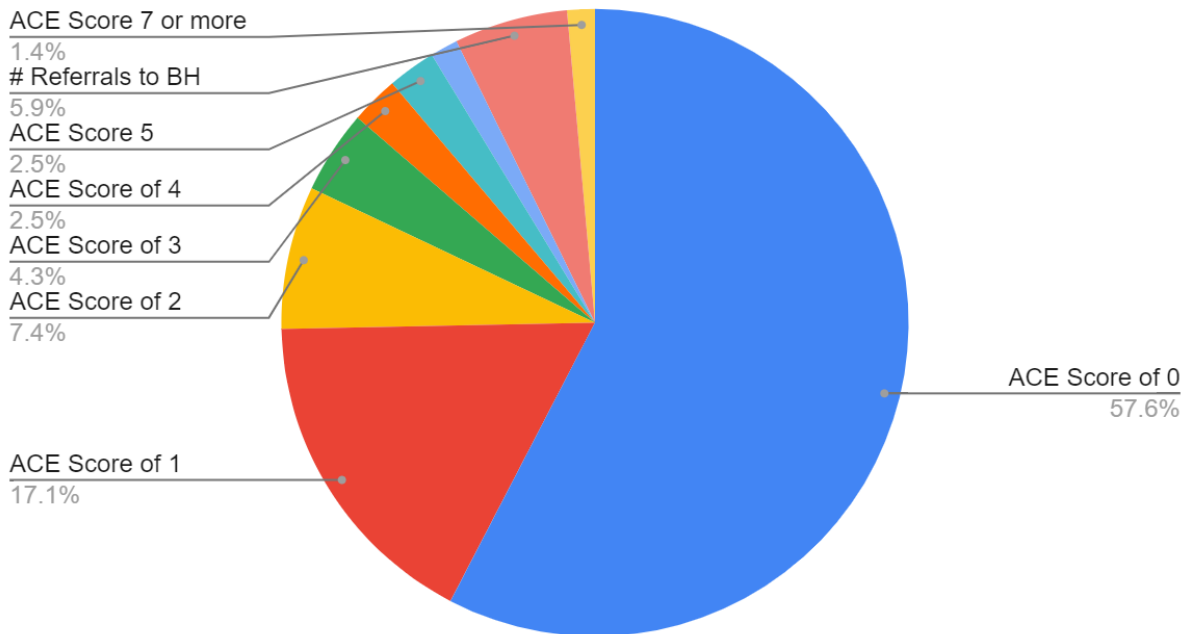
The I-RDH that has recently been added to the Metabolic Care Center was partially funded by the Seva Foundation, with the objective of increasing access to timely assessment of diabetic retinopathy and oral health. The I-RDH emphasizes education and blood sugar control, as improving A1C levels has a direct impact on oral health and the prevention of diabetic retinopathy.

**2. (a) What process measures data are being collected (e.g., sealants placed, people hired, etc.)?**

**Pediatric Patients:** # pediatric screenings; # of fluoride applications; # oral hygiene instruction provided; #Adverse Childhood Experiences (ACE) screenings administered; # of referrals made to Behavioral Health.

To date, 1,140 ACE screenings have been completed by the pediatric I-RDH. 85 children have scored positive, with an ACE score of 4 or greater. Of those, 78 accepted referrals to OKCIC's Behavioral Health team for services.

## OKCIC Integrated Dental Hygiene and ACEs Results



**Prenatal Mothers:** # patients screened; # of oral hygiene instruction provided

**High Risk Diabetics:** # patients screened; # diabetic retinopathy assessments; # oral hygiene instruction provided

### (b) What outcome measure data are being collected (e.g., improvement in health)?

**Pediatric Patients:** Improvement in Indian Health Service (IHS) Government Performance and Results Act (GPRA) quality metrics (dental access, topical fluoride application, dental sealants)

**Prenatal Mothers:** Percentage of prenatal mothers receiving oral health education and screenings; early identification and treatment of urgent dental needs. (# prenatal mothers referred to dental)

**High Risk Diabetics:** Early identification of diabetic retinopathy (# of patients with retinopathy identified and referred to Optometry. All images are read by OKCIC Optometrists. For patients who need more extensive needs, patients are referred to a local Ophthalmologist for evaluation and treatment.

### (c) How frequently is data collected?:

Ongoing data collection via Dentrix electronic dental record (EDR), that is reported on a monthly basis.

### 3. How are the results shared?

Results are shared with OKCIC leadership via the organization's reporting portal. GPRA quality metrics are reported and reviewed monthly during OKCIC's Quality Improvement Committee meeting.

Data and the metrics listed above are reported to the grant funders via their required reporting modalities.

Successes of these programs have been shared via presentation to organizations such as Centers for Medicare & Medicaid Services (CMS) at the 2023 CMS Quality Conference, IHS Dental Updates Conference, NW Portland Area Good Health and Wellness in Indian Country meeting, etc.

## **Budget and Sustainability**

(500-word limit )

Note: Charts and tables may be used.

### **1. What is/was the budget for the project?**

**\$129,790**

Salary and fringe for Integrated Dental Hygienists (\$107,000)

Oral hygiene supplies (\$5,000)

Printing and advertisements (\$1,000)

Portable retinal imaging cameras (\$16,790)

### **2. How is the project funded (e.g., federal, national, state, local, private funding)?**

The Pediatric I-RDH was fully funded by a behavioral health grant and has since been absorbed by OKCIC. The MCC I-RDH is 15% funded by Seva Foundation and 85% funded by OKCIC. The I-RDH in the women's health clinic is fully funded by OKCIC, as these positions are billable and self-sustaining.

### **3. What is the sustainability plan for the project?**

Because dental hygienists are billable providers, OKCIC bills third party payers for reimbursement when applicable. Both the Pediatric and Women's Health (prenatal clinic) I-RDH's have been self-sustaining through their third-party collections. The most recent addition, the I-RDH in the MCC, has not yet been deployed as we are awaiting the arrival of the new portable retinal imaging cameras that the I-RDH will use for retinal imaging.

## **Lessons Learned**

(750-word limit )

### **(a) What lessons were learned that would be useful for others seeking to implement a similar project?**

- Be sure to check your state dental practice act to verify that dental hygienists can perform screenings in your state.
- Review contracts with third party payors to determine if they allow for the medical and dental visit to be billed as two distinct encounters
- Meet with your medical teams prior to attempting integration. Educate them on oral-systemic links, and the benefit of medical-dental integration.
- Don't reinvent the wheel. Integration is all over the map right now and there are tons of resources available.
- When it comes to seeking out funding, get creative! Don't limit yourself to only seeking out dental grants. OKCIC has one I-RDH that was initially funded by a behavioral health grant and another that is currently partially funded by an optometry grant.

- Location! We have found it most successful for the I-RDH to be in close proximity, or directly at, the nurses' station with the medical team. This allows for the communication needed for the I-RDH to provide screenings and education without interrupting the medical team's flow.

**(b) Any unanticipated outcomes?**

Having two (soon to be three!) Integrated Dental Hygienists (I-RDH) has helped in times that emergencies come up, or staff are ill. Instead of canceling patients, we're able to pull in one of the I-RDH's to ensure patient coverage and uninterrupted patient care. Also, our I-RDH staff has reported that working in an integrated role has helped relieve their bodies of the aches and pains that most dental hygienists endure. Furthermore, they value the ability to play a role in the **whole** health of their patients.

We have also seen a significant shift in long-standing cultural and generational, homecare habits since initiation of this program. Particularly in the prenatal I-RDH program. By working with mom to improve homecare and overall oral health for herself, and educating on proper homecare and nutrition for the baby before the baby is born, we're able to reduce the likelihood of early childhood caries ever occurring. By following up at all prenatal appointments, and then subsequently all well-child checks once the baby is born, we're also able to identify caries risk and intervene. With this program, we've been able to directly witness the benefits of applying more resources to preventive services.

**(c) Is there anything you would have done differently?**

Instead of having dedicated clinical dental hygienists and dedicated I-RDH, it could be beneficial for *all* hygienists to rotate between the two, allowing all to experience the benefits of the integrated model, and relief from daily repetitive movements.

**Resources**

List resources developed by this project that may be useful to others (e.g., guidelines, infographics, policies, educational materials). Include links if available.



## BRUSHING & FLOSSING FOR 2!

+ Dental health (oral health) is the health of your mouth, teeth, and gums. While it's very important to your overall health, it is an important part of your prenatal care.

Being pregnant can increase your risk of oral health problems, especially gingivitis. One of the first signs of this is bleeding gums while brushing.

Some tips for expecting mom:

1. Brush 2x day with a soft bristled toothbrush
  2. Floss daily- this is important as the toothbrush can't get between your teeth.  
With increase of gingivitis during pregnancy, this is a must!!
  3. Struggling with morning sickness/vomiting? If so, don't immediately brush your teeth. It's recommended to swish with water and wait 30 min to brush as the acidity can harm your enamel.
- Another tip- to help neutralize acid from vomiting, swish with mixture of 1 teaspoon baking soda in 1 cup of water.

At OKCIC our dental department is here to help you with your oral health needs. Please call us at 405-948-4900 ext. 263 and schedule an appointment with us today. Our expecting moms get priority in acquiring an appointment with a dental health professional.



# Strep Throat Care Pack

*SICK GERMS CAN LIVE ON TOOTHBRUSHES!*

- *After two full days of your antibiotics, throw away your toothbrush and begin using one of the disposable toothbrushes in your kit (toss brush at end of day three)*

★ **Flip over for more information** ★



- *On day four of your antibiotics, throw away the first disposable toothbrush and begin using the second one provided in your kit. (toss at end of day five of antibiotics)*
- *On day six, start using your new toothbrush*

**DISPOSABLE TOOTHBRUSHES  
ALREADY HAVE TOOTHPASTE ON  
THEM! GET THEM WET AND THEY  
ARE READY TO USE.**





# A Dental Visit at the Doctor?

## OKCIC's Newest I-RDH Addition:

- OKCIC Now has a full-time I-RDH in the Metabolic Center, providing oral screenings and access to care to our OKCIC's highest risk diabetic patients
- The I-RDH also bridges the gap for whole-health diabetic care by also screening for diabetic retinopathy
  - Utilizing a portable retinal camera
  - Images read by OKCIC Optometrists



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<b>To Be Completed By ASTDD</b>	
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Submitted by:	Oklahoma City Indian Clinic
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