

Oklahoma State Department of Health

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Children's Oral Healthcare Access Program

End of Project Final Report

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PURPOSE:

Oral disease and lack of access to oral health care is a significant problem in Oklahoma. This project enhanced and strengthened our state oral health infrastructure and collaborative strategies to increase access to oral health services for the underserved populations in the project site of Oklahoma County. The target population of this project was children ages 3-8 in Oklahoma County.

PROGRESS NARRATIVE:

Activities carried out through the project period ending August 2007 are as follows.

GOAL 1: Support and participate in community-based action through partnerships and coalitions focusing on oral health access, dental caries experience, sealant use, and data collection. We expect this goal to produce oral health models that are appropriate, sustainable, and can be implemented on a statewide basis.

OBJECTIVE 1: Support and participate with Oklahoma Turning Point partnerships to encourage oral health as a priority by attending a combination of 75% of the Central Oklahoma Turning Point, Oklahoma Turning Point Council, and Children's Oral Health Coalition meetings, and participating in discussions that emphasize the importance of oral health during each budget period.

ACCOMPLISHMENTS:

- Attended 89.7% of the Oklahoma Turning Point Partnerships and Children's Oral Health Coalition meetings, and participated in discussions emphasizing the importance of oral health.

OBJECTIVE 2: Participate with oral health coalitions and groups to advocate for at least one legislative/agency policy promoting oral health improvement during the project period.

ACCOMPLISHMENTS:

- Legislation was passed and signed by the governor restricting student access to foods of minimal nutritional value. This will contribute to the improvement of children's oral health, as well as address the problem of childhood obesity.
- Legislation was passed and signed by the governor providing increased funding for the Oklahoma Medicaid Program to primarily increase fees for physicians. However, oral surgeons will also benefit from this legislation because they are able to use medical procedure codes for their hospital cases.
- Legislation was passed and signed by the governor providing \$100,000 for the Oklahoma Dental Foundation Mobile Dental Care Program to help ensure the stability of this new project addressing access to care for children in the project county. The Dental Program at the Oklahoma State Department of Health will administer this Program.

- Legislation was passed and signed by the governor creating the Oklahoma Dental Loan Repayment Act designed to increase the number of dentists serving and caring for those dependent upon the state for dental care and to make dental care accessible to underserved metropolitan and rural areas by providing educational loan repayment assistance for up to five Oklahoma licensed dentists per year for a 2 to 5 year period per dentist. One dentist each year entering the program shall agree to teach at the University of Oklahoma College of Dentistry. The Dental Program at the Oklahoma State Department of Health will administer this program.
- Legislation was passed and signed by the governor to change the State Dental Act of Oklahoma to include a mobile dental unit as a treatment facility.
- Legislation was passed and signed by the governor requiring the State Department of Health to have a dental program and the director of Dental Health Service shall be an experienced public health dentist licensed to practice under the State Dental Act of Oklahoma.
- Legislation was passed and signed by the governor creating a revolving fund for the Oklahoma Dental Loan Repayment Program.
- An Executive Order was signed by the governor creating the Governor's Task Force on Children and Oral Health to study health programs available for children, youth, and families as well as to develop a State Oral Health Plan.

OBJECTIVE 3: During the project period, organize and conduct appropriate oral health needs assessment activities to include third grade children.

ACCOMPLISHMENTS:

- Dental needs assessments were conducted by the Oklahoma State Department of Health Dental Program in partnership with the University of Oklahoma Colleges of Dentistry and Public Health to obtain oral health data to include caries experience and prevalence of sealants in third grade children.

GOAL 2: Enhance the awareness and emphasize the importance of good oral health through educational efforts. We expect this goal to elevate the priority of oral health in the target population which should result in better oral hygiene practices at home and a greater desire to seek dental care.

OBJECTIVE 1: Provide dental education presentations to include student and parent groups in approximately 50% of the Head Start Centers in Oklahoma County during each budget period.

ACCOMPLISHMENTS:

- Provided dental education presentations to students and/or parent groups in 53.6% of Head Start centers in Oklahoma County.

OBJECTIVE 2: During the project period, inform all Oklahoma County public elementary schools of the resources available for oral health education materials and supplies and offer classroom education opportunities.

ACCOMPLISHMENTS:

- In each of the project years, contacts were made with approximately 127 first grade lead teachers in schools in Oklahoma County providing information regarding available classroom materials and supplies for oral health education.

OBJECTIVE 3: Publish information and/or distribute assessment data to dental providers in at least one Oklahoma Dental Association publication during the project period to demonstrate the need for improved access to dental care for Oklahoma's children.

ACCOMPLISHMENTS:

- Articles were published in the Oklahoma Dental Association Journal describing the new mobile units, which are a part of the access to care efforts of the Oklahoma Dental Foundation. This program has begun serving the underserved in low income areas in Oklahoma County and other parts of the state.
- An article was published in the Oklahoma Dental Association Journal discussing the results of an oral health needs assessment survey of third grade children in Oklahoma.

OBJECTIVE 4: Prepare and distribute at least one press release about children's oral health during National Children's Dental Health Month for each year of the project period.

ACCOMPLISHMENTS:

- National Children's Dental Health Month press releases were distributed to news media in Oklahoma each year.

GOAL 3: Broaden the dental provider network/safety net. We expect this goal to strengthen collaborative efforts and linkages that will increase access to care for the target population.

OBJECTIVE 1: Collaborate with and assist the Oklahoma Dental Association and the state Medicaid program to increase the number of dental providers in Oklahoma County by 10% each budget period.

ACCOMPLISHMENTS:

- The number of Medicaid program dental providers in Oklahoma County increased by 393% during the project period from 43 to 212.

OBJECTIVE 2: Identify, update, and make available a list of community clinics in Oklahoma County that provide free or reduced cost dental care during each budget period.

ACCOMPLISHMENTS:

- A list of community clinics in Oklahoma County that provide free or reduced cost dental care was prepared and maintained on the Oklahoma State Department of Health website.

A review of the project goals of implementing community-based action through partnerships, providing appropriate dental education and information for possible stakeholders, and promoting health services and systems of care indicates the appropriateness of these goals for this project. We feel we made an impact during this project period. We accomplished the milestones in our work plan. We are fortunate to have encountered few barriers/problems and to be working with partner organizations that share our goals and objectives and want to see improvements in oral health.

The project funding did not produce a product. This grant paid for an employee to develop collaborative strategies and coordinate program activities of the grant.

We are pleased to report that better relationships have been developed through the grant activities. These partnerships include the Oklahoma Board of Dentistry, University of Oklahoma Colleges of Dentistry and Public Health, and others in the Children's Oral Health Coalition, such as the Oklahoma MCH Program, Oklahoma Institute for Child Advocacy, Oklahoma Dental Association, Oklahoma Dental Foundation, and Oklahoma Association of Community Action Agencies.

The following process activities and milestones were used to show progress towards achieving the objectives for this grant project.

One project approach used the community health improvement partnership model started with Turning Point, but with the focus on oral health improvement. We feel strongly that unless communities are actively engaged in not only determining their own oral health needs, but also developing and implementing solutions, improvement in community oral health will not be realized. Lessons learned from the Oklahoma Turning Point Program that apply to achieving our oral health goals include:

- Accepting recommendations from stakeholder groups and coordinating untapped expertise between health professionals, businesses, education, public health, citizen groups, and the faith community.
- Sharing responsibility for a community's health infrastructure.
- Finding ways to share available resources among agencies at the state and local level.

These lessons and the experiences gained through the Oklahoma Turning Point Program were key to improving oral health.

An educational approach was essential to this project. In order to bring oral health access to the forefront in Oklahoma County, the Project Coordinator's plan of action was to work directly with the local Turning Point partners, local dentists, community leaders, and educational institutions. This project used appropriate materials to work with project staff, parents, teachers, and other health professionals. Partnering with the Head Start Program, schools, and professional organizations was one of the Coordinator's primary responsibilities to enhance the awareness and emphasize the importance of good oral health. Oral health improvement of children hinges not only on face-to-face instruction through educational institutions and public health delivery systems, but more importantly on the daily involvement of adult supervision in the home setting. Therefore, raising the awareness, teaching fundamental oral hygiene techniques, and stressing the idea that children need positive role models was presented to the parents/guardians of this vulnerable and impressionable target population.

As an approach to help in broadening the dental provider/safety net, we worked with the Oklahoma Dental Association and the state Medicaid program to increase the number of available dental providers. Through this project's efforts, we promoted and encouraged local health services and systems of care and prevention designed to eliminate disparities and barriers across the MCH population. The Oklahoma State Department of Health Dental Program currently functions as a liaison between the public and the provider network. We feel this is very important and worked to develop more avenues for dissemination of dental access opportunities.

The Oklahoma Dental Foundation Mobile Dental Care Program consists of two dental units: (1) a 2001 40-foot fifth wheel trailer with dental equipment ready to serve the public, and (2) a 2004 35-foot Winnebago motor home equipped with state of the art dental chairs, digital x-ray and panoramic machines, along with other new equipment.

The Winnebago unit has already been serving the needs of low-income children in Oklahoma County (the project site) by providing dental care at scheduled block parties at multiple low-income housing project sites.

As of August 2007, the Mobile Dental Care Program has served low-income housing project sites, provided dental clinical care at the Mary Mahoney Community Health Center, and provided a demonstration of the mobile dental unit for students and faculty at the University of Oklahoma College of Dentistry, all of which are located in Oklahoma County. Additional dental care has been provided in other parts of the state. This Mobile Dental Care Program was honored in 2007 with the "Champion of Health Award" for outstanding service in providing dental care for the uninsured. We expect this Mobile Dental Care Program to continue providing much needed dental care for years to come.

EVALUATION AND CONCLUSION:

The outcome measures identified for this project were evaluated statistically by surveys and tracking systems to assure accomplishment during the project period. Examples of tracking systems include oral health needs assessments, targeted Medicaid population data, available dental providers, and the number of children receiving dental education as provided in the following statistical tables. Our ongoing working relationships with all of our partners were very

helpful to the success of this project. Also, we tracked specific Healthy People 2010 Oral Health Objectives, the National Performance Measures for the MCHB Oral Health Program, and recommendations developed at the Oklahoma Children’s Oral Health Summit in 2003 and the Children and Youth with Special Health Care Needs Oral Health Forum in 2006.

The overall project was very successful and we appreciate the funding that was provided for this Children's Oral Healthcare Access Program. This grant project has been an asset to our Dental Program in Oklahoma. We also feel the overall impact of this project was positive and has helped to improve oral health in Oklahoma. In considering the future, we believe this project has helped to produce oral health models that are appropriate, sustainable, and hopefully can be implemented on a statewide basis.

There are currently no funds available to continue the staff coordinator position that was provided by this federally funded grant. However, we expect the partnerships that have been established and enhanced during this project period will continue working together to further the efforts of this worthwhile project.

TABLE 1
Target Population (Medicaid children ages 3-8) for Oklahoma County (Data provided by the Oklahoma Health Care Authority/Medicaid Program)

Oklahoma County					
Age	2003 % of Medicaid Children Received Dental Services	2004 % of Medicaid Children Received Dental Services	2005 % of Medicaid Children Received Dental Services	2006 % of Medicaid Children Received Dental Services	% Change between 2003 and 2006
3	14.5%	29.1%	37.1 %	50.6%	249.0%
4	16.5%	34.5%	43.7%	62.3%	277.6%
5	9.5%	38.8%	49.1%	61.9%	551.6%
6	23.1%	44.2%	52.4%	68.9%	198.3%
7	22.8%	44.8%	53.6%	70.0%	207.0%
8	27.2%	45.5%	53.0%	67.2%	147.1%
Overall	18.9% average	39.5% average	48.2% average	63.5% average	236.0%

TABLE 2
Number of Dentists who are Medicaid Providers in Oklahoma County (Data provided by the Oklahoma Health Care Authority/Medicaid Program)

	August 26, 2003	May 21, 2004	June 20, 2005	June 1, 2006	October 1, 2007	% Change between 2003 and 2007
Oklahoma Co.	43	77	108	195	212	393%

TABLE 3

Oklahoma Oral Health Needs Assessment, Third Grade Children, 2003 through 2007.

	Oklahoma County					
	2003	2004	2005	2006	2007	% Change '03-'07
Third Grade Children						
With Active Decay (Caries)	46.7%	43.5%	27.3%	31.4%	24.8%	(46.9%)
With Decay (Caries) Experience (including treated and untreated caries)	65.3%	64.4%	59.0%	62.3%	53.4%	(18.2%)
Prevalence of Sealants	16.0%	15.8%	33.1%	23.5%	27.1%	69.4%

The data in Table 3 point out there was improvement when comparing 2003 baseline data to 2007. The decreases listed for the second and third indicators, Active Decay and Decay Experience, actually show improvement by the decrease of oral disease.