

FINAL PROGRESS REPORT

Project Title: Children's Oral Healthcare Access Program

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Contact Person: Ann Hagen-Buss

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Purpose

Access to dental care remains an issue of increasing concern in Montana and is especially relevant when the Annual Estimates of the Population for Counties of Montana reported that the 2006 population was 944,632 constituting a 4.7 increase from April 2000 to July 2006.¹ As reported in Montana's 2008 Title V, Maternal and Child Health Block Grant application, the number of Montanans living at or below the poverty level continued to be above the national average of 14.3% compared to 12.5% in Montana. Included in this 12.5% are 22,000 children who live in households with incomes at or below 150% of the Federal Poverty Level. Furthermore, it is estimated that 17% of Montana's children lack health insurance; therefore, placing them at an even greater risk of lacking adequate dental care.

Montanans live in the fourth largest state in the nation, which encompasses 146,552 square miles that includes 56 counties and seven Native American Reservations. Due to the vast area that Montana covers, there is a prevailing challenge of recruiting dental professionals willing to provide services in our more populated areas. This challenge is even more severe in the less populated, rural areas where recruiting a dental professional is even more problematic.

As a result Montana has a shortage of dental health professionals and given that the average age of the current of the practicing dentists is 55, the shortage will not be going away any time soon. Attachments 1, 2, and 3 illustrate these shortages.

For example in 2006, 12 of Montana's 56 counties had no dentists and 17 counties had no dental hygienists for an estimated net of 516 dentists and 488 dental

¹ Montana Primary Care Association, <http://www.mtpca.org>

hygienists. In other words, in 2006 there was one dentist per 1,813 people and one dental hygienist per 1,917 people. In those counties with a dentist, families, especially those with children, face additional challenges, one of which is locating a dentist whose practice includes children, in particular children under the age of 3 years. The next challenge is and will he/she accept Medicaid and Children's Health Insurance Program (CHIP) which is Montana's State Children's Health Insurance Program clients. An even more difficult challenge lies ahead for the family living in one of Montana's 14 counties without an enrolled Medicaid Dental Provider.

For children with behavioral or special needs, locating a dentist who will accept them as a client is an even more daunting task. To illustrate this point: a special needs child living in Plentywood, located in the upper eastern corner of Montana, would have to travel at least 355 miles one way to Billings, in order to receive dental care. On a good day, this trip would require at least 5 hours and 18 minutes of car time each way.

The lack of optimally fluoridated water across Montana was a finding in *Montanans Public Water System Sample Results for Fluoride Taken Between 1/1/2002 and 7/31/2007*, a report produced by the MT Department of Environmental Quality. This report estimated that 74% of Montanan's do not have access to optimally fluoridated water and fluoride levels vary greatly by location. Only six communities, with an estimated population total of 50,000 have adopted water fluoridation and recent community water fluoridation campaigns have failed. This information has been incorporated into a map prepared by John Schroeck of the Montana Primary Care Organization. See Attachment 4: Map of Public Water Systems with Optimal Levels of Fluoride.

The lack of dental health care professionals, combined with vast distances, the isolation of small communities and limited public transportation have all contributed to the difficulties faced by Montanans each day in accessing dental health care. Beginning in September, 2003 through August 31, 2007, Montana made strides in addressing Montanans' oral health care needs with funding from the Children's Oral Healthcare Access Program, Grant Number: H47MC01928. However, Montana still has miles to go in order to realize the goals set forth in their four year grant application.

It is important to note that initially the Children's Oral Healthcare Access Program grant was administered by the Child, Adolescent and Community Health Section (CACH) within the Family and Community Health Bureau (FCHB) which is housed in the Public Health and Safety Division, one of eleven Divisions within the Montana Department of Public Health and Human Services (DPHHS). The CACH Oral Health Consultant provided oversight of the grant for all of the 2004 and 2005 Federal Fiscal Years and for half of FFY 2006.

In early 2006, the Oral Health Consultant (OHC) resigned her position, resulting in a four month recruitment effort for a replacement. During this time, it was decided that the FCHB Maternal and Child Health Data Monitoring Section (MCH DM) would provide the supervision and direction for the remainder of the grant. Additionally, the inherent difficulties associated with recruiting and hiring an Oral Health Consultant lead to reclassifying this position to an Oral Health Education Specialist, who began on July 11, 2006.

For the past four years, FCHB has focused on the grant's three original goals and corresponding objectives and their numerous activities, which oftentimes resulted in

new partners being educated about the status of oral health in Montana. This final report provides a summary of Montana's accomplishments, as well as challenges in addressing the following goals:

- Goal 1: Improve and stabilize Montana's state oral health system
- Goal 2: Assess the oral health needs of Montana children
- Goal 3: Assure a comprehensive system of oral health care

Final Progress Report Narrative

GOAL 1: Improve and stabilize Montana's state oral health system.

Objective 1.1: Facilitate the development of a state oral health plan to include legislative recommendations and provide support for the implementation of the Montana Oral Health Plan through and with the Montana Dental Access Coalition (MDAC).

Accomplishments and Challenges

1. Montana Dental Summits:

In response to the publications, the *National Call to Action, HP 2010*, and the *Future of Dentistry*, the FCHB hosted two facilitated meetings of the Montana Dental Access Coalition (MDAC). The MDAC was composed of key stakeholders who were all interested in improving oral health in Montana by collaborating on Montana's first strategic oral health plan. Throughout 2004 the OHC worked with the MDAC membership in developing "*The 2006, Montana Oral Health Plan*," Montana's Response to "A National Call to Action to Promote Oral Health, Healthy People 2010, and the

Future of Dentistry. For the purposes of this paper, this document will be known as the *Montana Oral Health Plan*.

The *Montana Oral Health Plan* was developed to promote oral health and prevent dental disease, reduce health disparities that affect low-income, underinsured or uninsured people, those who are geographically isolated, and persons who are vulnerable because of their special health care needs. It reflected the MDAC's vision, guiding principals, goals and priority strategies that were adapted for achieving the goals of the *Call to Action for Healthy People 2010*:

- To promote oral health;
- To improve quality of life; and,
- To eliminate health disparities.

The *Montana Oral Health Plan* also addressed the challenge put forth by the Health Resources and Services Administration Maternal and Child Health Bureau. The MCH Bureau was concerned about the oral health status of the maternal and child health population; thus states were challenged to incorporate activities aimed at increasing the elements of oral health assessment, policy development, and assurance.

In December of 2004 a name change from the Montana Dental Access Coalition to the Montana Oral Health Alliance (MOHA) was subsequently adopted to reflect a broader approach to overall oral health and to identify and invite additional key stakeholder group representatives for participation. Since its inception, the MOHA membership has considered the *Montana Oral Health Plan* a fluid document; therefore, it requires ongoing reviews and revisions so as to more accurately reflect Montanan's oral health status.

2. Montana Oral Health Alliance:

The OHC drew heavily upon the reports: *Oral Health in America: A Report of the Surgeon General*; the *National Call to Action to Promote Oral Health*; *Healthy People 2010*, *ADA Future of Dentistry Report*, and the ASTDD report “*Building Infrastructure & Capacity in State and Territorial Oral Health Programs*” while developing the direction the Montana Dental Access Coalition should pursue.

Due to staffing challenges, the MOHA entered a period of inactivity after completing the *Montana Oral Health Plan*. In the Fall of 2006, the MOHA was reactivated under the leadership of the Oral Health Education Specialist (OHES) who set a goal of a December 2006 MOHA meeting. The OHES took the plan one step further by organizing the MOHA members to serve on one of five work groups: Access Issues, Community Based Prevention, Dental Work Force, Special Populations, and Fluoridation. Additionally, the OHES secured commitments from five individuals who were willing to serve as, and continue to serve as, the Work Group Chairman.

Prior to their first December 2006 Met Net Meeting, which was telecast from Helena and broadcast in nine Montana sites, the OHES worked with the Work Group Chairmen, outlining their roles and responsibilities in moving forward with the *Montana Oral Health Plan*. The December 2006 meeting brought to Helena over 25 MOHA members and an additional 25 to 30 stakeholders or interested parties participated via the Met Net.

This meeting resulted in the five work groups being charged with re-evaluating the *Montana Oral Health Plan's* goals and objectives so as to prioritize the strategies into an achievable Five Year Oral Health Strategic Plan with a draft report due by May

2007. In May 2007, MOHA members gathered in Helena and those who could not joined the meeting by Met-Net. At the May meeting, each Work Group Chairman presented their Group's contribution to the Five Year Oral Health Strategic Plan.

Armed with this information, the OHES created the initial Five Year Oral Health Strategic Plan, which formed the basis for the Department's unfunded July 2007 Targeted Oral Health Grant application.

The work of the MOHA, with an emphasis on the Five Year Oral Health Strategic Plan, has continued with minimal support from the Title V, Maternal and Child Health Block Grant which is covering the OHES' salary and future meeting costs. A family emergency required the OHES to be off of work for the months of October and November, 2007. She has since returned, but is limited to a 30 hour work week; therefore, the MOHA was minimally active the last half of 2007. See Attachments 5 through 9: MOHA Work Groups

3. Montana Oral Health Plan:

As previously mentioned, the *Montana Oral Health Plan* was developed with this grant. In preparation for Montana's two dental summits, at which the groundwork for the Plan was conducted, the OHC sought technical assistance and consultation from Dr. Jim Sutherland of the Denver HRSA Region VIII Office. Dr. Sutherland made significant contributions by assisting the OHC in planning and developing the action plan's objectives, which included potential legislative impacts, as well as providing input as to identifying potential key members of the Montana Dental Access Coalition.

The publication and distribution of the *Montana Oral Health Plan 2006* occurred in September 2006 to over 500 stakeholders, interested parties, and state officials. The development of action steps and prioritizing the five-year strategies that complimented

the *Montana Oral Health Plan's* goals is ongoing by the Montana Oral Health Alliance Work Groups under the direction of the OHES. A copy is attached and it is also available at the following link: <http://www.dphhs.mt.gov/PHSD/family-health/oral-health/family-oralHealth-index.shtml> See Attachment 10

4. Head Start/Early Head Start Oral Health Forum:

In January 2004 a Head Start/Early Head Start Oral Health Forum was hosted by the OHC to solicit input from a multi-disciplinary, multi-organizational group of stakeholders to develop an action plan to improve Head Start oral health components. The Montana Head Start/Early Head Start Oral Health Action Plan was developed from the forum proceedings and priorities from the plan were also incorporated in the *Montana Oral Health Plan*. The forum also resulted in the participants identifying the need to establish a standardized collection and data gathering system. See Attachment 11

5. Legislative Activities:

An unexpected, but welcome, outcome of the MOHA's work was the introduction of two bills, one each in the 2005 and 2007 Legislatures. House Bill 522, AN ACT PROVIDING AN APPROPRIATION TO THE BOARD OF REGENTS FOR DISTRIBUTION TO MONTANA STATE UNIVERSITY-BOZEMAN TO CONDUCT A FEASIBILITY STUDY CONCERNING THE TRAINING OF MONTANA DENTAL STUDENTS AT MONTANA STATE UNIVERSITY AND THE UNIVERSITY OF WASHINGTON, was drafted by the Montana Dental Association, supported by the MOHA, and signed into law on May 21, 2005. HB 522 provided limited general fund dollars to conduct a feasibility study on training first-year Montana dental students at Montana State University/Bozeman, then allowing them to complete their education at the University of Washington. During their senior year, the students would return to

Montana and fulfill their four to six month clinical experience requirement by serving in one of the state's underserved areas, such as in a rural area or one of Montana's seven Community Health Centers or at an Indian Health Service Sites. See Attachment 12

HB 522 resulted in 2007 legislative action, with the introduction of House Bill 395: A BILL FOR AN ACT ENTITLED: "AN ACT PROVIDING FOR A REGIONAL INITIATIVE IN DENTAL EDUCATION PROGRAM; PROVIDING THAT STUDENT TUITION COSTS BE PAID BY THE PROGRAM; PROVIDING FOR REPAYMENT OF TUITION IN CERTAIN CIRCUMSTANCES; PROVIDING AN APPROPRIATION; AND PROVIDING AN EFFECTIVE DATE." HB 395 read in part: "The board of regents shall provide access to publicly funded dental education for Montana students by establishing a regional initiative in dental education program in which Montana resident students complete their first year of dental training at Montana State University-Bozeman and then transfer to the University of Washington School of Dentistry to complete their dental training, with clinical rotations across Montana in the later years of dental school, especially in rural and under-served communities." As with HB 522, the MOHA provided their support and expertise on this bill.

The 2007 Legislature failed to pass HB 395; nonetheless, the 2007 Legislature recommended further study on the dental access issue. This recommendation resulted in the formation of the House Joint Resolution 22 Work Group. See Attachment 13

The House Joint Resolution 22 Work Group is charged with submitting a report to the Postsecondary Education Policy and Budget Legislative Committee by June 2008. The OHES is a member of this work Group that began meeting in December, 2007 and will continue throughout the first half of 2008. The June 2008 report must include:

- a. Specific initiatives that would increase the number of dental care professionals in Montana with a focus on rural and underserved areas;
- b. Repayment programs that would require dental students receiving state funding support for their dental education to reimburse the State of Montana all or some portion of those funds; and,
- c. Dental student loan forgiveness programs that would be administered by the Office of the Commissioner of Higher Education.

The OHES' long term plan is to incorporate this information into the Five Year Oral Health Strategic Plan as appropriate. It should be noted, that grant funds did not directly support the formation of the House Joint Resolution 22 Work Group; however, it can be said that House Bills 522 and 395, which occurred during the life of the grant, were the impetus for the formation of the HJR 22 Work Group. See Attachment 14

GOAL 2: Assess the oral health needs of Montana children

Objective 2.1: Coordinate an assessment of the oral health status of Montana third graders and establish baseline data for Head Start children.

Accomplishments and Challenges

1. “Montana DPHHS School Oral Health Assessment Report of Findings”

In 2000, prior to receiving the *Children’s Oral Healthcare Access Program* funds, statewide training and technical assistance utilizing the ASTDD Basic Screening Survey (BSS) tool was provided to public health department staffs in 32 counties across Montana. Subsequently, during the 2001-2002 and 2002-2003 school years, these individuals conducted a total of 9,050 screenings and 9,214 screenings, respectfully, on third grade students within their counties.

The grant provided support for the 2003-2004 school year which resulted in 20,060 screenings being completed, a two-fold increase from the previous years. The cumulative convenience sample data from these three school years was merged, analyzed and interpreted and included in the report, *School Oral Health Assessment Report of Findings, Cumulative Data 2002-2004* which was published and distributed with these grant funds. There were numerous limitations to the data, due in part to the issues related with recruiting and hiring the Oral Health Education Specialist, during which time there was approximately a five month vacancy. The limitations included, but were not limited to:

1. No specific sampling techniques or designs so as to eliminate potential biases;

2. Data collection methods were not completely standardized because not all the screeners or data recorders had taken the study-specific training potentially resulting in human error in data entry; and,
3. State level quality control assurance controls, i.e. submitted screening forms contained missing values for data fields, were lacking due to an approximate four month vacancy for hiring a FCHB Health Informatics Specialist.

The *School Oral Health Assessment Report of Findings, Cumulative Data 2002-2004* revealed an overall sealant prevalence of 33.15% among third graders, and included regional results for Montana's five Health Regions noting frequency and prevalence of current decay, previous decay, and treatment urgency. The report was unable to report on racial differences because of incomplete race values in the data; therefore, racial weights could not be utilized to control for biases inherent to differences in dental protocol. The FCHB also choose not to submit this report to the *National Oral Health Surveillance System* due to the lack of data quality and integrity.

As a result, it was apparent to the OHC that in order to adequately assess the oral health needs of Montana children, a controlled representative sample was needed. A controlled representative sample would provide a healthier "snapshot" of the oral health needs of our third grade and Head Start populations. See Attachment 15

2. Association of State and Territorial Dental Directors Technical Assistance:

In response to the need for collecting a controlled representative sample from the third grade and Head Start populations, a request for technical assistance from the

ASTDD was submitted and approved. ASTDD Data Coordinator, Kathy Phipps, Dr. PH, RDH, provided assistance in late 2004 on the proper protocol for:

- Determining screening sites;
- Identifying the target participation audience; and,
- Updating the Pre-school and School Age Child Basic Screening Survey (BSS) to include the ASTDD 2003 revision regarding race/ethnicity. See Attachments 16 & 17

3. “Make Your Smile Count Screening Project”

The ASTDD training led to the creation of the “Make Your Smile Count Screening Project.” This project would compliment the findings in the Montana DPHHS School Oral Health Assessment Report of Findings” as it would be a compilation of controlled sample screening data, thus providing valuable data as to the oral health status of Head Start children and third grade students.

It was determined that Montana’s Basic Screening Survey (BSS) instrument, endorsed by the ASTDD, would be used by the three contracted registered dental hygienists who in turn would collect the controlled data from their screenings of third grade students and Head Start children during the time period of January 1 through May 31, 2005. Implementing the “Make Your Smile Count Screening Project” required unexpected labor-intensive efforts that included the preparatory work identifying the target schools, which were designated as either free or reduced lunch or non-free/non-reduced lunch schools; securing school and parental participation; and working around summer school closures which resulted in the project’s delay. Consequently, the “Make Your Smile Count Screening Project” was completed during the 2005-2006 school year.

A total of 957 third grade students, representing 9.36% of the total 2005-2006 Montana third grade public school population, were screened from the 30 randomly selected schools located in 21 of Montana's 56 counties. The Head Start Programs included in the survey were selected in proximity to the randomly selected elementary schools where the third graders were screened. There were 828 Head Start children screened from 14 counties. Those Head Start children, whose screenings indicated the need for follow-up care, were referred by the Head Start Health Coordinators to one of their Medicaid or CHIP providers.

The final report, "*Montana: 2005-2006 Study of Oral Health Needs: 3rd Graders and Head Start Children*," provided valuable information as to the overall oral health care status of our young and school aged children. Of interest for the third grade population, as taken from the report, a copy of which is attached, is:

When 95% confidence intervals were calculated, children in schools classified as a free or reduced lunch school had significantly higher rates of untreated cavities, caries experience, and urgent treatment needs. These children were also significantly less likely to be assessed by the visiting hygienist as cases who receive routinely scheduled care. The sealant placement prevalence rate for children in schools classified as a free or reduced lunch school, was not statistically significant from the children in the non-free or reduced lunch schools, although the rate was slightly lower among free or reduced lunch school children.

Also of interest is this Head Start specific section that states in part:

All of these findings suggest there remains a very high need for oral health education and intervention in the Head Start community, with all the rates

demonstrating high need for dental intervention and with few regions modeling good oral health profiles.

The “*Montana: 2005-2006 Study of Oral Health Needs: 3rd Graders and Head Start Children,*” was shared with the MOHA members, Head Starts, and other stakeholders. In September 2007 the OHES and FCHB Epidemiologist presented the Head Start data summary from this report to a meeting of the Head Start Health Coordinators. See Attachment 18

Currently the OHES is working with the Division’s Medical Director on condensing this report into a position paper, with an emphasis on the need for further research and study on the oral health status of Montana’s third grade and Head Start children so as to provide a clearer picture of the actual oral health care status of these children. The position paper will be shared with our stakeholders and MOHA partners, plus, it and the entire report will be submitted to NOHSS.

Also, the third grade data was included in Montana’s 2008, Title V, Maternal Child Health Block Application in response to National Performance Measure #9: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

GOAL 3: Assure a comprehensive system of oral health care

Objective 3: Promote and coordinate early intervention strategies to prevent dental disease and improve access to dental services for Medicaid/EPSDT recipients and CHIP children.

Accomplishments and Challenges

1. Plenary and Workshop Speakers at DPPHS Public Health Conferences:

The grant provided funds for three dental health professionals to be plenary or workshop speakers at the annual DPHHS Public Health Conference. Two of these speakers, Drs. Wendy Mouradian and Mark Koday, along with Dr. Russell Maier, were co-authors on the paper *“Addressing Disparities in Children’s Oral Health: A Dental-Medical Partnership to Train Family Practice Residents,”* published in the August 2003 Journal of Dental Education.

Dr. Wendy Mouradian MD, MS, an Associate Clinical Professor of Pediatrics, Pediatric Dentistry, and Health Services, at the University of Washington School of Dentistry, was a plenary speaker at the May 2005, DPHHS Spring Public Health Conference in Bozeman, Montana. Her presentation, *“Oral Health for Montana’s Children and Families: What We Can Do Together”* was presented to nearly 250 Montana public health professionals that included local public health departments’ staff, Head Start and WIC staff members, as well as dental and medical professionals. Dr. Mouradian touched upon numerous topics, which included:

- The disparities in children’s oral health and access to care, with an emphasis on those populations at greatest risk;

- The impact of oral disease on the health of mothers and children and the rationale for a dental-medical-public health collaboration; and,
- Models describing ways public health and other health care professionals can work together in promoting good oral health among the MCH populations in Montana.

Dr. Mark Koday DDS, dental director at the Yakima, Washington Valley Farm Workers Clinic since 1986 and the author of numerous articles regarding children's dentistry, was the plenary speaker at the 2007 DPHHS Spring Public Health Conference in Great Falls, MT. Over 200 public health nurses, WIC and Head Start staff, as well as interested dental and medical providers attended Dr. Koday's presentation on "*Oral Health Care for the Infant and Pregnant Woman.*" Prior to his presentation, the OHES collected Montana specific data as related to the oral health care for pregnant women, infants and children in our state. Dr. Koday incorporated this data into his presentation which focused on early intervention and evidence-based, best practice techniques for oral disease prevention in pregnant women and young children.

Dr. Kevin Rencher, a Pediatric Dentist in private practice in Helena, Montana provided a 2007 DPHHS Spring Public Conference workshop, entitled "*Growing Up Cavity Free*" which focused on early childhood oral disease prevention strategies. The fifty plus conference attendees were enlightened by his presentation that included his hands on experience and knowledge of this subject area due in part to his involvement as a member of the Montana Dental Association Board of Directors and the Rocky Mountain Head Start Council, that encompasses Jefferson, Broadwater and Lewis and

Clark Counties, plus his weekly volunteering of his services at the Helena Community Health Center Dental Clinic.

2. Initiating and Sustaining a Medical/Dental Collaboration:

The OHC initiated conversations with the Medicaid and CHIP Programs with the intent of collaborating on creating a plan aimed at maximizing the effectiveness of a child's dental component of the Early Periodic Screening Diagnosis and Treatment (EPSDT). The initial conversations in the Fall of 2005, focused on training family practitioners and pediatricians on how to perform oral health screenings as a part of a comprehensive well child checkup examination. The grant supported the purchase and distribution of *Bright Futures in Practice: Oral Health*, produced by the National Maternal and Child Oral Health Resource Center, to over 750 "Passport to Health" program providers who received a copy of the pocket guide, as well as a state specific fact sheet about Early Childhood Caries (ECC) which was also produced and distributed with these funds. See Attachment 19

The OHC investigated the feasibility of a dentist and pediatrician to co-present a continuing education session on the association between oral health and general health at the June 2005 Montana Family Practice Conference. The 2005 conference schedule was set a year in advance and the lapse in filling the OHC position resulted in this activity being pursued differently in 2007.

In June of 2007, the OHES facilitated Dr. Russell Maier's presentation to members of the Montana Dental Association (MDA), Family Practice Residency, Primary Care Association, Dental Hygienist Association, and state Medicaid staff. Dr. Maier was a co-author, with Drs. Wendy Mouradian and Mark Koday, on the paper

“Addressing Disparities in Children’s Oral Health: A Dental-Medical Partnership to Train Family Practice Residents.” His presentation provided more in-depth information as to the efficacy and importance of medical/dental collaborations using evidence-based oral disease prevention practices. Dr. Maier went on to say that the state of Washington’s Access to Baby and Child Dentistry (ABCD) program would be effective in the state of Montana. See Attachment 20

Dr. Maier’s presentation generated significant interest amongst the OHES, MDA and Medicaid staff, that conversations have begun as to implementing the ABCD program here in Montana. These conversations have created yet another new partner in the MOHA’s Five Year Oral Health Strategic Plan. Through an internal agreement with the Human and Community Services Division, the FCHB received a one-time infusion of funds, specifically earmarked for addressing oral health care needs. At this time, there is the potential that a portion of these funds can be used to underwrite a portion of the ABCD Training costs.

It is hoped that these conversations and the new partnership will bring to fruition ABCD Training for Montana’s dental professionals. It is hoped that the original project, “Paint Your Teeth Fluoride Varnish Training Project” that was expected to be completed by August 2007, will be realized with the ABCD Training.

3. Oral Health Education:

The MDAC developed eight Guiding Principals, providing them direction for the task ahead of them which was producing the *Montana Oral Health Plan*. Their first Principal: *Prevention of oral disease is critically important and that education is the key to prevention*, resulted in the MDAC and the MOHA members embracing the

overarching need to produce a variety of oral health education documents, but with a Montana flavor, that would be distributed statewide to interested parties and partners.

Throughout the life of the grant, these oral health education documents were distributed across Montana to the numerous entities who were involved with the MDAC or MOHA, as well as to countless Montana families who received services from programs such as WIC, Head Start, MCH Block Grant funded health departments, or Offices of Public Assistance. Unfortunately, grant funds did not provide for collecting data as to the impact of these materials on children receiving oral health care services. But if the calls, requesting additional materials is any indication of their impact, then these materials are being used for the purpose that they were intended for: statewide education.

Included in the attachments is a sample of the materials, i.e. the *Oral Health Referral Resources* and *A Brief Summary*, produced and disseminated with the grant funds, albeit one, The Oral Health Tool Kit. The OHES worked with a Bozeman, MT private practice dentist, Dr. Jane Gillette and Chair of the Community Based Prevention Work Group, in creating the tool kit. This tool kit, produced on a CD, was provided to all 56 of Montana's local county health departments and a disk will be forwarded as indicated in the grant submission's directions. See Attachments 21, 22, & 23

4. Oral Health Awareness Media Campaign:

The Community Based Prevention Work Group created the state-wide media campaign's kick-off document: "Dental Visit by Age 1." This early intervention message, portrayed on a poster, with adaptability to other media venues, is currently awaiting approval of the DPHHS Medical Director. But before it can be ultimately mass

produced and distributed statewide, funding must be secured, as at this time there are no funds to support this project.

5. “Miles For Healthy Smiles Program” -

The Miles for Healthy Smiles Program (MHS) is a traveling dental program, based in Missoula, which uses portable equipment to increase access to dental care and to also provide oral health education. MHS focuses on school aged children and their families who lack a regular dentist and are Medicaid or CHIP beneficiaries, or noninsured, living in Missoula or the surrounding rural areas. With the portable equipment, MHS staff and volunteers are able to provide cleanings, x-rays, fillings, and even extractions on-site.

In 2006-07, MHS received funds to expand its oral health assessment and follow-up dental treatment to three more elementary schools, as well made available prevention education to hundreds of elementary students. The grant funds also provided “Prenatal Oral Health Care Training” to Missoula County WIC Providers.

6. School-based Fluoride Mouthrinse Program:

In response to the overwhelming lack of fluoridated water systems in Montana, the grant has provided funding for a School-based Fluoride Mouthrinse Program. The OHES is aware that there is insufficient data to support such a program as having a positive impact on decreasing the number of childhood caries in children. Nevertheless, maintaining the partnerships with the 250 schools participating during the 2007-08 school year is positively viewed as easing the way for future school based programs, such as a sealant program as proposed in the unfunded Targeted Oral Health Grant.

At the close of the 2006-07 School Year 41,500 students participated in their school's Fluoride Mouthrinse Program (FMR). A preliminary review of this data resulted in the OHES working with the FCHB Epidemiologist and Health Informatics Specialist in updating the Fluoride Mouthrinse Guidelines Manual and revising the Fluoride Mouthrinse Participant Data Form so as to collect more useful data. These two documents were distributed in the Fall of 2007, with collection of the Participant Data Form information to occur in the Spring of 2008. Throughout the school year, the OHES maintains regular electronic communication with all the FMR School Coordinators. See Attachments 24 & 25

7. Additional BSS Screenings:

It was anticipated that the FCHB would continue to subcontract with a Registered Dental Hygienist during the 2006-2007 school year. The BSS tool would be utilized in collecting an additional year of oral health data on Head Start children. Due to OHES staffing changes this activity could not be accomplished.

8. Dental Hygienists/Dental Assistants Survey:

Montana has one dental hygienist and dental assistance post-secondary education program housed at the Montana State University-Great Falls College of Technology. Originally, the FCHB and MSU-COT planned to collaborate on creating and distributing a survey with the aim of ascertaining information as to the location of their graduates. It was hoped that this information might indicate prevailing reasons as to why the graduates left Montana which in turn could be used in formulating recommendations so as to address the dental hygienist shortage in Montana. Despite several drafts designed by the FCHB Epidemiologist and Health Informatics Specialist, that also incorporated recommendations from MSU-COT, FCHB was unable to

accomplish a final product in time for distribution the first part of 2007, as other pressing needs required the Epidemiologist's and Health Informatics Specialist's skills.

9. "Give Kids A Smile Day"

Give Kids A Smile[®] is a national initiative by the American Dental Association to focus attention on the epidemic of untreated oral disease among disadvantaged children. The OHES worked with the Montana Dental Association so as to involve the Montana Head Start/Early Head Start Health Coordinators in Montana's version of Give Kids A Smile Day.

Conclusion and Final Recommendations

In conclusion, over the past four years the Children's Oral Healthcare Access Program has funded a variety of projects that have positively impacted the oral health of our most vulnerable citizens: our children. But much work remains to be done if Montana is to meet Surgeon General Richard Carmona's challenge as stated in his April 30, 2003 report: *A National Call to Action to Promote Oral Health*.

The U.S. Surgeon General's Report: Oral Health in America reported a "silent epidemic of oral diseases is affecting our most vulnerable citizens – poor children, the elderly, and many members of racial and ethnic minority groups." It called upon policymakers, community leaders, private industry, health professionals, the media, and the public to affirm that oral health is essential to general health and well being and to take action.

At this time, minimal Title V Maternal and Child Health Block Grant funds are available to support the OHES and to sustain established activities, such as the MOHA

and the School-based Fluoride Mouthrinse Program. However, given the recent across the board federal budget cut to the Title V funding, this funding may need to be redirected to other pressing priority needs, as identified in the *“Blueprint for Maternal and Child Health in Montana: Strategic Planning for the Family and Community Health Bureau.”*

Therefore, the Oral Health Education Specialist’s present work is aimed at working closely with the MOHA in examining the Montana Five Year Oral Health Strategic Plan so the activities are prioritized in such a way as to judiciously utilize the currently available funds.

Montana is committed to increasing the numbers off oral health care professionals, either serving in our Community Health Centers, or in private practice; however in order to do so future funding through federal or state grants or private foundations and exploring new partnerships will be sought by the Department in hopes of maintaining, as well as enhancing the momentum Montana has experienced with the Children’s Oral Healthcare Access Program. See Attachment 26