

## **END OF PROJECT FINAL REPORT**

The SOHCS Grant allowed the WA State Oral Health Program to move towards better infrastructure and visibility within the Office of Maternal and Child Health. It was practically our only source of funding during this 3-year period, since all our state funding goes to the local health jurisdictions and for our salaries. So without SOHCS we would not have had much to work with. We are very grateful for that opportunity.

The greatest benefit of this grant applies to the strengthening of partnerships with a variety of stakeholders: other MCH Sections (MIH, CAH, CSHCN, Genetics, Immunizations/Child Profile) and their contractors (HeadStart, First Steps, etc.), WIC, and the 35 local oral health programs in the state. These partnerships will benefit us significantly as we move towards a state oral health plan in the future.

About sustainability of the activities started with the SOHCS grant, we will depend on other grants to make it happen. We have already been successful with the HRSA TOHSS grant, which will allow us to continue the BFOH materials for CSHCN and the partnership with CSHCN stakeholders statewide. We are also starting to map all oral health activities and needs that happen with other programs/ sections outside OMCH to see how we could relate to them as well. This will help to increase the scope and visibility of the State Oral Health Program.

Below is a summary of the goals and objectives for the 3 years of this grant, as well as the outcome evaluation for the 3<sup>rd</sup> year.

**Goals and objectives for 1<sup>st</sup> year of the grant (2004-2005)**

<b>Goal 1.1 Develop an internal MCH OH Strategic plan to integrate oral health within MCH, and strengthen relationships with MCH-related programs.</b>			
	<i>Accomplishment and impact</i>	<i>New linkages</i>	<i>Impact on sustainability</i>
Convene workgroup of key partners	Accomplished in 2005	OMCH Sections	Increased partnership within OMCH
Develop logic model and indicators for evaluation progress	Accomplished in 2006	CDC Evaluation Institute participants and speakers	A logic model is a powerful tool to guide our planning, implementation and evaluation activities of the Strategic Plan
Collect data, analyze and report on the Smile Survey 2005	Accomplished in 2005	Part-time epidemiologist; evaluation specialist; Inclusion of OH questions on BRFSS	These results enable us to raise awareness about the oral health of children in our state at the different MCH programs
Complete MCH OH Strategic Plan	Accomplished in 2006	All MCH sections at DOH and their external contractors (MCH-related programs)	Stakeholder involvement from the beginning can help achieve successful plan implementation

<b>Goal 1.2 Evaluate implementation of the MCH OH Strategic Plan.</b>			
	<i>Accomplishment and impact</i>	<i>New linkages</i>	<i>Impact on sustainability</i>
Design an evaluation plan including a logic model and key indicators	Accomplished in 2006	MCH Assessment Section epidemiologist	The ability to evaluate programs helps us ensure the public that we are accomplishing the planned objectives, or adjusting them for better success.
Identify and propose key oral health questions for at least three other DOH health	Accomplished in 2006	BRFSS representative; Cardiovascular Program leadership	By creating combined assessment activities with other public health related programs, awareness

assessment instruments (BRFSS, CVD Program)			about oral health is raised and possibilities for other combined efforts emerge
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**Goals and objectives for the 2nd year of the grant (2005-2006)**

<b>Goal 2.1 Disseminate MCH Oral Health Strategic Plan to key stakeholders. Revise as necessary.</b>			
	<i>Accomplishment and impact</i>	<i>New linkages</i>	<i>Impact on sustainability</i>
Present Strategic Plan to MCH Section Managers and their staff and get their feedback.	Accomplished in 2006.	MCH Section managers and staff	Getting feedback from stakeholders helps ensure their involvement and commitment.
Disseminate final Plan to all MCH stakeholders	Accomplished in 2006	MCH Sections and their external contractors	

<b>Goal 2.2 Implement MCH Oral Health Strategic Plan and monitor progress toward indicators</b>			
	<i>Accomplishment and impact</i>	<i>New linkages</i>	<i>Impact on sustainability</i>
Gather specific staff for each activity listed in the Strategic Plan	Accomplished in 2006	Several contact staff within MCH Sections and with their contractors	By ensuring interest and commitment of both managers and staff, it is more likely that the activities will be implemented and evaluated as planned
Implement activities listed in Strategic Plan	Accomplished in 2007 (e.g., HeadStart action plan; CSHCN/OH action plan; Bright Futures oral health messaging; Surveillance System and Burden Document)		
Monitor progress of activities toward indicators	Accomplished in 2007		

<b>Goal 2.3 Incorporate the MCH Oral Health Strategic Plan, including key indicators, into a menu of oral health activities provided by MCH programs and contracts.</b>			
	<i>Accomplishment and impact</i>	<i>New linkages</i>	<i>Impact on sustainability</i>
Create a menu of oral health activities (or statement of work – SOW) related to Strategic Plan based on feedback	Accomplished in 2006	Stronger links with LHJs	Flexibility of activities ensure programs’ right of choice depending on their resource level
Revise current Statement of Work (SOW) with LHJs and relate it to Strategic Plan	Accomplished in 2006		Stronger relationship with local health jurisdictions’ oral health programs
Disseminate menu of activities (SOW) to MCH programs and contractors	Accomplished in 2006	Stronger links with MCH programs and contractors	Stronger commitment from MCH programs and their contractors

**Goals and objectives for the 3rd year of the grant (2006-2007)**

<b>Goal 3.1 Gather a group of local oral health experts, including a facilitator/coordinator, to develop oral health messages and activities based on Bright Futures and Tooth Tutor.</b>			
<i>Activities</i>	<i>Accomplishment and impact</i>	<i>New linkages</i>	<i>Impact on sustainability</i>
Contract a project coordinator to facilitate the interaction among two major groups: Local Health Jurisdictions (LHJs) and MCH-related programs	Accomplished in 2006	A dental hygienist that is also a local oral health coordinator played a significant coordinating role of the local oral health coordinators and as a liaison between the State and the local oral health programs	Communication role between Department of Health and LHJS was facilitated.

Contact 35 Local Health Jurisdictions (LHJs) Oral Health Coordinators as the expert group that will co-lead the project	Accomplished in 2006	Stronger connection with LHJs	LHJs have significant local expertise that ensures that the produced educational materials will fit their counties' needs
Contact the American Academy of Pediatrics to give feedback on the use of Bright Futures Oral Health	To be completed by early 2008. No funds needed for completion.	AAP and Bright Futures Oral Health	Let AAP know their BFOH materials have suited WA State's needs.

**Goal 3.2 Interview MCH Sections and their contractors to assess their needs and expectations regarding oral health information inclusion in their daily routines.**

<i>Activities</i>	<i>Accomplishment and impact</i>	<i>New linkages</i>	<i>Impact on sustainability</i>
Contact MCH Sections and their contractors	Accomplished in 2006	Closer connection with other MCH Sections	Better communication with and understanding of MCH Sections' oral health needs
Gather information about Sections and/or contractors needs regarding oral health education	Accomplished in 2006	Closer connection with MCH contractors	Better communication with and understanding of MCH contractors.

**Goal 3.3 Develop and disseminate tailored materials that fit the needs and expectations of MCH-related programs and contractors.**

<i>Activities</i>	<i>Accomplishment and impact</i>	<i>New linkages</i>	<i>Impact on sustainability</i>
Develop tailored fact sheets and activities based on programs- needs. Confer with programs for feedback on	Accomplished in 2007	MCH Sections and contractors	Tailored fact sheets show represent the input received from MCH-related programs and are more likely to be used.

materials.			
Make materials available at the Department of Health website for free download.	To be completed in early 2008.	Public health programs that use the website	Increased communication between the State OH Program and other MCH-related programs in the state
Make presentations in state conferences targeted at these MCH-related programs.	Started in 2007. Will continue thru 2008.	Various MCH stakeholders throughout the state	
Plan continuing dissemination and updating of materials.	Started in 2007. Will continue in 2008. No funds needed for completion.	AAP and LHJs	To allow credibility of information provided by the state to all stakeholders.
Evaluate efforts based on logic model	To be completed in 2008. No funds needed for completion	Not applicable	Ensure ongoing effectiveness of project

**Evaluation measures developed for the 3<sup>rd</sup> year of the grant**

- Process measures
  - a. Number of local oral health coordinators that participated in the whole project: half of the 35 LHJs participated directly in the development of the BF OH Materials; the other half reviewed the final product.
  - b. Number of MCH-programs and contractors interviewed: about 10, including WIC, HeadStart, First Steps, Child Profile, WithinReach, and others.
  - c. Number of partnerships created at the local level to discuss the BF Project: each local oral health coordinator who worked directly with the project interviewed a variety of local representatives of the programs listed above.
  - d. Number of presentations at state MCH-related conferences: still a few; more planned for when the materials are finally published in the web.
  - e. Number of fact sheets and activities developed that address each interviewed program and contractor’s needs: 25 (of which 19 are for CSHCN)
- Outcomes measures – Still in process
  - f. Number of downloads of materials from DOH website
  - g. Number of programs and families using the developed materials
  - h. Level of satisfaction of programs and contractors with developed materials via an online survey.

## **NO-COST EXTENSION**

Not required. Completed grant Financial Status Report (FSR) submitted 11-16-07.

This request is sent via e-mail directly to your Grants Management Specialist no later than 90 days following the end of the project period. For quick identification please start both the e-mail and request with the name of your institution as identified in the grant and the grant number (which begins with H47).

## **RECORD OF ACCOMPLISHMENTS** (to be sent to the oral health resource center)

Thanks to SOHCS, the WA State Oral Health Program was able to contract part-time with an epidemiologist and a dental hygienist (oral health educator). Through the work of these staff, the following documents were produced:

- WA State Smile Survey 2005. Available at: [http://www.doh.wa.gov/cfh/Oral\\_Health/Documents/SmileSurvey2005FullReport.pdf](http://www.doh.wa.gov/cfh/Oral_Health/Documents/SmileSurvey2005FullReport.pdf)
- WA State Oral Disease Burden Document 2007. Available at: [http://www.doh.wa.gov/cfh/Oral\\_Health/burden.htm](http://www.doh.wa.gov/cfh/Oral_Health/burden.htm)
- WA State Bright Futures Oral Health Project (in progress)