

End of Project Final Report

State Oral Health Collaborative Systems Grant (SOHCS)

Georgia: Access to Dental Services /GADS III

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The **goals** of the “Georgia Access to Dental Services” (GADS) projects during the SOHCS/GADS III grant period was a continuation of efforts established through GADS I (Oral Health Integrated Systems Development Grant, 8-1-02 through 7-31-06) and GADS II (States Oral Health Collaborative Systems Grant, 9-1-03 through 8-31-04) funding. These grants provided funds to develop and support activities within the existing state and community networks, strengthen existing infrastructure, build new State and community systems where they did not presently exist and support the health of Georgians, especially participants in Medicaid and PeachCare. The overarching goal was to increase dental prevention and treatment services available in Georgia.

These overall **goals** build upon and enhance the Georgia Oral Health Prevention Program (GOHPP) planning. Georgia’s intention was to use the funding provided by the SOHCS grant (GADS III) to broaden and support the activities that our district dental programs undertake to:

- 1.) Increase dental prevention and treatment service provider availability in Georgia (develop interagency, public/private provider agreements),
- 2.) Increase the access of low- and moderate-income children to these services by developing and implementing community-level plans that increase the supply of dental providers (strategic planning),
- 3.) Improve access to available services (collaboration to strengthen infrastructure),
- 4.) Educate stakeholders, providers and families about oral health and the service system (cross training amongst agencies) and
- 5.) Targeting outreach to identified population groups to assure use of services (needs assessment and outcome measurement).

The initial GADS I and subsequent SOHCS/GADS II and III grant projects complement one another, providing community support and development activities that strengthen infrastructure, increase collaboration, address needs assessment and strategic planning. These have been addressed through five process objectives, monitored by the Director of the Oral Health Section. The state OHS staff and district dental staff were responsible for state and community-level activities. **GADS III** funded projects were combined and coordinated with overlapping, existing projects at the state level and local public health district dental programs. This coordination facilitated progress and sustained previous GAD I and II accomplishments.

The five **objectives** and related **activities** designed to meet the defined goals, and that were accomplished over the project period are:

1. Monitor the status of oral health services and resources.

- A statewide needs assessment, the 2005 Georgia 3rd Grade Oral Health Survey was undertaken. Data provided assists further targeting the of the school based sealant program to underserved elementary school populations. Survey results have been published, shared with partners and posted to the oral health program web pages. This survey provides updates to the previous oral health survey conducted in 1989, and valuable information for policy and program planning.
- The 2006/7 Georgia Head Start Oral Health Survey (GHSOHS) was completed and final reports are now in process and will be shared with partners and decision makers, and posted to the oral health web pages. Survey data will assist program planning and outreach to assure access to services to this population.
- Pearson Optical Image Scanner training was provided to the data team staff in 2006 and the GOHP Program Director in 2007 to support ongoing infrastructure for survey data analyses.
- The OHS assisted in recruitment of local level dental personnel through collaborative partners.
- The Medical College of Georgia School of Dentistry (SD) application for the HRSA Workforce grant was prepared through partnership and collaboration with the OHS, and was supported by

local level public health dental programs. This partnership has resulted in workforce enhancements for public health infrastructure through internship programs providing care to at risk populations. Exposure of senior dental students to public health service provides recruitment opportunities for local level programs.

- Building of a statewide referral network has resulted from collaborative partnerships with the SD, Morehouse School of Medicine (MSM), Head Start agencies, the Georgia Dental Association, the Georgia Dental Hygienists' Association and other professional training programs.
- Dental Health Professional Provider Shortage Area designation was supported locally when appropriate. The Georgia Office of Rural Health provides updated shortage area maps to the OHS when available.
- Relationships formed with Head Start and the Department of Education are assisting program access to at risk populations of children who need services. Partnerships developed are providing private, local funding for at least two volunteer dental clinics and referrals for funded care that treat school aged children in Dublin and Dalton districts.
- Collaborative partnerships with the SD, MSM and the professional dental associations in Georgia are increasing outreach for provider recruitment to fill public health positions and to provide services to at risk populations.
- Provider referral lists are distributed to partnering agencies and consumers who are seeking dental care for underserved clients.
- Integration of care is reinforced through collaborative projects with WIC, Head Start, School Health, Babies Can't Wait and other child centered health programs that reach at risk populations.
- Use of regular reporting, GHPC/FHB statewide SCHIP data evaluations and GOHPP statewide programmatic data provide documentation of service levels to assist monitoring of progress.
- Progress on development of a relational database initiated with GADS funds in 2004, has been ongoing. The complexity of creating a relational database that collects aggregate data has grown as demands on the program for reporting tools has escalated. Three testing rounds have been conducted by district dental programs at differing key points of development. Lessons learned and requested improvements have been incorporated into the database design. It is expected that final statewide implementation will occur early in 2008.
- The oral health data analyst position was filled late in SFY07. Transfer of data collection, validation and reporting duties back to this position has occurred as training is provided. This will provide greater infrastructure to the Oral Health Section and allow the GOHPP Director to focus on other programmatic duties while still retaining responsibility for the integrity of the program data reports.

2. Identify target communities to undertake public/private system development activities through community appraisals and data.

- Results of Georgia Health Policy Center's original study of district resources and community interest were assessed to select proposed district projects to strengthen public/private oral health systems infrastructure given additional resources and technical assistance. GADS I pilot communities and existing projects were given funding preference for continuation activities.
- The SOHCS/GADS II and III funding support increased this number to six full projects, with several smaller community projects in districts with less local infrastructure.
- Numerous local level screening, prevention education and fluoride varnish projects reaching young at risk children, parents and Head Start staff were also funded.

- Remaining available funds were distributed among health districts expressing interest in conducting screening, education and fluoride varnish projects that reach young children.

3. Undertake system development activities in the selected pilot communities by supporting consortia involvement.

- The district consortiums (2005) completed strategic planning, priority setting, developed strategies, created work plans and assisted implementation. *Project accomplishments are described in the **GADS II Year End Report** of Project Activities.
- The State Dental Director and GOHPP Director also conducted and directed several statewide GADS I and III district process facilitation, training and collaborative partner meetings.
- Collaborative meetings were held with the Georgia Dental Societies, Community Voices and Morehouse University to increase representation and services for ethnic and cultural groups that experience disparities in care.
- An initial Head Start Oral Health Forum was held in April 2006 and a follow-up forum was held in May 2007 in partnership with the Department of Early Care and Learning (DECAL), the SD and Head Start. The Oral Health Section (OHS) provided technical assistance and staff support in completion of DECAL's application for grant funding and support and conducting the forum. The forum provided the OHS with an opportunity for community involvement in creation of a statewide work plan to improve access to care for young children, to recruit providers and share referral resources. A Forum report was created collaboratively and has been shared with partners, for use in continued planning and building of infrastructure to improve outreach.
- Representatives from Care Management Organizations and the Department of Community Health (Medicaid and SCHIP) attend Coordinators' meetings to provide updates and to assist resolution of challenges in verification of eligibility, submitting claims for reimbursement and obtaining provider certification. District dental staff members are required to attend quarterly coordinators' meetings as a deliverable in the Grant-in-Aid contracts used to distribute funding to programs.
- Design and distribution of the GOHPP marketing packet and parent brochures to district programs has assisted presentation of the program to elementary schools and Head Start agencies to gain access to school children needing services.
- Purchase of the mobile dental unit for the Dalton Health District Dental Program was accomplished through collaborative partnerships developed through GADS projects. Purchase of this mobile unit received additional local level funding, along with the funding provided by the Department of Human Resources, to provide an enhanced unit for travel in this six county mountainous region of Georgia.

4. Determine the progress of each pilot community with process evaluations and data to measure changes in infrastructure, dental service availability and use during the implementation period.

- Updated community level information was provided through the contract for community analysis with the Georgia State University/Georgia Health Policy Center (GHPC), and through analysis of GOHPP services provided by the FHB data team and Oral Health Section. Contracted publications provided analysis of service use by Medicaid and PeachCare/SCHIP enrolled children. The GHPC initial process evaluation in 2002 provided baseline oral health service and resource information. The Medicaid claims analysis publications for 2003, 2004, and 2005 were funded and completed in corresponding project years. Additionally, a trends analysis of access to care for 2000 through 2005 was completed. These publications have been widely distributed to professional organizations, academic institutions, partnering agencies and policy makers, and posted to the oral health web pages. Production of publications that provide

comprehensive data analysis of access to care in Georgia are a surveillance activity that no one else performs, establishing the Oral Health Section as the leader in provision of information on oral health for the state of Georgia.

- Existing district collaborative partnerships and ongoing project activities were monitored to determine appropriateness and progress through monthly programmatic data, GHPC data updates, site visits and frequent communications.

5. Replicate best practices through statewide dissemination

- Based on evaluation results, statewide dissemination and replication efforts were undertaken in the final year 2005, of GADS I (first year of GADS III) grant project. GHPC conducted a study to collect both public and private sector information incorporating resources, activities and collaboration opportunities in each health district.
- Project Year 4 of GADS I and through GADS II (2005) emphasized statewide dissemination and replication. Best practices developed in Georgia and nationally were shared through statewide meetings.
- Sharing of best practices developed through completed GADS I and GADS II projects, and current GADS III projects was accomplished through statewide quarterly Oral Health Coordinators' meetings and the November 2005 Georgia Oral Health Summit Meeting. Developed resources were also shared with partners on an ongoing basis.
- A comprehensive collection of GADS project Best Practices and other resources were gathered for inclusion in production of an oral health resource CD entitled "The Georgia Dental Public Health Programs: 78 Years of Public-Private Partnership", released in 2007. A consultant was contracted to assist districts with file preparations of Best Practices developed locally, and CD production. The CD has been distributed to partnering agencies, the district dental directors, school nurses and professional dental organizations. This and other products developed through GADS funding will be submitted to the National Maternal and Child Health Resource Center.
- The contract for development and production of Georgia specific Best Practices providing screening and fluoride varnish and training tools for Head Start parents, children and staff, and for oral assessments by physicians was not completed. Although the project planning took place well in advance of contract development, contract approval and other challenges created delays preventing the SD from starting and completing the contract deliverables in a timely fashion. Technical assistance and monitoring provided by the state office was helpful, but ultimately the personnel needed to complete the project were not available to manage such a large project. The contract was cancelled at the beginning of the fourth quarter of 2007 after several attempts to make progress.
- Available funds were used to create marketing and educational products targeting care givers of young children. The "church fans" and brochure cards were printed on both sides with oral health educational messages describing Early Childhood Caries, fluoride varnish benefits, lift the lip assessment, oral health prevention advice, and development of the dentitions. Samples and products were distributed to dental health district programs and other child health programs for use in health promotion activities.
- Georgia's applications have been submitted for round table presentations on Best Practices developed through GADS at the 2008 National Oral Health Conference (project Year 3 deliverables).

Evaluation

The Georgia State University/Georgia Health Policy Center (GPHC) baseline evaluation of the GOHPP in August 2002 and yearly updates based on Medicaid/PeachCare (SCHIP) dental claims

provide data measurements for statewide evaluation of availability and service use by the target population. Ongoing evaluations to document changes in service levels for eligible populations served through the Care Management Organizations, implemented in 2005, will be completed with state funds and other available resources.

Periodic activity reports and technical assistance, in addition to monitoring of monthly programmatic data have provided ongoing monitoring of appropriate use of project funds. Data supplied by the 3rd Grade Basic Screening and Head Start Surveys are used to support Maternal and Child Health Block Grant (MCHB)/Title V, performance measures, Healthy People 2010 objectives and to target further SOHCS project activities. GADS I, II and SOHCS/GADS III projects included statewide dissemination of best practices to assist achievement of statewide goals and performance measures.

Impact and Continuation of Accomplishments

The role of public health is to facilitate building of systems that increase effective collaborations between service sectors and target populations so that access to care increases and is appropriate to defined needs.

The long term result of this project will continue to increase through established interagency collaborations that strengthen and build the oral health care delivery system. Current and new relationships will continue partnerships to promote positive changes in access to care. Integration of oral health programs into other public health and medical programs is continuing through educational and training opportunities, collaborative meetings, and building a referral system that increases access to care and strengthens collaborations. The State Dental Director, GOHPP Director and district public health dental personnel are sustaining efforts that increase public health dental providers, services to underserved populations, promote prevention, and integrate oral health into primary health care services.

Strategies to ensure continued funding of collaborative efforts includes timely reimbursement of service fees, efficiency in service delivery, partnerships with outside agencies to serve target populations, and continued documentation of populations served to justify program continuation and increases in funding. Continuation of professional and community partnerships that strengthen infrastructure and protect funding for continuation of programs and services is an essential outcome of ongoing efforts. These efforts are multi-faceted, long-standing and ongoing in Georgia.