Program Narrative Sections - TOHSS Grant

1. Experience to Date

Goal #1 Develop statewide capacity and infrastructure through the Kentucky Oral Health Program’s Kentucky Sealant Program and its partners, whereby, Kentucky’s children identified as needing restorative treatment will receive them.

Objective 1.1 Develop an infrastructure for staffing and support.

On July 16, 2007, Julie W. McKee, DMD, assumed the State Dental Director’s position and the Principal Investigator role for the TOHSS Grant. Dr. Ruth Ann Shepherd, Title V Director, continued to provide guidance and support for the TOHSS Grant. Linda Grace Piker assumed the Health Program Administrator’s (HPA) role for the TOHSS Grant until the Health Policy Specialist II (HPSII) position was filled by Diana Koonce on July 1, 2008.

Kentucky has an infrastructure in place to help support the expansion of referring children to receive restorative care through the Kentucky Division of Family Resource and Youth Services Centers (FRYSC) and the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) programs in the Cabinet for Health and Family Services.

FRYSCs have two (2) components, Family Resource Centers and Youth Services Centers. The Family Resource Centers serve children through age 12 and coordinate preschool child care; after-school child day care; families in training; family literacy services; and health services and referrals. The Youth Services Centers serve students older than 12 and coordinate referrals to health and social services; career exploration and development; summer and part-time job development (high school only); substance abuse education and counseling; and family crisis and mental health counseling.

Currently 820 FRYSCs (420 FRCs, 268 YSCs and 132 combined FRYSCs) serve 1,163 schools. The total student population served by the FRYSCs is 615,917, with approximately 46 percent eligible for free school meals. Schools where at least 20 percent of the student population is eligible for free or reduced school meals may compete for FRYSC funding. [http://www.chfs.ky.gov/dfrcvs/frysc/aboutus.htm](http://www.chfs.ky.gov/dfrcvs/frysc/aboutus.htm)

Each center offers a unique blend of programs and services determined by the needs of the population being served, available resources, location and other local characteristics. The primary goal of these centers is to remove nonacademic barriers to learning as a means to enhance student academic success. Health service and referrals were the core services most frequently provided to FRYSC families (73 percent of families served). Health services and referrals also were the core services most frequently provided by Youth Services Centers (54 percent of families served), followed by counseling for family crises and mental health (43 percent of families served). [http://www.chfs.ky.gov/dfrcvs/frysc/aboutus.htm](http://www.chfs.ky.gov/dfrcvs/frysc/aboutus.htm)

FRYSCs have established a record of success based on improved student performance in class work, homework and peer relations as reported by teachers. Parents, too, report they
experience greater satisfaction and involvement with the schools as a result of assistance through their local FRYSCs.

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a federally mandated Medicaid program that provides routine physicals or well-child check-ups for Medicaid eligible children at certain specified ages. In Kentucky, the program is divided into two components: EPSDT Screenings, preventive services, and EPSDT Special Services, for services that are medically necessary and not covered in another Medicaid program area.

Local health department nurses receive the Pediatric Assessment training prior to providing well child/EPSDT physicals in Kentucky health departments or schools. These nurses receive basic dental health information, i.e. what should be the normal for that age according to the periodicity schedule and information about dental conditions requiring referrals to dental providers. Kentucky’s health department nurses are specifically trained on oral development, pathology and pediatric dental diseases through a KOHP-based course, KIDS Smile. This day long course includes oral epidemiology, assessment instruction and the application of fluoride varnish to reduce the impact of early childhood caries on this at-risk demographic. However, a problem exists due to the lack of dental referral sources available. http://chfs.ky.gov/dms/epsdt.htm

Our partnership with the KOHP, FRYSC and EPSDT programs helped build sustainability for children’s optimal oral health care by providing the screening, education and referrals for restorative care for Medicaid and KCHIP eligible children.

Activity 1. Develop and execute a contract with each of the Pilot Project (2) sites to implement a case management and electronic tracking and reporting system to their sealant projects.

In mid-November 2007, contracts were established with the two pilot projects sites, Kentucky River District Health Department (KRDHD) and Purchase District Health Department (PDHD). The KOHP staff and pilot project staff communicated via e-mail, phone calls, video conferencing and face-to-face meetings.

In 2008, KRDHD held interviews for the case manager; however, no suitable candidates interviewed for the job. KRDHD reevaluated the job classification and hired a case manager with TOHSS grant funding; however, there has been difficulty in recruiting and retaining a qualified case manager in this rural part of the state. In evaluating the current situation, the KOHP Dental Director and the HPSII have determined the KRDHD’s case manager position is not effective. The focus in Eastern Kentucky was shifted to the University of Kentucky.

During this project, the PDHD has supported the ongoing efforts of the sealant program for second and seventh grade students in partnership with the Purchase Area Health Education Center office by providing over 2,592 sealants on 1,185 students through the end of March 2009. In addition, the PDHD has actively participated in the West Kentucky Children’s Health Coalition, meeting regularly to discuss oral health issues in the region. (PDHD report, 4/10)
The PDHD’s case manager resigned in September 2008, and the PDHD hired Rita Sympson in November 2008. Ms. Sympson was selected because she has case management experience for the PDHD Healthy Start in Child Care program. She has worked with schools, day cares, parents and other community partners to reach out into the community. Both case managers formed an alliance with the Purchases AHEC’s sealant program and the local FRYSC’s to refer children to restorative care. Ms. Sympson focused on outreach to the Hispanic community and will be using interpreters as needed. In addition, she has worked with schools and day cares to promote oral health, as well as the EPSDT and KCHIP programs. Ms. Sympson has focused on children eligible for Medicaid or KCHIP that do not have a dentist and left the program for another position. Jennifer Doom was hired to continue with the oral health project. She continued working with Purchase AHEC getting kids into the dentist. She also served on the West Kentucky Child Coalition.

2. Hire an FFTL Health Policy Specialist II to manage the TOHSS Grant implementation and administrative duties at the KOHP.

On July 1, 2008, Diana Koonce was hired as the Health Policy Specialist II (HPSII) for the TOHSS Grant. Ms. Koonce brought six years of public health experience at the local health department level and with social marketing. She oversaw a program that used Community-Based Prevention Marketing as the foundation for the coalitions to develop their own solutions to obesity problems in their community. This program was selected as a best practices using social marketing by both CDC and the Center for Excellence for Training and Research Translation / University of North Carolina.

(http://www.cdc.gov/about/stateofcdc/pdf/SOCDC2004.pdf)
(http://www.cdc.gov/eval/steps/Pages%20from%20Steps%20Core%20Performance%20Measures%202007-2007appg.pdf)

Activity 3. Continue oversight, monitoring and on-going evaluation of the pilot projects.

KOHP staff has provided technical assistance, oversight and monitoring to the pilot projects. Specifically, the KOHP Dental Director, the TOHSS HPSII and the KOHP epidemiologist continued oversight, monitoring and on-going evaluation of the pilot project in year four of the grant.

During the Maternal and Child Health Forums conducted Spring 2009, an analysis was completed at each forum location. The results from this analysis provided the local coalitions prioritized data to use as they were beginning their program planning. Surveys and on-going evaluations were used to evaluate coalition meetings and training addressed the process and provided baseline information on knowledge of the members.


Dr. McKee and Ms. Koonce provided assistance to the Kentucky Youth Advocates on a DentaQuest grant to revitalize the statewide Kentucky Oral Health Coalition. Several of the local coalition leaders were selected to serve on the Steering Committee for this statewide coalition effort. Kentucky Youth Advocates have received further funding for the
revitalization of the state-wide coalition, yet this ongoing activity fell outside the grant period.

Objective 1.2 Develop and implement an electronic tracking and reporting system for Dental Sealant Program.

Activity 1. Develop and execute an electronic tracking & reporting system through the existing Technology system.

During September 2007, the KOHP HPSII began the process for establishing needed changes to the Central Data Processing (CDP) sealant tracking and reporting system for local health departments. In October 2007, staff from CDP, KOHP and local health finance and administration met to discuss potential changes to the current sealant tracking and reporting system. During January 2008, statewide billing and coding meetings were held for local health department staff. KOHP staff attended these meetings and provided updates regarding additions of sealant related codes for the tracking and reporting of sealants by local health departments. Local health departments began using the new codes in late January 2008.

The HPSII researched several electronic tracking and reporting systems that would be compatible with the CDP, KDPH’s current system, and discussed options with CHFS information technology personnel. After review of the CDP system, CDC SEALS software and UK College of Dentistry (UKCD) oral health PDA system, it was determined none of the systems were totally compatible with the CDP system. However, the tablet software utilized by the UKCD appeared to meet more of the requirements for the sealant tracking and reporting.

The Kentucky Department for Public Health developed a new Clinic Management System (CMS) with a rollout date of February 2010. The CMS was piloted in two local health departments and had a staggered rollout. Trainings on the CMS sealant reporting system were held with local health department employees. This new system provided more accurate data collection since all health departments are using the same system.

The reporting system was modeled after the CDC SEALS software with changes relevant to the state reporting requirements and system. In this system, KOHP was able to link children to families and get detailed demographic information on these children. This system also helped the KOHP to identify children in need of restorative care. Reporting of referrals made to the local dentist is incorporated in the software and thus follow up on these children can be monitored.

Activity 2. Develop and test implementation of the electronic tracking and reporting system in the pilot sites.

In March 2008, KOHP and CDP staff met to finalize plans for the sealant tracking and reporting documents health departments could utilize at the local level. Plans were made for the staff at the pilot project sites to be trained to use the sealant tracking and reporting
systems and began using the new system by the end of May 2008. However, finding an electronic tracking and reporting system that worked for the pilot sites and partners has been challenging.

Due to data storage, sharing and access issues, the UKCD software could not be implemented. For better acceptance of the software by the reporting staff in the health departments, the KOHP and CDP staff decided to incorporate the sealant reporting into the CMS system that was being developed by the CDP and being implemented in all the health departments. Originally, CDP and the KOHP thought that they could adapt the CDC SEALS software easily into the current reporting system; however, CDP has built it from the ground up. In addition, it was determined that the system should include a billing mechanism to make this system sustainable after the duration of the grant. The CMS was piloted in two local health departments and a staggered rollout began late 2010. The rollout was delayed due to restrictions set forth through WIC federal guidelines.

Activity 3. Case managers identify and review, through the tracking and reporting system, children identified through the sealant program as needing and receiving restorative care.

The PDHD case managers have worked with their local AHEC and FYRSC to identify children in need of restorative care, contacting local dentists for oral health services for the child and following up with the child to determine if the dental services were received. Due to difficulty with staff retention, the KRDHD did not use the tracking system to follow children identified through the sealant program as needing and receiving restorative care. The North Fork Valley Community Health Center in the Kentucky River District AHEC utilized the UKCD software for tracking and follow-up of children receiving dental services in this clinic.

The CMS software has been adapted from a version of the CDC SEALS software. It incorporates components for recording the restorative needs of the children receiving sealants. Recording of referrals to the local dentists and follow-up with the children can be made.

Activity 4-6. Establish systems of communication about feedback on continuous improvement in the system and expansion of the communication systems.

A distant learning session was held to train the staff at the local health departments on the sealant reporting system. The training included review of the sealant program (history, epidemiology and national standards), information on the new payment structure (moving to a fee for service type reimbursement), a review of the sealant procedure and then an explanation of the forms and the reporting system. This training was interactive with a question and answer session at the end. This new system provided KOHP with more accurate data collection since all health departments will be using the same system. This system does not require duplicate data entry and the CMS system included all the basic demographic information on the children and their families receiving services at the local health department.
Objective 1.3 Design an evaluation plan for the project which shall include baseline, on-going and yearly analysis and interpretation.

Activities 1-6 Design of an evaluation plan, with ongoing and yearly analysis and interpretation.

A logic model has been developed for the KOHP, as well as a table outlining the output and outcome objectives that include a specific indicator describing how each is measured. Also in the indicator table, for each objective are the data source; baseline information and year, if available; target measurement, if one has been set; and the current data and year. This table and logic model were used as a basis for the evaluation plan report, which, along with the indicator table, will be updated and revised on an ongoing basis. The HSPII and the Oral Health Epidemiologist lead the evaluation efforts.

Evaluation

Evaluation was a crucial part of the formation of the coalitions. The research team evaluated both the Community-Based Prevention Marketing process as well as the outcomes. The members of the coalition worked closely with the research team throughout the whole evaluation process. It was important for the coalition members to understand the importance of evaluation and its process for sustainability of the coalition and funding sources.

Process Evaluation

Since oral health coalitions were replicated across the state, the research team evaluated the CBPM process throughout the duration of this project. Evaluations were distributed after each meeting to determine if the coalition is reaching its goals and if it needs to modify or change its activities to meet the goals. Ms. Koonce observed membership changes and may interview some participants throughout the course of this project to determine members’ decisions to join or leave coalitions. Attendance records were kept for each coalition and the members’ involvement were tracked.

Outcome Evaluation

Outcome evaluation measures were dependent on the nature of the project(s) designed by each coalition. However, the research team requested the answer to these following questions:

1) What impact has the Kentucky Oral Health Program made on improving the oral health status of children in these communities?
2) To what degree have the oral health coalitions increased their capacity to collaborate within their community?
3) What are the characteristics and diversity of the most successful coalitions?

In the 2009 Kentucky Youth Behavior Risk Survey (YRBS), the Kentucky Department for Public Health added questions regarding oral health. These results will provide baseline data regarding oral health in the middle and high schools. A total of 69.3% of high school males and 85.8% females brushed their teeth in the last 7 days. In flossing their teeth, only 12% males and 17.7% females flossed their teeth on 7 days. About 69% of both male and female
had seen a dentist in the past 12 months. Both the middle and high school students were asked the following questions: 1) During the past 7 days, on how many days did you brush your teeth? 2) During the past 7 days, on how many days did you floss your teeth? and 3) When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?

In addition to evaluating the results of specific coalition derived programs, “collateral idea exchange” will also be monitored qualitatively as an important coalition outcome. Collateral idea exchange occurs when coalition members share information learned at coalition meetings with co-workers, family, and others, resulting in change not directly tied to specific coalition programs, but attributable to coalition discourse nonetheless (Morris 2009).

**Sustainability**

The purpose of this grant was to provide the foundation for the oral health coalitions to receive assistance from the state and other skilled professionals to develop partnerships working towards better oral health in the communities. The training in Community-Based Prevention Marketing provided a foundation for the coalitions. The processes that the members learned can be applied to future projects that the coalitions adopt and it will be important for them to evaluate its efforts to modify any changes in the current project(s) to keep them new.

In addition, the KOHP provided training on evaluation, “Measuring What Matters: A practical approach to evaluation,” conducted by Maggie Jones with the Center for Community Health and Evaluation. Using a case study based on the work of an Oral Health Coalition, the workshop lead coalition leaders/members through this process: 1) Describing Your Program: Clearly mapping out how your activities lead to your desired goals; 2) Asking the Right Questions: Articulating what you want to know about your activities; 3) Identifying Realistic Indicators: Determining useful, appropriate and feasible measures of progress; 4) Collecting and Analyzing Evaluation Data: Developing a realistic plan for answering the questions you have about your activities; and 5) Using Evaluation Results: Determining for how evaluation can help you tell your story and make improvements.

It is vital for the life of the coalition to continue recruiting diverse members after the formation of the coalition. People will move on and off the coalition for a variety of reasons; therefore, the research team tracked those changes in membership to determine if there are any specific reasons for the departure of members. In addition, each coalition developed a strategic plan to set short-term and long-term goals.

The Coalition Institute defines coalition sustainability as the ability of the coalition to maintain the human, social and material resources needed to achieve long-term goals for community change. This guarantees that a coalition can have ongoing vitality in its internal structure and process, and ensures viability of its strategies in the community.

**Goal #2 Increase the number of dentists serving eligible children in need of restorative treatments as identified through the Dental Sealant Program.**
Objective 2.1 Identify barriers associated with this goal.

Activities 1-5. Explore ability to collect information identifying barriers associated with Goal #2.

In addition to the loss of jobs and insurance, Kentuckians have other barriers to receiving dental care. In the Maternal and Child Health Forums held in spring 2009, participants identified the following barriers: 1) access to dental health care; 2) high cost of insurance and lack of insurance; 3) lack of education and knowledge about dental health; 4) behavior of parents and lack of importance toward dental health; 5) Medicaid billing issues; 6) transportation; 7) cost of service; 8) understanding how to sign up for Medicaid/KCHIP; and 9) school policy. Forum participants from across Kentucky discussed issues relating to access to care from lack of Medicaid and pediatric dentists to lack of safety net clinics. With the fear of losing their jobs, parents are reluctant to miss work, and many that have lost their jobs do not have transportation.

Research suggests that educating families about how to enroll in and access the Medicaid system, streamlining Medicaid administrative procedures, and adjusting provider reimbursement could facilitate broader access to dental care. When workers lose their jobs, most also lose the health insurance that covers them and often their families. The loss of income and health coverage associated with rising unemployment causes more families to turn to safety-net programs, like Medicaid and KCHIP for coverage. Newly unemployed families are typically unfamiliar with safety-net resources, and efforts to reach these families, help them and navigate assistance programs are needed.

In October 2009, Governor Steve Beshear announced a three-year, $1.6 million pediatric dental initiative that will train general dentists to work with children and provide portable dental equipment to increase access to care. The goal of the federal grant is to train more dentists to work with children, create community coalitions to better tailor dental health solutions in affected counties and provide two sets of portable equipment to communities. Only 28 of the state's 120 counties have pediatric dentists. The initiative will establish a series of seminars and Web-based training classes to help general dentists in working with children.

In the 2010 “Cost of Delay: State Dental Policies Fail One in Five Children” report published by the PEW Center of the states gave Kentucky a “C” rating. Despite reimbursement rates that exceed the national average, the state is one of only three where less than 25 percent of low-income children received dental services in 2007, the latest year for which data are available. Kentucky has 4.8 percent unserved living in Dental Health Professionals Shortage Areas (DHPAS).

Based on the findings from the initial Maternal and Child Health community forums, the Kentucky Oral Health Program applied for federal grants from HRSA and the Appalachian Regional Commission (ARC) to address the problem of a lack of dentists serving children. The initial focus of the grant will be on creating a training curriculum to teach Kentucky dentists effective techniques to work with young children. Once the curriculum is finalized, seminars and Web-based training will be offered, and mentors will work with local
practitioners. Incentives will be offered to providers in the form of continuing education credits that all dentists must earn every two years.

A concentrated effort will be placed in the ARC distressed counties which includes the Kentucky River District Health Department, one of our pilot projects. While the training program will be developed at the state level, this grant will enhance access to and likely participation in the training for general dentists in Appalachia by: 1) assuring that the needs of eastern Kentucky are represented and addressed in the development of the training, 2) providing multiple training sessions in geographic locations in the ARC distressed counties so they are accessible to local general dentists, 3) providing small stipends so general dentists do not take a significant financial loss to participate, 4) developing a model that can be replicated in other counties or other ARC states, and 5) improving access to oral health care for Appalachian children.

**Objective 2.2 Engage the community in solutions associated with this goal.**
**Activities 1 -6 Pilot site and statewide community forum**

Prior to the implementation of the MCH community forums, a web-based survey was disseminated to MCH stakeholders that included health department directors, personnel, Cabinet for Health and Family Services partners, contractors, providers, members of the Kentucky Dental Association and hospitals. Responses to this survey provided insight into what the communities considered as their need. This information was used in the development for the topics of discussion during the community forums. Additionally, the information was utilized during the development of a MCH Advisory Task Force for building MCH capacity.

From March through May 2009, eleven community forums were held throughout the state. Originally, plans for the community forums were to focus specifically on oral health. However, KDPH and KOHP staff determined it would be advantageous to merge the oral health and Maternal and Child Health forums that were to collect stakeholder input for future Title V Grants for state Maternal and Child Health programs. The decision to combine the forums allowed for input from a variety of disciplines in addition to oral health providers. Forum participants included state and local government, education, health care, private industry and other interested individuals. Participants shared information about oral health activities, the barriers to providing oral health services and potential outcomes for future oral health services in their communities. A Stakeholder Meeting was held in November 2009 to present the findings.

Additionally, an oral health survey was distributed to all participants to assess the oral health status of their communities and to see if they would be interested in serving on an oral health coalition. After data analysis, the KOHP staff reviewed the findings to determine if further research is needed at the local level to identify means to overcome the barriers associated with increasing the number of dentists in these communities.
Objective 2.3 Increase statewide awareness of the oral health needs of the population and model programs to address this issue

Activity 1. Hold a statewide oral health conference based upon information identified from current dental information.

During FY 08-09, the HPSII concentrated on conducting a statewide needs assessment prior to holding the oral health conference by assisting with the organization and facilitation of the community forums. In FY 09-10, the HPSII has focused on community coalition training and development. A statewide, one-day training is scheduled for September 2010 on coalition development and CBPM. For the success of this project, the KOHP decided to focus the conference on this specific training with a national expert to provide the coalition members focusing on their coalition work. KOHP staff, with professional and community partners, will work collaborative on the logistics of the conference.

The University of Kentucky Center for Rural Health Excellence held an Oral Health Summit in November 2009 in Somerset, April 2010 in Bowling Green and June 2010 in Madisonville to expand awareness of all that is being done to improve the oral health of children in South-Central Kentucky and to develop strategies for expanding these critically important efforts to all children in our region. The Kentucky Oral Health Program staff participated in this summit and Dr. Julie W. McKee, state dental director, presented Governor Beshear’s children’s oral health initiative.

Fact sheets on oral health care need and lack of access to dentists have been uploaded on the state web site. These fact sheets discuss current statistics, interventions that work and recommendations on how better oral health care and access can be achieved in the state.

Activity 2. Hold an Oral Health Summit.
In May 2011, the KOHP hold the Kentucky Oral Health Summit to highlight what is happening with oral health and discuss strategies for continuing the work on oral health past the life of this grant. During this Summit, over 120 participants throughout Kentucky assisted the KOHP to revise the Kentucky Oral Health Plan. The participants selected one of the following areas to develop goals, objectives and activities in the following topic areas: Funding, Partnerships and Collaboration, Prevention and Treatment, School-Based Coordination, and Workforce Development. Agenda is included as Appendix D.

Dr. Lynn Mouden, Arkansas State Dental Director, was the keynote speaker and Dr. Julie W. McKee, Kentucky State Dental Director, highlighted what Kentucky was doing in oral health.

Developed a Summit Facilitator’s Guide (Appendix C) and trained around 15 facilitators to work with participants on revising the work plan.

Evaluations for this Summit were positive and most of the participants asked to hold an oral health summit each year.
2. Significant Changes

Key Personnel

Key Personnel Change Impact

There were no significant changes in personnel this year.

Contracts or Subcontracts

The KOHP contracted with CDP for the storage of the sealant reporting system. In addition, the KOHP continued to contract with Purchase District Health Department and the University of Kentucky to fund a portion of the pilot project.

Financial Resources

Collaborations with FRYSC, EPSDT and stakeholders in the community allowed for additional in-kind contributions to the project.

3. Collaboration

The Kentucky Oral Health Program (KOHP) actively addresses the oral health problems with the support and involvement of strong partnerships to positively change the status of oral health in Kentucky. These partners include: the state dental schools: the University of Kentucky College of Dentistry and the University of Louisville School of Dentistry; the Pikeville College, School of Osteopathic Medicine; University of Kentucky College of Medicine; local health departments; March of Dimes Birth Defects Foundation; Kentucky Dental Health Coalition; Kentucky Dental Association; Family Resource and Youth Services Centers (FRYSC); and numerous agencies within the Cabinet for Health and Family Services, such as, the Maternal and Child Health Branch; Health Care Access Branch; Medicaid and K-CHIP Services; Kentucky Commission for Children with Special Health Care Needs; HANDS (Health Access Nurturing Development Services) and the Nutrition Branch.

One of the activities planned for the KOHP’s TOHSS grant was to form community oral health coalitions. Coalition participants were trained on strategies to increase the awareness of oral health knowledge and advocacy skills. Members contacted their policy makers to bring about change through funding, recent (e.g., oral health exams included as part of required school physicals) and potential legislation (e.g., dental networks throughout the state, increased funding for dental service in Medicaid/KCHIP) and eventually optimal oral health will be the norm for Kentuckians.

In addition, Dr. McKee and Ms. Koonce served on the advising committee to form the statewide Kentucky Oral Health Coalition with the Kentucky Youth Advocates, who received a DentaQuest grant to revitalize this group.
4. Monitoring

Tracking Mechanisms

The HPSII has utilized the timeline and work plan to monitor implementation of the TOHSS grant activities. Additionally, the HPSII has communicated with the pilot project in person, through e-mail and phone conversations. Both the State Dental Director and the HPSII were members of the MCH survey and community forums committee. The State Dental Director was the lead facilitator for the community forums. The HPSII was also the state contact person and a facilitator at the forums.

The HPSII utilized the tracking information to keep the grant activities on schedule or determine why the activities were not progressing as planned. The HPSII followed up with local providers and the MCH forum committee to determine obstacles to completing the grant activities and work to resolve the issues.

Cultural Competencies

Both pilot projects have a history of providing cultural competent services. The PRDHD has increased outreach with the Spanish-speaking families in their community by providing interpretation, translation service and materials in Spanish as needed by specific clients.

Statewide coalitions will focus on various populations throughout the regions of Kentucky, which includes rural, urban, Hispanic-Latino and African American populations.

5. Significant Results

Web-Based survey for prioritization of results obtained from the community forums:
Results obtained from the community forums were analyzed by Sarojini Kanotra, PhD, MPH, CHES, CDC MCHEPI Field Assignee. A second web-based survey was sent to all the stakeholders for helping us in choosing which of the things discussed in the MCH forums (held in spring 2009) will become the top seven to ten Priority Needs for the state Maternal and Child Health Program for the next five years. Fact sheets on the topics discussed in the forums were prepared and uploaded on the MCH website. The fact sheets contained the present statistics, interventions that work and recommendation for how to improve oral health care and access in the Commonwealth of Kentucky.

Activity 1. Establish a partnership with the FRYSC and EPSDT.

The TOHSS HPSII has worked with the Pilot Project sites and their partners to increase the number of children receiving restorative care identified through the sealant programs. Many obstacles have been identified with the effectiveness of the case management program. Both of the pilot project sites have had difficulty in recruitment and retention of qualified employees for the case manager’s position. A case manager has been in place at the PDHD since May 2008. The case managers have identified lack of trust as a significant barrier for
enrollment of children into case management. Concurrently, there appears to be a lack of interest of parents and guardians regarding enrollment of their child or children in case management.

The PDHD case manager worked with the Purchase AHEC staff and the local FRYSC staff to assist with getting the children in need of restorative dental services. This modified plan has worked since the parents already know the FRYSC staff and has allowed the PDHD case manager to focus efforts on children in Medicaid or KCHIP. By adding the partnership with the FRYSC and EPSDT programs, the KOHP will be able to evaluate the most effective way to reach the parents and to get restorative care for the child by doing a comparison between these programs and the pilot project in PDHD.

In addition to this partnership, the TOHSS HPSSII has worked with Coordinated School Health to promote oral health. This program produces the P.A.N.T.A. GUIDE - The Physical Activity, Nutrition, Tobacco and Asthma (PANTA) School Resource Guide. It was developed in 2006 by partners in education and public health. This guide provides information for schools on conducting an assessment of their policies and practices, implement strategies and improve policies in these health areas to create a healthier school environment. This Guide was widely distributed to school personnel and those staff in agencies that work with schools on a regular basis. The Guide was revised and was expanded to include all six priority health risk behaviors of youth as well as asthma and oral health.

Through the partnership with FRYSC program, dental education and dental supplies (i.e. toothbrushes, toothpaste, floss) were provided to Family Resource staff throughout the state to use with dental education program in the schools.

Activity 2. Survey the FRYSC and EPSDT staff to determine ways to assist with providing additional oral health services and use information to plan statewide training

The KOHP staff surveyed FRYSC and EPSDT staff to determine assistance needed for provision of additional oral health services. A database will be developed in Excel to analyze the survey after Dr. Matnani returns from maternity leave. The HPSII did a preliminary analysis of the survey.

FRYSC and EPSDT survey findings:
A survey instrument was designed using the web-based survey tool at http://www.surveymonkey.com and pre-tested. The survey was disseminated to all Family Resource Youth Services Centers (FRYSC) and Early and Periodic Screening, Diagnosis and Treatment (EPSDT) coordinators in the state of Kentucky. The dissemination was made possible by cooperation from the director of the FRYSC and the nurse consultant inspector of the EPSDT and KCHIP outreach program in the Kentucky Department for Public Health in sending the survey link to their distribution lists. The survey included an introduction and a total of nine questions on demographics, agency plans, oral health education and promotion activities in the community, significant barriers faced by the community to better oral health,
steps they would like to take to improve oral health in their community and how the KOHP can assist them achieve their goals. The survey was field tested before it was disseminated.

Web-Based Survey: Results:

The survey was completed by 523 respondents and out of these 462 respondents (88.3%) were school-based staff and 10.7% were from health department and 1% were other. Approximately 70% stated that their agency had an oral health plan that promotes better oral health.

Web-Based Survey: Oral Health Activity
The respondents were asked to select what their agencies do to promote better oral health. The ranking of health issues followed the order: 1) make referrals to local dentists (84.2%); 2) distribute toothbrush, toothpaste, etc. (82.2%); and 3) encourage healthy nutrition habits as the top three activities (79.1%). (Fig1). Other activities not listed above included applying dental sealants, dental screenings and free treatment.
Web-Based Survey: Oral Health Education

The respondents were asked to select what oral health education they offer in their communities. The top three education components were: 1) discuss preventive measures for dental care (59.1%); 2) discuss ill-effects of using tobacco (52.0%); and 3) distribute pamphlets/flyers/brochures (50.6%).
Web-Based Survey: Oral Health Barriers

The respondents were asked to select the top three barriers faced by their community to acquire better oral health. The chart above is an average of all the answers. The respondents selected the following as the most significant barriers: 1) not enough dentists accepting Medicaid (57.3%); 2) cost of dental care (56.5%); 3) lack of insurance (47.3%); and 4) patient/parent attitude towards oral health (44.3%).
Web-Based Survey: Agency Oral Health Promotion

The respondents were asked to select what they would like to do in their agency to promote better oral health in the community. The respondents selected the following as the top activity: 1) increase free/reduced fee oral health services to the community and provide educational material on importance of good oral health (tied at 57.7%)
Web-Based Survey: KOHP assistance

The respondents were asked how the KOHP can assist their agency with achieving better oral health in their community. Respondents selected the following: 1) supply incentives (81.7%); 2) make available a list of providers accepting Medicaid, KCHIP, EPSDT and sliding scale (69.8%); and 3) provide educational materials (66.9%).

Activity 4. Establishment of community coalitions dedicated to improving the overall oral health of Kentucky’s children.

By August 31, 2010, four (4) oral health coalitions will be developed in Kentucky.

During the MCH forums, an oral health coalition was identified as a top priority for communities, and an analysis of this data will assist community coalitions in addressing oral health issues. On March 4, 2010, a request for funding oral health coalitions was sent to all health department directors. A total of 26 communities applied for funding, and through the TOHSS funding a total of 12 coalitions were selected in April 2010. The coalitions selected are located throughout the state in rural, suburban and metropolitan areas. Another 12 coalitions in the Appalachian Regional Commissions Distressed Counties will be funding through a separate grant which focuses on only the 40 distressed Kentucky counties. The application and development process is as follows:
1. Readiness Assessment
The Kentucky Oral Health Program engaged county health departments in an optional readiness exercise to determine the tangible interest in each county relative to the development and expectations of an oral health coalition. Through participation agreements with the Kentucky Oral Health Program, each county health department assessed its community’s readiness in a manner most effective for that county, yet results were reportable and accountable. Examples of ‘readiness exercises’ were focus groups, interviews with stakeholders, information to and commitment from county boards of health; other needs assessment exercises can be used to complete this phase. Although regionalization was encouraged, it was not be a barrier for local development of the coalition. Determining, then targeting, the interested counties added to the magnitude of the desired outcomes of this project; support should be targeted toward those communities having an active interest in coalition development, not just because it is a ‘good idea’ with some money attached. A community’s readiness will be evident through a positive response of the community to formally establish an oral health coalition with a broad cross-section of stakeholders that understand their charge and are willing to work toward impacting social change in their community.

2. Coalition Development
Once the readiness of a community has been determined, the local health department supported the logistics of further development of the local coalition. In Kentucky, many local health departments have experience in developing issue-specific coalitions, such as the breastfeeding coalitions, cancer coalitions, and the Partnership for a Fit Kentucky, which is a coalition for improving nutrition and physical activity through local initiatives. Recruitment for coalition members was diverse and included local health departments, dental professionals, Family Resource and Youth Service Centers, parents, youth, Pennyrile Allied Community Services/Nutritional Outreach and Wholeness program (PACS NOW) health/nutrition lay workers, Cooperative Extension specialists, local elected officials, and other community members interested in oral health.

The local health department or local lead agency designated by the coalition followed up potential participants with phone calls to interested community stakeholders and complete a capacity assessment survey. The results of this survey were compiled and used in the development and training of the coalition members. The information on the current assets and strengths of the community in regard to oral health will be essential to both the feasibility of the initiatives chosen and the long term sustainability after the current grant ass used.

The Kentucky Oral Health Program (KOHP) assisted coalitions researching and determining the attitudes, beliefs and barriers to oral health. This was an essential step to an effective coalition that will directly meet the oral health needs of the community’s stakeholders, including the unserved and underserved. Local health departments recruited a diverse group of participants from families in the area to broaden community input. In addition, interviews were conducted with local dental professionals. Once the research was completed, the information will be presented to the coalition for development and selection of strategies to improve oral health for children in these communities. The Kentucky Oral Health Program staff provided technical assistance in determining and implementing the strategies, and
attended coalition meetings in order to provide assistance as needed. The KOHP worked with the coalitions in developing their strategies, goals, timelines, and work plans.

Once the coalitions were formed, training on basic coalition member skills was conducted by an expert in coalition effectiveness theory and technique. This training prepared and guided coalition members through successful approaches in developing community-based partnerships for improving public health practices by increasing their capacity to design, conduct, and evaluate health promotion and disease prevention programs for local oral health efforts geared towards their designated target population. KOHP brought in experts in coalition development and evaluation efforts so that community leaders received the best possible training on the latest evidence-based strategies and skills. The Kentucky Oral Health Program provided ongoing support and training as the coalitions move through the assessment, training, establishment and implementation process.

The trainings, collaboration, engagement, and opportunities for dialogue and local problem solving are skill sets that will be transferable to other issues in the communities. These skills and activities can be applied to future projects that the coalitions adopt. And through effective and ongoing evaluation, it will be important to evaluate the coalitions’ methods in order to modify their efforts to assure effectiveness of their work. Training in effective coalition building will strengthen capacity for future efforts related to other areas of the community’s need.

An attachment highlights the accomplishments of each of the coalitions.

**Activity 5: Provide a training for community coalitions and partners on Community-Based Prevention Marketing**

The development of the coalitions was delayed until Spring 2010 to incorporate the Governor’s Initiative for Improving Children’s Oral Health. The funding opportunity announcement was sent to all the local health department directors on March 4, 2010.

Ms. Koonce and Ms. Maxine Reid, regional director for FRYSC in the Eastern Kentucky area, were selected to attend the Local Action Workshop Series, sponsored by the Foundation for a Healthy Kentucky in partnership with the Friedell Committee for Health System Transformation. These four quarterly sessions designed to hone collaboration skills in:
- Identifying a community’s health needs and resources (March 16-17, 2010)
- Building a strong coalition (May 25-26, 2010)
- Planning for lasting health change (August 3-4, 2010)
- Assessing the impact of your work (November 16 – 17, 2010)

A training session was conducted in September 2010 to train coalition leaders and members on the Community-Based Prevention Marketing (CBPM) model to improve oral health in their local communities. The CBPM is “a process that enhances stakeholders’ collaboration and integrates behavior change, marketing concepts, and community involvement into one effort to improve community health.”( [http://origin.cdc.gov/prc/research-projects/core-projects/community-based-prevention-marketing.htm](http://origin.cdc.gov/prc/research-projects/core-projects/community-based-prevention-marketing.htm)  Ms. Koonce has extensive training
and experience in using this model as a way for local communities to improve health. In January 2010, Ms. Koonce attended the University of South Florida’s Social Marketing Field School on Designing Social Marketing Programs, a graduate-level course.

Activity 6. Develop a tool to evaluate the coalition meetings and trainings.

An evaluation tool was developed modeled after the successful Tweens Nutrition and Fitness Coalition. This meeting/training evaluation will be distributed at every coalition meeting or training to gauge how the meetings are being conducted and if the trainings are informative. The research team will distribute a pre-test to gauge the coalition members on their knowledge of the CBPM process at the beginning of this project and will conduct a post-test survey to see how much coalition members have learned throughout the training and development of the coalitions.

Activity 7. Present the Kentucky Oral Health Coalition Project at the CDC Health Marketing Conference.
Ms. Koonce presented the “Kentucky Oral Health Coalitions: Using Community-Based Prevention Marketing” at the CDC Health Communication, Marketing and Media Conference in August 2011. This project was selected to be presented at this conference. It was the only presentation on oral health held.

Activity 8. Provide training on the Community-Based Prevention Marketing model at the Oral Health Kansas conference.
Based on the poster presentation at the 2011 TOHSS Grantee meeting, Oral Health Kansas contacted Ms. Koonce to provide training on the Community-Based Prevention Marketing model at their conference. Ms. Koonce led two sessions on this model.

Activity 9. Hold an Oral Health Summit.
In May 2011, the KOHP hold the Kentucky Oral Health Summit to highlight what is happening with oral health and discuss strategies for continuing the work on oral health past the life of this grant. More than 120 people attended a full-day work session to update the State’s Strategic Plan. This Summit attracted a wide-range of participants, including dental professionals, health department staff, school employees, and a variety of community partners.
## Appendix A – Summary of Coalition Work

<table>
<thead>
<tr>
<th>TOHSS Coalition</th>
<th>Focus Area</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anderson County</strong>&lt;br&gt;April Thomas</td>
<td>Assessed the oral health status of the community through educational programs and conducting similar survey as the oral health YRBS questions to get baseline information. They worked through the schools for an educational outreach for National Children’s Dental Health Month in February. They will focus education on improving oral hygiene.</td>
</tr>
<tr>
<td><strong>Boyd County</strong>&lt;br&gt;Holly West</td>
<td>Project - Increase oral hygiene in Head Start and Preschools through education and events&lt;br&gt;• Target audience - Head Start and Preschool children and parents; Preschool and Head Start directors.&lt;br&gt;• Evaluation - Conducted pre-test and post-test with the oral health education component. Also conducted quality-of-life and readiness--to-change surveys.&lt;br&gt;• Promotion - Newsletters, media releases, etc.&lt;br&gt;• Sustainability - Community partners/volunteers (including Dental Hygienist - Stacey Cooper), Utilization of the Be Smiles dental van and purchased program supplies from mini grant</td>
</tr>
<tr>
<td><strong>Franklin County</strong>&lt;br&gt;Debbie Bell</td>
<td>Increase the oral health access for elementary age students by working through the Family Resource Center staff on assessments and referrals. Placed special electric plugs outside at all of the schools so the University of Kentucky mobile dental van can visit the schools. Also, worked with the area free clinic to improve access points for these students. Wrote a grant for additional funding.</td>
</tr>
<tr>
<td><strong>Jefferson County</strong>&lt;br&gt;Ryan Irvine</td>
<td>Project - Increase oral health access for indigent population in the largest city in Kentucky by using our Louisville dentist survey data and consumer data to assist in developing a social marketing plan.&lt;br&gt;Target audience - indigent population in Louisville Metro (all ages)&lt;br&gt;Evaluation - worked with evaluation team&lt;br&gt;Received preliminary results from the data gathered from the Louisville Metro dentist survey.&lt;br&gt;Promotion - After final results were presented from the dental survey, developed a promotion plan that will be presented by the end of June.&lt;br&gt;Sustainability – The LMPHW Dental Program will continue to support and work with the Dental Safety Net partners in Louisville as a dental coalition. We will continue to look for grant opportunities to assist the dental coalition in addressing</td>
</tr>
<tr>
<td>County</td>
<td>Work Details</td>
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<td>------------------------</td>
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<tr>
<td>Jessamine County</td>
<td>Increase access to care through the Refuge Ministries Clinic and purchased a used X-ray machine to begin seeing patients. Recruited additional oral health professionals to provide services at the clinics. Has a strong school-based oral health program.</td>
</tr>
<tr>
<td>Logan County</td>
<td>Focused on preschool children and their parents to improve oral health care. They used parent groups to evaluate the parents' perception of baby teeth and used this data to develop a social marketing plan to increase oral health hygiene and care. They purchased &quot;Going to the Dentist&quot; books and gave them to libraries and medical offices.</td>
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<tr>
<td>Madison County</td>
<td>Have a strong school-based dental sealant program. They worked with preschoolers to increase usage of fluoride varnish and oral health education for parents. Used quantitative data for evaluation.</td>
</tr>
<tr>
<td>Madisonville Area</td>
<td>Reduced sweetened beverage consumption for preschool children by working with local daycares and preschools on education and possible policies. Developed a New Drink Pyramid and will develop a parental education program for preschoolers. Sponsored the 2nd West Kentucky Oral Health Summit in June 2011. (Appendix B)</td>
</tr>
<tr>
<td>Marshall County</td>
<td>Focused on changing behavior towards dental hygiene with tweens and education component to parents. They trained FRYSCs staff and others on oral health education. Provided them with toolkits that they can use each year. Will conduct pre and post tests.</td>
</tr>
<tr>
<td>Pike County</td>
<td>Addressed pregnant women through WIC program and also the childbirth classes at our hospital. Also addressed baby bottle tooth decay by working with local pediatricians. Coalition worked with health department in getting the dental exam clinic set up. Worked on dental sealant program with third graders. Looked into developing toothbrushing policy for day cares.</td>
</tr>
<tr>
<td>Purchase District</td>
<td>Focused on changing behavior towards dental hygiene with tweens and education component to parents. They trained FRYSCs staff and others on oral health education. Provided them with toolkits that they can use each year. Will conduct pre and post tests.</td>
</tr>
<tr>
<td>Woodford County</td>
<td>Improve oral health access for low-income children by working through the Family Resource Center staff, the University of Kentucky Dental Clinic, local dentists, local government, area churches and Kiwanis’s club. Children who have medical card are transported by church van, which is insured by Kiwanis, to the UK clinic. Each area dentist has volunteered to provide free treatment to two students per year who don’t have Medicaid card.</td>
</tr>
</tbody>
</table>
Thank you for agreeing to be a facilitator for the Kentucky Oral Health Summit. This day will be filled with intensity, energy and excitement as the Kentucky Oral Health Program obtains detailed input from the citizens of Kentucky that will impact the oral health of Kentuckians. Specifically, the Summit will assist the Kentucky Oral Health Program with updating its strategic plan and providing participants an opportunity to become part of the discussion on the impact of oral health in Kentucky: its citizens, its students and its workforce.

GENERAL INFORMATION ON FACILITATION
This section is provided to help familiarize/review skills used in facilitation.

All participants are stakeholders in oral health issues. When everyone contributes to the process, people feel more ownership of the problem/issue and work toward solutions.

As a facilitator, you will:
- Help people feel comfortable.
- Encourage people to share information, ideas, concerns and knowledge.
- Support learning in a group.
- Help people communicate effectively.
- Be a good communicator.
  ✓ Be enthusiastic, calm and confident.
  ✓ Talk slowly and clearly.
  ✓ Provide clear guidance and instructions.
- Manage group dynamics
  ✓ Strive for all to have an equal opportunity to participate.
  ✓ Assist participants to become involved by encouraging them to speak during the small group work.
  ✓ Provide participants with positive, but not patronizing, feedback when they contribute. (For example, try to build on or reinforce what they said rather than saying “well done” or “good job.”)
  ✓ Be aware that group members do not always agree on everything. It is more important that they have the opportunity to share different experiences and learn from them.
  ✓ If a participant is monopolizing the comments at the table, then pull in other members from the group by specifically asking them a question. (For example, “Joe, your comments are very helpful and now let’s also hear what Jill or Jack, is thinking about this subject.”)
  ✓ If a participant’s monopolization becomes a major deterrent to the functioning of this group, then signal for one of the state facilitators to help refocus the group.
- Be an active listener - Active listening encourages the open communication of ideas by making a participant feel not only heard, but also understood. Some tips include:
  ✓ Turn toward and look at the person who is speaking – this gesture shows that you are both interested in what she/he is saying and that you comprehend.
Pay attention to your body language – to show physically that you are listening (crossed arms indicate you are closed to their suggestions).

A facilitator should have some basic professional and personal characteristics in the areas of knowledge, skills and attitude such as:

- **Knowledge** – for example, general knowledge base in one or more of the following areas: dental health, school-based coordination, funding, workforce and community partnerships and collaboration.
- **Skills** – active listening and good questioning, open communication, managing group work, conflict resolution, summarizing, and time keeping.
- **Attitudes** – friendly and honest, commitment to help people learn for themselves, respectful of culture, and “equal” to participants.

**FACILITATION RESPONSIBILITIES & FLOW OF THE WORK GROUP**

**Work Groups (Questions 1-3 on the Agenda)**

Please begin the Work Group session by having everyone quickly introduce themselves by stating their name, agency/organization they represent (if applicable), and why they are participating in the Summit. (If your group is large, you may want them to only state name and agency/organization).

Each facilitator will be addressing one topic which is from the following list: **funding; partnerships and collaboration; prevention and treatment; school-based coordination; and workforce/economic development.** Each break-out room will be preset for one of the above listed topic areas and will be listed in the program agenda as well as outside the room with the topic. Remind the group of their task, which is to answer the questions reflective of the oral health as it relates to the topic area and review the progress of the strategic plan objectives. Your group will prioritize its information and the members will provide more detail in addressing the topic.

As the lead facilitator, you will also serve as the point of discussion. You will lead the group through the discussion questions. It may be important that you have probing questions (examples of probing questions should be listed on your Strategic Plan worksheet) which will be provided to you in your packet. Based on the discussion of your group, you may need to probe more. The lead facilitator will also work to keep the group on task so the group can cover everything that is needed in the time allotted.

The co-facilitator will be the writer on the flipchart. When writing different ideas on the flipchart, you should leave some space to the left of the flipchart. This space will be used for starring items and voting with dots later. Also, write down the question number and topic area on each page of the flipchart. At the end of the day, please take the used flipchart paper and roll it up, tie with a rubber band and place the pre-printed label on the outside of the rolled flipchart paper. This process will help as this information is revisited in the future by state staff. The co-facilitator may need to assist the facilitator in keeping the group on task.

You will also have a volunteer to report out the highlights of what your group discussed in the Work Group Reports time. Ask for a volunteer for a Reporter who will read the top three
items from the key questions. If no one wants to quickly volunteer, you could ask for birthdays and the closest or farthest one to today's date would be the Reporter. You may have a creative idea of your own and as you see this also induces humor with the group. 😊

You may also want to recruit a volunteer to help watch the time because of the tight timeframe for the day. Otherwise, the facilitator and co-facilitator should decide who should keep up with the time.

The questions on the agenda and instructions follow below.

**Detailed Information on Each Agenda Question**

**Morning Session:**

**Part 1 - Question 1:** What are the issues that exist in regards to school-based dental health services, funding for oral health, oral health prevention and treatment, oral health workforce and economic development issues, oral health collaboration and partnerships in Kentucky? *(Remember you will only be working in one topic area)*.  
Total time 30 minutes

As a group, select the top five most significant issues through a dotting process.

The facilitator will utilize the flipcharts to capture information for question 1. For all the questions (especially this one), you may need to probe further into the ideas that the participants give in order to have more specific information that is more readily useable. For example, access to health coverage/providers is an issue. Explore WHY this is an issue. Ask the question, "Could you please expand on your response --- why is access to oral health providers an issue?" If the answer is still more of a broad concept, then ask why again until the information to place on the flipchart is very specific. Continuing to ask why will help get to the systemic cause of the problem which will in turn help us to pursue deeper solutions. Please don’t be concerned with how many "whys" you may ask. It may take as many as five times of asking this question to get at the specific problem(s).

When the group has completed answering this question, have the participants vote with their five blue dots on what are the five most significant oral health issues in the state. *The participants should use one dot per item. No double dotting on any one item.* Ask the Co-facilitator to write down these top five items on their Work Group Form. There will also be another sheet of paper to write the top five issues on by the Reporter to discuss during the Large Group Reporting Out Process.

**Please note that there is a total time of 30 minutes for question and dotting for the priority areas.** The Facilitators will prompt all groups three minutes before the end of this question, at the 27 minute mark, to ask that groups begin finishing up on this question by selecting their top five most significant issues in the state. After the 30 minutes have passed, you will be prompted to begin the next question, which is question 2 in this case. Please note that dotting time is included as a part of the total time for each question that has prioritization.
Part 2: During the second part of the morning session, you will review the Strategic Plan and explore each goal. The participants will have the updated information regarding each goal from the Strategic Plan. Don’t spend a lot of time with the specific wording for the goals and objectives. Make sure that the intent of the goal/objective is stated but the time is short. Total time 1 hour 30 minutes

The facilitator will utilize the flipcharts to capture the information discussed about the special goals and objectives to each of the 5 sessions. You will be given an updated Strategic Plan for your topic area for which you will discuss these goals and how they can be achieved. This Plan will include any new data for your particular topic area that may have been updated since the previous Strategic Plan.

It is important when writing on the flip charts to make sure that you transfer the goal and objective to the flip chart, i.e. 1.6 means goal one, objective 6. These numbers will be the only way that the staff will know which goals or objectives that you are discussing.

For each goal, discuss the following:
- Who, What, When
- Activities needed to achieve the objective and how the objective can be measured
- Barriers to Success on each objective

You may need to probe further into the ideas discussed about each goal and objective. The group may decide that the goals and objectives are being met or may not need to be addressed. In the morning session, you will concentrate on the current goals and objectives. The group will have an opportunity to add new goals and objectives in the afternoon session. If the group comes up with new goals and objectives, please mark those ideas to be added and discussed further in the Afternoon Session.

If you don’t get finished in the Morning Session, please tell your participants that you need to stay on schedule and will try to return to this task in the Afternoon Session. If you don’t get finished with the Morning Session, you can go back to this question at Question #3.

Afternoon Session:
The Facilitator should welcome the participants back to the Afternoon Session and thank them for the great ideas that they shared this morning. The Afternoon Session will give the participants the opportunity to discuss and add new items to the Strategic Plan as we will discuss programs/activities that are currently utilized in the state and you will pick up to five things that work well. We will follow the morning guide for the Strategic Plan to work on the top five new suggestions. Then we will address any gaps that we may have missed.

Question 2: What are programs/activities that are being utilized within your community and/or state in school-based dental health services, funding for oral health, oral health prevention and treatment, oral health workforce and economic

Please see the "Ties in Dot Voting Process" section for instructions on handling ties.
development issues, oral health collaboration and partnerships? (Remember you will only be working in one topic area).  Total time 20 minutes

Question 2a. Of these, what is working well that we want to add to the Strategic Plan? Total time 10 minutes

As a group, select up to the top five things that are working well through a dotting process. Note: It is okay if they do not have five things that they want to add to the plan.

The facilitator will utilize the flipcharts to capture information for question 2 and then use this information to develop the answers for question 2a. Have a brief group discussion on each item included in question 2 to determine if it is "working well in their community and/or state" which focuses on question 2a. If one or more participants believe that a strategy/activity is working well, star that item. Once you have gone through the list of items and starred the ones the group believes are working well, allow the participants to vote with their five dots on what are the five items that they want to add to the Strategic Plan. The participants should use one dot per item. No double dotting on any one item. Ask the Co-facilitator to write down these top five items on their Work Group Form.

Question 2b. Review the top 5 items selected in the dotting process. Now you will work through the Strategic Plan worksheet. Total time 1 hour

For each goal, discuss the following:
- Who, What, When
- Activities needed to achieve the objective and how the objective can be measured
- Barriers to Success on each objective

You may need to probe further into the ideas discussed about each goal and objective. The group may decide that the goals and objectives are being met or may not need to be addressed. This part of the Work Group Session is an opportunity for participants to add items to the Strategic Work Plan.

Please note that there is a total time of 1 hour and 30 minutes for question 2, 2a, 2b and dotting for the priority areas. The Facilitator will prompt the group three minutes before the end of all questions. For example, question 2 has 20 minutes and you will be prompted at the 17 minute mark to begin wrapping up that question and moving on to the next question. After the 20 minutes have passed, you will begin the next question, which is question 2a in this case. (Please note that dotting time is included as a part of the total time for each question that has prioritization.)

Please see the "Ties in Dot Voting Process" section for instructions on handling ties.

Question 3: Review the items that the group voted to add to the Strategic Plan. Are there any gaps and/or other items that need to be added to the action plan as it relates to: school-based dental health services, funding for oral health, oral health prevention and treatment, oral health workforce and economic development issues, oral health
collaboration and partnerships? (Remember you will only be working in one topic area). Total time 15 minutes

As a group, select the top three things that you would like to see included in the Strategic Plan doing through a dotting process. The format for question 3 will be different from the previous work. You will only need to capture the basic ideas in list form on the flip chart. You DO NOT need to complete the worksheet.

The facilitator will utilize the flipcharts to capture information for question 3. The information gathered here may have already been discussed today on the above prior questions or new ideas are provided by the participants. When the group has completed answering this question, have the participants vote with their five blue dots on what they would like to see their community doing to address this topic area. The participants should use one dot per item. No double dotting on any one item. Ask the Co-facilitator to write down these top five items on their Work Group Form.

Please note that there is a total time of 15 minutes for question and dotting for the priority areas. The Facilitator will prompt all groups three minutes before the end of this question, at the 13 minute mark, to ask that groups begin finishing up on this question by selecting their top five things they would like to see the State doing to address the topic. Please note that dotting time is included as a part of the total time for each question that has prioritization.

Please see the "Ties in Dot Voting Process" section for instructions on handling ties.

Question 3a. Of the top 3 selected in question 3, what actions/steps need to be taken in your community to optimally address school-based dental health services, funding for oral health, oral health prevention and treatment, oral health workforce and economic development issues, oral health collaboration and partnerships? Total time 15 minutes

The facilitator will utilize the flipcharts to capture information for question 3a. Take the top three areas from question 3 and expand on this information. Ask the participants, "What actions/steps need to be taken to optimally address their topic area?" If your group needs prompting, you may rephrase and ask, "What needs to happen in the State to move things forward?" and/or "What needs to happen for this to begin the process of occurring in our State?"

Please note that there is a total time of 15 minutes for this question. Ask the Co-facilitator to write down the details of this question on the Work Group Form.

At this point, there will be a 30 minute break to view the Displays and to network.

Please see the "Ties in Dot Voting Process" section for instructions on handling ties.
**Work Groups:** The pre-registration process will identify how many potential participants are interested in the five Work Groups. In the Work Group directions, participants may be asked to select a different topic if some of the Work Groups are full. You will be provided with extra packets if participants change Work Groups.

**Ties in Dot Voting Process:** Please note that when participants vote for their top five areas, should there be a tie, capture it on the Work Group Form as a tie. For example, the voting on a topic may be dispersed as follows: 8 dots, 8 dots, 7 dots, 6 dots, 6 dots, 5 dots, 3 dots. The two items with 8 dots are tied for first and second. An area to denote ties is on the Work Group Form. The two items with 6 dots are tied for fourth and fifth. Again, this tie is noted on the form. Should there be a three-way tie for fourth, fifth and sixth place; please note this tie on the form and all items will be carried forward. The discussion is of utmost importance to this process, and with this time being limited, we will not be breaking ties.

**Timing:** Timing is a key and crucial element to having a productive and successful forum. You will be responsible for being the taskmaster for your group. It is very important to keep to the time limits on each question. The Co-Facilitator will be supporting you in this role throughout the forum with each question. You may want to ask for a volunteer to help watch the time. The timing is tight for each of the questions, so it will be important for the Facilitator to move the discussion along. If time is running over in a question, you could say something like, “I know these topics are important, and the other topics we need to discuss are also important, so we need to stop on this for now and if we have time at the end, we will come back to it.”

**Reporters:** The Reporter will use the Work Group Form to report out the top five items for questions 1 during the Large Group Reporting Out.

**Co-Facilitator:** The Co-facilitator will capture all of the groups' priority areas throughout the day on the flip charts. It is important to make sure that you put the correct goal and objective numbers on the flip chart when you are discussing the topics. For example, you will put 1:6 for Goal #1, Objective #6.

**Voting by Facilitators:** Facilitators should not vote in this process. But, please remember, facilitators are a taskmaster/host. Please keep your participation in check in order to keep your group balanced and your leadership impartial.

**Tools Needed:** These will be supplied. We will provide you with flip charts, makers, dots, paper, pens, pre-filled label for flipchart papers, rubber band, form and agenda.
This section is to help you see how the work group part of the day will proceed. The following general comments will be made to start the work group part of the day.

**Welcome**

I want to welcome and thank you for coming today. It is evident that you care about your state, community, and fellow citizens with your representation here. This forum is one of eleven occurring across the state of Kentucky from March to May.

**Housekeeping**

- Location of Restrooms
- Law of Two Feet – Please feel free to take care of your personal needs such as freshening your drink or using the restroom
- Snacks and/or meals – Note what is available on this date

**Ground Rules**

Everyone has the opportunity to participate. Each of you has a wealth of information to share that we want to capture during our small group work together. Please take turns in sharing this wealth of information with your small group partners. Everyone deserves the respect of being heard. Time will also be a factor for us today, so please be concise and to the point when you are working in your small group work session. I will discuss this in further detail when going over the agenda. Please also place your cell phones on silent or vibrate. [Please note that the ground rules will be posted on a flip chart for all to view.]

**Objectives and Schedule**

As stated previously, today’s objectives are to gather input from you that will be used to assist the state and local communities in improving oral health in Kentucky. We will focus on five topics in the Work Groups: school-based dental health services, funding for oral health, oral health prevention and treatment, oral health workforce and economic development issues, and oral health collaboration and partnerships. (Note: You may want to see if some participants from Partnerships and Collaboration and School-Based Coordination would want to move to another topic.)

Our schedule today will be intense, energizing and fast-paced over the next few hours that we are here together. We will be spending approximately two hours in the morning and two hours in the afternoon discussing issues related to your topic area, and it will go so fast. You are divided into small work groups by topic area. Each group will have two facilitators working with them to assist the group in staying focused on the task at hand, keep the necessary time limits and answer or seek answers to questions as they arise. We will ask that each group select one reporter. The Co-facilitator will write down the groups’ priorities in each of the questions on the Work Group Form provided. This form will be used by the reporter today and collected by state staff to provide information about all of the Work Groups.

As you review your agenda, you can see that we will be working in Work Groups to determine priorities.
Give examples of the questions. Specifically go through question 1 in more depth to explain the need to get to the real issue. Explain why the facilitator will be asking "why" here a lot.

Once all questions have been completed, we will reconvene for our large work group and prioritizing of all the identified issues that exist in addressing the issue. We will spend approximately 30 minutes in our large group.

Does anyone have any questions about our day?

It is time to move into our small groups now. Please look for your road sign and topic for the appropriate Work Group room.
Facilitator’s Work Group Agenda

7:30-8:00 am  Registration and Display (Continental breakfast provided)
8:15 am  Welcome – “Freeway Entrance” Dr. Julie Watts McKee
Update on Governor’s Oral Health Initiative and other oral health activities in Kentucky
Introduction of Keynote speaker
8:45 am  Keynote Speaker - "Signals Ahead" Dr. Lynn Mouden, DDS, MPH, State Dental Director, Arkansas
9:45 am  Charge of Work Groups

Your Work as Facilitator Begins Here  10:15 AM

Small Group Work

Morning Session: 10:15 am – 12:15 pm

1. What are the issues that exist in regards to ______________ in Kentucky?
30 minutes including dotting

As a group, select the top five most significant issues through a “dotting” process.

TIPS: WHY? WHY? WHY? WHY? WHY? Drill down the issues to more specific information that is more readily useable. Keep asking WHY? “Could you please expand on this more, why is __________ an issue?”

1a. During the second part of the morning session, you will review the Strategic Plan and explore each goal. The participants will have the updated information regarding each goal from the Strategic Plan.  1 hour 30 minutes

Afternoon Session: 1:00 – 3:00 pm

2. What are programs/activities that are being utilized within the state in school-based ________________? (Remember you will only be working in one topic area). Total time 20 minutes

Question 2a. Of these, what is working well that we want to add to the Strategic Plan? Total time 10 minutes

As a group, select up to the top five things that are working well through a dotting process. Note: It is okay if they do not have five things that they want to add to the plan.

Question 2b. Review the top 5 items selected in the dotting process. Now you will work through the Strategic Plan worksheet. Total time 1 hour

TIPS: Have a brief group discussion on each item included in question 2 to determine if it is "working well in the state" which focuses on question 2a. If one or more participants believe that a strategy/activity is working well in their community, then star that item.

Question 3: Review the items that the group voted to add to the Strategic Plan. Are there any gaps and/or other items that need to be added to the action plan as it relates to: __________? (Remember you will only be working in one topic area). Total time 15 minutes

Kentucky Oral Health Summit – May 11, 2011
TIPS: The information gathered here may have already been discussed today on the above prior questions or new ideas are provided by the participants.

Question 3a. Of the top 3 selected in question 3, what actions/steps need to be taken to optimally address _______________________? \textit{Total time 15 minutes}

TIPS: Ask the participants, "What actions/steps need to be taken in their community to optimally address their topic area?" If your group needs prompting, you may rephrase and ask, "What needs to happen in the state to move things forward?" and/or "What needs to happen for this to begin the process of occurring in our state?"

HIGH FIVE! It's Time to Report out in the Large Group! 😊
Kentucky Oral Health Summit  
Facilitator’s Evaluation Form

Work Group: ________________

At today’s summit you helped us cover a lot of ground on an important topic concerning oral health in Kentucky and we are so appreciative. To help us maintain what works and improve for the next summit, please answer the questions below.

1. Information covered during the “Charge of Work Group” by the Dr. Julie Watts McKee helped support the work of the small group work?  ☐ Yes ☐ No
   Suggestions for improvement in this area: ____________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

2. Was the Facilitator Agenda useful to you today?  ☐ Yes ☐ No
   Suggestions for improvement in this area: ____________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

3. Did the structured Work Group time help your group move through the questions?  ☐ Yes ☐ No
   Suggestions for improvement in this area: ____________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

4. Overall, please share one thing that went well in your Work Group time.
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

5. Overall, please share what could be improved upon during the Work Group time?
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
Kentucky Oral Health Summit

Oral Health in Kentucky: Under Construction
May 11, 2011
Hilton Lexington Downtown
Dear Summit Attendee,

Welcome to our Kentucky Oral Health Summit! And thank you for spending the day with us.

Dental and oral health issues are continuously changing in Kentucky as well as the rest of the nation; and they are becoming a bigger part of our everyday conversations at work and in our personal lives. Today’s agenda and activities give you an opportunity to become part of the discussion on the impact of oral health in Kentucky: its citizens, its students and its workforce. And being part of the discussion makes you part of the solution to some of the problems and issues that we will be tackling throughout the day.

Today, the goal of the state’s Oral Health Program is to update Kentucky’s “Statewide Oral Health Strategic Plan” through engaging and productive discussion of the issues through our best resource: you. You are integral to future directions of oral health activities in Kentucky. We value your input and partnership with us to improve oral health for all Kentuckians.

Thank you for your input,

Julie Watts McKee, DMD
State Dental Director
7:30-8:00 am
Registration and Continental Breakfast 2nd Floor
Grand Kentucky Ballroom C & D

8:15 am
Welcome - Dr. Julie Watts McKee
Update on Governor’s Oral Health Initiative and other oral health activities in Kentucky.

8:45 am
Keynote Speaker—Dr. Lynn Mouden, DDS, MPH, State Dental Director, Arkansas
Work groups will be divided into the following categories. Please select a Work Group in which you want to participate in updating Kentucky's Oral Health Strategic Plan, a document outlining the strategies to improve oral health status of Kentuckians. Breakout rooms are listed below.

### Funding - "Dangerous Curves"  Triple Crown C
The Funding Work Group will explore funding opportunities for the goals and objectives identified through the statewide plan. Funding discussions may include federal grants, increase to state funding, Medicaid fees/reimbursement, private foundation and other sources of funding.

### Partnerships and Collaboration - "Merge"  Crimson Clover or Lilly of the Valley
The Partnerships and Collaboration Work Group will expand on the existing partnerships and how these collaborations can improve the oral health status in Kentucky. Discussions will include ways to expand and support the local coalitions, statewide partnerships, potential community partners who may invest in oral health and other suggestions to strengthen partnerships and collaboration.

### Prevention and Treatment - "Yield"  Magnolia
The Prevention and Treatment Work Group will discuss lifelong oral health wellness through coordinated, integrated and comprehensive services. Discussions will include change in perceptions of oral health, reduction of oral disease, public health education, as well as prevention and treatment options for all ages.

### School-Based Coordination - "School Zone"  Triple Crown B or Blackberry Lilly
The School-Based Coordination Work Group will discuss ways to assure that all children receive regular dental education and care as part of an integrated program. Discussions will include how to incorporate oral health education and care into the school-based setting, review the dental screening legislation, increasing parent involvement and other ideas.

### Workforce - "Men (and Women) at Work"  Triple Crown A
The Workforce Work Group will look at both the workforce and economic development issues including workforce study, dental extenders, collaborations between dental and medical professionals, economic impact of dentistry and increasing dental professionals to underserved areas.
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<td>Grand Kentucky Ballroom C &amp; D</td>
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Please take time to visit the displays today!

1. Louisville Water—Smile! Kentucky Program
2. Coordinated School Health
3. ABCD Program
4. Barren River District Health Department
5. UK Oral Health Literacy Across the Life Span
6. West Kentucky Coalition
7. Home of the Innocents
8. Madisonville Area Oral Health Coalition

Kentucky Oral Health Summit is funded through a grant from the Health Resources and Services Administration.