

Kids Oral Health Partnership: Evaluation

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Project Goals

- Educate, build awareness and integrate oral health into existing health delivery systems.
- Enable non-dental providers to better recognize and understand oral diseases and conditions.
- Enable non-dental providers to better engage in anticipatory guidance, preventive interventions, and appropriate referral for improved oral health and oral health access.



Major Activities

- State-wide trainings on oral health assessment with:
 - Primary care providers
 - Home visitors
 - Child care providers
 - WIC staff



Evaluation Questions

- Does providing training to non-dental providers using the Maine Smile Matters (MSM) curriculum in select communities increase (a) the number of children age 0-3 receiving oral health assessments and education from their primary care provider and (b) the number of appropriate referrals to dental health providers among children in this age group?
- Can we improve oral health care among underserved populations including Children with Special Health Needs (CSHN), tribal nations, racial and ethnic minorities, and children living in low-income families?



Evaluation Design

- Pre-post
- Secondary data (e.g., Head Start, Home Visiting, Medicaid)
- Primary data (e.g., surveys of training participants)



Progress to Date:

Secondary Data Sources

- Maine Head Start Program:
 - Met with director of State Head Start Program and received data on oral health indicators from Head Start Programs around the state.
 - Head Start Director will query system for us as needed.



Progress to Date:

Secondary Data Sources

- Maine Medicaid Data:
 - Obtained permission from Office of MaineCare Services for a Medicaid Data Analyst at the Muskie School of Public Service to conduct MaineCare data analyses on oral health care.
 - Contract with analyst developed and preliminary analyses conducted.



Progress to Date: Secondary Data Sources

- Maine Home Visiting Database:
 - Developed questions for inclusion in revised home visitor database.
 - At every age, home visitors will record:
 - types of oral health guidance provided
 - whether child's doctor talked with parent about child's teeth
 - Age-specific oral health questions (e.g., seeing dentist, bottle propping)



Progress to Date: Secondary Data Sources

- Maine EPSDT Data:
 - Bright Futures forms completed at all well-child visits by physicians for children enrolled in MaineCare
 - Forms include questions on oral health guidance
 - Starting March 2009, all form are being entered in a database.



Progress to Date: Secondary Data Sources

- Indian Health Services
 - Been in contact with Maine Office of Minority Health to set up a meeting with Tribal Health Directors.



Progress to Date: Secondary Data Sources

- Public Health Nursing
 - CareFacts database used by state PHNs is not easy to query for specific information. Designed as medical record not for surveillance.
 - New database being developed for MCH nurse grantees. We will be involved in the development of this system.



Progress to Date:

Primary Data Sources

- Training Surveys
 - Health care providers (pre, post, 6 month follow-up)
 - Non-health care provider (pre, post, 6 month)

 - Current behavior
 - Knowledge
 - Training (Satisfaction, areas for improvement)
 - Comfort/confidence with topics



What have we learned so far?



Head Start: 2007-2008

- 4,787 children enrolled in Head Start in Maine
 - 76.9% had a dental home with a source of continuous accessible care
- Of children in age 0-3 Programs
 - 61.2% had an oral health screening during a well-baby visit
 - 39.4% had a professional dental exam

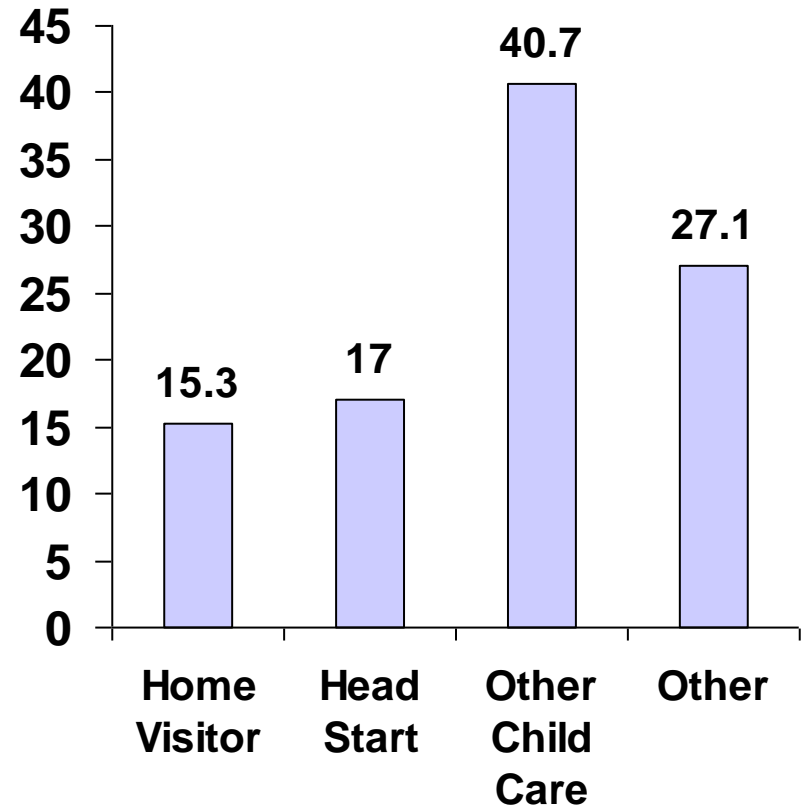
MaineCare: FY08

Dental Claims among Children	<1 yr	1-2 yrs	<3 yrs.
Any dental services	1.5%	12.1%	8.5%
Preventive dental services	1.3%	11.8%	8.3%

Participant Surveys

□ Preliminary Analyses

- 120 non-health care professionals completed the pre-test, 83 completed the post-test
- 69 health care providers completed the pre-test and 65 completed the post-test

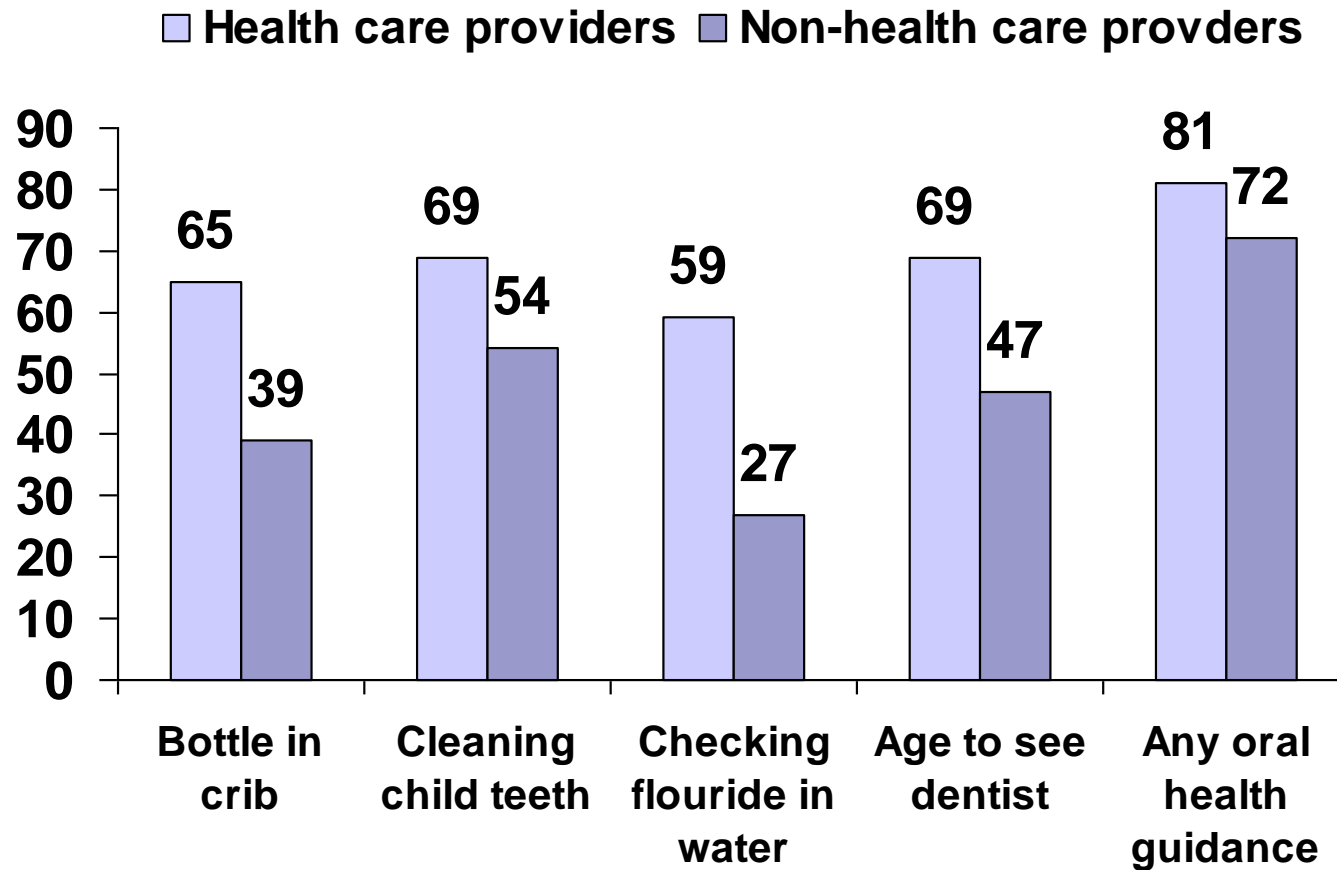




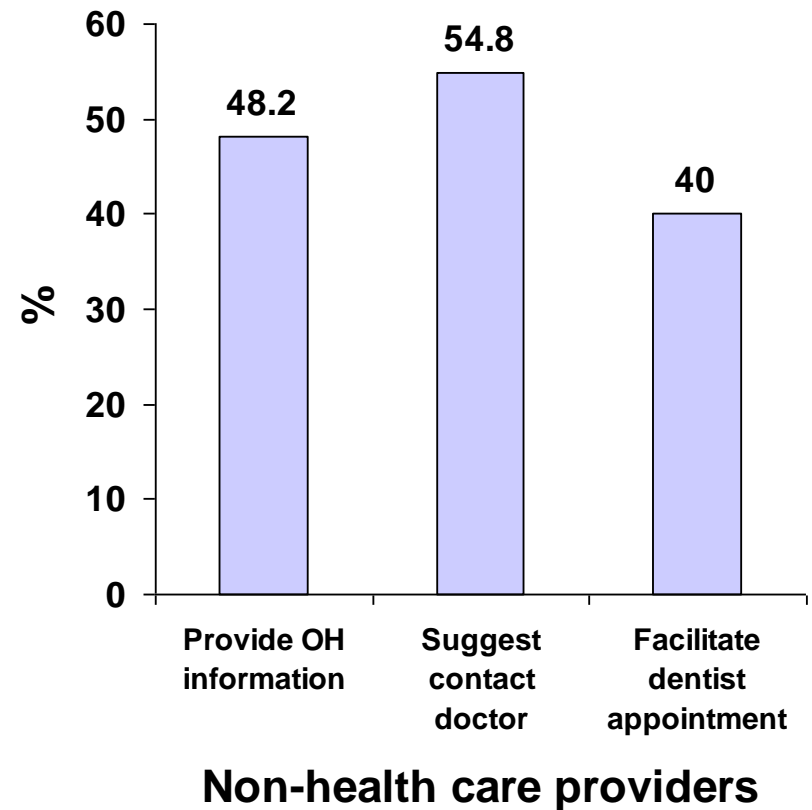
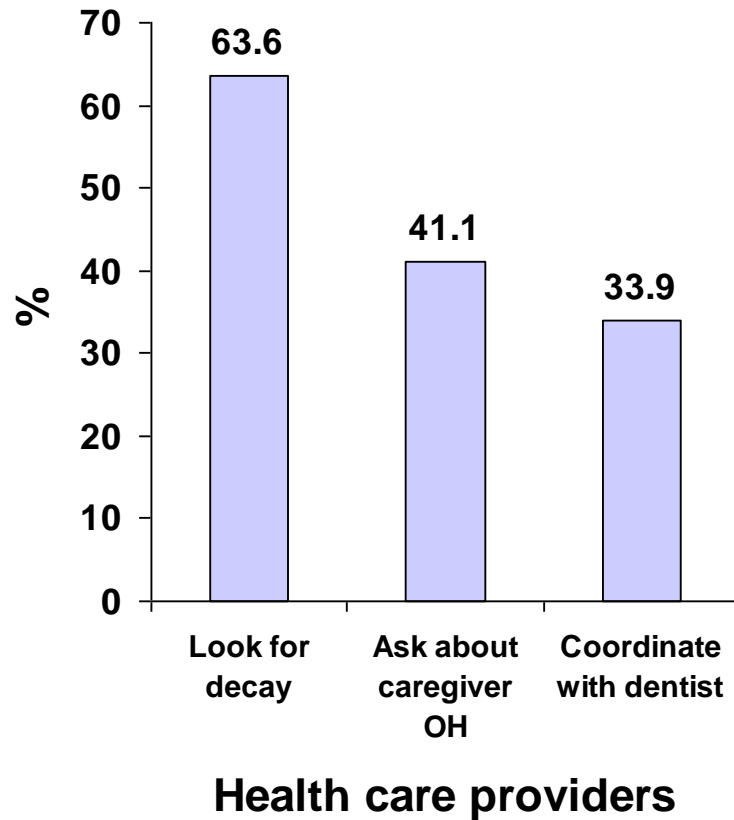
KOHP Training Satisfaction

- Of the health care providers: 92% were satisfied or very satisfied with the training.
- Of the non-health care providers: 100% were satisfied or very satisfied with the training.

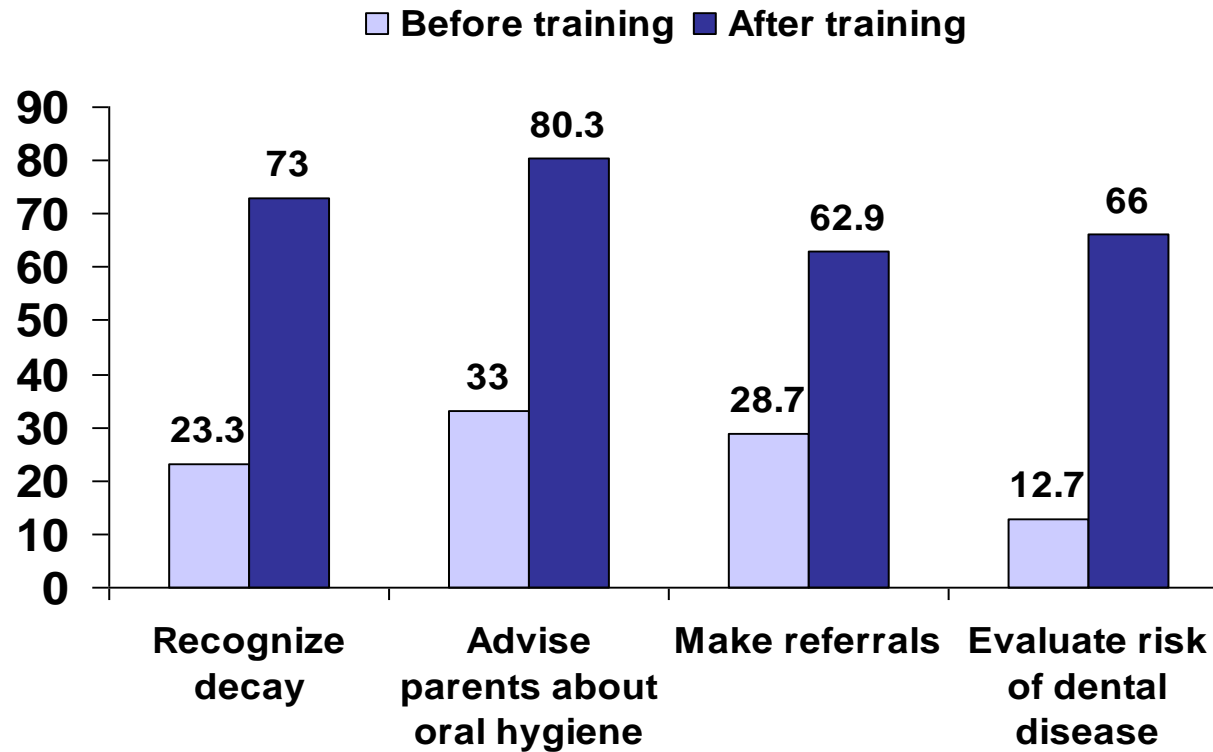
Percent currently providing oral health guidance



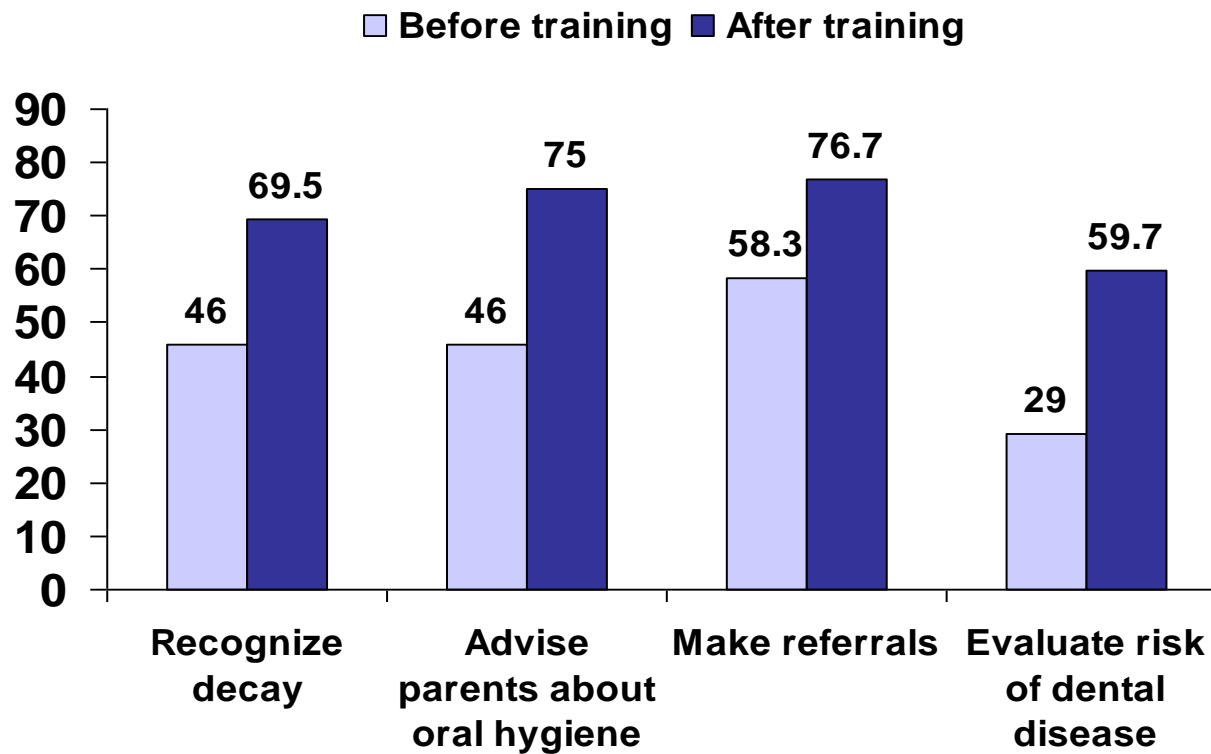
Current practice related to oral health



Changes in reported confidence after training: Non-health care providers



Changes in reported confidence after training: Health care providers





As a result of this training:

- Of health care providers*:
 - 81.1% will discuss oral health on a regular basis
 - 72% will conduct oral health assessments on children under age 3.
 - 81.3% will refer patients under 3 to local dentists if needed.
 - 70.2% will connect with dentists in the area that accept children under 3 as patients.

*percent reporting likely or somewhat likely after training



As a result of this training:

- Of non-health care providers*:
 - 81.1% will discuss oral health on a regular basis
 - 84% will encourage clients to discuss oral health with their pediatricians.
 - 79% will help clients connect with dentists in the area that accept children under 3 as patients.

*percent reporting likely or somewhat likely after training



Challenges

1. Children with Special Health Needs
2. Maine WIC data
3. Survey of dentists on hold
4. 6 month follow-up response rate



Summary

- Located data sources that would be most useful for monitoring program effectiveness.
- Successfully developed and implemented surveys of training participants.
- Will continue to monitor and analyze data sources to detect changes in children's oral health care in Maine.





Project Goals:

- **Goal 1:** Increase the number of children age 0-3 who have a dental home.
- **Goal 2:** Increase the number of primary health care providers who conduct oral health assessments, appropriately refer to dental services, and provide oral health guidance to families.
- **Goal 3:** Children with Special Health Needs (CSHN) receive timely and appropriate oral health care.
- **Goal 4:** Increase the number of racial and ethnic minority and other underserved children who have a dental home.
- **Goal 5:** Non-dental, non-health care providers (e.g., Home visitors, child care providers, and WIC staff) are better able to provide oral health guidance to families.
- **Goal 6:** Dental and non-dental health providers better coordinate their interactions.
- **Goal 7:** Improve health system support of a continuum of care for oral health services.