



## 29. THE KIDS ORAL HEALTH PARTNERSHIP

### Maine: Targeted State Maternal and Child Oral Health Service Systems Grant Program

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#### Abstract

##### Objectives

To increase the number of young children (0-3) receiving oral health assessments and preventive dental visits, by:

1. Integrating oral health into existing care systems;
2. Enhancing the ability of social and medical providers ("providers") to recognize oral diseases and conditions;
3. Increasing provider engagement in anticipatory guidance, preventive interventions, and appropriate referrals

##### Methods

The Partnership identifies and recruits providers state-wide to participate in oral health training for integrating oral health and facilitating appropriate dental referrals. The training utilizes a tested curriculum, delivered by a dental hygienist or health educator. Pre and post surveys with a six month follow-up assess provider knowledge and behavior changes. Communication and follow-up strategies include website and e-news bulletins, on-line surveys and an advisory committee comprised of key partners. Data from existing service and claim data bases will be used to document long term impact on service utilization and medical outcomes.

##### Results

In the six month period ending December 31, 2008, the Advisory group has been actively engaged; the web site and e-news are used to recruit trainees and to reengage those who have received training. The project has trained 48 medical providers and 180 social service providers. 83 % of non-medical providers and 65% of medical providers report being very satisfied with the training. Preliminary results on recruitment strategies and baseline data will be presented.

##### Conclusions

Non-dental providers are receptive to early oral health training and can play a key role in ensuring the oral health of children under 3.

#### Methods

Recruitment is an ongoing process of communication to specific target groups through advisory committee contacts, personal contacts, newsletter articles and participation at professional conferences. Outreach and continued connection is conducted through the web site and e-news. Data for outcome objectives collected by pre post testing and follow-up survey.



...because Maine Smiles Matter

www.kohp.org

Kids Oral Health Partnership e-news

#### Preliminary Analyses

As of April 1 2009, KOHP has trained:

- **210 child and family care providers in 21 locations**  
( includes Maine Home Visitors, Head Start, WIC, Other Childcare, and Other)
- **75 health care professionals in 20 locations**  
( includes Physicians, Medical Assistants, RNs, Dentists Hygienists and Other)

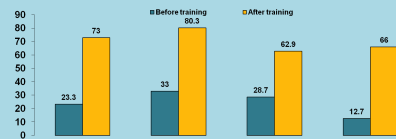
Both groups were very satisfied with the training:

- **92%** of health care providers were satisfied or very satisfied
- **100%** of non-health care providers were satisfied or very satisfied

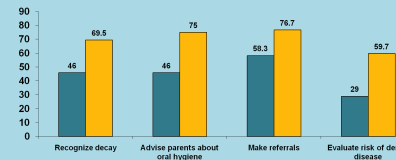
In both groups the percent reporting increased confidence after the training was very high, as was reported intent to increase oral health guidance with caregivers.

#### Changes in reported confidence after training

##### Child & Family Providers



##### Health Care Providers



#### Preliminary Analyses

There was a strong commitment to increase oral health guidance by both groups immediately after the training.

##### Of child or family care providers\*:

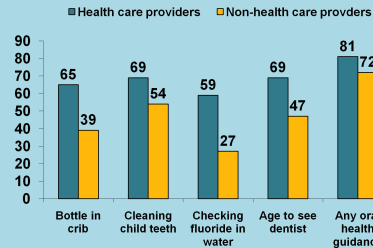
- 81.1% will discuss oral health on a regular basis
- 84% will encourage clients to discuss oral health with their pediatricians.
- 79% will help clients connect with dentists in the area that accept children under 3 as patients.

##### 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

#### Percent currently providing oral health guidance



#### Conclusions

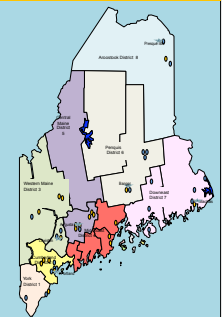
Non-dental providers are receptive to early oral health training for children under 3. The training provided through KOHP is well regarded and motivating for changing provider behavior. Both health care providers and child / family providers have deficits in their oral health knowledge that KOHP addresses. Follow-up surveys and other data base analysis in Years 3 & 4 will assess knowledge retention, provider behavior changes.

#### Training Sites by Type

##### Maine has 8 Public Health Districts

Health Care Provider sites ●

Child & Family Providers sites ○



#### Sustainability

The final two and half years of the grant period will be focused on integrating the KOHP curriculum into existing and ongoing training and education efforts. These include:

- "Train the trainer" model, delivered via distance learning sites
- Incorporate KOHP training into curriculum required for all State licensed childcare providers
- Incorporate the training into the early childhood curriculum within the in the university system.
- Strategic outreach and tailored training to specific target groups including WIC, Head Start, and Home Visitors
- Increased partnership with other early oral health efforts in the State, especially from the First Tooth, a fluoride varnish project

#### Funded By

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