Purpose of the Project

The purpose of this grant was to expand the dental public health capacity in several local communities in Arizona. The project aimed to provide resources in the form of personnel and training to local communities in Arizona to implement already drafted strategic and oral health improvement plans. By increasing state and local infrastructure, the Office of Oral Health (OOH) in a better position to address the Healthy Arizona 2010 Oral Health Objectives:

* Increase the proportion of children and adults who receive dental care each year.
* Reduce the proportion of children who have ever had tooth decay.
* Reduce the proportion of children who currently have untreated tooth decay

Progress Narrative

The original objectives of this project were three-fold: (1) to increase the number of individuals in Arizona with education in dental public health to at least 12; (2) to ensure that a total of 8 county health departments and/or community organizations will have an oral health component; (3) to ensure that a total of 10 community-based interventions/strategies will be implemented.

Objective 1: By 2008 increase the number of individuals in Arizona with education in dental public health to at least 12 (Baseline is 5 individuals).
During the past year one community oral health consultant completed her education through an online community dental health certificate program and one consultant has been continuing her course work.

A barrier to achieving this objective is lack of recognition of the importance and benefits of a formal dental public health education, particularly among public health personnel without professional dental background. The Office of Oral Health continues to encourage its community partners to further their education in the field through the completion of the dental public health online certificate. This online certificate is a twelve-credit program offered by Northeast Wisconsin Technical College. The program is designed specifically for dental clinicians and others lacking in formal public health education and is ideally suited for professionals who live and work in rural areas far away from academic institutions.

In addition to promoting the dental public health online certificate, OOH has sponsored oral health consultants and other dental community partners to further their public health education by attending various conferences and seminars. In the final year of the project, OOH funded community partners to attend the conferences of the Arizona Public Health Association: two individuals attended in the spring and twelve in the fall.

**Objective 2:** By the end of the project period a total of 8 county health departments and/or community organizations will have an oral health component (FY 2004 baseline is 3). The OOH had SOHCS contracts with five county health departments/community organizations, three rural and two urban. At present those entities are at various stages of incorporating oral
health components into their health departments. Two of the originally funded SOHCS counties, Pima and Apache, have been busy establishing oral health components in their health departments. This is evidenced by the community coalition/advisory group meeting minutes and year-end reports submitted to the Office of Oral Health. In 2004, one of the original grantees, Gila County Health Department, asked to be released from the contract. Despite the support provided by the Office of Oral Health, the grantee was unable to find a suitable individual to act as an oral health coordinator. Maricopa and Mohave counties were funded under this grant as of spring 2005. Maricopa County Health Department is the only Arizona County that has had a longstanding oral health component. Mohave County Health Department requested to be released from the contract. The grantee quoted environmental factors beyond the grantee’s control, such as constant personnel turnover, as the reason for not being able to fulfill the requirements of the contract. The funds released by Mohave County were carried over and subsequently awarded to Cochise County. This new grantee hired an oral health coordinator who carried out an oral health needs assessment and convened an oral health coalition.

The main barrier to achieving this objective is finding individuals willing to act as oral health coordinators. In Arizona, more dental hygienists practice in urban locations. The dental hygienist-to-population ratio in rural areas is very high, in some areas reaching about 1:12,000\(^1\). Those dental hygienists who choose to practice in rural areas are sought after and earn above average salaries for their profession. Consequently, they are not available for other projects. The situation is even worse in the case of dentists.

\(^1\) Arizona Dental and Dental Hygiene Workforce Survey 2003-2004
Objective 3: By the end of the project period, a total of 10 community-based interventions/strategies will be implemented.

Each contractor was expected to implement at least 2 evidence based or best practice interventions/strategies in their community during the project period. The interventions chosen for implementation had to be chosen in conjunction with and endorsed by the local community oral health coalition. Documentation of the interventions chosen for implementation by the local oral health coalition could occur through the meeting minutes.

During the project period Pima County, in conjunction with its community advisory boards and coalition, selected three evidence based or best practice interventions to implement: (1) a fluoride varnish program for high risk children at a low-income clinic in Tucson; (2) developing collaborations for increasing awareness of the importance of oral health for women of childbearing age and their young children; (3) oral health training for medical personnel.

Apache County chose to implement a dental sealant program. Apache County’s oral health coalition also decided to implement a preschool fluoride varnish program. The program was implemented with the help of partial funding by the Northern Arizona Coalition of Governments (NACOG), which administers the Head Start program in several northern Arizona communities.

Maricopa County has chosen to implement a xylitol chewing gum program for high-risk pregnant women and a community dental insurance program.

The main barrier to achieving this objective was the fact that some grantees requested to be released from their contracts. Subsequently, others received their awards later in the project period and did not have enough time to implement any interventions.
The Office of Oral Health decided to use part of the 2006-2007 award on a social marketing project. OOH started the “Are you spoon-feeding tooth decay?” awareness campaign in the fall of 2005. The purpose of the campaign was to increase awareness among low-income mothers with children ages birth to three years that dental decay is an infectious disease that can be transmitted from mother to child and to reduce behaviors (sharing of utensils and licking pacifiers) that may transmit the strep mutans bacteria. The campaign consisted of posters, brochures, outside billboards, and radio spots.

During the last funding period, OOH intended to add two social marketing pieces to complement the materials described above. A Spanish-language radio spot was recorded and broadcasted on several local radio stations. OOH also ordered English- and Spanish-language baby bibs with the social marketing message “Are you spoon-feeding tooth decay?”. The intention was to distribute them to WIC centers and Head Start programs. OOH planed to ask these entities to help us educate parents and caregivers about oral health care for infants, toddlers and pregnant women by displaying campaign posters and by distributing brochures and baby bibs in their centers. Due to the circumstances beyond our control (supplier going out of business in the middle of production), OOH was forced to cancel this part of our social marketing campaign and subsequently return the funds earmarked for it to HRSA.

The overall impact of the project

The immediate impact of this project is already apparent. Several communities convened coalitions around oral health issues, carried out needs assessments, selected and started implementing oral health improvement projects.
The potential long-term impact of this project is even more significant.

Lack of oral health care accessibility and availability, especially for economically disadvantaged and otherwise vulnerable populations such as rural and dentally underserved communities, is a profound problem in Arizona. The project funded by this grant supported building linkages and partnerships to build community capacity for improving oral health and oral health systems. Collaboration between communities and state agencies proved to capitalize on the strengths of both entities to better develop and support local projects. The project demonstrated that passion and determination at the local level is immeasurable: even quick, small successes are enough to keep the momentum of coalitions going. Because communities are better poised to understand their cultural norms, with the passion and commitment of its local leadership, a community can be very successful in developing interventions to address health disparities and long-standing unmet needs. Even a small amount of funding legitimizes oral health issues and local leaders and community members are provided with a mechanism to come together to develop local solutions to community issues.

From the perspective of the Office of Oral Health, many of the challenges we encountered during this project have helped us to learn more about the people we serve and their desires, needs, and limitations. The efforts undertaken during this project will continue through the pursuit of grants and sustainable projects that address the needs of our state.

**List of materials produced from this funding**

- A Spanish-language radio spot with the social marketing message “Are you spoon-feeding tooth decay?”