**Project Identification Information**

Grant Number: H47MC28477  
Project Title: Rhode Island Quality Improvement Project: A Statewide Plan to Achieve Perinatal and Infant Oral Health  
Organization Name: Rhode Island Department of Health  
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*Organizational Structure of Report*

Based on input from the Project Officer, please note that the RI State Oral Health Program will report on **Significant Changes/Barriers** and **Evaluation** as part of the **Progress** section. Additionally, the three sections, **Participation in the Center for Oral Health Systems Integration and Improvement (COHSII)** led activities, **Impact**, and **Plans for Upcoming Budget Year**, will be reported after discussion of Progress related to all Perinatal and Infant Oral Health Quality Improvement (PIOHQI) projects.

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**PREFERENCE NARRATIVE**

I. **Progress, Significant Changes, & Evaluation**  
Since the PIOHQI grant was awarded, the RI State Oral Health Program (SOHP) at the RI Department of Health (RIDOH) has made sustained and continued progress toward its goal of reducing the prevalence of oral disease among pregnant women and infants. Strategies being implemented seek to improve access to quality oral health care through collaborative internal and external partnerships, establishment of formal and informal referral processes between medical and dental providers, and promotion of oral health education about perinatal women and infants through partnerships with the TeethFirst! initiative and various RIDOH partners (both internal and external).

**Project #1: PIOHQI Infrastructure and Development**

**PROGRESS – PROJECT #1**

By 2019, the overall objective of Project #1 is to:

1.A. Enhance and maintain oral health infrastructure within the state health department, and inclusion of prenatal and infant oral health as a priority, measured by a staffed PIOHQI program  
   o Baseline: 0
1.B. Employ appropriate public health/oral health staff within the RI SOHP to plan, implement, and conduct quality improvement, measured by number of full-time RI SOHP staff members.

- Baseline: 3.5
- Target: 5.5
- Current: 5

1.C. Evaluate and sustain PIOHQI initiatives and project activities

To reach these goals, the RI PIOHQI work plan outlined the following year 3 activities:

a) Maintain appropriate RI SOHP staffing;

b) Establish and maintain appropriate consultant agreements;

c) Develop and convene the interdisciplinary RI PIOHQI Advisory Board;

d) Continue appropriate oral health data collection through various surveillance systems;

e) Plan for RI PIOHQI sustainability; and

f) Incorporate and conduct quality improvement principles and tools

**ACCOMPLISHMENTS – PROJECT #1**

a) Maintain appropriate RI SOHP staffing

Staffing within the RI SOHP changes occurred between July 31, 2018 and June 3, 2019. Sadie DeCourcy, JD continues to serve as Program Manager and Samuel Zwetchkenbaum, DDS, MPH remains as the Dental Director. The former RI PIOHQI Coordinator, Jim Beasley, moved to another program within RIDOH in January of 2019. Madeline Weil, BS, a former scholar with the RI SOHP, was hired as a contract employee in February of 2019 to manage the PIOHQI grant as the RI PIOHQI Coordinator. These RI SOHP staff attend relevant RI PIOHQI Advisory Board meetings, participate in COHSII led learning sessions and grantee meetings, as well as obtain individualized training and technical assistance from COHSII staff, including the FrameShift Group. Jordyn Learman was hired as the program Epidemiologist with a start date of May 28, 2019. The RI SOHP planned to hire an epidemiologist sooner but was unable to find a candidate until recently.

b) Establish appropriate consultant agreements & contracts

The process of initiating contracts began soon after the PIOHQI grant was awarded and work to modify and renew contracts continues to this day. The following are summaries and descriptions of the state of each contract that occurred during the grant period.

1. **Contract RI KIDS COUNT**: The RI PIOHQI Project has maintained a partnership with RI KIDS COUNT and its TeethFirst! initiative since 2015. TeethFirst! is dedicated to educating families, providers, and community organizations about the age one dental visit. Staff members serve on and have regularly attend Advisory Board meetings. This
contract has resulted in the development of essential resources for delivering coordinated oral health messaging with all partners. Between July of 2015 and April of 2019, over 9,000 bilingual brochures promoting the importance of oral health during pregnancy and the age one dental visit have been disseminated. (See attachment A).

In August of 2018 as part of TeethFirst!, UnitedHealthcare Dental (UHCD) donated 600 oral health care kits to be distributed by Project Undercover to families in need across the state. The kits consisted of a toothbrush, tooth paste, and package of floss, and were assembled by UHCD employees at a social responsibility event held at their headquarters in Minnetonka, Minnesota. Once shipped to Rhode Island, TeethFirst! supplemented the kits with bilingual resources (First Dental Visits Brochure, Keeping Your Mouth Healthy During Pregnancy Brochure, and infant/toddler toothbrushes), as well as information about getting health insurance provided by the City of Providence. Additional toothbrushes and toothpaste were provided by Delta Dental of Rhode Island and the Rhode Island Department of Health Oral Health Program. Altogether, over 700 oral health care kits were assembled. An additional 21,500 TeethFist! Kits were distributed to 900 child care providers throughout Rhode Island.

Under this contract, RI KIDSCOUNT promotes bilingual resources, the Age One Champion list, and attended five community and professional development events annually via TeethFirst! website, E-News, and social media channels and with community partners and professional organizations. This past year, TeethFirst! has promoted and distributed resources at the Strolling Thunder Rhode Island event, the East Side/Mt. Hope YMCA’s Healthy Kids Day, the RI Oral Health Summit: Achieving Equity, the Pawsox Oral Health Night, and the RI SOHP Mini Residency. Additionally, the TeethFirst! website continually promotes good oral health practices through their family center Blog Tooth Talk. Since 2015, 88 blogs have been posted. Also during the four years of this grant, five online focus group reports on dentists, dental hygienists, pediatricians, prenatal care providers, and Family/Home Visitors (FHV) were conducted in partnership with KIDSCOUNT to better understand the attitudes surrounding oral health for pregnant women and infants of RI providers.

RI KIDSCOUNT also promoted the age one dental visit through their social media PSA #Smilestones. #Smilestones bilingual campaign posts were viewed over 95,000 times in Rhode Island (almost 10% of the entire state population) on Facebook, Twitter, and Instagram and generated 6,200 engagements, 107 photo submissions, 25 photo winners, and a 470% increase of web traffic to the TeethFirst! website. Finally, each year RI KIDSCOUNT provides information about early oral health care in their annual Factbook.

2. Contract Lisa Littman, MD MPH: Dr. Littman contracted with the RIDOH Family Planning, Immunization, and Home/Family Visiting programs and provided obstetric expertise for the RI PIOHQI Advisory Board. Dr. Littman’s contract was not renewed for the last six months of year four. Dr. Littman’s contract resulted in academic detailing at 20 private RI OBGYN practices.
3. **Contract Jennifer Levy, MD:** Dr. Levy was already contracting with the RIDOH Family Planning, Immunization and Family/Home Visiting Programs (FHVP) and has been providing pediatric and family physician expertise for the RI PIOHQI Advisory Board. To date, Dr. Levy has provided academic detailing services to 11 RI pediatricians and plans to continue visiting practices through July of 2019. Dr. Levy has provided support incorporating oral health into well child visits, provided tools including sample oral health risk assessments, the Smiles for Life curriculum and RI Age One Champion and Dental Safety Net lists. Dr. Levy discusses the benefits of fluoride varnish application, the benefits of prescribing fluoride, nutrition counselling and the importance of testing well water. In addition Dr. Levy has clinical expertise in the development of TeethFirst! resources, the AAP Oral Health online toolkit. She has also presented at the “Dining with the Dentist” and the RI Primary Care Pediatric meeting on the importance of oral health for young children and pregnant women. **Key learnings from project personnel:**
- Practices found the Age One Champion Directory and Dental Safety Net lists very useful
- Some practices were having difficulty referring young children for early dental visits, especially if low risk, Medicaid or self-pay, with long waiting time (3-6 months) at safety net sites.

4. **Contract Carol Cote, RDH, BS:** Dental hygienist consultant services were provided by Carol Cote for the establishment of PIOHQI learning laboratory sites at pediatric medical practices. Carol was able to visit 12 sites during her contract. At each site she delivered education about the importance of the Age One dental visit, where to purchase fluoride varnish, how to apply and properly code fluoride varnish, observed workflow, and helped each practice establish a caries risk assessment through quality improvement methods. With the help of Jim Beasley, Carol created a driver diagram that could be used as a framework for each site. All these resources and sample caries risk assessments, QI tools, and resources containing information about fluoride have been compiled into a binder that Carol brings to each intervention and learning lab site. **Key learnings from project personnel:**
- Time is the biggest barrier providers have in integrating oral health into well visits.
- Collecting data from practices is difficult.
- Checking in with sites is essential to coach through problems and complaints.

5. **Contract Pawtucket Red Sox:** The RI SOHP has partnered with the Pawtucket Red Sox (AAA minor league baseball team located in a city with high rate of childhood poverty) for baseball seasons in 2017, 2018, and 2019. In addition to regular tabling event the Pawtucket Red Sox have hosted three Oral Health Nights. The Pawtucket Red Sox provide an opportunity to reach a wide audience of Rhode Islanders. The 2017 season saw 409,964 attendees with about 6,406 attendees per game. The Pawtucket Red Sox social media is also #4 in the MiLB and has more than 180,000 followers. Over the past 2
seasons, the RI SOHP has given out 1,000 tickets to families who promote good oral health habits and have yearly dental visits.

6. **Contract Providence Bruins:** The RI SOHP has partnered with the Providence Bruins (a premier American Hockey League franchise and top affiliate of the Boston Bruins located in Providence, RI). The Providence Bruins are the most attended sports team in the market with 8,200 fans per game. RI SOHP staff attended four Providence Bruins home games and provided oral health resources to attending families including infant and adult toothbrushes and toothpaste and dental floss. As part of this contract the Providence Bruins featured two TeethFirst! / RI SOHP advertisements in their home stadium.

7. **Contract Sputnik:** Sputnik is the long-standing IT consultant for the Project LAUNCH developmental screening case management system used by pediatricians and RIDOH staff for referrals to FHVP and Early Intervention services. As noted in previous reports, the RI PIOHQI Project is no longer seeking to create an electronic dental referral system through the modification of the KIDSNET system given dental provider concerns and feasibility issues with the build. Instead, the RI PIOHQI Project is currently modifying the Project LAUNCH web-based development screening referral case management system for the creation of an electronic dental referral system. As a result of this work plan change, funds allocated toward the HLN contractor are now being allocated to Sputnik. This change has not resulted in a substantive change to the approved budget (>25%). To date this dental referral system is still experiencing technical difficulties and is not ready for launch. The RI SOHP expects the system will be piloted before the end of the grant period. **Key learnings from project personnel:**
   - It is important to be flexible and look for alternative ways to accomplish goals when activities take longer than expected.

8. **Contract Social Solutions:** Social Solutions collaborated with the RI PIOHQI Coordinator to make sure that any necessary changes relating to the collection of oral health are applied to the Efforts to Outcomes portal used by the RIDOH FHVP. Today the RIDOH FHVP collects, tracks, and reports oral health data and tracks oral health referrals in three of four program modules (Nurse Family Partnership, Healthy Families America, and Parents as Teachers). Adults are asked the following are questions asked at every visit:
   - Has the participant seen a dentist since the last home visit?
   - Does the participant have any problems with their teeth or gums?
   - Was the family left any oral health materials? If yes, what materials were left?
   - How much time was spent talking about oral health?

The following are pediatric oral health questions:

- Does the child have a usual source of dental care?
- Was the visit at health center or private dentist? (Name of health center or private dentist).
• Does the child have issues with their teeth or gums?
• Has the child seen a dentist since the last time periodic data was collected?

c) Develop and convene the interdisciplinary Advisory Board
The RI PIOHQI Advisory Board has continued to meet since the Spring of 2016 to provide guidance for the RI PIOHQI Project. (See attachment B for an updated list of PIOHQI Advisory Board members).

d) Continue appropriate oral health data collection through various surveillance systems
Despite not having an oral health epidemiologist on staff until May of 2019, relevant data activities and planning continue to be completed. Dr. Zwetchkenbaum, Dental Director, continues to access and analyze Medicaid dental claims. Data regarding the age one dental visit of children enrolled in Medicaid is gathered and submitted to the Governor’s Third Grade Reading Initiative quarterly. RIDOH and Medicaid staff have also developed a plan to more accurately analyze dental claims of pregnant women enrolled in Medicaid. The vital statistics birth file is cross walked with the Medicaid claims database.

RI SOHP staff were also able to coordinate the reporting of fluoride varnish data of Rhode Island children age five years and under administered by medical providers from the State’s All Payer Claims Database. This data was used by the RI SOHP and RIDOH’s medical director in their advocacy to gain approval from the Office of the Health Insurance Commissioner and SIM Steering Committee for the adoption of a fluoride varnish clinical quality measure for commercial medical plans.

RI SOHP staff also continue to ensure oral health data are collected and prioritized within relevant RIDOH surveillance tools and programs. RI SOHP staff have worked with the RIDOH Youth Risk Behavior Survey Advisory Board to ensure that questions about dental utilization, pain, and embarrassment continue to be included and questions about water, tap water, and sugar-sweetened beverage consumption are added to the 2019 middle and high school student surveys. The RI SOHP also collaborated with the RIDOH Title V Maternal and Child Health Program to retain the PRAMS national performance dental measure.

The RIDOH Family/Home Visiting Program began collecting oral health data in their case management database Efforts to Outcomes (ETO) in 2016. This data is reported quarterly to the RI SOHP. In March of 2019 the PIOHQI Project Coordinator did a summary analysis of data collect between 2016 and 2018. This analysis accompanied by recommendations for improvement and next steps, was presented in poster form at the Association of Maternal and Child Health Program’s Conference (See attachment C). Key learnings from project personal:

• High turnover rates among FHV, so embedding oral health training into on boarding of new staff is key.
• It is important to have a champion within the FHV program.
• Showing FHV that you are using the data they collect makes them feel that spending the time asking questions is worthwhile.
e) Plan for RI PIOHQI sustainability
Sustainability is a major focus and goal for the RI PIOHQI project. The RI SOHP plans to continue to work with FHV staff to coordinate regular FHV staff trainings. Regular data collection and monitoring will continue with the new RI SOHP Epidemiologist. The RI SOHP and RIDOH medical director were successful in their advocacy for the adoption of a fluoride varnish clinical quality measure for commercial medical plans by the Office of the Health Insurance Commissioner and SIM Steering Committee. The fluoride varnish clinical quality measure will continue to further incentivize medical practices that see young children to incorporate oral health assessment, services, and referrals within their practice workflow.

The RI SOHP plans to explore contracts with other sports an entertainment venue to continue to promote TeethFirst! resources within the community. Our PIOHQI Advisory Board members will continue to be champions of TeethFirst! resources and the Age One Champion and dental safety net lists.

f) Incorporate and conduct quality improvement principles and tools
The RI PIOHQI Coordinator continues to strengthen her understanding of quality improvement concepts, tools and principles due to active and regular participation in the COHSII quality improvement workgroup, ongoing coaching provided by the RI SOHP manager, and attendance of COHSII led learning sessions and in-person meetings.

The RI PIOHQI Coordinator has also been able to increase knowledge of quality improvement with Carol Cote, a dental hygienist consultant charged with establishing PIOHQI learning lab sites at medical offices. To achieve this end, the RI SOHP Manager and RI PIOHQI Coordinator hosted a half day quality improvement training session in June and the RI PIOHQI Coordinator has since then reinforced and expanded this learning with shorter personalized training sessions.

SIGNIFICANT CHANGES/BARRIERS – PROJECT #1
The most significant change to Project #1 was the transition in PIOHQI Project Coordinators and the hiring of a full-time Epidemiologist. Madeline Weil took over for Jim Beasley as the PIOHQI Project Coordinator in February of 2019 as a contract employee. Madeline worked part time as the PIOHQI project coordinator from February 4 – May 9 while completing her undergraduate degree in Health Policy and Management at Providence College. She began full time on May 22. Jim Beasley continues to provide support to Madeline in this transition (See Attachment D for Madeline’s biographical sketch). Between July 2018 and June of 2019 there has been only one change within the PIOHQI Advisory Board. Devan Quinn from KIDS COUNT no longer serves on the Advisory Board, but Katy Chu remains as the KIDS COUNT member.

EVALUATION- PROJECT #1
The RI PIOHQI project has been successful in maintaining oral health infrastructure and staffing within the RIDOH and with its efforts to solicit expert feedback from the RI PIOHQI Advisory
Numerous quality improvement tools and concepts have been utilized (Before Action Reviews/After-Action Reviews, driver diagrams, and AIM statements documents) to further refine sustainability planning, learning, and discussions among the RI PIOHQI Advisory Board and at RI PIOHQI learning lab sites. In addition, the RI SOHP and RI PIOHQI Advisory Board regularly review and discuss data regarding the impact of outreach activities (Pride Fest, Narragansett Indian Men’s and Child Community Events, Pawtucket Red Sox Fan Fest and Oral Health Nights, etc.), new collaborations (the RIDOH Environmental Lead Program and Licensing Department), and provider trainings (academic detailing visits completed) to evaluate progress in improving the oral health status of pregnant women and young children as outlined by surveillance data (PRAMS and Medicaid claims).

Project #2: Medical Providers & MCHB-, HRSA- & HHS-Funded Program Staff: The Importance of Oral health for Infants by Age One.

PROGRESS – PROJECT #2

By 2019, the overall objective of Project #2 is to:

2.A. Integrate oral health knowledge and prompts into the policies of and data collection tools utilized by pediatricians, MCHB-, HRSA-, & HHS-funded programs that address infants.

2.B. Increase referrals to and receipt of oral health services for infants by age one year, specifically targeting those that receive services from these providers and programs (Maternal, Infant, & Early Childhood Home Visiting, Title V Block Grants, Early Head Start, and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)), measured by the number of enhanced and maintained oral health infrastructure within the state health department, and inclusion of prenatal and infant oral health as a priority, measured by the number of databases that integrate oral health knowledge and prompts related to age one dental visits.
   o Baseline: 0
   o Target: 10
   o Current: 10

To reach these goals, the RI PIOHQI work plan outlined the following activities for the third year of funding:

a) Establish and maintain appropriate consulting agreements;
b) Receive monthly data from KIDSNET and Efforts to Outcomes (ETO) to determine baseline and monthly utilization of oral health-related items/prompts, and track 1) Child referrals to dentist, 2) Dental appointments made for child, and 3) Exams completed by a dentist;
c) Maintain consultant agreement with RI KIDS COUNT, and the Perinatal and Early Childhood Health Team within RIDOH, which manages Nurse Family Partnership (NFP), Healthy Families America (HFA), and Parents as Teachers (PAT) to conduct TeethFirst Academy learning sessions on importance of oral health for infants, inclusion of oral health
in conversations with clients, and utilizing new oral health related prompts in case management software for home visitors;

d) Order and provide *TeethFirst!* infant toothbrushes to NFP, HFA, PAT, Early Head Start (EHS), Early Intervention (EI), and Youth Success (YS) for distribution to infants in those programs. Toothbrushes will be printed with the *TeethFirst!* logo and website;

e) Order and provide *TeethFirst!* infant toothbrushes to pediatricians for distribution to infants in those programs. Toothbrushes will be printed with the *TeethFirst!* logo and website; and

f) Conduct Plan, Do, Study, Act principles and evaluation to determine efficacy of new methods and adjust program to maximize utilization and completion of dental exams for infants.

**ACCOMPLISHMENTS – PROJECT #2**

a) **Establish and maintain appropriate consultant agreements**
   
   As discussed in Project #1, contracts have been maintained with RI KIDS COUNT, Dr. Jennifer Levy, Carol Cote, The Pawtucket Red Sox, The Providence Bruins, Social Solutions, and Sputnik.

b) **Receive monthly data from KIDSNET and Efforts to Outcomes (ETO) to determine baseline and monthly utilization of oral health-related items/prompts, and track infants/children referred to, appointment made for, and exam completed by a dentist.**

   **KIDSNET:** See Project #1 contract #6: Sputnik.

   **Age One Champion Directory:** The RI PIOHQI Project also continues to encourage non-electronic age 1 dental referrals through the dissemination of a paper bi-directional dental referral form at academic detailing visits, at the Coastal Medical Learning Lab site, and through the distribution of the Age One Champion Directory. Between January of 2019 and May of 2019, the Directory has grown from 47 dental providers to 55 dental providers. The Directory includes information about each practices’ languages spoken, insurances accepted, hours, contact information, and location.

   **Efforts To Outcomes (ETO):** Efforts to Outcomes is the case management database utilized by RI’s Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs. Staff from the RI SOHP and RIDOH Family/Home Visiting Program (FHVP) continue to regularly pull and analyze oral health assessment and referral data from two of the three RIDOH MIECHV programs. Since 2016, Family Home Visitors (FHV) in Parents as Teachers and Healthy Families America have spent 543 hours discussing oral health, referred 275 adults and children to oral health services, and distributed 1,779 resources to families. **Key learnings from project personnel:**

   - The referral system within ETO is cumbersome and requires FHV to exit their visiting notes to record a referral. The referral component is currently being remodeled so that it is more accessible to FHV.
**WIC Basic Screening Survey:** During 2016-2017, the RI PIOHQI project contracted with a dental hygienist to perform a basic screening survey in WIC clinics. Women who were pregnant, had given birth within the past 12 months, or who had children aged 2 and under were asked to participate. About 300 women and children were screened and the PIOHQI project will publish the results by the end of the grant period.

c) Maintain consultant agreement with RI KIDS COUNT, and the Perinatal and Early Childhood Health Team within RIDOH, which manages Nurse Family Partnership (NFP), Healthy Families America (HFA), and Parents as Teachers (PAT) to conduct *TeethFirst!* Academy learning sessions on importance of oral health for infants, inclusion of oral health in conversations with clients, and utilizing new oral health related prompts in case management software for home visitors.

Since 2015 four oral health trainings have been conducted with a total of 65 Family/Home Visitors from NFP, HFA, PAT and First Connections. Information about oral health education, oral health resources, and Family/Home Visiting oral health data from ETO is regularly included in the Family/Home Visiting Newsletter. Updated versions of the Age One Champion Directory, and the Dental Safety Net List are continually provided to Family/Home Visiting staff. As previously stated in Project #1 section d), summary analysis of ETO data from 2016-2018 was presented in poster form at the Association of Maternal and Child Health Programs Conference. Additionally, RI SOHP Manager Sadie DeCourcy, former PIOHQI Project Coordinator Jim Beasley, and Family/Home Visiting Program Implementation Manager Sara Remington gave an hour-long presentation about the Family/Home Visiting and RI SOHP partnership to 25 people from various states.

d) Order and provide *TeethFirst!* infant toothbrushes to NFP, HFA, PAT, Early Head Start (EHS), Early Intervention (EI), and Youth Success (YS) for distribution to infants in those programs. Toothbrushes will be printed with the *TeethFirst!* logo and website. Between 2015 and 2019 a total of 16,660 infant *TeethFirst!* toothbrushes and 12,228 adult *TeethFirst!* toothbrushes have been ordered and disseminated to FHVP sites, at relevant community meetings and opportunities where families with young children enrolled in FHVP, EI, or YS may visit (Warwick Mall, Pawtucket Red Sox games, Providence Bruins games, Pride Fest, and Narragansett Indian tribal events, including men’s health, women’s health, and children’s health days).

Additionally, 680 oral health *TeethFirst!* packets and branded toothbrushes were disseminated at all four statewide childhood lead poisoning centers. Oral health education was provided to managers at each site. All packets included the Age Champion Directory, Dental Safety Net List, *TeethFirst!* Age 1 brochure, *TeethFirst!* activity sheets, and *TeethFirst!* branded toothbrushes and were divided based on reported center caseload for the prior calendar year.
e) Order and provide TeethFirst! infant toothbrushes to pediatricians for distribution to infants in those programs. Toothbrushes will be printed with the TeethFirst! Logo and website. Contractors Jennifer Levy, Carol Cote, and Lisa Littman continue to provide toothbrushes and toothpaste to 20 practices including pediatricians’ and Ob/gyn offices and other intervention sites including health fairs, and preschools.

f) Conduct Plan, Do, Study, Act principles and evaluation to determine efficacy of new methods and adjust program to maximize utilization and completion of dental exams for infants.

The RI SOHP Manager and RI PIOHQI Coordinator continue to provide quality improvement training to Carol Cote to support and accelerate her Learning Lab work to incorporate fluoride varnish application and Age 1 dental referrals at a Coast Medical pediatric practice. A half-day quality improvement training was completed, and follow-up coaching continues to be given. The RI SOHP Manager and RI PIOHQI Coordinator also developed a driver diagram about the Age 1 dental visit for the RI PIOHQI project during a two-day in-person Frameshift training. This quality improvement tool not only helped RI SOHP staff and RI PIOHQI Advisory Board members frame prioritization and sustainability discussions about the Age 1 visit for the final grant year, but also led to the recognition that FHVP referrals are adequately sustained within RIDOH.

SIGNIFICANT CHANGES/BARRIERS – PROJECT #2

A significant change to Project #2 is the delay in the launch of the electronic referral system. Other barriers include staff turnover rates within FHVP. Regular trainings with FHV must be conducted to ensure there are no gaps in oral health knowledge among staff. As previously mentioned, the dental referral mechanism within ETO is currently being remodeled so that it is more accessible to staff. This provides a more accurate representation of referrals and increases RI SOHP and FHVP tracking capacity.

Focus group reports highlight existing barriers to delivering oral health through medical providers and MCHB-, HRSA- & HHS-Funded Program staff to age one children. About half of pediatricians said they do not have the time or staff to provide fluoride varnishes regularly. Despite increases in providers willing to treat age one children there are still pediatricians and dentists who will not see children until age three.

EVALUATION – PROJECT #2

Despite these barriers, RI has seen 1. improvements in various data points pertaining to very young children. These include: an increase in age one dental utilization among children age 2 and under. In 2015, Medicaid dental claims showed a 23.9% utilization. The rate increased to 39.9% in 2018. 2. Since tracking of oral health data within FHVP began in 2016, 275 referrals have been documented. 3. Since 2015, application of fluoride varnish in medical provider offices for children 2 and under enrolled in Medicaid has increased from 4.6% to 10.2% in 2018.
PROGRESS – PROJECT #3

By 2019, the overall objective of Project #3 is to

3.A. Integrate oral health knowledge and prompts into the policies of and data collection tools utilized by obstetricians, midwives, doulas, and MCHB-, HRSA-, & HHS-funded programs that address pregnant women.

3.B. Increase referrals to and receipt of oral health services for all Rhode Island pregnant women, specifically targeting those that receive services from these providers and programs (MIECHV, Title V, EHS, and WIC), measured by integration of oral health knowledge, and prompts related to prenatal dental visits.
   - Baseline: 0
   - Target: 10
   - Current: 10

To reach these goals, the RI PIOQHI work plan outlined the following activities for the third year of finding:

a) Establish and maintain appropriate consultant agreements;
b) Maintain referral link in KIDSNET between medical practices and dental practices within community health centers and hospital-based health centers to facilitate and track referrals and provision of services for pregnant women;
c) Maintain consultant agreement with RI KIDS COUNT, ACOG, ACNM, and DONA to conduct TeethFirst! Academy sessions (annual continuing education events) on the topics of the importance of oral health for pregnant women, inclusion of oral health in conversations with clients, and utilizing new oral health-related prompts in case management software;
d) Receive monthly data from KIDSNET and ETO to determine monthly utilization of oral health related items/prompts, and track pregnant women referred to, appointments made for, and exams completed by a dentist;
e) Order and provide TeethFirst! adult toothbrushes to NFP, WIC, obstetricians, midwives, and doulas for distribution to pregnant women in those programs and practices. Toothbrushes will be imprinted with the TeethFirst logo and website, and the tagline “See your dentist when you’re pregnant and bring your infant when their teeth come in; and
f) Conduct Plan, Do, Study, Act principles and evaluation to determine efficacy of new methods and adjust program to maximize utilization and completion of dental exams for pregnant women.

ACCOMPLISHMENTS – PROJECT #3

a) Establish and maintain appropriate consultant agreements
   As discussed in Projects #1 & 2 above, contracts have been maintained with RI KIDS COUNT, Dr. Jennifer Levy, Carol Cote, The Pawtucket Red Sox, The Providence Bruins, Social Solutions, and Sputnik.
b) Maintain referral link in KIDSNET between medical practices and dental practices within community health centers and hospital-based health centers to facilitate and track referrals and provision of services for pregnant women.

As noted in Projects #1 and #2, the RI PIOHQI Project is no longer pursuing modifications to KIDSNET and the modification to the project LAUNCH system had a slower build time than planned.

The RI PIOHQI project also continues to partner with two Federally Qualified Health Centers (FQHCs) as Learning Lab sites to improve and track the number of dental referrals of pregnant women. Thundermist FQHC tracks both internal dental referrals as well as dental care received by all pregnant women, including those who do not receive medical care from their organization. See Section III. c) for 2016-2019 referral numbers.

WellOne is another FQHC Learning Lab site that has locations in Foster, North Kingstown, Pascoag, and Scituate. The WellOne Pascoag location serves a rural community in Northern RI. This location has been tracking dental referrals and utilization of pregnant women since April 2017. WellOne continues to work on improving their data collection and tracking of referrals using quality improvement testing. See section III. d) for referral #s.

c) Maintain consultant agreement with RI KIDS COUNT, ACOG, ACNM, and DONA to conduct TeethFirst! Academy sessions (annual continuing education events) on the topics of the importance of oral health for pregnant women, inclusion of oral health in conversations with clients, and utilizing new oral health-related prompts in case management software.

Dr. Littman was able to provide outreach to 20 RI ob/gyn providers during her contract period. Additionally, beginning in January of 2019, Carol Cote provided quality improvement assistance to the ob/gyn and dental clinics at St. Joseph Health Center in an effort to integrate preventive oral health services into prenatal care. Of the 20 prenatal patients that presented between January 25 to March 18, 17 have appointment scheduled and 13 have received dental care. Oral health is now discussed at the second prenatal visit of every pregnant patient that presents at St. Joseph. Before Carol’s placement, dental providers were uncomfortable taking dental x-rays of pregnant patients but now, because of Carol’s training, dental providers perform dental x-rays on pregnant women.

d) Receive monthly data from KIDSNET and ETO to determine monthly utilization of oral health related items/prompts, and track pregnant women referred to, appointments made for, and exams completed by a dentist.

- **KIDSNET**: See Project #2 section b).
- **ETO**: As stated in Project #2, RI SOHP and RIDOH Home/Family Visiting Staff regularly review relevant ETO oral health data. In 2015 there was one recorded referral in ETO. To date 275 referrals have been recorded.
e) Order and provide *TeethFirst!* adult toothbrushes to NFP, WIC, obstetricians, midwives, and doulas for distribution to pregnant women in those programs and practices. Toothbrushes will be imprinted with the *TeethFirst!* logo and website, and the tagline “See your dentist when you’re pregnant and bring your infant when their teeth come in. See Project #2 section d) and e).

f) **Conduct Plan, Do, Study, Act principles and evaluation to determine efficacy of new methods and adjust program to maximize utilization and completion of dental exams for pregnant women.**

The RI PIOHQI Coordinator continues to communicate with Learning Lab sites to inquire about any training or quality improvement assistance sites needed in relation to projects surrounding pregnant women. To prepare for these meetings, the RI PIOHQI Coordinator has ramped up her quality improvement training by participating in the COHSII Quality Improvement Workgroup, obtaining monthly quality improvement training from the FrameShift Group, and ongoing coaching from the RI SOHP manager.

**SIGNIFICANT CHANGES/BARRIERS – PROJECT #3**

Significant changes to Project #3 include the decision not to renew Lisa Littman’s contract. Despite this, progress made at Learning Lab and Intervention Sites has been notable. Lisa Littman was able to provide academic detailing to 20 ob/gyn practices in Rhode Island during her contract. Carol Cote was able to facilitate the incorporation of dental services into prenatal care at St. Joseph Health Center. Prioritization of dental care in this population remains challenging. Focus group reports indicate that many prenatal providers do not proactively provide dental counseling or care. Dentists cited the cost of care and parental/patient education as the key barriers preventing pregnant women from receiving needed care. Individuals voiced strong concerns about low rates of Medicaid reimbursement, which for some may pose a powerful disincentive to providing treatment to underprivileged women and children. A few dentists believe there may be some truth to the perception that Rhode Island dentists are reluctant to treat pregnant women out of concern for their safety. However, this research suggests that most dentists feel confident about the treatment protocols for pregnant women. Rather, dentists may be reluctant to treat pregnant women on Medicaid or on an emergency basis (out of concerns around payment and liability), and reluctant to treat children for restorative care (out of concerns around their behavior and unique needs). Other barriers include the duration of Medicaid coverage for pregnant women. Rhode Island only covers dental services two months postpartum.

**EVALUATION – PROJECT #3**

Great progress has been made at Learning Lab sites with connecting pregnant women to dental services. Thundermist Health Center was only seeing 14.66% of pregnant patients receive dental care in Woonsocket and West Warwick locations. In April of 2018, 31.05% of pregnant patients without an external dental home received dental services. The cross walk with Medicaid claims data and RIDOH vital statistics data also indicates an increase in overall utilization of dental
services by pregnant women. In 2015, 22.5% of pregnant women enrolled in Medicaid received dental care. In 2018, 30.9% of pregnant women had a dental visit.

Project #4: Dental Providers - The Importance of Oral Health for Pregnant Women & Infants by Age One.

PROGRESS – PROJECT #4

By 2019, the overall objective of Project #4 is to:

4.A. Increase prenatal and age one dental visits and establish a dental home for all Rhode Island children and families, specifically targeting those that receive services through MCHB-, HRSA- & HHS-funded programs (MIECHV, Title V Block Grant, EHS, and WIC).

- Prenatal dental visits; measured by annual self-reports of dental visits of pregnant women surveyed by the Pregnancy Risk Assessment Monitoring (PRAMS) Survey.
  - Baseline: 52.2%
  - Target: 60.03%
  - Current: 57.7% (2017 data)

- Age one dental visits; measured by dental claim utilization of children age two and under enrolled in RIte Smiles, the Medicaid managed care dental program for children
  - Baseline: 0.3%
  - Target: 12%
  - Current: 39.9%

To reach this goal, the RI PIOHQI work plan outlined the following activities for the third year of funding:

a) Establish and maintain appropriate consultant agreements;
b) Maintain referral link in KIDSNET between medical practices and dental practices within community health centers and hospital-based health centers to facilitate and track referrals and provision of services for pregnant women and infants;
c) Maintain collaboration with RI KIDS COUNT and the RI Dental Association, RI Dental Hygienists’ Association, and the RI Dental Assistants Association to conduct TeethFirst! Academy learning sessions (annual continuing education events) for dentists, dental hygienists, and dental assistants on the importance of oral health for pregnant women and infants;
d) Order and continue distributing the TeethFirst! Flipbook entitled “Good Dental Health: A Partnership Between You & Me” to new dentists, hygienists, and assistants that attend the TeethFirst! Academy learning sessions;
e) Order and provide TeethFirst! infant toothbrushes to dentists for distribution to infants in their practices. Toothbrushes will be imprinted with the TeethFirst! logo and website;
f) Order and provide TeethFirst! adult toothbrushes to dentists for distribution to pregnant women in those programs and their practices. Toothbrushes will be imprinted with the
"TeethFirst!" logo and website, and the tagline “See your dentist when you’re pregnant & bring your infant when their teeth come in.”;

g) Continue data sharing agreement with Department of Human Services (Medicaid Office) for access to Medicaid Data Warehouse by Oral Health Epidemiologist to monitor monthly claims data and track monthly dental utilization by pregnant women and infants; and

h) Conduct Plan, Do, Study, Act principles and evaluation to determine efficacy of new methods and adjust program to maximize utilization and completion of dental exams for pregnant women and infants.

**ACCOMPLISHMENTS - PROJECT #4**

a) Establish and maintain appropriate consultant agreements;
   As discussed in Projects #1-3 above, contracts have been maintained with RI KIDS COUNT, Dr. Jennifer Levy, Carol Cote, The Pawtucket Red Sox, The Providence Bruins, Social Solutions, and Sputnik.

b) Maintain referral link in KIDSNET between medical practices and dental practices within community health centers and hospital-based health centers to facilitate and track referrals and provision of services for pregnant women and infants; See Project #2 section b).

c) Maintain collaboration with RI KIDS COUNT and the RI Dental Association, RI Dental Hygienists’ Association, and the RI Dental Assistants Association to conduct TeethFirst! Academy learning sessions (annual continuing education events) for dentists, dental hygienists, and dental assistants on the importance of oral health for pregnant women and infants;
   Through various intervention sites and outreach events over the course of the grant period 413 Rhode Island dental providers have been trained on the importance of oral health for pregnant women and infants.

d) Order and continue distributing the TeethFirst! Flipbook entitled “Good Dental Health: A Partnership Between You & Me” to new dentists, hygienists, and assistants that attend the TeethFirst! Academy learning sessions;
   Since July 2018, 1,000 TeethFirst! Flipbooks have been disseminated to dentists, dental hygienists, and dental assistants.

e) Order and provide TeethFirst! infant toothbrushes to dentists for distribution to infants in their practices. Toothbrushes will be imprinted with the TeethFirst! logo and website; See Project #2 section d) and e).

f) Order and provide TeethFirst! adult toothbrushes to dentists for distribution to pregnant women in those programs and their practices. Toothbrushes will be imprinted with the TeethFirst! logo and website, and the tagline “See your dentist when you’re pregnant & bring your infant when their teeth come in.”;
See Project #2 section d) and e).

g) Continue data sharing agreement with Department of Human Services (Medicaid Office) for access to Medicaid Data Warehouse by Oral Health Epidemiologist to monitor monthly claims data and track monthly dental utilization by pregnant women and infants; and

This agreement continued under the leadership of the RI SOHP Dental Director until the hiring of a new oral health epidemiologist in May of 2019. Reporting has been improved by cross walking Medicaid claims data of pregnant women with internal RIDOH vital statistic records.

h) Conduct Plan, Do, Study, Act principles and evaluation to determine efficacy of new methods and adjust program to maximize utilization and completion of dental exams for pregnant women and infants.

As noted previously, the RI PIOHQI Coordinator has increased her knowledge of quality improvement concepts, principals, and tools since starting in February 2019.

**SIGNIFICANT CHANGES/BARRIES – PROJECT #4**

While there is a growing number of dental providers who gladly welcome young children in their practice, there remains a group of dental providers who have either not embraced the age one dental visit or who are hesitant to treat young children, especially those with Medicaid coverage. Recent focus group research of dental hygienists as well as continued analysis of Medicaid claims continue to highlight this reality.

**EVALUATION – PROJECT #4**

As previously stated, the Medicaid utilization rate for children aged 2 and under has significantly increased since 2015. Additionally, the Age One Champion Directory continues to grow, with 8 additional providers joining the list since February 2019. Medicaid claims data and RIDOH vital statistics records show a steady increase in pregnant women receiving dental services with 22.5% in 2015 and 30.9% in 2018.

**II. Participation in COHSII lead activities**

RI SOHP staff regularly participate in COHSII led activities, including monthly learning webinars, in-person meetings, and listserv communications. The RI PIOHQI Coordinator also has increased her quality improvement competency through participation in the COHSII quality improvement workgroup and ongoing individualized trainings offered monthly by FrameShift Group. The RI PIOHQI Project also utilized the COHSII network to obtain timely technical assistance about PRAMS measurement and benchmarking, fluoride varnish clinical quality reporting parameters, youth risk behavior water consumption questions, and best practices regarding the design of a referral incentive program. In addition, direct outreach through the COHSII network to other PIOHQI funded states with Learning Lab medical sites has resulted in the sharing of quality improvement and data collection tools, which have been referenced in the establishment of a new Learning Lab project at a Rhode Island medical practice. RI SOHP staff also continue to appreciate the opportunity to share
RI PIOHQI Project learnings at COHSII in-person meetings. The thoughtful session topics paired with the numerous opportunities to develop connections with other states make these multi-day in-person training opportunities truly invaluable. In addition, RI SOHP staff continue to explore potential new partnership opportunities with COHSII regarding oral health quality indicators and primary care integration. Furthermore, RI PIOHQI Advisory Board members continue to participate in national feedback opportunities regarding oral health. This past summer, all RI PIOHQI Advisory Board members with a physician background reviewed and provided feedback for the American Academy of Pediatrics oral health tool kit as requested by COHSII staff. The COHSII network continues to be a great forum to both receive and share learning about ways to improve the oral health outcomes of both pregnant women and young children. The RI SOHP is also the only state to participate in all three COHSII programs including the Partnership for Integrating Oral Health into Primary Care, the COHSII State pilot oral health quality indicators, and PIOHQI. All of these have been great opportunities for networking, sharing, and learning support.

III. Contributions to Strategic Framework

i. Profile population needs, resources, and readiness to address the problems and gaps in service delivery
   Through focus groups performed on prenatal providers, dental providers, FHV, pediatricians, and dental hygienists, the RI PIOHQI project gained a sound understanding of the knowledge these providers have around oral health for pregnant women and children.

ii. Mobilize and/or build capacity to address needs.
   Identifying and informing partnerships, oral health champions, and the RI PIOHQI Advisory Board of the oral health landscape for pregnant women and children in RI.

iii. Develop strategic approach for implementation that utilizes a health care delivery system with statewide reach.
   Although modifications to KIDSNET was not feasible, the RI PIOHQI expects the new electronic referral system will be ready for pilot before the end of the grant period.

iv. Implement evidence-based prevention policies, programs and practices, and infrastructure development activities.
   The RI PIOHQI project used quality improvement tools with the Learning Labs and in the every day approach to the project. The RI PIOHQI project also chose to partner with evidence based programs like WIC and FHVP to reach families.

v. Monitor approach, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail.
   The RI PIOHQI project has successfully monitored progress and evaluated effectiveness through analysis of Medicaid claims data, ETO FHVP data, self-reported PRAMS data, and cross walking RIDOH vital statistic records with Medicaid claims data. QI tools have been implemented to monitor progress at Learning lab and other intervention sites.
a. **Increase opportunities for access to oral health care.**

<table>
<thead>
<tr>
<th>Site Type</th>
<th>Number of Testing Sites</th>
<th>Number of Other Intervention Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>FQHC Dental Clinic</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>FQHC Ob/gyn Clinic</td>
<td>3</td>
<td>24</td>
</tr>
<tr>
<td>WIC</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Family/Home Visiting</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Community Pediatric Clinic</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>Preschool</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Pediatric Hospital Out Patient Clinic</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Health Fair</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

b. **Increase opportunities for training on oral health care, including training on oral health clinical competencies.** Describe changes in providers’ knowledge, skills, and practices. Suggested format to report information:

**Relevant Oral Health Trainings:**

**Well One Foster and Pascoag sites:** 9 medical and 6 dental providers took the Smiles for Life Curriculum.

**Thundermist Health Centers:** From 3 Thundermist Health Center locations: 13 dental providers, 13 dental hygienists, 19 physicians, 23 nurses, 21 medical assistants, and 2 ob/gyn/midwives were trained on fluoride varnish application and caries risk assessment tools.

**Jennifer Levy Intervention Sites:** From the 10 pediatric practices Dr. Levy provided oral health training and resources to: 24 pediatricians, 2 nurses, and 6 office managers.

**Carol Cote Intervention Sites:** From the 11 intervention sites Carol provided training on fluoride varnish application training to: 17 pediatricians, 10 medical assistants, 13 front desk staff/office managers, 4 physician assistants, 1 medical student, 2 prenatal physicians, 10 register nurses, 1 case worker. Additionally, 27 preschool staff members were trained on the importance of the age one dental visit.

**Lisa Littman Intervention Sites:** From the 20 intervention sites: 35 ob/gyn.

**Dining with the Dentists:** 15 dentists, 15 physicians, 4 nurses, 1 dental hygienist and 3 office managers were given an in-depth continuing education presentation on the importance of oral health during pregnancy.

**South County Dental Society Meeting:** The RI SOHP gave an in-depth continuing education presentation to 24 dental providers from the South County and Newport Dental Societies on the importance of oral health.
RIDOH Oral Health Mini Residencies 2017, 2018, and 2019: 341 dental providers trained on the importance of the age one dental visit and the importance of oral health during pregnancy.

Brown Medical School Training: 38 medical residents trained on fluoride varnish application and the importance of oral health during pregnancy and the age one dental visit. Resources on how to communicate the importance of the age one dental visits were shared in addition to the Age One Champion and Dental Safety Net lists.

Women and Infant Grand Rounds: 80 ob/gyn residents were trained on the importance of oral health during pregnancy and the age one dental visit.

Hasbro Children’s Hospital Oral Health Training: 25 pediatric residents completed training on the importance of the age one dental visit, the importance of oral health during pregnancy, and fluoride varnish application. Resources shared included: TeethFirst! brochures, the Age One Champion list and the Dental safety net.

Westerly Medical Provider Training: Dr. Sam Zwetchkenbaum, Dental Director, and Jim Beasley, former PIOHQI coordinator, presented information about oral health concerns and connections to mental health to 13 physicians and mental health professionals. Information about dental caries, oral health surveillance data, and anticipatory guidance across the lifespan was shared as well as resources and training opportunities offered through the RI PIOHQI initiative, including the Age 1 Champion Directory and other TeethFirst! resources.

Oral Health Across the Lifespan Training 2015-2019: 720 Rhode Island College students in nursing were trained on the importance of oral health across the lifespan, primary care risk assessment, and interventions for pregnant patients and infants.

RI SOHP Family/Home Visitor Oral Health Trainings: 65 FHV have been trained on the importance of the age one dental visit, oral health during pregnancy, knee to knee exams, and resources available including TeethFirst! brochures, the TeethFirst! Flipbook and the Age One Champion and dental safety net list. Additionally, Sadie DeCourcy, SOHP manager, and Madeline Weil, current PIOHQI coordinator, have attended a total of 15 FHV manager meetings to present the data and get feedback from Family/Home Visitors about their experiences with data collection, delivering oral health education to families, and barriers families face in obtaining good oral health care.

Relevant Oral Health Outreach Events:

Successful Start Steering Committee Meeting: 20 staff comprised of stakeholders from medical, family support, behavioral health, and early care and education organizations, including RIDOH Home/Family Visiting programs and the Department of Children, Youth and Families (DCYF) were given education about the age one dental visit and the importance of oral health during pregnancy.
RI Primary Care Physicians Corporation: 45 primary care physicians were given a presentation on incorporating oral health into primary care, including fluoride varnish application.

Head Start: 12 Head Start supervisors were given information on fluoride varnish application, fluoridated water systems, oral health for young children.

WIC Coordinator Meetings: 20 WIC nutritionists were given materials discussing the importance of oral health during pregnancy and the age one dental visit. The OHP manager presented to the group on the need to promote these prevention visits as well as discuss the affects of not having good oral health.

Public Health 101: 25 RIDOH academic scholars were given a presentation about oral health including information about the age one dental visit, oral health during pregnancy, information about fluoridation, statues of the oral health of Rhode Islanders, and the SEAL-RI program.

RI Hospital Residents: 15 medical residents were given a presentation and participated in a discussion about the importance of oral health, especially for very young children. Resources shared included: TeethFirst! Flipbooks, oral health talking points, brochures, toothbrushes, and other relevant materials.

OHIC: Multiple meetings to propose and discuss adding the fluoride varnish measure to the clinical quality measure set for medical providers. 8-12 people per meeting. Majority were physicians with RIDOH, OHIC (Office of the Health Insurance Commissioner), and EOHHS (Executive Office of Health and Human Services) staff was also in attendance.

Summary of Providers Trained

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Providers Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
<td>759</td>
</tr>
<tr>
<td>Medical Assistants</td>
<td>31</td>
</tr>
<tr>
<td>Pediatricians</td>
<td>66</td>
</tr>
<tr>
<td>Physicians</td>
<td>101</td>
</tr>
<tr>
<td>Dentists</td>
<td>399</td>
</tr>
<tr>
<td>Dental Hygienists</td>
<td>14</td>
</tr>
<tr>
<td>Ob/gyn</td>
<td>116</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>4</td>
</tr>
<tr>
<td>Office managers/front desk staff</td>
<td>22</td>
</tr>
<tr>
<td>Nutritionists</td>
<td>20</td>
</tr>
<tr>
<td>Family/Home Visitors/ MCHB</td>
<td>247</td>
</tr>
<tr>
<td>Medical Students</td>
<td>39</td>
</tr>
<tr>
<td>Preschool Staff</td>
<td>27</td>
</tr>
<tr>
<td>Students</td>
<td>25</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>1,111</strong></td>
</tr>
</tbody>
</table>

c. Increase opportunities for outreach and oral health education.
See section d) for referral data reported by Thundermist Health Centers, WellOne Pascog, St. Joseph’s Health Center.

<table>
<thead>
<tr>
<th>Healthy Families America and Parents As Teachers Oral Health Data 2016-2018 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Families Served = 2091</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th># of individuals receiving referrals</th>
<th>Hours spent talking about oral health with families</th>
<th># of oral health resources distributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 (Baseline)</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2016</td>
<td>83</td>
<td>62</td>
<td>156</td>
</tr>
<tr>
<td>2017</td>
<td>106</td>
<td>223</td>
<td>898</td>
</tr>
<tr>
<td>2018</td>
<td>85</td>
<td>253</td>
<td>725</td>
</tr>
</tbody>
</table>

*Most women served in RI FHVP are either pregnant or have very recently given birth. Data on the exact number of pregnant women enrolled is not available at this time. Referral data represents adult and children. Oral health resources include toothbrushes, brochures, and the Age One Champion and Dental Safety Net lists. Drop in 2018 is represented of the absence of an oral health training with FHV. In 2019 the RI OHP has already completed one training and plans to conduct at least one more training before the end of the year.

d. Increase opportunities for utilization of oral health care.

Number of Pregnant Women, Infants, and Children Receiving Oral Health Care

<table>
<thead>
<tr>
<th>St. Joseph’s Health Center Patients Receiving Dental Referrals and Dental Care, January 25, 2019-March 16, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td># Medical patients</td>
</tr>
<tr>
<td>--------------------</td>
</tr>
<tr>
<td>Pregnant women</td>
</tr>
</tbody>
</table>

*St. Joseph’s is a FQHC Health Center that provides comprehensive care through a network of primary care and specialty clinics. The center has 100,000 visits each year. Carol Cote worked with the Providence location to facilitate the integration of dental care into prenatal care. Ob/gyn, dental, and medical service are co-located at this site. The importance of dental care is now introduced at every second prenatal visit.
WellOne Pascoag Pregnant Medical Patients Receiving Dental Referrals & Dental Care
April 2017-April 2019

<table>
<thead>
<tr>
<th>Period of Service</th>
<th># Pregnant medical patients</th>
<th># Obtaining dental referrals*</th>
<th># Obtaining dental care^</th>
<th>% Obtaining dental care ^</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td></td>
<td>Still in Process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>April – November 2017</td>
<td>26</td>
<td>26</td>
<td>11</td>
<td>42%</td>
</tr>
<tr>
<td>January – May 2018</td>
<td>31</td>
<td>17</td>
<td>8</td>
<td>47%</td>
</tr>
<tr>
<td>August 2018-April 2019</td>
<td>13</td>
<td>10</td>
<td>3</td>
<td>NA</td>
</tr>
</tbody>
</table>

*WellOne Dental. WellOne is a FQHC with primary care, dental, and behavioral health services at four rural locations across RI. The RISOHP began working with Well One’s Foster location in April of 2017. December 2017, June 2018, and July 2018 there were no pregnant patients at Well One Foster. All data are point in time counts and are not rolling calendar year figures. WellOne dental staff only reach out to pregnant women whose confidentiality is not as risk. Utilization is calculated using dental care and referral figures only. Barriers that have resulted in the drop in % Obtaining dental care from August 2018-April 2019 include staffing and reporting issues. There was a delay in getting data internally to the dental office manager who conducts outreach to patients. Currently 10 patients need outreached.
WellOne was awarded the Partnership for Integrating Oral Health Care into Primary Care in January of 2017 and plans to implement their referral process to their Foster location.

Well One Foster Children and Adolescents (Birth-17) December 31, 2018-April 31, 2019

<table>
<thead>
<tr>
<th>Period of Service</th>
<th># with clients enrolled in Site</th>
<th># with documented with oral health risk assessment</th>
<th># with documented with oral health screening</th>
<th># receiving fluoride varnish application in PCP</th>
<th># receiving oral health education</th>
<th># with documented referral to an oral health professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>42</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>December</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>February</td>
<td>6</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>March</td>
<td>10</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

WellOne Foster reports this data monthly as part of their work with the COHSII Partnership for Integrating Oral Health into Primary Care.

Dr. Richard Ohnmacht Children Under 5 Receiving Fluoride Varnish Applications
February 25 to April 15

<table>
<thead>
<tr>
<th># well child visits for children under 5</th>
<th># fluoride varnish applications</th>
<th>% of children under 5 receiving fluoride varnish</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>25</td>
<td>56%</td>
</tr>
</tbody>
</table>

*Between October 2018 and December 2018 Carol Cote made weekly visits to this practice. Carol continues to provide bi monthly support to this practice. Before Carol’s placement this practice was
referring children at age 3. After workflow assessment it was determined that the medical assistant would apply fluoride varnish. This practice currently serves 385 children under 5.

Coastal Bald Hill Fluoride Varnish Application for Children Under 5 January 2018-December 2018

<table>
<thead>
<tr>
<th></th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td># Fluoride Varnish Applications</td>
<td>161</td>
<td>186</td>
<td>267</td>
<td>181</td>
</tr>
</tbody>
</table>

*The Coastal Medical PIOHQI Learning Lab was established in January 2018 and sought to incorporate oral health assessment, treatment, and referrals into the pediatric medical workflow through on-site coaching provided Carol Cote, a RIDOH dental hygienist consultant. Data above represents the amount of times fluoride varnish was applied. Data representing the # of individual children who received fluoride varnish is not available. The total number of children currently being served at Bald Hill Coastal Medical is 1,572. The decrease in quarter four is reflective of a physician retiring in September of 2018. In total, 72 toddlers were referred to a dental home. Carol was also able to reduce the cost of a fluoride application from $2 to .88 cents and to establish an ongoing quarterly data pull of fluoride varnish application of children age five and under.

e) Telling Your Story: Thundermist Health Center
Location: Woonsocket and West Warwick, Rhode Island
Target Population: Pregnant women who are existing medical patients
Medical/Dental Care: Both provided are co-located
Implementation Process: Thundermist has ob/gyn services at two of their three locations. Conversations at specialty team meetings began in 2016 to develop plans for setting up warm transfers with medical and dental staff to book appointments for pregnant women. They also had front desk staff add a global alert stating if a patient had an external dental provider. For the age one dental visit, starting this year Thundermist now sends Happy Birthday cards to all medical patients turning 1 that contains information about the age one dental visit.
Results:

Pregnant Women Who Received Preventive Dental Services October 2016-April 2019

<table>
<thead>
<tr>
<th></th>
<th>Pregnant Women</th>
<th>Children Under 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 1st 2016</td>
<td>14.66%</td>
<td>29.45%</td>
</tr>
<tr>
<td>April 1st 2017</td>
<td>22.87%</td>
<td>29.54%</td>
</tr>
<tr>
<td><em>(New Baseline June 2017) Now excludes all patients with an external medical home</em></td>
<td>28.91%</td>
<td>29.54%</td>
</tr>
<tr>
<td>October 1st 2018</td>
<td>29.70%</td>
<td>36.49%</td>
</tr>
<tr>
<td>April 1st 2019</td>
<td>31.05%</td>
<td>41.78%</td>
</tr>
</tbody>
</table>

*All data are rolling monthly counts. In July 2018 Thundermist changed their reporting methodology to exclude patients that had an external dental home.
# Medical patients

<table>
<thead>
<tr>
<th></th>
<th># Medical patients</th>
<th># Medical patients without a dentist referred to dental care</th>
<th># Medical patients receiving dental care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>1080</td>
<td>NA</td>
<td>340</td>
</tr>
<tr>
<td>Children 2 -18</td>
<td>8840</td>
<td>6935</td>
<td>2651</td>
</tr>
</tbody>
</table>

*Child data is from all three Thundermist locations and pregnant women data is from Woonsocket and West Warwick locations.

**Next Steps:** Thundermist plans to continue to track referrals and increase dental care utilization rates among pregnant women and children.

## I. IMPACT

The RI PIOHQI Project continues to make great progress in improving the oral health outcomes of pregnant women, infants, and toddlers. Continued success has been possible due to RIDOH internal and external partnerships including with RI PIOHQI Advisory Board members, PIOHQI Learning Lab sites, MCHB-, HRSA-, and HHS-funded projects (Family/Home Visiting programs, WIC sites, Head Start partners, etc.) and through the numerous outreach initiatives performed under the TeethFirst! campaign (academic detailing, community outreach events, and sporting sponsorships). Continuous learning, evaluation efforts, focus group studies, and engagement of numerous partners has generated numerous impactful proposals and strategies. Because of thoughtful and comprehensive planning as well as multi-sector collaboration and implementation, the RI PIOHQI project has seen dental utilization increases of children age two and under enrolled in Medicaid from 23.9% in 2015 to 39.9% in 2018. In addition, self-reported dental utilization among pregnant women continue remains statistically steady between 2012 (60%) to 2016 (57%).

Moving Forward, 1,000 RI families will receive oral health counseling and have access to a referral network that did not exist before 2016 through the FHVP and PIOHQI partnership. Additionally, 1,111 Rhode Island providers now have essential knowledge about the importance of the age one dental visit and oral health during pregnancy. Our partners and our advisory board members continue to champion oral health in their work. The RI SOHP will continue to update and recruit for the Age One Champion list. The adoption of the fluoride varnish clinical quality measure into commercial health plans will continue to encourage providers to incorporate oral health assessment, services, and referrals within their practice workflow. The development of TeethFirst! resources include bilingual brochures and the TeethFirst! Flipbook will continue to circulate at the hand of partners to Rhode Islanders. Without the supporting funds and technical assistance provided by HRSA MCHB, RI would not have been able to make the incredible progress it has over the last four years. The foundation has now been laid to continue to improve utilization for pregnant women and infants in the coming years.
Attachment A – TeethFirst! Brochures

Project Identification Information

Grant Number: H47MC28477
Project Title: Rhode Island Quality Improvement Project: A Statewide Plan to Achieve Perinatal and Infant Oral Health
Organization Name: Rhode Island Department of Health

Primary Contact Information:
Name: Madeline Weil
Title: Perinatal and Infant Oral Health Coordinator
Phone: 401-222-4602
Email: Madeline.Weil.CTR@health.ri.gov
First Dental Visits

Primeras visitas dentales

A child’s first teeth are important!
Going to the dentist by age one will help make sure your baby’s teeth start healthy and stay healthy.

Tooth FIRST!
Creating healthy smiles for a lifetime.

For more information about the benefits of early dental visits and caring for your child’s first teeth, please visit www.teethfirst.org

First Dental Visits
Primeras visitas dentales

¿Los primeros dientes del niño son importantes?
Ir al dentista antes de cumplir un año ayudará a asegurar que los dientes de su niño comiencen y sigan siendo sanos.

How do I find a dentist who will see my young child?

Not all dentists see children ages three and under. But there are many that do. You can find a dentist who will see your child by:
- Asking your pediatrician
- Asking your doctor
- Talking to friends and family
- Calling your health insurance or dental benefit company

What happens at a first dental visit?
A baby’s first visit to the dentist is similar to a checkup with the pediatrician!
- Your child will sit in your lap while the dentist works inside your baby’s mouth.
- The dentist or hygienist may do a gentle cleaning of your baby’s teeth.
- The dentist will talk to you about how to keep your baby’s teeth healthy at home and what you should do back.

How can I prepare my child for the first visit?
- Talk to your child about the visit before you go.
- Read or show a book about going to the dentist.
- Let your child know that going to the dentist is like going to the doctor.
- The dentist will help them stay healthy just like the doctor does.

¿Cómo encuentro a un dentista que atenderá a mi pequeño niño?
No todos los dentistas atienden a niños menores de tres años. Para encontrar un dentista que atienda a su niño:
- Pregúntale al pediatra o a su médico
- Pregúntale a su dentista
- Pregúntale a su seguro
- Llálele a su clínica o a la clínica de su hospital

¿Qué ocurrió durante la primera visita dental?
La primera visita al dentista del bebé es similar a un chequeo de salud con el pediatra.
- Su niño puede sentarse en su pierna mientras el dentista trabaja en su boca para ver si hay enfermedades de caries.
- El dentista o la enfermera pueden hacer una limpieza suave para ver si hay alguna enfermedad de caries.
- El dentista o la enfermera pueden enseñarle a limpiar los dientes de su niño en casa.

¿Cómo puedo preparar a mi niño para la primera visita?
- Conversa con su niño sobre la visita al dentista:
- Aumenta la entusiasmo alentar a su niño a llevar un juego de sus dientes al dentista.
- Dígale a su niño que el dentista le ayudará a mantener sus dientes sanos.

¿Qué preguntas debo hacer al dentista?
Los dientes pueden ayudar a hacer que los dientes de su niño sean una prioridad desde el comienzo. Aquí se detallan algunas preguntas:
- ¿Qué tipo de comida debe comer mi bebé para que sus dientes y encías sean sanos?
- ¿Cuándo debe buscar la primera visita dental?
- ¿Cuántas visitas debe hacer al dentista?

Healthy teeth allow your baby to chew food and talk. A baby’s first teeth can get cavities as soon as they appear. So it’s important to take care of them by brushing at home and going for checkups at the dentist. It’s never too soon to start taking care of your child’s teeth. Here are some tips to help keep your baby’s teeth healthy:
- Brushing is an important part of caring for your child’s teeth. Brush your baby’s teeth twice a day with a soft toothbrush.
- Flossing is also important for your child’s teeth. Floss your baby’s teeth once a day to remove food particles and plaque from between the teeth.
- Eating a balanced diet is key to healthy teeth. Limit the amount of sugary and acidic foods your child eats and drinks, such as candies and soft drinks.
- Encourage your child to get regular dental checkups. Schedule your child’s first dental appointment when they are 1 year old or when their first tooth appears.
Attachment B - Revised PIOHQI Advisory Board

**Project Identification Information**

Grant Number: H47MC28477
Project Title: Rhode Island Quality Improvement Project: A Statewide Plan to Achieve Perinatal and Infant Oral Health
Organization Name: Rhode Island Department of Health

**Primary Contact Information:**
Name: Madeline Weil
Title: Perinatal and Infant Oral Health Coordinator
Phone: 401-222-4602
Email: Madeline.Weil.CTR@health.ri.gov

Below is the updated Advisory Board of RI PIOHQI Project.

<table>
<thead>
<tr>
<th>Suggested Representatives Categories</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>State MCHB-funded Programs (Home Visiting)</td>
<td>Kristine Campagna</td>
</tr>
<tr>
<td></td>
<td>State Maternal, Infant &amp; Early Childhood Home Visiting (MIECHV) Program Director, RI Department of Health (RIDOH)</td>
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<td></td>
<td>Sara Remington</td>
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<td></td>
<td>State MIECHV Program Administrator, RIDOH</td>
</tr>
<tr>
<td>State HRSA-funded programs (Community Health Centers, State Oral Health Workforce, Rural Health)</td>
<td>Rebecca Kislak, JD</td>
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<td></td>
<td>Policy Director, RI Health Center Association</td>
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<td></td>
<td>Julie Lange</td>
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<td>Strategic Initiatives Coordinator, RI Health Center Association</td>
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<td></td>
<td>Jane Hayward</td>
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<td>Executive Director, RI Health Center Association</td>
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<td></td>
<td>Laurie Leonard, MS</td>
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<td></td>
<td>RI Oral Health Director, Grantee of HRSA State Oral Health Workforce Program, RIDOH</td>
</tr>
<tr>
<td></td>
<td>Sadie DeCourcy, JD</td>
</tr>
<tr>
<td></td>
<td>Manager of RI State Oral Health Program Grantee of HRSA State Oral Health Workforce Program, RIDOH</td>
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<tr>
<td></td>
<td>Jill D’Errico</td>
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<tr>
<td>Category</td>
<td>Representative</td>
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<td>-------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>State HHS-funded Programs (Head Start &amp; Early Head Start)</td>
<td>Lawrence Pucciarelli</td>
</tr>
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<td>State Head Start Director</td>
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<td>RI Department of Human Services</td>
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<td>Melissa Oliver, RN</td>
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<td>Health Manager</td>
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<td>Child Inc.</td>
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<td>American Academy of Pediatrics (AAP), RI Chapter</td>
<td>Dr. Sandra Musial, MD</td>
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<td>Hasbro Children’s Hospital</td>
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<td>American Academy of Pediatric Dentists (AAPD), RI Chapter</td>
<td>Dan Kane, DMD</td>
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<td>Member, AAPD, RI-Chapter</td>
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<td>John Kiang, DMD</td>
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<td>Member, AAPD, RI Chapter</td>
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<td>RI Dental Association</td>
<td>Jeffrey Dodge, DMD</td>
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<td>Member, RI Dental Association</td>
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<td>Robert Bartro, DMD</td>
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<td>Member, RI Dental Association</td>
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<td>Other Representative Categories</td>
<td>Marie Jones-Bridges, RDH, BS</td>
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<td>Statewide Oral Health Coalition</td>
<td>Leanne Barrett, MA</td>
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<td>Policy Analyst, RI KIDS COUNT</td>
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<td>Jill Beckwith, MA</td>
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<td>Deputy Director, RI KIDS COUNT</td>
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<td>Jim Beasley, MPA</td>
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<td>Policy Analyst, RI KIDS COUNT</td>
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<td></td>
<td>Jessy Donaldson, MPH</td>
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<td>Deputy Director</td>
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<td></td>
<td>Katherine Chu</td>
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<td>Communications Coordinator, RI KIDS COUNT</td>
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<td>Deven Quinn, MPP</td>
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<td>Policy Analyst, RI KIDS COUNT</td>
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<td>Children’s Advocacy Group</td>
<td>Ellen Amore, MS</td>
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<td>KIDSNET Director</td>
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<td>RIDOH</td>
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<tr>
<td>Academic Advisors</td>
<td>Maureen Ross, RDH</td>
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<tr>
<td>Position</td>
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<tr>
<td>Education Coordinator for dental residency programs at St. Joseph Health Services of Rhode Island/Lutheran Medical Center and member of the RI Oral Health Commission</td>
<td>Lisa Littman, MD</td>
</tr>
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<td></td>
<td>Jennifer Levy, MD</td>
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<td></td>
<td>Carol Cote, RDH, BS</td>
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<td></td>
<td>Ann Cadoret, RDH, MSHD, MPH</td>
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<tr>
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<td>Member of the RI Oral Health Commission</td>
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<tr>
<td>RIDOH Medical Director</td>
<td>Ailis Clyne, MD</td>
</tr>
<tr>
<td>RIDOH Dental Director</td>
<td>Samuel Zwetchkenbaum, DDS, MPH</td>
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<td>Insurers</td>
<td>Sarah Coutu, RNC, CCM, MNN</td>
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<td>Michael Weitzner, DMD, MS</td>
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<td>Alberta Lemay, RN, BSN</td>
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<td>Byron Alex, MD</td>
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<td>Juyoung Joyce An, DMD</td>
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<tr>
<td>Federally Qualified Health Center</td>
<td>Jim Beasley, MPA</td>
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</tbody>
</table>
Madeline Weil, BS,
SOHP
RIDOH
Attachment C - Association of Maternal and Child Health Program Conference
FHVP/SOHP poster

Project Identification Information

Grant Number: H47MC28477
Project Title: Rhode Island Quality Improvement Project: A Statewide Plan to Achieve Perinatal and Infant Oral Health
Organization Name: Rhode Island Department of Health
Primary Contact Information:
Name: Madeline Weil
Title: Perinatal and Infant Oral Health Coordinator
Phone: 401-222-4602
Email: Madeline.Weil.CTR@health.ri.gov
Attachment D - New Key Personnel and Biographical Sketches

Project Identification Information

Grant Number: H47MC28477
Project Title: Rhode Island Quality Improvement Project: A Statewide Plan to Achieve Perinatal and Infant Oral Health
Organization Name: Rhode Island Department of Health

Primary Contact Information:
Name: Madeline Weil
Title: Perinatal and Infant Oral Health Coordinator
Phone: 401-222-4602
Email: Madeline.Weil.CTR@health.ri.gov

Below is a list of new key personnel and/or new professional and technical positions for which grant support is requested.

Madeline Weil

EDUCATION

Providence College | Class of 2019
Health Policy and Management Major
Asian Studies Minor
Core Focus: Biology
Overall 3.66/4.0

SIT International Honors Program
Studied Abroad in Vietnam, South Africa, Argentina
Program: Health and Community
GPA: 4.0/4.0
January-April 2018

PUBLIC HEALTH EXPERIENCE

Perinatal Infant and Oral Health Quality Improvement Project Coordinator, Rhode Island Department of Health, Providence, RI
February 2019 - July 2019
- Managed the last 6 months of a four-year grant including, Advisory Board meetings, contracts with community partners, and authored an end of grant summary report.
- Presented analysis of two years of oral health data from Family Home Visiting Programs at three managers meetings and facilitated feedback.
- Assisted the Oral Health Program in program actives including ordering supplies, managing invoices, and preparing for oral health trainings and presentations to various providers.

Oral Health and Family Visiting Academic Scholar, Rhode Island Department of Health, Providence, RI
June 2018-December 2018
- Project lead of an evaluation report of the RI Oral Health Commission that was submitted to the CDC: conducted and analyzed 16 interviews with leadership form the oral health sector including the Medicaid-CHIP State Dental Association Director, the Director of RI Public Health Education and Research, and the Executive Director of the RI Dental Hygienist Association, to determine the RIOHC’s efficacy and areas for improvement.
- Presented evaluation findings to RIOHC members and facilitated group discussion about implementing changes related to the group’s structure, engagement, and communication.
- Created a poster based on the collaboration and analysis of two years of shared data between Oral Health and Family Visiting programs. Presented at the Association of Maternal and Child Health
ACADEMIC RESEARCH ACTIVITIES
Health Policy and Management Research Assistant

August 2018-present
- Worked in a team of four student researchers under faculty supervision on two qualitative research projects focused on health equity.
- Lead author for academic journal submission.
- Conducted interviews in rural Florida and Puerto Rico: transcribed, analyzed, and coded interviews using qualitative data software Dedoose.
- Successfully co-authored grants and academic conference submissions. Presented project findings at the Society for Applied Anthropology Conference in March 2019.

Aging and Care Case Study, Health and Community: Globalization, Culture, and Care, Washington D.C., Vietnam, Argentina, and South Africa

January 2018- April 2018
- A field based case study focused on understanding changing landscape of care for aging populations using in-depth interviews, ethnography, participant observation, and community mapping.
- Planned and conducted interviews while adjusting for language and other cultural barriers.
- Prepared and presented three country specific presentations and one comparative presentation focused on social, political, and historical factors that effect aging populations in global and local contexts.