

*Perinatal and Infant Oral Health Quality Improvement
Program*

FY 2019 FINAL PROGRESS REPORT
Reporting Period: 6-1-18 through 5-31-19

The PIOHQI Final Report will provide an opportunity to summarize the project activities and accomplishments for the grant period.

TASKS

- **2019 Final Report is due June 3, 2019**
- Please limit your Final Report narrative to **25 pages** (excluding supporting documents).
- You should have received this announcement via an EHB announcement “Request for Additional Documentation.”
- The Final Report will be prepared as one PDF document, to include the narrative and all supporting documents (**supporting documents are limited to 10 pages and are NOT counted in the 25-page limit**).
- Include data available for the intervention sites such as number of women, infant or children receiving preventive services (oral/dental risk assessment, examination, cleaning, fluoride treatment etc.). If data for treatment/restorative care is available, please include. If possible, indicate the type of provider delivering the services (at a minimum, indicate dental/oral health or non-dental provider).
- PO is available to review and offer comment before you submit into EHB
- The report will include the following headings and subheadings:

NARRATIVE

- I. **PROGRESS** – This section should illustrate progress toward project objectives aligns with project expectations utilizing the selected model, or **PIOHQI Approach**, This section reports progress that applies to your project, including the definition of terms other than those that are commonly used and familiar. This section should also illustrate the process that led to progress made during the grant period, including lessons learned by key project personnel and the **PIOHQI Expansion Project Advisory Board**. The Advisory Board is expected to prove resourceful, providing: advice and oversight regarding program direction; participating in discussions related to allocation and management of project resources; and sharing responsibility for the identification and maximization of resources and community ownership to sustain project services beyond the project period of Federal funding. In reporting progress, clearly describe the processes used to achieve all **Goals and Objectives** acted upon during the grant period that account for:
 - a. **Project Advisory Board** – describe the membership of the Project Advisory Board. Provide an updated list and include a brief statement as to the reason(s)

for the change any changes to the Project Advisory Board should be included in Attachment 1.

During this 12 month project reporting period, CDS engaged a Project Advisory Board comprised of representatives from programs serving pregnant and perinatal women and infants across Minnesota, including the Minnesota Department of Health, Early Head Start (EHS), Early Childhood Dental Networks (ECDNs), Women Infants and Children programs (WIC) and other primary health service providers. CDS conducted six advisory board meetings and several conference calls.

b. Accomplishments – Describe clearly the process (i.e., stakeholder meetings, workforce training, MOUs) that has led to the accomplishments/improvements achieved during the grant period. The process you describe should clearly align with the overall strategy and methods you outlined in the original, or an approved revision of the original work plan for implementation of the model selected to improve access to oral health care for pregnant women and infants.

CDS has significantly expanded direct services and oral health education across Minnesota through development of partnerships and multiple MOUs with community agencies that host the Women, Infants, and Children (WIC) program, Early Head Start (EHS) programs, Early Childhood Dental Network (ECDN), Early Childhood Family Education Programs (ECFE), the Department of Health, and other primary medical providers targeting care to pregnant and perinatal women and infants. CDS and collaborating partners also developed a system for identifying pregnant women in need of oral health services and referring them to appropriate and accessible services. This project was conducted through three phases: logistical planning, implementation, and evaluation, all of which are incorporated into the Statewide Plan (SWP). CDS will continue to add new service sites and new counties based on its work under this grant program.

c. Participation in the COHSII led activities. In this section, clearly describe the contributions and learning of new knowledge gained from participation in this oral health learning collaborative. Participation will clearly illustrate the sharing of best practices and lessons learned as each project progresses toward the implementation of a promising approach. Clearly describe participation and subsequent achievements, including: lessons learned from the participation skills-building activities led by COHSII, including but not limited to participation in monthly webinars, individual technical assistance, and face-to-face meeting.

CDS participated in webinars, individual phone check-ins, and face-to-face meetings through the duration of the project. Although not all information provided by other grantees was applicable to the work of CDS, there were a number of informational sources passed along by others that were extremely beneficial including regional funding information, ongoing policy work and changes, continuing quality improvement information and dental outreach and referral documents created by other agencies that were extremely useful. CDS presented at two of the COHSII

webinars and discussed its work with its network of partners and stakeholders continuously; including analysis of how this work has developed and impacted its provision of care to Minnesota patients throughout this PIOHQP project.

d. Contributions to the Strategic Framework- Progress described will clearly illustrate process improvements that respond to the five (5) preliminary steps that make up the national implementation framework (as listed in the Project Narrative section (V.2.ii) of the original funding opportunity announcement HRSA-15-070). If process improvements do not fit within the following five steps, provide a clear explanation and a potential alternative or new step for the strategic framework:

- i. Profile population needs, resources, and readiness to address the problems and gaps in service delivery.

While oral health care has been recognized as both safe and effective for pregnant women, many perinatal health professionals do not recognize its importance or the possibility for pregnant women to receive a full range of oral health care before, during, and after pregnancy. Minnesota continues to have a critical need for increased access to oral health services for underserved populations. Reports indicate that Minnesota is among the worst in the nation for both access to oral health services and reimbursement to dental providers. CDS already provides portable dental care out of over 700 locations across the state of Minnesota, and under this project now partners with community agencies that house WIC programs, Early Head Start (EHS), Early Childhood Dental Networks, Early Childhood and Family Education Programs (ECFE) and other primary care medical health providers to implement an innovative system expanding comprehensive oral health care and education across the state.

- ii. Mobilize and/or build capacity to address needs.

The inclusion of an oral health component in community settings has successfully decreased multiple barriers to care that low-income pregnant and perinatal women face in accessing dental services, including lack of transportation, lack of awareness about the impact dental disease has on overall health, lack of oral health education, and lack of dental providers who will provide services to pregnant and perinatal women and infants who are uninsured or insured through public programs. Partnering with organizations throughout the state builds capacity within the health system to address barriers to access and population needs. Through its PIOHQP project, CDS has engaged over clinics and community sites and significantly expanded access to oral health care across the Minnesota.

- iii. Develop a strategic approach for implementation that utilizes a health care delivery system with statewide reach.

CDS integrated oral health services into a system of partnerships that include primary health, mental health, nutrition counseling and other services to low-income pregnant and perinatal women and infants. CDS met with community agencies that host WIC and Head Start partners and met with a randomized sample of patients to receive input regarding

how best to inform program participants of new and expanded services within target locations. Information gathered at these meetings has improved program quality and assisted CDS in creating an effective project with statewide reach.

- iv. Implement evidence-based prevention policies, programs and practices, and infrastructure development activities.

CDS developed culturally targeted, translated outreach materials including brochures, flyers, and oral health presentations among other formats. Outreach materials were designed to provide information for a wide demographic, including individuals with low literacy and who speak English as a Second Language. All outreach materials are available in multiple languages. Materials for the target population were a piece of the larger goal of implementing evidence-based practices and program components. CDS also requires all staff to regularly receive training to most optimally serve patients in need of care.

- v. Monitor the approach, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail.

CDS regularly evaluated all components of the PIOHQI program to ensure quality and effectiveness. Consistent collection of reliable data has assisted in the reporting of project accomplishments and revision of program goals when necessary. Through this regular evaluation, CDS has been able to expand to new sites as it learns how to develop its programs and care policies to be the most effective for patients, their families, partners and stakeholders. CDS implemented a comprehensive partner and stakeholder survey. Results continue to be received, but to date are overwhelmingly positive.

- II. **SIGNIFICANT CHANGES** – Include a brief summary of significant changes that occurred during the last year of the grant, including changes to: key personnel (biographical sketches must be uploaded as an attachment), contract/subcontract(s), methodology, or financial resources. This summary, at a minimum, should include why the change was made and the impact the change had on the project’s goals, objectives, and evaluation of the Expansion project. Clearly describe in this brief summary any revisions to the approved plan as a result of these changes.

No significant changes have been made to the program originally submitted to HRSA for review. The only minor change that took place was the replacement of an Advisory Board member from the Washington County Department of Health and Environment. This change occurred during the first half of Year 1 and was documented in the Non-Competing Continuation report. No other changes in personnel, contract/subcontracts, methodology, or financial resources occurred.

III. **EVALUATION** – The evaluation of program performance will monitor and assess ongoing processes and progress as the project works toward achieving the planned goals and objectives, assessing the progress made in the implementation of the selected model and identifying priorities for quality improvement. This section should clearly demonstrate potential linkages between the planned activities and progress made (i.e., the systems change process) as a result of the PIOHQI Expansion Project. A suggested format (tables) for reporting the data in your final progress report is provided. This section should clearly describe data collection and analyses that support an evidence-based/informed approach that will:

- a. **Increase opportunities for access to oral health care.** Identify the type and number of testing (learning laboratory) and other intervention sites utilized by your PIOHQI project. Suggested format to report information:

Type and Number of Testing (Learning Laboratory) and Other Intervention Sites

Site Type	Number of Testing (Learning Laboratory) Sites	Number of Other Intervention Sites
Federally qualified health center; please list ob/gyn, pediatric, and dental clinics separately	0	1
WIC	0	19
Home visiting	1	1
Community clinic	0	2
Other, please specify (e.g., school-based clinic)	0	23 – Head Start 3 – Other

- 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:

Type and Number of Providers Receiving Training at Testing (Learning Laboratory) and Other Intervention Sites

Please create separate tables to report numbers for your testing site (learning laboratory) and numbers for other intervention sites. Also, please provide a summary of the results of your trainings that includes the response rate to each question to highlight significant changes, and attach a copy of the instrument. Training on other topics can be displayed in a similar fashion.

Type of Provider	Number of Completed Pre-Tests	Number of Completed Training	Number of Completed Post-Tests

Primary care providers (e.g., family physician, pediatrician, nurse practitioner)	0	10	0
Prenatal care providers (e.g., ob/gyn provider, midwife)	0	3	0
Oral health providers (e.g., dentist, dental hygienist)	8	25	8
Other (e.g., community health worker)	3	5	3

c. Increase opportunities for outreach and oral health education. Describe changes in pregnant women’s knowledge, skills, and practices related to education activities. Suggested format to report information:

Number of Pregnant Women Receiving Education at Testing (Learning Laboratories) and Other Intervention Sites

Please create separate tables to report numbers for your testing site (learning laboratory) and numbers for other intervention sites. Also, please provide a summary of the results of your trainings that includes the response rate to each question to highlight significant changes, and attach a copy of the instrument.

Activity	Number of Completed Pre-Tests	Number of Completed Training	Number of Completed Post-Tests
Focus group	0	2	0
Training, in-person	0	1,350	0
Training, online	0	0	0
Webinar	0	0	0
Other, please specify	0	0	0

d. Increase opportunities for utilization of oral health care. Suggested format to report information:

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

Please create separate tables to report numbers for your testing site (learning laboratory) and numbers for other intervention sites (FQHC, home visiting, WIC). Also, please create separate tables to report numbers for pregnant women, infants (birth to age 1), and children (ages 1 and older), as appropriate.

Period of Service	Number of Clients Enrolled	Number Receiving Oral Health	Number Receiving Anticipatory Guidance	Number of Referrals to Providers for	Number Receiving Preventive Dental/Oral	Number Receiving Restorative Treatment	Number with Treatment Completed
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	in Site	Education		Dental/Oral Health Care	Health Care		
Baseline	12,674	5,309	5,242	5,671	5,671	2,015	4,323

e. Telling Your Story—Provide one to three example(s) of activities at an intervention site. For the examples, use the following format:

- Name of testing site (learning laboratory) or intervention site
- Location
- Target population
- Medical/dental (oral health) care—description of services provided
- Implementation process
- Results (number of referrals for dental visits, number of appointments scheduled, number of dental visits)
- Next step
-
- CDS provided care in a total of 44 counties across Minnesota under the PIOHQI grant initiative. Three highlighted sites this 12 month reporting period include:
 - Name of testing site (learning laboratory) or intervention site- Dakota County WIC Clinic
 - Location-St. Paul, MN
 - Target population- Women and Children
 - Medical/dental (oral health) care—description of services provided- Comprehensive dental care
 - Implementation process- CDS schedules appointments and utilized mobile equipment to provide comprehensive services. Referrals are made by Dakota County employees.
 - Results (number of referrals for dental visits, number of appointments scheduled, number of dental visits) – 182 patients seen since June 1, 2018
 - Next step- Continue to provide comprehensive oral health services in Dakota County
- Name of testing site (learning laboratory) or intervention site – Scott, Carver, Dakota Counties Community Action Partnership (CAP) Head Start
- Location –Shakopee, MN
- Target population- Women and Children
- Medical/dental (oral health) care—description of services provided- Comprehensive dental care

- Implementation process- CDS schedules appointments and utilized mobile equipment to provide comprehensive services. Referrals are made by CAP employees.
 - Results (number of referrals for dental visits, number of appointments scheduled, number of dental visits) - 607 patients seen since June 1, 2018
 - Next step- Continue to provide comprehensive oral health services in CAP
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- Name of testing site (learning laboratory) or intervention site – Koochiching County Public Health and Human Services
 - Location – International Falls, MN
 - Target population- Women and Children
 - Medical/dental (oral health) care—description of services provided- Comprehensive dental care
 - Implementation process- CDS schedules appointments and utilized mobile equipment to provide comprehensive services. Referrals are made by Koochiching County employees.
 - Results (number of referrals for dental visits, number of appointments scheduled, number of dental visits) - 103 patients seen since June 1, 2018
 - Next step- Continue to provide comprehensive oral health services in Koochiching County

IV. **IMPACT**

PIOHQI projects are encouraged to build upon other MCHB-, HRSA-, and/or HHS-funded projects through collaborative partnerships to pursue improved services for pregnant women, infants, and children. PIOHQI impact will be determined by sustainable, tangible efforts that continue after the grant funding ends. Such efforts can be listed in an attachment titled “Other Relevant Documents.” Examples of efforts that demonstrate impact beyond the project period include, but are not limited to:

- Resources (e.g., publications, tools) that describe the project and its progress
- Resources (e.g., publications, tools) for expanding project efforts
- Trainings (online materials, archived webinars) to educate the target audience
- New or revised policy and practices at the local and/or state level, for example:
 - Development and implementation of professional curricula to promote new knowledge, skills, and practices
 - Changes to site-based procedures or standards of care
 - Changes to policies, including practice acts and service reimbursement
 - Establishment of advisory boards

CDS has been utilizing the recently passed state legislation authorizing the use of teledentistry to help expand accesses to services, particularly in rural and remote WIC and Early Childhood locations. This statewide practical intervention has enabled CDS to make access to care more efficient and effective, thereby providing care to an

increased number of perinatal women and infants. Additionally teledentistry has made it easier for site partners to assist in care administration, as fewer dates of service are necessary to complete treatment.

The CDS PIOHQI project has impacted partner agencies including WIC, MDH, ECDN, and county-based partners who are using current project findings and evaluation for monitoring completion of project goals, for project improvement, to incorporate findings to set future direction for improved integrated community systems, and to provide information for use by funder and state/national policy makers.

Based on potential users of project findings and evaluation, the findings are shared through communication/outreach webinars, website postings, Google groups and web-based discussions, coalition meetings, written reports (interim and final), short summary statements, power point presentations, media releases, executive summaries, fact sheets and policy briefs. Outcomes of this project are driving the design of future dental programs for pregnant women and infants in Minnesota, allowing for future collaborations with state and federal agencies interested in improving access to dental care.

- V. **PLANS FOR NO-COST EXTENSION (complete this section, if you requested or plan to request a no-cost extension)** – This section should clearly describe the project plan for the no-cost extension, including detailed information on the planned activities to be undertaken during the no-cost extension. Plans for the remaining year must clearly align with the approved budget.

Note: A change to the approved project plan, resulting in change of scope, must be submitted for approval, separately, using EHBs “Prior Approval.” In addition, any change resulting in a substantive change to the approved budget (>25%) must be submitted for approval, separately, using EHBs “Prior Approval.”

SUPPORTING DOCUMENTS

ONLY IF supporting documents submitted with application have changed or additional documents are relevant to and/or the result of the grant on which this report is based. Clearly identify the supporting document in the narrative (i.e., A, B, etc. along with name of document) and place this identifier at the top of the document. Please limit Supporting Documents to ten (10) pages.