Project Zero—Women & Infants
PIOHQI Expansion 2 Final Progress Report

PERFORMANCE NARRATIVE

Grant Number: H47MC29818
Project Title: Perinatal Infant Oral Health Quality Improvement—Project Zero—Women & Infants (PZWI)
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I. PROGRESS – Accomplishments Process

A. Project Advisory Board
The Project Zero Women & Infants (PZWI) Advisory Board (AB) has assisted us in delivering continuous ideas that have been instrumental with the successes of the project. Throughout the three years we have hosted ten in-person meetings with our 11 active members. These meetings were held in Flagstaff, Arizona and were also available via ZOOM for those that were unable to attend in person.

The AB has successfully helped us accomplish jointly agreed upon goals as follows: 1) create competencies appropriate for CHC providers; support a communication plan to ensure information and data are disseminated to the stakeholders; 2) guide PZWI staff with effective communication with our target populations and the PIOQHI National Learning Network; 3) provided input into the content for the women’s education and oral health toolkit; 4) discuss allocation and management of project resources, and share responsibility for the identification and maximization of resources and community ownership to sustain services beyond the project period; 5) assist with culturally, linguistically, socio-economically and geographically appropriate materials; 6) provide input into the application interface and data collection system and; 7) share information about the data network system and the expansion of this project to other agencies throughout the state.

PZWI has continued to survey the AB members every other meeting. As mentioned in previous reports, the survey started in March 2019 to determine the strengths of the project team as well as to poll their opinion on hosting a summit as a way to endure sustainability. The seven question survey demonstrated significant improvement in meeting goals and leadership. In January 2019 100% of the members reported clarity of meeting goals on the agenda compared to 80% in March 2017. Similarly, members reported that leadership was effective compared to 85% in 2017. And 100% of the members reported in 2019 that the quality of discussion was excellent compared to 80% in February 2018. Also, 100% of members agreed that the cohesiveness among the members were excellent. In a like manner, 100% of the members agreed that all
opinions were respected compared to 75% previously. Meeting organization went from an 85% in February 2018 to excellent (100%) in January 2019. Overall the productivity of meetings improved from 65% in March 2017 to excellent (100%) in January 2019 (Figure 1). **We have made outstanding overall improvement with our AB.**

![Figure 1](image)

As our grant funding is coming to an end, we asked our AB how we can help our partners sustain and continue the work that we were doing to integrate oral health into primary care. PZWI asked if a summit would help accomplish these goals. The AB quickly agreed that this would be a great opportunity for our partners to come together and network and discuss sustainability. Board members helped us define the objectives for the summit as follows: 1) offer networking opportunities for AZ partners working on oral health integration, 2) create a support system for the grant cycle end and, 3) sustain solutions to current oral health problems. To achieve these objectives, we held a successful summit on March 29, 2019 at the Twin Arrows Resort Casino.

The board also asked us to solicit partner feedback to prepare final products such as infographics, resource manuals, and educational materials that can be useful in their respective settings. We are working on those projects in the final months of our no-cost extension funding.

The next AB meeting will be held in June 2019 and our final meeting in October 2019.
B. Accomplishments
The PZWI team has had many accomplishments that we are proud of. Since turning our efforts towards working with programs and entities who value oral health as part of a whole health, our outcomes have been positive. **We have continued to move the needle in improving the oral health for pregnant women and their infants.** Since our last report we have developed data for our partners by providing evidence that will support the passing of a bill that will provide oral health coverage through AHCCC (Medicare) for pregnant women.

*Northern Arizona Oral Health Coalition*
Our outreach efforts have continued with the Northern Arizona Oral Health Coalition (NAOHC) and the Arizona State Oral Health Coalition (AOHC). The Coalition has developed much needed infrastructure to sustain members’ efforts.

The grant funds that PZWI was instrumental in obtaining for NOHC has supported the hire of two employees to manage and continue the efforts for the Coalition. PZWI PI continues to serve as the Co-Lead and as a mentor to provide guidance and insight to the Coalition staff. The Coalition and PZWI continue to work together to increase oral health awareness thru State updates on oral health within local northern Arizona agencies, advocate for policy change, and work to accomplish the goals of the Arizona State Oral Health Plan. Together we have successfully launched the NOHC website. One of the major outcomes of the website is the valuable information made available to the public. A listing of current database of dental providers and whether or not they take insurance is listed, oral health events throughout the state of Arizona can be found on the page.

*PZWI Oral Health Summit*
As mentioned, the AB supported our efforts to sponsor a summit for all our partners to gather together to exchange knowledge and ideas, collaborate amongst those of us working together to sustain solutions to current oral health problems. The summit demonstrated the ongoing collaboration between diverse local and state agencies to provide in depth insight as well as practical tools to help sustain their work in oral health. We successfully implemented our “PZWI Oral Health Integration Summit” on March 29, 2019 at the Twin Arrows Resort Casino. PZWI invited 23 programs/healthcare centers to the event. All of which we have partnered with throughout the grant cycle. Included were the representatives from United Health Care, Yavapai County Dental Department, Hopi Headstart, Hopi Judicial System, Hopi Health Care Dental Department, Hopi Social Services, Hopi WIC program, NAU Dental Hygiene Department, First-Things-First, Northern Arizona Oral Health Coalition, PZWI AB Members, Frameshift, Northern Arizona Health Care, Yavapai County Education Service Agency, Arizona Department of Health Services, NAU College of Health and Human Services, Parenting Arizona, Coconino County Health Department, Native Connections, Native Health, El Rio Health Center, Hopi CHR Department, and Arizona Public Health Association.

The seven-hour program focused on Learning, Collaborating and Sustaining. Working with six dynamic speakers to convey the same messaging on oral health was powerful. We opened our summit with a PIOQHI partner who engaged the crowd with her talk on Oral Health Integration: Moving Beyond Silos. This hands-on session helped motivate change and initiated the
development or improvement in their profession to improve oral health. Participants were able to think through their personal reasons for making change and allow them to lead the way to contemplate their mixed feelings of change and to create self-solutions to make that change. For most, this was a new and innovative technique that helped them process the next steps.

We invited Mr. Will Humble, Executive Director of the Arizona Public Health Association, to provide and oral health legislative update. Many of our partners were informed on how the work that they are engaged is impacting the overall oral health for the State of Arizona. They learned more about how they can advocate for oral health within the State and how they can collaborate with others to make a bigger impact.

Our PZWI Evaluator did another hands on activity entitled “The Landscape of Oral Health Integration in AZ Activity”. She added another tool to the participant’s tool kit by introducing them to the Back Home Planning Tool, which allowed participants to ask themselves what they wanted to learn from the summit and what they want to take back to their job. They included changes they wanted to implement in the next few days, within a couple of months and within the next 6 months.

We ended the summit by having our Frameshift partner, Ms. Rebecca Nevedale, facilitate a discussion about keeping the momentum going. We highlighted four points: 1) motivation to get to together, 2) identify needs, 3) what we can do together now and, 4) what we want to accomplish next. We were able to identify the goals for PZWI such as to generate a cultural shift to promote oral health, connect PZWI partners in network for meaningful work, connect PZWI partners external support networks and, promote 360-degree oral health education for staff serving pregnant women. The partners that were there were also able to identify their program goals. Native American Connections (NAC) stated that they want to integrate oral health and behavioral health and sustain oral health education to train new providers. Hopi stated they wanted to create a strategic plan for oral health at the Hopi Health Care Center (HHCC) as well as create a community advisory board for oral health.

The final step was to facilitate a talking circle about what we wanted to accomplish next. Next steps included: create an oral health directory and educate community members on oral health. NAC stated they wanted to continue fluoride varnish training and establish oral health champions within their community. The representatives from various organization on Hopi want to accomplish the following: 1) share Hopi content on the NAZOHC website, 2) establish structure and regular meetings for Hopi Oral Health Strategic Plan, (PZWI can support with grant writing and evaluation), 3) meet with HHCC CEO to get buy-in and support, 4) create a liaison between HHCC and Tribal programs and, 5) align partners that have a unified oral health message and integrate evidence based best practices for pregnant women. Having the Oral Health Integration Summit was our way of encouraging sustainability of the project and closing our relationship as the grant ends.

In an attempt to continue the moment that was stimulated at the Summit the PZWI team contacted the partners after the Summit to talk about how they were implementing what they had
learned. The PZWI team also created a storyboard to summarize the what was accomplished at the Summit. See attachments below.

**Arizona State Oral Health Plan**

As part of the PZWI outreach Dr. Denise Helm was one of the contributing authors on the Arizona Oral Health Plan. After three years of working on a draft the team of authors released the first oral health plan for the State in over 10 years. The plan can be found at https://www.azdhs.gov/prevention/womens-childrens-health/oral-health/index.php

**Dissemination**

The PZWI team has been extremely successful in disseminating the work we have accomplished! We submitted three presentations and one poster abstract to conferences. All three were accepted. We also crafted two best practice case studies which were accepted for publication.

PZWI team presented “Creating a Sustainable Medical/Dental Integration Project Using Quality Improvement Tools: A Perinatal Oral Health Quality Improvement Project (PIOHQI) at the National Oral Health Conference held in Memphis, Tennessee. The purpose of this workshop was to increase the understanding of the value of a Quality Improvement (QI) framework for medical/oral health integration project. The goals were to: 1) provide an example of how QI has been used effectively in a medical/oral health integration project, 2) use QI tools in a real-life project and, 3) understand how QI can be applied to create a sustainable project. A platform for the workshop was established through a brief introduction on how QI tools improved an oral health integration project with a Native American Tribe and an Indian Health Service Dental Clinic. Forty participants (maximum capacity for the workshop) engaged in hands-on use of QI tools such as aims statement, driver diagram and plan-do-study-act with application of process mapping. We completed our objective of having the participant understand the value of using QI tools to sustain a dental public health project.

The second presentation was at the Arizona Oral Health Summit in Phoenix, Arizona. Our presentation entitled “The Lay of the Land: Children’s Oral Health Disparities in Arizona focused on geographic and demographic oral health disparities among Arizona’s Children. To create an oral health needs assessment in Arizona, PZWI began searching for and compiling data related to access and utilization of dental services in the state. The intention was that information be made available to help communities understand barriers and resources for positive change in oral health outcomes. The PZWI team quickly learned that it was necessary to network with others who had access to data sets. Collaborators included Arizona State University Center for Health Information Research (CHIR), Arizona Health Care Cost Containment Services (AHCCCS) and Children Action Alliance (CAA). We also conducted a poster presentation on “A Collaborative Partnership for a Better Community of Oral Health” at this conference.
The third presentation at the Arizona Rural Health Association Annual Conference will be held in June of 2019. The presentation is entitled “Collaborative Partnerships for Better Community Oral Health Data”

PZWI submitted two best practice case studies to ASTDD for the inclusion in the Best Practices publication. Both submissions; “Data Analysis and Reporting to Improve Oral Health Access” and “Partnerships and Cultural Relevancy: Changing Perceptions of Oral Health within a Native American Tribe” were accepted for publication.

As we continue to move the needle in communities, we have had significant impact that we have disseminated to a broad audience. Below are our partnership accomplishments.

Partner Accomplishments

**Native Health**
Reported in our last report, Native Health experienced administrative changes. We met with the new CEO and decided that because the whole program had new leadership that they would withdraw from our partnership until they knew what their new goals and initiatives were in place. We respected their decision and have not met with them since.

**Hopi**
The Hopi Tribe has been a continued strong partnership with PZWI. We have now established a relationship with more tribal programs to make our partnership more sustainable. The Hopi Social Services, Hopi Judicial services and Public Health Nursing have now joined in to help incorporate oral health for Hopi’s well-being.

Because this project was designed to make a systemic change it is dynamic and multi-faceted with numerous milestones, seven to be exact. Each of these milestones indicated to our team that the Tribe believed that oral health integration was the way to provide the best care for their population.

We previously reported some of the Hopi milestones. The first milestone came when we received an invitation to the Reservation to meet with the leaders who were interested in improving oral health. Although outside organizations often work with Tribes, being invited to their home is an honor and shows they are genuinely invested in a project. Shortly after our initial meeting, a second milestone occurred when we were asked to offer Continuous Quality Improvement (QI) training to the WIC, CHR and Head Start staff. Leaders were so pleased with the initial session that they planned a follow-up session and invited us back to assist. The third milestone for this project was when we delivered a hands-on fluoride varnish training for the WIC and CHR staff. Fluoride varnish application is not within the scope of practice for CHR or WIC in Arizona, however, because the CHR are practicing in a sovereign nation they are allowed to use it on their clients. Our delivery of a culturally relevant oral health curriculum that PZWI developed for WIC and CHR clients represented our fourth milestone. The staff were particularly pleased with the materials because it was culturally relevant and easy to use. A fifth milestone occurred when we were invited to present at the Tribal Annual Health Conference and be on the local Tribal radio station. The Annual Health Conference consisted of three
presentations about oral health to Tribal members. The radio station has a regular spot on health once a week; our topic was on oral health for pregnant women and infants.

Since our last report the sixth milestone was achieved when the Tribal judicial system agreed to include in their instructions to foster parents that they had the authority and obligations to access oral health care for their foster child(ren). The final agreed-upon statement is as follows: “Oral health is an important part of overall health. All children should see a dentist for their initial examination visit BEFORE the first tooth comes in around six months of age. Additionally, access to a healthy, nutritional diet will benefit the general health and the dental health of the child. Do not hesitate to call and obtain further information from your service unit-Dental Department.”

The seventh and recent milestone was when WIC launched their warm-hand off referral system to the dental clinic for pregnant women and moms. This aspect of the project came out of several long conversations facilitated by PZWI.

A central outcome resulting from this project is the beginning of a culturally relevant and understandable behavioral and systemic change toward instituting and integrating oral health into primary care within the Tribe. This is demonstrated through the breath and the level of leadership of the partners involved. Tribal leaders from several areas and the local IHS leadership supported and engaged in project activities and charged their staff to participate. Commitment and participation in meetings and activities were remarkable.

Outcomes for this project were also measured by the completion of the oral health posters, curriculum, fluoride varnish training, presentations, and patient referrals provided. It is also measured by the number of posters hung, curriculum used, educational materials and tools used by the partners. During the fluoride varnish training, we conducted a pre/ post knowledge test with the participants to measure their knowledge of oral health. The WIC team started tracking patients that could become referrals to the IHS Dental Clinic as a way to provide an estimate of patients and adjust workflows accordingly.

Finally, and perhaps the most important outcome, is strengthening of enduring partnership with the Tribe. The PWZI staff are honored and grateful to be a part of the transformation that the Tribe has embarked upon.

Children’s Action Alliance
The goal of working with Children’s Action Alliance (CAA) was to create maps of dentists providing meaningful care to children as part of AHCCCS services. Meaningful care defined as billing $10k or more per year for dental services. PZWI has created a new set of maps at the state and county level with AHCCCS 2016 and 2017 claims data. The data draft was shared with AHCCCS and CAA. The maps are being revised to reflect feedback shared.

To complement this work, our PZWI intern worked on a secret shopper project to understand barriers from the patient’s perspective. She called all dental offices in the state of Arizona posing as a pregnant mom to see if the dental offices would take her as a new patient and if they did, did they accept AHCCCS health benefit. She also posed as a mother of a two-year-old
disabled child (Figures 2 and 3). The data collection is complete, and analysis is in the initial phases.

![Bar chart showing practices that accept AHCCCS and see pregnant women](image)

**Figure 2.**

![Bar chart showing accept AHCCCS and do not treat pregnant women](image)

**Figure 3.**

**El Rio**

After getting our MOU signed between NAU/PZWI and El Rio health center, we were able to get the patient visit data to help with a ten-year retrospective data analysis to determine the impact of oral health integration on ECC rates. However, PZWI did not receive the decayed, missing filled teeth (dmft) data to complete the analysis. Instead we received number of visits in each facility. These data were analyzed and we have shared the data analysis, with the El Rio leadership requesting feedback. We are waiting to hear from them for our next steps.
Native American Connections
After completing an oral health education session for the staff and creating curriculum for Native American Connections’ (NAC) population, there has been changes in their staff. Their Oral Health Coordinator has resigned. The current Community Health Representative has been providing oral health education to their Patina (behavior in-patient treatment center) and family homes twice a month. PZWI is planning to hire a consultant who is a retired oral health professional to assist with the initiatives that NAC has planned for the future. NAC staff are providing monthly data to PZWI as they continue their oral health education.

Parenting Arizona
Parenting Arizona serves three large locations in northern Arizona; the Hopi Reservation, Flagstaff and Winslow Communities. They provide in-home education to families from prenatal to five years of age, once a month. They have incorporated oral health into their curriculum each month. The staff are sending PZWI data each month about the education they provide their families and the number of families they reach.

Native Americans for Community Action WIC Program
Our goal with Native Americans for Community Action WIC program is to disseminate oral health information to their families. We provided an oral health education session for them and also provided them with curriculum. Their WIC Coordinator informed PZWI that she gets questions from her clients regarding oral health and didn’t have the proper training or resources to provide for them. Once we provided her the training, she was equipped to confidently teach her clients what they needed. We are currently collecting monthly data from their program on the number of families that were educated about oral health.

Participation in the COHSII Activities
PZWI continues to actively participate in the monthly learning sessions and the QI special interest group. We have been asked to share our strategies as well as have learned from others about we might implement a different approach. Although, sometimes time consuming these sessions provide nuggets of information that have improved the quality of our work on the path to integrate oral health into primary care.

Contributions to the Strategic Framework
PZWI has made more progress in the process improvements that respond to the five (5) preliminary steps that make-up the national implementation. To profile population needs, resources, and readiness to address the problems and gaps in service delivery the PZWI team has updated the dental provider map using 2016 and 2017 AHCCC claims data. This map was given to the Children’s Health Alliance, Arizona Oral Health Coalition Steering Committee and the Arizona Public Health Association to reintroduce the pregnant women’s bill. At this point it has not been included in the State budget for the coming year.

PZWI’s work to implement evidence-based prevention policies, programs and practices is starting to come to fruition. As previously mentioned, because we are a State agency, our policy work must remain at the “p” level. However, much of the work that we have done with data analysis is also of interest to those who can be involved in Policy. One of our AB members is
the Executive Director of the Arizona Public Health Association (AZPHA) and a PhD in Health Policy. AZPHA central focus is on health policy. He along with a lobbyist from Children’s Health Alliance have used the maps and data analysis our team had done with the AHCCCS data and the data collected on dental practices to promote pregnant women’s oral health benefit and the dental therapist bill. These maps and infographic have been updated to include two years of data.

We have begun to build capacity to address needs and develop a strategic approach for implementation that utilizes a healthcare delivery system by finding new partners outside of our original area of focus. As described above, we continue to partner with a tribal that is more inclined to embrace the idea of oral health integration and quality improvement thus are seeking our guidance.

To implement evidence-based prevention policies, PZWI we have disseminated our work at several venues including, National Oral Health Conference, Arizona Oral Health Summit, ASTTD Best Practice as described above. We have also been accepted to present at the Arizona Rural Health Association Annual Conference in June.

II. SIGNIFICANT CHANGES

Thankfully the PZWI team has not had any significant changes for this cycle.

III. EVALUATION

Since the beginning of the grant period, PZWI has maintained three sets of metrics (project implementation and structure, outcomes from interventions, and quality/ process improvement initiatives) to maintain consistency in monitoring progress. As part of the evaluation strategy, the PZWI team and the evaluator communicate on a weekly basis to monitor project progress, identify areas that need adjustment, and provide the learning laboratories with a cohesive strategy. Each metric is connected to the project’s planned goals for each year, with metrics focused on both increasing access to oral health and educational resources for the target populations, as well as promoting a QI approach with learning laboratories and project partners. Table 1 below is a summary of the activities conducted in each of the three metric areas and their connection to the systems change process resulting from PZWI’s work.

PZWI’s main progress can be summarized in three areas: support increased access through oral health services through changes to the referral process (tested at an FQHC and ongoing at Tribal facility); support state wide data driven decision making related to oral health (by conducting data analysis of both facility level and statewide Medicaid data); and increased outreach for oral health education (tailored curriculums created for several partners as well as education sessions with front-line staff workers).
<table>
<thead>
<tr>
<th>Metric set</th>
<th>Goal</th>
<th>Activities</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project implementation and structure</td>
<td>OH Training for medical providers curriculum</td>
<td>Updated competencies and training curriculum ready</td>
<td>Approved by PZWI Advisory Board</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CMEs through regional hospital</td>
<td>Approved by NAH CME committee</td>
</tr>
<tr>
<td></td>
<td>Recruit additional CHC/ partner sites</td>
<td>Contacted 21 organizations for partnerships and collaborations. Established active partnerships with 14 (67% of all contacted)</td>
<td>See detailed list in Appendix – evaluation report.</td>
</tr>
<tr>
<td></td>
<td>Planning and viability of Statewide Data Network</td>
<td>Create a plan for Statewide Data Network project viability</td>
<td>Report completed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identify potential partners/ community leaders interested in participating in the SDN project</td>
<td>Contacted other interested organizations in AZ and shared report.</td>
</tr>
<tr>
<td></td>
<td>OH training for providers (medical and other)</td>
<td>Number of providers reached with OH and FV trainings</td>
<td>4 partners – reached 100% in 2 and 75% in the other 2.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Target: 80% of providers per location</td>
<td></td>
</tr>
<tr>
<td>Proposed intervention</td>
<td>Support OH screening integration at pilot sites EMR</td>
<td>Sites with integrated screening</td>
<td>2 sites: Data analysis to support integration model at FQHC and integrating FV at WIC program</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Support tracking of referral process at pilot sites</td>
<td>Warm handoff in 2 sites (one FQHC on hold and a tribal facility in progress)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Collect data on integrated services (baseline and implementation)</td>
<td>Baseline data from 2 sites (visits, FV, general caries data) but no implementation. Baseline and implementation data on WIC to dental referral process</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop OH educational materials</td>
<td>Please see PZWI resources and website: tailored curriculums, posters, educational resources</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Deliver OH educational materials to pilot sites</td>
<td>11 sites have received PZWI tailor made and existing other OH materials.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contribute to statewide efforts to promote OH awareness and increase access and resources</td>
<td>3 sites: NAZ Oral Health Coalition; data support for advocacy group, and tailored materials for AZ Division of Developmental Disabilities.</td>
</tr>
</tbody>
</table>
### Metric set

<table>
<thead>
<tr>
<th>Metric set</th>
<th>Goal</th>
<th>Activities</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality/ Process improvement activities</td>
<td>Establish use of QI during OH process</td>
<td>Pilot sites and partners using QI tools</td>
<td>QI tools in use at 4 sites: 2 FQHC, 1 tribal facility, and NAZOHC.</td>
</tr>
<tr>
<td></td>
<td>QI tools introduced and in use at pilot sites</td>
<td>QI-in-a-Box training session</td>
<td>Sessions conducted at 5 sites as well as a workshop at NOHC 2019</td>
</tr>
<tr>
<td></td>
<td>Support for internal data collection/ reporting and metric definition</td>
<td>Support in defining metrics and obtaining data</td>
<td>Assistance with metric definition for 8 partner sites.</td>
</tr>
</tbody>
</table>

### Table 2. Type and Number of Testing (Learning Laboratory) and Other Intervention Sites

<table>
<thead>
<tr>
<th>Site Type</th>
<th>Number of Testing (Learning Laboratory) Sites</th>
<th>Number of Other Intervention Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federally qualified health center; please list OB/GYN, pediatric, and dental clinics separately</td>
<td>N=4 Yavapai County Community Health Center Native Health El Rio Health Center Hopi Health Care Center – Dental clinic</td>
<td></td>
</tr>
<tr>
<td>WIC</td>
<td>N=1 Hopi Tribe WIC program</td>
<td></td>
</tr>
<tr>
<td>Home visiting</td>
<td>N=1 Hopi Tribe CHR program</td>
<td></td>
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<tr>
<td>Community clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, please specify (e.g., school-based clinic)</td>
<td></td>
<td>N=3 Yavapai Department of Public Health Native American Connections – community based social service organization Arizona Developmental Disabilities Division</td>
</tr>
</tbody>
</table>
Table 3. Type and Number of Providers Receiving Training at Testing (Learning Laboratory) and Other Intervention Sites

<table>
<thead>
<tr>
<th>Type of Provider</th>
<th>Number of Completed Pre-Tests</th>
<th>Number of Completed Training</th>
<th>Number of Completed Post-Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care providers (e.g., family physician, pediatrician, nurse practitioner)</td>
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<tr>
<td>Prenatal care providers (e.g., ob/gyn provider, midwife)</td>
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<tr>
<td>Oral health providers (e.g., dentist, dental hygienist)</td>
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<td></td>
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<tr>
<td>Other (e.g., community health worker)</td>
<td>6 pre tests FV training</td>
<td>6 people FV training</td>
<td>6 post tests FV training</td>
</tr>
<tr>
<td></td>
<td>11 pre tests OH education training</td>
<td>12 people OH education training</td>
<td>12 post tests OH education training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>90 people for various QI trainings (CHR, WIC, and Public Health/ Oral health outreach)</td>
<td>10 with QI projects in progress</td>
</tr>
</tbody>
</table>

Number of grassroots organizations receiving training in oral health education and QI. PZWI sponsors the NAOHC, a grassroots organization composed of community partners. NAOHC is working on increased outreach and access to oral health in northern Arizona. PZWI provides technical expertise and QI support to the Coalition’s activities on an ongoing basis, and has helped secure funding for sustainability of the NAOHC with a local grant.
Table 4. Training and Outreach

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number of Completed Pre-Tests</th>
<th>Number of Completed Training</th>
<th>Number of Completed Post-Tests</th>
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</thead>
<tbody>
<tr>
<td>Focus group</td>
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<tr>
<td>Training, in-person</td>
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<tr>
<td>Training, online</td>
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<tr>
<td>Webinar</td>
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<td></td>
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<tr>
<td>Other, please specify</td>
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</tr>
<tr>
<td>1. Excel training for oral health data</td>
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<tr>
<td>extraction and analysis</td>
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<tr>
<td>2. Dissemination of AHCCCS (Medicaid) maps</td>
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</tr>
<tr>
<td>on dental claims analysis to state partners</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11 people for Excel (FQHC analysts)

No post-test – class exercises completed

AZ Public Health Association,
Children’s Action Alliance, First Things First, and the AZ Center for Rural Health.

Table 5. Number of Pregnant Women, Infants, and Children Receiving Oral Health Care

Testing Site: Native Health- Outreach to Clinic project

Population: Children 0 to 17*

<table>
<thead>
<tr>
<th>Period of Service</th>
<th>Number of Clients Enrolled in Site</th>
<th>Number Receiving Oral Health Education</th>
<th>Number Receiving Anticipatory Guidance</th>
<th>Number of Referrals to Providers for Dental/Oral Health Care</th>
<th>Number Receiving Preventive Dental/Oral Health Care</th>
<th>Number Receiving Restorative Treatment</th>
<th>Number with Treatment Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>NA</td>
<td>1,067</td>
<td>NA</td>
<td>47 (4.4%)</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

* Baseline data collected by site does not differentiate children’s ages, or between preventive and restorative services.
Testing Site: Arizona Developmental Disabilities Division – 1 Support Coordinator
Population: Children 0 to 17*

<table>
<thead>
<tr>
<th>Period of Service</th>
<th>Number of Clients Enrolled in Site</th>
<th>Number Receiving Oral Health Education</th>
<th>Number Receiving Anticipatory Guidance</th>
<th>Number of Referrals to Providers for Dental/Oral Health Care</th>
<th>Number Receiving Preventive Dental/Oral Health Care</th>
<th>Number Receiving Restorative Treatment</th>
<th>Number with Treatment Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline: Jan 2018</td>
<td>62 minors, 4 children under 3 years</td>
<td>62</td>
<td>NA</td>
<td>31</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>July 2018 (project end)</td>
<td>71 minors, 5 children under 3 years</td>
<td>71</td>
<td>NA</td>
<td>45</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Baseline data collected by site is self-reported. Parents receiving services are asked if they have completed a dental checkup for the child in the past 12 months.

Testing Site: Parenting Arizona and Native Americans for Community Action social services offices – directed at families with children under 5 years of age
Population: Children 0 to 5

<table>
<thead>
<tr>
<th>Period of Service</th>
<th>Number of Clients Enrolled in Site</th>
<th>Number Receiving Oral Health Education</th>
<th>Number Receiving Anticipatory Guidance</th>
<th>Number of Referrals to Providers for Dental/Oral Health Care</th>
<th>Number Receiving Preventive Dental/Oral Health Care</th>
<th>Number Receiving Restorative Treatment</th>
<th>Number with Treatment Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline:</td>
<td>40 families</td>
<td>0 families</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Q1 2019</td>
<td>104 families</td>
<td>104 families</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>April 2019</td>
<td>38 families</td>
<td>38 families</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

Table 9.

IV. IMPACT

PZWI had made significant impact on the state of Arizona in improving oral health integration as describe above. One of the most meaningful impact that has potential for long-term change has been the revision of Hopi judicial statement to foster parents. With oral health change is slow
and impact is often not seen for years in the future. While we hope that our partners sustain their work it is unfortunate that funding for this project will not be available to continue support their efforts to integrate oral health into primary care.

V. PLANS FOR NO COST EXTENSION

PZWI plans to focus their continued support on three partners: 1) Hopi, 2) Native Connections and, 3) Parenting Arizona. As reported Hopi is making great strides their work to integrate oral health. Therefore, the majority of our efforts will be directed to supporting their efforts through regular meetings and facilitation of communications between the tribe and IHS. Native Connections is in the process of re-grouping as the staff have changed. PZWI will work with them to further their oral health education. It is our hope that we can partner with the staff nurse to encourage oral screening and referral as part of their intake process. We also plan to work with Parenting Arizona to develop more educational tools for their population.
VI. SUPPORTING DOCUMENTS
   A. Arizona Public Health Oral Health Summit 2019 PZWI Poster Presentation
   B. PZWI Oral Health Integration Summit Booklet
   C. PZWI Oral Health Integration Story Board
   D. Baby Teeth Are Important
   E. Pregnancy Poster
Attachment: A. Arizona Public Health Association Oral Health Summit 2019 PZWI Poster Presentation

A Collaborative Partnership for Better Community Oral Health Data

Background and Population

1. The oral health statistics are about the health of our overall health, including physical and mental health issues. Oral health is increasingly recognized as an indicator of overall health.

2. The Arizona dental health data shows that:
   - 42% of adults have untreated cavities.
   - 30% of children under 18 have cavities.
   - 25% of adults have gum disease.

3. The oral health disparities are significant:
   - 40% of low-income adults have cavities.
   - 35% of low-income children under 18 have cavities.

Implementation and Activities

1. The collaborative partnership aims to:
   - Improve oral health data collection.
   - Enhance oral health awareness.
   - Increase oral health services.

2. The key activities include:
   - Training oral health professionals.
   - Developing oral health educational materials.
   - Conducting oral health research.

3. The targeted population includes:
   - Low-income adults.
   - Low-income children.
   - Seniors.

Collaboration Objectives

1. Increase the percentage of adults who receive regular oral health screenings.

2. Increase the percentage of children who receive regular dental checkups.

3. Increase the number of patients who receive oral health education.

Final Thoughts and Next Steps

1. The collaboration with other organizations will continue to support the oral health efforts.

2. The partnership will continue to evaluate the impact of the interventions.

Attachment B: PZWI Oral Health Integration Summit Booklet

Topics & Biographies

Debra T. Brief, RDH, MS, D. D.
Project Zero Women’s Initiative

Debra Brief is a renowned dental health expert. Her expertise in community health and oral health integration has been instrumental in developing effective strategies for improving oral health outcomes. She has a strong background in policy development and has worked extensively on integrating oral health into comprehensive health programs.

Topics & Biographies

Diane Vrakas, RDH, MS, D.

Diane Vrakas is a leading expert in oral health education and policy. Her extensive experience in community health and oral health integration has been pivotal in developing innovative approaches to improving oral health outcomes. She is a strong advocate for oral health education and has been instrumental in developing effective strategies for integrating oral health into comprehensive health programs.

Topics & Biographies

Thank You

On behalf of Project Zero Women’s Initiative (PZWI) and Northern Arizona University, we want to thank you for attending the oral health integration Summit at pain Arizona Resort and Casino. The Summit is where collaborative efforts are focused on improving oral health outcomes. Thank you for your time, interest, enthusiasm, and support. We are grateful for each and every one of you who joined us at the event and believe that you continue to be engaged with oral health.

Thank you!
Attachment C: PZWI Oral Health Integration Summit Story Board

Our motivation to get together
- Identify new potential partners
- Learn more about the work PZWI does
- Learn about what others are doing in OH
- Great need for OH
- Common vision on increasing access to OH
- Learn about funding opportunities and data sources (e.g., AZPMI, AZOHC, NAU)

Our identified needs
- Generate a culture shift to promote OH
- Connect PZWI partners in network for meaningful work
- Connect PZWI partners with external support networks
- Empower partners to advocate for OH
- Promote 360° OH education for staff serving pregnant women

What we can do together now
- NAC: Integrate OH and Behavioral Health
- NAC: Sustain OH education to train new providers
- Hopi: Create Strategic Plan for OH at HHCC
- Hopi: Create Community Advisory Board for OH
- Speak in a unified voice
- Highlight one another’s work (e.g., OH, social media, meetings, NAOHC)

What we want to accomplish next
- OH resource directory
- Educate community members in OH
- NAC: Continue FV training and creating OH Champions
- Share Hopi content on NAZOH website
- Hopi: Establish structure and regular meetings for Hopi OH Strategic plan – NAU can support with grant writing and evaluation
- Hopi: Meet with HHCC CEO to get support
- Hopi: Create liaison between HHCC and Tribal programs
- Hopi: Align partners and have a unified message re: OH
- Hopi: Promote 360° OH education for staff serving pregnant women
- Hopi: Integrate evidence-based best practices for pregnant women

PZWI Oral Health Integration Summit – Memory Board
March 29, 2019 Twin Arrows Casino, Flagstaff
Attachment D: Baby Teeth are Important

Attachment E: Pregnancy & Oral Health