
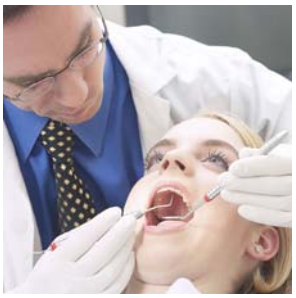


Evaluation of the State Oral Health Collaborative Systems Grant Program

Executive Summary

Submitted to:
U.S. Department of Health and Human Services
Health Resources and Services Administration
5600 Fishers Lane, Parklawn Building
Rockville, MD 20857

Submitted by:
Health Systems Research, Inc.
1200 18th Street, N.W., Suite 700
Washington, DC 20036

Contract No. 250-01-0011
Task Order No. HHSH24055018

September 2006

Health Systems Research, Inc.
An Altarum Company

Maternal and Child Health Bureau

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Overview

In 2003, the Maternal and Child Health Bureau (MCHB) began funding the State Oral Health Collaborative Systems (SOHCS) grant program with the purpose of enhancing the ability of States and Territories to improve their oral health infrastructure on behalf of better health outcomes for mothers, pregnant women, infants, children, and children with special health care needs (CSHCN). Over the course of the initiative, more than $5 million has been invested in a variety of State-level systems building activities targeting the core components of a public health infrastructure namely, assessment, policy development, and assurance. The diverse activities conducted under this initiative were in response to the unmet needs and oral health disparities experienced by many families from low socioeconomic groups that were documented in the U.S. Surgeon General's (2000) report ***Oral Health in America.***

In 2005, Health Systems Research, Inc. (HSR), a health policy, training, and technical assistance firm in Washington, DC, was awarded a 1-year contract to evaluate the activities conducted by the SOHCS grantees. The purpose of the evaluation was to gather qualitative information on the strategies States/Territories used to increase the ability of communities to prevent oral disease and improve access to timely and appropriate oral health services for underserved children and families, especially those enrolled in Medicaid and the State Children's Health Insurance Program (SCHIP). Evaluators were asked to investigate the activities conducted by the grantees and their strategies for implementation, outcome measurement, and sustainability and to identify promising approaches and models that could be replicated in States/Territories and communities facing similar challenges. In addition, the evaluation was to review specific strategies States/Territories used to overcome barriers, develop partnerships and facilitate planning processes. Since grantees planned and implemented collaborative activities in partnership with families, dental and medical health providers, Head Start and Early Head Start programs, nutritionists, policymakers, and community stakeholders to meet State-specific needs for improved infrastructure, HSR was tasked with gathering information from a variety of sources and individuals to document outcomes.

Methodology

The evaluation consisted of a series of key-informant telephone interviews approximately 90 minutes in duration with the SOHCS Program Director and other stakeholders, including the State Dental Director, dental providers, and other significant participants or recipients of grant activities. In addition, HSR conducted nine 2-day site visits with States or Territories that demonstrated successful outcomes over the course of the initiative based on information HSR gained from analysis of their progress reports and with the input of the Maternal and Child Health (MCH) Chief Dental Officer and SOHCS Program Director. For the purposes of this evaluation, only States/Territories that engaged in continuous, progressive activities from the initial 1-year grant through all additional years of the SOHCS grant program were included in the evaluation sample. In the course of 4 months, phone interviews were conducted with 38 States and Territories and site visits were convened with the grantees in the District of Columbia, Florida, Georgia, Indiana, New Hampshire, South Dakota, Texas, Virginia, and Wisconsin.

The following interviewees were considered critical to the evaluation process:

1. SOHCS Project Director and any staff members directly working on SOHCS activities
2. The State Dental Director
3. Other governmental State-level partners, (e.g., the MCH Director, Head Start Collaboration Office, Department of Education, Medicaid)
4. Local partners, including providers, private and nonprofit organizations, and other relevant stakeholders.

The SOHCS evaluation was conducted in three phases:

Phase 1 included preparatory work such as evaluation design, data abstraction, identification of key topics, and the conduct of logic model conference calls with grantees to determine the degree to which they used logic model tools to develop program activities. Phase 2 included all data collection activities, such as the development of interview guides and the conduct of the phone interviews and site visits. Information gathered during the interviews was then transcribed into a database designed specifically to synthesize this information. Finally, Phase 3 included comprehensive data analysis and report writing activities.

Considerations for the Evaluation

An overview of the grant applications and annual reports from the grantees indicated that the flexibility of the SOHCS grants fostered a wide variety of infrastructure-building activities, including:

- Coalition building activities
- Program planning and support
- Public awareness/media campaigns
- The development of strategies to increase oral health services workforce and access
- Surveillance and evaluation
- The establishment or expansion of clinical interventions
- The identification of new or expanded funding for oral health services.

Since State and Territories were able to design their activities in order to meet their unique needs, there was great variability among grantees' goals and outcomes. Often a single grantee would be implementing several of the above activities simultaneously. In other instances, SOHCS grants were used in multiple ways, such as augmenting the funding for existing activities, leveraging new funding, or supporting the planning efforts of a Statewide Coalition or workgroup. The interconnectedness of collaborative systems activities presented a challenge for evaluators, because it was difficult in most cases to isolate the uses of the grant dollars completely. In addition, the ambitious nature of the grants themselves meant that although their core activities were consistent and progressive over time, often new opportunities, obstacles, or partners required a slight reprioritization or reorganization of grantee activities. With this variability in mind, throughout the evaluation, HSR did not exclude any SOHCS-funded programs from the evaluation knowingly and included information which grantees may have

provided on their primary, secondary, or tertiary activities. This provided HSR with additional data from which to identify patterns and promising approaches that could inform current and future MCH oral health initiatives.

Evaluation Results

Due to the number and variety of activities and the differing capacities of States/Territories to implement their SOHCS program, comparisons between grantees is problematic. Therefore, this evaluation focuses on qualitative process measures and attempts to identify particular strategies that met with success in different settings. The key findings of this evaluation mirror the topic areas covered during the phone interviews and site visits – the SOHCS grant application and planning process, implementation of activities, successes and challenges, and program sustainability – and are summarized below.

Grantee planning activities

Few States/Territories recounted difficulties in completing the initial grant application and the subsequent renewals via the Health Resources and Services Administration's Electronic Handbook. In most instances, the SOHCS grant presented a timely opportunity to implement programs that had been delayed or postponed due to lack of funding. The flexibility of the funding to meet individual State needs and support a wide range of infrastructure-building activities also simplified the planning process. Other key findings regarding SOHCS grant planning follow:

- SOHCS grant activities were intended to be closely related to other oral health activities underway in the State.
- The grant application process was considered straightforward and did not pose significant problems for many of the grantees.
- Goal setting was often data driven using a variety of established needs assessment measures and evidence-based practices.

Implementation

Depending on the activities being undertaken by the State under the SOHCS program, the complexity of issues encountered during the implementation phase of the grant varied considerably. In general, States/Territories that were augmenting an existing program encountered fewer challenges, whereas States/Territories that used the funding to create new programs needed to engage partners, design an approach, develop planning and oversight mechanisms, and design a methodology to track results. These startup activities were critical to program implementation but required significant time and may account for the varying speeds with which programs got off the ground. Other findings regarding implementation follow:

- Grantees were able to use SOHCS funds to address a broad range of infrastructure needs and to tailor their programs to meet the unique circumstances in their State.

- In all States/Territories, partners played a critical role in planning and implementing SOHCS-funded activities.

- When surveillance activities were conducted, they usually enhanced reporting on MCHB performance measures or involved oral health screenings of early childhood populations.

- The use of SOHCS funds to support the salary of a staff position dedicated to the conduct of oral health program activities or the development of a State oral health plan raised the stature of oral health and the visibility of oral health issues.

- SOHCS grants were often used to support the delivery oral health clinical services, sometimes in innovative ways.

- Many States/Territories used their grant to support oral health awareness, promotion, or advocacy campaigns implementing oral health education and social marketing strategies, often in conjunction with other infrastructure-building activities.

- Training programs were also an important focus of SOHCS grant activities, and many grantees sought to expand oral health infrastructure by reaching out to pediatricians, primary care doctors, nurses, or child care providers.

Successes and Challenges

Grantees felt that they had been successful with their SOHCS grant activities, although it was difficult for those who were not supporting direct services to demonstrate this concretely. In general, measures of infrastructure-building success were either subjective or simply a record of process measures. Despite this challenge, most grantees and their key stakeholders noted success in many areas, including increased awareness of the importance of oral health among a variety of target audiences including families, health and oral health providers, community leaders, insurers, and policymakers. Through the application of dental sealants, fluoride varnish, and other preventive measures, the oral health of certain MCH populations was improved. State oral health plans, the cornerstone of systems change, made great progress under SOHCS.

The evaluation found a number of common challenges among grantees, including the following:

- The ability to find and hire qualified staff was one of the major barriers encountered in grant program implementation.

- State practice acts often made it difficult to increase the oral health workforce.

- Funding will remain a challenge, especially for those families covered by Medicaid and SCHIP programs and for State oral health programs with limited staffing and budgets.

Sustainability

Despite these challenges, most grantees were very optimistic about their ability to sustain some of the activities supported by the SOHCS grant. Those most closely linked to their MCH programs are confident that block grant funds will be allocated to continue their successful efforts. In a number of States/Territories, specific plans are in place to apply for or pursue other State or foundation funding to continue their programs. In still others, partners such as dental schools, public health departments, or school systems have been approached to contribute to future efforts. The outward success and increased visibility of successful SOHCS programs have improved the likelihood of continued funding despite many restricted State budgets. With an increased ability to demonstrate the cost-effectiveness of early intervention, the ability of States/Territories to sustain future programs would be enhanced. As grantees approach their final year of funding, their collaborative efforts to secure future funding to continue SOHCS activities will become more energized and strategic.

With regard to sustainability, States/Territories requested that MCHB continue to make oral health a priority in all MCH programs – believing that this will enhance sustainability of this and all other oral health efforts, now and in the future.

Cross-cutting findings

The very flexible nature of these infrastructure grants was considered especially valuable by grantees. Although this flexibility makes for more diverse and varied outcomes that are difficult to compare, the nonprescriptive feature of this initiative was a quality that States/Territories found especially effective:

- Programs were able to use the money to further their State-specific oral health goals and fund, or leverage funding to, the filling of holes in their infrastructure.
- The flexibility of the funding made it possible for some grantees to address several issues in their oral health infrastructure at the same time.
- For grantees with less well-developed oral health programs or from smaller States/Territories, the structure of the grant program and SOHCS grantee annual meetings were invaluable for building contacts and learning more about possible programs.

Areas to Explore for Program Enhancement

The SOHCS grant program generally appears to be functioning smoothly and permits grantees to address a variety of oral health infrastructure issues. However, remarks from the grantees, observations by evaluators, and the analysis of qualitative data indicate some possibilities for program enhancement.

1. Considering the number of bureaucratic and logistical challenges documented regarding the hiring of staff members or recruitment of volunteers, future grant applications could

include additional questions or guidance on these issues to ensure that grantees anticipate and plan for these challenges during their program implementation.

2. In addition, many States/Territories have requested additional support or training with regard to the conduct of cost-benefit analysis of prevention activities. Technical assistance to help States/Territories identify and implement appropriate data collection methods as well as analyze, summarize, and present findings is critical to generating support by funders and policymakers for increased access to care and a strong oral health infrastructure. Anecdotes, no matter how compelling, do not provide the impetus needed to secure adequate future investment.

3. Finally, many oral health grantees operate limited oral health programs with few staff members and minimal support. Unlike other public health endeavors, oral health often has to "fight its way to the table." Although the Surgeon General's reports ***Oral Health in America*** and ***National Call to Action*** have increased awareness of the extreme oral health disparities and need for successful interventions, most State Dental Directors or Oral Health Program Directors operate in relative isolation. While the SOHCS grants enabled them to build collaborative partnerships within their States/Territories and communities, many grantees, especially from States/Territories with smaller programs, would benefit from more structured opportunities to meet, either physically or virtually, with their peers. Peer-to-peer learning, such as that provided and funded by the annual SOHCS Grantee meeting, was considered especially valuable. Additional opportunities of this nature should be explored as States/Territories move on to other infrastructure-building activities.

Ultimately, the research demonstrated that the SOHCS grants achieved their goal to improve the oral health infrastructure in States/Territories with limited access to flexible funding to address specific needs. MCHB should continue to include oral health as a priority in all the grants and contracts that it funds. In addition, despite plans in place for sustainability, future MCHB oral health funding opportunities with the appropriate balance of guidance and flexibility would continue to be used to improve outcomes for those populations experiencing the greatest oral health disparities. A continued focus by MCHB on preventive measures such as dental sealants, fluoride varnish, and timely assessment and treatment of disease will prove cost effective and ultimately will improve the long-term oral health of mothers, infants, children, and CSHCN.