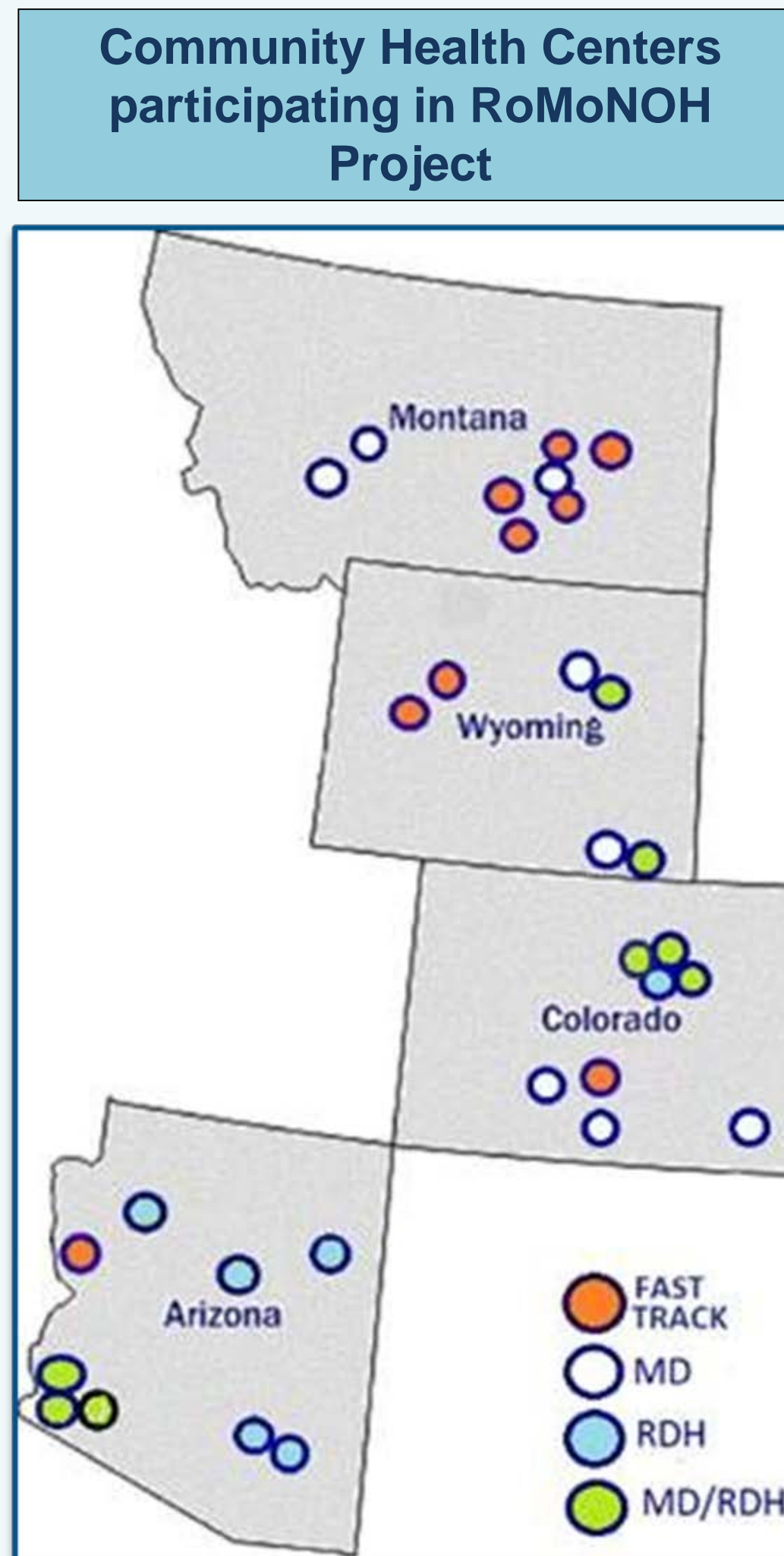


INTRODUCTION

- The Rocky Mountain Network for Oral Health Integration (RoMoNOH) is funded by the Maternal and Child Health Bureau (2019-2025) to develop, implement, and evaluate a model for the delivery of preventive oral health services within Community Health Centers (CHCs) across Arizona, Colorado, Montana, and Wyoming.
- RoMoNOH supports delivery of preventive oral health services at medical visits by the medical team and/or integrated dental hygienists including caries risk assessment, fluoride varnish, dental referral, oral health education, and goal setting.
- The RoMoNOH implementation approach includes online eLearning, synchronized practice facilitation using coaches, continuous quality improvement, population management, and value-based care with incentive payments.

DESIGN & METHODS

- Post-RoMoNOH Implementation (Spring, 2024)
- Project Setting: 22 CHCs in initial cohort; 9 fast-track CHCs added in final year. CHCs across Arizona, Colorado, Montana, Wyoming.
 - Medical Model | Integrated Dental Hygiene Model | Combined Model
- 20 CHCs participated in parent/caregiver survey.
- Population: Parents/caregivers of children ages 0-6 years seen in participating CHCs in Spring, 2024.
- CHCs were given recruitment goals based on average number of visits in comparable month (range 2-170). Unique 8-digit alphanumeric code per survey invitation to ensure unique individuals complete survey. \$40 incentive.
- REDCap © online survey (English/Spanish)
- Measures:
 - Oral health experiences
 - Attitudes regarding receipt of oral health services at medical visits.
 - Barriers to receiving dental care.
- Descriptive statistics: frequency distributions, proportions.



OBJECTIVE

Evaluate the oral health experiences and attitudes of parent/caregivers whose children aged 0-6 years received primary care at CHCs participating in RoMoNOH project.

CONCLUSIONS

Three years into the RoMoNOH Project:

Most children received preventive oral health care including fluoride varnish, dental hygienist visits, oral health instruction, and goal setting at medical visits.

Parents/caregivers favor medical-dental integration and perceive it to make sense and be convenient.

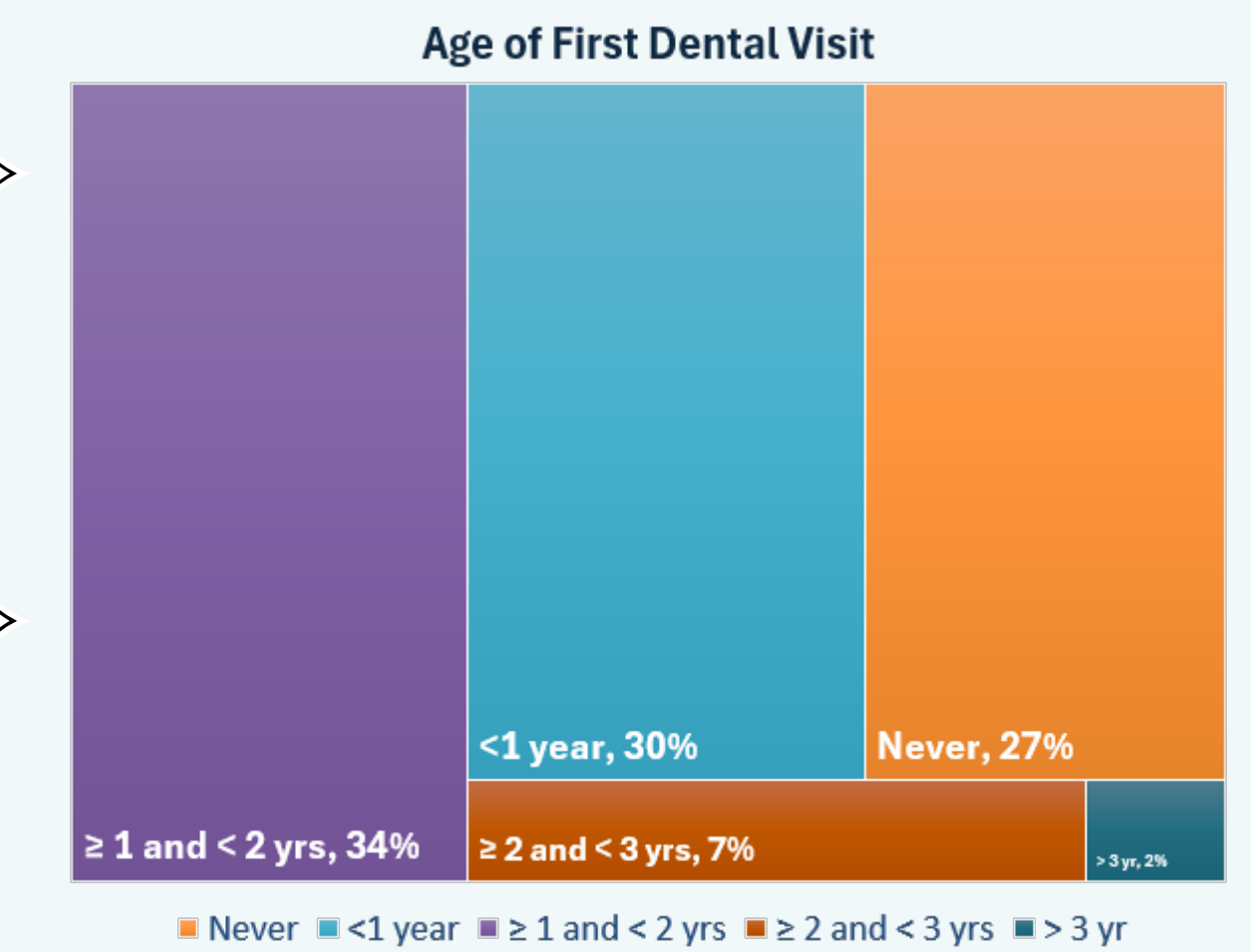
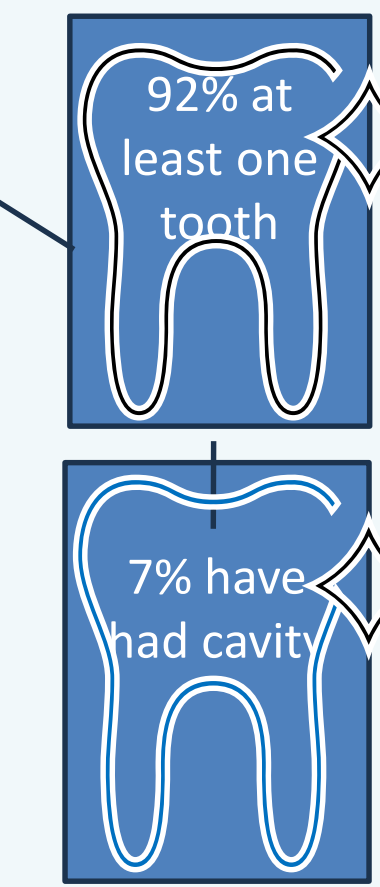
Parents/caregivers perceive oral health as important to children's overall health.

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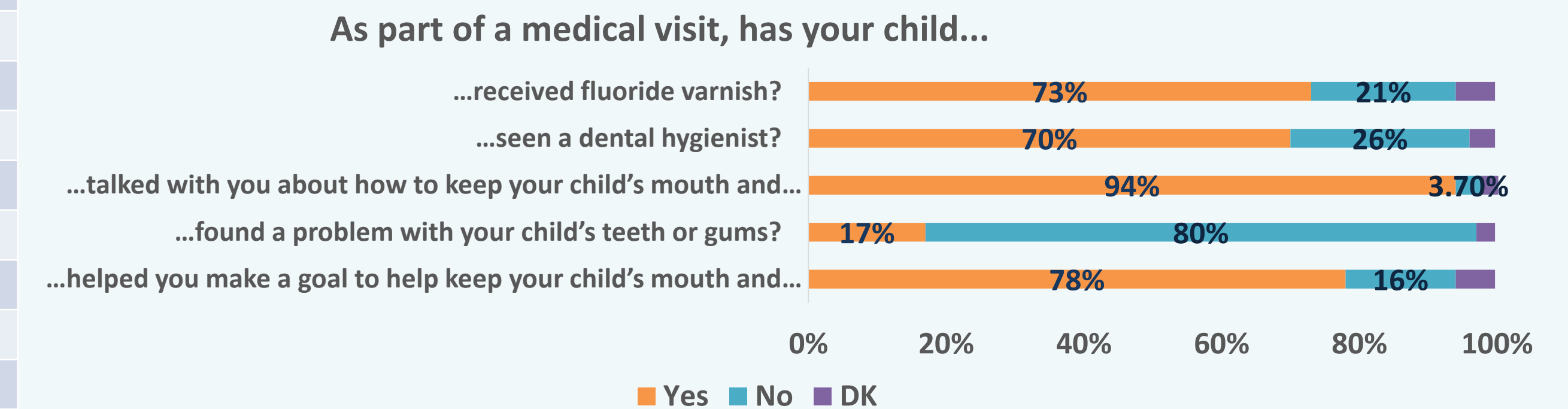
RESULTS

Characteristics of Parent/Caregivers and Child Dyads Participating in RoMoNOH Project: 2024

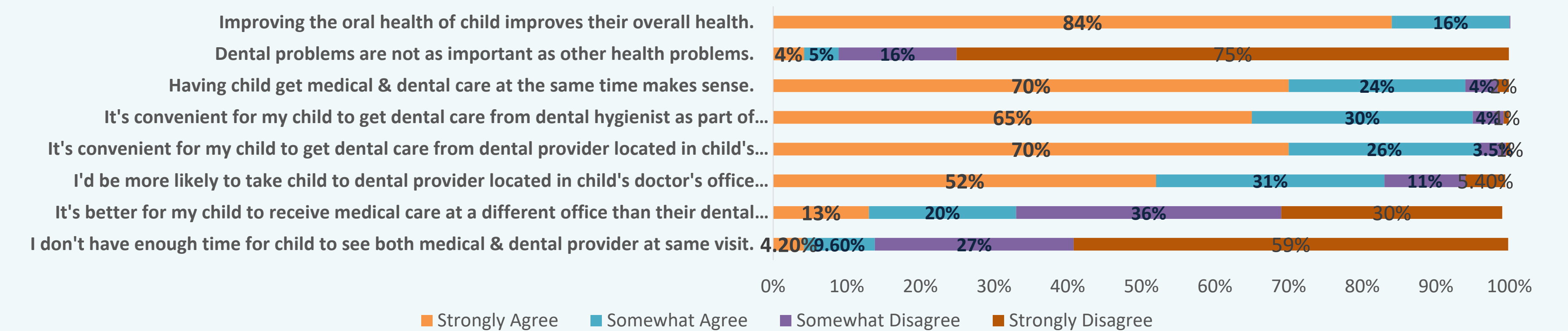
N = 405 (Mean of 25/CHC)		Child Age (years)	
Age (years) Mean (min, max)	30 (14, 63)	Less than 1 year	80 (20%)
Gender		1 to 3 years	205 (51%)
Female	363 (90%)	3 to 6 years old	120 (30%)
Male	40 (9%)	Child's medical insurance	
Hispanic	306 (76%)	Medicaid	215 (53%)
Race		SCHIP	47 (12%)
White	269 (66%)	Private	67 (17%)
Other	57 (14%)	None	10 (3%)
I don't know	49 (12%)	No answer	30 (7%)
Black/African American	18 (4%)	I don't know	36 (9%)
Biracial Multiple Races	11 (3%)		
American Indian	9 (2%)		
Asian	6 (2%)		
Highest Education			
Elementary school	14 (3%)		
Some middle school	16 (4%)		
Some high school	33 (8%)		
High school grad or more	327 (81%)		
# children in the home			
1	149 (37%)		
2	117 (29%)		
3 or greater	139 (35%)		
Parent w/cavity	147 (36%)		



Oral Health Experiences



Oral Health Perspectives



LIMITATIONS

- No comparison group limits any association to RoMoNOH project.
- Participants' reporting bias possible.
- Relationship to child not assessed.

CONSIDERATIONS

- Assessment of project's work on dental disease would strengthen impact of work.
- Delivery of preventive oral health services increased over the project and reported elsewhere. Braun et al. JDR 2024.