



PENNSYLVANIA
EXPANDING ACCESS
TO ORAL HEALTH
COLLABORATIVE
PROJECT

2014-2015 Evaluation Report

Pennsylvania Department of Health

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Executive Summary

The purposes of the Health Resources Services Administration Grants to States to Support Oral Health Workforce Activities (HRSA Workforce Grant) evaluation is to serve as the foundation for evaluation planning, focus, design, and interpretation of the results of the Pennsylvania Department of Health Expanding Access to Oral Health Collaborative Project. The evaluation questions and findings illustrate the degree of program impact, how specific strategies have contributed to the overall project goals, and will demonstrate accountability and progress of the project. In addition, stakeholders can utilize this information to render judgements about the project and facilitate improvements in the program that lead to the development of strategies that can promote more significant grant outcomes. The evaluation findings also generate knowledge that can help the larger community transfer research into practice across public health programs.

Background

The Pennsylvania Expanding Access to Oral Health Collaborative Project grant was awarded to the Pennsylvania Department of Health in September of 2014. The project signifies an important step in Pennsylvania's approach to address gaps in the oral health workforce and treatment system. In 2012, the Pew Charitable Trusts Children's Dental Campaign assigned Pennsylvania a "D" grade in regard to the prevention of tooth decay among children¹. This subpar ranking, alongside data from the oral health surveillance system prompted the state to investigate promising strategies to identify, monitor, and reduce oral health disparities and influenced the focus of project activities.

The conditions of the HRSA Workforce Grant require funded projects to implement approaches that help states develop and implement innovative programs to address the dental workforce needs of designated dental health professional shortage areas. The funder identifies 13 options for meeting this objective:

1. Loan forgiveness;
2. Dental recruitment and retention efforts;
3. Grants and low-interest loans to dentists participating in the Medicaid program;

¹ <http://www.pewstates.org/reaserach/data-visualizations/childrens-dental-health-85899377163>.

4. The establishment of dental residency programs in coordination with dental training institutions
5. Programs developed in consultation with state and local dental societies to expand or establish oral health services and facilities in DHPSAs;
6. Placement and support of dental studies, dental residents, and advanced dentistry trainees.
7. Continuing dental education, including distance based education;
8. Practice support through teledentistry;
9. Community-based prevention services (dental sealant and water fluoridation programs;
10. Coordination with local educational agencies within the State to foster programs that promote children going into oral health or science professions;
11. The establishment of faculty recruitment programs at accredited dental training institutions whose mission includes community outreach and service and that have a demonstrated record of serving underserved States;
12. The development of a State dental officer position or the augmentation of a State dental office to coordinate oral health and access issues in the State; and
13. Any other activities determined to be appropriate by the Secretary.

The Pennsylvania Expanding Access to Oral Health Collaborative Project focuses on the following legislated activities:

Legislated Activity Number	Activity
2	Dental recruitment and retention efforts;
5	Programs developed in consultation with state and local dental societies to expand or establish oral health services and facilities in DHPSAs;
7	Continuing dental education, including distance based education;
12	The development of a state dental officer position or the augmentation of a state dental office to coordinate oral health and access issues in the state.

Key Accomplishments at a Glance

The Pennsylvania Expanding Access to Oral Health Collaborative Project has already achieved considerable success. The table below identifies several significant year-one accomplishments for each project goal.

Year – One Key Accomplishments
<p>Goal 1: By 2017, ensure a sufficient and effective oral health workforce throughout Pennsylvania by providing training to 450 existing health professionals.</p>
<p>Through the project 524 health professionals were trained using oral health curriculum. Among this group were 61 physicians, 46 dentists, 144 dental hygienists, 40 dental assistants, 22 expanded function dental assistants, 19 nurses/certified medical assistants and 137 other types of professionals. 94 medical professionals were trained in the EPIC curriculum.</p>
<p>Goal 2: By 2017, expand oral health services for 1,200 patients from the target population by maximizing existing Pennsylvania workforce to fullest capacity, through implementation and enhancement of sustainable practice models that address gaps and improve access to affordable, high-quality oral healthcare.</p>
<p>The Pennsylvania Head Start Association and Pennsylvania Chapter of the American Academy of Pediatrics have been collaborating and exploring the use of a Geographic Information Systems application to inform the public of oral health care services. As part of the implementation strategy for this activity the organizations shared the Healthy Teeth PA map with the Head Start Healthy Smiles Task force and other entities and described how it could be used to provide an overview of locations in which Medicaid funded oral health services can be accessed. In addition, the map will eventually show providers that have completed additional certification. This project is still in progress at the end of project year-one but has made significant strides.</p> <p>Oral health outreach activities conducted by the project partners in year-one were also extensive and encompassed a variety of strategies that included face-to-face meetings, community presentations, home visits in high need communities, educational site visits, attendance at oral health events and conferences, training activities, newsletters, flyers disseminated, webinars, and meetings with legislators. Outreach activities are intended to increase the target population of low-income families and children’s knowledge of oral health, improve oral health literacy, and improve access to oral health care. As a result of outreach, oral health has been identified as a critical issue for the state by health advocates and integrated into overarching state health improvement goals. Oral health services provided to children by Keystone Dental Care included 164 children received screenings and fluoride varnish at local child care programs, Head Start centers, and within the dental hub sites. At the Pathstones dental hub 31 children received exams, prophys, and fluoride treatments.</p>

Goal 3: Ensure effective leadership and ongoing integration of oral health programs within the Pennsylvania Department of Health by hiring a Public Health Dental Director within 90 days of project funding.

In project year-one the Pennsylvania Department of Health and the Pennsylvania Coalition on Oral Health worked collaboratively to conduct a full assessment of the need for a Dental Director, assessed resources to ensure sustainability of the position, developed a candidate search strategy, hired a consultant to recruit candidates, and discussed the role of the position, duties, and how a Dental Director would work within the existing state oral health systems.

An oral health stakeholders group within the Pennsylvania Coalition on Oral Health was established in early 2015 charged with the task of updating the state oral health plan. The group's primary roles including assessing needs, defining objectives, and the facilitating the development of a new state oral health plan. Upon conclusion of the first project year, two state oral health plan objectives were established.

Goal 4: By August, 2017 build the capacity of the Pennsylvania oral health infrastructure and expand its geographic reach to 1,200 participants by implementing a "Dental Hub and Spoke Model".

2 Dental Hub Sites were established and 3 Dental Navigators working within Primary Health Network and Keystone Dental Care were hired.

Program Activities leading to Achievement of Goals

Tasked with providing an administrative infrastructure for oral health, assessing oral health needs, and facilitating the state oral health plan, the Pennsylvania Department of Health has implemented several key project objectives that have led to the achievement of milestones. Given a state-level transition in leadership, grant modifications that impacted the initial scope of work for the project, and a delay in the notice of award of funds, all tasks included in the project planning and implementation activities were achieved on-time except those associated with hiring a Dental Director that would have resulted in fiscal implications and full implementation of the SCOPE program.

The achievements of the Pennsylvania Chapter of the American Academy of Pediatrics (PAAAP) have also been significant. Over the course of project year-one, they have accomplished 100% of their assigned grant milestones which included providing leadership of the project, fiscal management, and coordinating the efforts of all project partners, in addition to their work on specific tasks that enhanced the professional knowledge of medical service providers through the Healthy Teeth Healthy Children training initiative.

The Pennsylvania Dental Association (PDA) was key in the Expanding Pennsylvania Oral Health Access Collaborative Project's goal to improve advocacy and outreach. PDA participated in the project by publicizing grant activities, attending oral health meetings and strategy development sessions that were in alignment with the grant project objectives, and by providing information about the Age – One Dental Visit as a standard of practice. This increased the project's legitimacy and expanded the scope of contact with oral health professionals from the local and state level to a national audience through the National ADA "Morning Huddle".

The Pennsylvania Association of Community Health Centers, specifically Keystone Dental Care and Primary Health Network, greatly expanded oral health services and provided ongoing education in local communities through Dental Navigators. Keystone Dental Care and Primary Health Network reduced and eliminated barriers to care, provided transportation to dental sites, and worked with local agencies such as WIC, Head Start, and other programs to identify those in need of oral health treatment and link them to services. In total, these two oral health providers reached 3,487 high – risk families and children in dental health professional shortage areas.

The Pennsylvania Coalition on Oral Health integrated the project activities into their ongoing strategic efforts to provide oversight, direction, and consultation on oral health initiatives and systems in Pennsylvania. This included establishing two oral health objectives within the State Health Improvement Plan, development and facilitation of a webinar focused on dental decay in children, contracting with the RAND Corporation to conduct a dental workforce study, creating a dental provider credentialing tip sheet, successfully advocating for dental hygienists to receive PA Primary Care Practitioners Loan Repayment opportunities, and working with state-level departments to achieve collective impact in regard to oral health issues. While these activities were not funded by the project, the work of the Coalition directly supports the project objectives and leverages the knowledge and expertise of the oral health community in support of the Pennsylvania Expanding Access to Oral Health Collaborative Project goals.

The Pennsylvania Head Start Association (PHSA) met 100% of their grant deliverables and exceeded the expectations of the project. By providing Age-One Connect the Dots and Cavity Free Kids training, PHSA effectively increased the knowledge and awareness of oral health practices and needs in the grant's targeted service area. In total, PHSA trained 430 professionals working in primary oral and physical health and early care and education settings. The work of PHSA could serve as a model for other states seeking to establish community – based partnerships with organizations that can link associations and public health entities to professionals that serve low-income families and children.

Project Implementation and Planning

Over the first year of the project the Pennsylvania Expanding Access to Oral Health Collaborative Project has evolved from planning to the implementation phase. The changing maturity of the project has revealed real as opposed to ideal progress in regard to program activities. This information can be utilized to modify the project in years two and three, as well as to improve operations, develop additional strategies, and identify intended and unintended impacts of the project. During the first year of the project the Pennsylvania Department of Health and Pennsylvania Chapter of the American Academy of Pediatrics (PAAAP) established a cooperative agreement for the PAAAP to manage the Pennsylvania Expanding Access to Oral Health Collaborative Project. In turn, PAAAP established contracts with each partner that delineated goals, milestones and activities associated with each grant task. Due to the time between the funding of the project and the application submission, the grant activities needed additional revisions and review as some activities had been funded with other sources such as the DentaQuest grant and several activities were in a different stage of implementation since the development of the initial grant proposal.

Changes in policies and the political context exerted an impact on the project. The governor enacted a Medicaid Expansion which signals an increased focus on improving access to health care for Pennsylvania's low income population. However, the lack of dentists willing to accept Medicaid remains an ongoing struggle and the number of dentists that will accept Medicaid falls far below that of physical health care providers, despite the availability of new coverage that supports oral health services. The Pennsylvania Coalition on Oral Health stepped up already significant efforts to lead system-wide changes to oral health in Pennsylvania. The Coalition gained media attention, published a policy paper, and worked to inform the public and legislators about oral health needs in Pennsylvania. Many of the project partners are also involved in the Pennsylvania Coalition on Oral Health and as a result, the Pennsylvania Expanding Access to Oral Health Collaborative Project also ramped up its efforts in advocating for large scale developments which expedited state movement on oral health issues. Throughout the first year, the partners discussed ways to improve services, participated in advocacy efforts surrounding oral health, leveraged their activities to fill gaps and obtain new funding, marketed services and promoted policy changes related to oral health.

During year-two of the project slated tasks that will be accomplished include collecting provider data related to professionals trained in oral health curriculum, establishing a web-based provided directory and using mapping software to identify medical healthcare professional sites that have incorporated oral health principals into their practice. The Pennsylvania Expanding Access to Oral Health Collaborative Project will also seek to further expand oral health services by continuing to work with schools and community associations through the dental navigators

and dental hub sites. The SCOPE program will also begin to deploy dental students to high-need areas in the spring of 2016.

Partnership and Collaboration

The project partners have a history of working collaboratively across systems to address health issues in the state. Throughout the first year of the grant, activities such as conference calls, meetings, and planned trainings enabled the partners to collectively develop new approaches to solving oral health issues in Pennsylvania. Since the establishment of the State Oral Health Program Administrator position, the Pennsylvania Department of Health routinely contacts the Pennsylvania Coalition on Oral Health and Pennsylvania Chapter of the American Academy of Pediatrics to discuss and plan for the development of the state health improvement plan and leverages their actions in support of the grant project. Using these strategies, the work of the project is informed by content experts and a multidisciplinary approach is employed. The project team also works from a foundation of identified deliverables that are outlined in an annual scope of work. Each partner participates in regular project reporting about their activities. This creates clear lines of communication and formal agreements for services that facilitates accountability for grant funds. The project partners have a clear understanding of their role and responsibilities in relation to the project.

Recommendations at A Glance

Develop Tools to Support Project Planning and Modification

- Create an issues log that notes changes accepted, refused, and modified by the funder, project stakeholders, and project administrators.
- Create a system for making changes to the project plan that includes a change request process, assigning a change number to the task, an action, and a date. The plan should also include notes for when a decision has been made, an assigned person to update the project plan, and a sign-off by the Oral Health Program Administrator.

Partnership

- Be mindful of “scope creep” in which the project results in unauthorized increases in scope or functionality. As “scope creep” can cause time and cost delays, as well as a reduction in quality. It frequently occurs due to an over-commitment as a result of casually taking on additional tasks than initially agreed upon. For example, a stakeholder will request something in addition to, or something different than what was planned and agreed. This could trigger increased risk in regard to the grant and typically occurs in project year-two.

- Create a graphic that identifies the existence and make-up of various coalitions working to promote oral health in Pennsylvania and identify the nature of their relationships.

Data Systems

- Further develop data systems and interagency practices for data sharing. This could include reports containing the following information submitted to the Department of Health:
 - Dental claims filed through Medicaid/SCHP or other publically funded programs
 - Number of individuals served and their characteristics using dental indicators from FQHCs participating in the project, HS Program Information Reports and other data sources maintained by project partners.
 - Develop a standardized forms to collect specific data on the number and types of dental services provided in non-medical settings (screenings at Head Start programs, community-based events) and parental and professional educational encounters.
 - Collect information on application rates to dental schools, dental hygiene, dental assistant and dental practitioner programs to monitor future oral health workforce trends.

Replicability

- Build a project website to facilitate strong communication between the grantee and stakeholder partners that can also be used to disseminate promising practices and success stories.
- Incorporate field monitoring activities into the project in order to collect additional qualitative data that can describe the program's accomplishments and experiences of the target population.
- Add an agenda item to partner meetings that includes discussion of the components of the project that resulted in attainment of outcomes and utilize information to create model of change.

The Expanding Access to Oral Health Collaborative Project

Introduction and Background

The Target Population and Access to Oral Health Care

The presence of early childhood caries (ECC) has far-reaching effects on families, the community, and the health care system. As the most common chronic infectious disease of early childhood, ECC are often accompanied by serious comorbidities and exert the largest toll on children from low-income families with limited access to dental care. According to an article published in the Journal of the American Dental Association, untreated ECC can lead to serious disability and in some cases, even death². The quality of life for families is also decreased as a result of undue stress emanating from the need to manage chronic pain and frustration over unsuccessful attempts to seek out treatment. When oral health problems worsen and the need to see a dentist becomes imperative, the buck often stops with the public health system and public service providers are left to deal with the extreme consequences of ECCs in hospital emergency rooms. Oral health issues also impact expecting mothers. During pregnancy, there is an increased likelihood of tooth decay due to acidity in the mouth and increased tooth exposure to gastric acid. Increased levels of progesterone and estrogen also affect the ligaments and bones that support the teeth causing them to loosen during pregnancy. Left untreated, severe gum disease is associated with preterm birth, low birth weight, and transmission of bacteria from the mother to newborn.

Pennsylvania is in the midst of an oral health crisis and has more children with dental decay than without and too few children have received dental sealants. According to the National Oral Health Surveillance System, Pennsylvania reported 52.6% of 3rd graders had caries experience and 27.3% had untreated tooth decay³. Data shows that just 8.7% of 1st graders had a dental sealant and 26.1% of 3rd graders had a dental sealant applied which indicates many

² Casamassimo PS. Bright Futures in Practice: Oral Health. Arlington, Va: National Center for Education in Maternal and Child Health; 1996:1-131.

³ National Oral Health Surveillance System. Oral Health Indicators (1998-1999). Accessed at: <http://apps.nccd.cdc.gov/nohss/IndicatorV.asp?Indicator=2>

children are falling through the cracks of the Pennsylvania oral health prevention and treatment system. Barriers to oral health in Pennsylvania are similar to those found throughout the nation and include health disparities due to poverty, geographical barriers, insufficient oral health workforce, lack of providers who accept public dental insurance, lack of access to culturally relevant providers, and lack of access to affordable dental care.

High Need Dental Health Professional Shortage Areas

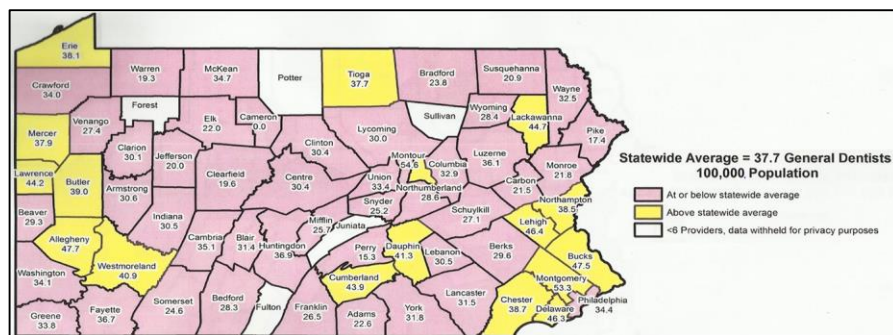
Pennsylvania has a total of 8,235 dentists, 7,774 licensed dental hygienists and 795 public dental hygienists and is ranked the 5th highest in the nation in regard to the number of Health Professional Shortage Areas with 143 federally designated Dental Health Professional Shortage Areas (DHPSAs) in 53 counties, of which 8 were identified in 2011. Of the 1,959,810 residents of DHPSAs, approximately 1,266,806 are forced to go without oral health care.

Figure 1: DHPSAs in PA



It is estimated Pennsylvania needs 284 dentists to reach the recommended ratio of 3000 patients per dentist. Figure 2 illustrates the average number of general dentists, per 100,000 per population across the state. Purple areas indicate counties that are at or below the statewide average in regard to the number of dentists. Data collected from a 2007 survey of dentists shows that dentists are willing to provide

Figure 2: Average Dentists per County



Medicaid funded services in only 23% of HPSAs. As a result, residents of Pennsylvania are negatively impacted not only by a shortage of providers, but also a maldistribution of providers.

Expanding Access to Oral Health

The Pennsylvania Expanding Access to Oral Health Collaborative Project grant was awarded to the Pennsylvania Department of Health in September of 2014. The project signifies an important step in Pennsylvania’s approach to address gaps in the oral health workforce and treatment system. In 2012, the Pew Charitable Trusts Children’s Dental Campaign assigned Pennsylvania a “D” grade in regard to the prevention of tooth decay among children⁴. This subpar ranking, alongside data from the oral health surveillance system prompted the state to investigate promising strategies to identify, monitor, and reduce oral health disparities and influenced the focus of project activities.

Program Description

1.5M residents live in Pennsylvania Dental Health Professional Shortage Areas (DHPSAs). As a result, diminished oral health among a large segment of the population has translated into a public health concern that has little hope of improving without additional resources and collaborative strategies that resolve underlying workforce issues. The Pennsylvania Expanding Access to Oral Health Collaborative Project brings together the following partners to implement a range of activities that strengthen the oral health system and reduce disparities in oral health.

Project Partners

Pennsylvania Chapter of the American Academy of Pediatrics (PAAAP): The Pennsylvania Chapter of the American Academy of Pediatrics is a state level organization of approximately 2,200 pediatricians who are dedicated to promoting the health and well-being of children and the value of pediatric practice. The PAAAP serves as the fiscal agent for the grant and is involved in all grant goals and objectives. The PAAAP also provides leadership and supervision of contractors.

Pennsylvania Dental Association (PDA): PDA is a voluntary organization comprising approximately 6,000 member dentists. It is a constituency of the American Dental Association (ADA), the largest and oldest national dental society in the world. PDA was organized in 1868 to serve the public by promoting the art and science of dentistry. It remains true to its original goals to serve the interests of the profession and the public. PDA plays a key role in implementing project goal one, supporting the effort to strengthen the existing workforce by providing training to 300 providers. PDA provides training, outreach and technical assistance to project participants.

⁴ <http://www.pewstates.org/reaserach/data-visualizations/childrens-dental-health-85899377163>.

Project Partners

Pennsylvania Association of Community Health Centers (PACHC): As the state primary care association, PACHC represents and supports the largest network of primary health care providers in the Commonwealth. This network of health centers includes Community Health Centers (FQHCs), FQHC Look-Alikes, Rural Health Clinics and other like-mission providers serving more than 600,000 people at more than 200 sites in underserved areas. Established in 1981 as a private non-profit organization, PACHC was formed by and for community health center programs. PACHC programs and services are designed to strengthen, promote and grow health centers in today's complex and constantly changing health care environment as well as support Community Health Centers (FQHCs) in their mission to provide quality primary care to all, regardless of ability to pay. PACHC supports project goals two and four.

Pennsylvania Coalition for Oral Health (PCOH): The Pennsylvania Coalition for Oral Health is comprised of a diverse group of leaders from across the state, whose goal is to advance practices and policies that increase access to oral health services and prevention education especially for the most vulnerable Pennsylvanians. PCOH supports goal three, the hiring of a Public Health Dental Director to ensure effective leadership and ongoing integration of oral health programs within the Pennsylvania Department of Health. These stakeholders also play a role in developing and updating the state oral health plan.

Pennsylvania Head Start Association (PHSA): PHSA is a non-profit membership organization, serving as an advocacy organization for Head Start programs, families, staff and administrators in Pennsylvania. PHSA's purpose is to maximize the cumulative talents of Early Head Start/Head Start parents, staff, administrators and friends to collectively improve the future for economically challenged children, families and communities, by providing quality leadership, training, information and advocacy at the local, state, regional and national levels. PHSA is integral to achieving three grant objectives 1.1, 2.1, and 2.2, which lead to attainment of goals one and two. Within the context of the grant, PHSA also supports the identification of pediatricians and other primary health care settings that are willing to serve families and children using Medicaid insurance programs, produces oral health literacy and training materials, works to expand resources for families such as creating lists of pediatric and specialty dental practices, disseminates information about effective referral practices in early care and education programs and systems for expanding access to services, and collaborates to conduct in-office staff training for medical primary health care providers and oral health services in conjunction with other partners.

This project will lead to systemic changes that move Pennsylvania closer to a high-quality, effective, oral health system. Thus far, the project has engaged leaders across multiple agencies and has led to the development of tools to enhance collaboration that have been a key factor in uniting the strategic efforts of the project partners and accomplishing the project goals and objectives. In addition, the project moves the state closer towards the development of a new state health improvement plan.

The Pennsylvania Expanding Access to Oral Health Collaborative Project has been funded for year-two of the three-year grant period beginning in July of 2015. The additional time and financial resources will enable the project team and state to continue work in building the oral health workforce capacity in dental health professional shortage areas. The main functions of the project in year-two will be to promote workforce development, further expand oral health services, strengthen the oral health leadership of the Pennsylvania Department of Health, and continue to expand the state oral health infrastructure.

The HRSA Workforce Grant Requirements

The conditions of the HRSA Workforce Grant require funded projects to implement approaches that help states develop and implement innovative programs to address the dental workforce needs of designated dental health professional shortage areas. The funder identifies the following 13 options to meet this objective:

1. Loan forgiveness;
2. Dental recruitment and retention efforts;
3. Grants and low-interest loans to dentists participating in the Medicaid program;
4. The establishment of dental residency programs in coordination with dental training institutions
5. Programs developed in consultation with state and local dental societies to expand or establish oral health services and facilities in DHPSAs;
6. Placement and support of dental students, dental residents, and advanced dentistry trainees.
7. Continuing dental education, including distance based education;
8. Practice support through teledentistry;
9. Community-based prevention services (dental sealant and water fluoridation programs);
10. Coordination with local educational agencies within the state to foster programs that promote children going into oral health or science professions;
11. The establishment of faculty recruitment programs at accredited dental training institutions whose mission includes community outreach and service and that have a demonstrated record of serving underserved States;

- 12. The development of a State dental officer position or the augmentation of a State dental office to coordinate oral health and access issues in the State; and
- 13. Any other activities determined to be appropriate by the Secretary.

The Pennsylvania Expanding Access to Oral Health Collaborative Project focuses on the following legislated activities:

Legislated Activity Number	Activity
2	Dental recruitment and retention efforts;
5	Programs developed in consultation with state and local dental societies to expand or establish oral health services and facilities in DHPSAs;
7	Continuing dental education, including distance based education;
12	The development of a state dental officer position or the augmentation of a state dental office to coordinate oral health and access issues in the state.

Through the Pennsylvania Expanding Access to Oral Health Project, the Pennsylvania Department of Health will utilize three strategies that lead towards attainment of a vision of oral health defined by the grant project partners. These include:

- 1. Facilitating improved oral health access;**
- 2. Enhancing the state oral health infrastructure; and**
- 3. Strengthening the oral health workforce capacity.**

Resources that will be deployed throughout the project period are defined in the project logic model (Appendix). Resources are identified at the community and state level which represent investments in the program that can be leveraged to support the changes to the oral health system throughout the course of the project. Resources identified in the Pennsylvania Expanding Access to Oral Health Collaborative Project logic model fall into three major categories as described in the following table.

Type of Resources	Type of Support
Human Resources	<ul style="list-style-type: none"> • Project partners • Public health service providers • Community partners • Community health centers
Practice Resources	<ul style="list-style-type: none"> • Oral health practice models • Post-secondary schools
Leveraged Initiatives and Services	<ul style="list-style-type: none"> • Oral health collaborations • Managed Care Organizations • Oral health promotion initiatives

Activities that are defined in the logic model can also be correlated directly with the grant scope of work. Project activities necessary for achievement of the outcomes of the project are:

1. Recruit medical and dental professionals for training
2. Recruit auxiliary health professionals
3. Develop a recruitment plan to ensure a culturally diverse workforce
4. Review existing state oral health plan
5. Hire a Dental Director
6. Identify dentists in dental health professional shortage areas
7. Coordinate with managed care organizations
8. Create a plan to expand dental hubs
9. Form partnerships with dental training programs
10. Design a public outreach campaign
11. Recruit dental residents

Project Goals and Objectives

Goal 1: Workforce Development

By 2017, ensure a sufficient and effective oral health workforce throughout Pennsylvania by providing training to 450 existing health professionals.

Objective 1.1: By 2017, provide trainings using established curriculum to 300 dental providers to improve delivery of services and expand access to comprehensive oral health services to the target population.

Objective 1.2: By 2017, develop and implement oral health training for medical healthcare professionals that utilizes diverse training strategies that meet the needs of a minimum of 150 medical health care professionals.

Objective 1.3: Annually, assess project needs and effectiveness and incorporate additional oral health continuing education strategies as needed.

Goal 2: Expansion of Services

By 2017, expand oral health services for 1,200 patients from the target population by maximizing existing Pennsylvania workforce to fullest capacity, through implementation and enhancement of sustainable practice models that address gaps and improve access to affordable, high-quality oral healthcare.

Objective 2.1: By 2017, provide training and technical assistance that promotes the use of auxiliary oral health professionals such as Public Health Dental Hygiene Practitioners in target areas.

Objective 2.2: By 2017, work with dentists to expand services to individuals receiving Medicaid funded dental services by 10%.

Objective 2.3: By 2017, collaborate with dental training programs throughout the state beginning with the University of Pittsburgh, School of Dental Medicine-SCOPE Program to deploy 15 students to HPSA's by providing reimbursement for travel and lodging costs.

Objective 2.4: By 2017, build a medical / dental collaborative network across the Commonwealth of Pennsylvania that will increase oral health services to children under 6 years old seen in non-dental settings by 10%.

Goal 3: Strengthen Oral Health Leadership

Ensure effective leadership and ongoing integration of oral health programs within the Pennsylvania Department of Health by hiring a Public Health Dental Director within 90 days of project funding and ensure effective leadership and ongoing integration of oral health programs within the Pennsylvania Department of Health by hiring a Public Health Dental Director within 120 days of project funding.

Objective 3.1: Within 120 days of project funding, hire and orient a Public Health Dental Director.

Objectives 3.2: By April, 2014 disseminate resources to partners to deliver services identified in the project work plan.

Objective 3.3: Collaborate with a diverse group of stakeholders and project partners to update and revise the 2002 state oral health plan and to create an implementation plan by the end of project year-two.

Goal 4: Expansion of Infrastructure

By August, 2017 build the capacity of the Pennsylvania oral health infrastructure and expand its geographic reach to 1,200 participants by implementing a “Dental Hub and Spoke Model”.

Objective 4.1: By 2015, establish 2 dental “hubs” to expand the oral health safety net for the target population and by 2016, review the success of the dental hubs which were established with project funds and modify strategies to meet emerging needs and incorporate additional resources.

Objective 4.2: By 2016, review the success of the dental hubs which were established with project funds and modify strategies to meet emerging needs and incorporate additional resources.

Objective 4.3: By 2017, the State Dental Director in collaboration with public and private stakeholders creates a plan to establish additional dental hubs.

Project Stage of Development

Over the first year of the project period the Pennsylvania Expanding Access to Oral Health Collaborative Project has evolved from planning to the implementation phase. The changing maturity of the project has revealed real as opposed to ideal progress in regard to program activities. This information can be utilized to modify the project in years two and three, as well as to improve operations, develop additional strategies, and identify intended and unintended impacts of the project. A summary of activities that have occurred is provided below.

Planning- The planning phases of the project focused on assessing the needs of the targeted population and communities, forming the project approach, developing and submitting the grant proposal and completing tasks associated with the formal acceptance of the grant award. This included:

- Assigning the project to the Oral Health Program Administrator within the Pennsylvania Department of Health;
- Creating a reporting structure for the grant;
- Negotiation of the award with the Health Resources Services Association;
- Revision of the project activities, goals, objectives, and timeline to align with the new project period;
- Meeting with all stakeholders to discuss the project;
- Oversight of the independent contractor process;
- Revision of fiscal management task and reporting, invoicing, and monitoring procedures between the Pennsylvania Department of Health and the Pennsylvania Chapter of the American Academy of Pediatrics to encompass the HRSA grant.

Implementation – The project is currently in the implementation phase and making progress towards the goals and objectives. Implementation tasks that have been completed are as follows:

- Revision of the logic model to match the project;
- Revision of the original data collection and evaluation plan to align with GPRA and other measures of performance;
- Development of reporting forms and processes;
- Establishment of baseline performance data;
- Locating appropriate project partners and continually expanding the reach of the project;
- Provision of grant reporting training;
- Project meetings with stakeholders and partners;
- Delivery of project activities;
- Project updates;
- Managing the project to the budget and workplan on a monthly basis;
- Continuous identification of project and oral health champions at the state and local level;
- Creation of job descriptions, staff recruitment within partner agencies (ex – Dental Navigators), staff orientation and training;
- Mobilization of project resources such as facilities, staffing, reporting systems, and informing others about the project at community and state level meetings;
- Building the capacity of the oral health system throughout dental health professional shortage areas;
- Implemented an outreach campaign to recruit participants for training activities;
- Continuous recruitment of medical and dental professionals for training;
- Review of existing oral health plan;
- Review of plan and activities to hire a Dental Director;
- Identification of dentists in DHPSAs;
- Discussions of how the project and oral health professionals, agencies, and coalitions can coordinate with Managed Care Organizations;
- Formation and expansion of partnerships with dental training programs;
- Recruitment of dental residents;
- Maintained and built collaborative relationships with key organizations that enabled the project to leverage the activities of multiple groups in support of the project goals.

Project Implementation Context

The Economy

As of December 2014, Pennsylvania had a lower unemployment rate (4.8%) than the national average (5.6%)⁵ indicating that more families are working and the economy is recovering from the 2012 recession. In 2013, Pennsylvania's total state Gross Domestic Product (GDP) was \$645 billion, making it the 6th largest economy in the country⁶. However, in 2013, the Pennsylvania GDP did not keep pace with that of other states across the nation, showing that the state is still struggling to regain its economic footing. The health care and social assistance sectors are major contributors to the state economy, accounting for over one-tenth of the total increase in GDP between 2012 and 2013 this includes health research and technology, the insurance industry, health care providers, health services, and the health care and social assistance workforce. Other major private industries in Pennsylvania include manufacturing and real estate.

Health of the Population and Disparities in Health, Wellbeing, and Access to Services

According to the United Health Care Foundation, *2014 America's Health Rankings* report, Pennsylvania ranks 28th among 50 states in regard to health and wellbeing of the population⁷. The performance of the state health care system is ranked low at 22nd in the nation, which reflects a drop of 8 slots between 2013 and 2014. The population also demonstrates increased rates of substance abuse, Parkinson's disease, and heart-related mortality rates that exceed the national averages.

Health disparities also disproportionately affect underrepresented groups, which mirror trends found across the nation. According to state level data, 25% of Blacks and 22% of Hispanics in Pennsylvania report their health status as poor or fair, compared to just 16% of Whites that report their status as poor or fair. In addition, 43% of Hispanics and 41% of Blacks report experiencing mental health issues and stress that impacts their lives compared to 34% of Whites. Disparities in access to health care are also significant as 30% of Hispanics report having no usual source of care, compared to 20% of Blacks and 12% of Whites⁸. The geography of the state also limits health access. Pennsylvanians that reside in rural areas and small communities are more likely to have unmet health needs, poor access to health services, and are more likely to be uninsured than children and adults living in the more urban areas of the state⁹.

⁵ Pennsylvania and state figures from Table 3, *Civilian Labor Force and Unemployment by State and Selected Area, Seasonally Adjusted* (January 27, 2015), <http://www.bls.gov/news.release/laus.t03.htm>. U.S. figure from Bureau of Labor Statistics, *Unemployment Rate (Seasonally Adjusted)* (August 18, 2014), <http://data.bls.gov/cgi-bin/surveymost?bls>.

⁶ U.S. Bureau of Economic Analysis, *Current-Dollar GDP by State, Pennsylvania, 2013* (June 11, 2014).

⁷ United Health Care Foundation, *America's Health Rankings* (2014), <http://www.americashealthrankings.org/>

⁸ KCMU analysis of the Centers for Disease Control and Prevention (CDC)'s Behavioral Risk Factor Surveillance System (BRFSS) 2013 Survey Results.

⁹ Pennsylvania Department of Health (2012) *Pennsylvania Health Disparities Report 2012*. Harrisburg, PA.

Oral Health Initiatives and State Oral Health Services for Children and Families

There are many state and local efforts underway to address health disparities and gaps in the health care system. The Office of Health Equity was integrated into the Pennsylvania Department of Health in 2007. In addition, educational institutions, health care networks, and professional associations are working to make an impact that increases health equity and strengthens the health care system in the state. There has been particular focus on medically underserved areas and federally designated health professional shortage areas. The University of Pittsburgh is also working to improve health equity through the University of Pittsburgh, Center for Health Equity.

Another important step the state has taken to improve health access is an adoption of the Medicaid expansion which as of January 1, 2015 increased parent eligibility for Medicaid from 38% of the federal poverty level in 2014 to 138% of the federal poverty level in 2015. Eligibility for pregnant women and children is higher at 319% of the federal poverty level. Several federal grants also support oral and physical health services and infrastructure improvements. In August of 2013, a federal grant provided \$2.7M in funding for four navigator entities operating in Pennsylvania that conduct health outreach; this includes funding for the Pennsylvania Community Health Centers, who are a key partner in the Pennsylvania Expanding Access to Oral Health Collaborative Project. Additional programs operated by the Pennsylvania Department of Health to support oral health include three sealant grants that provide sealants for children aged 6-12 years in high-poverty school districts, a Healthy Women's Program that provides an oral health component that includes screening services, and additional funds allocated through donated dental services, state budgetary resources, and preventive health and health services block grant funding.

Other state level oral health initiatives that target low-income children and oral health professionals include the Pennsylvania Head Start Association early childhood dental education oral health initiative which includes Age One Dentistry (education of general dentists to provide preventive care to children), MCO Liaison Project, which navigates Head Start families with dental providers, and the Cavity Free Kids training program. The Pennsylvania Chapter of the American Academy of Pediatrics (PAAAP) also has a policy and program focused on the oral health needs of the population. The goal of the PAAAP oral health initiative is to increase awareness and knowledge of oral health and potential ways to incorporate oral health into practice in Pennsylvania. A key component of the PAAAP oral health initiative is the Healthy Teeth Healthy Children program. This medical /dental collaboration provides on-site trainings to medical professionals, residency programs, oral health literature and an oral health advocate's network that operates state-wide. Programs that provide families free or low-cost dental services include the Give Kids a Smile Event, Donated Dental Services Program, and services provided through the Pennsylvania Children's Health Insurance Program, Safety Net Dental Clinics, and the network of Federally Qualified Health Centers.

At the program level the context for the implementation of the grant was impacted by a delay in the funding announcement. This delay required the project to be modified from its original timeframe because HRSA awarded the grant in the fiscal year following the submission of the proposal. As a result of the length of time between the original grant submission and funding it was necessary to revise the project scope and activities. By September, 2014 under the assumption that the grant was not funded, the Pennsylvania Department of Health had already undertaken steps to improve their oral health system. In addition, other structural changes within the state impacted oral health such as the refunding of the DentaQuest grant, the establishment of the state Oral Health Program Administrator, and additional developments in the public/political context as the result of a new governor implementing changes throughout state funded and administered programs.

The project modifications and contextual factors have been both challenging and beneficial to the project. While the team has experienced some delays and roadblocks in moving forward with program objectives, the project is now in a more stable environment as the result of its permanent assignment to the Oral Health Program Administrator within the Pennsylvania Department of Health as well as there is a clear indication of the gaps in the oral health system and an understanding amongst the project partners of the project intent. The project is also well integrated into other oral health initiatives being implemented throughout the state and resources are leveraged.

Evaluation Focus

The selection of questions that guided this evaluation report was based on the stage of development of the project (planning-implementation) and the need for additional data to establish the initial outcomes of the project. Other factors that influenced the selection of the evaluation questions included the stakeholder priorities and the availability of data related to the specified project objectives and outcomes. Further, the evaluation questions that met the following criteria were selected for this reporting period:

1. The question was congruent with the program's theory of change as defined in the logic model for the project.
2. Answering the question will provide useful information to the stakeholder and funder.
3. The questions are linked to the project goals and objectives.
4. The question, in combination with other questions proposed for the project evaluation provides a complete picture of the program and grant activities.

Program Year 1 Evaluation Questions

Process Evaluation Questions

Project Drivers:

- a) Who championed the idea of the HRSA grant project?
- b) How were the grant objectives determined?
- c) What changes was the project meant to introduce?
- d) Who were the principal architects and planners of the project?

Project Implementation:

- a) What unintended consequences and barriers have emerged in the implementation of project activities?
- b) Are the participants satisfied with the project interventions and services?

Project Planning:

- a) Are project expenditures in alignment with the approved budget?
- b) Are all aspects of the project being implemented as planned?

Outcome Evaluation Questions

Initial Outcomes – Year 1

Goal 1: *By 2017, ensure a sufficient and effective oral health workforce throughout Pennsylvania by providing training to 300 existing health professionals.*

- a) What is the number of dental professionals trained?
- b) What is the number of medical professionals trained?
- c) What is the number of medical/dental professionals trained and certified in the EPIC curriculum?

Goal 2: *By 2017, expand oral health services for 1,200 patients from the target population by maximizing existing Pennsylvania workforce to fullest capacity, through implementation and enhancement of sustainable practice models that address gaps and improve access to affordable, high-quality oral healthcare.*

- a) To what extent has a map of Medicaid funded dental services been developed?
- b) To what extent has an oral health literacy campaign implemented?
- c) How many students have been deployed to HPSAs by providing reimbursement for travel and lodging costs?

Goal 3: *Ensure effective leadership and ongoing integration of oral health programs within the Pennsylvania Department of Health by hiring a Public Health Dental Director within 90 days of project funding.*

- a) Has the state hired a Public Health Dental Director?
- b) What steps have been taken to revise the state oral health plan?

Goal 4: *By August, 2017 build the capacity of the Pennsylvania oral health infrastructure and expand its geographic reach to number of participants by implementing a “Dental Hub and Spoke Model”.*

- a) What steps have been taken to establish dental hubs by the FQHC partners?

Data Sources and Methods

The evaluation methodology represented a multi-level, cross-sectional approach that collected four types of key data: 1) quantitative data reported to HRSA and the Pennsylvania Department of Health derived from implementation reports from each project partner, 2) web-based and paper survey responses and training evaluation surveys from the PHSA Cavity Free Kids Training initiative, 3) reviews of supporting documents and program records, and 4) in-person and phone interviews with project partners that took place during the first project year. Through these approaches the evaluator obtained both subjective perspectives and objective evidence about the ways in which the project impacted the targeted population and communities of focus. Interviews covered topics such as data sharing, communication, collaboration, drivers and barriers, implementation of project activities, and project planning. The process evaluation also included a periodic review of the budget and YTD expenses analyzed at the end of the grant funding year.

Summary of Evaluation Data Sources			
Method	Data Source	Instrument	Analysis Method
Quantitative Data Reports	<ul style="list-style-type: none"> (2) HRSA Government Performance and Results Modernization Act Measures (GPRA) data reports 	Standardized report forms for each partner and data from the Uniform Reporting System	Descriptive statistics (i.e. rates, frequencies, measures of central tendency)
Quantitative Survey Data	<ul style="list-style-type: none"> 287 Cavity Free Kids training evaluations; 233 Cavity Free Kids Pre-Tests 229 Cavity Free Kids Post-Tests 96 Age-one Connect the Dots training evaluations 87 Age – one Connect the Dots Pre-Tests 87 Age – one Connect the Dots Post – Tests 	Participant surveys Post Tests	Descriptive statistics (i.e. rates, frequencies, measures of central tendency)
Document Reviews	<ul style="list-style-type: none"> Evaluation forms from training activities, Outreach flyers, HRSA reporting forms and guides, Project meeting notes, Project partner websites and newsletters, 	Various data sources	Thematic/content analysis

Summary of Evaluation Data Sources			
Method	Data Source	Instrument	Analysis Method
	<ul style="list-style-type: none"> • Annual reports from project partners, • Contract requirements and activities agreements for each project partner, • Funding amendments, changes to the scope of work and documents submitted to HRSA by the Pennsylvania Department of Health • Quarterly narrative reports from each partner • Training records and content • Other evaluation reports • Activity schedules from project partners 		
Interviews	<ul style="list-style-type: none"> • 16 interviews with project partners • 1 project team meeting • Ongoing and regular communication with project administrators 	<ul style="list-style-type: none"> • Interview protocols 	Thematic analysis

Quantitative and Qualitative Data Abstraction

HRSA grantees are required to submit data through the HRSA Uniform Reporting System. To assist the project staff in meeting this requirement the evaluator created reporting forms aligned to the GPRA measures and the HRSA system requirements. This process included reviewing the GPRA measures and funder reporting manuals at the start of this evaluation. These reports were the source of quantitative data that was abstracted and analyzed. Other quantitative data was extracted from training course participant evaluations and pre/post tests. To conduct the data analysis, the evaluation team identified questions that would provide information about the effectiveness of the project and participant satisfaction with the training and developed a process for abstracting the information from the survey data using the Statistical Package for Social Sciences (SPSS) and Survey Monkey online data systems. Once the researcher finished abstracting the data, a team of analysts conducted a content analysis of each question using an abstraction form designed for each set of data (CFK Pre-Test; CFK Post-Test; CFK Training Evaluation; Age-one Connect the Dots Pre-Test; Age-one Connect the Dots Post-Test; Age-one Connect the Dots Training Evaluation). They identified and grouped key

themes across each training and pre/post-test to identify commonalities and conducted further analysis to identify higher-order themes that emerged from the groupings. The project evaluator then stored and cleaned all data. The evaluation also included interview and communication responses which the evaluator conducted an abstraction of program information for a content analysis.

Limitations of the Data

As with all evaluations, the independent review of the project contained in this report has a number of limitations. The selection of the evaluation methods was tied to the design of the project, implementation, and standards for data collection. The evaluator's philosophy was to select methods and data sources that best fit the evaluation questions that would provide the most credible evidence for analysis. In addition, data analysis was conducted based on the training and expertise of the evaluator in regard to health programs and utilized the evaluation approach developed by the National Center for Chronic Disease Prevention and Health Promotion. In addition to their education and experience evaluating public health programs, the evaluator and evaluation staff completed specific training focused on implementing both utilization focused evaluation and the CDC Framework for Program Evaluation for Public Health. Each of the evaluation team members is also well-versed in utilizing program evaluation databases and systems for extracting data. It should be noted, the evaluator does not have specific health services training which limits the ability of the evaluator to make strategy suggestions for improving the project's impact. To alleviate this barrier, the project partners must utilize their own knowledge of the service area, state systems, and expertise related to oral health to devise project improvement strategies.

The time and resources available for the evaluation was also limited as the project partners work in multiple roles that are not associated with the grant project. As a result, the full scope of how the project is integrated into other oral health initiatives in the state cannot be determined. In addition, since this is a first-year project evaluation, the scope of the document analysis does not allow for examination of how the program documents and strategies may have changed over time. Throughout the first year of the project, the data collection process was refined and revised which both expanded and limited the types of information collected to describe program outcomes. The readers of this report should consider the findings of this evaluation as a reflection and snapshot of how the HRSA grant was administered only during project year 2014-2015.

The retrospective nature of the evaluation also carries inherent challenges. Data used in the evaluation come from multiple sources and vary in degrees of quality and objectivity. Interview data reflects the perceptions, opinions, and experiences of individual partners who have a differing scope of work and agency mission, differing goals, timelines, and methods of collecting, interpreting, and reporting data about their own grant and non-grant funded activities. Thus, there is a natural variability in the information reported. Also, not every partner

is represented in every element of the project goals and objectives that are evaluated through this report. Finally, the small proportion of total spending on oral health in the State of Pennsylvania made up of the HRSA grant funds poses a challenge in tracking exactly which outcomes are the direct results of the grant.

Stakeholder and Survey Response Rates

Training was delivered by the Pennsylvania Head Start Association (PHSA) and the Pennsylvania Chapter of the American Academy of Pediatrics (PAAAP). The training targeted two different populations as follows:

Cavity Free Kids: PHSA delivers Cavity Free Kids (CFK), a best practice oral health curriculum training to early childhood professionals, child care providers, and preschool teachers using resources from the DentaQuest grant as well as the HRSA grant funds. The curriculum and materials are appropriate for almost any type of child care setting and provide education about good dental health and the importance of preventative care. In project year one, a total of 306 early childhood professionals received CFK training.

Age-One Connect the Dots: PHSA administers Age-One Connect the Dots a training program designed to expand dental care to young children, especially at-risk infants and toddlers. The goal is to promote the age-one dental visit as the standard of care and to provide information that strengthens the relationships between dental and medical providers. The Age-One training is provided to medical and dental professionals. In project year one, a total of 128 individuals participated in Age-One training.

Healthy Teeth, Healthy Children (HTHC): HTHC is a program of the PA AAP promoting medical/dental collaboration and oral health literacy. This training is paired with the Educating Physicians in the Community (EPIC) program in which peer professionals visit primary care physician offices and provide clinical information, practical tools and supporting resources in a variety of pediatric clinic areas, including oral health. HTHC training is funded through a DentaQuest grant and partially supported with HRSA funds. In project year one, 94 participants received training.

The following tables show the CFK and Age-One program evaluation response rates and the number of participants that were administered pre/post tests for each training.

Quantitative Data Source	Total Training Participants	Number of Respondents	Response Rate
Cavity Free Kids Training Evaluation	306	287	93.7%
Cavity Free Kids Pre-Test	233		
Cavity Free Kids Post-Test	229		

Quantitative Data Source	Total Training Participants	Number of Respondents	Response Rate
Age – One Connect the Dots Training Evaluation	128	96	75%
Age-One Connect the Dots Training Pre-Test	87		
Age-One Connect the Dots Training Post-Test	87		

Partner Characteristics

Categorization of the Partnerships by Type of Agency or Organization	
State	Pennsylvania Department of Health; Pennsylvania Head Start Association, Pennsylvania Coalition on Oral Health, Association of Federally Qualified Health Centers; Pennsylvania Chapter of the American Academy of Pediatrics
Region / County	Primary Health Network; Keystone Dental Care FQHCs
Academic / University	University of Pittsburgh School of Dental Medicine

The project partners have been working collaboratively for several years. In most cases, staff within partnering organizations interface with each other frequently at state and regional meetings, as well as during the course of project implementation. The Pennsylvania Head Start Association and Pennsylvania Chapter of the American Academy of Pediatrics have been working collaboratively on other initiatives associated with the DentaQuest grant which also benefit the HRSA project. For example, the organizations are currently creating a provider database that identifies professionals that have been trained in pediatric oral health programs and dental providers that accept Medicaid.

The Pennsylvania Chapter of the American Academy of Pediatrics and Pennsylvania Department of Health have also partnered on numerous initiatives. This has enabled the project to streamline contracting processes which facilitates project efficiency. In the case of the University of Pittsburgh SCOPE program, the prior partnership of Pennsylvania Chapter of the American Academy of Pediatrics and dental training programs has increased the project’s ability to resolve implementation issues. During the first

project year, there was difficulty in facilitating the expansion of services using the SCOPE program through the Pennsylvania Department of Health due to a lengthy required contracting process. As a result, the SCOPE program schedule became out-of-step with the project work plan. The Pennsylvania Chapter of the American Academy of Pediatrics was able to leverage their existing relationships with the Pennsylvania Department of Health and other training providers to enable the project to meet the objective to expand services using dental training programs.

Project Funding by Strategy

Strategy	Partner	Federal Funds Requested
Grant Administration, Oversight and Evaluation	Pennsylvania Department of Health, Pennsylvania Chapter of the American Academy of Pediatrics; Heartland Solutions	\$90,483
Workforce Capacity Building	Pennsylvania Chapter of the American Academy of Pediatrics; Pennsylvania Head Start Association	\$79,818
Expansion of Services to Low-income residents in DHPSAs	University of Pittsburgh School of Dental Medicine	\$14,250
Establishment of Hub and Spoke Model	FQHC Network; Primary Health Network and Keystone Dental Care	\$144,000
Oral Health Systems Building	PA Coalition on Oral Health; PA DOH	\$143,781

**Funds are reported as budgeted and there is slight variation in actual spending*

Process & Outcome Data

Process Evaluation

The process evaluation involved both quantitative and qualitative measures. This included conducting interviews with project collaborators, state-level administrators and grant funded staff. Interviews covered topics such as data sharing, communication, collaboration, drivers and barriers, implementation of project activities, and project planning. The process evaluation also includes periodic review of the budget and YTD expenses analyzed at the end of each grant funding year. This information will be utilized to plan for the upcoming year and to provide insight for ongoing program improvement activities. It will also serve as a foundation for any modification requests to staffing, expenses, or other project components associated with the implementation of activities.

Process Evaluation Questions

Project Drivers:

- a) Who championed the idea of the HRSA grant project?
- b) How were the grant objectives determined?
- c) What changes was the project meant to introduce?
- d) Who were the principal architects and planners of the project?

Project Implementation:

- a) What unintended consequences and barriers have emerged in the implementation of project activities?
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Project Planning:

- a) Are project expenditures in alignment with the approved budget?
- b) Are all aspects of the project being implemented as planned?

Project Drivers

The project was championed by key individuals working within the oral health arena in the state. Notably, this included representatives from the project partners that offered their expertise and insight into the needs of the state and strategies for strengthening the oral health system. One aspect of the project's success is that these key stakeholders have remained involved in the project and continue to implement activities for which they advocated in the original proposal. Because of the level of involvement of the project driving individuals and the lack of turnover among the content experts the project has continued to thrive.

The grant objectives were determined using a collaborative process that considered the needs of the state, the context for services, the availability of other resources that could be leveraged, and the history of the oral health system and oral health initiatives. The grant development workgroup initially collaborated to work with the Pennsylvania Department of Health to evaluate the applicability of the HRSA grant opportunity. After the decision to locate the project in the Pennsylvania Department of Health was made, the group discussed the allowable grant activities and associated the state's needs with appropriate strategies that would strengthen the oral health system, while meeting the goals of the HRSA grant opportunity. From this activity a logic model was developed with key outcomes (Appendix). Based on the project outcomes, strategies were developed along with objectives and activities to support the attainment of project goals. The development of the logic model also led to a work plan that delineated responsibilities for each partner engaged in the initiative.

The changes the project was meant to introduce included the following:

- Oral health care is rendered across the state by skilled professionals;
- Establishment of a sustainable statewide oral health network that supports and promotes oral health;
- Sustainable models of care are shared and replicated;
- A diverse and competent workforce;
- Integrated oral and physical health;
- The absence of oral health disparities.

The principal architects of the project are identified in the table below (organizational chart in Appendix):

Agency	Individual
PA Coalition for Oral Health	Lisa Schildhorn
PA Department of Health	Brian Wyant
Pennsylvania Head Start Association	Blair Hyatt; Amy Requa
Pennsylvania American Academy of Pediatrics	Suzanne Yunghans, Bonnie Magliochetti
Oral Health Advocate	Dr. Eve J. Kimball, MD; Dr. Bernie Dishler, DDS
Keystone Health	Joanne Cochran; Bev Myers
University of Pittsburgh School of Dental Medicine	Dr. Richard Rubin, DDS
Primary Health Network	Jack Laeng

Project Implementation

Project satisfaction was reported among many of the partners (success stories in appendix) who detailed ways in which the project has enhanced their communities, such as introducing oral health concepts to new populations, expanding the reach of oral health care providers, the coordination of oral health services through the dental navigators, which also increased access to services for high-need populations, and increasing the number of professionals trained in oral health practices.

Other positive aspects noted by the partners include that the project further cemented the relationships between the oral health advocates and partners working collaboratively towards a shared oral health vision. HRSA funds have been utilized to fill gaps in many funding streams which have led to maximization of resources. The synergy of the collective group has provided leverage for major changes, particularly the fact that Pennsylvania has identified oral health as one of the five top population health priorities in the state. Other leverage points include the use of the 99188 code and Medicaid payment for fluoride varnish application to leverage changes to the CHIP program (to include fluoride varnish), while these outcomes cannot be attributed directly to the HRSA grant, they are evidence of leveraged initiatives and the level of coordination among project partners.

The project experienced barriers related to the state budget impasse which impacted the flow of funds to partners and also created a backlog of work as some contractors had to reduce services and grant activities while the state budget was not in place. In addition, the impasse impacted the ability to install a Dental Director, one of the key activities identified through the HRSA grant. Operational barriers reported by the project partners included lack of staff. For example, one partner had a dentist retire and there was an increase in the demand for services as a result of enhanced outreach efforts that impacted the targeted population. Since that time

a new dentist has been hired. Contractual issues also impacted project progress and it was necessary to transfer the contract with the University of Pittsburgh to the Northcentral Area Health Education Center in order to expedite the implementation of the SCOPE program student activities. However, this activity did expand the number of partners in the Pennsylvania Expanding Access to Oral Health Collaborative Project, which could result in additional benefits during the project period. The Pennsylvania Area Health Education Center assists to help communities meet their health care needs by facilitating the recruitment, retention, education, and training of providers of primary health care services.

Project Planning

Project Costs

The grant expenditures totaled 63% of the federal award for year one. The grant was underspent due to a hiring freeze that impacted the ability of the state to spend fund to hire a Dental Director. In addition, the travel line item was impacted by this factor. The program was also unable to implement the SCOPE program as anticipated due to the late funding of the award that resulted in the grant not being aligned with the school semester. Had these activities been implemented, 93% of grant funds would have been expended in year – one. Upon approval of the Federal Fiscal Report, the year-one funds were carried over to year -two. It should be noted that the Pennsylvania Department of Health was able to fully meet the required non-federal contribution and exceeded the required amount by \$66,380 for the project period.

Cost Category	Budgeted Amount	Actual	Variance
Personnel	\$92,325	\$0	\$92,325
Fringe Benefits	\$36,250	\$0	\$36,250
Equipment	\$0	\$0	\$0
Supplies	\$5,270	\$413.67	\$4856.33
Travel	\$7,171	\$0	\$7,171
Contractual	\$326,000	\$292,224	\$33,776
Other	\$10,212	\$2,084	\$8,128
Indirect Costs	\$16,786	\$0	\$16,786
Total Budget	\$494,013	\$311,507	\$199,292
Non-federal contribution	\$117,888	\$184,268	\$66,380

Project Time and Workplan

The timing of the project impacted the project work plan significantly and resulted in the delay of implementation of two activities, the hiring of the Dental Director and the implementation of the SCOPE strategy which would have deployed students to clinics in dental health professional shortage areas. The state budget impasse also impacted the ability to hiring the dental director and the contracting process. It was uncertain at one point if the project contractors would be

consistent from the initial contractors identified in the grant proposal due to the installment of a new administration within the state Governor’s office.

The table below illustrates the activities that were included in the project work plan and their current status.

Project Work Plan and Status of Project Tasks		
Goal 1: By 2017, ensure a sufficient and effective oral health workforce throughout Pennsylvania by providing training to 300 existing health professionals.		
Objective	Task	Status
Objective 1.1. By 2017, provide trainings using established curriculum to 300 dental providers to improve delivery of services and expand access to comprehensive oral health services to the target population.	Identify and select existing training programs for dental providers. Review Connect the Dots, Age 1 Dentistry trainings, and Smiles for Life curriculum and develop modules for rollout.	Completed
	Develop a recruitment strategy to reach 300 providers for training.	Completed
	Establish training locations, travel schedules, and budgets for each location. Identify needed trainers.	Completed
	Develop Continuing Education accreditation for trainings.	Completed
	Conduct train the trainer sessions with each training partner.	Completed
	Promote and advertise trainings and recruit training participants.	Completed
	Produce documents, binders or thumb drives for use in training seminars. Distribute invitations and confirm all attendees for each workshop.	Completed
	Provide regular updates and reports for completed workshops and number of trained providers.	Completed
	Create a data file of all certified trained providers for later use in web-based provider directory.	In Progress
Objective 1.2 By 2017, develop and implement oral health training for medical healthcare professionals that utilizes diverse training strategies that meet the needs of a minimum of 150 medical health care professionals.	The training focus will cover the following five components: oral health risk assessment, examination of the teeth and common oral health conditions, fluoride varnish application, education to improve oral health literacy of patients and families, and dental referrals.	Completed
	Project staff will also develop a recruitment strategy and training plan to reach 150 medical health care professionals, determine priority communities and explore creative educational methods (including face to face, web based, partnering with professional associations, hospitals, and health systems, etc.).	Completed
	The model will be a presentation team of both medical and dental professionals	Completed

Project Work Plan and Status of Project Tasks		
Goal 1: By 2017, ensure a sufficient and effective oral health workforce throughout Pennsylvania by providing training to 300 existing health professionals.		
Objective	Task	Status
	collaboratively facilitating training and activities.	
	The outcome will be a pool of expert trainers to assure continued delivery of peer to peer training statewide now and in the future.	Completed
Objective 1.3 Annually, assess project needs and effectiveness and incorporate additional oral health continuing education strategies as needed.	Educare Consulting will prepare the following to facilitate project evaluation- an evaluation outcome chart, data collection forms, monthly and quarterly reporting forms, and database reports.	Completed
	After review of the budget, timeline work plan, and all other relevant sources of information, Educare will develop an evaluation process and timeline to be shared with the consortium of partners.	Completed
	The project will be evaluated to ensure that by 2017, all project activities are completed according to the work plan and budget. Annually, reports will be completed and submitted in compliance with monitoring and evaluation plan.	Completed

Project Work Plan and Status of Project Tasks		
Goal 2: By 2017, expand oral health services for 1,200 patients from the target population by maximizing existing Pennsylvania workforce to fullest capacity, through implementation and enhancement of sustainable practice models that address gaps and improve access to affordable, high-quality oral healthcare.		
Objective	Task	Status
Objective 2.1. By 2017, provide training and technical assistance that promotes the use of auxiliary oral health professionals such as Public Health Dental Hygiene Practitioners in target areas.	Develop a recruitment plan to identify certified public health dental hygiene practitioners in select counties, develop a training plan to provide technical assistance and training for these oral health professionals to include oral health assessments, fluoride varnish application, sealant application, and oral health literacy education, such as Cavity Free Kids Curriculum, identify and select target locations where training and education can be deployed.	Completed
	Establish training fees schedule for auxiliary health professionals doing outreach education and technical assistance in DPSAs and rural communities.	Not Implemented in Yr. 1
	Meet with school officials, Head Start Administrators and Service Coordinators, and other community liaisons to schedule	Completed

Project Work Plan and Status of Project Tasks		
Goal 2: By 2017, expand oral health services for 1,200 patients from the target population by maximizing existing Pennsylvania workforce to fullest capacity, through implementation and enhancement of sustainable practice models that address gaps and improve access to affordable, high-quality oral healthcare.		
Objective	Task	Status
	oral health literacy education opportunities.	
Objective 2.2 By 2017, work with dentists to expand services to individuals receiving Medicaid funded dental services by 10%.	Identify and recruit new dental providers, develop a training plan for the dentists who will accept Medicaid reimbursement, develop a marketing tool to encourage new graduates and dental students/residents to practice in DSPAs.	Completed
	Conduct office training for new providers to ensure smooth transition for new dentists accepting Medicaid, meet with local county assistance offices to review member enrollment process, conduct community-wide campaign to introduce Medicaid to current and prospective members and assist members with provider selection, appointment confirmation, and other needs as identified and collaborate with the Dental Schools and Residency Programs to provide education about serving the Medicaid population in DSPAs.	Completed
	Implement oral health literacy campaign.	Completed
Objective 2.3 By 2017, collaborate with dental training programs throughout the state beginning with the University of Pittsburgh, School of Dental Medicine-SCOPE Program to deploy 15 students to HPSA's by providing reimbursement for travel and lodging costs.	Identify target HPSA practice sites for SCOPE opportunity, present HPSA opportunity to SCOPE students during active school year, promote the availability of travel and lodging reimbursement and review "how to" with each prospective student.	Completed
	In partnership with the University of Pittsburgh SCOPE coordinator, enroll students for each site.	Not Implemented in Yr. 1
	Students complete the site profile and submit for actual schedule of visits.	Not Implemented in Yr. 1
	Practice location tracks visits and services completed and provide reporting back to University of Pittsburgh School of Dentistry and DOH Dental Director.	Not Implemented in Yr. 1
Objective 2.4 By 2017, build a medical / dental collaborative network across the Commonwealth of Pennsylvania that will increase oral health services to children under 6 years old seen in non-dental settings by	Coordinate with Managed Care Organizations (MCO's) to provide training on fluoride varnish reimbursement mechanisms, collaborate with MCOs and the state Medicaid program to obtain data for this objective from the CMS 416 reports for the year 2011 compared to that of 2016.	In Progress

Project Work Plan and Status of Project Tasks		
Goal 2: By 2017, expand oral health services for 1,200 patients from the target population by maximizing existing Pennsylvania workforce to fullest capacity, through implementation and enhancement of sustainable practice models that address gaps and improve access to affordable, high-quality oral healthcare.		
Objective	Task	Status
10%.	Link medical and dental practices in communities across the Commonwealth where training has taken place by developing and maintaining a database of providers, identify dental practices and specialty dental services which can be used for patient referral following evaluation, distribute literature and brochures which support oral health as part of overall health to pediatricians and family practitioners across the state of Pennsylvania, establish a reporting mechanism for capture of data on oral health services completed, collaborate with MCOs and the state Medicaid program to obtain data from the CMS 416 reports for the year 2016 to compare with the 2011 data.	In Progress

Project Work Plan and Status of Project Tasks		
Goal 3: Ensure effective leadership and ongoing integration of oral health programs within the Pennsylvania Department of Health by hiring a Public Health Dental Director within 90 days of project funding.		
Objective	Task	Status
Objective 3.1. Within 120 days of project funding, hire and orient a Public Health Dental Director	Create a position description and salary package for the prospective Dental Director.	Completed
	Advertise for the position in journals and professional periodicals and establish an interview and review board for hiring decisions.	Not Implemented in Yr. 1
	Review resumes, and schedule/conduct interviews, establish a start date with the successful candidate, and review position description and priorities of the grant and other projects.	Not Implemented in Yr. 1
Objective 3.2 By April, 2014 disseminate resources to partners to deliver services identified in the project work plan.	The Dental Director will develop a Dissemination Plan for the distribution of all resources, to align with key activity timelines and completed by April 2015.	Not Implemented in Yr. 1
	Distribute resources to all partners according to Dissemination Plan.	Completed
Objective 3.3 Collaborate with a diverse group of stakeholders and project partners to update and revise the 2002 state oral health	Planning and consensus building in year one.	Completed
	Begin regular meetings and interactions within the group to facilitate the revision of the 2002 state oral health plan and to	Completed

Project Work Plan and Status of Project Tasks		
Goal 3: Ensure effective leadership and ongoing integration of oral health programs within the Pennsylvania Department of Health by hiring a Public Health Dental Director within 90 days of project funding.		
Objective	Task	Status
plan and to create an implementation plan by the end of project year two.	creation of an implementation plan, share ideas amongst coalition members and stakeholders, and gain consensus on all work.	

Project Work Plan and Status of Project Tasks		
Goal 4. August, 2017 build the capacity of the Pennsylvania oral health infrastructure and expand its geographic reach to number of participants by implementing a “Dental Hub and Spoke Model”.		
Objective	Task	Status
Objective 4.1 By 2015, establish 2 dental “hubs” to expand the oral health safety net for the target population and by 2016, review the success of the dental hubs which were established with project funds and modify strategies to meet emerging needs and incorporate additional resources	Ensure that auxiliary dental hygienists such as public health dental hygienist practitioners are contracted with a facility in each location to ensure timely payment for services, Investigate the potential roles, responsibilities, and job description for a newly designed “dental care navigator” position at each dental hub.	Completed
	FQHC partners identify dental hub sites	Completed
	FQHCs hiring Dental Navigators	Completed
	Incorporate dental sealants and fluoride varnish as part of overall oral health strategy using CHC/FQHCs as targeted locations or other locations such as schools and community-based locations, provide training on reimbursement to dental hygiene staff and implement the role of the “dental care navigator” in each dental hub by hiring appropriate personnel.	
Objective 4.2 By 2016, review the success of the dental hubs which were established with project funds and modify strategies to meet emerging needs and incorporate additional resources	By 2016, review the success of the dental hubs which were established with project funds and modify strategies to meet emerging needs and incorporate additional resources.	Not Implemented in Yr. 1
Objective 4.3. By 2017, the State Dental Director in collaboration with public and private stakeholders creates a plan to establish additional dental hubs	By 2017, the State Dental Director in collaboration with public and private stakeholders creates a plan to establish additional dental hubs.	Not Implemented in Yr. 1

Project Quality

The project resulted in the delivery of high quality services, reports, health literature and materials. According to the analysis of training survey data from Cavity Free Kids the following outcomes were identified (full survey report in Appendix):

- 97% of training participants reported the training honored their learning style
- 91% participants reported their oral health knowledge was improved as a result of the training and 94% reported they improved their understanding of health issues facing vulnerable families.
- 98% agreed they could apply the information they learned in training in their work with families.

When asked about how they would use the training in their work with families there were four main themes identified. This included in the context of the classroom / childcare program, with families in their role as a family educator or other professional role, and sharing the information at community events and in clinical practice.

The project products were also accurate, relevant, and representative of oral health activities found in dental health initiatives implemented by other states. For example, the Cavity Free Kids training rates of satisfaction were in alignment with that identified in another evaluation titled, Chompers! Bringing Dental Care to Kids Cavity Free Kids Evaluation Report. In addition, the reach of the project exceeded the initial estimates of the number of individuals that would be trained by 25% for a total count of 400 professionals trained as opposed to the project' target of reaching 300 professionals through training efforts. Of the 44 first-year project tasks included in the grant work plan 28 were completed which represents 63% of planned tasks. Many tasks were also designed to be in progress throughout the project period. These tasks comprised three tasks in year one, of which 100% were in progress as intended. Tasks that were not completed as planned represented 9 of the 44 tasks, comprising 20% of all project activities. It is interesting to note, the percentage of the budget spent was also the percentage of tasks completed indicating that funds are evenly distributed through the project activities and years.

Outcome Evaluation

Goal 1: By 2017, ensure a sufficient and effective oral health workforce throughout Pennsylvania by providing training to 300 existing health professionals.

Evaluation Questions:

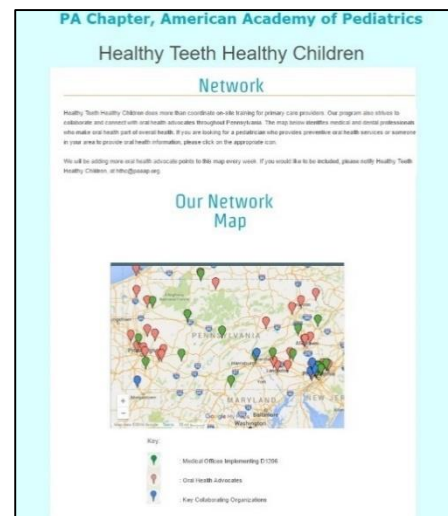
- a) What is the number of dental professionals trained?
- b) What is the number of medical professionals trained?
- c) What is the number of medical/dental professionals trained and certified in the EPIC curriculum?

Through the project the total number of 524 health professionals were trained. Among this group were 61 physicians, 46 dentists, 144 dental hygienists, 40 dental assistants, 22 expanded function dental assistants, 19 nurses/certified medical assistants and 137 other types of professionals. In addition, 55 Head Start administrators and staff were trained. The project outcomes included providing training to 389 individuals working in a primary care setting, of which 269 were working in medically underserved communities. In addition, 175 training participants were employed in a rural area. 94 professionals were trained and certified in the EPIC curriculum.

Goal 2: By 2017, expand oral health services for 1,200 patients from the target population by maximizing existing Pennsylvania workforce to fullest capacity, through implementation and enhancement of sustainable practice models that address gaps and improve access to affordable, high-quality oral healthcare.

- a) To what extent has a map of Medicaid funded dental services been developed?
- b) To what extent has an oral health literacy campaign implemented?
- c) How many students have been deployed to HPSAs by providing reimbursement for travel and lodging costs?

The project team is working towards developing a map of Medicaid funded services using the Healthy Teeth PA Map as a base which identifies oral health resources and is utilized by providers, parents, and professionals working to improve oral health outcomes and resources.



The Pennsylvania Head Start Association and Pennsylvania Chapter of the American Academy of Pediatrics have been collaborating and exploring the use of a geographic information systems application and have shared the Healthy Teeth PA map with the Head Start Healthy Smiles Task



force and other entities. This activity is still in progress at the end of project year one, but is slated to be completed by the end of the second project year.

The project has achieved success in implementing a health literacy campaign. All project partners work towards this effort and the dissemination of information has occurred at the individual level with parents. At the community level through working with local associations, health care providers, and programs serving young children and at the national level information has been shared through the American Dental Association, Morning Huddle.

Through the Pennsylvania Head Start Association (PHSA) outreach occurs during training. Since outreach is also funded by the DentaQuest grant the reach of the HRSA services is magnified. PHSA distributes the free oral health literacy resources, literature, and brochures, from the National Maternal & Child Oral Health Resource Center (OHRC), as well as the Centers for Medicare and Medicaid Services (CMS) oral health literacy materials from the “Think Teeth” Campaign at every Cavity Free Kids and PA Age One Connect the Dots course offering, as well as at all of our Head Start meetings across PA. They include literature and brochures from the Pennsylvania Chapter of the American Academy of Pediatrics about the fluoride varnish application and referral to a dental home by age one in medical offices through the Healthy Teeth Healthy Children Initiative’s “Oral Health in Your Office” course. This includes providing education and training using the Cavity Free Kids training, Age One Connect the Dots training, and through presentations on oral health at conferences and within associations.

The dental navigators within Primary Health Network and Keystone Dental Care also conduct outreach. Presentations in the community address topics such as proper brushing/flossing techniques; discussions on healthy snacks; distribution of free toothbrushes, toothpaste, and floss; distribution of educational pamphlets to teachers for their students; and coordinating dental services for the target population. Oral health literacy campaign responsibilities include: Media messaging regarding the importance of maintaining oral health; oral health presentations to the community; and classroom visits. For example, during the project year,



Primary Health Networks Dental Navigators conducted the following types of outreach activities:

- Three community events (three health fairs/family engagement events at the Lawrence County Community Action Programs, Highland House, and the YMCA)
- Visited 12 classrooms to facilitate hands-on oral health education activities
- Conducted one home visit in the Amish community and facilitated three presentations to community members
- The dental navigator facilitated two presentations at libraries
- Presented oral health education at two Lamaze classes
- Attended two food bank events
- Performed outreach to foster families through an event at the Bair Foundation
- The Dental Navigator attended the following meetings with local associations and community groups: New Castle WIC, Neshannock Church, Coffee Connection Networking Event, New Castle Business Mixer, and the Hershey Medical/Dental Integration Summit Meeting

The Keystone Health dental navigators work with local agencies such as WIC, Head Start, nurseries, preschools and child care programs. Examples of their outreach activities are detailed below:

- 164 children received screenings and fluoride varnish at local child care programs, Head Start centers and within the dental hub sites
- 31 children received exams, prophys, and fluoride at the Pathstones dental hub site
- A presentation was provided to the Head Start Health Services Advisory Committee at Shippensburg Head Start and two parent nights were attended reaching 234 children
- Permission was gained from parents to provide fluoride varnish during the school year
- 78 toddlers participated in oral health activities through educational visits
- The dental navigator attended two community health fairs in Chambersburg and Waynesboro in which informational materials were provided to 139 children/families.
- Discussions were initiated with OB/GYN offices to reach expecting mothers in order to provide one-on-one education about how to care for their infants teeth.

The Pennsylvania Chapter of the American Academy of Pediatrics outreach occurs through their primary initiatives related to the Healthy Teeth Healthy Children program although oral health is also addressed indirectly through their breastfeeding education, support, and training activities. Outreach activities include reaching medical practices through the EPIC program (94 reached during project year-one) and the work of the Oral Health Literacy Implementation Team Work Group, which has distributed over 6,000 low literacy oral health flyers to organizations throughout Pennsylvania. The HRSA funds are utilized as a supplement to the Healthy Teeth Healthy Children DentaQuest grant funds and provide additional funds for materials. Other activities include distributing over 70 early childhood caries progression visuals to primary care providers.

The Pennsylvania Coalition on Oral Health also disseminates outreach materials and works to improve the oral health system in Pennsylvania at the systems level. This includes facilitating an Dental Health Summit, providing data to the state and professionals about best practices, research and trends in oral health and communicating with oral health stakeholders about the development of the state oral health plan. The Coalition publishes bi-annual newsletters that describe their work. In 2015, the accomplishments included developing and facilitating an oral health webinar, creating a dental provider credentialing tip sheet, and meeting with the Deputy Secretaries and the Governor’s office.

Outreach Activities Conducted by Project Partners	Population Reached
Conference calls with oral health advocates	Oral health champions and advocates
Face-to-Face Meetings	Head Start Healthy Smiles Task Force; Winter Head Start Administrators and Program Director’s meeting
Community Presentations	Children and families served by community agencies including service providing agencies (food banks, community action, libraries, WIC)
Home visits in high-need communities	Amish community
Educational site visits	Children and families
Attendance at Oral Health Events and Conferences	Oral health professionals
Training Activities	Early childhood professionals, child care programs
Meetings with legislators	PA Deputy Secretary and Governor’s Office
Webinar	Professionals and oral health advocates

The project activities coordinated through the Student Community Outreach Program and Education (SCOPE) arm of the School of Dental Medicine remained in the planning phase throughout project year-one. The SCOPE program aims to create a learning environment where students are able to expand their personal and professional insights, enable development of cultural competencies, and gain experience by working in a variety of cultural, community, and office settings. The program requires that students perform community-service over a two-week period in a clinical dental services site, which is documented through journal writing.

Work completed during the project year included working with HRSA to revise the classification of the strategy to support dental residents from Legislated Activity six to the category of “other”. The rationale for this change was based on many factors. The activity is not considered an internship by the University of Pittsburgh, as it does not typically lead to formal employment or certification. The dental students are deployed to gain practical experience and exposure to

the dental working environment as students learn about the position, duties, and working conditions. To fulfill the requirements for graduation dental training institutions, students complete a much more rigorous training experience with higher levels of supervision. Students electing to participate in this project will be voluntarily completing activities. The time in which students will be deployed is also shorter than a typical internship. It could be for just one day, or for a week or over a winter or spring break rather than the length of a full dental residency program. Another factor influencing the change in classification was that students are not given responsibilities associated with work expectations, which is the purpose of the Apprenticeship/Internship program. Instead it is a job shadowing experience intended for students to observe, explore, and ask questions. Thus, the SCOPE program will not provide the same extensive hands-on work experience as an internship.

Activities that occurred to support attainment of this goal included revising the classification of the activity; creating an agreement with the SCOPE program to implement the HRSA grant activity to support travel and lodging costs in year-two; identification of sites that would be visited by SCOPE students; and coordinating information about the SCOPE program to align it to the HRSA grants allowable costs.

Goal 3: Ensure effective leadership and ongoing integration of oral health programs within the Pennsylvania Department of Health by hiring a Public Health Dental Director within 90 days of project funding.

Evaluation Questions

a) Has the state hired a Public Health Dental Director?

b) What steps have been taken to revise the state oral health plan?

In project year-one the Pennsylvania Department of Health and the Pennsylvania Coalition on Oral Health worked collaboratively to develop a system for implementing this goal. The project activities completed included:

- Conducting a full assessment of the need for a Dental Director and assessing resources to ensure sustainability of the position
- Developing a candidate search strategy
- Discussing the role of the position, duties, and how a Dental Director would work within the existing state oral health systems.

The achievement of goal three was hindered by an extended budget impasse in which the State of Pennsylvania did not pass a budget for FY2015 until March of 2016. As a result, all state agencies were placed on a hiring freeze. The HRSA grant team could not move forward with activities associated with this objective that would have a financial implication until year-two of the project. The lack of ability to fund the Dental Director position actually resulted in extensive activities to develop the position and a more comprehensive understanding of how the position would interface within the state health and oral health systems among key stakeholders. In

addition, because the position and strategies for its implementation were being discussed concurrent with work on the state oral health plan the Dental Director position is now more integrated into state-level strategies for promoting oral health. Recently, a consultant was hired to conduct recruitment for the position.

The state oral health plan has made significant progress through a collaboration between the Pennsylvania Department of Health and the Pennsylvania Coalition on Oral Health (PACOH). The PACOH conducted four quarterly meetings in which stakeholders discussed the oral health plan. In addition, an oral health stakeholders group within the PACOH was established in early 2015. The group was charged with assessing needs, defining objectives and the development of a new plan. Upon conclusion of the project year, two objectives on the state oral health plan were established.

Goal 4: By August, 2017 build the capacity of the Pennsylvania oral health infrastructure and expand its geographic reach to number of participants by implementing a “Dental Hub and Spoke Model”.

Evaluation Questions

a) What steps have been taken to establish dental hubs by the FQHC partners?

The dental hubs have been established by Primary Health Network and Keystone Dental Care and they continue to expand their services. The steps taken during the first program year included developing the dental navigator position within both agencies and identifying the locations of the dental hubs. Primary Health Network identified the New Castle Dental Center as their first hub site and established satellite locations in local community centers and classrooms throughout the region. Keystone Dental Care also worked to establish their hub and applied for a federal grant to provide additional funds to place navigators at 25 community sites in Franklin County. Keystone Dental Care also established the Pathstones FQHC as their dental hub site. The locations are identified according to the age group that is targeted and the oral health needs in the community.

Other challenges were revealed as the project evaluator and project team identified the attainable activities and objectives of the grant related to conducting components of the original evaluation plan. First, it was determined that the project partners’ methods for data collection differed from some of the data collection methods described in the original grant evaluation plan. For example, one contractor performs in-person follow-up through the use of phone interviews to determine participant training satisfaction and to offer additional support. Another contractor had already developed a pre/post-testing and data collection model using funds from another grant during the time period while waiting for funding. These strategies provide additional qualitative and quantitative data and insight that is more meaningful than the survey method described in the original evaluation plan.

Secondly, the state of Pennsylvania does not routinely collect some of the data included in our plan for measuring our objectives. To address this issue, the project architects developed alternative ways of demonstrating the objectives relevant to these measures and milestones were met. Some of the performance targets had to be changed due to a shorter time period available for reaching project participants during the first year. As a result of these changes, the project goals were modified to align with the new project scope and sequence. These goals were submitted to the funder and consequently approved before project initiation.

Outcomes, Lessons, and Future Steps

The Expanding Access to Oral Health Collaborative Project addressed a wide range of oral health challenges in the state of Pennsylvania. Several mechanisms for improving access to services and oral health outcomes among underserved populations were identified throughout the implementation of the project. The project activities can be organized into categories that facilitated change. The four primary drivers of change observed in project year-one are summarized below.

- **Increasing services** through dental navigators and additional providers willing to accept Medicaid as payment for oral health
- **Improving workforce participation** in meeting the needs of underserved populations through means such as training professionals, providing incentives to existing oral health providers to treat additional participants, and creating opportunities for dental students to “give back” to the community and gain experience working in underserved communities
- **Influencing behavior changes and increasing oral health literacy** among families and children through coordinated training and education efforts facilitated by the dental navigators and partners’ attendance at community events.
- **Influencing policy change** and movement towards a stronger state level oral health system through work on the state oral health plan and joint advocacy efforts.

Overview of the Unique Outcomes, Lessons, and Future Steps

Partner	Unique Outcome	Lessons Learned and/or Future Steps
<p>Pennsylvania Department of Health</p>	<p>The collective work of the partners increased dental services provided to low-income children in DHPSAs. In addition, health outreach and training resulted in increased awareness among the target population of the importance of oral health. By establishing the Oral Health Program Administrator position within the department initiatives were able to coalesce and achieve a significant collective impact. This reframed oral health in the state and the Pennsylvania Department of Health is seen as a leader, collaborator, and resource among oral health experts in Pennsylvania .</p>	<p>In Year two of the project a survey of community partners will be conducted that provides data to describe aspects of collaboration that can be replicated for other oral health projects and state-level initiatives. In addition, the state oral health plan will continue to be in development. State level data systems still need development in order to effectively track changes in the percent of the population that accesses oral health services. Once the state oral health plan is updated, data systems could be another area of focus that strengthens the oral health system. Data that could be tracked include the number / types of services provided, costs expended and avoided, and the impact on access.</p>
<p>Pennsylvania Chapter of the American Academy of Pediatrics (PAAAP)</p>	<p>PAAAP implemented a number of oral health initiatives aimed to provide education, training, and advocacy. Through the HRSA project PAAAP blended funds to provide training using the Healthy Teeth Healthy Children curriculum to 94 health professionals. In addition, the PAAAP provided leadership of the project, despite a budget impasse.</p>	<p>An important factor in the success of the HRSA project is the coordinated effort of all partners to form synergistic partnerships that work towards a common goal of improving oral health. Future steps include continuing to provide training on oral health to medical professionals and revamping the training evaluation forms to collect additional data on the impact of training on participants.</p>
<p>Pennsylvania Head</p>	<p>Cavity Free Kids training and Age-</p>	<p>The first year of the project led</p>

Partner	Unique Outcome	Lessons Learned and/or Future Steps
Start Association	One Connect the dots training resulted in an additional 434 professionals that gained knowledge related to facilitating children’s oral health and health literacy among families.	to an interest in further understanding how training influences behavioral change among participants. Future steps include continuing to provide training and devising new ways to track the impact of training on participant’s practices.
Pennsylvania Coalition on Oral Health (PACOH)	The PACOH has been effective in influencing policy change and movement at the county and state levels in regard to oral health. The Coalition worked with the PADOH to establish 2 new objectives in the state oral health plan and is assisting in the identification and recruitment of a Dental Director.	Continue to engage legislators by providing research and advocacy on issues related to oral health. As the state system develops, continue to move forward the PACOH agenda and provide input on the development of the state oral health plan.
University of Pittsburgh School of Dental Medicine	The University of Pittsburgh SCOPE program worked with PAAAP to establish a structure for providing financial support for student travel to gain experience in dental treatment settings in DHPSAs.	In year-two, deploy students and fully utilize funds for reimbursement. Future steps include creating a standardized data form and reporting procedures to track expenditures.
Primary Health Network; Keystone Dental Care	The dental navigators and auxiliary professionals have been making a significant impact on the health literacy of the population as well as in linking underserved populations to services. The number of contacts made with the target populations in project year-one exceeded more than 3,400 individuals.	Future steps include continuing to expand the number of children served and families educated in regard to children’s oral health needs and incorporating new strategies for reaching the target population into outreach efforts.

A great deal of information can be learned when stakeholders operating at the community level are able to effectively link with state associations and public health entities. Multiple partners reported that the greatest achievement of the project was fostering a new level of leadership in regard to oral health that included collaboration, communication, and leveraged resources from partners for conducting and implementing oral health initiatives. The examination of the

processes and outcomes has also revealed key barriers and challenges to the implementation of the Pennsylvania Expanding Access to Oral Health Collaborative Project such as impeded progress toward goals and objectives due to the political climate and budget impasse and lack of continuity between the grant project year and the SCOPE training program schedule. An unintended consequence of project activities was a overburdened oral health care providers as a result of increased awareness of services among the target population. This impact exacerbated already persistent workforce shortages.

The recommendations that follow will aid the Pennsylvania Department of Health in conducting ongoing project monitoring and will provide information that leads to modification of the project to facilitate achievement of the project goals. The steps provide information that enables the grantee to highlight the success of the project as well as where efforts fall short. The considerations are not an exhaustive list, but rather provide examples of the range of activities that can be taken to further show the impact of the Pennsylvania Expanding Access to Oral Health Collaborative Project.

Recommendations

Develop Tools to Support Project Planning and Modification

- Create an issues log that notes changes accepted, refused, and modified by the funder, project stakeholders, and project administrators.
- Create a system for making changes to the project plan that includes a change request process, assigning a change number to the task, an action, and a date. The plan should also include notes for when a decision has been made, an assigned person to update the project plan, and a sign-off by the Oral Health Program Administrator.

Partnership

- Be mindful of “scope creep” in which the project results in unauthorized increases in scope or functionality. As “scope creep” can cause time and cost delays, as well as a reduction in quality. It frequently occurs due to an over-commitment as a result of casually taking on additional tasks than initially agreed upon. For example, a stakeholder will request something in addition to, or something different than what was planned and agreed. This could trigger increased risk in regard to the grant.
- Create a graphic that identifies the existence and make-up of various coalitions working to promote oral health in Pennsylvania and identify the nature of their relationships.

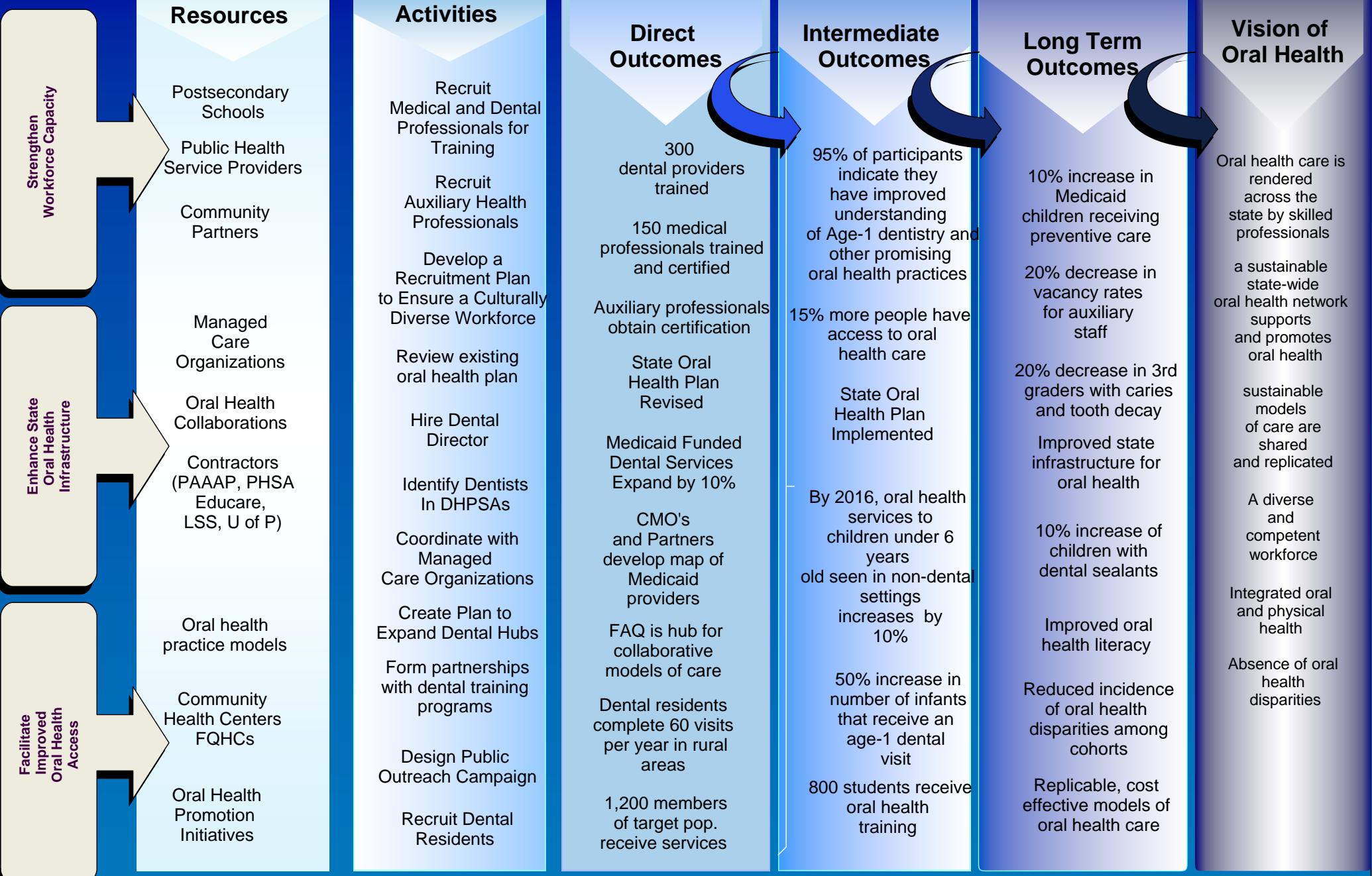
Data Systems

- Further develop data systems and interagency practices for data sharing. This could include reports containing the following information submitted to the Department of Health:

- Dental claims filed through Medicaid/SCHP or other publically funded programs
- Number of individuals served and their characteristics using dental indicators from FQHCs participating in the project, HS Program Information Reports and other data sources maintained by project partners.
- Develop a standardized forms to collect specific data on the number and types of dental services provided in non-medical settings (screenings at Head Start programs, community-based events) and parental and professional educational encounters.
- Collect information on application rates to dental schools, dental hygiene, dental assistant and dental practitioner programs to monitor trends in the future of the oral health workforce.

Replicability

- Build a project website to facilitate strong communication between the grantee and stakeholder partners that can also be used to disseminate promising practices and success stories.
- Incorporate field monitoring activities into the project in order to collect additional qualitative data that can describe the program's accomplishments and experiences of the target population.
- Add an agenda item to partner meetings that includes discussion of the components of the project that resulted in attainment of outcomes and utilize data to create model of change.



Evaluation

Define Success

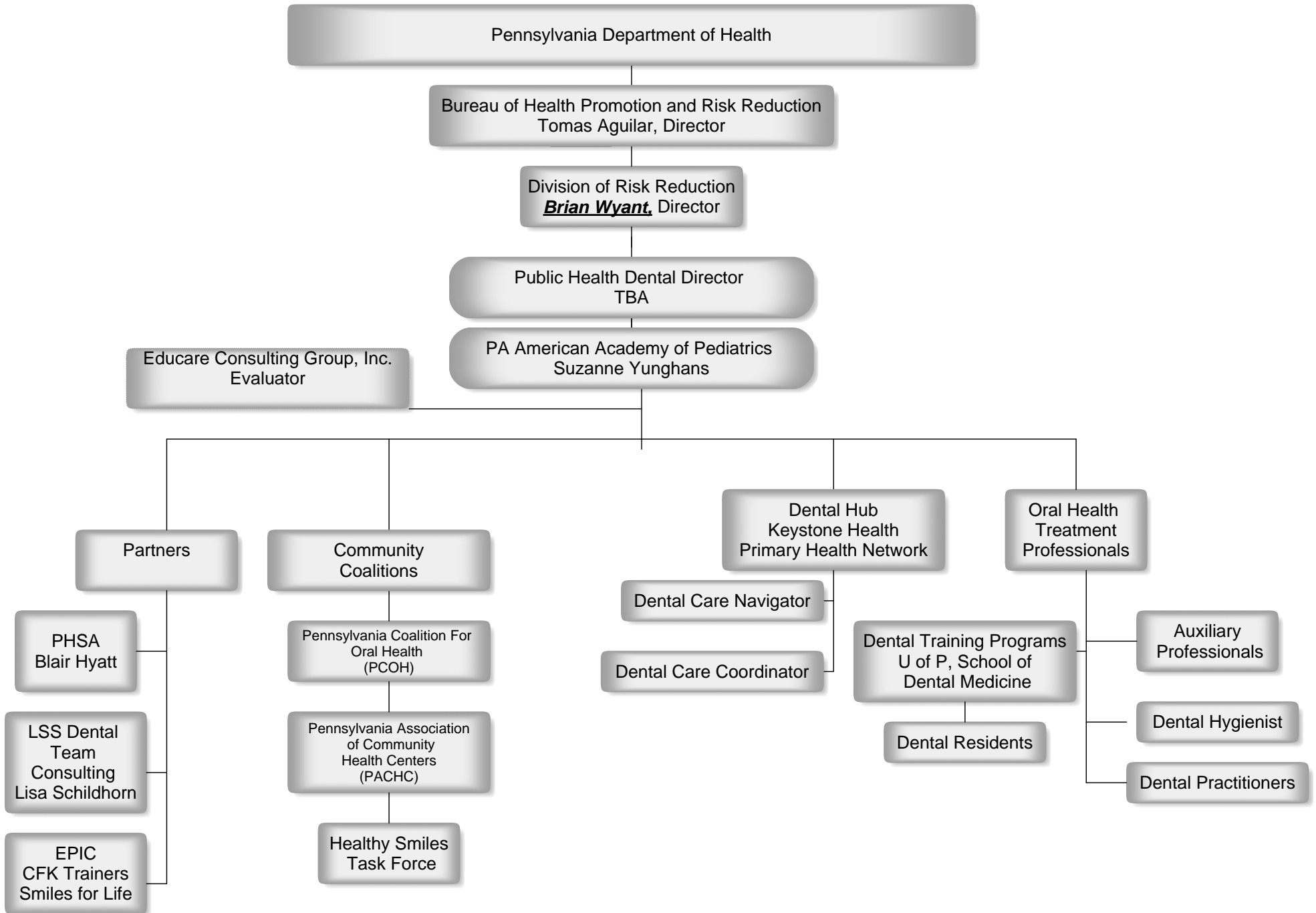
Collect Data

Analyze and Interpret Data

Report Findings

Scale Models

PA Oral Health Collaborative Project





HRSA GRANT OUTREACH GOES NATIONAL!

The ADA Morning Huddle is a compilation of news stories relevant to the dental industry that is delivered via email to all members of the ADA. In the October 8, 2015 issue, the Pennsylvania Dental Association (PDA) is identified as a national voice and proponent of the "Age One Dental Visit". The story is linked to a press release from the PDA and was included in response to advocacy from Dr. Bernie Dishler, one of the "PA Age One Connect the Dots" trainers. Bernie is also Chair of the Pennsylvania Coalition on Oral Health Steering Committee and a former President of PDA. Amy Requa, the grant's lead in delivering and coordinating the HRSA grant funded "Age One Connect The Dots" and "Cavity Free Kids" training program also serves as Secretary of Steering Committee for the PA Coalition for Oral Health.

About a year ago, the PDA circulated a story identifying "Age 3" as the key window for the first dental visit. Dr. Dishler knew this was not an accurate recommendation reflecting best practice research. He contacted the ADA to inform them the correct age for the first dental visit is within six months of the eruption of the first tooth or by "Age One". Since then, training across PA has expanded to inform oral health professionals of this standard of practice using funds from many different sources, including the HRSA grant. In addition, the agencies leading these efforts have become HRSA grant partners. The messaging conveyed by the Pennsylvania Head Start Association and the Pennsylvania Chapter of the American Academy of Pediatrics through grant supported trainings are a key component of success in expanding outreach efforts from Pennsylvania to nationwide. This is just one example of the many collaborations working to advance pediatric oral health that have led to improved professional knowledge of the importance of providing preventive oral health services to our youngest children.



Good Morning, Bernie Dishler October 8, 2015
[Dentistry in the News, Dental Benefits, Health and Safety.](#) [Dental Industry, ADA in the News, Charitable Dentistry.](#) [Also in the News.](#)

Editor's Note
The ADA Morning Huddle is a compilation of news stories relevant to the dental industry. Publication of an article in ADA Morning Huddle in no way implies ADA's endorsement, agreement, or promotion of a particular article.

DENTISTRY IN THE NEWS

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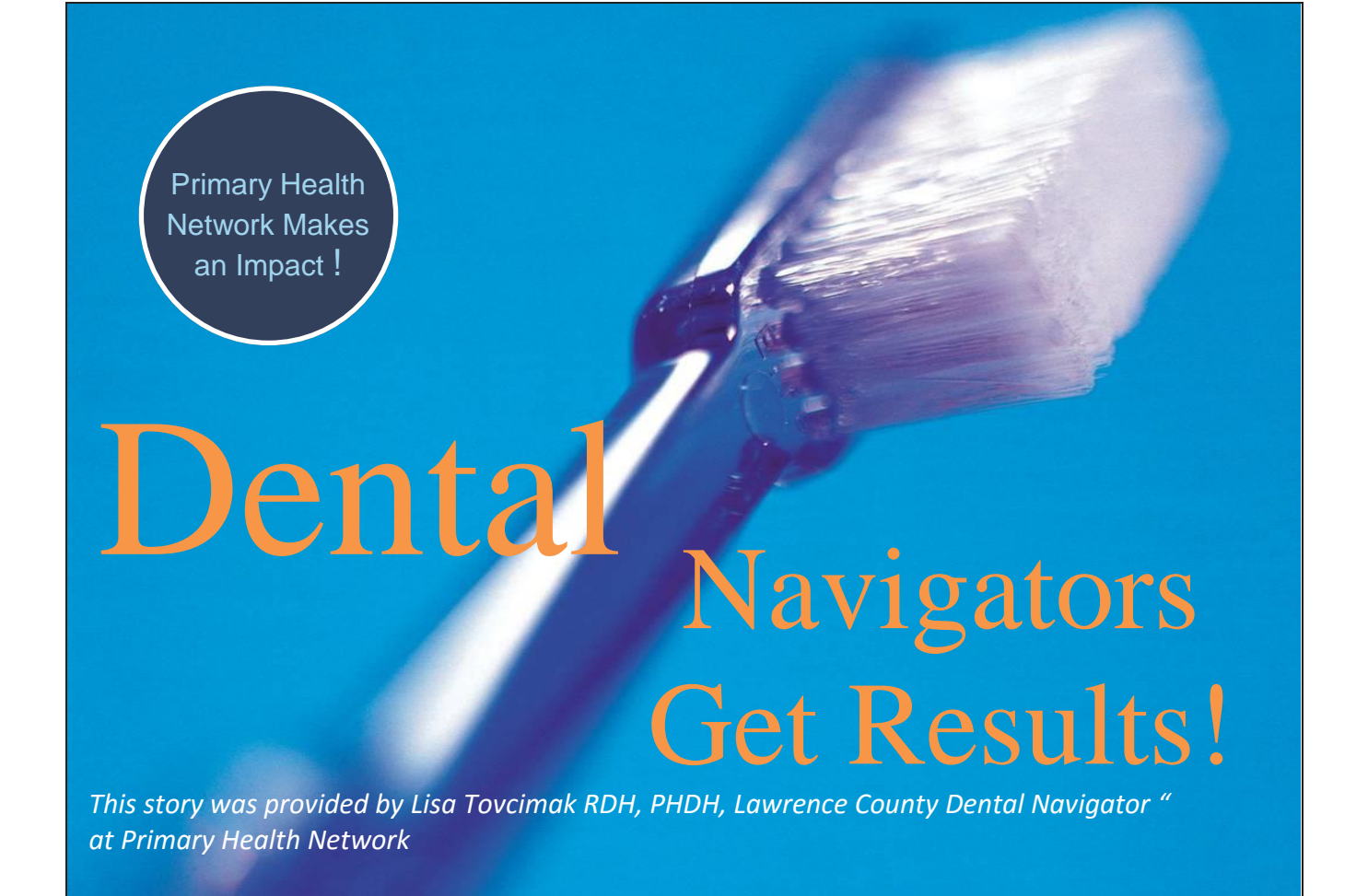
Study Finds Americans Skipping Dental Visits Due To Cost.

In its morning broadcast, [ABC News](#) (10/7) reported that a new study shows that 23% of Americans have no plans to see the dentist in the next 12 months, citing the American Dental Association as its source. ABC News adds that "almost half of them that say cost is the number one reason why." Health savings advisor Jason Szazuka provided advice for saving on dental care. He recommended that people compare prices, negotiate discounts, pay cash, or consider receiving services at a dental school.

Pennsylvania Dental Association: Seeing Dentist At Age One Is Vital.

In a press release on [PRNewswire](#) (10/7), the Pennsylvania Dental Association states that children should start receiving dental care as soon as their teeth start to appear, adding that a dental visit at age one is vital. "By scheduling your child's first dental visit, you can help

prevent early childhood cavities and establish a dental home for the child, getting an assessment of how susceptible he or she is to decay," the Pennsylvania Dental Association adds.



Primary Health
Network Makes
an Impact !

Dental Navigators Get Results!

*This story was provided by Lisa Tovcimak RDH, PHDH, Lawrence County Dental Navigator “
at Primary Health Network*

“A few days a month I go into the Amish community. One of the families that I see has 7 children and they lost a baby last year. They have been so welcoming of me teaching their children dental health. During one visit, it came to my attention a few of the children were not eating the day I came, but the mom wasn't sure why. Upon examination of the children, I saw multiple teeth that were badly in need of immediate dental care. I explained to the mother that each child needs to have a dental exam. She wasn't sure where to turn, and didn't realize that her children should be brushing at least two times per day for two minutes with their new timers and toothbrushes. Immediately, our staff worked as a team and got the children into our office to see one of the dentists who could get them out of pain so they could eat and concentrate at school. The mom was in tears and hugging me because she was so appreciative that I came to inform them about keeping their teeth healthy, which in turn keeps our bodies healthy. Now the children can go back to eating raw veggies and other healthy foods again. The children are such good patients and we love seeing them in the office.

In another community, I had the opportunity to visit several summer food programs in Lawrence County, PA to teach healthy dental habits and give out toothbrushes, toothpaste, and timers. Some of the children show up at the facility to eat and have no shoes on. I have kids there that hug me often and sit on my lap and listen to every word I say. On one hand its heartbreaking, but it is so rewarding to make a difference for children. One of the men that volunteers at the program asked if I would come back for their End of Summer Celebration to facilitate dental activities since the children were so receptive when I came the first time. For the visit, I made a game for the kids in which they had to answer dental questions and throw a bean bag into either the happy tooth or sad tooth. They loved this game! The first time I went, I talked with two sisters who really were enjoying my time there, had tons of questions, and wanted me to stay all day. The second time I went back their eyes lit up and they came running over to me asking where my puppet with the teeth was. At this particular event I saw 53 children, but I instantly remembered these girls. At the end of the event the girls' father approached me and asked me if I knew where he could get some clothes for his oldest daughter to start school. He had recently lost his job and they had no income. I told him I wasn't sure maybe a local church could help them. I went back to the office and was telling some of the girls about this family. One of our dentists texted some of her friends since they attend the same school and are required to wear a uniform. By the next morning, I had 3 large bags of clothes that we all gathered for the family. The next day, I returned to the program facility hoping to see the children and they were standing in a line for free bookbags. I gave the clothes to the girls' parents. The dad asked where I worked again. I told him Primary Health Network, a dental office. He then told me he had a horrible toothache but had no job. I gave him information for our sliding fee scale and the number to call for an appointment. The family was so appreciative not only for the clothes, but also for telling them there was a local office that they could be seen at to help with all their dental needs. The dad actually said to me “wow, you guys really care about the people that live here,” and I said “yes we do”.

I feel like this grant has given me the opportunity to reach so many families. In just one morning, I saw 80 kids in a classroom setting. I didn't realize there were so many families that didn't feel they had a place to turn for their dental needs. I love spreading the word about Primary Health Network and all the barriers we have removed to make it possible for families to get the care they need. Since starting this project there have been tears, both good and bad from myself and families I am reaching. I am amazed every day that I can reach out to these wonderful kids and make a difference in their lives.





AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Northeast, in partnership with the Pennsylvania Head Start Association, are pleased to invite you to attend a free continuing education program.*

Cavity Free Kids in Your Community

August 7, 2015, 10:00 a.m. – 4:30 p.m.
Hilton Scranton & Conference Center
100 Adams Avenue, Scranton, PA 18503

Who should attend:

Dentists, hygienists, expanded-function dental assistants, outreach coordinators and office managers.

R.S.V.P. to:

Jenn Landis at jlandis@amerihealthcaritaspa.com or **1-717-651-3590** by August 4, 2015.

Presenters:

Susan Granquist, D.M.D.

Christi Binder, B.S.D.H., P.H.D.H.P.

Amy Requa, M.S.N., C.R.N.P.

Lori Wood, R.D.H., P.H.D.H.P., C.D.H.C.

Harris Daniels, M.A.T.

* This program has been approved by the Academy for Dental Hygiene Studies. Upon completion, participating dentists and hygienists will be eligible to earn 6 free continuing education credits.


AmeriHealth Caritas
Northeast

www.amerihealthcaritasnortheast.com




AmeriHealth Caritas
Pennsylvania

www.amerihealthcaritaspa.com

Course agenda

Course learning objectives. Course participants will be able to:

- Describe current science and knowledge about effective oral health practices for pregnant women, children from birth to kindergarten, adolescents, and families.
 - Demonstrate educational and learning activities to improve the delivery of oral health promotion and disease prevention concepts to parents, children and adolescents in office settings.
 - Identify strategies to integrate oral health messages and techniques to engage parents, children and adolescents in non-traditional settings in the community.
-

9:30 a.m. – 10:00 a.m. Sign In

- Complete the pre-test.

10:00 a.m. – 10:20 a.m. Welcome and Introductions

- What is Cavity Free Kids?
- What is the big picture? Review course objectives, purpose and expectations.
- Dental and medical providers, health educators, and community outreach: professionals working together.

10:20 a.m. – 12:00 p.m. A Lifetime of Oral Health Presentation

- New science-based information: getting on the same page.
- Cavity Free Kids: “easy to do” demonstrations and activities.
- Using Cavity Free Kids as a practice builder.

12:00 p.m. – 12:30 p.m. Lunch Break

12:30 p.m. – 2:45 p.m. A Lifetime of Oral Health Presentation (continued)

- Getting to know the Cavity Free Kids curriculum.
- Engaging young children in your waiting rooms.
- Motivational interviewing — using teachable moments.
- Engaging families with instructional aids.
- Increasing referrals in your practice with Cavity Free Kids.

2:45 p.m. – 3:00 p.m. Break: Get free resources!

3:00 p.m. – 3:45 p.m. Informing and Promoting Oral Health in Adolescents

- What motivates behavior changes in adolescents?
- Ideas for educating adolescents.

3:45 p.m. – 4:15 p.m. Making Cavity Free Kids Come Alive

- Small group activity.

4:15 p.m. – 4:30 p.m. Wrapup

- Complete the post-test and turn it in with continuing education paperwork.
- Training course evaluation.
- Receive continuing education certificate.



www.amerihealthcaritasnortheast.com



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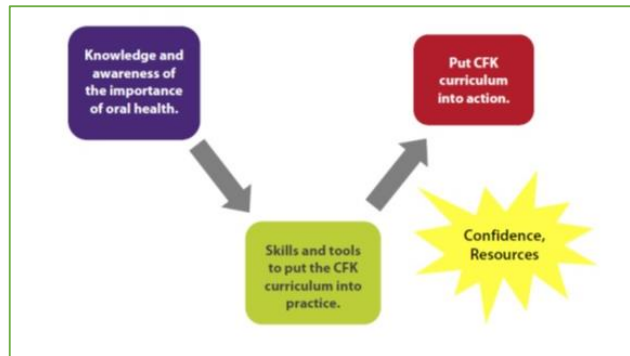
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Any individual depicted is a model.

Coverage by AmeriHealth First.

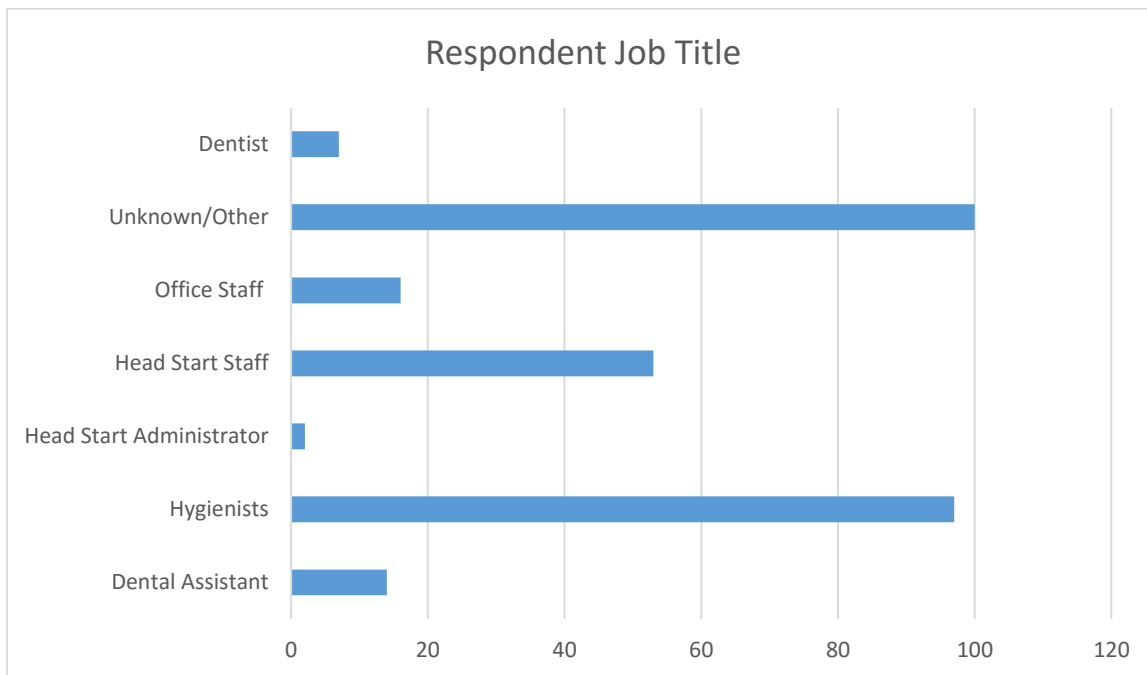
Pennsylvania Head Start Association Training Evaluation Summary Report

Cavity Free Kids

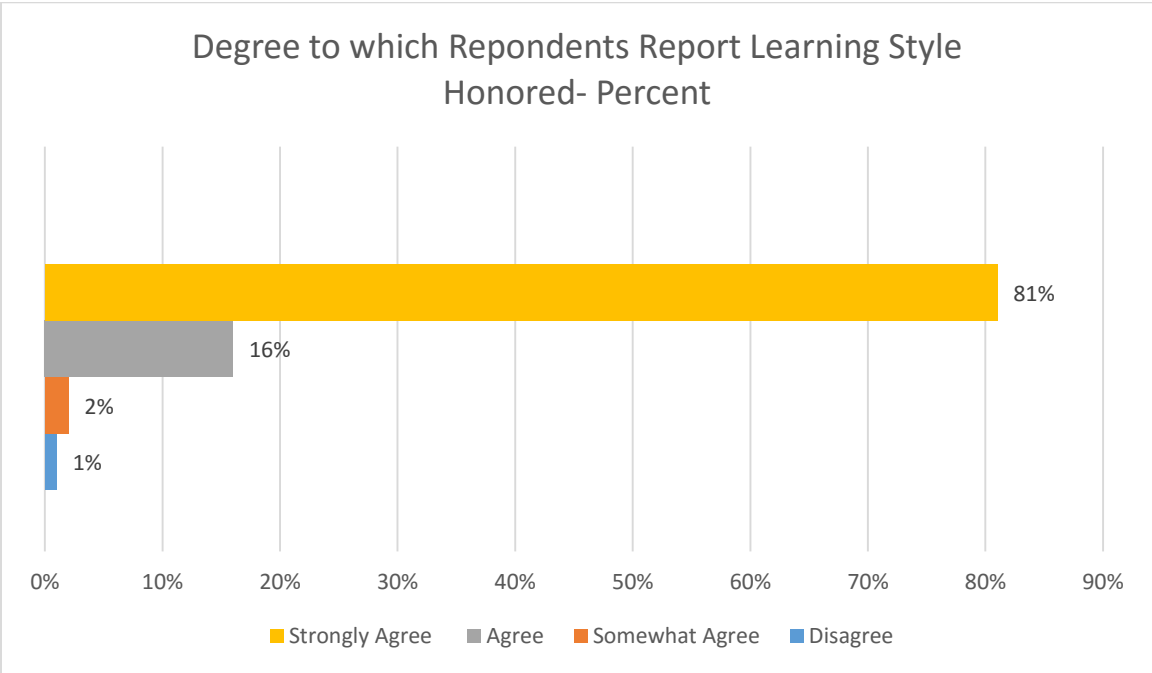
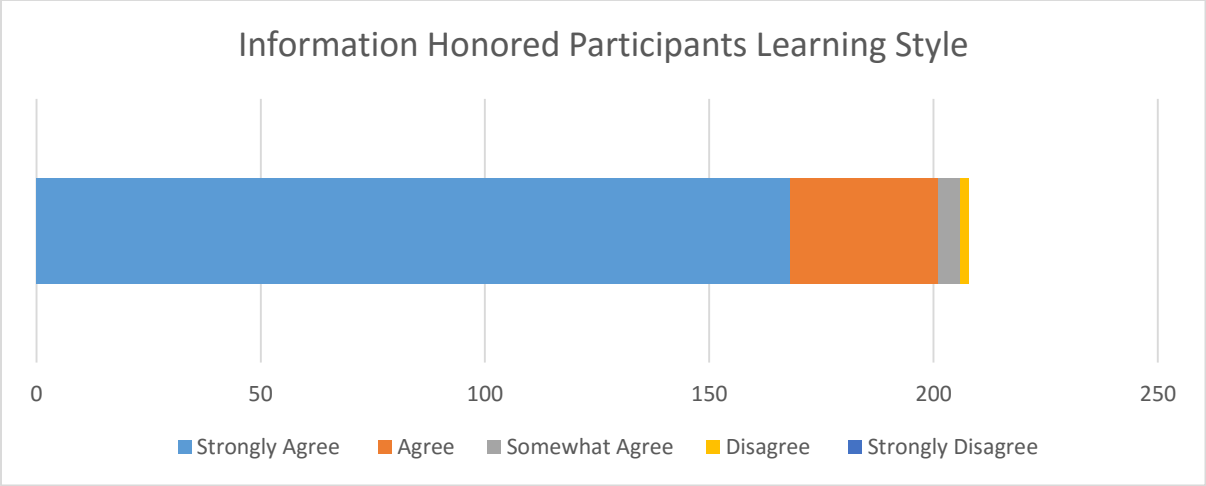
To understand how quality training is defined, it is useful to examine a typical framework for evaluating capacity-building initiatives such as Cavity Free Kids (CFK). In order for the CFK trainings to be effective, teachers need to *develop knowledge and awareness* of oral health best practices and *gain the skills and tools* to put CFK into practice. Furthermore, teachers should leave trainings with the *confidence to move forward* as well as the belief that they will have the *support and resources* necessary to successfully implement CFK. The course participant surveys were designed to track success in each of these milestones. This report presents data with regard to the format of CFK trainings, participants' satisfaction with the trainings, as well as information about the knowledge learned by participants.



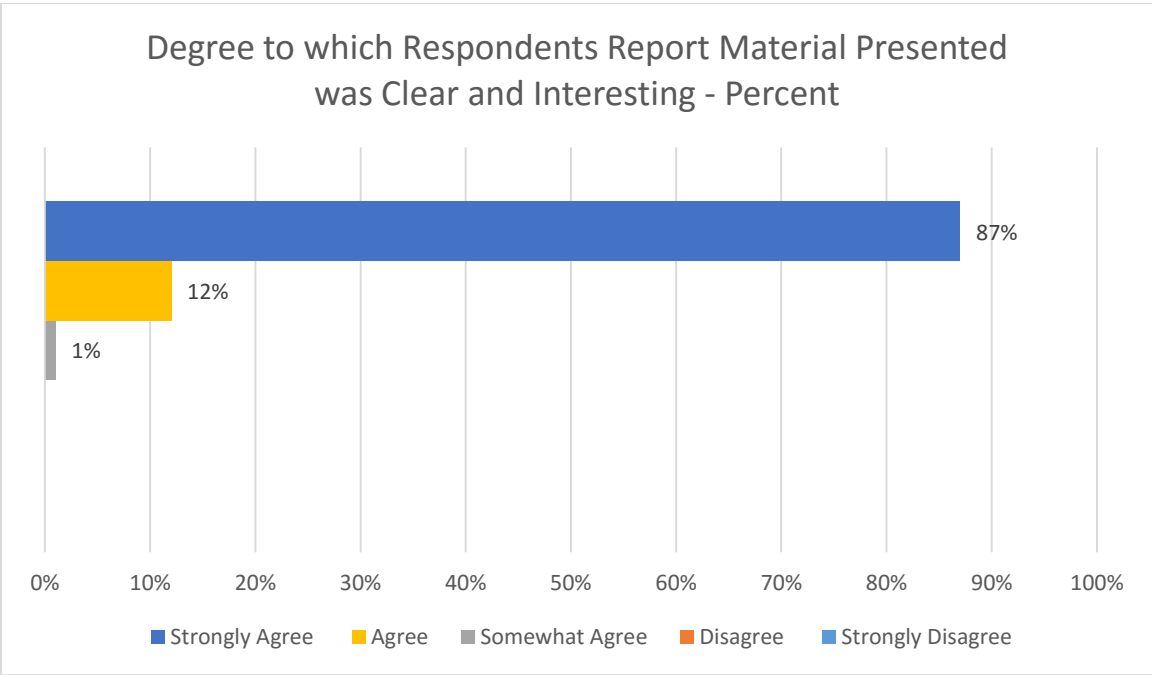
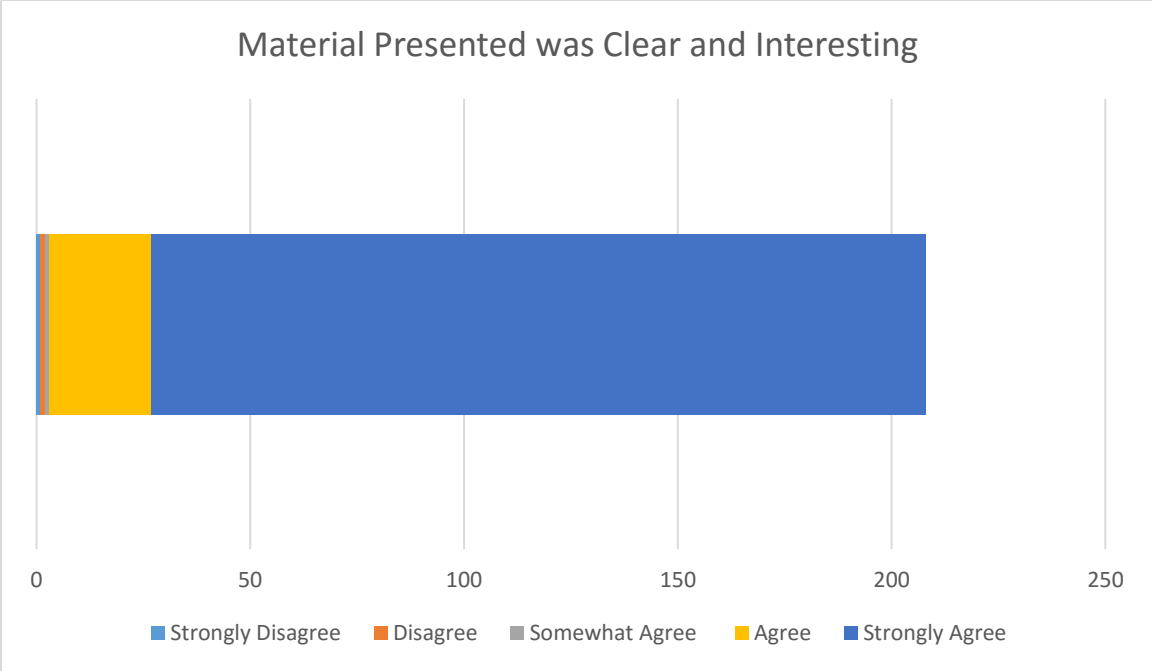
The following table shows the job categories of survey respondents that provided information on their occupation.



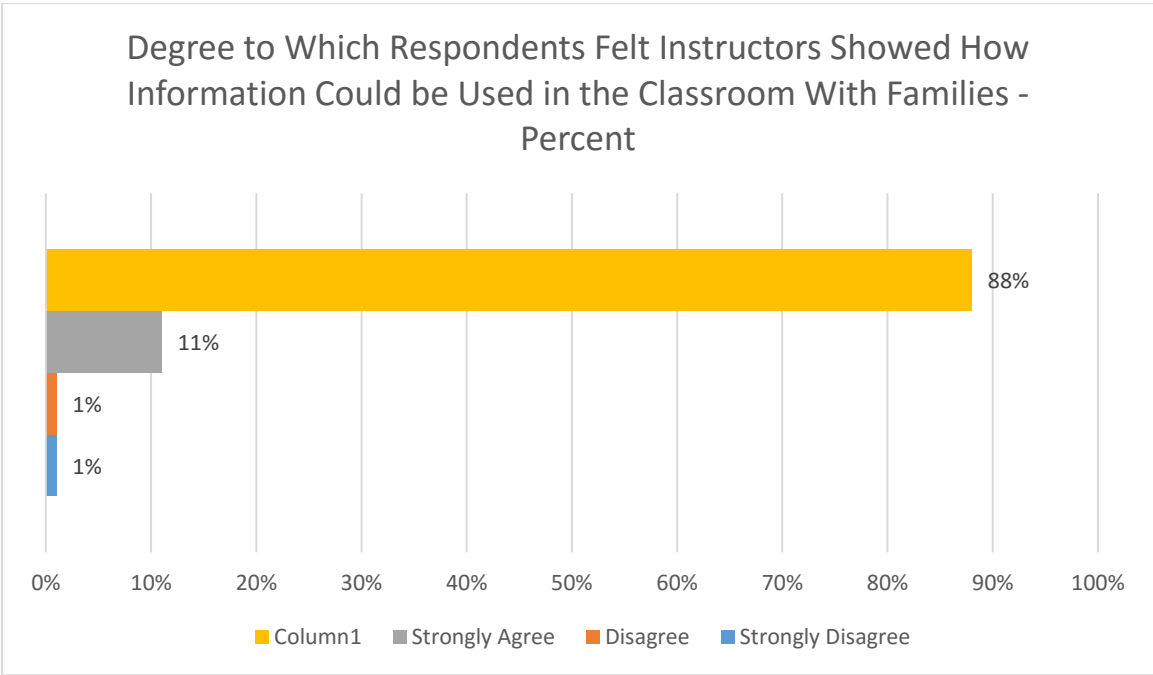
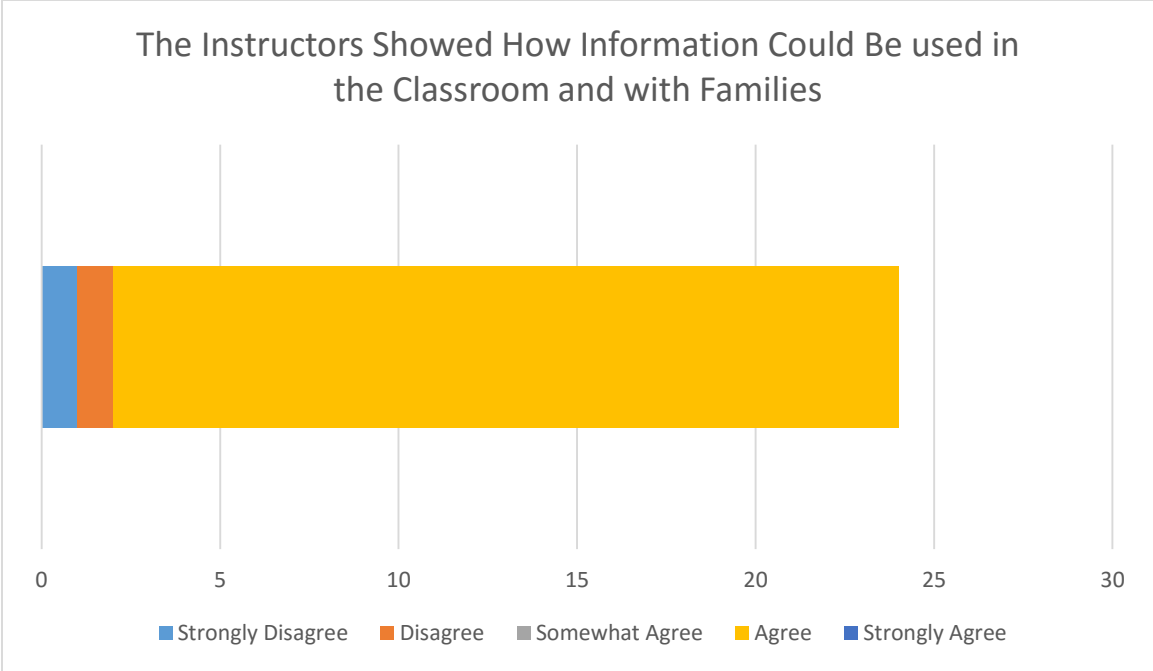
Participants agreed that the information was presented in a way that honored their learning style and reported a weighted average response of 4.76 out of 5.0.



Participants agreed that the information was presented in a way that was clear and interesting and reported a weighted average response of 4.84 out of 5.0.

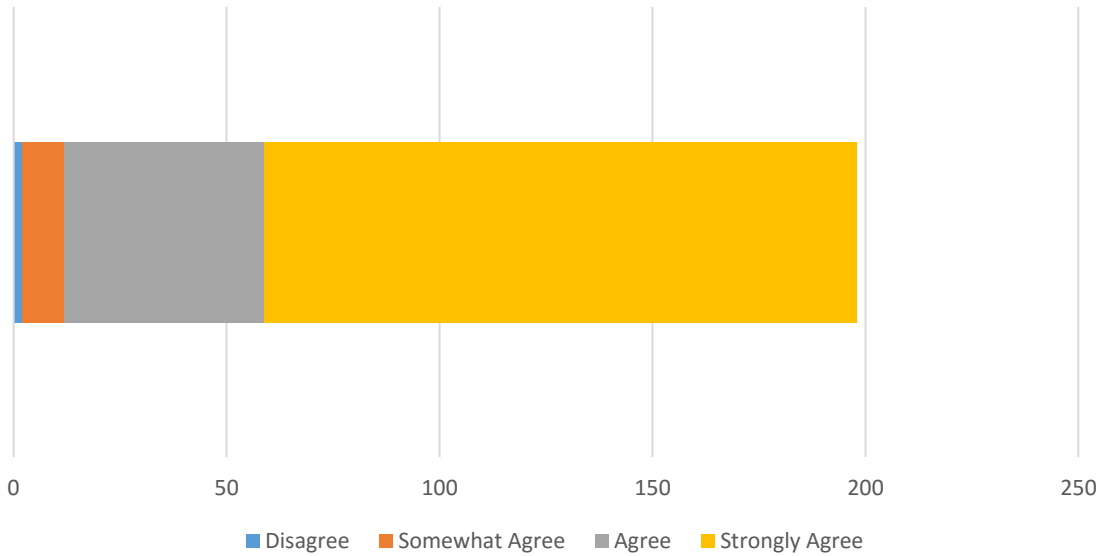


Participants agreed that the instructors showed how information could be used in the classroom and with families and reported a weighted average response of 4.87 out of 5.0.

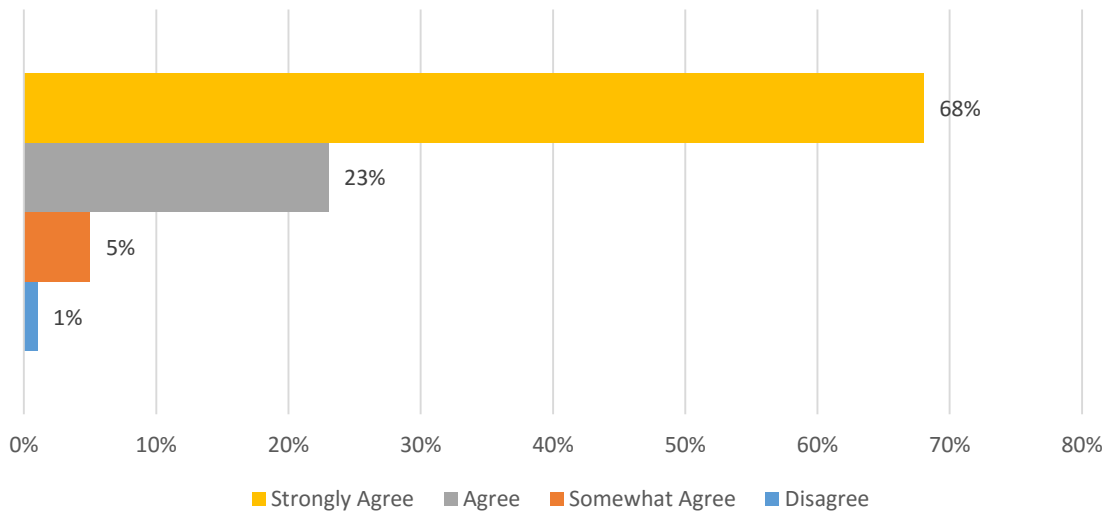


Participants agreed that their knowledge of oral health was improved as a result of the training and reported a weighted average response of 4.67 out of 5.0.

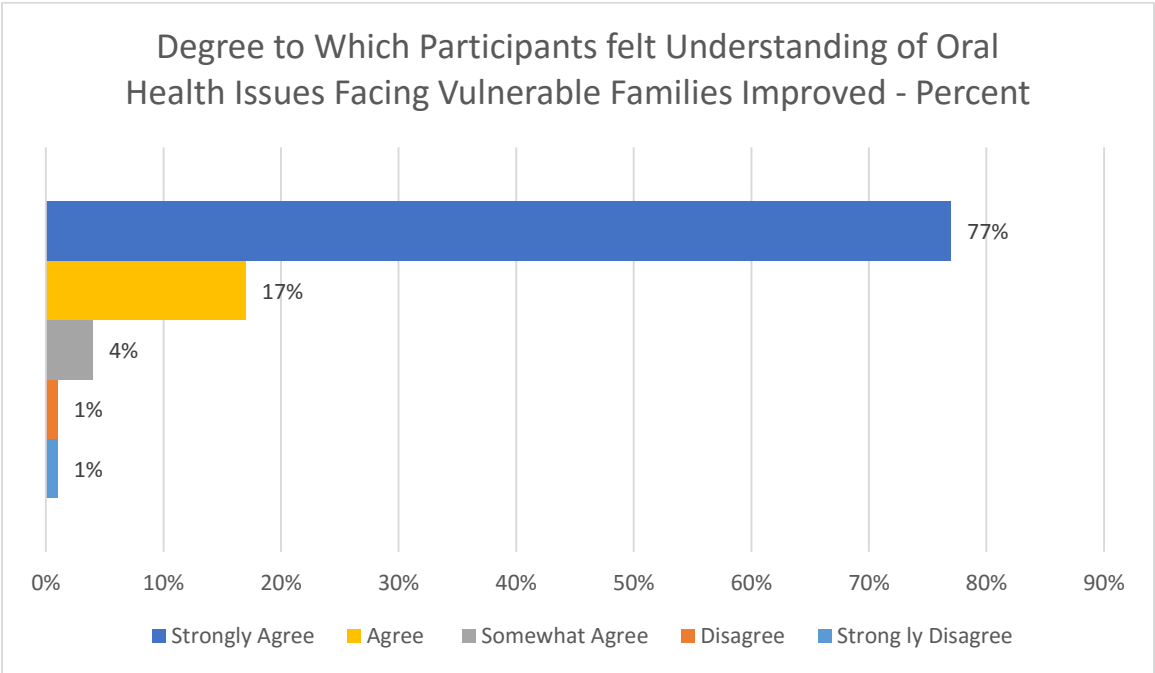
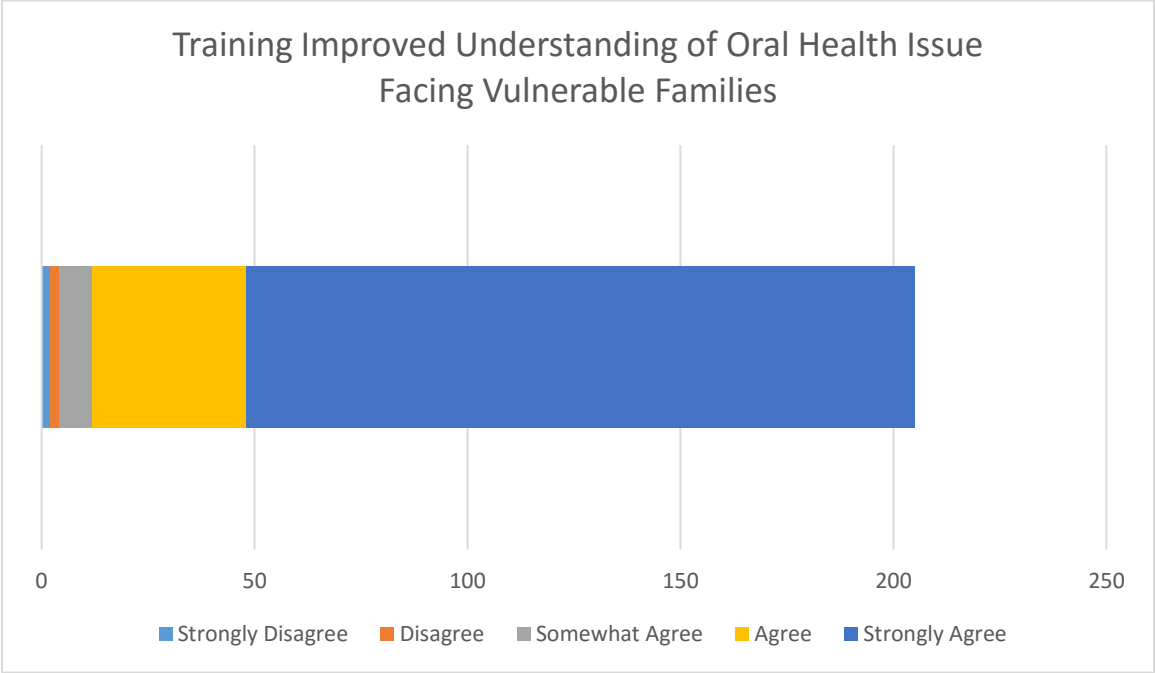
Participants Opinion that Oral Health Knowledge Improved



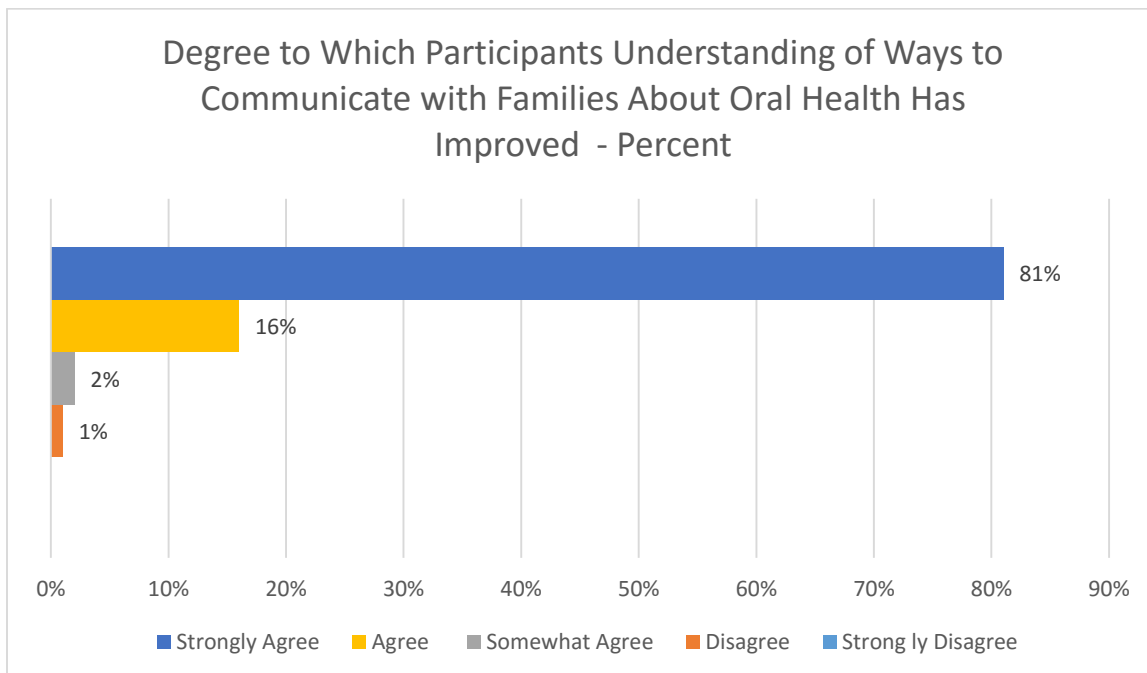
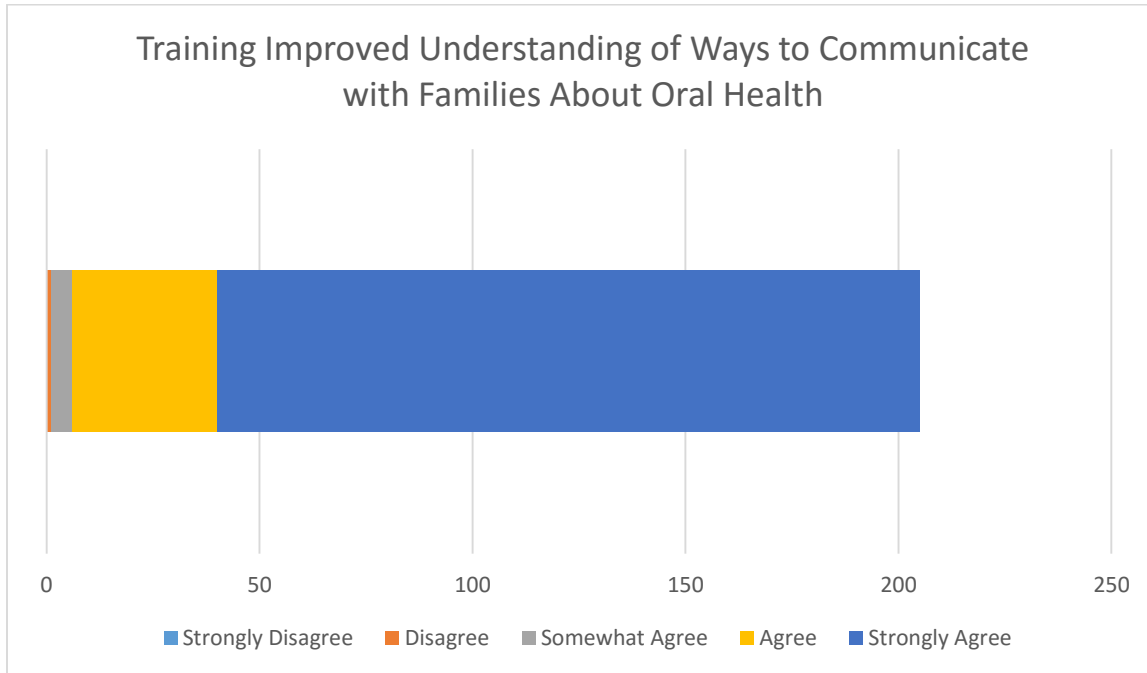
Degree to Which Participants Felt Oral Health Knowledge Improved - Percent



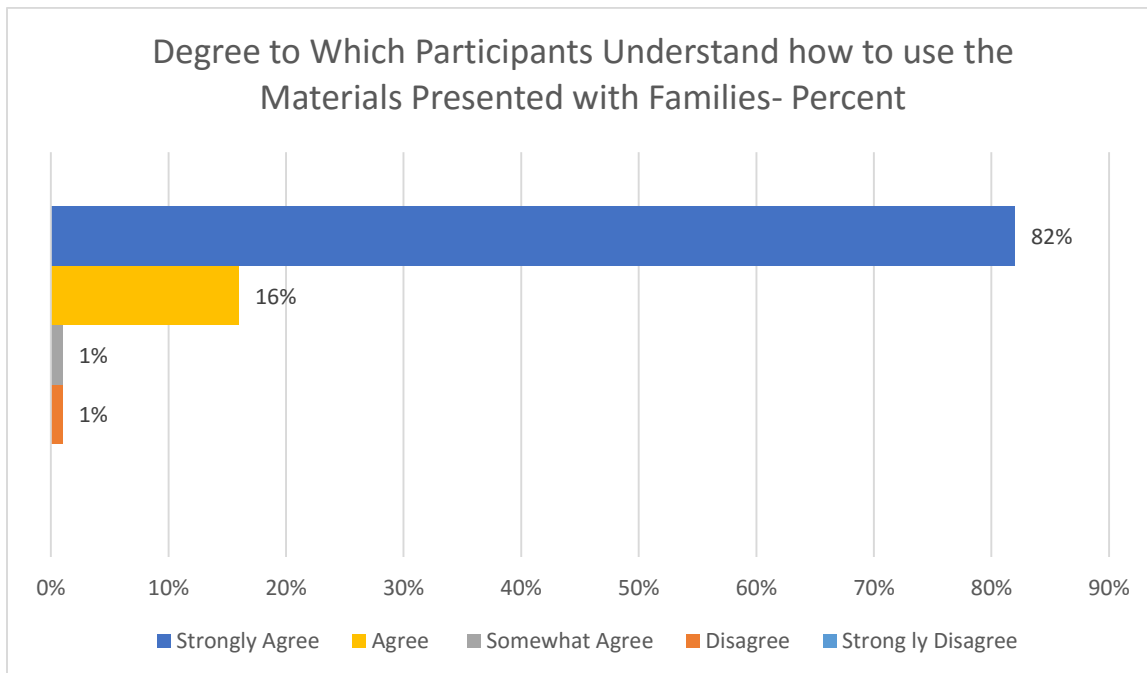
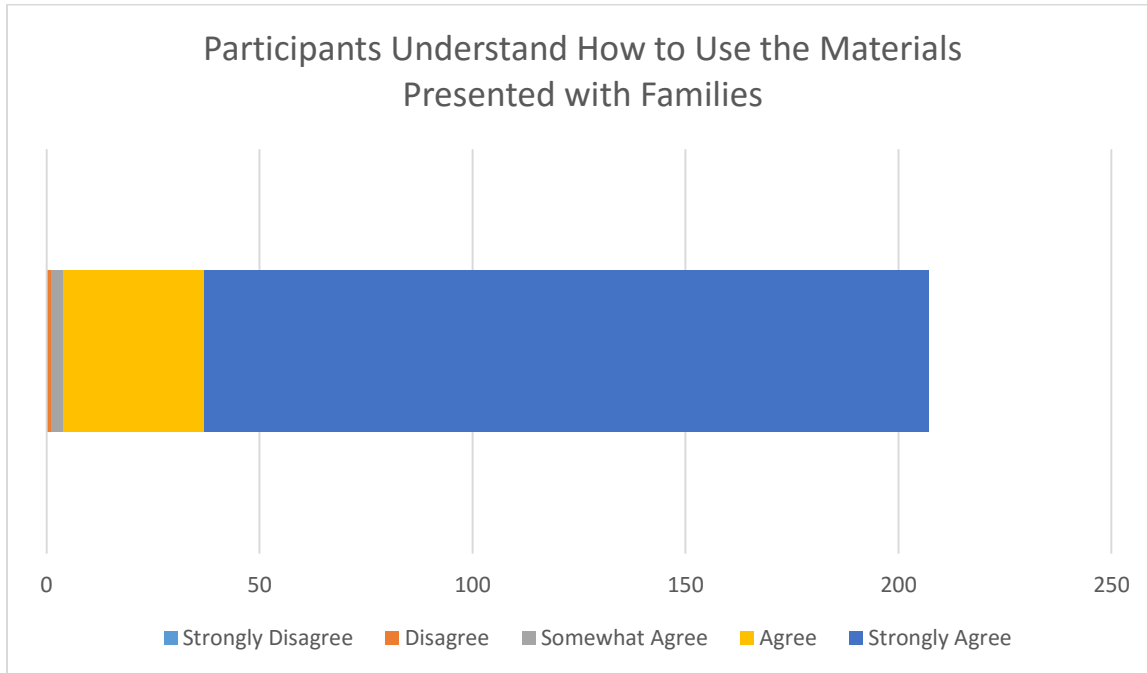
Participants agreed that their understanding of oral health issues facing vulnerable families was improved as a result of the training and reported a weighted average response of 4.69 out of 5.0.



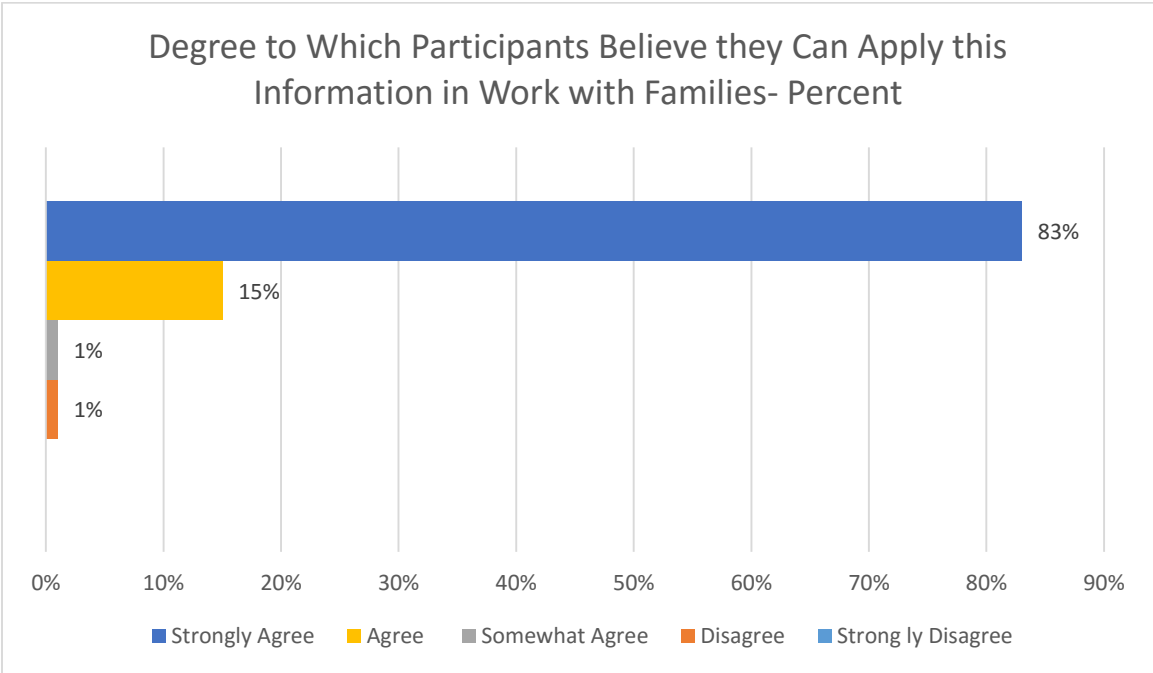
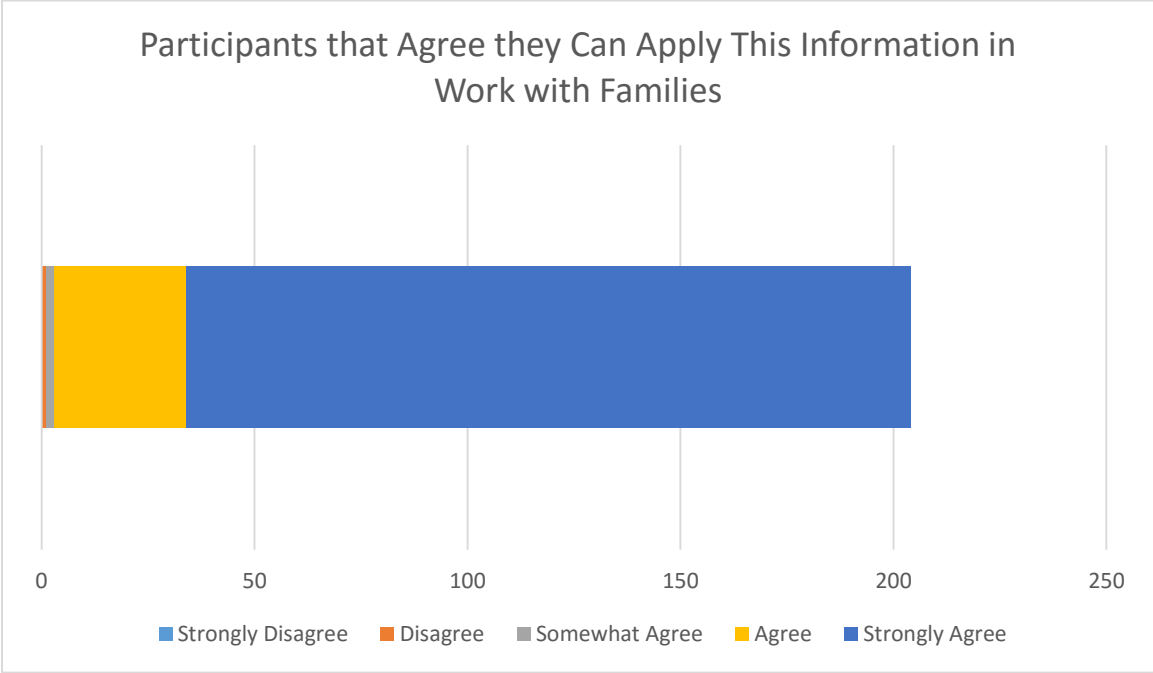
Participants agreed that their understanding of ways to communicate with families about oral health improved and reported a weighted average response of 4.78 out of 5.0.



Participants agreed that they understand how to use the materials presented with families and reported a weighted average response of 4.80 out of 5.0.



Participants agreed that they can apply the information in their work with families and reported a weighted average response of 4.82 out of 5.0.



How do you plan to use what you learned in the training with children and families?

There were four main themes reported among respondents that described how they would use the information with children and families. This included in the context of the classroom / childcare program, with families in their role as a family educator or other professional, sharing the information at community events, and in clinical practice.

Are there any additional supports that would be useful to you to educate children and families about oral health?

Only a slight number of respondents provided individual responses that describe additional supports. The ones that did respond indicated that providing parents with visual examples that conveyed the importance of oral health would be helpful, additional resources to educate parents, demonstration items and one participant requested the training provide more information about the pros and cons of fluoride.