

2009 Innovations Awards Program APPLICATION

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ID # (assigned by CSG): 09-S-12MO

Please provide the following information, adding space as necessary:

State: Missouri

Assign Program Category (applicant): Health Services (Use list at end of application)

1. Program Name – Oral Health Preventive Services Program
2. Administering Agency – Missouri Department of Health and Senior Services
3. Contact Person (Name and Title) – Carolyn Link (Oral Health Program Manager)
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7. E-mail Address – Marie.Peoples@dhss.mo.gov or Carolyn.Link@dhss.mo.gov
8. Web site Address - www.dhss.mo.gov
9. Please provide a two-sentence description of the program. – The Oral Health Preventive Services Program (PSP) is a highly successful community-based, systems approach to population-based prevention of oral disease. PSP's four components include screening, education, fluoride varnish, and referral.

10. How long has this program been operational (month and year)? Note: the program must be between 9 months and 5 years old on March 2, 2009 to be considered. PSP has been operational since September 2005.

11. Why was the program created? PSP was created in response to findings from the 2004-2005 Missouri Show Me Your Smile state wide open mouth survey. This survey was conducted in a school setting through a random sampling of 3rd grade children and a convenience sampling of 6th grade children as well as all state schools for severely disabled in Missouri. Key findings from this survey included tooth decay is a significant health problem for Missouri's children; many children in Missouri are in need of dental care; and many children in Missouri are attending school with infection or pain from dental disease. What problem[s] or issue[s] was it designed to address? The program was designed to address the access to care barriers by providing preventive measures early in life for Missouri children, at the same time reducing the prevalence of dental disease. To provide preventive measures for children early in life, PSP is offered to early childhood learning centers, head start programs, and schools.

12. Describe the specific activities and operations of the program in chronological order. Oral Health Consultants (OHCs) work with individual communities to engage the citizens in adopting the program. The program includes the four components of annual oral health screenings by a dentist or dental hygienist, oral health education, fluoride varnish applications (twice a year) placed by local volunteers and referral network. PSP events are more easily implemented in collaboration with

school health nurses and head start health coordinators. A website has been developed and is kept up to date to connect the program with interested and participating communities.

13. Why is the program a new and creative approach or method? PSP is a community-based, systems approach to population-based prevention of oral disease. This program brings in community involvement as well as oral health professionals to complete annual screenings and establish a referral network. PSP has become widely accepted and requested in a number of communities. PSP has expanded greatly by increasing participation among elementary schools, Head Start programs, and early childhood learning centers. During the 2008-2009 school year, an estimated 28,500 children, birth to age eighteen, will have participated in over 314 communities including the 31 schools for the severely disabled with 1,100 special health care needs children. The goal for school year 2009-2010 is to serve 40,000 children via the PSP program. Many enhancements have been made to PSP that allows for increased participation; such as, on-line-training, a website developed devoted to PSP and the support of oral health and other health professional associations has greatly helped to increase volunteer support from dentists and dental hygienists to conduct screenings. Most unique is the aspect that community involvement is accomplished with a minimal state workforce. Four half-time dental hygienists; a half time project director; a staff program manager and a portion of several support staff operate this program.

14. What were the program's start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.) There is no cost to the participating communities. The state personnel cost consists of four part-time dental hygienists to serve as Oral Health Consultants, a part-time contractual project director, a contracted dentist to serve as a dental consultant and other oral health program staffing such as a manager, health program representative and 2 part-time support staff. Other costs include supplies and travel expenses, printing expenses, oral health supplies (fluoride varnish, toothbrushes, toothpaste and floss), and shipping expenses. It is estimated that the annual programmatic cost per child is \$4.00 in supplies and approximately \$5.00 in staff time.

15. What are the program's annual operational costs? \$250,000 How is the program funded? Maternal and Child Health Block Grant

16. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number. No

17. What equipment, technology and software are used to operate and administer this program? Survey tool, scanner, excel database, web-based training, internet communications.

18. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and e-mail address. Yes, Oral Health Program, Office of Primary Care and Rural Health, Division of Community and Public Health, Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO 65102-0570, (573) 751-6219 and Carolyn.link@dhss.mo.gov.

19. Are you aware of similar programs in other states? If YES, Other states have fluoride varnish programs, however, this program is entirely operated as a community generated approach to meeting children's oral health needs.

20. Has the program been fully implemented? Yes; however, the goal is to reach all Missouri children. Therefore, the numbers will grow and are expected to reach 100,000 by 2012

If NO, what actions remain to be taken?

21. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples. Pros-1) Cost effective; 2) Community takes a responsible role for the oral health of its children; 3) Brings together many stakeholders in oral health activities-dentists, dental hygienists, nurses, civic organizations, etc. 4) Easily implemented.

Cons-1) Development of referral networks is slow; 2) Some groups have been resistant to implementation. How has the program grown and/or changed since its inception? Has grown from 4,377 children participating in 2005-2006 school year to 28,500 children participating in 2008-2009 school year.

22. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program? Low number or lack of oral health professionals willing to volunteer to conduct screenings or be part of the referral network for dental care. Resistance from other established types of programs, for example schools that currently use fluoride mouthrinse.

2009 Innovations Awards Program Program Categories and Subcategories

Use these as guidelines to determine the appropriate Program Category for your state's submission and list that program category on page one of this application. Choose only one.

Infrastructure and Economic Development

- Business/Commerce
- Economic Development
- Transportation

Government Operations

- Administration
- Elections
- Public Information
- Revenue

Health & Human Services

- Aging
- Children & Families
- Health Services
- Housing
- Human Services

Human Resources/Education

- Education
- Labor
- Management
- Personnel
- Training and Development
- Workforce Development

Natural Resources

- Agriculture
- Energy
- Environment
- Environmental Protection
- Natural Resources
- Parks & Recreation
- Water Resources

Public Safety/Corrections

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- Criminal Justice
- Drugs
- Emergency Management
- Public Safety

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CSG Innovations Awards 2009
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This application is also available at www.csg.org, in the Programs section.

Deadline: March 2, 2009