



From The First Tooth:

Integrating Early Childhood Caries Prevention into Medical and Social Services Models in Maine

SADIE AND HARRY DAVIS
 FOUNDATION



Susan Cote, RDH, MS, Barbara Crowley, MD, Jonathan Shenkin, DDS, MPH,
 Sharon Rosen, PhD, Robert H. Ross, PhD
 Sadie and Harry Davis Foundation, Maine General Health,
 Boston University School of Dental Medicine, Maine Center for Public Health

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Background:

Oral health is a major problem, affected by poverty, lack of or inadequate insurance, rurality, and shortages or uneven distribution of dental professionals. From the 2004 Maine Child Health Survey, 15% of kindergarten children screened had untreated dental decay and 11% had never seen (or, visited) a dentist.

Project Objectives:

From the *First Tooth's* objective is to significantly increase the number of Maine children who receive preventive oral health care (oral health assessment, fluoride varnish treatments, education of their primary caregiver about good oral health practices) during primary medical care visits between birth and 42 months of age.

Target population(s): Children from birth until 42 months of age and their primary caregiver.

Project Description:

From the *First Tooth's* approach, which is endorsed by the Maine Dental Association, seeks to integrate early prevention oral health services into medical and social service settings that care for very young children. During Phase One (two-year pilot: 2008 and 2009), a diverse group of medical providers throughout Maine are being funded to receive training, deliver services, and participate in an evaluation and a learning collaborative with other program participants to identify successes and challenges. Phase One aims to serve up to 3,500 children each year, which will represent approximately 10% of Maine children in the target age group.

Methods/Strategies:

From the *First Tooth* Phase One partner organizations (Table 1) include physician practices at the Maine Medical Center Pediatric Clinic, Maine-Dartmouth Family Medicine Residency Program, Waterville Pediatrics, and Sebasticook Valley Hospital, and the Bangor Health and Community Services Department (BHCS), which services a two-county WIC program. Each physician practice organization features two or three (2 or 3) intervention sites while BHCS features eight (8). The Program Coordinator provided partner organizations and intervention sites with didactic and individualized clinical training in oral health assessment, fluoride varnish application, and counseling for the parents/caregivers in good oral health practices at each of the sites. Where employed, dental hygienists participated in and/or provided the clinical training. The Program Coordinator also developed educational materials for children's parents/caregivers. The partner organizations submit quarterly reports with de-identified data on participating children and the services provided to each at each visit.

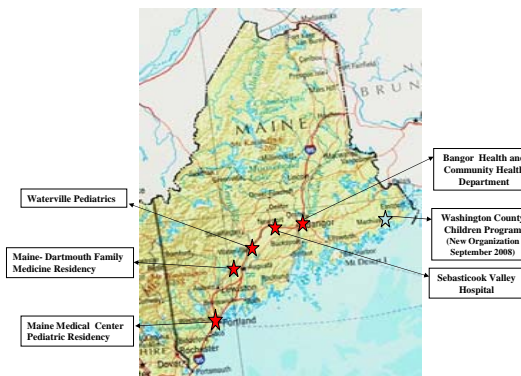
Results/Impact:

The training started in late 2007. Onset and duration of training varied across sites. Waterville Pediatrics began providing services in November 2007, Bangor Health and Community Services in December 2007, Maine Medical Center in January 2008, Maine-Dartmouth Family Medicine Residency in February 2008, and Sebasticook Valley Hospital in May 2008. Table 2 shows "first quarter" (November '07 – March '08) participation rates. The recent First Annual Learning Collaborative (May 2008) identified challenges experienced by partner organizations and intervention sites and successful strategies used to meet these.

Conclusion/Key Lesson(s) Learned:

Partner organizations vary somewhat in their approaches to program training and implementation according to the structure and size of their practices, the type of provider selected to deliver the services, and their organizational "culture." Data from the first quarterly reports show that four in five partner organizations were able to integrate these services into their practice models. Since Sebasticook Valley Hospital needed also to recruit practices, implementation has required additional time. All sites have been challenged to integrate these services into the clinical flow. Oral health assessment and fluoride varnish application were incorporated into well child visits, except at one site that implemented fluoride applications part of the (separate) immunization schedule. Inclusion of dental fields into the electronic medical record has been a challenge but, once resolved, will facilitate oral health assessment and prevention becoming integrated into these practices.

Distribution of Partnering Organizations in Maine



From the First Tooth Partnering Organizations

Partnering Organization	Specialty	Type	Providers
Maine Medical Center Pediatric Clinic	Pediatrics	Medical Center, On-site, Urban	Pediatric Residency Program
Maine-Dartmouth Family Medicine Residency	Family Medicine	Medical Center, Off-site, Urban and Rural	Family Medicine Residency Program
Waterville Pediatrics	Pediatrics	Private Practices, Urban and Rural	Pediatric Medical Providers Dental Hygienist On-Site as Consultant
Sebasticook Valley Hospital	Family Medicine	Community Hospital-Owned Practices, Off-site, Rural	Family Medicine Providers Community Dental Hygienist as Consultant
Bangor Health and Community Services Department	Social Service	Women, Infant and Children Program, Serving 2 Counties, Urban and Rural	Dental Hygienist

From the First Tooth First Quarter Participation Rates

Partnering Organization	Age-Eligible Children	Year 1 Target (at least 50%)	Year 1 1 st Quarter Results	1 st Quarter % of Year 1 Target
Maine Medical Center Pediatric Clinic	780	390	76	19%
Maine-Dartmouth Family Medicine Residency	425	212	13	6%
Waterville Pediatrics	1000	500	221	44%
Sebasticook Valley Hospital	169	85	0	0
Bangor Health & Community Services Department	2100	1050	121	11%

Cumulative Percentage of Participating Children to Year One Minimum Target (50%)

