“First Tooth”
Statewide Expansion of Preventive Oral Health Services to Oregon’s Pediatric Providers

Shane Mason, MPH, CHEL, Oral Health Program Manager; Amy Angert, MPH, First Tooth Grant Coordinator; Karen Hall, RDH, EPDH, Virginia Garcia Memorial Health Center; Kristin Reeves, MS, MPH, Maternal and Child Health, Assessment & Evaluation Unit, Oregon Health Authority, Public Health Division; Center for Prevention and Health Promotion, Oral Health Program; Website: www.oralhealth.state.or.us; Email: oral.health@state.or.us

**Background**

Tooth decay has become a significant public health problem in Oregon, remaining the most common chronic disease of childhood in spite of its high prevalence, tooth decay is preventable.

According to the 2007 Oregon Oral Health Survey of children in grades 1–3:

- 64% of children have already had at least one cavity
- nearly 2 out of every 5 children have at least one tooth decay
- 35% have untreated tooth decay and are in need of dental treatment

When compared to the 2004 Oregon Infant Survey, in 2007 there was:

- 38% increase in the number of children with decay in their permanent teeth
- 69% increase in the number of children with untreated decay

Only 22.6% of Oregon communities have fluoridated water.

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**Specific Aims**

1. Expand the oral health workforce in Oregon by utilizing medical care providers to deliver early childhood care services prevention to all-risk children age birth to age 3.
2. Develop and launch an online training and resource center.
3. Facilitate collaborative referral relationships between dentists and primary medical care providers so that Oregon children have a dental home.

**Project Overview**

In collaboration with the Oregon Oral Health Coalition’s (OOhC) Early Childhood Caries Prevention Committee, the Oregon State Oral Health Program launched a three-year project called “First Tooth.”

- The purpose of the project is to reduce childhood tooth decay in Oregon by increasing the number of medical and dental providers delivering evidence-based preventive oral health services to infants and toddlers under age 3.
- “First Tooth” moves beyond the clinical intervention of fluoride varnish by involving the entire staff, not just the providers, in integrating oral health preventive services into their practice.
- The project was funded by the Health Resources and Services Administration (HRSA) until August 31, 2012.

**Methods**

**Project Phase 1**

Phase 1 of the project consisted of a needs assessment, curriculum development and pilot testing.

- **Needs Assessment**
  - User-friendly manuals and materials, training logistics and outreach strategies for both medical and dental providers
  - Focus Groups and Survey
    - Associated with provider’s knowledge, attitudes, professional experiences and current practices.
    - Determined the support, resources and tools needed for implementation.
  - Identified barriers to delivering and health services.
- **Curriculum Development**
  - 4 training modules adapted from the Washington Dental Services Foundation:
    - Prevention and Impact of the Disease
    - Risk Assessment
    - Oral Health Education and Anticipatory Guidance
    - Implementation and Workflow

- **Materials and Supplies**
  - Starter toothbrushes with fluoride varnish applications, toothbrushes and educational materials
  - Provider pocket guide
  - Oral health anticipatory guidance flip chart
  - Implementation and workflow tips
  - Billable codes
  - Posters
  - Compendium handhelds
  - Dental care and other resources

- **Pilot Testing**
  - Multidisciplinary Health Department - both medical and dental
  - Virginia Garcia Health Center - both medical and dental
  - Federation Health Department - medical
  - Oregon Health & Science University (OHSU) Richmond Clinic - medical

**Project Phase 2**

Phase 2 of the project was implementation of the in-person training statewide and launching a comprehensive, web-based health resource and training site.

- **In-Person Training**
  - Includes all staff, not just providers
  - In-office CEO/CE 1.5 hours
  - Hands-on demonstrations
  - Guidelines and resources for a dental home (medical training)
  - Ongoing support and technical assistance
  - Sites receive a free medical toolkit or dental kit

**First Tooth Website**

- Online tutorial
- Culturally-appropriate educational materials available for download
- Access to web-based training

**Web-based Training**

- Launched on September 24, 2008
- CEOE 1.5 hours
- Separate trainings for medical and dental providers
- Includes evaluation and feedback
- Sites receive a free medical toolkit or dental kit
- Resources and materials available for download

**Sustainability of “First Tooth”**

- “First Tooth” was transferred to the Oregon Oral Health Coalition (OOhC) on September 1, 2012.
- OOhC has applied for funding to support “First Tooth” activities from the Delta Dental Foundation, First Family Foundation, and the Oregon Community Foundation (OCF).
- Continue to conduct outcome evaluation data collection and analysis.
- Disseminate and present evaluation report and results.
- The future of “First Tooth” is to have local communities, oral health coalitions and Continuum Care Organizations (CCOs) take ownership and implement the program.
- It is envisioned that “First Tooth” will be a train-the-trainer program where trainers in local communities will be able to conduct trainings at local or network level.
- “First Tooth” will be packaged and provided in Continuum Care Organizations (CCOs), Dental Care Organizations (DCOs) and local champions to provide oral health anticipatory guidance services.
- Ready-to-go.
- Resources available to support implementation.
- Defined health indicators and measures to track health outcomes.

**Results**

- Trained have occurred in 25 counties as of September 1, 2012.
- 102 In-Person Trainings
  - 94 Medical
  - 14 Medical and Dental Combined
- 238 Different sites have been trained
- 1,424 Participants have been trained

**Evaluation Outcome Measures**

- Will be using 2010 baseline data from the Oregon Health Authority Division of Medical Assistance Programs to evaluate the “First Tooth” project using these measures.

**Curriculum Measures**

- Oral health anticipatory guidance flip chart
- Billable codes
- Provider pocket guide
- Oral health education guide
- Implementation and workflow tips
- Billable codes
- Posters
- Compendium handhelds

**Outcome Measures**

- D30L health index
- D30L medical
- D30L dental
- 1.4# of children age 5 in medical or dental care

**Conclusions**

- Based on feedback provided from medical and dental personnel after participating in the in-person training:
  - Almost all respondents felt that the instructor was knowledgeable about the topics and that they used effective teaching methods.
  - Almost all respondents agreed that they can apply the information they learned and expressed satisfaction with the training overall.
  - All medical providers and most dental providers felt that they learned new information.
  - While almost all respondents agreed that the training length was appropriate, a small group of medical providers (around 7%) did specifically comment that they wish the training was longer.