

Project Title: Improving Oral Health in Rural Communities

Please provide a general description of your child advocacy project, including the need being addressed by the project:

Dental health is paramount to the overall health of a child. Oral disease is the number one chronic disease of children. Low-income children are at higher risk of oral disease. Research has shown that dental care education, fluoride varnish application, and one on one teaching improve oral health outcomes. Rural children are at a disproportionate risk for disease given their isolation and lack of access to medical care, dental care, and dental education. For the past 3 years, I have focused my community pediatric project as a pediatric resident at UCSF in the Pediatric Leadership for the Underserved (PLUS) program, on improving dental care for children in rural West Marin County, California. This is the community I have lived in for many years, commuting to San Francisco during my residency. I have partnered with Coastal Health Alliance (CHA) a consortium of three small community health centers in rural West Marin County who serve approximately 1,000 of the community's children per year. The aim of the clinics is to serve all people in the community regardless of their ability to pay. We have created an oral health improvement project within the 3 clinics. We have trained the providers on the importance of oral health for children and on oral health exams and fluoride varnish application. They have applied this training to their well-child care. We have created handouts in English and Spanish and provided dental gift bags to be given to children at each well child exam. We have created a network of referral dentists for all children who receive care at the clinics. We have partnered with Marin Dental Clinic to provide education and fluoride within the schools. In addition, we have created public awareness through public service announcements to be aired on local radio. With these measures we have improved access to pediatric oral healthcare in our community.

Please provide a short history of the project? How long has the project been in existence?

I launched the project in July 2007. At the time, CHA's dental program only consisted of providing fluoride drop prescriptions (the water in West Marin is not fluoridated). Thus far, I have completed: 1) A thorough literature search of the oral health literature, focused on best practices for improving oral health in children in the primary care setting; 2) I have met with providers and nurse educators at CHA every 3-6 months for the last two years; 3) I have provided 4 educational sessions to the medical assistants and providers at CHA regarding oral health and fluoride varnish application and taught other providers how to led similar sessions; 4) I email the primary care providers monthly with dental tips

and updates on fluoride varnish application, resources within the clinics, and providers in the area who are willing to take children, particularly low income children; 5) We have created several hundred dental gift bags with the money from a CATCH grant to be given away at each well child exam after a dental assessment. These bags include oral hygiene handouts, toothbrushes, toothpaste, floss and a gift certificate donated from the local farmer's market; 6) We have created public service announcements regarding children's oral health to be aired on the local radio station; 7) I regularly conduct "oral health implementation" team meetings with CHA to design new clinic approaches to improving dental health care in the clinics; 8) Along with a research assistant and Marin County Dental Clinic nurses, I conducted an educational session at a local pre-school and provided fluoride varnish to those who were eligible.

In addition, I have had a long-standing relationship with CHA since 2000 when I worked as a medical assistant there for 3 years. I have also had meetings with Marin Dental Clinic providers who used to incorporate monthly dental clinics in CHA's primary care setting. We brainstormed about barriers to these dental clinics such as high no-show rates. In a "train the trainer" model, I also have spent time with the dentist who serves in my primary care clinic as well as my faculty advisors at San Francisco General Hospital in order to learn fluoride varnish application techniques and improve my oral exam.

Did you create this program?

YES NO
yes

Is this project considered as your community pediatrics rotation, as part of your residency training?

YES NO
Yes?

Describe roles of residents in the project.

The role of the resident has been to serve initially as the founder and champion and later as a pediatric health consultant to the clinics. In addition the resident has assembled all of the components of the oral health improvement plan with the help of the providers and several nurse practitioner students within the clinics. The resident also provided oral health exam seminars to train the providers on proper technique and application of best practice standards for oral health primary care. The resident has also accomplished Grant writing and fundraising. With the assistance of a research assistant and nurses from the

county dental clinic the resident conducted an oral health educational session for pre-school students at the local school. At this session we applied fluoride varnish to those children who were eligible. Additionally, the resident wrote and recorded a public service announcement to be aired on local radio.

Describe roles of faculty in the project.

The faculty have served as advisors and as mentors for pediatric oral health and for project management. The faculty trained the resident on good oral health exams and fluoride varnish application in a “train the trainer” model. In addition, the faculty has provided resources for funding and tremendous work in reviewing and assisting in grant applications.

Are you receiving funding from other sources for this project?

YES NO
yes

Please elaborate on funding from other sources.

A CATCH (Community Access to Child Health) grant of \$3,000 was awarded through the AAP at the initiation of the project and provided funding for dental gift bags, provider incentives, educational material for patients, and supplies such as fluoride varnish. In addition, some of CHA’s funding from First 5 and other grants was used to buy supplies. A local business, Toby’s Feed Barn, donated 200 gift certificates as part of the gift bags. We were recently awarded a 2010 AAP Oral Health Risk Assessment Preceptorship funded through the American Dental Association Foundation.

What plans (if any) have been made for the continuation of the program after you graduate?

Since the inception of the project the goal has been to make pediatric oral healthcare integral to well-child care within the clinics and create sustainable community education about pediatric oral health. This has occurred through integration into electronic medical records and a culture shift making oral health as important of a concern as vaccination. The handouts and educational material created in Spanish and English are available at all of the clinics and will continue to be given out at all well-child exams. The AAP Oral Health Risk Assessment Preceptorship will ensure ongoing training by pediatric specialist

for the clinic providers on oral health exams and fluoride varnish application. Our next aim is for the nurse practitioners that have been involved in the project to continue to make stronger ties with the local schools. The next phase of the project is to move some of the fluoride application to the school setting. Given that I have had a long-standing relationship with CHA and I live in the community, I plan on continuing to serve as a pediatric health consultant after my graduation.