

The Health Foundation of Central Mass., Inc. (THFCM)

The Health Care and Health Promotion Synergy Initiative

FINAL PROJECT IMPLEMENTATION GRANT SUMMARY REPORT

(Limited to 15 pages)

NAME OF GRANT PROJECT: *The Oral Health Initiative of North Central Massachusetts*

THFCM REFERENCE NUMBER: 2006007

DATE OF THIS EVALUATION: August 31, 2008

EFFECTIVE DATES OF PROJECT IMPLEMENTATION GRANT PERIOD:

from July 1, 2002 to June 30, 2008

I. PROJECT GOALS

What were you trying to accomplish?

The goal of the Oral Health Initiative of North Central Massachusetts (OHINCM) is to increase access to dental services and improve the oral health of underserved residents of North Central Massachusetts. A number of comprehensive, integrated and collaborative strategies were implemented in the areas of access, provision of services, education and advocacy. Specific project goals are outlined below.

Goal One: To increase the availability of and access to dental health services for low income individuals and others who have substantial difficulty accessing dental care.

Goal Two: To decrease the incidence and prevalence of dental caries in North Worcester county with a particular emphasis on children.

Goal Three: To raise community awareness of the importance of oral health, preventative strategies for maintaining good oral health, and methods of accessing services, especially among parents with young children.

Goal Four: To influence legislative action and regulatory policy for statewide support of enhanced oral health initiatives.

II. TARGET POPULATION

What population did you reach?

At the onset of this initiative seven years ago, the Joint Coalition on Health conducted a comprehensive assessment of community health in North Central Massachusetts which concluded that approximately 42,000 individuals in the region were either uninsured or underinsured. Through the development and implementation of specific intervention strategies the OHINCM has educated and/or provided increased access and resources to an

average of over 15,000 individuals annually, which represents approximately 36% of the targeted population in the region. Over the years, we estimate that the project reached more than 30,000 individuals or 71% of the target population with direct services and education. Attachment A provides summary data by year (2004-2008) for visits by school-based patients, school-aged patients by city, and the services they received by CPT codes. Attachment B summarizes patients served by the CHC dental clinic from 2003-2008 by town of residence. Over the course of the grant, the number of patients has grown from 46 in 2003-2004 to 8155 in 2007-2008. The clinic is serving the catchment area, with less than 5% of patients coming from towns outside the area since 2005.

Which recruitment strategies were most effective? Which were most ineffective?

The Oral Health Initiative recruitment efforts and success vary by component, as described in the sections below. Although referrals were made through the school-based programs, recruitment to the CHC Dental Services units was essentially unnecessary, since the need and demand for these services was so great. Most challenging was the recruitment of dentists to accept MassHealth insurance.

Below we report on recruitment efforts for the CHC Dental Service, the Gateway Health Access Program's (GHAP) Dental Program, Mount Wachusett Community College's Dental Hygiene Program, and the School-Based Oral Health Prevention Program (formerly known as the Dental Sealant and Fluoride Varnish Program.)

CHC Dental Service

The existing community health centers in Fitchburg, Gardner, the newly opened CHC in Leominster, and ACTION Health Services have become tremendous assets to North Central Massachusetts as they have dramatically increased access to dental services for thousands of the region's most vulnerable and underserved residents. Over the past two years, the sheer numbers of patients have started to level off, but the number of visits by existing patients continues to increase. Since their establishment, the Fitchburg, Gardner, and Leominster dental centers and ACTION Health Services have served a total of 20,731 patients. Patients are served by 15 dentists, 17 dental assistants and 2 hygienists. Because the need for dental services is so great in our area, extensive advertisement or recruitment of patients has been unnecessary for the dental service units at the community health centers. In fact, demand for services exceeds capacity and consequently, patients experience significant wait times for appointments. Dental appointments at the CHC Family Health Center in Fitchburg and the Greater Gardner CHC are currently booked out about six weeks. The Leominster Community Health Center is booking out four weeks. Each center, however, provides walk-in emergency care and offers all patients the option of being put on a 'stand-by' list in the event of a patient cancellation. ACTION Health Services' mobile dental unit, which is staffed by one dentist and one dental assistant, began services on June 16th and currently provides services three days a week, serving an average of five patients per day.

Mount Wachusett Community College (MWCC) Dental Hygiene Program

During the Initiative's planning phase, both the MA Dental Society and the Wachusett District

Dental Society called attention to the serious lack of registered dental hygienists in North Worcester County. This need was addressed when Community Health Connections, Inc. collaborated with Mount Wachusett Community College (MWCC) to establish an accredited dental hygiene program. In support of this effort, the OHINCM provided \$50,000 for start up costs and additional funding in year two to support staffing needs. MWCC received full accreditation for the Associate Degree Dental Hygiene Program in 2007 following a two-day site visit by the Council on Dental Accreditation (CODA). After graduating its first class of nine students in the spring of 2007, the MWCC Dental Hygiene program finds itself at capacity with both the freshman and sophomore classes full with 12 students per class, and will expand to 14 students in the incoming class for fall 2008. Interest in the program remains strong, as evidenced by 60 applicants for these 14 openings. As a result of this growth, MWCC has added new faculty for the fall semester, an additional dental chair (bringing the total number of chairs to seven), and a summer course on pain control and local anesthesia for students entering their second year.

Most dental hygiene programs expect their students to recruit their own patients to gain necessary clinical experience, and students typically find practice patients within their circle of family and friends, who have relatively few oral health issues. In contrast, MWCC hygiene students treat patients referred from the CHC Community Health Dental Center which is conveniently located on the same floor as the MWCC Dental Hygiene program. The Dental Center patients provide the students with excellent learning opportunities, since these patients have varied and often advanced dental needs. Since the beginning of the Hygiene program in the fall of 2005, more than 5,000 patients have been treated.

In addition to their clinical rotations, the MWCC students provided 152 sealants and 42 fluoride treatments to students at the B.F. Brown middle as a component to their community health curriculum. In addition to the sealant program, over the past two years the dental hygiene students have provided oral health education to area preschools, middle schools, nursing homes and assisted living residences, as well as at outreach centers throughout Leominster, Fitchburg, and North Central Massachusetts. As part of their community dental health practicum, the students are giving age-appropriate demonstrations to children and adults on oral health topics. The hygienists-in-training provided oral health screenings for preschoolers to detect potential problems and sent information sheet home to their parents. Students made presentations at the Institute of Professional Practice in Westminster; Alternative, Unlimited in Fitchburg; Our Fathers' House Homeless Shelter, and the Montachusett Outreach Center for Veterans. This coming year students will also serve on a mobile dental van sponsored by the Massachusetts Dental Association. The van travels the state to provide dental care to those who would not otherwise have access to the services.

To date, the program has graduated two classes, 21 students. Of the nine graduates in the class of 2007, eight have responded to MWCC post-graduation surveys, and all are employed. Half of the graduates reported working full-time, and half reported working half-time. Graduates from the class of 2007 reported working in the following cities and towns: Leominster (2), Marlboro, Greenfield, Boston, and Keene, New Hampshire. Surveys are still being collected from graduates of the class of 2008, with four of the twelve graduates having already responded. Of these four respondents, one is working full-time and three are working part-

time. Three reported the towns in which they worked: Fitchburg, Gardner, and Keene, New Hampshire. Additionally, faculty report that three graduates inquired about positions in public health settings following graduation.

School-Based Oral Health Prevention Program

In the initial stages of the program, successful recruitment of student participants required the establishment of relationships and the active support of school administrators, school nurses and classroom teachers. A survey of school nurses confirmed the need of services for school-aged children, particularly those being served by MassHealth. School superintendents and principals were convinced to support the initiative through outreach by project staff, including presentation of data illustrating need for improved dental health and services, and the clarity of the implementation plan. One-on-one communication was critical, as well as the assurance that program implementation would not burden school personnel, since tasks such as follow-up phone calls, photocopying and tracking returned permission slips was the responsibility of project staff. The support of school administrators (a letter endorsed by the principal and/or superintendent) established credibility with parents, thus facilitating the recruitment of students.

Recruitment for the school-based dental sealant program was achieved through letters, permission forms and general information sent home to all parents of elementary grade students in the 16 schools that comprise the Winchendon, Gardner, Leominster, Fitchburg, and Narragansett School districts. Documents were also translated into several languages (other than English) spoken in the homes of students in participating schools. In 2006 the permission form was re-designed to make it easier for parents to understand. Although it is unclear if this improved the return rates, the reorganization of the form increased the accuracy of the data collected. Parents receive a report on the results of screening for their child and follow-up referrals, as needed, which functions as additional educational outreach. In addition to screening exams, fluoride varnishes have been provided 2-3 times per year, as well as dental sealants or temporary fillings.

Small incentive prizes (tooth necklaces and tooth erasers) were used to motivate students to return their permission forms, regardless of whether or not they were using the services. Another strategy used at the class level was an ice cream party for the classes returning the highest percentage of permission forms. These individual prizes appear to have been the most cost and time efficient way of motivating students. One year incentives were provided to teachers in one school in the form of \$25 Staples gift cards for teachers who collected 100% of the permission forms in their respective classes. This appears to have been a highly effective strategy since the return rate in this school was 83%, as compared to 52% for other schools in the same year.

GHAP Dental Program

Started in 1998, the Gateway Health Access Program (GHAP) helps uninsured and underinsured patients better access health care by connecting individuals to existing health care programs such as MassHealth, the Children's Medical Security Plan, and others; and by providing reduced fee-care for those who do not qualify for existing programs. Through its

network of health care providers, GHAP services currently include dental, primary care, mental health, specialty care, substance abuse, and home health care.

In November 2002 the GHAP Dental Program built upon the GHAP Medical Program, by initially recruiting participants who had already been identified as income-eligible under the medical program and were accustomed to the GHAP Model, including the expectations of GHAP patients. The history of participation in medical appointments was also reassuring to participating dentists. Private practice dentists were recruited who agreed to provide dental care at reduced rates for a predetermined number of uninsured individuals who were GHAP medical participants.

Since its inception, the GHAP dental program has received high marks for patient and provider satisfaction. Patient responses to a satisfaction survey were excellent (80%) and good (20%). Much of GHAP's success at linking patients to care and ensuring that the needs of providers are met is due to four key principles of the program: patients must pay at the time of service; patients must show up for appointments; participating dentists may limit the number of patients they accept under GHAP; and GHAP staff works closely with dental offices and patients to make the program work. Only 7-10% of all members have been expelled from the GHAP dental program due to non-payment or missed appointment. We believe this low-rate of non-compliance is due in large part to GHAP's case management model and strong emphasis on educating the patient about the importance of oral health as well as their responsibilities while enrolled in the program.

However, the FY07 state budget contained two important provisions that changed the strategy for, and success of GHAP in reaching the target population. These were: 1) the restoration of adult MassHealth dental benefits and 2) the implementation of a MassHealth dental Third Party Administrator. With the restoration of dental benefits and the passage of landmark health reform legislation which requires individuals to secure affordable health insurance through programs like MassHealth, Commonwealth Care, Commonwealth Choice, and other programs, difficulties in recruiting both patients and providers to GHAP increased. After carefully analyzing eligibility guidelines for new and existing dental access programs OHINCM/GHAP Program staff determined that new income qualifications and eligibility guidelines would need to be established in order to provide better access for individuals who may require dental services but have difficulty accessing quality dental care.

Program staff worked diligently to position the GHAP program as a resource for dental providers and MassHealth members alike and to help both groups navigate the "new" MassHealth landscape. For patients, GHAP's Dental Case Manager provided assistance to those who needed help finding a provider who accepts MassHealth, and assisting with appointments and follow-up care. For providers, GHAP's Dental Case Manager offered her services to case manage MassHealth patients if they agreed to treat this population. GHAP's Dental Program also conducted outreach to the population reliant on MassHealth, placing advertisements in six local papers announcing the restoration of dental benefits and encouraging beneficiaries to contact GHAP if they needed assistance locating a dentist.

One-on-one office meetings with dentists and their office staff, lunch meetings, and a

recognition dinner with awards and presentations from OHINCM Staff and local legislators were used as recruitment strategies to enlist providers to accept MassHealth. A recruitment/recognition dinner enabled OHINCM Staff to honor the current GHAP Provider roster for their years of service and provided a forum for a broader conversation about MassHealth. The GHAP outreach facilitated the participation of dentists who would not otherwise have been involved in serving the target population, and some moved from serving GHAP patients to serving patients on MassHealth.

At the conclusion of the project, 47 area dentists were providing services to MassHealth patients, 15 of these through the CHC. Of the remaining 31, eight (26%) were former GHAP providers. In total 34 providers were recruited to GHAP and 30 remained at the end of the project. These dentists served 325 patients in more than 1200 patient visits.

The strategies employed to recruit dentists and patients appear sound, and both reported high levels of satisfaction. However, the changes in state health insurance policy, as well as the opening of the dental clinics within the CHCs during the period required flexibility on the part of project staff to support patients seeking dental services, regardless of whether they enrolled as GHAP patients. Over the course of the project, the one-on-one work with dentists and their office staff members slowly improved attitudes and increased their receptiveness to serve new populations, as was evidenced at the project sponsored gathering in May 2008.

III. PROJECT OUTCOMES

In annual reports outcomes were addressed in relation to individual strategies. However, because of the integrated design of the project, strategies are often overlapping and frequently contribute to more than one goal. In the following section, evidence is provided to demonstrate how the project achieved its overall goals.

What indicators or evidence of goal and outcome attainment can you provide? Which desired outcomes were most dramatically achieved?

- The strategies implemented and service capacity developed at the CHCs, through participation of area dentists and the dental hygienists trained during this project have dramatically increased the availability of and access to dental health services for low-income individuals and others who had substantial difficulty accessing dental care.
 - Four sites were established and expanded to make services available and accessible to those in need of care. In January 2003 the CHC Family Health Center Dental Services on the Burbank Campus in Fitchburg was established followed by the Greater Gardner CHC Dental Service in 2005. In 2007 the Outreach and Screening Site in Leominster was established with one chair to provide limited preventive services, which, in 2008 became part of the new Leominster CHC, and now provides comprehensive medical, dental and behavioral health care. In July 2007, CHC, Inc. was awarded funding from the Health Resources and Services Administration (HRSA) to establish ACTION Health Services, a new federally qualified health center to serve the area's

homeless and publicly housed populations. Thus, in mid-June 2008 ACTION Health Services began providing comprehensive mobile dental services in Winchendon three days per week.

- These four service sites have served over 20,700 patients (See Attachment B for breakdown by city and year) in twenty dental chairs. Fifteen dentists provide 10.23 FTE of professional care, assisted by two hygienists and seventeen dental assistants.
- The Dental Services departments at CHC Inc.'s four community health centers accept private insurances as well as MassHealth and also offer care at reduced rates to uninsured and underinsured individuals through the state's Uncompensated Care Pool. Available data suggest that more than 50% of the patients served are paying through MassHealth.
- CHC data indicate that over 2000 children referred from the school-based program were served in 2007-2008.
- During the course of the project, 34 GHAP dental providers served 325 patients in more than 1200 patient visits.
- A dramatic change in the attitudes of area dentists is evidenced by the fact that while no dentists accepted MassHealth at the outset of the project, 47% are now accepting MassHealth patients. Over the life of the project the number of area dentists accepting MassHealth patients went from 0 to 47.
- Though difficult to document longitudinally, the screenings, sealants, fluoride varnishes, glass ionomers and referral services provided to the children in the Fitchburg, Gardner, Winchendon, Leominster and Narragansett school districts can only have decreased the incidence and prevalence of dental caries among children in North Worcester county. The expansion to new districts, schools and grades within the schools confirms the need for and positive impact these services have made in the school-aged population. In addition, the screening reports and referrals have served as educational outreach to the families of the children receiving services.
 - From serving 8 schools in 3 districts in one grade with screenings and sealants in the first year, the program has expanded to serve sixteen schools in five districts, grades ranging from K-5 and services to include fluoride varnishes and temporary fillings (glass ionomers) in addition to the screenings and sealants.
 - School-based services will be sustained through the CHC, Inc. and with recent funding from the Oral Health Foundation will expand in 2008 to survey all grades (K-12) in the five existing school districts bringing the total number of schools served to 32 in the 2008-2009 school year.
- In 2005 the project helped to facilitate the establishment of a program in Dental Hygiene at Mount Wachusett Community College. To date the program has 21 graduates, who

have provided services and oral health education to over 5,000 area residents during their training.

- In addition, a number of other educational initiatives reached thousands in the community to increase awareness of the importance of oral health, its connection to overall health, preventative strategies for maintaining good oral health, and means of accessing dental services, especially among parents with young children. The project used both strategies for direct outreach into the community, and indirect approaches which “multiply” the impact by working through key professionals such as family practitioners, pediatricians and school nurses:
 - Outreach and training of over 50 physicians and residents
 - Pediatrician distribution of toothbrushes (over 600)
 - Participation in community workshops and health fairs (over 1500 reached)
 - Workshops for school nurses (15)
 - Education of maternity ward staff at Heywood Hospital and the Health Alliance Hospital
 - Over 600 oral health care kits were distributed to new parents at the hospitals in Gardner and Leominster
 - New parent education through Lamaze classes (nearly 300 educated) and hospital videos
 - “Baby Oral Health” videos have been provided to the maternity centers at Heywood Hospital in Gardner and Health Alliance Hospital in Leominster
 - Ten *Oral Health Connection* newsletters were distributed to a mailing list of over 250
 - Over 1200 pre-school and kindergarten children were reached via “Brushing is Fun” workshops
 - Participation in the statewide *Watch Your Mouth* Campaign involved distribution of educational materials to over 75 area physicians, as well as dentists, community organizations, elementary schools and local businesses
- Finally, in collaboration with The Health Foundation of Central MA, Health Care For All and the statewide Oral Health Advocacy Task Force, the project shared in the advocacy efforts that resulted in legislative action to restore adult dental health benefits and contract third party administration of these benefits, expand the state Office of Oral Health, as well as to develop innovative community-based dental services for children and families. Advocacy efforts during the life of the project contributed to:
 - receipt of the HPSA designation as a dental health professional shortage area in 2004;
 - the full restoration of comprehensive MassHealth dental benefits for all adults;
 - increased reimbursement rates for children and adults;
 - funding for a third party administrator for the MassHealth dental program;
 - inclusion of language allowing dentists to cap their MassHealth caseloads;
 - increased funding for the Department of Public Health’s Office of Oral Health; and
 - funding for the *BEST Oral Health Program*, a preschool oral health pilot project in

Hampden County.

- Over the course of the project there was a dramatic growth in both the range of services available and the number of people served. These changes have had a substantial impact on access to dental services in the area, and will surely lead to improved oral health in the future.

Which strategies were most effective in achieving that outcome and which were least effective?

We believe that the most effective strategies are the ones that are most sustainable. Therefore, the infrastructure and services being provided through CHC, Inc. and the mobile services unit, the transfer of responsibility for the school-based program to CHC, Inc., the establishment of the MWCC program to train dental hygienists, and the parent education “Baby Oral Health Video” in area maternity centers make these the most sustainable.

Continuity and commitment of project staff have also contributed to the success and sustainability of the project. Two project staff, Dawn Casavant and Stacey Auger are now employed by CHC, Inc. in positions that will ensure that the programs and services developed and supported by the Oral Health Initiative will continue to grow and thrive.

Although satisfaction has remained very high among participating dental providers and their patients, the GHAP strategy appears to have been the least effective, if one considers the number of people reached from the target population in relation to the staff time and money invested. Due to the GHAP Case Manager’s continuous efforts to recruit providers, a total of 34 providers were recruited and 30 remained at the end of the project. The program experienced a steady decline in participants beginning in December 2004. GHAP’s Case Manager found that during their screening interview, when presented with the options for treatment, most patients chose to use one of the CHCs rather than enroll in GHAP. Their choice appears to be financially motivated, since they chose to access free or reduced cost dental services through the state’s uncompensated care pool, despite the fact that they might need to wait several months to access services. The reinstatement of adult dental benefits on July 1, 2006 also contributed to decreased interest in GHAP, while increasing demand and wait times at the CHC Dental Centers.

At the same time, the importance of the provider education that took place through GHAP outreach should not be underestimated. Over the course of the grant, project staff was able to use the relationships established with GHAP dentists (as well as other dentists in the Wachusett District Dental Society) to educate and engage area dentists with the changes that were happening in the state related to the reinstatement of MassHealth dental benefits and the establishment of a Third Party Administrator. Furthermore, through the relationships that were built and collaborations fostered with staff from the Central MA Oral Health Initiative and Doral Dental (the MassHealth Third Party Administrator), GHAP and OHINCM staff were able to provide area dentists with additional information and resources regarding the changes in the MassHealth program. The dentists who championed GHAP helped to spread the word, raise awareness, and (staff believe), to persuade some of their colleagues who did not participate as GHAP providers to accept patients on MassHealth. While GHAP and OHINCM staff cannot

take full credit, they strongly believe that this project played a significant role in increasing the numbers of providers who accept MassHealth from zero at the start of the Initiative to 47 currently.

What positive outcomes were achieved which had not been anticipated, and what do you think was responsible for the change?

- Research on education options led to the identification of parent education tapes that have been incorporated into the hospital library for the education of new parents. This education effort will be sustained without additional cost.
- This project increased awareness of the importance of oral health across the lifespan and the need to provide services in various community based settings. A prime example of this is the ACTION Health Services' mobile dental unit which provides comprehensive dental services to individuals who have the least access to care.
- The change in attitude among area dentists toward serving MassHealth clients was hoped for, but not anticipated, and facilitated by intensive staff outreach and dentist-to-dentist advocacy.
- The project education and advocacy efforts benefitted from timing, since oral health has received increased attention and visibility during the years of the project, e.g., the statewide Oral Health Advocacy Taskforce and the Watch Your Mouth Campaign.
- Experiencing an effective in-school model of dental care increased discussion of and may open the doors for school systems to seek out opportunities for additional school-based health services.

Which desired outcomes were not achieved, and what do you think was responsible for the lack of progress?

We believe that there is considerable evidence that we made substantial progress toward each of the goals set out by the project.

What unanticipated negative outcome occurred, and what do you think was responsible for that result?

Project staff members are not aware of any unanticipated negative outcomes.

What significant obstacles did you encounter and how did you overcome them to implement the project?

The negative attitude of area dentists toward MassHealth at the outset of the project was a substantial barrier that was overcome through one-on-one outreach, and use of participating dentists as advocates. Dentists from the Wachusett District Dental Society participated on the Oral Health Initiative Advisory Board, which endorsed the Oral Health Initiative and

encouraged providers to participate in the GHAP dental model, and in serving MassHealth patients.

The cut in MassHealth adult dental benefits in 2002 constituted a substantial barrier for our target population. This was overcome by collaboration with advocacy organizations and mobilization that led to the restoration of these benefits. Furthermore, the creation of dental services at CHC Family Health Center, the Greater Gardner Community Health Center and the Leominster CHC, (and their ability to bill the state's Uncompensated Care Pool for services rendered to uninsured patients as well as those enrolled in MassHealth) created access points for individuals who previously had few to no options for care.

While not an obstacle to project implementation, over the years, changes to the permission form and data entry and storage for school-based services made it more difficult to track these services longitudinally. In retrospect, it is important that all staff involved in developing forms for data collection and reporting have insight into how these data might be used over time, and thus, the impact of seemingly small changes. Now that the program is administered by CHC, Inc. these data will hopefully be easier to manage.

IV. COLLABORATION WITH OTHER ORGANIZATIONS

How useful was your collaboration in achieving the desired outcomes?

Collaboration was critical to the success of this project. Without the participation and leadership provided by our Advisory Board members and MOC, the office space and resources of CHC, Inc., Heywood Hospital and MOC, and the commitment and support of school personnel and the Wachusett District Dental Society, we could not have accomplished our goals.

The superintendents of the Fitchburg, Gardner, Leominster, Narragansett and Winchendon school districts, and the principals and school nurses serving the 16 participating schools, as well as the classroom teachers, were critical to the success of the school-based program.

Collaboration with Community Health Connections, Inc, and Mount Wachusett Community College led to the establishment of the accredited dental hygiene program.

The dentists, in particular the leadership of the Wachusett Dental Society, assisted with project model development as members of the Advisory Board and facilitated the participation of WDDS members through information dissemination and community education sessions. The leadership of the Wachusett District Dental Society provided support for a variety of our programs and initiatives, most recently and significantly assisting GHAP and OHINCM staff in educating local providers about the changes to the MassHealth dental program and encouraging their colleagues to accept MassHealth. WDDS leadership provided GHAP and OHINCM staff multiple and varied opportunities to engage their members including assisting in organizing and participating in individual and small group meetings and/or educational sessions, sending letters and making follow up phone calls, and providing forums to address the larger membership.

Heywood Hospital and the Health Alliance Hospital assisted with the coordination of physician workshops and in placement of the parent education videos. Heywood also assisted in the establishment and oversight of the GHAP dental initiative based on their existing medical model. Heywood VP for Community Relations and Development served as Project Co-Director.

OHINCM staff also greatly benefitted from their collaboration with the Central MA Oral Health Initiative over the years of the grant. Staff of the CMOHI provided a forum for ongoing technical assistance as well as resource and best practices sharing. Most recently, OHINCM and CMOHI staff worked together to develop and enhance their efforts to recruit area providers to accept MassHealth as well as to secure resources from Doral Dental in order to do so.

Finally, the OHINCM's involvement in the statewide Oral Health Advocacy Taskforce provided staff with greater opportunities for participation in advocacy efforts as well as opportunities to network with, learn from, and collaborate with other community based initiatives around the state. Similarly, our involvement provided us with an opportunity to highlight many of the initiatives programs and services. As a result, two communities created volunteer programs similar to GHAP (Cape Cod Dentists Care and the Neponset Valley Elder Dental Program) and a third (Partners for a Healthier Community in Hampden County) is also exploring the possibility of replicating the program.

How well did your project fit (i.e., enhance or diminish other programs, or have no particular effect) with other programs in the community, particularly those serving your target population? Were there any additional organizations that would have been useful partners? How useful was your interfacing with the CHNA and other relevant coalitions?

Prior to the implementation of the Oral Health Initiative of North Central MA, there were very few dental service options for the target population and little public recognition of the importance of oral health. Community-based organizations and service providers throughout the area, especially MOC, Heywood Hospital, Health Alliance Hospital, Mount Wachusett Community College, CHC Family Health Center, Inc., area visiting nurses associations and those involved with the Joint Coalition on Health and CHNA 9, were instrumental in developing, supporting, raising awareness of the programs and services offered through the Initiative, making referrals for care and services, and furthering the Initiative's advocacy agenda. The leadership and staff of organizations throughout the area were eager for information and resources that they could share with their clients and constituents and were always ready to share new ideas and suggestions for ways to continue to improve access.

V. PROJECT CONTINUATION OR INSTITUTIONALIZATION

What will remain of the project now that the THFM grant has ended?

As described earlier, the project has established infrastructure and capacity for dental service delivery that did not exist before, namely the three CHC, Inc. dental clinics, the ACTION Health Services mobile dental unit, the school-based dental program, the MWCC training programs for dental hygienists, and the provision of educational resources for new parents in area hospitals.

Based on the work done under this grant, CHC, Inc. was just awarded a multi-year grant from The Oral Health Foundation to expand the school-based dental program. In school year 2008-2009, the program will be significantly expanded to provide services to all grades in the five districts currently being served.

What evidence do you have that others have replicated or adapted strategies from your project?

As reported in previous reports, two additional volunteer dental programs, Cape Cod Dentists Care and the Neponset Valley Elder Dental Program have modeled themselves off the traditional GHAP dental model. More recently, Partners for a Healthier Community and the Springfield Preschool Oral Health Task Force have expressed interest in developing a program modeled off both the original and MassHealth GHAP models. We are also extremely optimistic that the School-Based Oral Health Prevention Program will serve as a model for others.

What evidence do you have of systems change (i.e., change in policies and practices) based on the results of your project?

As reported in the past, important data is being collected through each of the Oral Health Initiative's strategies outlined above. This data provides us with a better understanding of the existing barriers and needs of our underserved target population.

The school districts served have become more open and receptive to in-school delivery of dental services, which has a positive impact on the overall health of pupils in need of these services, and contributes to family education on the importance of oral health.

The creation of the dental hygiene program at Mount Wachusett Community College has been a tremendous asset for Northern Worcester County. Not only has it helped to increase access to much needed services, it also provides a local educational option for individuals interesting in entering and/or advancing in the dental profession.

Furthermore, the ongoing collaboration between the MWCC and the CHC Family Health Center is a model which has greatly benefited the students and should be replicated in other communities throughout the state and country as a model for training and encouraging future dental service providers to work in community health settings.

The change in attitudes among area dentists led some to participate in the GHAP program and even more to begin accepting MassHealth patients. This change in their practice has contributed to the increase in access to dental care and services for uninsured and underinsured patients in the region.

One significant change in practice is the inclusion of oral health education and screenings by physicians during well-child visits.

The success of the advocacy efforts in effecting changes in MassHealth benefits, reimbursements and administration has impacts throughout the state of Massachusetts and is also serving as a

model for other states to replicate.

VI. ROGG ASSESSMENT AND FEEDBACK

What feedback can you offer to help THFCM assess and improve the ROGG process or forms, including comments about THFCM staff's role?

The ROGG Assessment process is a valuable tool in assessing the progress and impact on the project. One suggestion for improving the process involves the timing of reporting. When preparing the grant application in April for the coming year, we look at the current year for data and feedback in order to plan for the year ahead. However, in August when preparing our annual evaluation report for the previous year, we are typically looking at the same (or slightly updated) data and drawing the same conclusions as a few months earlier during the grant application process. If the report currently prepared in December could be prepared in February or March, those data could be used in preparing the April application, and perhaps the report currently due in August could be prepared in October or November.

The staff of THFCM play an extremely important role in facilitating communication and fostering collaboration among the staff of projects funded by the foundation. Because of their knowledge of project strategies, successes and challenges, newer projects are able to benefit from "lessons learned" in previous projects.

The leadership and advocacy role provided by the President and CEO of THFCM were critical to the outcomes that were achieved through this project, especially crucial to accomplishment of the legislative agenda.

VII. FINAL REPORT OF GRANT EXPENDITURES

Budget Line Item	THFCM grant amount received	THFCM grant amount spent	Amount other sources received	Amount other sources spent	Remaining balance
Project Oversight	19,500.00	19,500.00			0.00
Project Manager Salary	37,076.00	21,920.23			15,155.77
Project Manger Fringe	5,561.00	3,993.70			1,567.30
Office Supplies	2,000.00	1,698.84			301.16
Food & Meetings	5,000.00	2,635.45			2,364.55
Staff Travel	1,000.00	702.54			297.46
Consultants/Evaluation	10,000.00	7,261.94			2,738.06
School-Base Prevention	10,000.00	3,628.94			6,371.06
Mass Health Outreach	5,000.00	2,307.16			2,692.84
Education/Lamaze/Oral Health Videos	5,000.00	1,850.00			3,150.00
GHAP Case Manager Salary	39,468.00	43,784.13			(4,316.13)
Advocacy	25,000.00	25,000.00			0.00
CHC	85,000.00	85,000.00			0.00
Total	249,605.00	219,282.93			30,322.07

Balance to be refunded to THFCM (if any): \$30,322.07

SUBMITTED BY:

Project Director

Kathleen J. McDermott
Printed Name

Signature Date _____

**Authorized Representative
of Grantee Organization**

Kathleen J. McDermott
Printed Name

Signature Date _____

Attachment A Summary of School-Based Patients

Visits by District

<u>School District</u>	<u>2007-2008</u>	<u>2006-2007</u>	<u>2005-2006</u>	<u>2004-2005</u>
Narragansett Regional	145	50	29	4
Fitchburg	1625	1084	238	7
Gardner	238	315	86	
Leominster	888	409	138	10
Winchendon	361	249	99	2
Other town	71	40	23	0
TOTAL	3328	2147	613	23

School Based Program Patients at CHC Clinic By City

<u>City</u>	<u>2007-2008</u>	<u>2006-2007</u>	<u>2005-2006</u>	<u>2004-2005</u>
Fitchburg	753	416	192	4
Gardner	180	130	70	0
Leominster	706	165	107	9
NRSD - B'ville	45	9	16	1
NRSD - Phillipston	5	5	4	0
NRSD - Templeton	69	7	7	1
Winchendon	233	97	77	1
Other Towns	49	15	20	0
Total	2040	844	493	16

School Based Program Services By CPT Code

<u>Service (CPT Code)</u>	<u>2007-2008</u>	<u>2006-2007</u>	<u>2005-2006</u>	<u>2004-2005</u>
Periodic Oral Exam (D0120)	386	536	87	0
Comprehensive Oral Exam (D0150)	1457	272	99	3
Full Mouth Series (D0210)	1	0	0	0
Intra Oral Films (D0220)	1	0	0	0
(D0272)	0	1	0	0
Panoramic Films (D0330)	1	0	0	0
Prophylaxis (D1120)	641	284	88	3
Fluoride (D1203)	3032	1129	422	19
Sealant (D1351)	611	313	87	2
Amalgam 2 Surfaces (D2150)	1	0	0	2
Amalgam 3 Surfaces (D2160)	1	0	0	0
Sedative Filling (D2940)	104	6	0	0
Extraction (D7111)	1	0	0	0
Palliative (D9110)	175	177	0	0
Case Presentation (D9450)	1951	1124	431	1
Total Procedures	8363	3842	1214	30

Note: Data from CHC, Inc. July 2008

Attachment B Summary of CHC Dental Patients

Dental Patients by City

<u>City</u>	<u>2007-2008</u>	<u>2006-2007</u>	<u>2005-2006</u>	<u>2004-2005</u>	<u>2003-2004</u>
Ashburnham	68	75	58	2	0
Ashby	58	63	38	1	1
Athol	94	93	75	0	2
Ayer	103	91	58	1	1
Baldwinville	69	39	44	2	0
Barre	15	14	4	0	0
Clinton	76	67	38	2	0
East Templeton	8	5	5	0	0
Fitchburg	3452	3610	1996	80	21
Gardner	537	540	326	11	3
Hubbardston	13	16	15	1	0
Lancaster	29	31	14	2	1
Leominster	2253	2026	1143	49	9
Lunenburg	157	167	95	6	1
Orange	32	31	22	1	0
Pepperell	70	70	35	0	0
Phillipston	12	14	8	0	0
Princeton	6	4	5	0	0
Shirley	72	82	45	0	1
South Barre	0	2	0	0	0
South Lancaster	14	17	9	0	0
Templeton	97	37	26	2	0
Townsend	91	94	44	1	1
Westminster	89	76	47	6	1
West Townsend	4	5	1	0	0
Winchendon	380	243	166	6	0
Catchment Area Total	7799	7512	4317	173	42
Other Towns	356	332	195	11	4
Grand Total	8155	7844	4512	184	46

Note: Data from CHC, Inc. July 2008