The Sadie and Harry Davis Foundation

From the First Tooth Program Pilot

Pilot Year 1 (2008)

Evaluation Project Report

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1. Project Introduction

The twenty-two (22) week Evaluation Project for Year 1 (2008) of the Sadie and Harry Davis Foundation From the First Tooth (FTFT) Program Pilot was proposed by the Maine Center for Public Health (MCPH) for the period 31 March 2008 – 12 February 2009. The Project was to unfold in four (4) phases:

- conceptualization—six (6) week period 21 April - 30 May 08;
- operationalization—four (4) week period 2 June - 27 June 08;
- implementation—six (6) month period July - December 08;
- results analysis and report—six (6) week period 5 January - 12 February 09.

Each phase was budgeted at 6-8 hours of the Maine Center Evaluator's work time. Key personnel and their roles on the Project were Sharon L. Rosen, FTFT Program Director, Susan Cote, Evaluation Project Coordinator, and Robert Ross, Evaluation Project Evaluator.

Performance Sites

The Project was conducted across three (3) performance sites—Program Director Sharon Rosen's Portland office, Evaluation Project Coordinator Susan Cote's Portland office, Evaluation Project Evaluator Robert Ross' Maine Center office in Augusta—and six (6) FTFT participating partners and their associated intervention sites:

- The Pediatric Clinic at the Barbara Bush Children's Hospital at Maine Medical Center (Pediatric Residency, Pediatric/Internal Medicine Residency), an urban medical center on-site setting.

- Maine-Dartmouth Family Practice Residency in Augusta and Fairfield (Family Medicine Institute: Augusta, Maine-Dartmouth Family Practice: Fairfield, Four Seasons Family Practice: Fairfield), an urban and rural medical center on-site setting.

- Sebasticook Valley Hospital in Pittsfield (Sebasticook Regional Family Care: Pittsfield, Sebasticook Regional Walk-in Care: Clinton), a rural community hospital-owned off-site practice site setting.

- Waterville Pediatrics (Waterville Office, Skowhegan Office), an urban and rural on-site practice setting.

- Bangor Health and Community Service Department: Women, Infants, and Children (WIC) Program (Bangor, Milo, Old Town, Lincoln, Newport, Dexter, Guilford, Corinth, Washington County Children's Program), WIC program off-site settings.

- Washington County Children's Program in Machias (Calais Regional Medical Services, East Grand Health Center, Eastport Health Care, Machias Medical Associates, Milbridge Medical Center, and St. Croix Regional Family Health Care), a combination of rural health centers, federally qualified health centers and hospital-owned off-site practice site setting.

Project Aims

The objective of the Evaluation Project was to build capacity to produce useful knowledge on Year 1 FTFT Program structure, process, and outcome. The Project aimed to evaluate the performance on the Year 1 (2008) Program Pilot three-component intervention implemented across intervention sites located in the Portland, Augusta, Fairfield, Pittsfield, Waterville, Bangor, and Washington county areas. Each intervention component—screening for oral problems, fluoride varnish application, and counseling and education of parents or caregivers—was evaluated at each intervention site along the following three (3) dimensions:

- Structure: how the three-part Intervention was differentiated into working parts and how well these parts were integrated.
- Process: how the patient's family, actual service provider, and participating partner and intervention site official responsible perceived and evaluated intervention effectiveness.
- Outcome: the cumulative number of patients seen in Year 1 by quarter compared to goal.

FTFT Program Year 1 Pilot treatment goals were set at 50% of children and families/caregivers seen the preceding year, therefore at 390 children and families/caregivers treated for the Maine Medical Center Pediatric Clinic, at 212 children and families/caregivers treated at Maine-Dartmouth Family Medicine Residency, at 500 children and families/caregivers treated at Waterville Pediatrics, 85 children and families/caregivers treated at Sebasticook Valley Hospital, at 1050 treated at Bangor Health & Community Services Department, and at 767 treated in Washington County Children's Program.

Evaluation instruments

Guided by the Coordinator, Susan Cote, participating partners reported outcomes quarterly (de-identified participating children and services provided) by spreadsheet and by structure and process annually via on-line survey.

Program Intervention

The Coordinator provided participating partners and their intervention sites with didactic and individualized clinical training in oral health assessment, fluoride varnish application, and counseling for the parents or caregivers. Where employed, dental hygienists participated in or provided the clinical training. The Coordinator also developed educational materials for parents and caregivers. The trainings started in late 2007. 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, Sebasticook Valley Hospital in May 2008, and Washington County in October 2008 to March 2009.

- **Component 1: Oral Health Assessment**. The medical providers (MD, DO, medical residents, NP, PA) receive a didactic lecture to perform an oral health assessment for children 0 to 3 years old. The rationale for early detection and prevention of early childhood caries by the medical providers is reviewed. The presentation includes the etiology of early childhood caries, prevalence, risk factors, and transmission of the disease. Slides show the progression of the disease from healthy teeth, to white spot lesions, to cavitated lesions. An oral health assessment will be incorporated into well child visits at the pediatric and family medicine practices for children from the eruption of the first tooth until the third well-child visit or 42 months, whichever comes first, as part of From the First Tooth Program.

  If a child is seen at other visits and does not go for routine well child visits or immunizations, the oral health assessment will be performed at that visit, if the child is cooperative. At the City of Bangor's Health and Community Services Department Women, Infant and Children Program (WIC), a dental hygienist, working under Public Health Supervision status will be providing the oral health assessment at the WIC sites which serve all of Penobscot and Piscataquis Counties. Oral health assessment will consist of positioning the child in caregiver's lap facing the caregiver, provider sits with knees touching the caregiver and the child's head is lowered onto caregiver's lap. A video is shown on proper positioning. This positioning provides for good access to the oral cavity and the caregiver is able to hold the child steady. With gloved hands and a light source, the provider lifts the lip, retracts the cheek and inspects the soft tissues and teeth to assess for the presence of:

  - **Early childhood caries** were defined from the Basic Screening Survey from the Association of State and Territorial Dental Directors. Criteria is any child aged three or under found to have one of the front teeth either decayed, filled or missing due to dental decay. Early childhood caries is documented in the chart notes.

- **Urgent dental care** was defined as a child needing immediate care for the presence of decay, pain or dental abscess. Slide presentation shows the presence of severe decay, dental abscesses. Urgent dental care is noted in the chart notes and a referral is made to a dentist.

- **Component 2: Fluoride Varnish Application**. The medical teams receive a didactic lecture to apply fluoride varnish for children 0 to 3 years old. The presentation consists of a description of fluoride varnish, efficacy, and rationale to prevent and reduce early childhood caries. The demonstration of fluoride varnish application includes positioning the child in caregiver's lap facing the caregiver, provider sits with knees touching the caregiver and the child's head is lowered onto caregiver's lap. This positioning provides good access to the oral cavity and the caregiver is able to hold the child steady. The fluoride varnish is applied to all surfaces of the teeth. There are two videos presented to demonstrate proper positioning and application of fluoride varnish. Post application instructions are given to the providers. A written handout in low literacy text is provided to the partnering sites to distribute to the parents. The Coordinator schedules a time to provide hands-on clinical demonstration and training of the fluoride varnish application during clinical sessions with the providers. At Waterville Pediatrics, the dental hygienist that is employed by the site provides the clinical component. At Sebasticook Valley Hospital, the dental hygienist who works for the hospital provides the clinical training to the hospital based practices.

  The fluoride varnish application is integrated into the well-child visit and immunization schedule at the pediatric and family medicine practices for children from the eruption of the first tooth until the third well-child visit or 42 months, whichever comes first. The protocol at Waterville Pediatrics, Maine Dartmouth Family Medicine Residency Program and Sebasticook Valley Hospital is for the medical provider to include a fluoride varnish application when they write the orders for immunizations. The medical assistant applies the fluoride varnish during the immunization part of the appointment. At Maine Medical Center, the pediatric residents apply the fluoride varnish themselves. The dental hygienist applies the fluoride varnish at the City of Bangor's Health and Community Services Department Women, Infant and Children Program (WIC), which serves all of Penobscot and Piscataquis Counties.

- **Component 3: Counseling to Parents or Caregivers**. During the didactic presentation, the medical teams are provided with information on the etiology of early childhood caries, transmission of streptococci mutans, maternal/caregiver assessment of dental needs and referral to a dental home if untreated oral health disease exists. Dietary considerations (carbohydrate intake frequency and quantity and sucrose contents of medicine) are reviewed. The partner sites are supplied with oral health brochures that were developed by the From the First Tooth program. The presentation reviews the following anticipatory guidance for the providers to follow. The Infant and Toddler Oral Health Anticipatory Guidance Schedule was:

  - **At 6 Months**: Bottles are for nutrition. They should only be used to feed babies who are not breast feeding. Discuss and demonstrate brushing of infant teeth as soon as they erupt. Instruct the parent to conduct "Lift the Lip" procedures.

  - **At 9 Months**: Monitor progress in weaning infant from bottle to cup. Offer appropriate guidance in limiting juice in sippy cup.

  - **At 12 Months**: Infants are weaned from the bottle. Infants should see the dentist by year one. Review healthy eating habits and snacking. Sippy cups at mealtimes only. Water between meals. Parents continue to brush and check their teeth.

  - **At 24 Months**: Monitor healthy behaviors and snacking. Discuss and evaluate the toddler's ability to begin to use fluoridated toothpaste. Parents should continue to monitor the child's brushing and checking their teeth.

2. Structure Survey Results

The Year 1 **Structure Survey** asked each Project partner key contact person to reflect on how and how well the three-component (Oral Health Assessment, Fluoride Varnish Application, Counseling to Parents or Caregivers) FTFT program had been structured (i.e. organized and administered) in Year 1 (2008). Six sites' key contact person answered the survey (**Table 1**) in January and February 2009.

Table 1. Year 1 Structure Survey: Project Partner Respondent Screen			
Q.1. Please check if you are the FTFT "Project Partner key contact person" at …	**Yes/No**	**Name**	**Survey Date**
Maine Medical Center, Barbara Bush Children's Hospital, Pediatric Clinic, Pediatric Residency	Y	Chris Stenberg	01/12/2009
Maine-Dartmouth Family Medicine Residency Program	Y	Daniel Meyer	01/05/2009
Waterville Pediatrics	Y	Jeffrey Stone, D.O.	01/03/2009
Sebasticook Valley Hospital	Y	Karey A. Kershner	01/07/2009
Bangor Health & Community Services Department	Y	Jennifer Robicheau	01/13/2009
Washington County Children's Program	Y	Teresa Alley	02/06/2009

Component 1: The Oral Health Assessment

Table 2 reports results on two sets of questions for Component 1. Respondents were asked (**Q.2.1**) how well three descriptions—used as guideposts by the FTFT program team itself and listed at the foot of **Table 2**—matched how their site/s, respectively, had been prepared on background to, had been trained on the protocol for, and had incorporated the protocol for the **Oral Health Assessment** for Year 1 (2008) of the FTFT program and (**Q.2.2**) how they rated the background preparation their site/s had received, the training on protocol their site/s had received, and the protocol incorporation their sites had accomplished on the **Oral Health Assessment** for Year 1 (2008) of the FTFT program.[1]

Table 2. Year 1 Structure Survey: Oral Health Assessment							
Q.2.1. Please say how well[1] this description[3] matches how your site/s …	**MMC**	**MDFMR**	**WP**	**SVH**	**BHCSD**	**WCCP**	**mean**
… were prepared on background to the Oral Health Assessment for Year 1 (2008) of the FTFT program.	1	1	1	1	3 [a]	1	1.33
… were trained on the protocol for the Oral Health Assessment for Year 1 (2008) of the FTFT program.	1	1	1	1	3 [b]	1	1.33
… incorporated the protocol for the Oral Health Assessment for Year 1 (2008) of the FTFT program.	1	4 [e]	1	4 [d]	3 [c]	1	2.33
mean	1.00	2.00	1.00	2.00	3.00	1.00	1.67
Q.2.2. Overall, how would you rate[2] the …							
… background preparation your site/s received from FTFT program staff for the Oral Health Assessment for Year 1 (2008) of the FTFT program?	1	1	1	2	2	1	1.33
… training on protocol your site/s received from FTFT program staff for the Oral Health Assessment for Year 1 (2008) of the FTFT program?	1	2	1	1	2	1	1.33
… protocol incorporation your sites accomplished on the Oral Health Assessment for Year 1 (2008) of the FTFT program?	2	3	1	3	3	1	2.17
mean	1.33	2.00	1.00	2.00	2.33	1.00	1.61
mean total	1.17	2.00	1.00	2.00	2.67	1.00	1.64

[1] For **Tables 2**, **3**, and **4** in-table superscripts, numeric and alphabetic, see corresponding **Table 2.1**, **3.1**, and **4.1**.

Noteworthy on **Table 2** is that

- for fully five-in-six respondents (all but **BHCSD**), the guidepost description used by the FTFT program team "matches very well" how their site/s had been prepared on background to and trained on the protocol for the Oral Health Assessment; hence the two means (1.33, 1.33) are each just off "matches very well."

- for three-in-six respondents (**BHCSD**, **SVH**, **MDFMR**) however, the guidepost description used by the FTFT program team either "matches neither well nor not well" or "matches not very well" how their site/s had incorporated the protocol for the Oral Health Assessment; hence the mean (2.33) is below "matches somewhat well."

Mean ratings of background preparation (1.33), training on protocol (1.33), and protocol incorporation (2.17) follow the same pattern. The indication is that the most problematic piece of the **Oral Health Assessment** for half of all sites was not how they were prepared on background or trained on protocol but how they incorporated that protocol.

Table 2.1 Year 1 Structure Survey: Oral Health Assessment (**Table 2** superscripts)
[1] Scored 1 matches 1 very well, 2 matches somewhat well, 3 matches neither well nor not well, 4 matches not very well, 5 matches not well at all. [2] Rated 1 excellent, 2 good, 3 fair, 4 poor. [3] **BACKGROUND PREPARATION**: The providers (MD, DO, medical residents, NP, PA) received a lecture on how to perform an oral health assessment for children from the eruption of the first tooth to 3 year well-child visit or 42 months old, whichever comes first. The rationale was reviewed for early detection and prevention of early childhood caries by providers. The presentation covered the etiology of early childhood caries, prevalence, risk factors, and transmission of the disease. Slides showed the progression of the disease from healthy teeth, to white spot lesions, to cavitated lesions and the presence of severe decay and/or dental abscesses. **TRAINING ON PROTOCOL**: Oral health assessment training consisted of positioning the child in parent/caregiver's lap facing up to the parent/caregiver; having the provider sit with knees touching the parent/caregiver, then having the child's head lowered onto the provider's lap. A slide presentation showed the presence of severe decay, dental abscesses; need is documented in the chart notes and a referral is made to a dentist. A video was shown on proper positioning, which provides for good access to the oral cavity while the parent/caregiver holds the child steady. Then, with gloved hands and a light source, the provider lifts the lip, retracts the cheek, and inspects the soft tissues and teeth to assess for the following two conditions: 1) presence of early childhood caries, defined from the Basic Screening Survey from the Association of State and Territorial Dental Directors, as a child aged three or under found to have one of the front teeth either decayed, filled or missing due to dental decay; caries are documented in the chart notes and 2) need for urgent dental care, defined as a child needing immediate care for the presence of decay, pain or dental abscess. **PROTOCOL INCORPORATION**: An oral health assessment was incorporated into routine well child visits or immunizations at the pediatric and family medicine practices for children from the eruption of the first tooth until the three year well-child visit or 42 months old, whichever comes first, as part of FTFT program. If a child was seen at other visits, the oral health assessment was performed at that visit. [a] I am a dental hygienist, so I did not need a comprehensive lecture. The discrepancy was due neither to how it was organized and conducted by FTFT program staff nor with to how it was received and attended to at the site/s. [b] All of the conditions in the training were familiar to me. The discrepancy was due neither to how it was organized and conducted by FTFT program staff nor with to how it was received and attended to at the site/s. [c] We were treating patients in conjunction with the WIC program, not well child visits. We did not do anything, nor involved FTFT staff to do anything, to improve how the assessment protocol was incorporated. [d] Due to provider turnover, program has not been well implemented, although new staff are being trained and revisited regarding protocol. The discrepant score (not 1 but 3) has to do with, initially, buy-in was not in place, therefore program didn't take off as planned. What we did about the discrepancy was to continue with supplies, educational materials, and contact with medical assistants while new staff were being placed and training was scheduled. We did involve FTFT program staff in doing this and FTFT staff was very helpful. [e] We continue to struggle with how to systematically identify and intervene for this population in all three of our family practice training sites. We are attempting to add FTFT activities to our Raising Readers" book program which seems to work well. We did involve FTFT program staff in doing this and FTFT staff were somewhat helpful.

Component 2: The Fluoride Varnish Application

Table 3 reports results on the same two sets of questions for Component 2. Respondents were asked (**Q.3.1**) how well three descriptions—likewise used as guideposts by the FTFT program team itself and listed at the foot of **Table 3**—matched how their site/s, respectively, had been prepared on the background to, had been trained on the protocol for, and had incorporated the protocol for the **Fluoride Varnish Application** for Year 1 (2008) of the FTFT program and (**Q.3.2**) how they rated the background preparation their site/s had received, the training on protocol their site/s had received, and the protocol incorporation their sites had accomplished on the **Fluoride Varnish Application** for Year 1 (2008) of the FTFT program.

Table 3. Year 1 Structure Survey: Fluoride Varnish Application

Q.3.1. Please say how well[1] this description[3] matches how your site/s …	**MMC**	**MDFMR**	**WP**	**SVH**	**BHCSD**	**WCCP**	**mean**
… were prepared on the background to the Fluoride Varnish Application for Year 1 (2008) of the FTFT program.	1	1	1	1	3 [a]	1	1.33
… were trained on protocol for the Fluoride Varnish Application for Year 1 (2008) of the FTFT program.	1	1	1	1	3 [b]	1	1.33
… incorporated the protocol for the Fluoride Varnish Application for Year 1 (2008) of the FTFT program.	1	4 [d]	1	1	3 [c]	1	1.83
mean	1.00	2.00	1.00	1.00	3.00	1.00	1.50
Q.3.2. Overall, how would you rate[2] the …							
… background preparation your sites received from FTFT program staff for the Fluoride Varnish Application for Year 1 (2008) of the FTFT program?	1	1	1	2	2	1	1.33
… training on protocol your sites received from FTFT program staff for the Fluoride Varnish Application for Year 1 (2008) of the FTFT program?	1	1	1	2	2	1	1.33
… protocol incorporation your sites accomplished on the Fluoride Varnish Application for Year 1 (2008) of the FTFT program?	2	3	1	2	3	1	2.00
mean	1.33	1.67	1.00	2.00	2.33	1.00	1.56
mean total	1.17	1.83	1.00	1.50	2.67	1.00	1.53

Noteworthy on **Table 3** is that

- for five-in-six respondents (all but **BHCSD**), the guidepost description used by the FTFT program team "matches very well" how their site/s had been prepared on the background to and trained on the protocol for the Fluoride Varnish Application; hence the two means (1.33, 1.33) are each just off "matches very well."

- for two-in-six respondents (**BHCSD**, **MDFMR**), the guidepost description used by the FTFT program team either "matches neither well nor not well" or "matches not very well" how their site/s had incorporated the protocol for the Fluoride Varnish Application; hence the mean (1.83) is just above "matches somewhat well."

Mean ratings of background preparation (1.33), training on protocol (1.33), and protocol incorporation (2.00) follow the same pattern. The indication is that the most problematic piece of the **Fluoride Varnish Application** for a third of all sites was not how they were prepared on the background or trained on protocol but how they incorporated that protocol.

Table 3.1. Year 1 Structure Survey: Fluoride Varnish Application (**Table 3** superscripts)
[1] Scored 1 matches 1 very well, 2 matches somewhat well, 3 matches neither well nor not well, 4 matches not very well, 5 matches not well at all. [2] Rated 1 excellent, 2 good, 3 fair, 4 poor. [3] **BACKGROUND PREPARATION**: The provider teams received a lecture about applying fluoride varnish for children from the eruption of the first tooth to the 3 year well-child visit or 42 months old, whichever comes first. The presentation consisted of a description of fluoride varnish, efficacy, and rationale to prevent and reduce early childhood caries. The demonstration of fluoride varnish application included positioning the child in the parent/caregiver's lap facing up to the parent/caregiver; having the provider sit

with knees touching the parent/caregiver, then having the child's head lowered onto the provider's lap. This positioning provides good access to the oral cavity and the parent/caregiver is able to hold the child steady. The fluoride varnish is applied to all surfaces of the teeth.
TRAINING ON PROTOCOL: Two videos were presented to demonstrate proper positioning and the application of fluoride varnish. Post application instructions were given to the providers. A written handout in low literacy text was provided to the partnering sites to distribute to parents or caregivers. The program coordinator scheduled a time to provide and then provided hands-on clinical demonstration and training of the fluoride varnish application during clinical sessions with the providers.
PROTOCOL INCORPORATION: The fluoride varnish application was integrated into the well-child visit and immunization schedule at the pediatric and family medicine practices for children from the eruption of the first tooth until the three year well-child visit or 42 months old, whichever comes first. At Maine Medical Center, the pediatric residents applied the fluoride varnish.
[a] As a dental hygienist, I did not require fluoride varnish application training. The discrepancy was due neither to how it was organized and conducted by FTFT program staff nor with to how it was received and attended to at the site/s.
[b] As a dental hygienist, I did not require fluoride varnish application training. The discrepancy was due neither to how it was organized and conducted by FTFT program staff nor with to how it was received and attended to at the site/s.
[c] We were working in conjunction with the WIC program which gave us a limited patient base. We did not do anything to improve how the varnish protocol was incorporated.
[d] We continue to struggle with how to systematically identify and intervene for this population in all three of our family practice training sites. We 1) implored providers and medical assistants to do better and 2) are incorporating FTFT activities into an existing Raising Readers program. We did involve FTFT program staff in doing this and FTFT staff were somewhat helpful.

Component 3: Counseling to Parents or Caregivers

Table 4 reports results on the same two sets of questions for Component 2. Respondents were asked (**Q.4.1**) how well three descriptions—used as guideposts by the FTFT program team itself and listed at the foot of **Table 4**—matched how their site/s, respectively, had been prepared on the background to, had been trained on the protocol for, and had incorporated the protocol for the **Counseling to Parents or Caregivers** for Year 1 (2008) of the FTFT program and (**Q.4.2**) how they rated the background preparation their site/s had received, the training on protocol their site/s had received, and the protocol incorporation their sites had accomplished on the **Counseling to Parents or Caregivers** for Year 1 (2008) of the FTFT program.

Table 4. Year 1 Structure Survey: Counseling to Parents or Caregivers

Q.4.1. Please say how well[1] this description[3] matches how your site/s …	**MMC**	**MDFMR**	**WP**	**SVH**	**BHCSD**	**WCCP**	**mean**
… were prepared on the background to the Counseling to Parents or Caregivers for Year 1 (2008) of the FTFT program.	1	3 [a]	1	1	3	1	1.67
… were trained on protocol for the Counseling to Parents or Caregivers for Year 1 (2008) of the FTFT program.	1	1	1	1	1	1	1.00
… incorporated the protocol for the Counseling to Parents or Caregivers for Year 1 (2008) of the FTFT program.	1	4 [b]	1	1	1	1	1.50
mean	1.00	2.67	1.00	1.00	1.67	1.00	1.39
Q.4.2. Overall, how would you rate[2] the …							
… background preparation your sites received from FTFT program staff for the Counseling to Parents or Caregivers for Year 1 (2008) of the FTFT program?	1	3	1	2	3	1	1.83
… training on protocol your sites received from FTFT program staff for the Counseling to Parents or Caregivers for Year 1 (2008) of the FTFT program?	1	3	1	1	1	1	1.33
… protocol incorporation your sites accomplished on the Counseling to Parents or Caregivers for Year 1 (2008) of the FTFT program?	2	3	1	2	1	1	1.67
mean	1.33	3.00	1.00	1.67	1.67	1.00	1.61
mean total	1.17	2.83	1.00	1.33	1.67	1.00	1.50

Noteworthy on **Table 4** is that

- for two-in-six respondents (**BHCSD**, **MDFMR**), the guidepost description used by the FTFT program team "matches neither well nor not well" how their site/s had been prepared on the background to the Counseling to Parents or Caregivers; hence the mean (1.67) is just above "matches somewhat well."

- for all six respondents, the guidepost description used by the FTFT program team "matches very well" how their site/s had been trained on the protocol for the Counseling to Parents or Caregivers; hence the mean (1.00) is highest possible.

- for five-in-six respondents (all but **MDFMR**), the guidepost description used by the FTFT program team "matches very well" how their site/s had been incorporated the protocol for the Counseling to Parents or Caregivers; hence the mean (1.50) is just below "matches very well."

Mean ratings of background preparation (1.83), training on protocol (1.33), and protocol incorporation (1.67) follow the same pattern. The indication is that the most problematic piece of the **Counseling to Parents or Caregivers** for a third of all sites was how they were prepared on the background, not how they were trained on protocol or how they incorporated that protocol.

Table 4.1. Year 1 Structure Survey: Counseling to Parents or Caregivers (**Table 4** superscripts)
[1] Scored 1 matches 1 very well, 2 matches somewhat well, 3 matches neither well nor not well, 4 matches not very well, 5 matches not well at all. [2] Rated 1 excellent, 2 good, 3 fair, 4 poor. [3] **BACKGROUND PREPARATION**: During the lecture, provider teams were given information on the etiology of early childhood caries, transmission of streptococci mutans, parent/caregiver assessment of dental needs, and referral to a dental home if untreated oral health disease exists. Dietary considerations—including carbohydrate intake frequency and quantity—and sucrose content of medicines were reviewed. **TRAINING ON PROTOCOL**: Partner sites were supplied with oral health brochures that were developed for the FTFT program. The training covered content for the providers to impart including the following Infant and Toddler Oral Health Anticipatory Guidance Schedule: 6 Months • Bottles are for nutrition. They should only be used to feed babies who are not breast feeding. • Discuss and demonstrate brushing of infant teeth as soon as they erupt. • Instruct the parent/caregiver to conduct "Lift the Lip" procedures. 9 Months • Monitor progress in weaning infant from bottle to cup. • Offer appropriate guidance in limiting juice in sippy cup. 12 Months • Infants are weaned from the bottle. • Infants should see the dentist by year one. • Review healthy eating habits and snacking. • Sippy cups at mealtimes only. Water between meals. • Parents continue to brush and check their teeth. 24 Months • Monitor healthy behaviors and snacking. • Discuss and evaluate the toddler's ability to begin to use fluoridated toothpaste. • Parents should continue to monitor the child's brushing and continue to check their teeth. **PROTOCOL INCORPORATION**: Providers counseled parent/caregivers on the following Infant and Toddler Oral Health Anticipatory Guidance Schedule: 6 Months • Bottles are for nutrition. They should only be used to feed babies who are not breast feeding. • Discuss and demonstrate brushing of infant teeth as soon as they erupt. • Instruct the parent/caregiver to conduct "Lift the Lip" procedures. 9 Months • Monitor progress in weaning infant from bottle to cup. • Offer appropriate guidance in limiting juice in sippy cup. 12 Months • Infants are weaned from the bottle. • Infants should see the dentist by year one. • Review healthy eating habits and snacking. • Sippy cups at mealtimes only. Water between meals. • Parents continue to brush and check their teeth. 24 Months • Monitor healthy behaviors and snacking. • Discuss and evaluate the toddler's ability to begin to use fluoridated toothpaste. • Parents should continue to monitor the child's brushing and continue to check their teeth. [a] The discrepant score (not 1 but 3) is because we have been slow to use parent education handouts and has to do with both of these: with how it was organized and conducted by FTFT program staff and with how it was received and attended to at the site/s. [b] We are still struggling with making this systematic in our practices. We did involve FTFT program staff in making this systemic in our practices and FTFT staff were somewhat helpful.

Importance of the Grant

Noteworthy on **Table 5** is the split: the two-year grant from the Sadie and Harry Davis Foundation was "very important" to their organization's decision to participate in the 2008/2009 Pilot Program for three-in-six respondents (**WCCP**, **MDFMR**, **WP**) but only "somewhat important" for two-in-three respondents (**MMC**, **SVH**) and "neither important nor unimportant" for one respondent (**BHCSD**). The latter, it appears, could have done without it.

Table 5. Year 1 Structure Survey: Grant Importance							
Q.5. How important[1] was the two-year grant from the Sadie and Harry Davis Foundation to your organization's decision to participate in the 2008/2009 Pilot Program?	**MMC**	**MDFMR**	**WP**	**SVH**	**BHCSD**	**WCCP**	**Mean**
	2	1	1	2	3	1	1.67
[1] Scored 1 very important, 2 somewhat important, 3 neither important nor unimportant, 4 somewhat un-important, 5 very un-important.							

3. Process Survey Results

The Year 1 **Process Survey** asked each Project partner key contact person to reflect on how and how well the FTFT program had unfolded in Year 1 (2008), i.e. whether the site had departed or not from its own early-year (May 30, 2008) characterization of program process, in terms of three standards—delivery model and patient base, program successes, and program challenges—and a range of related issues. A "departure" was defined as "any significant change," i.e. departure, from that characterization. Eight sites' key contact person answered the survey (**Table 6**) in January and February 2009.

Table 6. Year 1 Process Survey: Project Partner Respondent Screen			
Q.6. Please check if you are the FTFT "Project Partner key contact person" at …	**Yes/No**	**Name**	**Survey Date**
Maine Medical Center, Barbara Bush Children's Hospital, Pediatric Clinic, Pediatric Residency	Y	Chris Stenberg	01/12/2009
Maine-Dartmouth Family Medicine Residency-FMI	Y	Jane Haskell	01/05/2009
Maine-Dartmouth Family Medicine Residency-4 Seasons	Y	Bill Alto	12/31/2008
Maine-Dartmouth Family Medicine Residency-MDFP	Y	Carol Overman	01/16/2009
Waterville Pediatrics-Waterville	Y	Jeffrey Stone, D.O.	01/04/2009
Waterville Pediatrics-Skowhegan	Y	Nicola Burgess	12/30/2008
Sebasticook Valley Hospital	Y	Tina Spencer	01/09/2009
Bangor Health & Community Services Department	Y	Jennifer Robicheau	01/16/2009

Standard 1: Delivery Model and Patient Base

Table 7 reports results on two questions for Standard 1. Respondents were asked to review the early-year characterization of the site's practice on **Delivery Model and Patient Base**—the one given at the FTFT program Year 1 (2008) "First Learning Collaborative" held May 30, 2008 at Maple Hill Farm in Hallowell ME—then to record whether in the ensuing (seven-month) period it had departed or not from that characterization and, should the answer have been "Yes (departed)," to describe one or two ways in which it had departed there from.[2]

Table 7. Year 1 Process Survey: Delivery Model and Patient Base									
Q.7. Please review the following passage[1] then describe up to two ways the site may have departed from this characterization.	**MMC**	**MDFMR**			**WP**		**SVH**	**BHCSD**	**Mean**
		FMI	**4S**	**MDFP**	**Waterville**	**Skowhegan**			
Departure? (Yes=Y, No=N)	N	N	N	N	N	N	N	N	
Departure 1 (Yes=1, No=0)	0	0	0	0	0	0	0	0	0
Departure 2 (Yes=1, No=0)	0	0	0	0	0	0	0	0	0
mean	0	0	0	0	0	0	0	0	0

Noteworthy on **Table 7** is that for all eight respondents in Year 1 there was no departure from the early-year characterization of their site's practice on **Delivery Model and Patient Base**. The indication is that each site continued according to plan on this standard, and that an equilibrium was reached and held for the year.

[2] For **Tables 7**, **8**, and **9** in-table superscripts, numeric and alphabetic, see corresponding **Table 7.1**, **8.1**, and **9.1**.

Table 7.1. Year 1 Process Survey: Delivery Model and Patient Base (**Table 7** superscripts)
[1] **MMC**: The Clinic serves a population that is largely covered by MaineCare. About 70% of our patients are refugees and immigrants. We provide the services during well child visits, and the residents apply the fluoride. The services are provided up to 2 times/year, and are documented in the Electronic Medical Record (EMR). Dental hygienists are available to see children as needed.
MDFMR- FMI, -**4S**, **-MDFP**: At this residency, physicians perform the exam and medical assistants apply the fluoride varnish during well child visits before they administer the immunizations. There are no dental hygienists, but a dentist is there every other week. Documentation to the EMR should not pose a problem, although there is a question whether all services provided to-date have been documented and reported to FTFT.
WP-Wat, **-Skow**: The Practice reported that they have found the program easy to implement. About one third of their patients have MaineCare, and FTFT has helped them to offer the services to their other patients as well. Physician leadership has been important. The practice employed a dental hygienist one day/week before the launch of FTFT, and increased her time to two days/week after the program began. Following Susan's PowerPoint training, the hygienist trained the medical assistants and nurses to apply the fluoride varnish and to utilize the FTFT handouts with the parents or caregivers along with other instructions. They added a code for fluoride varnish to their EMR.
SVH: The Hospital has begun implementing the program with two hospital-owned physician offices, in Pittsfield and Clinton. Susan and SVH's dental hygienist have trained the medical assistants to apply fluoride varnish, and the physicians and nurses have been trained as well. The services are being provided during well child visits in Pittsfield and on Fridays in Clinton, where an extremely busy schedule has caused the practice to move immunizations to Fridays. The services are currently being documented on paper charts, with plans to add it to the EMR, and they are trying to add a dental section to the flow sheets.
BHCSD: The Department is providing a full cleaning, application of fluoride varnish, and parent/caregiver education for children between the ages of six months and six years in conjunction with the Women, Infants, and Children (WIC) Program in Penobscot and Piscataquis Counties. These services are being delivered by the City's dental hygienist. They are documenting the services in a paper dental chart.

Standard 2: Program Successes

Table 8 reports results on two questions for Standard 2. Respondents were again asked to review an early-year characterization, in this case of the site's practice on **Program Successes**—the one given at the FTFT program Year 1 (2008) "First Learning Collaborative" held May 30, 2008 at Maple Hill Farm in Hallowell, ME—then to record whether in the ensuing (seven-month) period it had departed or not from that characterization and, should the answer have been "Yes" (there was a departure)," to describe one or two ways in which it had departed there from.

Table 8. Year 1 Process Survey: Program Successes

Q.8. Please review the following passage[1] then describe up to two ways the site may have departed from this characterization.	**MMC**	**MDFMR**			**WP**		**SVH**	**BHCSD**	**Mean**
		FMI	**4S**	**MDFP**	**Waterville**	**Skowhegan**			
Departure? (Yes=Y, No=N)	N	N	N	N	Y	N	N	Y	
Departure 1 (Yes=1, No=0)	0	0	0	0	1[b]	0	0	1[a]	.250
Departure 2 (Yes=1, No=0)	0	0	0	0	0	0	0	1[a]	.125
mean	0	0	0	0	.5	0	0	1	.187

Noteworthy on **Table 8** is that for six-in-eight respondents (all but **BHCSD**, **WP-Wat**) in Year 1 there was no departure from the early-year characterization of their site's **Program Successes**. One site (**BHCSD**) departed by reaching up to age 6 for patients and back to year 2007 for referrals, another (**WP-Wat**) by putting health assistants on the Fluoride Varnish Application so that the dental hygienist could go to one day/week. The indication is that six sites succeeded by keeping operations unchanged while two sites succeeded by changing the operations with which they had started the year.

Table 8.1. Year 1 Process Survey: Program Successes (**Table 8** superscripts)
[1] **MMC**: What has worked well at the Clinic includes having nurse and physician champions; having nurses set up the information for the residents; having a preventive service as well as early diagnosis available for 0-3-year-olds before they transition to the hygiene program; acceptance by the refugee community; providing the services to all of the clinic's patients regardless of payment method; encouraging residents to provide dental education, although with variable adoption to date; and the visibility and training provided by Susan. The Clinic is also pleased that we will be getting a dentist in a month through a contract with Prevention Partners, an external provider.
MDFMR- FMI, -**4S**, **-MDFP**: What has worked well for the Residency includes acceptance by the medical assistants, children, and most of the residents; increased emphasis on attending to oral health and oral health exams; pre-planning and chart prep; and applying the varnish before administering immunizations might be increasing the job satisfaction of the medical assistants.
WP-Wat, **WP-Skow**: What has worked well for the Practice is increasing the time of the dental hygienist; the simplicity of the required

equipment, which works well in their office space; and adding the code to their EMR.
SVH: What has worked well for the Hospital includes having patients come in for care immediately after the staff have been trained, using hospital-based physician offices, providing resource baskets (including gloves, gauze, free toothbrushes, and brochures/information) in the exam rooms, laminated photos of white spots and pits on doors of exam rooms, creating a bookmark with healthy snack suggestions for parents or caregivers, and providing the services during well child visits (except when immunizations are being administered in Clinton).
BHCSD: The Department is providing a full cleaning, application of fluoride varnish, and parent/caregiver education for children between the ages of six months and six years in conjunction with the Women, Infants, and Children (WIC) Program in Penobscot and Piscataquis Counties. These services are being delivered by the City's dental hygienist. They are documenting the services in a paper dental chart.
[a] Departure 1: The 83 cases mentioned included children up to age 6 and also included referrals from the start of our POHP program in 2007. Departure 2: In all cases we have tried to verify follow up care however, some cases were unsuccessful due to a variety of reasons (i.e. phone disconnected, address change).
[b] Departure 1: Marie, Dental Hygienist, works only 1day/week now. Reason is decrease from other kids using her services. Health assistants do most of the Fluoride varnish application.

Standard 3: Program Challenges

Table 9 reports results on two questions for Standard 3. Respondents were again asked to review an early-year characterization, in this case of the site's practice on **Program Challenges—**the one given at the FTFT program Year 1 (2008) "First Learning Collaborative" held May 30, 2008 at Maple Hill Farm in Hallowell ME—then to record whether in the ensuing (seven-month) period it had departed or not from that characterization and, should the answer have been "Yes" (there was a departure)," to describe one or two ways in which it had departed there from.

Table 9. Year 1 Process Survey: Program Challenges

Q.9. Please review the following passage[1] then describe up to two ways the site may have departed from this characterization.	**MMC**	**MDFMR**			**WP**		**SVH**	**BHCSD**	**mean**
		FMI	**4S**	**MDFP**	**Waterville**	**Skowhegan**			
Departure? (Yes=Y, No=N)	N	N	Y	N	N	N	N	N	
Departure 1 (Yes=1, No=0)	0	0	1[a]	0	0	0	0	0	.125
Departure 2 (Yes=1, No=0)	0	0	0	0	0	0	0	0	0
mean	0	0	.5	0	0	0	0	0	.062

Noteworthy on **Table 9** is that for seven-in-eight respondents in Year 1 there was no departure from the early-year characterization of their site's practice on **Program Challenges**. The indication is that for all but one site (**MDFMR-4S**) the challenges remained constant and continued unabated and that, again, an equilibrium was reached and held for the year.

Table 9.1. Year 1 Process Survey: Program Challenges (**Table 9** superscripts)

[1] **MMC**: The challenges for the Clinic have included the time associated with adding something to the well child visit, residents having to remember to bring the fluoride into the exam room, explaining the services to parents since English is the second language for about 60% of them, the hospital's view that dental services are not part of health care, educating residents and nurses, integrating the services into other than well child visits, and the difficulty in finding dental care for children on MaineCare.
MDFMR- FMI, -**4S**, **-MDFP**: : Challenges for the Residency include the large number of people to be trained (30 residents, 30 faculty, 30 providers), there is no EMR popup, the residents sometimes forget and one resident has concerns about the safety of fluoride, the increased time it takes during a busy visit to provide the services, the absence of dental hygienists on site, and providing the services during other visits in addition to well child checks.
WP-Wat, WP-Skow: The challenge for the Practice is reimbursement for children who don't have MaineCare.
SVH: What has worked well for the Hospital includes having patients come in for care immediately after the staff have been trained, using hospital-based physician offices, providing resource baskets (including gloves, gauze, free toothbrushes, and brochures/information) in the exam rooms, laminated photos of white spots and pits on doors of exam rooms, creating a bookmark with healthy snack suggestions for parents or caregivers, and providing the services during well child visits (except when immunizations are being administered in Clinton).
BHCSD: Challenges for the Department include their dependency on WIC appointments and the WIC staff for referrals, which has been variable; the need for marketing and advertising (to-date, they have relied only on word-of-mouth); they are not reaching the uninsured; and the time and costs involved in traveling to the rural areas in their region.
[a] Departure 1: Some complaints about taste by doc was construed as disapproval of program by nursing staff.

Further Questions

Tables 10, **11**, and **12** altogether report results on fourteen “further issues” presented in the form of statements to which respondents were asked to register their degree of agreement and then invited to comment.[3]

Office Practice. **Table 10** reports on Year 1 issues related to office practice: finding/making time within busy visits to provide FTFT services; embedding these in the workflow and integrating them with other systems and programs; defining roles for staff delivering these services; creating redundant reminder systems for office teams and patients; and putting all services at one point of service.

Table 10. Year 1 Process Survey: Further Questions 1-5[1]

	MMC	MDFMR			WP		SVH	BHCSD	
		FMI	4S	MDFP	Waterville	Skowhegan			Mean
Q.10.1. In this period at this site, it was a challenge to find/make time within busy visits to provide the FTFT services.	4	2[a]	2[a]	1[a]	5[a]	2[a]	2[a]	2[a]	2.63
Q.10.2. A clearer system/set of processes is needed about where to imbed FTFT services in the workflow and how to integrate them with other systems or programs.	4	2[b]	3	1[b]	5[b]	4[b]	2[b]	3[b]	3.00
Q.10.3. More clearly defined roles are needed for all staff who deliver FTFT services.	5	3[c]	1[b]	5[c]	2[c]	3[c]	5[c]	3[c]	3.38
Q.10.4. Redundant reminder systems are needed for both office team and patients including, for example, people/roles, paper, EMR reminders, coding facilitation.	5	1[d]	1[c]	1[d]	5	3[d]	1[d]	4[d]	2.63
Q.10.5. Greater ease of execution is needed: everything at the point of service (POS).	5	3[e]	3[d]	3[e]	4	2[e]	1[e]	3[e]	3.00

Noteworthy on **Table 10** is that

- six-in-eight respondents (but for **MMC**, **WP-Wat**) agreed that it was a challenge to find/make time within busy visits to provide FTFT services.
- five-in-eight respondents (but for **MDFMR-FMI** and **-FMFP**, **SVH**) did not agree that a clearer system/set of processes was needed about where to imbed FTFT services in the workflow and how to integrate them with other systems or programs.
- six-in-eight respondents (but for **MDFMR-4S**, **WP-Wat**) did not agree that more clearly defined roles were needed for all staff who deliver FTFT services.
- four-in-eight respondents (but for **MDFMR-FMI**, **-4S**, and **-FMFP**, **SVH**) did not agree that redundant reminder systems were needed for both the office team and patients including, for example, people/roles, paper, EMR reminders, coding facilitation.
- six-in-eight respondents (but for **WP-Skow, SVH**) did not agree that greater ease of execution was needed: everything at the point of service (POS).

Indications are that for Year 1 (2008) of the FTFT program, more sites than not did recognize the challenge to providing FTFT services but did not see the need for a clearer system/set of processes, more clearly defined

[3] For **Tables 10**, **11**, and **12** in-table superscripts, numeric and alphabetic, see corresponding **Table 10.1**, **11.1**, and **12.1**.

roles, or greater ease of execution as specified; an altogether positive consensus. Sites split evenly on seeing/not seeing the need for redundant reminder systems.

Table 10.1. Year 1 Process Survey: Further Questions 1-5[1] (**Table 10** superscripts)
[1] Scored 1 strongly agree, 2 somewhat agree, 3 neither agree nor disagree, 4 somewhat disagree, 5 strongly disagree. **MDFMR-FMI**: [a] (What could be done?) Better planning at chart prep to remind staff and clinicians. [b] (Improvements?) Staff being more diligent in reminding clinicians. [c] (Which role needs definition?) MA role needed clearer definition and this has been done. [d] (Where is reminder need greatest?) Chart prep and rooming patient and talking to parents. [e] (Impediments to POS?) Time to prepare in advance. (What POS reminders would you introduce?) At chart prep the day be fore we have everything ready to give the parents to review and this triggers the clinicians to follow up. **MDFMR-4S**: [a] (What could be done?) Perhaps residents could have done it themselves. [b] (Which role needs definition?) Residents were not all interested in program. [c] (Where is reminder need greatest?) These are effective. [d] (Impediments to POS?) time, resident and staff investment. (What POS reminders would you introduce?) Reminders everywhere for staff and patients. **MDFMR-MDFP**: [a] (What could be done?) I made packets with wipes and the fluoride to keep at each nurse's station so the product was easily available. [b] (Improvements?) We use an EMR and FTFT services needs to be added to the Well Child form. It has been discussed and a template will be created. [c] (Which role needs definition?) Roles are fine, the staff just needs to be reminded. [d] (Where is reminder need greatest?) With the providers and the nursing staff. We have cut staff drastically over the past year and even with reminders the treatment does not get done. [e] (Impediments to POS?) Lack of staff. (What POS reminders would you introduce?) We will put a reminder on the Immunization schedule. **WP-Wat**: [a] (What could be done?) Need to just make it part of the visit. [b] (Improvements?) None - we've accomplished it. [c] (Which role needs definition?) Only example is difficulty getting RN to apply varnish (she states her nursing board does not allow her to apply varnish. This still needs to be addressed - for Maine and the nation. **WP-Skow**: [a] (What could be done?) Less patient load. [b] (Improvements?) More time with patients. [c] (Which role needs definition?) When and when not to give the tooth varnish. [d] (Where is reminder need greatest?) Computer could let me know when varnish was done before. [e] (Impediments to POS?) Varnish is very accessible to give to patients. (What POS reminders would you introduce?) EMR Reminders. **SVH**: [a] (What could be done?) There has been a large volume of turn over in staff thus making the implamation of this services. [b] (Improvements?) We are in the process of getting this into the flowsheet to help run better reports for this service, we are trying to create better documentation of services when provided. [c] (Which role needs definition?) We have a more permanent staff and the system we have created can be better applied. [d] (Where is reminder need greatest?) Parents are not always aware of the service and the importance of this service, we are now writing reminder to the providers on the child print off of immunizations do that day to also remind the provider to do the oral exam. [e] (Impediments to POS?) I feel that the place of service being all set up make it much easier and has worked well for us here. (What POS reminders would you introduce?) We are in the process of creating post card reminders for parents of our children and we are going to create a bulletin board for the waiting room to help make parents more aware of the need. **BHCSD**: [a] (What could be done?) Many clients schedule their WIC appointments amongst many other appointments and do not have time to add an extra 20-30 minute dental appointment onto what is already a lengthy appointment. Therefore, if we could have had a way to know who was coming in for a WIC appointment on a certain day, dental could contact them in advance to see if they could make the time for their FTFT treatment. [b] (Improvements?) If each WIC nutritionist was trained to provide this service as part of a regular WIC check, more patients may have received FTFT services. [c] (Which role needs definition?) The City of Bangor dental hygienist was the one who implemented the program with a dental assistant, therefore our roles were clearly defined by scope of practice. [d] (Where is reminder need greatest?) The only task that I needed a reminder for was the quarterly reporting. Thanks Susan! [e] (Impediments to POS?) This program has required our dental team to travel to 8 sites throughout 2 different counties using portable dental equipment. In addition, we are relying on referrals from WIC staff to get the opportunity to provide FTFT services. (What POS reminders would you introduce?) In an ideal situation, all WIC participants would have to read an informational sheet describing FTFT services and sign a waiver if they did not want to participate, that way we know all WIC clients know about the service.

Provider Experience, Attitudes. **Table 11** reports on Year 1 issues related to provider experience and attitudes or whether: the well-child visit was right for FTFT services delivery; the desire was there to generalize access to FTFT services regardless of ability to pay; dentists should be networked for referral in case restorative care was indicated; and community outreach was called for.

Table 11. Year 1 Process Survey: Further Questions 6-9[1]									
	MMC	MDFMR			WP		SVH	BHCSD	
		FMI	4S	MDFP	Waterville	Skowhegan			mean
Q.10.6. In this period at this site, the well-child visit was a convenient time to deliver the FTFT services.	1	1 [f]	3 [e]	1 [f]	1	1 [f]	1 [f]	3 [f]	1.50
Q.10.7. In this period at this site, there was a desire to provide all children, regardless of their ability to pay, with FTFT services.	1	1 [g]	1	1 [g]	1	1 [g]	1 [g]	3 [f]	1.25
Q.10.8. In this period at this site, it was important to have a network of dentists who would accept referrals for children requiring restorative care.	3 [a]	1 [h]	3 [f]	1 [h]	1	1 [h]	1 [h]	1 [g]	1.50
Q.10.9. We need multiple, consistent, communication tools and approaches—oral, written, and visual—to reach the varying audiences (including providers and patients, people from different cultural backgrounds, people whose first language isn't English, people who are not literate in their own language, etc.).	1	1 [i]	1 [g]	1 [i]	2	1 [i]	1 [i]	1 [h]	1.13

Noteworthy on **Table 11** is that

- six-in-eight respondents (all but **MDFMR-4S**, **BHCSD**) agreed that the well-child visit was a convenient time to deliver the FTFT services.
- seven-in-eight respondents agreed (all but **BHCSD**) that there was a desire to provide all children, regardless of their ability to pay, with FTFT services.
- six-in-eight respondents (all but **MMC**, **MDFMR-4S**) agreed that it was important to have a network of dentists who would accept referrals for children requiring restorative care.
- all eight respondents agreed that multiple, consistent, communication tools and approaches—oral, written, and visual—were needed to reach providers and patients, people from different cultural backgrounds, people whose first language isn't English, people who are not literate in their own language, etc.

Indications are that for Year 1 (2008) of the FTFT program, all sites did recognize the need for multiple, consistent, communication tools and approaches for reaching across their varied audiences while more sites than not did see the convenience of the well-child visit to delivering FTFT services, a desire to provide all children with FTFT services, regardless of their ability to pay, and the importance of having a network of dentists who would accept referrals for children requiring restorative care; likewise an altogether positive consensus.

Table 11.1. Year 1 Process Survey: Further Questions 6-9[1] (Table 11 superscripts)
[1] Scored 1 strongly agree, 2 somewhat agree, 3 neither agree nor disagree, 4 somewhat disagree, 5 strongly disagree. **MMC**: [a] (Impediments?) No significant impact on FTFT program, finding dentists is always a chore. **MDFMR-FMI**: [f] (Better suited venue?) No. [g] (Impediments?) reminders to get this done before the children leave. [h] (Impediments?) dentists who would accept all children. [i] (Most, least effective tools?) the pamphlets were great - clinician participation in the education process. **MDFMR-4S**: [e] (Better suited venue?) Should administer at any visit. [f] (Impediments?) No. [g] (Most, least effective tools?) Med assists personal education. **MDFMR-MDFP**: [f] (Better suited venue?) I have told staff if the child comes in for a minor problem, to place the fluoride. [g] (Impediments?) Time. [h] Impediments?) Not too many dentists in this area take children or MaineCare. [i] (Most, least effective tools?) Nothing was very effective. Posters are in all exam rooms, fluoride available but still did not get done as expected.

WP-Skow: [f] (Better suited venue?) No. [g] (Impediments?) None. [h] (Impediments?) Not enough dentists. [i] (Most, least effective tools?) Most effective doctors and medical assistants explaining to patients.
SVH: [f] (Better suited venue?) For us here no. [g] (Impediments?) We provide the service to any child no matter what their insurance type is. [h] (Impediments?) Not that I am aware of. I believe the adults are harder. [i] (Most, least effective tools?) Handouts, min loop show about the service to play in the waiting room.
BHCSD: [f] (Better suited venue?) I cannot compare since we did not see any patients during a well-child appointment. Many WIC clients did not participate for various reasons which could be avoided in a different situation. [g] (Impediments?) WIC is an income eligible population. [h] (Impediments?) Many dentists do not accept Maine Care which is the primary insurance we billed. Also, many dentists do not treat children under 3 which causes another problem. [i] (Most, least effective tools?) We use our visual of ECC with all parents, which seemed to be a powerful resource.

Office Outreach. **Table 12** reports on Year 1 issues related to office outreach: communicating the science behind FTFT services; marketing FTF services in the community; sharing FTFT services records with medical, dental, and public health care providers; educating the public on the importance of early oral health care; and involving dental educators.

Table 12. Year 1 Process Survey: Further Questions 10-14[1]

	MMC	MDFMR			WP		SVH	BHCSD	
		FMI	4S	MDFP	Waterville	Skowhegan			means
Q.10.10. Communication tools must incorporate the scientific basis for these services —including information on efficacy and safety—again, in culturally appropriate ways for the populations for which they are being developed.	2 [b]	1 [j]	2 [h]	3 [j]	2 [d]	2 [j]	1 [j]	3 [j]	2.00
Q.10.11. We should market these services to various segments of the community, including providers.	1 [c]	1 [k]	1 [i]	1 [k]	1 [e]	2 [k]	1 [k]	1 [k]	1.14
Q.10.12. Accurate and complete records of health care services must be shared among and made commonly available to medical, dental, and public health care providers and to WIC program personnel.	1	2 [l]	1 [j]	1 [l]	2	2 [l]	1	4 [l]	1.75
Q.10.13. We should develop a public education campaign about the importance of early oral health care, as has been done in Maine to address the tobacco and obesity issues.	1	1	1	1 [m]	1 [f]	2 [m]	1 [l]	1	1.13
Q.10.14. Our site would benefit from regular, periodic visits from dental educators to reinforce the importance of FTFT services, hone skills, and provide support.	1	2 [m]	3 [k]	1 [n]	2 [g]	1 [n]	1 [m]	2 [m]	1.63

Noteworthy on **Table 12** is that

- six-in-eight respondents (all but **BHCSD**, **MDFMR-MDFP**) agreed that communication tools must incorporate the scientific basis for FTFT services—including efficacy and safety—in culturally appropriate ways for the populations for which they are being developed.
- all eight respondents agreed that they should market these services to various segments of the community, including providers.
- seven-in-eight respondents (all but **BHCSD**) agreed that accurate and complete records of health care services must be shared among and made commonly available to medical, dental, and public health care providers and to WIC program personnel.

- all eight respondents agreed that they should develop a public education campaign about the importance of early oral health care, as has been done in Maine to address the tobacco and obesity issues.

- seven-in-eight respondents (all but **MDFMR-4S**) agreed that their site would benefit from regular, periodic visits from dental educators to reinforce the importance of FTFT services, hone skills, and provide support.

Indications are that for Year 1 (2008) of the FTFT program, all sites did recognize that they should market these services to various segments of the community and develop a public education campaign while more sites than not did see that communication tools must incorporate the scientific basis for FTFT services, that accurate and complete records of health care services must be shared among and made commonly available to medical, dental, and public health care providers and to WIC program personnel, and that their sites would benefit from regular, periodic visits from dental educators; again an altogether positive consensus.

Table 12.1. Year 1 Process Survey: Further Questions 10-14[1] (**Table 12** superscripts)
[1] Scored 1 strongly agree, 2 somewhat agree, 3 neither agree nor disagree, 4 somewhat disagree, 5 strongly disagree. **MMC**: [b] (Importance of science to your clients?) Mostly they want reassurance that this is a benefit to their child. (Importance of science to your providers?) N/A. [c] (Marketed to?) Need to make sure the dental community does not under mine this effort. **SVH**: [j] (Importance of science to your clients?) Not sure, parents have not asked a lot here. (Importance of science to your providers?) Providers want to make sure they do not over fluoride the children. [k] (Marketed to?) parents, daycare centers, wic, schools, doctors offices. [l] (Resources site could contribute to campaign?) Spokes person. [m] (Morale, educational purpose?) Both. **MDFMR-FMI**: [j] (Importance of science to your clients?) quite important. (Importance of science to your providers?) very important. [k] (Marketed to?) parents and clinicians. [l] (Impediments?) question if releases need to be signed. [m] (Morale, educational purpose?) Both. **MDFMR-4S**: [h](Importance of science to your clients?) Helpful but most patients trust their docs advise alone. (Importance of science to your providers?) Don't know. [l] (Marketed to?) Every patient at check-in, but esp parents and young adults. [j] Impediments?) None. [k] (Morale, educational purpose?) It's in our curriculum. **MDFMR-MDFP**: [j] (Importance of science to your clients?) Some very important and others not. We have very diverse patients at MDFP. (Importance of science to your providers?) Very much. [k] (Marketed to?) MaineCare children or children who do not have a primary dentist. [l] (Impediments?) None. [m] (Resources site could contribute to campaign?) I do not have any say or control over any resources that MDFP could contribute. [n] (Morale, educational purpose?) Both. It was great for Susan to come back and meet with everyone at the staff meeting. I have heard many times over the past few days "apply fluoride." **WP-Wat**: [d] (Importance of science to your clients?) No response. (Importance of science to your providers?) Very important (to provide them with information that fluoride varnish application decreases cavities is very important). [e] (Marketed to?) Any primary care service providing care to children. [f] (Resources site could contribute to campaign?) Leadership - by example. [g] (Morale, educational purpose?) Both. **WP-Skow**: [j] (Importance of science to your clients?) No from parents. (Importance of science to your providers?) The more informed the providers are, the better they can explain to the patients and families. [k] (Marketed to?) Put flyers up at WIC, etc. [l] (Impediments?) Hard to track patients because they keep moving. [m] (Resources site could contribute to campaign?) more campaigning. [n] (Morale, educational purpose?) Both. **SVH**: [j] (Importance of science to your clients?) Not sure, parents have not asked a lot here. (Importance of science to your providers?) Providers want to make sure they do not over fluoride the children. [k] (Marketed to?) parents, daycare centers, wic, schools, doctors offices. [l] (Resources site could contribute to campaign?) Spokes person. [m] (Morale, educational purpose?) Both. **BHCSD**: [j](Importance of science to your clients?) N/A. (Importance of science to your providers?) N/A. [k] (Marketed to?) These services should be marketed to both medical providers as well as parents. [l] (Impediments?) The WIC and dental records were completely separate and did not overlap in any way. [m] (Morale, educational purpose?) It would be beneficial for dental educators to work with WIC staff to reinforce the importance of FTFT services because all WIC sites are not paired with dental staff. This could serve both a morale and an educational purpose.

4. Outcomes Survey Results

The Year 1 **Outcomes Survey** asked each Project partner key contact person, at the close of each 2008 quarter, and in direct consultation with each of its (two or more) Intervention site, to answer the same set of questions for each patient seen that quarter, including site location, service date, patient number, patient date of birth, service rendered (oral health assessment, fluoride varnish application, and patent/caregiver counseling) and by which type of provider (physician: MD or DO, physician assistant: PA, nurse practitioner: NP, nurse: RN, nurse other: e.g. LPN, MA, dental hygienist).

All Quarters: January-December 2008

Table 13 reports results on FTFT services rendered by each of five Project partner's sites across all four quarters, January-December 2008. Numbers of patients treated (and not treated and missing data) by partner and treatment component are listed. Noteworthy on **Table 13** is the inter-partner variation in reported patient numbers (n=24 to n=1552) and that four-in-five partners (all but **MDFMR**) reported proportionately little missing data. Thus by FTFT service component

- two-in-five partners did not provide the **Oral Health Assessment** to all patients treated: **MDFMR** missed 8-of-105 and **MMC**) missed 33-of-331, respectively high proportions in each case.
- two-in-five partners did not provide the **Fluoride Varnish Application** to all patients treated: **MMC** missed 2-of-331 and **SVH** missed 4-of-24, respectively a low and a high proportion.
- one-in-five partners did not provide the **Parents or Caregivers Counseling** to all patients treated: **MMC** missed 9-of-331, a low proportion in this case.

The indication is that in Year 1 (2008) Maine-Dartmouth and Maine Medical Center were the two significantly non-conforming sites with respect to FTFT services delivery and that Maine-Dartmouth was the one significantly non-compliant site with respect to FTFT services delivery data recording and reporting.

Table 13. Year 1 Outcomes Survey: FTFT Patients and Services Rendered—2008 All Four Quarters (Jan-Dec)

	MMC	MDFMR	WP	SVH	BHCSD
Oral Health Assessment					
Yes	298	76	1552	24	281
No	33	8	0	0	0
Missing data	0	21	0	0	0
Total	331	105	1552	24	281
Fluoride Varnish Application					
Yes	329	105	1552	20	281
No	2	0	0	4	0
Missing data	0	0	0	0	0
Total	331	105	1552	24	281
Parents or Caregivers Counseling					
Yes	322	84	1552	24	281
No	9	0	0	0	0
Missing data	0	21	0	0	0
Total	331	105	1552	24	281

First Quarter: January-March 2008

Table 14 reports results on FTFT services rendered by each of five Project partner's sites across the first quarter, January-March 2008. Numbers of patients treated (and not treated and missing data) by partner and treatment component are listed. Noteworthy on **Table 14** is the absence of data for Sebasticook Valley Hospital as well as, again, the inter-partner variation in reported patient numbers and that four-in-five partners (all but **MDFMR**) reported no missing data. By FTFT service component, no partner site reported having missed providing any one of the three FTFT services components.

Table 14. Year 1 Outcomes Survey: FTFT Patients and Services Rendered—2008 First Quarter (Jan-March)					
	MMC	**MDFMR**	**WP**	**SVH**	**BHCSD**
Oral Health Assessment					
Yes	76	10	215		121
No	0	0	0		0
No Data	0	3	0		0
Total	76	13	215		121
Fluoride Varnish Application					
Yes	76	13	215		121
No	0	0	0		0
No Data	0	0	0		0
Total	76	13	215		121
Parents or Caregivers Counseling					
Yes	76	10	215		121
No	0	0	0		0
No Data	0	3	0		0
Total	76	13	215		121

Second Quarter: April-June 2008

Table 15 reports results on FTFT services rendered by each of five Project partner's sites across the second quarter, April-June 2008. Numbers of patients treated (and not treated and missing data) by partner and treatment component are listed. Noteworthy on **Table 15** is the presence of data now for all five partners (including Sebasticook Valley Hospital) as well as, again, the inter-partner variation in reported patient numbers and that four-in-five partners (all but **MDFMR**) reported no missing data. By FTFT service component, no partner site (but for **SVH** on one component for one patient) reported having missed providing any one of the three FTFT services components.

Table 15. Year 1 Outcomes Survey: FTFT Patients and Services Rendered—2008 Second Quarter (Apr-June)					
	MMC	**MDFMR**	**WP**	**SVH**	**BHCSD**
Oral Health Assessment					
Yes	60	24	304	16	109
No	0	0	0	0	0
No Data	0	16	0	0	0
Total	60	40	304	16	109
Fluoride Varnish Application					
Yes	60	40	304	15	109
No	0	0	0	1	0
No Data	0	0	0	0	0
Total	60	40	304	16	109
Parents or Caregivers Counseling					
Yes	60	24	304	16	109
No	0	0	0	0	0
No Data	0	16	0	0	0
Total	60	40	304	16	109

Third Quarter: July-September 2008

Table 16 reports results on FTFT services rendered by each of five Project partner's sites across the third quarter, July-September 2008. Numbers of patients treated (and not treated and missing data) by partner and treatment component are listed. Noteworthy on **Table 16** is, again, the inter-partner variation in reported patient numbers and that four-in-five partners (all but **MDFMR**) reported no missing data. By FTFT service component, no partner site (but for **MMC**) reported having missed providing any one of the three FTFT services components.

Table 16. Year 1 Outcomes Survey: FTFT Patients and Services Rendered—2008 Third Quarter (July-Sept)					
	MMC	**MDFMR**	**WP**	**SVH**	**BHCSD**
Oral Health Assessment					
Yes	95	16	501	3	39
No	15	0	0	0	0
No Data	0	2	0	0	0
Total	110	18	501	3	39
Fluoride Varnish Application					
Yes	109	18	501	3	39
No	1	0	0	0	0
No Data	0	0	0	0	0
Total	110	18	501	3	39
Parents or Caregivers Counseling					
Yes	105	16	501	3	39
No	5	0	0	0	0
No Data	0	2	0	0	0
Total	110	18	501	3	39

Fourth Quarter: October-December 2008

Table 17 reports results on FTFT services rendered by each of five Project partner's sites across the third quarter, July-September 2008. Numbers of patients treated (and not treated and missing data) by partner and treatment component are listed. Noteworthy on **Table 17** is, again, the inter-partner variation in reported patient numbers and that all partners reported no missing data. By FTFT service component, fully three-in-five partner sites (**MDFMR**, **MMC**, **SVH**) reported having missed providing any one or more of the three FTFT services components.

Table 17. Year 1 Outcomes Survey: FTFT Patients and Services Rendered—2008 Fourth Quarter (Oct-Dec)					
	MMC	**MDFMR**	**WP**	**SVH**	**BHCSD**
Oral Health Assessment					
Yes	67	26	532	5	12
No	18	8	0	0	0
No Data	0	0	0	0	0
Total	85	34	532	5	12
Fluoride Varnish Application					
Yes	84	34	532	2	12
No	1	0	0	3	0
No Data	0	0	0	0	0
Total	85	34	532	5	12
Parents or Caregivers Counseling					
Yes	81	34	532	5	12
No	4	0	0	0	0
No Data	0	0	0	0	0
Total	85	34	532	5	12

Goals. For FTFT Program Year 1 Pilot treatment goal (50% of children and families or caregivers seen the preceding year), the Maine Medical Center Pediatric Clinic fell short of goal by a factor of 5 (85:390 or 21.8%), Maine-Dartmouth Family Medicine Residency fell short of goal by a factor of 2 (105:212 or 49.5%), Waterville Pediatrics exceeded goal by a factor of 3 (1552:500 or 310.4%), Sebasticook Valley Hospital fell short of goal by a factor of 3.5 (24:85 or 28.2%), and Bangor Health & Community Services Department fell short of goal by a factor of four (281:1050 or 26.8%).

5. Project Conclusions

Year 1 FTFT Program Pilot Structure

Components. All respondents thought that the most problematic piece of the Oral Health Assessment, the Fluoride Varnish Application, and the Counseling to Parents or Caregivers components of the FTFT intervention, was not preparation on background or training on protocol but incorporation of protocol.

Award. Respondents split on the importance of the two-year grant from the Sadie and Harry Davis Foundation. Half considered it very important to their organization's decision to participate in the FTFT Program Pilot, half only somewhat important or neither important nor unimportant.

Year 1 FTFT Program Pilot Process

Standards. All respondents thought that there was no departure from the early-year characterization of their site's Delivery Model and Patient Base, thus that they had continued according to plan, in effect that an equilibrium had been reached and held in Year 1, on this standard. Most respondents thought that there was no departure from the early-year characterization of their site's Program Successes or Program Challenges, thus that they had continued according to plan, in effect that an equilibrium had been reached and held in Year 1, on these two standards.

Office Practice. More respondents than not recognized the challenge to providing FTFT services but saw no need for clearer system/set of processes, more clearly defined roles, or greater ease of execution as specified; an altogether positive consensus. Respondents split on the need for redundant reminder systems.

Provider Experience, Attitudes. All respondents recognized the need for multiple, consistent, communication tools and approaches for reaching across their varied audiences. More respondents than not recognized the convenience of the well-child visit to delivering FTFT services, a desire to provide all children with FTFT services, regardless of their ability to pay, and the importance of having a network of dentists who would accept referrals for children requiring restorative care; likewise an altogether positive consensus.

Office Outreach. All respondents recognized that they should market these services to various segments of the community and develop a public education campaign. More respondents than not recognized that communication tools must incorporate the scientific basis for FTFT services, that accurate and complete records of health care services must be shared among and made commonly available to medical, dental, and public health care providers and to WIC program personnel, and that their sites would benefit from regular, periodic visits from dental educators; again an altogether positive consensus.

Year 1 FTFT Program Pilot Outcomes

Outcomes. More respondents than not (three-in-five) reported outcomes on FTFT services delivery (patients treated by treatment component) that indicated conformance with delivery protocol, i.e. that all three components—screening for oral problems, fluoride varnish application, and counseling and education of parents or caregivers—had been regularly provided. Two-in-three however reported outcomes that indicated significant non-conformance with protocol.

Goals. By numbers of children and families or caregivers seen, the Maine Medical Center Pediatric Clinic fell short of goal by a factor of 5 (85:390 or 21.8%), Maine-Dartmouth Family Medicine Residency fell short of goal by a factor of 2 (105:212 or 49.5%), Waterville Pediatrics exceeded goal by a factor of 3 (1552:500 or 310.4%), Sebasticook Valley Hospital fell short of goal by a factor of 3.5 (24:85 or 28.2%), and Bangor Health & Community Services Department fell short of goal by a factor of four (281:1050 or 26.8%).

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Appendices

Appendix 1.

Structure Survey 2008 (Survey Monkey)

FTFT Structure Survey BLANK 2008 (Year One)

1. Introduction

Thank you for participating as a Project Partner in the on-line component of the “From the First Tooth” (FTFT) 2008-2009 Pilot Project evaluation. The three-part FTFT evaluation will be conducted between now and December 2009.

This is the 2008 (Year One) STRUCTURE Survey. In this survey you will be asked to reflect on how and how well the three-part FTFT program was structured (i.e. organized and administered) according to your experience as key contact person for each of your Intervention sites.

The structure survey reflects the three (3) parts of the FTFT program: the oral health assessment, the fluoride varnish application, and counseling to the parent/caregiver. In your answers, please try to reflect on your own direct experiences as well as those of your particpating colleagues. It will take you approximately 30-40 minutes to complete. At the conclusion of the survey, you will enter "Done."

Thank you very much for your contribution.

* 1. Please check if you are the FTFT “Project Partner key contact person” at the [name of site].

- Yes
- No

Proceed only if you answered Yes. If you answered No, please contact Susan Cote at 207.252.9056 or scote@sadieandharrydavis.org at the Foundation so that together we can schedule the "person responsible" at [name of site] as the respondent.

* 2. Your name (person responsible)

* 3. Date

	MM	DD	YYYY
Date	/	/	

2. 1st Component of FTFT: Oral Health Assessment.

Please review the following three (3) passages which describe, in turn, your Intervention sites’ background preparation, training on protocol, and protocol incorporation on the Oral Health Assessment component of the FTFT program, then answer the questions that follow each of these passages.

Consider, if you will, this description of your sites’ background preparation for the Oral Health Assessment:

BACKGROUND PREPARATION The providers (MD, DO, medical residents, NP, PA) received a lecture on how to perform an oral health assessment for children from the eruption of the first tooth to 3 year well-child visit or 42 months old, whichever comes first. The rationale was reviewed for early detection and prevention of early childhood caries by providers. The presentation covered the etiology of early childhood caries, prevalence, risk factors, and transmission of the disease. Slides showed the progression of the disease from healthy teeth, to white spot lesions, to cavitated lesions and the presence of severe decay and/or dental abscesses.

* 1. Please say how well this description matches how your sites were prepared on background to the Oral Health Assessment for Year 1 (2008) of the FTFT program.

- Matches very well
- Matches somewhat well
- Matches neither well nor not well
- Matches not very well
- Matches not well at all

2. If you answered "very well," skip to question 4. If you answered "somewhat well," "neither well nor not well," "not very well," or "not well at all," please explain the discrepancy in a sentence or two.

3. This discrepancy was mainly due to how the background preparation for the Oral Health Assessment was

- Organized and conducted by FTFT program staff
- Received and attended by Project Partner or Site Staff
- Both of these
- Neither of these

* 4. Overall, how would you rate the background preparation your sites received from FTFT program staff for the Oral Health Assessment for Year 1 (2008) of the FTFT program?

- Excellent
- Good
- Fair
- Poor

Now consider, if you will, this description of your sites' training on protocol for the Oral Health Assessment:

TRAINING ON PROTOCOL Oral health assessment training consisted of positioning the child in parent/caregiver's lap facing up to the parent/caregiver; having the provider sit with knees touching the parent/caregiver, then having the child's head lowered onto the provider's lap. A slide presentation showed the presence of severe decay, dental abscesses; need is documented in the chart notes and a referral is made to a dentist. A video was shown on proper positioning, which provides for good access to the oral cavity while the parent/caregiver holds the child steady. Then, with gloved hands and a light source, the provider lifts the lip, retracts the cheek, and inspects the soft tissues and teeth to assess for the following two conditions:

• presence of early childhood caries, defined from the Basic Screening Survey from the Association of State and Territorial Dental Directors, as a child aged three or under found to have one of the front teeth either decayed, filled or missing due to dental decay; caries are documented in the chart notes.

• need for urgent dental care, defined as a child needing immediate care for the presence of decay, pain or dental abscess.

* 5. Please say how well this description matches how your sites were trained on the protocol for the Oral Health Assessment for Year 1 (2008) of the FTFT program.

- Matches very well
- Matches somewhat well
- Matches neither well nor not well
- Matches not very well
- Matches not well at all

6. If you answered "very well," skip to question 8. If you answered "somewhat well," "neither well nor not well," "not very well," or "not well at all," please explain the discrepancy in a sentence or two.

7. This discrepancy was mainly due to how the training on protocol for the Oral Health Assessment was

- organized and conducted by FTFT program staff
- received and attended by Project Partner or site staff
- both of these
- neither of these

* 8. Overall, how would you rate the training on protocol your sites received from FTFT program staff for the Oral Health Assessment for Year 1 (2008) of the FTFT program?

- excellent
- good
- fair
- poor

Finally, if you will, consider this description of your sites' protocol incorporation of the Oral Health Assessment:

PROTOCOL INCORPORATION An oral health assessment was incorporated into routine well child visits or immunizations at the pediatric and family medicine practices for children from the eruption of the first tooth until the three year well-child visit or 42 months old, whichever comes first, as part of FTFT program. If a child was seen at other visits, the oral health assessment was performed at that visit.

* 9. Please say how well this description matches how your sites incorporated the protocol for the Oral Health Assessment for Year 1 (2008) of the FTFT program.

- Matches very well
- Matches somewhat well
- Matches neither well nor not well
- Matches not very well
- Matches not well at all

10. If you answered "very well," skip to question 15. If you answered "somewhat well," "neither well nor not well," "not very well," or "not well at all," please explain the discrepancy in a sentence or two.

11. Did you do anything about this discrepancy, e.g., to improve how the assessment protocol was incorporated at your site?

- Yes
- No

12. What did you do about this discrepancy?

13. Did you involve the FTFT staff in doing this?

- Yes
- No

If you answered No, skip to question 15. If you answered Yes,

14. How helpful were the FTFT program staff you involved?

- Very helpful
- Somewhat helpful
- Neither helpful nor unhelpful
- Somewhat unhelpful
- Very unhelpful

* 15. Overall, how would you rate the protocol incorporation your sites accomplished on the Oral Health Assessment for Year 1 (2008) of the FTFT program?

- excellent
- good
- fair
- poor

3. 2nd Component of FTFT: Fluoride Varnish Application.

Please review the following three (3) passages which describe in turn your Intervention sites' background preparation, training on protocol, and protocol incorporation on the Fluoride Varnish Application component of the FTFT program, then answer the two questions that follow each of these passages.

Consider, if you will, this description of your sites' background preparation for the Fluoride Varnish Application:

BACKGROUND PREPARATION The provider teams received a lecture about applying fluoride varnish for children from the eruption of the first tooth to the 3 year well-child visit or 42 months old, whichever comes first. The presentation consisted of a description of fluoride varnish, efficacy, and rationale to prevent and reduce early childhood caries. The demonstration of fluoride varnish application included positioning the child in the parent/caregiver's lap facing up to the parent/caregiver; having the provider sit with knees touching the parent/caregiver, then having the child's head lowered onto the provider's lap. This positioning provides good access to the oral cavity and the parent/caregiver is able to hold the child steady. The fluoride varnish is applied to all surfaces of the teeth.

* 1. Please say how well this description matches how your sites were prepared on the background to the Fluoride Varnish Application for Year 1 (2008) of the FTFT program.

- Matches very well
- Matches somewhat well
- Matches neither well nor not well
- Matches not very well
- Matches not well at all

2. If you answered "very well," skip to question 4. If you answered "somewhat well," "neither well nor not well," "not very well," or "not well at all," please explain the discrepancy in a sentence or two.

3. This discrepancy was mainly due to how the background preparation to the Fluoride Varnish Application was

- organized and conducted by FTFT program staff
- received and attended by Project Partner or site staff
- both of these
- neither of these

* 4. Overall, how would you rate the background preparation your sites received from FTFT program staff for the Fluoride Varnish Application for Year 1 (2008) of the FTFT program?

- excellent
- good
- fair
- poor

Now consider, if you will, this description of your sites' training on protocol for the Fluoride Varnish Application:

TRAINING ON PROTOCOL Two videos were presented to demonstrate proper positioning and the application of fluoride varnish. Post application instructions were given to the providers. A written handout in low literacy text was provided to the partnering sites to distribute to parents/caregivers. The program coordinator scheduled a time to provide and then provided hands-on clinical demonstration and training of the fluoride varnish application during clinical sessions with the providers.

* 5. Please say how well this description matches how your sites were trained on protocol for the Fluoride Varnish Application for Year 1 (2008) of the FTFT program.

- Matches very well
- Matches somewhat well
- Matches neither well nor not well
- Matches not very well
- Matches not well at all

6. If you answered "very well," skip to question 8. If you answered "somewhat well," "neither well nor not well," "not very well," or "not well at all," please explain the discrepancy in a sentence or two.

7. This discrepancy was mainly due to how the training on protocol for the Fluoride Varnish Application was

- organized and conducted by FTFT program staff
- received and attended by Project Partner or site staff
- both of these
- neither of these

* 8. Overall, how would you rate the training on protocol your sites received from FTFT program staff for the Fluoride Varnish Application for Year 1 (2008) of the FTFT program?

- excellent
- good
- fair
- poor

Finally, if you will, consider this description of your sites' protocol incorporation of the Fluoride Varnish Application:

PROTOCOL INCORPORATION The fluoride varnish application was integrated into the well-child visit and immunization schedule at the pediatric and family medicine practices for children from the eruption of the first tooth until the three year well-child visit or 42 months old, whichever comes first. At Maine Medical Center, the pediatric residents applied the fluoride varnish.

* 9. Please say how well this description matches how your sites incorporated the protocol for the Fluoride Varnish Application for Year 1 (2008) of the FTFT program.

- Matches very well
- Matches somewhat well
- Matches neither well nor not well
- Matches not very well
- Matches not well at all

10. If you answered "very well," skip to question 15. If you answered "somewhat well," "neither well nor not well," "not very well," or "not well at all," please explain the discrepancy in a sentence or two.

11. Did you do anything about this discrepancy, e.g., to improve how the varnish protocol was incorporated at your site?

- Yes
- No

If you answered No, skip to question 15.

12. What did you do about this discrepancy?

13. Did you involve FTFT program staff in doing this?

- Yes
- No

If you answered No, skip to question 15. If you answered Yes,

14. How helpful were the FTFT program staff you involved?

- Very helpful
- Somewhat helpful
- Neither helpful nor unhelpful
- Somewhat unhelpful
- Very unhelpful

* 15. Overall, how would you rate the protocol incorporation your sites accomplished on the Fluoride Varnish Application for Year 1 (2008) of the FTFT program?

- excellent
- good
- fair
- poor

4. 3rd Component of FTFT: Counseling to Parents/Caregivers

Please review the following three (3) passages which describe in turn your Intervention sites' background preparation, training on protocol, and protocol incorporation on the Counseling to Parents/Caregivers component of the FTFT program, then answer the questions that follow each of these passages.

Consider, if you will, this description of your sites' background preparation for the Counseling to Parents/Caregivers:

> *BACKGROUND PREPARATION During the lecture, provider teams were given information on the etiology of early childhood caries, transmission of stephtococci mutans, parent/caregiver assessment of dental needs, and referral to a dental home if untreated oral health disease exists. Dietary considerations—including carbohydrate intake frequency and quantity—and sucrose content of medicines were reviewed.*

* 1. Please say how well this description matches how your sites were prepared on background to the Counseling to Parents/Caregivers for Year 1 (2008) of the FTFT program.

- Matches very well
- Matches somewhat well
- Matches neither well nor not well
- Matches not very well
- Matches not well at all

2. If you answered "very well," skip to question 4. If you answered "somewhat well," "neither well nor not well," "not very well," or "not well at all," please explain the discrepancy in a sentence or two.

3. This discrepancy was mainly due to how the background preparation to the Counseling to Parents/Caregivers was

- organized and conducted by FTFT program staff
- received and attended by Project Partner or site staff
- both of these
- neither of these

* 4. Overall, how would you rate the background preparation your sites received from FTFT program staff for the Counseling to Parents/Caregivers for Year 1 (2008) of the FTFT program?

- excellent
- good
- fair
- poor

Now consider, if you will, this description of your sites' training on protocol for the Counseling to Parents/Caregiver.

TRAINING ON PROTOCOL Partner sites were supplied with oral health brochures that were developed for the FTFT program. The training covered content for the providers to impart including the following:

Infant and Toddler Oral Health Anticipatory Guidance Schedule:

6 Months

• Bottles are for nutrition. They should only be used to feed babies who are not breast feeding.

• Discuss and demonstrate brushing of infant teeth as soon as they erupt.

• Instruct the parent/caregiver to conduct "Lift the Lip" procedures.

9 Months

• Monitor progress in weaning infant from bottle to cup.

• Offer appropriate guidance in limiting juice in sippy cup.

12 Months

• Infants are weaned from the bottle.

• Infants should see the dentist by year one.

• Review healthy eating habits and snacking.

• Sippy cups at mealtimes only. Water between meals.

• Parents continue to brush and check their teeth.

24 Months

- *Monitor healthy behaviors and snacking*
- *Discuss and evaluate the toddler's ability to begin to use fluoridated toothpaste.*
- *Parents should continue to monitor the child's brushing and continue to check their teeth.*

* 5. Please say how well this description matches how your sites were trained on protocol for the Counseling to Parents/Caregivers for Year 1 (2008) of the FTFT program.

- Matches very well
- Matches somewhat well
- Matches neither well nor not well
- Matches not very well
- Matches not well at all

6. If you answered "very well," skip to question 8. If you answered "somewhat well," "neither well nor not well," "not very well," or "not well at all," please explain the discrepancy in a sentence or two.

7. This discrepancy was mainly due to how the training on protocol for the Counseling to Parents/Caregivers was

- organized and conducted by FTFT program staff
- received and attended by Project Partner or site staff
- both of these
- neither of these

* 8. Overall, how would you rate the training on protocol your sites received from FTFT program staff for the Counseling to Parents/Caregivers for Year 1 (2008) of the FTFT program?

- excellent
- good
- fair
- poor

Finally, if you will, consider this description of your sites' protocol incorporation of the Counseling to Parents/Caregivers:

PROTOCOL INCORPORATION Providers counseled parent/caregivers on the following:

Infant and Toddler Oral Health Anticipatory Guidance Schedule:

6 Months

• Bottles are for nutrition. They should only be used to feed babies who are not breast feeding.

• Discuss and demonstrate brushing of infant teeth as soon as they erupt.

• Instruct the parent/caregiver to conduct "Lift the Lip" procedures.

9 Months

• Monitor progress in weaning infant from bottle to cup.

• Offer appropriate guidance in limiting juice in sippy cup.

12 Months

• Infants are weaned from the bottle.

• Infants should see the dentist by year one.

• Review healthy eating habits and snacking.

• Sippy cups at mealtimes only. Water between meals.

• Parents continue to brush and check their teeth.

24 Months

• Monitor healthy behaviors and snacking

• Discuss and evaluate the toddler's ability to begin to use fluoridated toothpaste.

• Parents should continue to monitor the child's brushing and continue to check their teeth.

* 9. Please say how well this description matches how your sites incorporated the protocol for the Counseling to Parents/Caregivers for Year 1 (2008) of the FTFT program.

- Matches very well
- Matches somewhat well
- Matches neither well nor not well
- Matches not very well
- Matches not well at all

10. If you answered "very well," skip to question 15. If you answered "somewhat well," "neither well nor not well," "not very well," or "not well at all," please explain the discrepancy in a sentence or two.

11. Did you do anything about this discrepancy, e.g., to improve how the counseling protocol was incorporated at your site?

- Yes
- No

If you answered No, skip to question 15. If you answered Yes,

12. What did you do about this discrepancy?

13. Did you involve FTFT program staff in doing this?

- Yes
- No

If you answered No, skip to question 15. If you answered Yes,

14. How helpful were the FTFT program staff you involved?

- Very helpful
- Somewhat helpful
- Neither helpful nor unhelpful
- Somewhat unhelpful
- Very unhelpful

* 15. Overall, how would you rate the protocol incorporation your sites accomplished on the Counseling to Parents/Caregivers for Year 1 (2008) of the FTFT program?

- excellent
- good
- fair
- poor

5. One Last Question

* 1. How important was the two-year grant from the Sadie and Harry Davis Foundation to your organization's decision to participate in the 2008/2009 Pilot Program?

- very important
- somewhat important
- neither important or unimportant
- somewhat unimportant
- very unimportant

Appendix 2.

Process Survey 2008 (Survey Monkey)

FTFT Process Survey BLANK 2008 (Year One)

1. Introduction

Thank you for participating as a Project Partner in the on-line component of the "From the First Tooth" (FTFT) 2008-2009 Pilot Project evaluation. The three-part FTFT evaluation will be conducted between now and December 2009.

This is the 2008 (Year One) - PROCESS Survey. In this survey, you will be asked to respond to questions about the delivery model and patient base, program successes, program challenges, and other related issues. In your answers, please try to reflect on your own direct experiences as well as those of your participating colleagues. It will take approximately 30-40 minutes to complete. At the conclusion of the survey, you will enter "Done."

Thank you very much for serving as facilitator of the Process Survey.

* 1. Please check if you are the FTFT program "person responsible" at the [name of site].

jn Yes

jn No

Proceed only if you answered Yes. If you answered No, please contact Susan Cote at 207.252.9056 or scote@sadieandharrydavis.org at the Foundation so that together we can schedule the "person responsible" at [name of site] as respondent.

* 2. Your name (person responsible)

* 3. Date of survey

	MM	DD	YYYY
Date of Survey	/	/	

DELIVERY MODEL AND PATIENT BASE

Considering the FTFT program for Year One, and only that period, please a) review the following characterization (in red)of your delivery model and patient base and then b) describe up to two (2) ways the site may have departed from this characterization during this period.

- "Departure" means any significant change.

- The characterization is your own. It was transcribed from FTFT staff notes taken at the "First Learning Collaborative" held May 30, 2008 at Maple Hill Farm in Hallowell, ME.

"[transcription]."

* 4. Did your site depart from this characterization of the delivery model and patient base at all during Year One?

jn Yes

jn No

5. If Yes, please describe up to two (2) departures in one or two sentences.

Departure 1

Departure 2

PROGRAM SUCCESSES

Considering the FTFT program during Year One, please a) review the following characterization of your program successes and then b) describe up to two (2) ways the site may have departed from this characterization (in red) during this period.

•"Departure" means any significant change.

•The characterization is your own. It was transcribed from FTFT staff notes taken at the "First Learning Collaborative" held May 30, 2008 at Maple Hill Farm in Hallowell, ME.

"[transcription]."

* 6. Did your site depart at all from this characterization of the program successes during Year One?

- Yes
- No

7. If Yes, please describe up to two (2) departures in one or two sentences

Departure 1

Departure 2

PROGRAM CHALLENGES

Considering the FTFT program during Year One, please a) review the following characterization of your program challenges and then b) describe up to two (2) ways the site may have departed from this characterization (in red) during Year One.

• "Departure" means any significant change.

• The characterization is your own. It was transcribed from FTFT staff notes taken at the "First Learning Collaborative" held May 30, 2008 at Maple Hill Farm in Hallowell, ME.

"[transcription]."

* 8. Did your site depart at all from this characterization of your program's challenges during the period of Year One?

- Yes
- No

9. If Yes, please describe up to two (2) departures in one or two sentences

Departure 1

Departure 2

FURTHER QUESTIONS

For 2008 (Year One), please a) check how much your site agrees with the following statements and then b) answer the follow-up in a sentence or two.

* 10. In this period at this site, it was a challenge to find/make time within busy visits to provide the FTFT services.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

11. Considering your experience during this period, what could be done to find/make time within busy visits to provide FTFT services?

* 12. A clearer system/set of processes is needed about where to imbed FTFT services in the workflow and how to integrate them with other systems or programs.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

13. Considering your experience during this period, what improvements if any would facilitate integration of FTFT services into your site's work flow?

* 14. More clearly defined roles are needed for all staff who deliver FTFT services.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

15. Considering your experience during this period, which role, if any, is most in need of clearer definition and what about it could be more clearly defined?

* 16. Redundant reminder systems are needed for both office team and patients including, for example, people/roles, paper, EMR reminders, coding facilitation.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

17. Considering your experience during this period, where, if anywhere, is the need greatest for such a reminder system and why?

* 18. Greater ease of execution is needed: everything at the point of service (POS).

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

19. Considering your experience during this period, what if any were the chief impediments to "everything at point of service"?

20. Considering your experience during this period, what POS reminders if any would you introduce? Where and why?

* 21. In this period at this site, the well-child visit was a convenient time to deliver the FTFT services.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

22. Considering your experience <u>during this period</u>, is there a better suited venue for delivering these services than the well-child visit?

* 23. In this period at this site, there was a <u>desire</u> to provide all children, regardless of their ability to pay with FTFT services.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

24. Considering your experience <u>during this period</u>, what, if any, were the impediments at your site to providing these services to all children?

* 25. In this period at this site, it was <u>important</u> to have a network of dentists who would accept referrals for children requiring restorative care.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

26. Considering your experience <u>during this period</u>, what, if any, were the impediments at your site to making such referrals and getting this care for your FTFT patients.

Based on your 2008 (Year One), please a) check how much <u>your site</u> agrees with the following statements and then b) explain your choice if you wish in a sentence or two.

* 27. We need multiple, consistent, communication tools and approaches—oral, written, and visual—to reach the varying audiences (including providers and patients, people from different cultural backgrounds, people whose first language isn't English, people who are not literate in their own language, etc.).

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

28. Considering your experience during this period, what were the most effective and what were the least effective communication tools and approaches for reaching any of these varying audiences?

* 29. Communication tools must incorporate the scientific basis for these services — including information on efficacy and safety—again, in culturally appropriate ways for the populations for which they are being developed.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

30. Considering your experience during this period, what is the importance, if any, *to your clients* of the science behind FTFT services?

31. Considering your experience during this period,what is the importance, if any, *to your providers* of the science behind FTFT services?

* 32. We should market these services to various segments of the community, including providers.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

33. Considering your experience during this period, to which segments especially should these services be marketed?

* 34. Accurate and complete records of health care services must be shared among and made commonly available to medical, dental, and public health care providers and to WIC program personnel.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

35. Considering your experience during this period, what were the chief impediments, if any, to making such records commonly available to these providers and personnel?

* 36. We should develop a public education campaign about the importance of early oral health care, as has been done in Maine to address the tobacco and obesity issues.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

37. Considering your experience during this period, what concrete resources, if any, could your site contribute to such a campaign?

* 38. Our site would benefit from regular, periodic visits from dental educators to reinforce the importance of FTFT services, hone skills, and provide support.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

39. Considering your experience during this period, would such visits serve either a morale or an educational purpose, or both?

Appendix 3.

Outcomes Survey 2008 (Spreadsheet)

The Outcomes survey collected per patient data entered by row down the following columns:

- Location
- Date
- Patient #
- DOB
- 1. Oral Health Assessment
- Provider Type
- 2. Fluoride Varnish
- Provider Type
- 3. Parent Counseling
- Provider Type
- Medical Insurance
- Quarter
- Partner