

2017 Model Practices

Applicant Information

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Model Practice Title

Please provide the name or title of your practice: *

Ready, Set, Smile

Practice Categories

Model and Promising Practices are stored in an online searchable database. Applications may align with more than one practice category. Please select all the practice areas that apply.: *

- | | | | | |
|---|---|---|--|---|
| <input checked="" type="checkbox"/> Access to Care | <input type="checkbox"/> Advocacy and Policy Making | <input type="checkbox"/> Animal Control | <input type="checkbox"/> Coalitions and Partnerships | <input type="checkbox"/> Communications/Public Relations |
| <input type="checkbox"/> Community Involvement | <input type="checkbox"/> Cultural Competence | <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Food Safety |
| <input type="checkbox"/> Global Climate Change | <input type="checkbox"/> Health Equity | <input type="checkbox"/> HIV/STI | <input type="checkbox"/> Immunization | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Informatics | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Injury and Violence Prevention | <input type="checkbox"/> Marketing and Promotion | <input type="checkbox"/> Maternal-Child and Adolescent Health |
| <input type="checkbox"/> Organizational Practices | <input type="checkbox"/> Other Infrastructure and Systems | <input type="checkbox"/> Organizational Practices | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Quality Improvement |
| <input type="checkbox"/> Research and Evaluation | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Vector Control | <input type="checkbox"/> Water Quality | <input checked="" type="checkbox"/> Workforce |
| <input type="checkbox"/> Conference Theme: Bridging Clinical Medicine and Population Health | | | | |

Other::

Oral health

Is this practice evidence based, if so please explain. :

Winnable Battles

To keep pace with emerging public health challenges and to address the leading causes of death and disability, CDC initiated an effort called Winnable Battles to achieve measurable impact quickly. Winnable Battles are public health priorities with large-scale impact on health and known effective strategies to address them. Does this practice address any CDC's seven Winnable Battles? If so, please choose from the following: *

- | | | | | |
|---|--|--|----------------------------------|---|
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> HIV in the U.S. | <input type="checkbox"/> Nutrition, Physical Activity, and Obesity | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Healthcare-associated Infections |
| <input type="checkbox"/> Motor Vehicle Injuries | <input type="checkbox"/> Teen Pregnancy | <input checked="" type="checkbox"/> None | | |

Overview: Provide a brief summary of the practice in this section (750 Word Maximum)

Your summary must address all the questions below:

- Brief description of LHD- location, demographics of population served in your community
- Describe public health issue
- Goals and objectives of the proposed practice
- How was the practice implemented/activities
- Results/Outcomes (list process milestones and intended/actual outcomes and impacts.
 - Were all of the objectives met?
 - What specific factors led to the success of this practice?
- Public Health impact of practice
- Website for your program, or LHD.

750 Word Maximum

The DuPage County Health Department (DCHD) is based in Wheaton, Illinois and has six public health centers across the county and delivers services in schools, homes, and other community sites. DCHD services are delivered via five service units: Environmental Health Services, Behavioral Health Services, Communicable Disease and Epidemiology, Public Health Services, and Client Access. Approximately 67.5 percent of residents in DuPage County are White, non-Hispanic or Latino; 14.3 percent are Hispanic or Latino; 11.6 percent are Asian; 5.3 percent are black or African American; and less than one percent are American Indian or Alaska Native or Native Hawaiian or Pacific Islander (U.S. Census, 2015). In DuPage County, there are 8,468 children with a sensory, cognitive, or physical disability (U.S. Census Bureau, 2015). In order to assess the current oral healthcare system's ability to serve this population, the DuPage County Health Department (DCHD) and University of Illinois at Chicago College of Dentistry conducted five focus groups between March 25 and June 3, 2013 with parents and guardians of children with special healthcare needs, special education teachers, dental hygienists, and dentists. Focus group data revealed that many children with special healthcare needs (CSHCN) are prone to serious dental issues, such as plaque, tartar, and tooth trauma. Additionally, access to oral health interventions of all types was much more limited for CSHCN than that of typically functioning children due to the dental community lacking the tools and training needed to deliver services to this population. As a result, CSHCN were being referred to distant pediatric care rather than delivering services locally. In order to improve the DuPage County oral health care system's ability to provide adequate access and care to CSHCN, in January 2014, DCHD began offering trainings to the dental community, including dentists, hygienists, assistants, and students. The primary goal for the program, Ready, Set, Smile (RSS), is to develop and expand the dental community's capacity to serve children with special healthcare needs. Objectives for the practice included training at least 480 dental professionals in didactic training and at least 120 dental professionals through clinical training between January 1, 2014 and December 31, 2016, providing nine educational training sessions and 27 clinical training opportunities for oral healthcare teams to successfully treat CSHCN on a regular basis, and providing oral health care to at least 300 CSHCN through direct patient treatment experiences during clinical training sessions. Through RSS, dental professionals are trained on how to understand CSHCN and how to support these children through strategies implemented before and during the dental exam. The trainings are provided by dentists and behavioral therapists to dental teams and students. The program consists of a didactic training provided through a classroom style education, as well as a hands-on clinical experience for the dental team. At the trainings, participants are also provided with the tools and equipment needed to communicate, such as a "Visiting the Dentist" flip chart of pictures intended to educate CSHCN about dental visits. After undergoing training with this program, an evaluation survey conducted in 2014 showed that 78% of attendees reported being comfortable treating children with special healthcare needs and 67% have incorporated the techniques into their practice. All objectives for RSS have been met or exceeded. Between January 2014 and November 2016, DCHD provided training to 687 dental professionals through educational sessions and 163 individuals through clinical sessions. In this time period, 11 educational sessions and 28 clinical sessions were provided, and oral healthcare treatment was provided to 403 CSHCN through clinical training sessions. The success of RSS is due to several factors. Strong partnerships with various stakeholders resulted in development of a plan to address access to oral health; these partnerships were crucial in demonstrating readiness for implementation of RSS when applying for grant funding from the Illinois Children's Healthcare Foundation. Second, the practice was developed through a data informed process, in which focus groups and quantitative data identified a high need to develop and expand the dental community's capacity to serve children with special healthcare needs. Additionally, the practice is designed to provide workforce development opportunities through both didactic and hands-on, clinical training. The public health impact of RSS is that the capacity of DuPage County's dental community to provide CSHCN with quality dental care has improved. This is a result of hundreds of local dental providers now trained and equipped to better serve this population, thereby improving access and reducing barriers identified in the focus groups. Website for Ready, Set, Smile: <http://www.dupagehealth.org/dental/education/readysetsmile>

Responsiveness and Innovation

A Model Practice must be responsive to a particular local public health problem or concern. An innovative practice must be (1) **new to the field of public health (and not just new to your health department)** OR (2) **a creative use of an existing tool or practice**, including but not limited to use of an Advanced Practice Centers (APC) development tool, The Guide to Community Preventive Services, Healthy People 2020 (HP 2020), Mobilizing for Action through Planning and Partnerships (MAPP), Protocol for Assessing Community Excellence in Environmental Health (PACE EH). Examples of an inventive use of an existing tool or practice are: tailoring to meet the needs of a specific population, adapting from a different discipline, or improving the content.

- Statement of the problem/public health issue
- What target population is affected by problem (please include relevant demographics)
 - What is the target population size?
 - What percentage did you reach?
- What has been done in the past to address the problem?
- Why is the current/proposed practice better?
- Is current practice innovative? How so/explain?
 - Is it new to the field of public health
OR
 - Is it a creative use of existing tool or practice:
What tool or practice did you use in an original way to create your practice? (e.g., APC development tool, The Guide to Community Preventive Services, HP 2020, MAPP, PACE EH, a tool from NACCHO's Toolbox etc.)

- Is the current practice evidence-based? If yes, provide references (Examples of evidence-based guidelines include the Guide to Community Preventive Services, MMWR Recommendations and Reports, National Guideline Clearinghouses, and the USPSTF Recommendations.)

2000 Word Maximum

Please state the Responsiveness and Innovation of your practice (2000 Word Maximum) : *

In DuPage County, there are 8,468 children with a sensory, cognitive, or physical disability (U.S. Census Bureau, 2015). In order to assess the current oral healthcare system's ability to serve this population, the DuPage County Health Department (DCHD) and University of Illinois at Chicago College of Dentistry conducted a total of five focus groups between March 25 and June 3, 2013 with parents and guardians of children with special healthcare needs (CSHCN), special education teachers, dental hygienists, and dentists. The focus group data report revealed that many CSHCN are prone to serious dental issues, such as plaque, tartar, and tooth trauma. Additionally, access to oral health interventions of all types was much more limited for CSHCN than that of typically functioning children due to the dental community lacking the tools and training needed to deliver services to this population. Before implementing Ready, Set, Smile, focus group data revealed that children with special healthcare needs were being referred to distant pediatric care rather than delivering services locally. In order to reduce transportation barriers and create the opportunity for children to receive their dental care locally, the Ready, Set, Smile program was implemented. Ready, Set, Smile develops and expands the local dental community's capacity to serve children with special healthcare needs. In addition, children simultaneously receive much needed oral health care during clinical training sessions. Between January 2014 and November 2016, DCHD provided training to 687 dental professionals through educational sessions and 163 individuals through clinical sessions. In this time period, oral healthcare treatment was provided to 403 CSHCN through clinical training sessions. While Ready, Set, Smile is new to the field of public health, it was developed with technical assistance from a local dentist who specializes in providing dental treatment to CSHCN. When developing the program, advanced practices taught in dental schools were incorporated into the didactic training, while the clinical training was included as an opportunity to provide hands-on training. Ready, Set, Smile provides dental professionals with a comprehensive training package, including a classroom style educational training, clinical experience, and the opportunity for hospital-based experience.

LHD and Community Collaboration

The LHD should have a role in the practice's development and/or implementation. Additionally, the practice should demonstrate broad-based involvement and participation of community partners (e.g., government, local residents, business, healthcare, and academia). If the practice is internal to the LHD, it should demonstrate cooperation and participation within the agency (i.e., other LHD staff) and other outside entities, if relevant. An effective implementation strategy includes outlined, actionable steps that are taken to complete the goals and objectives and put the practice into action within the community.

- Goal(s) and objectives of practice
- What did you do to achieve the goals and objectives?
 - Steps taken to implement the program
- Any criteria for who was selected to receive the practice (if applicable)?
- What was the timeframe for the practice
- Were other stakeholders involved? What was their role in the planning and implementation process?
 - What does the LHD do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s)
- Any start up or in-kind costs and funding services associated with this practice? Please provide actual data, if possible. Otherwise, provide an estimate of start-up costs/ budget breakdown.

5000 words maximum

The goal of Ready, Set, Smile is to develop and expand the dental community's capacity to serve children with special healthcare needs. Objectives for the practice included: 1. Train at least 480 dental professionals in didactic training and at least 120 dental professionals through clinical training between January 1, 2014 and December 31, 2016. 2. Between January 1, 2014 and December 31, 2016, provide nine educational training sessions (three per year) and 27 clinical training opportunities (nine per year) for oral healthcare teams to successfully treat CSHCN on a regular basis. 3. Between January 1, 2014 and December 31, 2016, provide much needed oral health care to at least 300 CSHCN through direct patient treatment experiences during clinical training sessions. To achieve the objective of training 480 professionals didactically and 120 clinically, DCHD promoted training opportunities using various methods. Invitations to attend trainings were sent through direct mail to oral health providers who had attended an event or continuing education unit (CEU) training opportunity from DCHD. DCHD also used Constant Contact, an online marketing system, to send out electronic invitations to attend trainings to dental professionals, including dentists, hygienists, and assistants. Through collaboration with local dental hygiene and dental societies, invitations were sent to their contact lists and were promoted at existing monthly meetings for these societies. Additionally, through collaboration with Midwestern University, College of DuPage, and University of Illinois at Chicago, trainings were promoted to dental students. This allowed for Ready, Set, Smile to build the capacity of existing dentists and dental teams, as well as build the capacity of future dental professionals to treat children with special healthcare needs. To achieve the objective of providing nine educational and twenty-seven clinical training opportunities for oral healthcare teams to successfully treat CSHCN on a regular basis, DCHD provided at least three educational trainings per year and at least nine clinical, hands-on trainings per year. Collaborations with multiple partners ensured that these classes and training sessions were of high quality and value to participants. Since inception, Ready, Set, Smile has featured various speakers, including a dentist and professor specializing in the treatment of CSHCN from the University Of Illinois College Of Dentistry, a developmental pediatrician from the University of Chicago, and autism training specialists from Giant Steps. Several strategies were implemented to achieve the objective of providing oral health care to 300 CSHCN during clinical training sessions. During the clinical training sessions, CSHCN who have been identified by the mobile Smile Squad dental clinic or school-based Dental Sealant Program are provided with treatment in a controlled and comfortable environment. While the Smile Squad provides preventative and some follow-up services and the Dental Sealant Program provides exams and additional preventive services to children in schools, the clinical training sessions at DCHD provide CSHCN with additional follow-up services and the necessary treatment they need. The timeframe for Ready, Set, Smile is from January 2014 to December 2016. The practice is funded by a three year grant from the Illinois Children's Healthcare Foundation (ILCHF). The total project cost is approximately \$500,000, 15% of which is in-kind funds from DCHD. The budget includes staff and consultant time to implement the practice, office operations, marketing costs, and equipment costs. Several stakeholders were involved in both the planning and implementation phase of Ready, Set, Smile. During planning for Ready, Set, Smile, focus groups were conducted with special education teachers to identify effective strategies to communicate with children with special healthcare needs. During these focus groups, a key insight was that children with special healthcare needs respond well to visuals and can feel empowered by following along with a small number of steps, such as through a flip chart or story board designed to teach children about what to expect while at the dentist. The Ready, Set, Smile "Visiting the Dentist" flip chart was developed by taking this feedback into consideration. In order to implement a county-wide oral health improvement plan and prepare for the ILCHF grant application, DCHD developed an Oral Health Advisory Committee. This committee consists of oral health providers and partners, including representatives from Midwestern University, DuPage County Board of Health, DuPage County Convalescent Center, College of DuPage, Access Community Health Network, DuPage Federation on Human Services Reform, the DuPage Health Coalition, and dentists from DCHD and other dental practices. Members of the Oral Health Advisory Committee, including a dentist specializing in CSHCN, helped develop and design the Ready, Set, Smile program. During implementation of Ready, Set, Smile, committee members promoted trainings through their agencies and networks. Additionally, DCHD staff kept committee members up to date through frequent updates on progress towards practice goals. In addition to developing strong collaborations through the Oral Health Advisory Committee, DCHD also built a partnership with a local network of school nurses. Through this partnership, schools nurses helped connect DCHD to parents of CSHCN, while DCHD helped schools complete requirements for school exams by providing CSHCN with dental care. Through this partnership, mutual goals were reached.

Evaluation

Evaluation assesses the value of the practice and the potential worth it has to other LHDs and the populations they serve. It is also an effective means to assess the credibility of the practice. Evaluation helps public health practice maintain standards and improve practice. Two types of evaluation are **process** and **outcome**. Process evaluation assesses the effectiveness of the steps taken to achieve the desired practice outcomes. Outcome evaluation summarizes the results of the practice efforts. Results may be long-term, such as an improvement in health status, or short-term, such as an improvement in knowledge/awareness, a policy change, an increase in numbers reached, etc. Results may be quantitative (empirical data such as percentages or numerical counts) and/or qualitative (e.g., focus group results, in-depth interviews, or anecdotal evidence).

- What did you find out? To what extent were your objectives achieved? Please re-state your objectives.
- Did you evaluate your practice?
 - List any primary data sources, who collected the data, and how (if applicable)
 - List any secondary data sources used (if applicable)
 - List performance measures used. Include process and outcome measures as appropriate.
 - Describe how results were analyzed
 - Were any modifications made to the practice as a result of the data findings?

Please enter the evaluation results of your practice (2000 Words Maximum): *

Objectives for the practice included training at least 480 dental professionals in didactic training and at least 120 dental professionals through clinical training between January 1, 2014 and December 31, 2016, providing nine educational training sessions (three per year) and 27 clinical training opportunities (nine per year) for oral healthcare teams to successfully treat CSHCN on a regular basis, and providing much needed oral health care to at least 300 CSHCN through direct patient treatment experiences during clinical training sessions. Primary data sources include sign-in sheets from training events (collected and analyzed by the Ready, Set, Smile Coordinator), reports from Open Dental (DCHD's electronic health record) that were run by the Ready, Set, Smile Coordinator in order to track the number of children seen through Ready, Set, Smile, a survey of training participants administered and analyzed through Survey Monkey (developed by DCHD's Assistant Director of Dental Health), and anecdotal evidence of customer satisfaction (collected by DCHD's Assistant Director of Dental Health). Process measures included anecdotal evidence from parents of CSHCN and participants of training sessions. Several dental students who have attended trainings are now continuing their education and career in public health dentistry, and are better prepared to treat patients with special healthcare needs in their future careers. One student from the University of Illinois at Chicago provided the following quote: "My experiences at Ready Set Smile have positively impacted my training and expanded my clinical skills immensely. Dental services that I have provided to patients with special needs range from prophylaxis and oral hygiene instruction to the patient and parent, to more complex procedures such as multi-surface operative and extractions. Furthermore, my medical and behavioral management, through the use of pharmacological agents, of special needs patients have expanded due to the experiences. Finally, I can attest that the parents of the patients and the community at large are very grateful that excellent oral health care is available to the special needs population through the Ready Set Smile program." Parents who have utilized Ready, Set, Smile clinics in the past have also shared the impact the program has on them. As one parent shared, "Taking my three boys with autism to the dentist is not easy but through the Ready, Set, Smile program my boys were able to receive the treatment they needed. The dentist and staff were caring and worked with my boys to make the experience pleasant for them. They used a dental storybook to explain what was being done and considered their sensory issues when working on them. I was pleased with the quality of care given to my boys." Outcomes measures included an evaluation survey that was conducted after the first implementation year. After undergoing training through Ready, Set, Smile, survey results showed that 78% of attendees reported being comfortable treating children with special needs and 67% incorporated the techniques into their practice. Additional outcome measures include the number of providers trained through didactic and clinical training sessions, the number of trainings provided, and the number of CSHCN treated through clinical training sessions. Between January 2014 and November 2016, 687 individuals were trained through education sessions, while 163 individuals were trained through clinical training sessions. During this time period, there were 11 educational sessions and 28 clinical sessions. Through clinical training sessions, 403 CSHCN were provided with dental treatment during this time period. As data was collected, some modifications were made to how the practice was implemented. For educational trainings, a wider range of speakers were incorporated to explain the different needs of children with special healthcare needs, including parents and speakers specializing in Down Syndrome and autism.

Sustainability

Sustainability is determined by the availability of adequate resources. In addition, the practice should be designed so that the stakeholders are invested in its maintenance and to ensure it is sustained after initial development (*NACCHO acknowledges that fiscal challenges may limit the feasibility of a practice's continuation.*)

- Lessons learned in relation to practice
- Lessons learned in relation to partner collaboration (if applicable)
- Did you do a cost/benefit analysis? If so, describe.
- Is there sufficient stakeholder commitment to sustain the practice?
 - Describe sustainability plans

1500 Words Maximum

Please enter the sustainability of your practice (2000 Words Maximum): *

One lesson learned through Ready, Set, Smile is the importance of dedicating enough staff time to organizing schedules and appointments, as many CSHCN may need extra time during a dental visit. When doing educational and clinical trainings, this is an important point to emphasize. Ready, Set, Smile focuses on prevention and aims to reduce the number of CSHCN who develop serious dental issues. By preventing the need for sedated dental care, Ready, Set, Smile saves approximately \$2000-\$2500 for each case that is prevented. Ready, Set, Smile is designed to be a sustainable practice beyond grant funding. DCHD will continue to offer dental treatment and a dental home to CSHCN, as DCHD dentists and staff have been trained through educational and clinical trainings. In order to continue developing the workforce, DCHD will train dental hygiene and dental students in providing dental treatment to CSHCN. The College of DuPage will provide didactic trainings as part of their curriculum. Lastly, the community of dental professionals will have sustainable access to the "Visiting the Dentist" flip chart, as libraries across DuPage County are being provided with English and Spanish versions of the flip chart, along with talking points and additional tips to guide dental professionals.

Additional Information

How did you hear about the Model Practices Program?: *

☐ I am a previous Model Practices applicant

☐ At a Conference

☐ NACCHO Website

☐ Public Health Dispatch

☒ Colleague in my LHD

☐ Model Practices brochure

☐ NACCHO Exhibit Booth

☒ NACCHO Connect

☐ Colleague from another public health agency

☒ E-Mail from NACCHO

☐ NACCHO Exchange