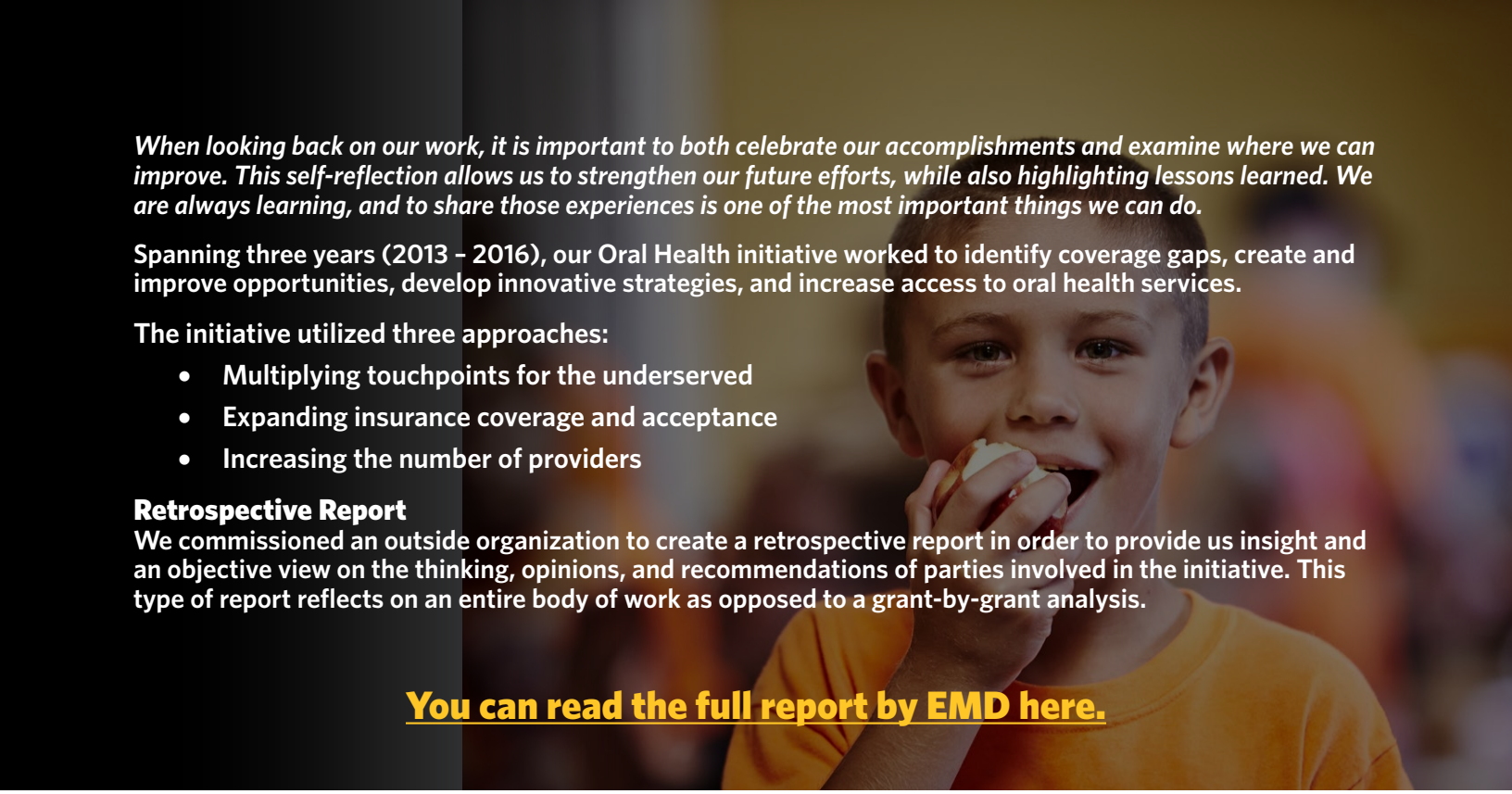
a catalyst for change

Missouri Foundation for Health

What We're Learning: A Retrospective Report on the Oral Health Initiative

- Policy is important
- Include diverse perspectives throughout the course of the initiative
- External environmental factors matter
- Investments in equipment led to numerous positive outcomes
- Foster innovation, communication, and collaboration
- Right-size evaluation and identify learning goals
- Disseminate and share learnings



When looking back on our work, it is important to both celebrate our accomplishments and examine where we can improve. This self-reflection allows us to strengthen our future efforts, while also highlighting lessons learned. We are always learning, and to share those experiences is one of the most important things we can do.

Spanning three years (2013 – 2016), our Oral Health initiative worked to identify coverage gaps, create and improve opportunities, develop innovative strategies, and increase access to oral health services.

The initiative utilized three approaches:

- **Multiplying touchpoints for the underserved**
- **Expanding insurance coverage and acceptance**
- **Increasing the number of providers**

Retrospective Report
We commissioned an outside organization to create a retrospective report in order to provide us insight and an objective view on the thinking, opinions, and recommendations of parties involved in the initiative. This type of report reflects on an entire body of work as opposed to a grant-by-grant analysis.

You can read the full report by EMD here.

What did we learn?

Policy is important

Initiative efforts contributed to improvements in Missouri's oral health care system, including the reinstatement of the state dental director position and the return of Medicaid coverage for adult dental services.

State dental director: Advocacy from a number of our partners, along with interim funding from the initiative, contributed to the reinstatement of the state dental director. For the nearly 10 years the position was vacant in Missouri, it was difficult for organizations to compete for federal oral health funding. With its reinstatement, organizations are now more competitive when applying for federal funding opportunities and there can be better data collection at the state and regional level.

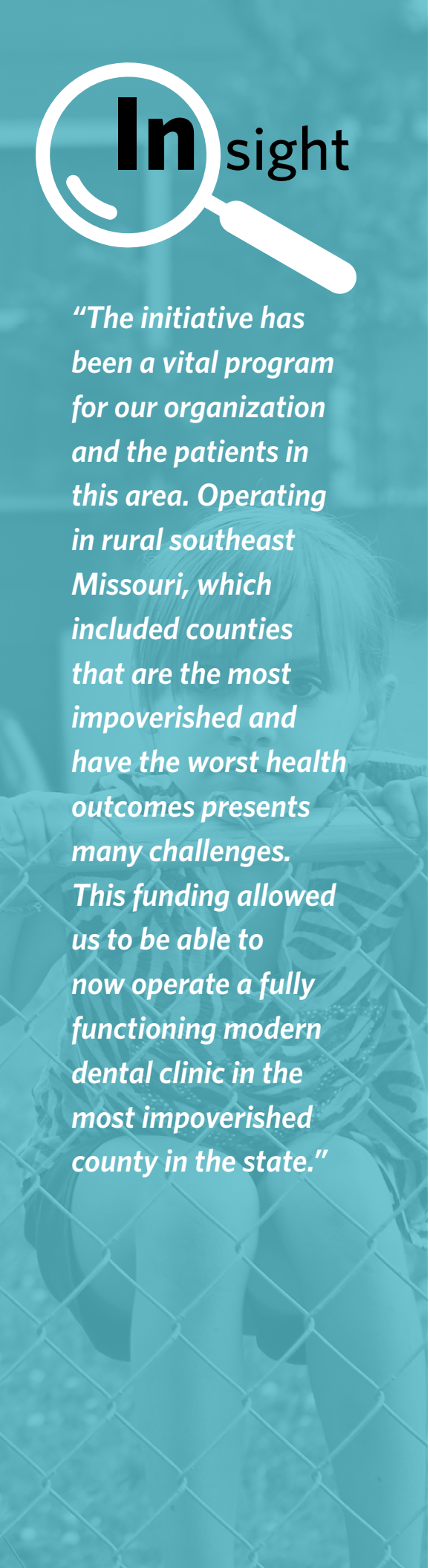
Medicaid oral health coverage: In 2005 Missouri's Medicaid program removed coverage for adult dental services. Foundation-supported advocacy and efforts from other partners led to its reinstatement in 2016. Thanks to this work Medicaid-eligible adults are once again able to access essential oral health care treatment.

• • •

Include diverse perspectives throughout the course of the initiative

Addressing a complex challenge like increasing oral health care access requires a variety of viewpoints. For example, safety net and private dental professionals see Medicaid obstacles differently. Residents of Kennett have different life stories, perceptions, economic realities, and cultural norms than residents of Jefferson County or North St. Louis.

Future work should seek wider input before and during the initiative, bringing in different viewpoints and ideas from patients, the private health sector, and other community institutions. While many individual stakeholders were consulted during the design process, some perspectives, as well as the ability to question and promote ideas and thinking, were missed. Additional input from communities—including rural health centers, residents, and private providers—may have offered a better view of both the issues and potential approaches.



Insight

"The initiative has been a vital program for our organization and the patients in this area. Operating in rural southeast Missouri, which included counties that are the most impoverished and have the worst health outcomes presents many challenges. This funding allowed us to be able to now operate a fully functioning modern dental clinic in the most impoverished county in the state."

External environmental factors matter

We decided to create our Oral Health initiative based on several factors in the external environment, so that our work could be leveraged for even greater impact. While these external events would have taken place in some form without our support, the initiative was able to further strengthen and catalyze community efforts to increase oral health providers and touchpoints.

Increasing providers: Having partnered with them in the past, we knew that A.T. Still University (ATSU) was planning to open a St. Louis Dental Education and Oral Health Center for students to receive real-world, hands-on training working in underserved areas. This portion of the initiative was designed to support ATSU's efforts to increase providers, and supplied funds to assist building the clinic and purchasing equipment. Since its opening in mid-2015, students have treated over 5,000 patients. To date, students have supplied more than 634 weeks of service at 21 community health centers. Moving forward, it will be important to monitor the number of students who choose to stay in Missouri after graduation.

Increasing touchpoints: The Affordable Care Act (ACA) provided funds to federally qualified health centers (FQHCs) to construct new clinics and improve/expand existing ones. We anticipated this growth as an opportune time to further their capacity to provide comprehensive oral health care services, and invested in their technical assistance and equipment funding. While they would have expanded and opened regardless of our support, these FQHCs were not required to provide comprehensive oral health care. Our equipment grants were effective in increasing their capacity to provide these services and are allowing them to help more people in need. In 2016, more than 100,000 people were served by one of the 18 grantees that reported their statistics. Of this total, 44,805 individuals were reached by clinics or operatories that did not exist prior to the initiative. Most of these were new dental sites located to provide better access in isolated rural areas.

● ● ●

Investments in equipment led to numerous positive outcomes

In addition to increasing the number of people served, there were numerous positive outcomes, some of which were unexpected. Grantees reported that the new equipment has strengthened practitioner morale, increased efficiency, and improved patient services. Better sterilization and lower radiation exposure are additional, tangible benefits to patient health. These and other positive outcomes are likely to produce long-term payoffs for Missouri, including the retention and recruitment of providers.

Insight

"When [students] go out to the community, they are working with good equipment too. Having good equipment lifts the morale of dentists and helps with the recruitment of dentists to CHCs."

Foster innovation, communication, and collaboration

Promising practices: Projects to divert costly ER visits to clinics are an example of one of the initiative's promising practices. Working with local ERs, the clinics provided information, vouchers for services, and in some cases assistance with transportation, for patients with non-emergency oral health needs so that they could receive treatment the following day. This effort holds promise to shift these patients to a dental home for future care. An additional example of a promising practice is our support of school-based services that operate like dental homes. These efforts were better able to reach children and adults in rural communities.

The importance of convenings: During the initiative we missed a major opportunity for grantees to share their innovations and learn from one another. Moving forward, we are more aware of the value of including partner convenings and other collaborative opportunities in all of our efforts.

Right-size evaluation and identify learning goals

The initiative did not have a clear, agreed-upon evaluation design beyond standard due diligence practices. As a result, baseline and post-implementation data were not consistently collected or analyzed by the Foundation. The initiative's outcomes were not clearly or consistently stated. As a result, tracking, reporting, and evaluation of outcomes were inconsistent and incomplete. This is not to say that good work wasn't done, but rather that we don't have as deep of an understanding of it as we possibly could have.

Where data on these projects are available, they are for the numbers of people served. We missed the opportunity to work with grantees to track more useful data on impacts, such as changes in oral health, acquiring a dental home, or obtaining insurance coverage. Grantees stated—and common sense would agree—that equipment grants as well as other projects must have created more efficiency and capacity. However, it is not possible to quantify these gains without numbers.

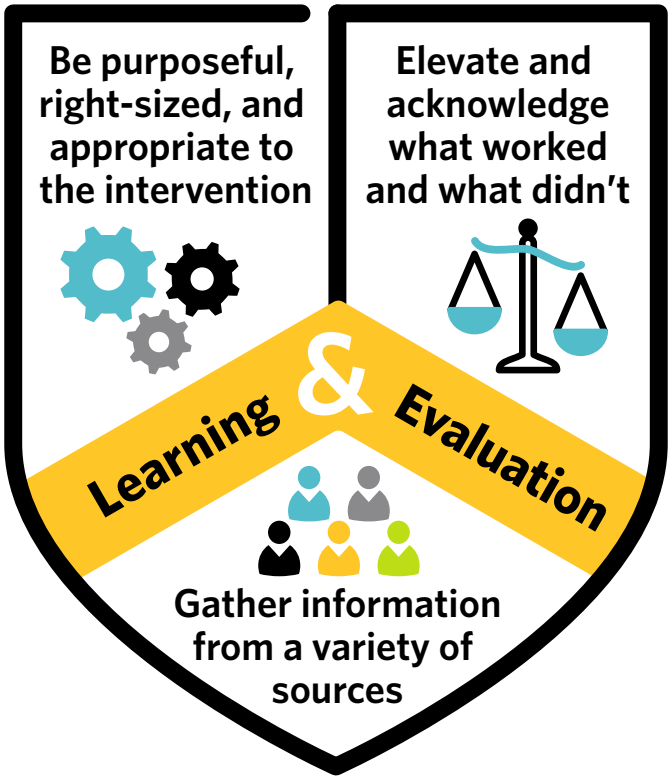
Insight

"[The initiative] was an excellent opportunity. It would have been great to visit with other organizations that were involved in other parts of the state."

Disseminate and share learnings

There were missed opportunities to disseminate and share learnings over the course of the initiative. While is important to share our findings at the end of an effort, we need to ensure that we also take the opportunity to share lessons learned with our grantees and stakeholders throughout the course of our work.

Missouri Foundation for Health believes that learning and evaluation should:



mffh.org

415 South 18th Street, Suite 400 St. Louis, MO 63103
***P** (800) 655-5560 **F** (314) 345-5599*