



PRAMS

PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

PRAMS Data to Action/Success Stories Template

This template is intended for use by PRAMS sites to describe the impact of their data collection and dissemination activities. The form aims to collect **detailed** information in a format that is conducive to creating a success story. Each section in the template is followed by a self-check, which outlines relevant criteria that should be addressed in that section.

1. DATA TO ACTION/SUCCESS STORY TITLE:

Improving Oral Health Care During Pregnancy in Connecticut

SELF-CHECK – Have you:

- Captured the overall message of the story?
- Included an action verb?
- Captured the reader's attention?
- Avoided acronyms?

2. PROBLEM OVERVIEW: BRIEFLY DESCRIBE THE PUBLIC HEALTH PROBLEM THAT WAS ADDRESSED IN THIS DATA TO ACTION EXAMPLE/SUCCESS STORY.

Pregnancy can affect or complicate oral health in women, which can lead to advancing oral diseases and poor birth outcomes. In addition, women with poor oral health can transmit tooth decay-causing bacteria to their infants. Therefore, it is essential for women to maintain good oral health during their child-bearing years, especially during pregnancy. Pregnancy offers a unique time in a woman's life and presents a "teachable moment" to learn healthy habits which can last a lifetime.

Unfortunately, many women do not seek dental care during their pregnancies for a variety of reasons. Some women feel it is not safe to have dental care during this time or have been told by their dentists to delay dental treatment until after their baby is born, even though dental care has been proven to be safe and effective during pregnancy. Many are not aware of the importance of good oral health for themselves and their children. In addition, prenatal care providers do not regularly discuss oral health as an essential component to a healthy pregnancy.

In 2013, CT PRAMS data revealed that 64.2% of women received a dental cleaning during pregnancy and 17.7% needed to see a dentist for a problem. Of the women reporting that they needed to see a dentist for a problem, 22.5% did not go to a dentist or dental clinic about this problem. Among women reporting that they had a problem, 22.5% did not think it was safe to go to the dentist during pregnancy, 11.3% could not find a dentist or dental clinic that would take pregnant patients, 24.9% could not afford to go, and 7.8% could not find a dentist or

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dental clinic that would take Medicaid patients. One mother commented, “I feel it’s important to get your teeth cleaned twice a year but Medicaid has changed it to one time and it should be changed back to two times. It is important for the baby for the mother to have proper dental care.”

SELF-CHECK – Have you:

- Described the problem being addressed and why it’s important?
- Provide an emotional hook in addition to public health data?
- Specified the affected population(s)?
- Describe the extent of problem using current PRAMS data and/or other state databases (i.e. Vital Records, BRFSS, WIC, Medicaid, etc.)?

3. PRAMS DATA USED: LIST THE TOPICS AND YEARS OF PRAMS DATA THAT WERE USED

Topic: Oral Health (dental cleanings before and during pregnancy, dental problem and receipt of care for dental problem during pregnancy, barriers to care)

Data Years: 2013

SELF-CHECK – Have you:

- Provided a list of the PRAMS indicators and years of data that were used?

4. PARTNERS AND PLAYERS: WHO WERE THE COLLABORATORS?

The Connecticut Department of Public Health (CT DPH) Office of Oral Health (OOH) and key oral health stakeholders, including the CT Dental Health Partnership (CT’s dental Medicaid administrator), CT State Dental Association, Healthy Start program, Southwestern Area Health Education Center, CT Title V Director, a pediatrician, CT Oral Health Initiative, March of Dimes, and representatives from two federally qualified health centers. These stakeholders are members of various statewide workgroups, including the Perinatal and Infant Oral Health Workgroup and the CT Maternal and Child Health Coalition Oral Health Workgroup.

SELF-CHECK – Have you:

- Identified the role of PRAMS staff in the story?
- Provided a list of the other individuals, groups or organizations?
- Described the role or function of these other individuals or groups?

5. DATA TO ACTION/SUCCESS STORY NARRATIVE: WHAT HAPPENED?

CT PRAMS oral health data is a key resource for the OOH and its partners. 2013 is the first year of CT PRAMS data that was available. CT PRAMS provided the OOH with data on oral health indicators broken down by variables of interest (e.g., maternal race/ethnicity, age, insurance, poverty status). Dental care utilization in women before and during pregnancy is essential to inform existing and future programs. The data also provides CT-specific data on

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key factors regarding women’s knowledge and sources of information on the importance of oral health; whether they experienced dental problems during their recent pregnancy; dental insurance status; and any barriers to dental care they may have experienced. This rich source of information will inform actionable strategies and promote policies to ensure women, their caregivers, and dental providers understand the importance of oral health in women and safety of dental care during the perinatal period.

Oral health and dental care during pregnancy has been the focus of several organizations in CT, beginning with the CT Health Foundation (CHF) providing funding to the University of CT (UConn) School of Dental Medicine in 2012, to identify the systems-level barriers faced by low-income women in Connecticut in obtaining oral health care during pregnancy and to provide recommendations for systems-level changes to increase the numbers who receive oral health care during pregnancy. The recommendations that resulted from this study focused on actionable, sustainable changes grounded in what was learned about initiatives both within and beyond CT. Many suggested strategies emphasized collaboration and communication across stakeholder groups in order to increase capacity and impact within a context of limited financial resources.

One recommendation was to develop practice guidelines for CT dental and medical professionals, which CHF funded through the CT State Dental Association (CSDA). A committee was formed to develop these guidelines, consisting of members of the CSDA, DPH Office of Oral Health, UConn, and the CT Chapter of the American College of Obstetricians and Gynecologists. These guidelines, *Considerations for the Dental Treatment of Pregnant Women* were published in 2013 and provide dental and medical practitioners with valuable information on the safety and benefits of oral health care for pregnant women.

In 2013, the CT Dental Health Partnership, the state’s dental Medicaid administrator, was awarded a HRSA grant to implement a pilot program to provide intensive outreach to pregnant Medicaid recipients through the “trusted person” model. This program engages community action agencies in providing oral health information and care coordination resources to pregnant women receiving services through their programs. This project has had an impact on the number of women who are Medicaid recipients accessing dental care during their pregnancies. 2013 PRAMS data was provided to the evaluator for this project and will provide additional years of data to support the evaluation of this project.

Currently, the CT DPH OOH is the recipient of HRSA oral health workforce grant. One of the activities this funding will support is a summit to bring together CT dental professionals, obstetricians, gynecologists, and other key stakeholders to heighten the awareness of the importance of dental care for women during their child-bearing years and to explore opportunities to further advance this awareness among women and others. The Perinatal and Infant Oral Health Workgroup is providing direction, input and guidance in the summit’s preparations, which will be held in May 2017. The PRAMS data will be presented at this summit. Other data products (e.g., fact sheets, data brief, infographics) will be developed to educate both women and providers on the importance and safety of dental care during pregnancy.

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SELF-CHECK – Have you:

- Described the story of the data to action example/success story from start to finish?
- Specified the different steps taken in enough detail for a reader to understand the process that occurred?
- Noted *WHEN* it took place?

6. OUTCOMES & IMPACT: HOW IS LIFE DIFFERENT AS A RESULT OF THE ACTIVITY? THIS IS THE MOST CRITICAL PIECE OF THE STORY. *SHORT-TERM AND *INTERMEDIATE OUTCOMES MUST BE DOCUMENTED.

A. *SHORT-TERM OUTCOMES: This includes early outputs of the process such as relevant publications, meetings with stakeholders and other MEASURABLE products or activities:

- The OOH, in collaboration with the CT PRAMS team, will develop a oral health fact sheet and infographics intended for various audiences (e.g., women of childbearing age, pregnant women, providers, policy-makers, and other stakeholders). The purpose of these products is to convey key facts and concepts in easily digestible formats.
- A data brief will also be developed to provide a more in-depth presentation of CT PRAMS oral health data. This publication is intended for audiences seeking data to support grant applications, program planning, and policy development.

SELF-CHECK – Have you:

- Identified the *specific* short-term outcomes of the activity (e.g., title & date of publication, publication web link, name and date of stakeholder meeting, number of individuals to whom report was disseminated & example of their affiliations, dissemination channels, etc.)?
- Described how the outcome addressed the public health problem?
- Avoided use of broad, sweeping statements such as “A fact sheet on breastfeeding was created and distributed to stakeholders”?

B. *INTERMEDIATE OUTCOMES: This includes RESULTS of the short-term outcomes—what did those products or activities lead to? For example, a media campaign was launched, legislation was introduced and passed, a new program was funded, a program was changed to better address client needs, etc.

A statewide oral health summit will be held in May 2017 to convene CT dental professionals, obstetricians, gynecologists and other key stakeholders to heighten the awareness of the importance of dental care for women during their child-bearing years and to explore opportunities to further advance this awareness among women and others. PRAMS data will be presented to highlight the importance of oral health care during pregnancy and barriers to care faced by pregnant women in CT.

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SELF-CHECK – Have you:

- Identified the specific intermediate outcomes of the activity (e.g., name & date of media campaign/program/legislation, who is the campaign/program/legislation targeted for, what is the timeframe of the activity)?
- Described how the outcome addressed the public health problem?
- Avoided use of broad, sweeping statements such as “The WIC program changed their form to gather more information”?

C. LONG-TERM OUTCOMES: This includes the measurable changes in the behaviors or health outcomes of the target population. Such changes may be difficult to directly attribute to the efforts described in the intermediate impact, but efforts should be made to monitor and evaluate the activities that are implemented.

Anticipated long-term outcomes include PRAMS data demonstrating:

- an increase in the percent of women receiving a dental cleaning before and during pregnancy;
- an increase in the percent of women seeing a dental provider if they have a problem during pregnancy; and
- a decrease in the percent of women reporting barriers to care such as not thinking it was safe to go to the dentist during pregnancy or not being able to find a dentist or dental clinic that would take pregnant patients.

SELF-CHECK – Have you:

- Identified the specific long-term outcomes of the activity (e.g., increase in breast feeding in Hospital A, increase knowledge of folic acid use among teens surveyed by PRAMS, expanded coverage of health care for low income women using Title X clinics, etc.)?
- If a measurable long-term outcome is not presented, have you included plans to monitor or evaluate the impact of the described activity so that a long-term outcome can be documented in the future?
- Avoided use of broad, sweeping statements such as: “There was a noticeable increase in breast feeding rates” or “Significant amount of money was saved”?

7. STORY ABSTRACT: PROVIDE A SHORT 1-2 PARAGRAPH SUMMARY OF YOUR STORY AND THE OUTCOMES

Oral health is a vital component to one’s overall health and well-being. Pregnancy can affect or complicate oral health in women, which can lead to advancing oral diseases and poor birth outcomes. In addition, women with poor oral health can transmit tooth decay-causing bacteria to their infants. Unfortunately, many women do not seek dental care during their pregnancies for a variety of reasons, including fearing it is not safe or being told by their dental provider to delay dental treatment until after their baby is born. The CT Department of Public Health Office of Oral Health is committed to educating women and providers about the importance of receiving dental care during pregnancy and that providing dental care to pregnant women is safe.

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CT PRAMS data will be used to create informational materials (e.g., fact sheets, data brief, infographics) to educate the public and providers about the importance of receiving dental care during pregnancy. A statewide oral health summit will be held in 2017 to convene CT dental professionals, obstetricians, gynecologists and other key stakeholders to heighten the awareness of the importance of dental care for women during their child-bearing years and to explore opportunities to further advance this awareness among women and others. PRAMS data will be presented to highlight the importance of oral health care during pregnancy and barriers to care faced by pregnant women in CT.

SELF-CHECK – Have you:

- Summarized the problem, program/activity, and outcomes?
- Provided conclusions that effectively wrap-up the story?

8. CHECK IF ANY OF THE FOLLOWING ARE BEING SUBMITTED TO COMPLEMENT YOUR STORY: (CHECK ALL THAT APPLY)

- Testimonials
- Quote from Partner/Participant
- Sample of Materials Produced
- Press Release
- Promotional Materials
- Photo(s) of Project
- Video/Audio Clip
- Other (Explain:)

9. HOW WOULD YOU CATEGORIZE THE DATA TO ACTION EXAMPLE/SUCCESS STORY? (CHECK ALL THAT APPLY)

- Appropriation of funds
- Policy change
- New program started
- Existing program revised
- Increased visibility for an organization, program or issue
- Capacity building of an organization or group
- Other

10. CONTACT INFORMATION:

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11. DATE SUBMITTED: January 19, 2017

12. PRAMS PROGRAM MANAGER: Brenda Le

Overall Style Reminders

- Keep messages simple and concise
- Use bullets, if appropriate.
- Stick to the facts. Do not interject an opinion unless you attribute it to someone.
- Include direct quotes if they strengthen the story.
- Limit use of acronyms. If you use acronyms, spell them out on first mention.
- Use plain language and avoid jargon. Terms should be clearly understood by a non-public health audience
- Avoid using passive voice (e.g., “Trainings were provided.”). Use active voice (e.g., “X partner provided Y trainings.”), and be clear about who is doing the action in every sentence.