

## Bright Spot Award Nomination Form

In an effort to help define what meaningful PPI is, and to better recognize the tremendous initiatives taking place across our state, we are creating a new Bright Spots Awards program. This will be a great way to create a little “friendly competition” among the local health departments while helping to define what is meaningful PPI. Here are the steps to the process of nominating your initiative:

1.) All PPI Bright Spot Award Nominations must be submitted by July 1, 2017. One nomination form must be completed per initiative nominated. Email completed nomination to Matt Coleman.

2.) Nominations will be reviewed by a committee, comprised of individuals from local and regional health departments, as well as Central Office. Each submission will be redacted, so individual identity will not be known to the committee. They will subjectively review each submission, discuss, and award the point totals to the nominations. An average of the section reviews will be used to determine the award level earned.

3.) Awardees will be announced in the fall, 2017.

4.) Each nomination will be presented with feedback from the committee.

Award Levels:	185-200 pts: Platinum Level Award
	159-184 pts: Gold Level Award
	138-158 pts: Silver Level Award
	117-137 pts: Bronze Level Award
	116 pts or less: Honorable Mention Award

**County: Washington**

**Initiative Name: Dental PPI**

**PPI Topic Area(s): Oral health, tobacco use, obesity, and substance abuse.**

**Primary Contact Name, Email, Phone:**

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## Bright Spot Awards Questions

**Please explain why you think this initiative should be considered for the TDH Bright Spot Awards?**

**(150 words max) ;( 10 points available)**

Our dental initiative should be considered for a Bright Spot award because we are reaching thousands of individuals. We feel our topic is an example of thinking outside the box of the usual big four. Dental education on how to prevent tooth decay is extremely important to start at an early age. Good habits start early in life and can lead to a healthy mouth and body for a lifetime. Our initiative reaches not only k-8 children; but dental initiative reaches children from pre-school thru high school, adults, pregnant women, and senior citizens. We also reach out to educate the Hispanic community through summer programs. We are passionate about our initiative and hope it will change the future of oral health in the state of Tennessee.

**What is the public health problem being addressed and why is it important?**

**(300 words max); (10 points available)**

The oral cavity is an important area to consider when maintaining good systemic health. Many times the mouth is not considered part of the total health from health care providers. Tooth decay is the most preventable disease in the human body. Tooth decay is the single most common chronic childhood disease—5 times more common than asthma, 4 times more common than early childhood obesity, and 20 times more common than diabetes. The rate of childhood tooth decay is climbing every day.

Consequences of ECC (Early Childhood Caries)

- Higher risk of new carious lesions in both the primary and permanent dentitions.
- Greater number of hospitalization and Emergency Room visits
- Increased treatment costs and time.
- Insufficient physical development (especially in height/weight).
- Loss of school days and increased days with restrictive activity.
- Diminished ability to learn.
- Diminished oral health-related quality of life. Children have difficulty focusing on school work if they have a tooth hurting. Periodontal (gum) disease is a contributing factor to heart disease. Dental education and good habits should be a main focus in educating the public. Our dental initiative in the PPI program is different than the others but just as important.

**What are the SMART objective goals and major purposes of this initiative? (SMART objectives are Specific, Measurable, Attainable, Relevant, and Time Bound. Ex: By May 2016, all soft drink machines in Henderson County Schools will be turned off during the school day, per school board policy.)**

**(300 words max) (10 points available)**

The goal and purpose of the dental initiative is to educate and inform children, youth, adults, and senior citizens about oral health topics such as home care, nutrition, and tobacco prevention. By August 2017, our

goal projected our PPI team will conduct at least 30 dental health education sessions for students and staff at low-income schools in Northeast Tennessee. We will participate in at least 12 community education activities to promote dental health. We will conduct oral health education for pre-school children in at least 20 day care, pre-school centers, or pre-K classes. Team members worked with the community water fluoridation committee and community partners to reinstate fluoridation in a local water district.

The goals include teaching all participants to brush at least twice a day, floss daily, educate them on sugar drink intake, healthy alternative drinks, and to limit sugary snacks. We also educate the participants on how using tobacco can negatively affect the oral cavity and body. Seniors are informed on how some medications can dry out their mouth and cause damage to the teeth; alternative suggestions are made to keep their mouth moist, healthy, and comfortable. Participants that reveal to us (in private) they have a dental concern are met by us with a referral system to help them get the treatment and guidance to meet their need.

**What is the annual budget and funding source for this initiative? If no funding is available, how have you sustained the initiative? (150 words max) (5 points available)**

Our PPI project does not have an annual budget or any specific funding available. Since we are doing dental education in our daily work, we have been able to use many of our existing dental educational materials and samples for our PPI initiative. We have access to toothbrushes, floss, toothpaste, numerous visual aids, and DVD's, as well as informational brochures which include information on dental care, tobacco cessation, good nutritional choices and more. With these supplies at hand, we have been able to sustain our initiative and reach thousands of children and adults during the course of our plan.

**Have community partners been brought to the table to help with the initiative? What are these partners bringing to the table for the initiative?**

**(300 words max) (20 points available)**

The Dental / Oral Health PPI team has had the privilege of working with many partners this year. We have many community partners enthusiastic about being engaged in improving oral health in our region.

We have worked with 11 school directors, over 37 different principals and school staff, including teachers and nurses, in our region.

Additional community partners:

- Carter County Drug Free Representative/Covered Bridge Days
- Boys and Girls Clubs
- YMCA and 4-H Camps
- Water Fluoridation Committees
- City and County Extended School and Summer Programs
- Super Kids Programs
- ESL Programs
- PTA and PTO Programs
- Community Recreational Camps and Programs
- Community and Childcare Centers
- Senior Citizens Groups and Centers
- Faith Based Organizations
- Regional Hospital Health Resource Center

- High School Health Education Classes
- College Department of Health Events

We also have partnered with staff in our regional and county offices. We have small group & staff meetings and one on one contact with our partners.

Our community partners provide facilities, and diverse populations to be educated. They also give assistance in scheduling and planning events. Our partners realize the need and importance of what we are teaching. They are excited to work together and use the information for healthier communities. They reinforce the knowledge and tools we have provided. We strive to incorporate other available avenues. Surpassing our goals we continue to reach and educate as broad a population as possible.

**What is the timing of the initiative? When does planning occur? When is/was the initiative implemented? When is the initiative evaluated? (250 words max) (5 points available)**

Our dental PPI initiative was implemented to begin on August 1st 2016 and run through August 31st, 2017. Planning for the program is done during weekly meetings which are attended by the PPI team. Strategies and ideas are shared and executed as necessary. We all try to do PPI on a regular basis to reach our goals. We have also worked with numerous other PPI teams during the year to partner with others to help them reach their goals as well and provide meaningful PPI events. As noted above, our team is still in the process of completing our initiative although we have already met and exceeded our goals for the project. The impact of our initiative will be evaluated when the project concludes at the end of August when the number of participants in our dental health educational programs is computed.

**In what way is this initiative especially innovative? How is this initiative different from programs with a similar intent? Is there a specific idea tested with this approach? Does this work reference relevant literature or relevant studies? Does the initiative achieve its stated goals?**

**(400 words max) (50 points available)**

Our PPI initiative is innovative in that Dental PPI incorporates and can be correlated to all of the Big Four. For example, the dangers of tobacco and e-cigarettes are emphasized in dental education for 2nd-8th graders; and Tennessee quit line cards are distributed at health fairs. Physical inactivity is addressed when we are teaching children how taking care of your teeth is as important as regular exercise is to having a healthy body. Next, we lecture on the dangers of excessive sugar consumption which are found in our favorite drinks which contribute to obesity. Healthy snack choices are emphasized and discussed. Finally, we correlate substance abuse to an overall decline not only in dental health but overall health as well.

Our PPI initiative is different from other PPI initiatives in that Dental PPI combines all aspects of the Big Four as well as Dental. While other PPI initiatives may be more specific, we are able to incorporate all of the topics in one session.

The specific idea of our PPI initiative is good oral health for all individuals. By integrating the Big Four topics into our educational programs we can teach the children how to achieve optimum oral and overall health.

Dental PPI educational materials are based on recent peer reviewed literature and current continuing education courses. We use only materials from the American Dental Association, CDC, and other scientific resources. All of our visual aids are purchased from the ADA or other state approved vendors.

Dental PPI has met and surpassed all goals of activities; it has served as a positive influence and resource in teaching Tennessee's children, youth and adults the overall benefits of a healthy mouth.

**Are the measures clearly listed describing what makes the program effective? Is data provided or referenced that supports the conclusion? What makes this program effective? How is the program evaluated? (350 words max) (20 points available)**

This is the criteria we used for the evaluation of the Dental PPI. The team set out to educate and give as many people in our community the information to have healthy habits and lifestyles. The team encourages participants to make healthier oral and dental choices and demonstrates skills that participants can use to better care for their teeth and entire dental health. The community fluoride team also works with community partners. They gather information and attend meetings and happenings during fluoride forums, etc., concerning fluoride in the drinking water of a local water district. We think this clearly shows that we have an effective PPI project.

Dental Caries is the single most common chronic childhood disease. 51 million hours of school are missed annually due to dental related illnesses. Dental decay affects 50% of school age children. Adults have work hours lost due to dental problems. Decay can cause pain and infection. Poor dental health can contribute to other health issues, for all ages.

The vast ages and needs of each group of participants cause us to be creative in using various other measurements in other educational opportunity. These are a few of the measurements we use for specific age groups:

- Before and after visual inspection after brushing instruction event. Good dental care at home is imperative for dental health. (Disclosing tablets are used to show participant areas they missed brushing, correct brushing and flossing techniques are used to remove plaque and stain.)
- Games used before and after teaching for young children. They are asked to identify or choose healthy and unhealthy snacks.
- Having children answering questions on things that are "Good or Bad" for healthy teeth and mouths. (Things that make their teeth, Happy Teeth or Sad Teeth.)
- Interactive Question and Answer time, before and after education, assists team in evaluating the understanding and comprehension of instructional and educational material.

These Summarize Data Findings:

- At least 30 dental health education sessions for students and staff at low-income schools in Northeast: 60,817 people (28 events)
- At least 12 community education activities to promote dental health: 39,077 (25 events)
- At least 20 oral health education sessions for pre-school children: 208 (6 events)

This data supports that we are educating our community to make better choices in taking care of their teeth. To evaluate the program the Dental PPI team records the number of participants at each education or community event. The ending status of community water fluoridation is whether a community retains or removes fluoride from their water. We have recorded this information in our evaluation.

**How can this initiative be replicated in other counties? What are some limitations or obstacles that can be expected, with replication of the initiative?**

**(300 words max) (50 points available)**

Replication of initiative:

There are certain areas of instruction that could be replicated by non-dental professionals. Other personnel could be trained to present information and be involved in preparation of materials in specific areas such as the influence of sugary drinks on dental health as well as obesity, and tobacco prevention as it relates to oral and overall health.

Limitations:

Knowledge of the many aspects of good oral health would be best presented by including a dental health professional to instruct and answer specific questions about oral disease prevention.

Funding for materials and supplies could be a limitation, but could possibly be provided by working with other partners or programs.

**Is this initiative sustainable without the resources of the local health department being involved?**

**(250 words max) (20 points available)**

The Dental PPI initiative is sustainable without the resources from the local Health department because instruction can take place without visual aids and Oral hygiene necessities; such as toothbrushes, floss, and toothpaste. As long as an audience is willing to listen and learn, education is straightforward. However, without the resources from the School Based Dental Prevention Program, the Dental PPI initiative educational programs would not be as effective without the age appropriate visual aids that are incorporated during each session and oral hygiene materials which are distributed to our participants.