The Kentucky Northern Regional Network consists of thirteen counties serviced by five local health departments. Four of these health departments are partners in the Delta Dental of Kentucky Northern Regional Network Oral Health Programs: the Northern Kentucky Health Department (NKY Health) serving Boone, Campbell, Kenton and Grant counties; the Three Rivers Health Department (Three Rivers) serving Carroll, Gallatin, Owen and Pendleton counties; North Central Health Department (North Central) serving Henry, Shelby, Spencer and Trimble counties; and Buffalo Trace Health Department (Buffalo Trace) serving Mason and Robertson counties. The northern counties of NKY Health are more urban and suburban based, as is Spencer county of North Central as the locale is closer to central Kentucky. The southern and eastern counties of Three Rivers and Buffalo Trace are more rural. Despite the differences in geography, the Making Smiles Happen 2016 Study shows the same oral health concerns for all areas. Oral health concerns continue to persist. While access to oral health has increased in many areas, children’s oral health outcomes have worsened.

Representatives from the four partnering health departments, area school districts, a local FQHC, Northern Kentucky’s hospital and healthcare network, early childhood representatives, and fiscal courts met in order to address actions that could help address the concerns and identified needs regarding oral health in our region. The objectives of the meetings were to have a shared understanding of Delta Dental of Kentucky’s investment in our region and the Making Smiles Happen 2016 study, and to secure input in order to identify and prioritize the oral health needs of our region.

Indicators Identified

It was agreed that the following indicators would be the focus of the Northern Region’s proposal:

1. Oral health literacy and education
2. Preventive care solutions
3. Improving access to oral health care and oral health services

Basis for Indicators Identified – Description of needs and challenges

The decisions of the Northern Region’s advisory committee were based on data supplied from the Making Smiles Happen 2016 Study and from NKY Health’s existing oral health programs. The study shows that 51% of children in our region have experienced tooth decay, while 31% currently have untreated caries. The NKY Health’s Oral Health Prevention Program’s data shows that 38% of the 2,000 participating students in the upper four county region have untreated decay, while 21% of those are in an urgent state. This shows an
evident need of both treatments for decay and preventive services in the form of dental sealants and fluoride varnish.

Several schools in NKY Health’s district are currently served by school based oral health sealant and fluoride programs. Buffalo Trace routinely provides fluoride varnishes in their counties. Outside of these, there are limited or no school based oral health programs. A preventive care solution in the form of fluoride varnish is an evidence-based, inexpensive and safe delivery system that will prevent bacteria’s ability to make acid, makes the outer surface of the teeth stronger and remineralizes teeth. According to the CDC (2001a) and the ADA (2006), the quality of evidence for the efficacy of fluoride varnish in preventing and controlling dental caries in the permanent teeth of moderate/high-risk children is HIGH.” (2) The children that school based oral health programs will focus on in Kentucky’s northern region are considered moderate to high risk for untreated decay because of the socioeconomic factors and demographic characteristics. Fluoride varnish programs that provide prevention early and often are a much needed service.

The focus of the fluoride varnish programs is children that are enrolled in Medicaid and those that have no coverage at all. According to the Making Smiles Happen 2016 survey, 59% of the children in our area who are covered by Medicaid do not utilize dental services. (1)The low number of dentists actively participating in Medicaid, transportation issues for lower income families both urban and rural areas, and low oral health literacy of the caregivers are all factors in the under utilization of existing dental providers, and challenges to improved oral health in our region.

Oral Health Literacy is the degree to which individuals have the capacity to obtain, process, and understand basic oral health information and services needed to make appropriate oral health decisions. It is at the center of preventing dental diseases and is a critically important, but often overlooked, determinant of oral health. According to health literacy resources from the Centers for Medicare and Medicaid Services (CMS) literacy skills are a stronger predictor of an individual’s oral health status than age, income, employment status, education level, or racial/ethnic group. Low oral health literacy is negatively associated with the use of preventive services. As many as 88% of adults have difficulty with the way health information is currently presented and most do not have the ability to recognize and understand risk, sort through conflicting information, or act upon information. (3)

As a starting point to address these issues, our region is interested in implementing oral health education for not just children, but also their parents and caregivers.

**Proposed Scope of Work** - In order to promote and improve the oral health of under-served and at risk children of the Northern Region, the advisory committee proposes three inter-related projects for funding:
1. Fluoride Varnish Programs

Fluoride Varnish prevents bacteria’s ability to make acid, makes the outer surface of the tooth stronger, and remineralizes teeth. According to children’s dentists, family dentists, physicians and the CDC, children at high risk for cavities should have fluoride applied as soon as the baby teeth start erupting and at least 2 times a year, but preferably 4 times a year.

NKY Health, Three Rivers and North Central will begin, sustain and/or expand fluoride varnish through clinic sites and/or schools to children ranging from age 1 to 13. Priority for fluoride varnish services in schools would be schools with 50% or more free and reduced lunch. NCHD does not currently provide fluoride varnish in the clinics or in schools and will begin with program start up activities such as participating in training for their staff to perform fluoride varnish services and implementing a system that allows for the service in clinics and/or schools. Kentucky has precedence for fluoride varnish services in the clinics and schools and the resources available through the system will assist in jumpstarting the process for the health departments.

NKY Health and Three Rivers currently provide fluoride varnish services, however, insufficient staffing allows for only a select portion of the children to receive the needed twice yearly fluoride varnish applications. Currently NKY Health employs one staff person to provide dental assessments and fluoride varnish applications one or two times yearly, at 7 area Head Starts and 2 community preschools in their four county region. Additional staff will allow the program to expand into more visits in schools currently participating and in additional sites. Three Rivers also provides fluoride varnish in their clinics, but wishes to expand into schools in Owen and Pendleton counties where they have school based health centers already in place.

Staff involved in the fluoride varnish at the schools and clinics will be responsible for the following:

- Participate in training (if not already trained)
- Set up the system to offer the services, including work processes and flow, and paperwork.
- Pre-program coordination including school presentations, consents, education, and contracts in the month before school begins, and ongoing throughout the school year. (only health departments participating in school)
- Provide the service.
- Coordinate reporting and documenting of services
- Assist with and coordinate decay referrals and follow up for each student
Table 1 - Fluoride Varnish Programs

<table>
<thead>
<tr>
<th>LHD</th>
<th>OBJECTIVES</th>
<th>MEANS OF MEASUREMENT</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>NKY Health</td>
<td>Increase children receiving fluoride 2 times yearly and expand into additional sites</td>
<td>Electronic dental records, databases</td>
<td>500 fluoride varnish applications on 300 1-6 year olds</td>
</tr>
<tr>
<td>Three Rivers</td>
<td>Expand fluoride program into Owen and Pendleton school districts</td>
<td>Health Center records</td>
<td>800 1st through 5th grade students receiving fluoride</td>
</tr>
<tr>
<td>North Central</td>
<td>Begin fluoride varnish program in clinics and at least one school district</td>
<td>Health Center records</td>
<td>250 Kindergaraten through 5th grade students receiving fluoride</td>
</tr>
</tbody>
</table>

2. Oral Health Literacy and Education Programs

A. An integral part of the NKY Health’s oral health programs is oral health education for the children, their parents, school staff and the community. Changing parent and caregiver’s attitudes about the need for dental care, especially for primary teeth, can be challenging. Written materials mailed and phone calls made regarding their child’s dental decay that is found during fluoride varnish or placement of sealants do not always have enough impact to facilitate parent and caregivers’ visits to the dentist.

As another prompt to facilitate swift action for addressing children’s dental decay, NKY Health is requesting funding for intra-oral cameras. These cameras made by Patterson Dental interface directly with the Eaglesoft electronic dental program already in use. By utilizing cameras that capture images of the decay, enlarged and in detail, the staff in the schools can email these images directly to the parent or their dentist, or can immediately print the image and send it home with the student. Pictures open the door for better levels of understanding and education about their children’s mouths. The cavities are a concrete reality that they can see which greatly improves their comprehension of need.

B. The goal of oral health education is to improve knowledge, which may lead to adoption of favorable oral health behaviors that contribute to better oral health. A basic oral health care program includes oral health education integrated with other oral health activities such as provision of preventive, restorative and emergency
Buffalo Trace, North Central, and Three Rivers have identified a very high need for inclusive oral health education for the children, their parents, school staff and the community. Changing parent and caregiver’s attitudes about the need for dental care, especially for primary teeth, can be challenging. As part of these health departments’ commitment to reducing oral health inequity, a variety of educational and literacy programs will be offered throughout the northern region.

- The programs will be staffed by Public Health nurses, Community Health Educators, and Health Department staff.

- Three Rivers will begin oral health education to students in Owen and Pendleton county schools directly along with the fluoride varnish programs. School nurses and teachers can receive oral health education kits in order to use curriculum based teaching methods. Health Center nurses will use educational resources to promote proper oral health to parents and children in their clinics.

- North Central will attend any Back-to-School event at which student and parents will be attending. The staff will incorporate education and hands on activities to help relay this information. Late-night special clinics in each of our counties will be held to provide additional education and varnish referrals. These nights will offer a variety of speakers such as a local dentist, dental hygienist, and registered dietitian. These clinics will be promoted as community wide event and publicized in the local papers, website, and school distribution.

- Buffalo Trace plans to address the problem of the recognition of need for dental care by parents and caregivers. Their focus will be on reaching the parents and adults of the community through public service announcements, working with the schools to distribute literature, reaching out to area dentists, and speaking at parent meetings both in the schools and Head Starts. Buffalo Trace recognizes the need for family and pediatric physicians to incorporate dental assessments, dental referrals, and fluoride visits to children’s well child appointments and will work with local physicians to accomplish this.

C. Oral Health Literacy Program – Plan Ahead Smiles

The Plan Ahead Smiles program was chosen by the Northern Region’s advisory board to bring consistent and science based oral health education to all 1st and 3rd graders in the 15 counties being served by this network. It is viewed as an enhancement to the health departments' oral health educational programs by reaching additional students with a true oral health science based curriculum. Plan Ahead Smiles is a non profit 501-c3 tax exempt corporation that provides unique and comprehensive oral health education in Kentucky schools. President Tracy Laughner has developed an interactive teaching experience in the school setting. This program motivates young children to plan ahead in the future of dental care.
their own oral health. This teaching makes the science of a healthy mouth easy to understand and remember for decades to come.

Tracy feels the most important factor in improving oral health in our region is the person themselves. Did they understand how to plan out their healthy smile? Did they understand that their mouth is a science that is most strongly controlled not by their caregivers or their parent’s income but by their own personal choices? They are the number one caregiver of their body and mouth. Understanding the mouth becomes possible with an exciting in depth teaching of the principles that govern the mouth-called Oral Health Science. This is a missing link within the Oral Health Crisis affecting our region.

The 50 minute program geared to 1st and 3rd graders provides in-depth instruction on subjects such as:

- 1. Children can determine their own oral health.
- 2. Going to the dentist can be fun-what to expect.
- 3. Sealants-what they are and how they help.
- 4. What radiographs look like and are used for.
- 5. The problem in our region with poor oral health can be fixed if we “Plan Ahead”
- 6. Signs gum disease and how to prevent it (flossing)
- 7. What decay is and how to prevent it.
- 8. Nutrition and how to pick foods that don't harm your teeth.
- 9. Candy college- being smart about candy consumption.
- 10. Fluoride use and function.
- 12. Advice on brushing habits.
- 13. Every child receives a oral care home bag with referral to a home tutorial for the family.

In the past year the program has more than doubled in demand. Thirty schools in nine counties in Kentucky have been serviced, reaching 4,350 students in 2017. Delta Dental of Kentucky’s generous donation helped provide most of the expenses of first 14 programs of 2017, along with supply assistance from regional dentist offices, Colgate, Crest, and GKS.

On February 21, 2018 Mahak Kahlra of the KYA asked the following questions regarding the Plan Ahead Smiles education program. Answers were provided on February 22, 2018, and are below:

1. In the oral health literacy component of your proposal Tracy Laughner with Plan Ahead Smiles is mentioned. Is Tracy the consultant listed within the budget?

Answer: Yes, Tracy Laughner of Plan Ahead Smiles is the consultant listed within the budget.
2. Are the funds allocated to Plan Ahead Smiles program going towards expanding their current program or to sustain the current program?

Answer: $6,000 in funding is requested for expansion into at least one new school in the 15 county area, reaching approximately 2,000 students and teachers. Plan Ahead Smiles intends to sustain programs in ten schools that have been visited in the past (within the Northern Region) during the grant period.

3. If it will expand their current program, please provide us with the number of schools that will be impacted.

Answer: 15 schools in 15 counties of the Northern Region will be expanded into utilizing $6,000 of funding. 10 additional schools that have been serviced in the past will be returned to with $4,000 in funding.

In the body of the proposal narrative, we stated that Plan Ahead Smiles would provide education in 13 schools in the Northern Region. The number of counties is actually 15. However, the Budget Narrative stated a number of 25 schools. Both Table 2 below and the Budget Narrative have been amended.

<table>
<thead>
<tr>
<th>PARTNER</th>
<th>OBJECTIVE</th>
<th>NUMBER SERVED</th>
<th>MEANS OF MEASUREMENT</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>NKY Health</td>
<td>Increase dental treatment for those with decay</td>
<td>Children found with urgent decay – estimated 100 children</td>
<td>Electronic dental system; database; parent survey</td>
<td>Increased parental oral health literacy improves rate of untreated decay</td>
</tr>
<tr>
<td>Three Rivers</td>
<td>Provide oral health education to children receiving fluoride, their schools, parents, and community</td>
<td>2,000 students in Owen and Pendleton county schools and health centers</td>
<td>Health Center records; school records</td>
<td>Increasing oral health literacy of parents and children in the community resulting in dental preventive and treatment services.</td>
</tr>
<tr>
<td>North Central</td>
<td>Provide oral health education to children receiving fluoride, their schools, parents, and community</td>
<td>5,000 students, parents, caregivers and community members</td>
<td>Health Center records; school records</td>
<td>Increasing oral health literacy of parents and children in the community resulting in dental preventive and treatment services.</td>
</tr>
<tr>
<td>Buffalo Trace</td>
<td>Provide oral health education to children receiving fluoride, their schools, parents, and community. Provide resources for</td>
<td>75 parents; 500 children directly. All local physicians offices.</td>
<td>Health Center records; school records; physicians who receive training.</td>
<td>Increasing oral health literacy of parents and children in the community resulting in dental</td>
</tr>
</tbody>
</table>
oral health training to area physicians’.

<table>
<thead>
<tr>
<th>Plan Ahead Smiles</th>
<th>Present a comprehensive oral health program to 1st and 3rd graders in a minimum of 15 (maximum of 25) schools in the 15 counties in the Northern Region.</th>
<th>2,000 students and teachers/administrators in 15 schools. An additional 1,000 will be reached if the maximum of 25 schools are serviced with the program.</th>
<th>School surveys, testimonials, repeat requests.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>preventive and treatment services. Expand physician’s provision of dental assessments and fluoride varnish in their practices.</td>
<td>Increasing oral health literacy of children in the schools resulting in young children planning ahead for the future of their own oral health.</td>
<td></td>
</tr>
</tbody>
</table>

3. Dental Resource Coordinator Program

Dental homes cannot be found with inadequate resources for referrals. All partners recognize a lack of current and accurate dental resource listings for their community. In order to treat the decay that is currently on 38% of our children, we need to improve communications between the schools, dental providers, and the referring source. Ever changing medical and dental provider memberships through Kentucky’s Center for Medicaid Services make finding a dentist who accepts a person’s specific Managed Care Organization very difficult and has been found to be a strong barrier against Kentucky residents locating a dentist to treat them.

- Staff in all four local health departments will coordinate a dental resource listing of all dental providers in the fifteen county area and their Medicaid or private insurance status. This listing will be maintained, updated and shared with community partners.

- Health Department staff will use this to assist parents with needed decay referrals, follow up for each school participating, and coordinate dental treatment referrals with local dental professionals.

Grant Coordination:

It is anticipated that these inter-dependent steps in developing local solutions will be only the beginning of a district wide oral health commitment. NKY Health oral health manager and the budget and grants manager will perform the role of lead partner, fiscal agent, and will coordinate all aspects of the proposal with the collaborating partners.
Training, education and mentorship will be provided to all partners of the grant. This can include up to two personal meetings with other LHD staff in their districts for training purposes. As fiscal agent, NKY Health will oversee and manage all deliverables, and handle reporting and billing requirements for partner health departments and Plan Ahead Smiles. (For a full listing of grant coordination duties, please see Budget Summary below.)

Incentive funds shall be used to encourage all partners to implement oral health initiatives and be awarded when reaching defined milestones within each strategic priority initiative identified for the Northern Region Oral Health Network. NKY Health will develop memorandums of agreements for Three Rivers, North Central, Buffalo Trace and Plan Ahead Smiles. It is anticipated that 50% of each partner’s award will be delivered at the start of the program year. As program implementation develops, 25% more will be provided at the mid year with appropriate reporting, and the final 25% provided after final data and reporting have been collected.

The reporting process will include descriptions of all programs’ follow up activities, evaluation processes, and their plan to measure effectiveness. Local health departments are already collecting local and county level data for state reporting requirements. It is our plan to build on the data produced by the Delta Dental of Kentucky Children’s Oral Health Surveillance Initiative in order to achieve current and consistent outcome data.

Collaborations and Key Partners for the Northern Region’s Fluoride Varnish, Education and Dental Care Coordination Programs:

The Fluoride Varnish Program is not a replacement for a child’s dental home, but rather an adjunct. Medicaid reimbursements limit a child’s application of fluoride to two times a year. Because a Fluoride Varnish Program run by a Kentucky Health Department is reimbursed through the Medical Preventive side of Medicaid, there are no conflicts in billing practices with private dentists, and an at-risk child is able to receive up to four fluoride applications in one year as suggested. School administrators, educators, nurses, parents and caregivers are the true collaborators of all of the proposed programs.

The Northern Region’s Oral Health Network would be a true collaboration between many diverse parties. While local health departments may be the organizations directly delivering the services, the school districts and their administrators, health advocates, and teachers are necessary components of the program. Schools must be fully committed to increasing oral health by providing space, time, and promotion of the programs. Local dental providers are also a key partner. Dentists who sit on the boards of the local health boards provide guidance and supervision, and all local dentists are the referral sources for all students needing a dental home. Partners will also be recruited for the purposes of program sustainability. Organizations such as hospital and health care centers, community organizations and social service agencies, federal and local grant providers,
managed care organizations and dental supply businesses will be invited to become long term partners of our northern region.

Currently the United Way of Cincinnati and the American Dental Association provide funding to help sustain NKY Health’s oral health programs. Delta Dental of Kentucky, local dental offices and dental supply companies contribute to the Plan Ahead Smiles Program. NKY Health’s oral health team are active members and past officers of the Kentucky Oral Health Coalition and the Kentucky Dental Hygiene Association.

Demographics

The population served in all programs will be those considered high risk for poor oral health. The Fluoride Varnish programs will be restricted to school districts that have at least 50% free/reduced lunch percentage, which indicates lower socio-economic populations. 20% of the Northern Regions total population lives in poverty, and 5% speak a language other than English at home. 22% of children in this area are born to mothers who smoked during their pregnancy. 15% have not had a dental visit in over a year. This is the demographics our programs will be serving.

Communication and Promotion

Advertisement and communication about the programs’ benefits to the community will be utilized in a variety of ways. We expect to use our public information departments to issue press releases and to share information via websites and social media pages, both through the Health Departments and the schools who will be receiving our services. All literature, brochures, program explanations and letters will display the Delta Dental of Kentucky logo and state their position as the funding leader and driving force behind the outreach efforts of our regional network. It is planned to use Public Service Announcements in at least two of our counties in order to communicate to parents the need for dental care for their children.

Expected Challenges and Responses

Challenges associated with this initiative may include:

1. The reluctance of schools to partner due to fear of unknown expectations

   Because school districts are often overwhelmed with their need to address so many components within their normal school day, they may feel they do not have the time or staffing requirements to undertake additional programs. This can be remedied by frank discussions between partners and demonstrations of current programs and the ease with which they work. Introductory letters signed by all district health departments and community partners, with explanations of Delta Dental’s commitment to our state will be developed and distributed to all involved parties.

2. The challenge of promoting Health Equity
Inadequate distribution of social, economic and environmental conditions is contributors to health disparity (4). Many people in our Northern Region experience less than optimal oral health due to inadequate access to healthy food, dental providers, reliable transportation and health education. By using health promoting behaviors such as direct education, involvement of schools and community resources, and improving access to dental care, our programs can start turning the dial towards better health equity for our neighbors.

**Long Term Sustainability**

The local health departments’ Fluoride Varnish Expansion Programs will use the initial funding to offset staff time and resources needed in which to continue and expand the program, and increase the level of parental involvement in their child’s oral health needs. Medicaid reimbursement will help offset future salary requirements. Because of the low fees and resulting low reimbursement to the health departments, both by Medicaid and by uninsured students, the income from these sources may not be adequate to pay the staff salary and travel. The health departments and the advisory committee can address this sustainability issue by searching for grants and donations.

The Plan Ahead Smiles Program continually works at sustainability by obtaining partners for funding. Partners are recognized on all literature, websites, social media, and advertisement for their generosity to the community. All programs will use Delta Dental’s partnership as a springboard for further funding. By partnering with schools, dental providers, and community organizations, all local health departments’ oral health education programs will work with these existing collaborators for sustained funding.

Kentucky's Department of Public Health is not only a funding source for health departments’ oral health programs, but provides guidance to ensure best practices and correct protocols. The NKHD's oral health manager will be coordinating the grant and is an active member and past officer of The Kentucky Oral Health Coalition, along with holding the position of Kentucky’s Dental Hygiene liaison to the Head Start’s National Health Center. Delta Dental of Kentucky will be promoted as the initiating partner for the proposed programs.

**Current Oral Health Initiatives and Funding**

The Northern Kentucky Health Department provides oral health prevention programs for Boone, Campbell, Grant and Kenton counties in the form of assessments, dental sealants, dental cleanings, fluoride varnish and follow up dental referrals in 29 elementary schools and ten preschools including Head Start. Partnering with the United Way of Greater Cincinnati has allowed their programs to collaborate to provide school based dental preventative services and strong oral health education to 1,800 students each year. A recent grant from the American Dental Association has allowed the NKHD to provide oral health training to all Head Start teachers and staff, and to hold presentations for the parents at parent meetings.
The Buffalo Trace Health, North Central, and Three Rivers Health Departments have a strong relationship with their schools due to employees being staffed within school based health centers. They have direct contact with the students and apply fluoride varnish on a regular basis. Their connections to local dentists provide a consistent referral base for dental treatment needs found. All of the health departments will be following the oral health initiatives regarding the need for improved oral health literacy and increased preventive dental care promoted in the Making Smiles Happen 2016 Study and those developed by the Kentucky Oral Health Coalition.

The Plan Ahead Smiles program has partnered with Delta Dental, Crest, Colgate, GSK and numerous dental providers. Previous funding from Delta Dental of Kentucky sustained the program through 14 school presentations in 2017. School administrators, teachers, nurses and parents are all a part of the program’s oral health education initiative.

Budget Narrative:

<table>
<thead>
<tr>
<th>Budget Category</th>
<th>Project BUDGET</th>
<th>DDKY Funds</th>
<th>Other Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>SALARIES</td>
<td>21,385</td>
<td>21,385</td>
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</tr>
<tr>
<td>FRINGE BENEFITS</td>
<td>8,504</td>
<td>8,504</td>
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<tr>
<td>SUPPLIES</td>
<td>500</td>
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<tr>
<td>EQUIPMENT</td>
<td>10,000</td>
<td>10,000</td>
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</tr>
<tr>
<td>TRAVEL</td>
<td>683</td>
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<td>CONSULTANTS</td>
<td>10,000</td>
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<tr>
<td>OTHER DIRECT</td>
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<tr>
<td>Total Program Budget</td>
<td>$178,249</td>
<td>$149,968</td>
<td>$28,281</td>
</tr>
</tbody>
</table>

**GRANT BUDGET**

**SALARY**

Grant Program Coordinator, 25.00% FTE, 520 hours at $28.81 per hour = $14,981. Oversee and manage all deliverables and budget as fiscal agent for the grant. Hire staff and manage program expansion for Northern Kentucky Health Department (NKHD). Develop memorandums of agreement, reporting and billing requirements for partner health departments and Plan Ahead Smiles. Provide training, technical assistance and monitoring of progress to partner health departments for development of educational program, dental care resource guide and expansion of fluoride varnish preventive services to area schools. Provide periodic grant progress reports and coordinate grant communication.

Part-time Public Health RDH, 162 hours at $30.00 per hour = $4,860. Implement education program plan and provide oral health education for fluoride expansion program. Complete decay follow-ups.
Budget and Grants Manager, 2.50% FTE, 52 hours at $29.70 per hour = $1,544. Manage grant budget and prepare financial reports. Set up invoice template and billing arrangements with collaborating grant partners. Monitor grant expenditures and process grant payments to collaborating grant partners. Process grant contract and memorandums of agreement.

FRINGE BENEFITS

Total: $8,504

The net rate for fringe benefits is 49.21 percent of full-time and 7.65 percent of part-time salaries.

Fringe Benefits for full-time staff: $14,981 + $1,544 = $16,525 salary x 49.21% = $8,132

Fringe Benefits for part-time staff: $4,860 x 7.65% = $372

SUPPLIES

Total: $500

$500 - Will be used to develop and print educational materials for NKHD oral health educational program expansion.

EQUIPMENT

Total: $10,000

$1,000 - Laptop for PT PHRDH. Office space, furniture, phone and other office equipment provided by NKHD.

$9,000 - Intra-oral portable cameras – 1 camera/NKHD PHRDH x 2 PHRDH x $4,500/camera. Cameras are compatible with existing oral health program system and will be used at sites to take pictures of decay that can be shared with parents, caregivers and dentists.

TRAVEL

Total: $683

Travel reimbursement for mileage is at a rate of $0.42/mile.

$378 – local travel for NKHD PHRDH to 30 sites at an average of 30 miles roundtrip for each site for program expansion.

$305 – 725 miles in travel for the Grant Program Coordinator to go to each participating local health department for up to 2 visits to provide training, assist in the development of their programs and to conduct a site visit.

CONSULTANTS

Total: $10,000

$10,000 – Plan Ahead Smiles to provide oral health education to first and third graders in up to 25 area schools for the four health departments.

OTHER DIRECT

Total: $98,896

Incentive funds shall be used to encourage health departments to implement oral health initiatives and be awarded when reaching defined milestones within each strategic priority initiative identified for the Northern Region Oral Health Network. These initiatives include provision of oral health assessments and fluoride varnish preventive services for the uninsured and denied reimbursement by Medicaid, development and implementation of an oral health education program to children in kindergarten through fifth grade and development of a dental care resource guide for referrals.

There are four health departments participating at different levels within the program: Buffalo Trace District Health Department, North Central District Health Department, Three Rivers District Health Department and NKHD acting as the fiscal agent.
<table>
<thead>
<tr>
<th>Incentive</th>
<th>NKHD</th>
<th>Buffalo Trace</th>
<th>North Central</th>
<th>Three Rivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Care Resource</td>
<td>$1,500</td>
<td>$1,500</td>
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<tr>
<td>Development and Implementation of Oral Health Educational Program</td>
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<td>$10,000/county</td>
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<td>Uninsured Preventive Services</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>$18.50/varnish</td>
<td>$3,793</td>
<td>N/A</td>
<td>$1,018</td>
<td>$2,960</td>
</tr>
</tbody>
</table>

Services for those insured through Medicaid shall be billed and reimbursed by Medicaid for anticipated revenue of $28,281 listed in Other Funds.

NKHD: 295 services for $12,833 projected Medicaid revenue
Assessments: 295 services x $25.00/assessment = $7,375
Fluoride Varnish: 295 services x $18.50/varnish = $5,458

North Central: 195 services x $18.50/varnish = $3,608

Three Rivers: 640 services x $18.50/varnish = $11,840

**TOTAL GRANT BUDGET**

Total: **$149,968**

**Resources:**

1. Making Smiles Happen 2016 Survey
3. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4000911/
4. Promoting Health Equity A Resource to Help Communities Address Social Determinants of Health.

Respectfully submitted by:

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