KENT COUNTY ORAL HEALTH EXAM

Kent County Oral Health Coalition

2016

2016 KENT COUNTY ORAL HEALTH EXAM

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Kent County Oral Health Coalition

Health Net OF WEST MICHIGAN
Navigating Care. Connecting Resources.

Selected data from this report compiled by L. Paige Bierkelbach, MPH, Epidemiologist, Kent County Health Department.
Created and formatted by Kaitlyn Deacon with special thanks to Kim Waslawski.

2016 KENT COUNTY ORAL HEALTH EXAM
AN INTRODUCTION

Dear Reader,

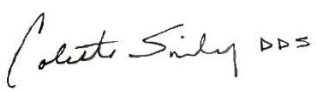
The Kent County Oral Health Coalition (KCOHC) is pleased to share with the community, stakeholders and partners the oral health landscape of Kent County. With the partnership of the Kent County Health Department and financial support from the DentaQuest Foundation, the Coalition conducted an examination of the current state of oral health in Kent County, Michigan. By distributing three surveys to adults, seniors and parents of children ages 0-5, quantitative data was compiled and compared against the qualitative data of three oral health themed focus groups held in the community to assess the landscape of oral health in Kent County. These community outreach efforts were successful in identifying areas most in need of oral health improvements.

This report dissects the methodology and results of the 2015/16 community surveys, focus groups and assesses oral health in Michigan and Kent County. This report will be used to inform the community of oral health barriers, struggles and needs as told by the community.

Since the publication of the first Kent County Oral Heath Exam in 2013, Kent County has experienced many successes and challenges in its efforts to improve oral health. By comparing the results from 2013, the Coalition now possesses a better understanding of the community needs and focus areas moving forward.

It is our hope that the information throughout this report will bring awareness to the severity of oral health disparities in our community and catalyze the need for immediate action.

Thank you,



Colette Smiley, D.D.S.
KCOHC Co-Chair

Edward Cox, M.D.
KCOHC Co-Chair

2016 KENT COUNTY ORAL HEALTH EXAM
EXECUTIVE SUMMARY

Since the first publication of the Kent County Oral Health Exam in 2013, Michigan and Kent County have made several steps towards improving the oral health of its residents. While there is still progress to be made, improvements locally and state-wide have occurred. In the state of Michigan:

- The Affordable Care Act (ACA), implemented in 2014, introduced the Healthy Michigan Plan, an expanded Medicaid benefit to qualifying Michiganders that includes a dental benefit.
- The Michigan Oral Health Coalition received national attention upon the release of the 2020 Michigan State Oral Health Plan in May 2016. The plan's vision is that "by 2020 all Michiganders will have the knowledge, support and care they need to achieve optimal oral health."
- Effective October 1, 2016 Healthy Kids Dental expanded to improve access to dental care for Medicaid-eligible children under the age of 21 in all 83 Michigan counties.

With the Healthy Michigan Plan still a new benefit, Michigan anticipates the release of data over the next few years that will show its impact on the state.

Kent County (one of 83 counties in Michigan) is home to the Kent County Oral Health Coalition, a group composed of non-profits, community based organizations, community members, and systems level organizations working together to improve the oral health of our community.

The Coalition, in collaboration with community partners, has identified several areas, through community surveys and focus groups, in which change must be made to achieve optimal oral health for Kent County residents. In Kent County:

- There is a need for an increase of dental professionals: certain zip-codes in Kent County are in dental shortage areas.
- High treatment fees, poor insurance coverage and lack of education around oral health are three key barriers to receiving care for low-income and Medicaid-served residents.
- Educating parents about the new Healthy Kids Dental benefit and the merits of reducing sugar-sweetened beverages are two key ways to reduce early childhood tooth decay.

The Coalition is diligently working to address the needs discovered from the survey results and will continually collect data and identify grassroots leaders from within the community to start changing the trajectory of oral health in Kent County.

ORAL HEALTH IN MICHIGAN

In the year 2000, the U.S Surgeon General referred to oral disease as a "silent epidemic" that affects the most vulnerable of populations.[1] The Surgeon General's report heightened community awareness regarding issues and disparities surrounding oral health.

In the same year, Delta Dental of Michigan, partnering with the Michigan Department of Health and Human Services, launched Healthy Kids Dental, a dental benefit for Medicaid-eligible children ages 0-21. This program was a game changer for Michigan children. Unlike the previous Medicaid dental benefit, Healthy Kids Dental had higher reimbursement rates, and was well received and accepted by private dentists. The new benefit opened up access to dental care for children with Medicaid.

Unfortunately, adults and seniors covered under traditional Medicaid held very poor dental policies: the reimbursement rates were low and participating providers were slim to none. Michigan was in desperate need of a way to improve its residents' oral health.

In 2003, the Michigan Oral Health Coalition (MOHC) was formed "to develop and implement a five-year plan to improve oral health of Michigan residents[2]." Yet, despite implementation, efforts from the MOHC, Michigan Department of Health and Human Services, and other community based organizations, disparities in oral health continue to exist.

In a comparison of the 2008 and 2014 Behavioral Health Risk Factor Surveys conducted in the State of Michigan, results show an unsettling increase in the number of adults who had not visited a dentist in the last year.

Michigan Adults	2008[3]	2014[4]
Age (18-74)	25.2%	31.2%
Race/Ethnicity		
White	22.6%	28.6%
Black	36.7%	45.1%
Hispanic	34.9%	36.8%
Other (non-Hispanic)	26.0%	33.8%

A step towards oral health for all occurred in April of 2014 with the implementation of the Affordable Care Act and expanded Medicaid program, the Healthy Michigan Plan. All Michigan residents ages 19-64 with an income at or below 133% of the Federal Poverty Level were eligible for the expanded Medicaid benefit which included a dental benefit[5]. The dental benefit not only covered dental check-ups, teeth cleanings, x-rays, fillings, tooth extractions and dentures,[5] but the reimbursement rates were higher, resulting in more private dentists seeing patients

with the Healthy Michigan Plan. The end result was more coverage eligibility for Michigan residents.

Unfortunately, some populations were left out. Pregnant women, the disabled, and seniors who were covered under traditional Medicaid did not qualify for the Healthy Michigan Plan. Despite having made important gains, oral health was still not attainable for all Michigan residents.

In May 2016, the State of Michigan, in collaboration with the MOHC, received national attention upon the release of the 2020 Michigan State Oral Health Plan. The plan's vision is that "by 2020, all Michiganders will have the knowledge, support, and care they need to achieve optimal oral health."[6] Our state is focused on three key areas: professional integration, health literacy and increased access to oral health care.[6] To achieve success by 2020, the State must rely heavily on coalitions/councils, community based organizations, public health agencies, government and policymakers.[6] To bring change to our communities, all stakeholders must work together to enhance cohesiveness within the state to improve oral health for Michigan residents.

In addition to partnering organizations in Michigan, the KCOHC anticipates the release of data in the upcoming year that shows the impact of the Affordable Care Act and Healthy Kids Dental in the lives of the people it benefits.

ORAL HEALTH IN KENT COUNTY

As a county with its own oral health coalition, Kent County is dedicated to improving the oral health of its residents. As of 2016, the county has celebrated many oral health victories. A few of those victories include:

- The 70th anniversary of Community Water Fluoridation in 2015 in Grand Rapids, Michigan.
    - For every $1 invested in water fluoridation, $38 is saved in dental treatment costs.[7]
- Healthy Kids Dental was approved for Kent County (one of the last counties to receive the benefit) in October 2015 for children ages 0-12. The final expansion to children ages 13-21 was approved to begin October 1, 2016.
- Michigan Caries Prevention Program was established to encourage fluoride varnish in primary care settings by utilizing the Smiles for Life curriculum.
- The Kent County Health Department's South Clinic was established in 2014. South Clinic is a partnership between the Kent County Health Department and My Community Dental Centers, providing dental services to Medicaid and low-income patients.

While steps are being made towards oral health for all in Kent County, many roadblocks to accessing care remain; for example, there are federally designated

dental health professional shortage areas in certain parts of Kent County. With only 427 dentists[8] in a county with 636,369 residents, there is only 1 dentist per 1,490 people. Based on the Health Professional Shortage Area Guidelines, areas of Kent County are in a dental shortage area.[9] There has been an increase in Kent County of 75 dentists since the last publication of the Oral Health Exam[10], however it has not been enough to sufficiently serve our community. Without enough dentists, especially Medicaid-participating dentists in Kent County, accessing oral health services becomes more of a challenge for the population.

Adults with incomes below 100 percent of the federal poverty level (FPL) are three times more likely to have untreated dental caries than adults with incomes above 400 percent of the FPL."[11] Slightly more than 15 percent of Kent County residents live below the poverty level; this fact, combined with a lack of Medicaid-accepting dental providers makes poor oral health inevitable. Residents are unable to receive care.

As a group that recognizes the barriers and need for change in the community, the Kent County Oral Health Coalition (KCOHC) was formed in 2011 with the mission to improve the oral health of Kent County citizens, particularly those who have limited access. Dr. Edward Cox, a retired Helen DeVos Children's Hospital pediatrician, and Dr. Colette Smiley, a general dentist and current Dental Director at Health Net of West Michigan, lead a team of non-profits, community based organizations, community members and systems level representatives in efforts to identify solutions to the oral health conditions of our community. Since 2013, the Coalition has accomplished the following:

- Published the initial Kent County Oral Health Exam in 2013, an examination of the oral health of Kent county residents and the issues that limit access to care for vulnerable children and adults.
- Advocated with local foundations and city government for the development of the Kent County Health Department's South Clinic.
- Provided training and oral health education to home visit staff and volunteers on the BRUSH! Curriculum.
- Partnered with local dental homes and the Area Agency on Aging of Western Michigan to pilot the Senior Dental Program, a program that offered free dental services to uninsured seniors ages 60+ living in Kent County.
- Advocated with local legislators for the expansion of the Healthy Kids Dental program for Kent County.
- Advocated for Healthy Kids Dental at community events and medical homes.
- Participated in the national Oral Health 2020 movement as a DentaQuest Foundation Oral Health 2020 Grassroots Grantee.
- Contributed to the drafting of the State of Michigan Oral Health Plan 2020 with Michigan Oral Health Coalition.

As a Coalition, a significant accomplishment in 2015 was the distribution of three community surveys targeting adults, parents of children ages 0-5 and seniors to assess the oral health landscape in Kent County and the changes that have occurred since the publication of the original Oral Health Exam. In addition to the surveys, the Coalition partnered with the Grand Rapids African American Health Institute (GRAAHI) to conduct three community focus groups to enhance and validate the quantitative survey results.

Upon the analysis of the Kent County Oral Health Survey results and focus groups, Kent County now has a better grasp on the needs of its community. The pages to follow explain the different ways in which the survey and focus group data was obtained in addition to survey and focus group results.

QUANTITATIVE ASSESSMENT METHODOLOGY

Kent County Oral Health Coalition

DentaQuest Foundation

Kent County Health Department

Health Net of West Michigan

WORKING TOGETHER, THREE ORAL HEALTH SURVEYS WERE CREATED TO ASSESS THE ORAL HEALTH LANDSCAPE IN KENT COUNTY

6 DEMOGRAPHIC QUESTIONS | 10-20 ORAL HEALTH QUESTIONS

Parents of Children Ages 0-5

Adults Ages 18-64

Seniors Ages 65+

MODELED AFTER:

- NATIONAL BEHAVIORAL RISK FACTOR SURVEY
- NATIONAL HEALTH & NUTRITION EDUCATION SURVEY
- 2013 KENT COUNTY ORAL HEALTH EXAM
- LOCAL HEALTHY KENT COMMUNITY SURVEY

PHASE 1

Pilot - November 2015 to January 2016
All surveys were available in paper for distribution as well as electronically through Survey Monkey. Incentives included a hygiene kit containing: a miniature toothpaste, full-size floss, a toothbrush and educational materials.

DISTRIBUTED BY COMMUNITY PARTNERS

PHASE 2

February 2016 to April 2016
Adult and senior oral health surveys now identical to assure a seamless integration of survey data. Children's oral health survey now includes a 0-5 age restriction. It also included two new demographic questions: one about the child and another about the parent.

AFTER A PILOT PERIOD, SURVEYS WERE REVISED TO ADDRESS CHALLENGES AND LIMITATIONS OBSERVED IN THE PILOT

QUALITATIVE ASSESSMENT METHODOLOGY

Kent County Oral Health Coalition

DentaQuest Foundation

Grand Rapids African American Health Institute (GRAAHI)

Health Net of West Michigan

IN FEBRUARY 2016 GRAAHI HOSTED COMMUNITY FOCUS GROUPS TO BETTER UNDERSTAND ORAL HEALTH VIEWPOINTS IN TARGETED DEMOGRAPHICS WITHIN KENT COUNTY

3 FOCUS GROUPS
3 SUBPOPULATIONS

*an interpreter was provided for this focus group, in addition to a scribe who translated all answers into English

- 10 African American Fathers
- 18 African American Seniors
- 10 Hispanic/ Latino Parents*

EACH FOCUS GROUP PARTICIPANT WAS AWARDED A $25 MEIJER GIFT CARD FOR THEIR TIME, IN ADDITION TO A FREE MEAL DURING THE 90 MINUTE SESSION

A TRAINED FACILITATOR LED ALL FOCUS GROUPS WITH A SET OF SPECIFIC ORAL HEALTH-RELATED QUESTIONS. EACH FOCUS GROUP HAD TWO SCRIBES AND EACH SESSION WAS RECORDED

RESULTS OF THE 3 FOCUS GROUPS WERE USED TO AUGMENT INFORMATION COLLECTED IN THE ORAL HEALTH SURVEYS

&

IDENTIFY WAYS TO IMPROVE AND EXPAND ORAL HEALTH SERVICES IN OUR COUNTY

QUALITATIVE ASSESSMENT
FOCUS GROUP RESULTS

KEY THEMES FROM ALL 3 SESSIONS

The existence of additional low cost or free access points for oral care are needed

Money/insurance are the primary reasons why adults and children do not access care

Participants had basic oral health knowledge, however additional education would be beneficial

"IF I ONLY MAKE $300 PER WEEK, TAKING $30 OUT OF MY CHECK FOR ORAL HEALTH IS NOT AN OPTION... AND IF I HAVE TO CHOOSE BETWEEN ORAL HEALTH AND HEALTHCARE - ORAL HEALTH LOSES."

- Hispanic/Latino group participant (translated)

"WHEN PEOPLE'S TEETH ARE MESSED UP, THEY WANT TO COVER THEIR MOUTH... HIDE... THEY DON'T WANT TO SMILE. ALL OF THAT AFFECTS YOUR CONFIDENCE."

- Focus group participant

COMMUNITY NEEDS

EXPANSION OF FREE/LOW COST ORAL HEALTH SERVICES

BETTER ADVERTISEMENT OF FREE/LOW COST DENTAL SERVICES

LONGER DENTAL OFFICE HOURS

EXPANDED DENTAL INSURANCE OPTIONS

ORAL HEALTH EDUCATION FOCUSED ON

- ADULT PREVENTIVE CARE
- FLUORIDE
- ORAL CANCER
- CAUSES OF DECAYED TEETH AND GUM DISEASE

(See Appendix J)

SURVEY RESULTS

675 adults ages 18 and older (see Appendix A) and 475 parents of children ages 0-5 (see Appendix B), participated in the Kent County Oral Health Surveys distributed by community partners in Kent County

KEY FINDINGS IN ADULTS

53% of participants stated they prefer to go to a private dental office to receive dental care. However, with 38% of participants living on an income of less than $20,000 a year (See Appendix A), affording a private dentist can be difficult. Almost 20% of participants were unable to receive dental care because they could not afford the cost. The second highest reason for not receiving care was that respondents insurance did not cover the recommended procedures (See Appendix C). Focus group participants also stated money and insurance were the primary reasons why adults and children do not access care (See Appendix J).

High costs, lack of insurance or poor insurance coverage are all factors that need to be addressed to ensure all Kent County residents receive dental care.

Almost 30% of participants stated that they do not have a dentist (See Appendix D). With a shortage of dental providers in Kent County it can be very difficult for individuals to find a dentist. Many focus group participants reported that the community needed more education on where to find additional low cost or free dental care centers (See Appendix J).

More education for the community on where to receive care and advocacy to recruit more dental providers to Kent County would prove beneficial to increasing the number of Kent County adults who have a dental home.

From the community conversations in the focus groups, participants reported that a person's smile affects their confidence (See Appendix J). 41% of survey respondents stated that the condition of their teeth or dentures was fair or poor (See Appendix F). 30% of those individuals do not have a dentist (See Appendix D) and 20% are unable to afford dental costs (See Appendix C). Therefore we can conclude that it could be difficult for those unsatisfied with their teeth to receive treatment. Inability to receive treatment can also lead to low self esteem and low confidence.

A person's smile greatly effects their self-esteem, confidence and inability to receive treatment can negatively impact the two.

KEY FINDINGS IN CHILDREN

32% of parents understand that a child should visit the dentist between the appearance of the first tooth and age one (See Appendix G). However, 57% of parents were not aware of the proper age that a child should see the dentist (See Appendix G).

Educating parents about preventive dental care recommendations for their children is a need in Kent County.

The Michigan Dental Association suggests that if a parent is to give a child a bottle at nap time or bedtime, the contents should be water: beverages such as milk and juice can cause early childhood tooth decay. 36% of parent participants reported their child's bottle normally contains juice, milk or soda (See Appendix H) and 38% of parents allow their child to have the bottle or sippy cup whenever they want (See Appendix I).

Educating parents about the importance of healthier beverage choices is a focus area that needs to be addressed to fight tooth decay in Kent County children.

Healthy Kids Dental was a new benefit available to Kent County residents when the Oral Health Surveys were distributed to parents. Almost 50% of parent participants stated that they didn't know, or were not sure if their child is eligible for Healthy Kids Dental (See Appendix I). For a free program that would drastically improve the state of oral health in Kent County and decrease tooth decay among children, more advocacy work must be done.

The Coalition will continue to work to advocate for and bring awareness regarding the Healthy Kids Dental benefit available to our community.

ORAL HEALTH IN KENT COUNTY

THEN & NOW

SUCCESSES AND CHALLENGES FROM THE 2013 KENT COUNTY ORAL HEALTH EXAM

In the 2013 publication of the Kent County Oral Health Exam, the Coalition identified several goals and objectives to be achieved by December 31, 2015. Goals focused on the improvement of oral health among adults, seniors and children. Below are selected goals of the Coalition in comparison to the most recent available data, demonstrating where we are as a community in 2016.

Increase by 5% the proportion of adults who report having visited a dentist in the past 12 months

In the 2013 Oral Health Exam, a statistic from 2008 was recorded stating that 21 percent of adults in Kent County had not had a dental visit within 12 months.[10] Unfortunately, this situation has worsened in Kent County by 5 percent, from 21 percent to 26 percent in the past 12 months.[12] Adult survey results show that 27.9 percent of survey participants do not have a dentist, and that the main reason for not accessing care was the inability to afford care. Although the data cannot be compared directly, we can speculate that inability to afford care and not having a "dental home" can contribute to not seeing a dentist in the last 12 months. Although

we did not meet our goal, efforts are being made to move the needle in the right direction as the Coalition work moves forward.

Reduce by 10% the disparity between adults with less than a high school education and all adults who have reported having visited a dentist in the past 12 months

The 2013 Oral Health Exam reported that 43.8 percent of Kent County adults with less than a high school education had been to the dentist within the past year.[10] In the most recent report, that percentage increased 5.7 percent to show that 49.5 percent of adults with less than a high school education in Kent County have not been to the dentist.[12] The goal was not met, however through the community conversations, we see that increasing education is important to improving oral health within our community.

Increase by 10% the number of publicly insured children under 10 years of age who have seen a dental provider in the last 12 months

The need for Healthy Kids Dental in Kent County was imperative. According to the 2013 Oral Health Exam[10], 65 percent of Kent County children had not seen a dentist in the past year. Healthy Kids Dental for children ages 0-12 became available in Kent County in October of 2015.[13] Although there is no current data to show specifically how many children under the age of 10 have seen a dental provider in the last 12 months, in a current report released by Delta Dental, Kent County had the highest Healthy Kids Dental utilization rates from 10/1/2015 to 3/31/2016, at 44.75 percent.[14] The Coalition anticipates this number to increase in the upcoming 2016/17 year as the state budget now includes the final expansion of Healthy Kids Dental to all children ages 0-21. We cannot concretely conclude that we have increased the rate of those who have seen a dental provider under the age of ten by December 2015, but we can see that Healthy Kids Dental is an opportunity to ensure that all children see a dentist.

Increase by 20% the share of parents of children ages 0-5 who report a positive change in the following family oral health knowledge/behaviors

- Frequency of brushing
- Sugared beverages in cup/bottle
- Knowledge of the fact that oral health bacteria can be passed from adults to children

The baseline data for this goal was obtained from the responses of an 18-question oral health survey completed in 2012 by 713 families from two early childhood programs: Head Start for Kent County (466 families) and the Family Futures-Connections program (247 families).[10] *Although the survey questions completed by parents of children ages 0-5 in 2012 and 2015/16 are identical, the responses cannot be directly compared: the individuals surveyed are different*. We will not be able to specifically identify whether or not there was a shift in the behaviors of the originally surveyed families. Rather, we can see where Kent County parents currently stand in relation to frequency of brushing and types of beverages in their child's cup/bottle. The new surveys did not ask any questions regarding oral health bacteria being passed from adults to children; therefore, no new data is available in that area. The table below identifies the results and averages of 2013 Family Futures/Head Start responses adjacent to the 2016 Kent County Children's Oral Health Survey responses.

		2013 Survey Results (Average)	2016 Survey Responses
Frequency of brushing child's teeth/gums	Twice a day	44.5%	44.4%
	Once a day	30.5%	33.9%
	2-3 Times a week	11.5%	14.3%
	Never	7.5%	5.5%
Typical bottle/sippy cup contents	Juice	53%	7.2%
	Milk	74%	28.8%
	Water	76%	29.9%
	Soda or Pop	7%	0.2%

In looking at the sets of data available from the survey results, brushing habits have not significantly changed. The percentage of parents that never brush their child's teeth did improve. Again, although the data cannot be compared directly, we can see an improvement in the general parent population. It is difficult to identify similarities or trends from the 2012 question regarding the contents of a child's sippy cup, as parents were able to select more than one response.

RESPONDING AS A COMMUNITY
A CALL TO ACTION

To respond to the disparities in oral health and address the needs of all communities in the United States, the DentaQuest Foundation began a national movement to create a "new social norm" around oral health: Oral Health 2020. The vision "to eradicate dental disease in children and improve oral health across the lifespan"[15] has fueled the work of the movement and served as motivation to acquiring optimal oral health for all.

Health Net of West Michigan and the Kent County Oral Health Coalition have been working closely with the DentaQuest Foundation as a grassroots grantee since 2014. Year One gave an opportunity for the Coalition to publish the Oral Health Exam and really assess the needs of the community, as told by the community. As a second year grantee, our focus areas are:

- Supporting the operations of the Kent County Oral Health Coalition
- Increasing the knowledge and understanding of health equity and oral health
- Collecting grassroots data
    - This includes GIS mapping of the state of oral health in Kent County and continuation of community conversations with focus groups
- Developing oral health grassroots leaders from within the community

To push a movement forward, voices of the community are essential. To see change occur, the Coalition envisions leaders within the community emerging to find their voice for their neighbors, children, family members and selves. To be a part of the oral health movement and Oral Health 2020 Project, contact the Coalition at 616-632-1008 or visit our website at http://healthnetwm.org/programs/kent-county-oral-health-coalition-kcohc.

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2016 KENT COUNTY ORAL HEALTH EXAM
APPENDIX

APPENDIX A:

Adult Survey Demographic Results

Age (Years)	N	(%)
18 – 24	36	5.3%
25 – 34	32	19.6%
35 – 44	102	15.1%
45 – 54	89	13.2%
55 – 64	130	19.3%
65 – 74	112	16.6%
75 – 84	55	8.1%
85+	19	2.8%

Race	N	(%)
White/Caucasian	273	40.4%
Black/African American	218	32.3%
Asian	18	2.7%
Hispanic or Latino	121	17.9%
American Indian or Alaska Native	3	0.4%
Native Hawaiian or Pacific Islander	1	0.1%
Multi-Racial	7	1.0%

Annual Household Income	N	(%)
>$20,000	257	38.1%
$20,000 - $40,000	186	27.6%
$40,000 - $60,000	74	11.0%
$60,000 - $80,000	31	4.6%
$80,000 - $100,000	38	5.6%
$100,000 - $120,000	22	3.3%
+$120,000	24	3.6%

Gender	N	(%)
Male	182	27.0%
Female	478	70.8%

APPENDIX B:

Parent Participant Demographic Results

Age (Years)	N	(%)
18 – 24	51	10.7%
25 – 34	270	56.8%
35 – 44	126	26.5%
45 – 54	18	3.8%
55 – 64	6	1.3%
54 – 74	1	0.2%
75 – 84	--	--
85+	3	0.6%

Race	N	(%)
White/Caucasian	210	44.2%
Black/African American	91	19.2%
Asian	46	9.7%
Hispanic or Latino	83	17.5%
American Indian or Alaska Native	2	0.4%
Native Hawaiian or Pacific Islander	--	--
Multi-Racial	15	3.2%

Annual Household Income	N	(%)
>$20,000	152	32.0%
$20,000 - $40,000	139	29.3%
$40,000 - $60,000	51	10.7%
$60,000 - $80,000	31	6.5%
$80,000 - $100,000	40	8.4%
$100,000 - $120,000	18	3.8%
+$120,000	22	4.6%

Gender	N	(%)
Male	53	11.2%
Female	414	87.2%

APPENDIX C:

Adult Survey Results

If there was a time during the past year that you needed dental care and could not get the care you needed, what were the reasons that you could not get the dental care you needed?	N	(%)
I could not afford the cost	131	19.4%
I did not want to spend the money	12	1.8%
My insurance did not cover the recommended procedures	42	6.2%
My dental office is too far away	1	0.1%
My dental office is not open at convenient times	13	1.9%
I was afraid and/or do not like dentists	18	2.7%
I was unable to take time off from work	11	1.6%
I am too busy	6	0.9%
I did not think anything serious was wrong and/or I expected my dental problems to go away	7	1.0%

About how long has it been since you last visited a dentist? (Include all types of dentists such as orthodontists, oral surgeons, and all other dental specialists as well as dental hygienists)	N	(%)
6 months or less	339	50.2%
More than 6 months, but not more than a year ago	84	12.4%
More than 1 year go, but not more than 2 years ago	78	11.6%
More than 2 years ago, but not more than 3 years ago	37	5.5%
More than 3 years ago, but not more than 5 years ago	37	5.5%
More than 5 years ago	75	11.1%

Do you have any kind of insurance that pays for all or some of your dental care?	N	(%)
Medicaid	144	21.3%
Medicare Supplemental	39	5.8%
Private Insurance	254	37.6%
I do not have dental insurance	182	27.0%

What was the purpose of your most recent visit to the dentist?	N	(%)
Prevention/Cleaning/Check-up	391	57.9%
Restorative/Fillings	55	8.1%
Dentures/Partial Dentures or Repairs	50	7.4%
Gum Therapy/Periodontal	2	0.3%
Pain/Dental Emergency/Extraction	63	9.3%
Crowns/Bridges	19	2.8%
Root Canal/Endodontics	8	1.2%

Where do you prefer to go for dental care?	N	(%)
Private Dental Office	363	53.8%
Health Center/ Community Dental Clinic	173	25.6%
Hospital Emergency Room	8	1.2%
Veteran's Administration Medical Center	2	0.6%

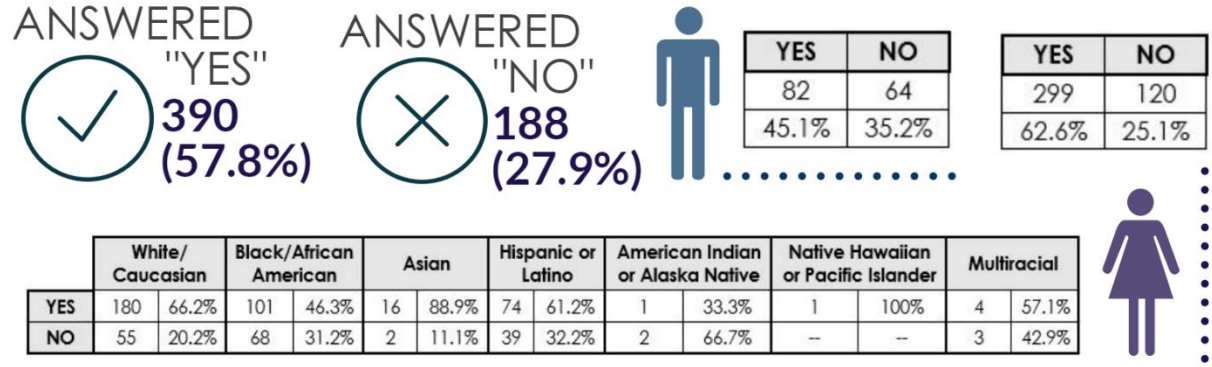
Do you have dentures or partials?	N	(%)
Upper Dentures	17	2.5%
Upper and Lower Dentures	32	4.7%
Lower Dentures	5	0.7%
Bridge or Crown	95	14.1%

Do you have well water?	N	(%)
Yes	70	10.4%
No	471	69.8%
Don't Know/ Not Sure	36	2.3%

APPENDIX D:

Adult Survey Results

DO YOU HAVE A DENTIST?



YES	NO
82	64
45.1%	35.2%

YES	NO
299	120
62.6%	25.1%

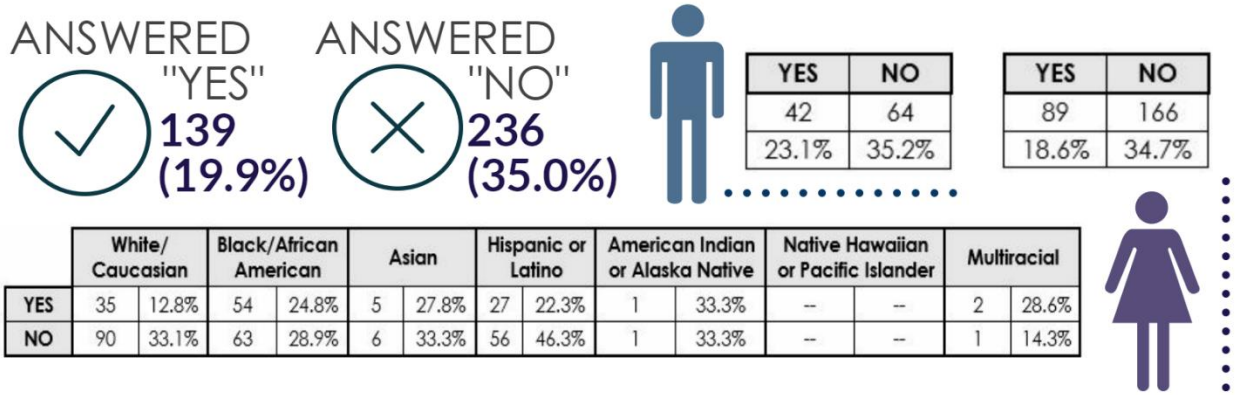
	White/ Caucasian		Black/African American		Asian		Hispanic or Latino		American Indian or Alaska Native		Native Hawaiian or Pacific Islander		Multiracial	
YES	180	66.2%	101	46.3%	16	88.9%	74	61.2%	1	33.3%	1	100%	4	57.1%
NO	55	20.2%	68	31.2%	2	11.1%	39	32.2%	2	66.7%	--	--	3	42.9%

	18 – 24 Years		25 – 34 Years		35 – 44 Years		45 – 54 Years		55 – 64 Years		65 – 74 Years		75 – 84 Years		+85 Years	
YES	19	52.8%	46	57.6%	64	62.7%	60	67.4%	81	62.3%	47	42.0%	32	58.2%	11	57.9%
NO	14	38.9%	47	35.6%	30	29.4%	19	21.3%	35	36.9%	30	26.8%	7	12.7%	6	31.6%

APPENDIX E:

Adult Survey Results

DO YOU CURRENTLY HAVE ANY UNTREATED DENTAL ISSUES?



YES	NO
42	64
23.1%	35.2%

YES	NO
89	166
18.6%	34.7%

	White/ Caucasian		Black/African American		Asian		Hispanic or Latino		American Indian or Alaska Native		Native Hawaiian or Pacific Islander		Multiracial	
YES	35	12.8%	54	24.8%	5	27.8%	27	22.3%	1	33.3%	--	--	2	28.6%
NO	90	33.1%	63	28.9%	6	33.3%	56	46.3%	1	33.3%	--	--	1	14.3%

	18 – 24 Years		25 – 34 Years		35 – 44 Years		45 – 54 Years		55 – 64 Years		65 – 74 Years		75 – 84 Years		+85 Years	
YES	4	11.1%	30	22.7%	13	12.7%	14	15.7%	32	24.6%	29	25.9%	6	10.9%	6	31.6%
NO	9	25.0%	30	22.7%	33	32.4%	29	32.6%	41	31.5%	49	43.8%	36	65.5%	9	47.4%

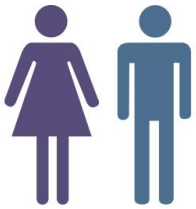
APPENDIX F:

Adult Survey Results

HOW WOULD YOU DESCRIBE THE CONDITION OF YOUR TEETH OR DENTURES?

	White/ Caucasian		Black/African American		Asian		Hispanic or Latino		American Indian or Alaska Native		Native Hawaiian or Pacific Islander		Multiracial	
EXCELLENT	65	23.9%	33	15.1%	2	11.1%	10	8.3%	--	--	1	100%	1	14.3%
GOOD	109	40.1%	79	36.2%	12	66.7%	49	40.5%	--	--	--	--	3	28.6%
FAIR	51	18.8%	66	30.3%	3	16.7%	34	28.1%	2	66.7%	--	--	1	14.3%
POOR	43	15.8%	32	14.7%	1	5.6%	24	19.8%	--	--	--	--	3	42.9%

EXCELLENT	GOOD	FAIR	POOR
84	196	109	76
17.6%	41.0%	22.8%	15.9%



EXCELLENT	GOOD	FAIR	POOR
29	63	57	31
15.9%	34.6%	31.3%	17.0%

	18 – 24 Years		25 – 34 Years		35 – 44 Years		45 – 54 Years		55 – 64 Years		65 – 74 Years		75 – 84 Years		+85 Years	
EXCELLENT	5	13.9%	22	16.7%	19	18.6%	21	23.6%	17	13.1%	21	18.8%	8	14.5%	1	5.3%
GOOD	150	41.7%	56	42.4%	44	43.1%	25	28.1%	50	38.5%	42	37.5%	27	49.1%	5	26.3%
FAIR	11	30.6%	38	28.8%	25	24.5%	24	27.0%	33	25.4%	21	18.8%	13	23.6%	5	26.3%
POOR	5	13.9%	15	11.4%	14	13.7%	15	16.9%	26	20.0%	23	20.5%	5	9.1%	7	36.8%

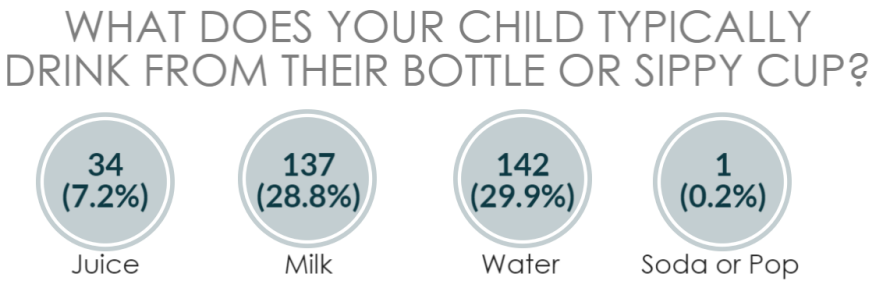
APPENDIX G:

Children Survey Results

AT WHAT AGE SHOULD CHILDREN HAVE THEIR FIRST DENTAL VISIT?

APPENDIX H:

Children Survey Results



APPENDIX I:

Children Survey Results

APPENDIX J:

Grand Rapids African American Health Institute: Oral Health Focus Group Findings

ORAL HEALTH FOCUS GROUP FINDINGS

Summary of Projects

HIGHLIGHTS

The Grand Rapids African American Health Institute in collaboration with the Kent County Health Department and the Health Net of West Michigan, held a series of focus groups in February of 2016, in an effort to better understand oral health viewpoints in targeted demographics within Kent County. The information gathered will be used to identify ways to improve and expand oral health services in our region. In addition to the oral health focus groups, the collaborating partners have also worked to survey residents of Kent County. The focus group findings will be used to augment the information collected via survey.

The Grand Rapids African American Health Institute (GRAAHI) is an independent, not-for-profit 501(c)(3) organization that is funded by numerous entities that are equally committed to its mission.

MISSION

To promote health care parity in the Grand Rapids African American community through advocacy, education and research to achieve positive health outcomes.

VISION

To ensure that all West Michigan residents will have optimal health care and benefit from health systems without race being an impediment

VALUES

- Excellence
- Integrity
- Innovation
- Leadership

Introduction with Outcomes

The Grand Rapids African American Health Institute held three focus groups with three subpopulations: African American males (fathers), African American (predominately) seniors, and Hispanic/Latino parents. The African American male and Hispanic/Latino focus groups drew 10 participants each, with the senior group drawing 14 registered participants, 2 alternatives and 2 walk-ins. An interpreter was provided for the Hispanic/Latino session, in addition to a scribe that translated all answers into English. Each focus group was approximately 90 minutes in length, with food and incentives ($25 Meijer gift card) provided. A trained facilitator led all focus groups with notes dictated by two scribes. All sessions were recorded.

THE FOLLOWING QUESTIONS WERE ASKED:

1. When you hear the words "oral health" what comes to mind?
2. Where do you seek oral care?
3. What are your barriers in achieving optimal oral care?
4. In what ways do you believe oral health affects your overall health?
5. What do you do if you are having tooth pain or any pain in the mouth?
6. How is oral health information communicated to you?
7. Is your child(ren)'s oral health important to you? (AAM &HLA)
8. How do you know how to take care of your
   (or your child(ren)'s oral health needs? (AAM & HLA)
9. How is brushing beneficial to your oral health?
10. What do you know about fluoride? (AAM & HLA)
11. What do you know about oral cancer? (seniors)

PARTICIPANTS PERSPECTIVES

1. When asked what comes to mind when thinking of "oral health" all three groups had similar answers indicating that "health of the mouth" and "teeth" were the main thoughts that came to mind. Additional responses included "brushing teeth" and "visit the dentist". Upon further conversation, all three groups also agreed that oral health and dental care refer to the same thing.
2. When asked where oral care was sought, several answers were revealed, some similar across groups, however group variation was also noted. All three groups indicated that care was sought via private dentists, clinics and pharmacies (stores-buying over the counter medication). The Hispanic/Latino group indicated that limited care was sought through private dentists, relying heavily on self-medication and clinic visits. The African American male group indicated the

previous three but also placed high emphasis on the use of the emergency room as an option for oral care. The senior group added in the use of VA clinics for oral health care, in addition to the others mentioned.

3. Barriers to accessing oral care created the most discussion of all questions. All three groups indicated that money was the number one barrier to accessing oral health care.

   To quote one participant (Hispanic/Latino group- translated), "If I only make $300 per week, taking $30 out of my check for oral health is not an option…and if I have to choose between oral health and healthcare- oral health loses"

   In addition to money, insurance was the second most frequent answer - 5 AA males, 1 Hispanic/Latino participant, and 3 seniors indicated that they had insurance- all provided by current or previous employers. This response was followed by access to care - long lines, not enough clinics, not enough opportunities for free or significantly reduced cost care. Significant time was given to discussions on lack of access for all three groups. The topic resurfaced repeatedly in all three groups, further exasperating the need for additional resources for low-income groups.

   The Hispanic/Latino group did not feel that language was a barrier to seeking or receiving care. Discussion was devoted to this topic, however, participants indicated that language was not a factor in their decision to seek care from a specific location.

   Fear was also listed as a barrier in the senior group and the African American male group. Both the fear of pain and the fear and anxiety of the dental experience were noted. Several personal stories were shared indicating that for some, this is a very real experience.

   Finally, all three groups also listed education as a barrier to seeking care. While all groups seemed to understand brushing- all groups acknowledged their limited knowledge around anything other than oral health maintenance. This prevented them from getting oral health services that they did not fully understand (tooth removal, dentures, etc.).

4. Participants seemed to have a high level understanding that oral care can be a predictor of overall care. Discussion was held around the impact of infections, and rotten teeth. Participants did not go into detailed descriptions of the linkage between oral health and overall health, but the general concept was well understood, especially in terms of prevention of overall disease.

   It is worth noting that in all three groups the correlation between oral appearance (appearance of teeth) and confidence was noted. One participant was quoted as saying "When people's teeth

are messed up, they want to cover their mouth…hide…they don't want to smile. All of that affects your confidence."

5. When asked what participants did when faced with pain in their mouth (type or location of pain unspecified) several responses were obtained. All three groups listed the dentist and the doctor as places where care was sought. In addition, all three groups noted the expense of these options and mentioned that they often self-medicated first (examples given: Orajel, Ambisol, Tylenol). Within the African American male and senior groups, home remedies such as gargling with warm salt water were mentioned. The idea of illegal prescription narcotics also came up as a potential remedy (AA male group).

6. The topic of communication yielded particularly useful information. When asked "how oral health information was communicated", the most common answer was "through information at the dentist office". Further probing identified that this information is either orally communicated by the dentist or supporting staff, or provided in pamphlets or handouts. Other mediums of communication included through clinics, children (children receive information on oral health at school and bring it home), television, community programs, flyers and brochures, online and word of mouth.

   An important difference that was noted was the amount and type of information delivered in a private dentist office versus a clinic office. Both the AA male group and the Hispanic/Latino group identified this difference, indicating that they thought the private dentist took the time to go over education and ensure understanding, whereas the providers in the clinic setting did not provide the same level of personal interaction.

   The Hispanic/Latino group indicated that they were content with the current modes of communication, acknowledging that additional communication around access would be appreciated and that communication through the newspaper would be the best option.

   The senior group would like to receive their information through community forums and health fairs.

   The AA male group indicated that receiving the information at church would be helpful, along with social media, barbershops and through their workplace (many indicated that they get overall health information through their workplace but received nothing on oral health).

7. The topic of oral health and children was discussed with the African American male and Hispanic/Latino participants. All participants agreed that oral health was of the upmost

importance to their children. All understood the importance of brushing twice a day (or more), and all understood the importance of taking care of "baby teeth". Parents understood the financial impacts associated with a failure to properly take care of their children's teeth, as one participant put it *"we either pay now, or pay later".*

8. When asked how participants "knew how to take care of their children's oral care needs", a variety of responses were given. Most participants indicated that the children learned at school and brought materials home with them. The dentist was another place where parents received information on their children's oral health needs. The African American male group also provided an insightful historical perspective. For many in this group, their parents did not know much about oral care, had other priorities and limited funding to get oral care or to provide it for their children. Many in this group indicated that they did not get oral care until they started working and received access through their jobs. Their parents did preventative things like brushing with baking soda, but that was the extent of oral care in that group. Now that these fathers have a better understanding of the importance of oral care, they are committed to making sure that their children have access to the care that is needed.
9. Across all three groups the importance of brushing as a preventative measure was well understood. All groups indicated that brushing at least two times a day was necessary to achieve optimal oral health outcomes. One gentleman in the AA male group brought up the topic of toothpaste, noting that he made his own toothpaste, specifically stating *"I make my own tooth paste because I won't put anything in my mouth that says do not swallow"*. Many chimed in agreement, noting that they would like more information on toothpaste and natural alternatives. Flossing was also brought up as an important aspect of oral health maintenance in all three groups.
10. When asked about fluoride, participants in all three groups agreed that they had limited understanding. Both the AA males and the Hispanic/Latino participants indicated that they were told that it was good for children. Some indicated that they also thought it was good for adults. The seniors admitted that while they had heard of fluoride- they had received mixed messages over the years. The African American male group also ventured into an interesting conversation on water, which the group believed was treated with fluoride, and the government's ability to put things in water without providing the proper education. The conversation was timely in light of the Flint water situation.

All groups agreed that additional education is needed on this subject- education on the harms and benefits for both children and adults.

11. Oral cancer was another topic brought up during the conversations. The senior group indicated that they had heard of oral cancer, knew that it was bad, but of all the forms of cancer- it was the one that they knew the least amount about. Additional education on oral cancer its causes and prevention was requested.

Summary of Findings & Recommendations

The Grand Rapids African American Health Institute, over the course of three focus groups, obtained significant information about the oral health needs and desires of targeted populations. Focus groups were conducted with African American men (fathers), Hispanic/Latino parents, and seniors (older adults). Each group was met with lively discussion, further demonstrating the importance of oral health to all three populations. Conversation was rich and was captured via two scribes and recording. While differences were found in each group, the similarities were overwhelming. The two messages that were clearly communicated by all three groups were that 1) Money/insurance are the primary reason why adults and children do not access care; and 2) The existence of additional low cost or free access points for oral care are needed. It also became clear during each session, and again in review of each session, that participants were aware of oral health issues, however, additional education around several oral health topics would provide benefit.

BASED ON THE INFORMATION OBTAINED FROM THESE GROUPS THE FOLLOWING RECOMMENDATIONS ARE MADE FOR CONSIDERATION

- Expansion of free and low cost oral health services (more services, longer hours)
- Better advertisement of free and low cost oral health services
- Low cost options for dental insurance
- Low Additional education on oral health in all areas, but specifically noted in the following:
  - Adult maintenance
  - Fluoride
  - Oral cancer
  - Causes of rotten teeth and gum disease

Oral Health Focus Group Guide

- Greet all participants and introduce yourself as participants arrive.
- At the scheduled start time for the conversation, welcome all participants as a group and introduce yourself (as the facilitator), the co-facilitator and the person who will be recording.
- Explain the purpose of the oral health focus groups and how the information from the conversations will be used and shared.
- Explain your role and the role of the recorder.

1. Our recorder (insert name of recorder) will make a written record of our conversation. (Insert name of recorder) may need to ask for input or clarification to ensure the main points are recorded. The written record will be transcribed and a report on the conversations prepared for the Kent County Grassroots Engagement Initiative on oral health.

- *"Everything you say will be confidential. All responses will be summarized and not attributed to any one individual."*
- It is also important to note at this time that the conversation will be taped and that all recorded material can only be used for the purpose of expanding and improving oral health services in Kent County. To protect the identification of those in the room- each participant has been given a pseudo name and will be referred to by that pseudo name for the remainder of our time together**.**
- Ask participants to introduce themselves and perhaps explain briefly why they are interested in oral health.
- Establish conversation guidelines.
- *"Please review the conversation guidelines posted on the wall. We ask that you keep the guidelines in mind throughout the conversation. I will remind you of the guidelines, if needed."*
- Ask if there are any questions about the guidelines and answer any that are asked**.** *(Refer to the portion of the guidelines in the parentheses to answer questions.)*

CONVERSATION GUIDELINES

- We will acknowledge one another as equals in the conversation.
  (Our equality comes from our being human.)
- We will stay open to each other's perspective. (We will listen as best we can.)
- We will not criticize the ideas of another, but will offer our own ideas that might be different.
- We will slow down so we have time to think and reflect.
- We will remember that a focus group is a way to gather more information about a topic, reflect on themes that have been gathered through other data collection methods.
- The ideas that the group shares will be diverse and won't always connect. This can be frustrating to some participants but remember we want to hear all the perspectives.

EXPLAIN HOW THE FOCUS GROUP WILL WORK AND REVIEW THE BACKGROUND INFORMATION.

- "There are several questions that we want to ask you today. We want everyone to have a chance or share their ideas. For some questions, we will use a round robin approach and ask each person to share his/her perspective on the question without interruption. Each of you may share your perspective or pass when it is your turn. Remember there are no wrong answers. During another person's turn, we will all listen respectfully and not interrupt to ask questions or share a point of view that may be different."
- If we have time, I will ask for additional comments or questions after each person has had a chance to speak. Please ask only questions of clarity- remember we do not want to criticize another person's idea."

BEGIN THE CONVERSATION QUESTIONS:

Read the first question to the group.

- Ask each participant to briefly share his/her response (use round robin method or a voluntary basis). Repeat the question after a few people answer.
- Try to get as many ideas as possible without too much detail.
- After all participants have had a chance to speak, ask group members for any clarifying questions or additional comments.
- Should participants not generate conversation around the given question, use provided prompts.
- Allocate the time you have available so that there is enough time spent on each questions.

If the recorder is not sure what has been said in response to a question, he or she should interrupt and clarify with the person who made the remark. You, as the facilitator, may also help clarify responses. For example, *"I did not understand what you said, would you repeat your comment please?" Or "please tell me a little more so I can record your idea/opinion accurately." Or "does this wording (on the flip chart paper).*

Remember that it is your job as the facilitator to hold the group to the conversation guidelines and to allow questions for clarity. Remind group members of the guidelines if necessary. Pay attention to the time frame for each question and move the group to closure for each questions within the time frame. Respect the group's need for the community contestation to start and end on time.

THE FOLLOWING STATEMENTS MAY HELP:

- "I need all of you to remember that we are listening respectfully to others. Please contribute additional thoughts without criticizing, agreeing or disagreeing with comments made by another."
- "Thank you. We need to move on so we will have time to hear from everyone."
- "Thank you. We need to wrap up our conversation on this question so we will have time to hear responses to the other questions."

- "Just a minute please. (Name of recorder) can't hear when more than one person is talking."
- "I promised to keep you all on schedule, so we need to move on to the next person/question."

CONCLUDE THE CONVERSATION

- Thank you all for participating in this community conversation on oral health.
- The record of the conversation will be shared with Health Net, the Kent County Health Department, and the Oral Health Coalition, in an effort to improve oral health efforts in Kent County.
- Please make sure that you sign for your incentive (gift card) before you leave.
- Thank you so much for your time and participation!
- Who should we call if we have questions about holding a community conversation?
- Please contact Lori Parks at (616) 632-7241 or Lauri.Parks@graahi.org

QUESTIONS FOR THE CONVERSATION

1. When you hear the words "oral health" what comes to mind?
    a. Prompt 1: What about the words "dental care"?
2. Where do you seek oral care?
3. What are your barriers in achieving optimal oral care?
4. In what ways do you believe oral health affects your overall health?
5. What do you do if you are having tooth pain or any pain in the mouth?
6. How is oral health information communicated to you?
   Prompt 1: How would you like for oral health information to be communicated to you?
7. Is your child(ren)'s oral health important to you?
    a. Prompt 1: Why is this important to you? (Why is it not important to you?)
    b. Prompt 2: What prevents you from caring about your child's oral health?
8. How do you know how to take care of your child(ren)'s oral health needs?
    a. Prompt 1: At home?
    b. Prompt 2: By a professional?
9. How is brushing beneficial to your oral health?
    a. Prompt 1: How is it beneficial to your child(ren)'s health?
10. What are the benefits of fluoride?
11. Who should get fluoride
12. Who should we call if we have questions about holding a community conversation?

Please contact Lori Parks at (616) 632-7241 or Lauri.Parks@graahi.org

Agenda

ORAL HEALTH

FOCUS GROUP AGENDA

5:30-5:45pm

Arrival / Food
Participants asked to prepare food and have a seat
Facilitator introductions
Review of the purpose of meeting
Outline the structure of the meeting and how information will be used
Participant introductions

5:45- 6:45pm

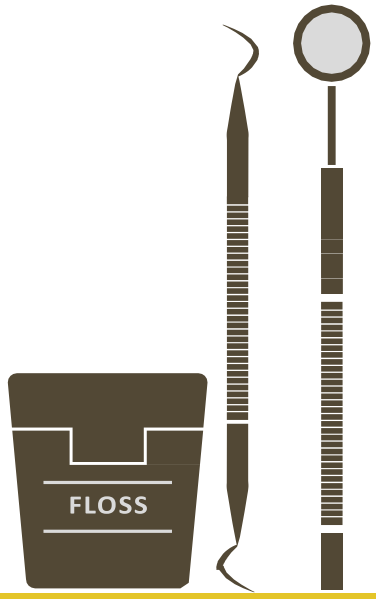
Questions / Discussion

6:45- 6:55pm

Summary & Next Steps
Summary of event and how the data will be used
Plans for follow up with participants
Instructions for receipt of incentives

6:55- 7:00pm

Thank you



Facilitator: Shannon Wilson