

Title of Intervention: The “Smile Alabama!” Initiative

Intervention Strategies: Provider Education, Supportive Relationships, Environments and Policies, Campaigns and Promotions, Individual Education

Purpose of the Intervention: To improve oral health services for Medicaid-eligible children by increasing the number of participating dentists and the number of children receiving dental care annually

Population: Medicaid-enrolled children and their caregivers; non-enrolled dentists, dentists with minimal Medicaid participation, and dentists who were significant Medicaid providers; stakeholders or partner associations and groups

Setting: The State of Alabama; community-based

Partners: Alabama Medicaid Agency, Alabama Dental Partner Workgroup, Alabama Dental Task Force, National Governors Association Oral Health Policy team, Oral Health Coalition of Alabama (OHCA)

Intervention Description:

- **Provider Education:** Statewide dental workshops addressed Medicaid Dental Program policy and billing issues. Practicing dentists attended professional association meetings. Materials for provider support, such as posters, postcards, patient contracts, fee schedules, patient videos and newsletters, were developed and made accessible via the agencies’ websites. An Alabama Dental Summit was created to define strategies for components of provider outreach and education.
- **Supportive Relationships:** Face-to-face visits with dental providers were conducted to identify problems they experienced and to assist in resolving any claims issues. Dental ambassadors were created to assist with provider relations and public relations.
- **Environments and Policies:** Claim processing was simplified by implementing a new claims submission system. Institution of dental targeted case management to encourage provider participation and improve missed appointment rates for Medicaid patients was incorporated.
- **Campaigns and Promotions:** Radio and television announcements that focused on the importance of early care, keeping dental appointments and taking only the child scheduled for the dental appointment to the office were broadcasted statewide for one year. Providers developed and distributed posters, postcards, brochures and a rights and duties sheet.
- **Individual Education:** A patient video (available for dentists, primary medical providers and all secondary target groups) and brochure were distributed to expectant women during third and fourth prenatal visits. A dental health component that was added into a new parenting kit was distributed to all mothers in the state.

Theory: Not mentioned

Resources Required:

- **Staff/Volunteers:** Medicaid-trained staff, dental providers
- **Training:** Not mentioned
- **Technology:** Telephone, media creation
- **Space:** Workshop space, media space
- **Budget:** Not mentioned
- **Intervention:** Claims processing system, materials for workshops, videos, brochures, radio and tv messages, parenting kit, posters, brochures, info sheets, contracts, postcards
- **Evaluation:** Medicaid enrollment information

Evaluation:

- **Design:** Pre- and post-test
- **Methods and Measures:**
 - Enrollment of targeted Medicaid children

- Observation of records to assess the number of participating providers in the Alabama Medicaid dental program
- Observation of records to assess the number of children receiving dental services
- The number of counties with one or less Medicaid-participating dentist was assessed

Outcomes:

- Short Term Impact: Enrollment of targeted Medicaid children increased. The number of participating dental providers in the Medicaid dental program increased. The number of counties with one or less Medicaid-participating dentist decreased.
- Long Term Impact: The number of children receiving dental services increased.

Maintenance: Sustainability is insured by changes by the Medicaid Agency's organizational structure, providing funding for outreach specialists for ongoing activity, intensifying training as the end of the grant period approaches, establishing monthly meetings and routine reports to ensure ongoing communication between fiscal agents and dental program staff.

Lessons Learned: Access to oral health services can be improved for Medicaid-eligible children if a multi-dimensional program is implemented. Evaluation and modification of the strategies implemented are vital to the continued success of the program. The ability to sustain the interventions will depend on the ability of the state to support continued growth in the program. The dental rate increase component of the initiative was essential and served as an enabler for the agency because it brought stakeholders to the table. Other components (assistance to providers, reducing administrative burden) can be carried out, even without an increase in rates.

Citation(s):

Greene-McIntyre M, Finch MH, Searcy J. Smile Alabama! Initiative: interim results from a program to increase children's access to dental care. J Rural Health. 2003;19 Suppl:407-415.