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Kentucky Extension Professionals Use Oral Health Partnership to Educate Communities

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Kentucky Extension Professionals Use Oral Health Partnership to Educate Communities

Abstract

As the evidence mounts regarding systemic connections between oral health and other chronic diseases, new and innovative partnerships are being formed with Extension personnel to educate communities on the importance of oral wellness and disease prevention. The University of Kentucky Cooperative Extension Service and College of Dentistry have developed one such unique collaboration, The Oral Health Wellness and Disease Prevention Program. Process evaluation data suggests this partnership between non-traditional partners can produce original, easy-to-use, adaptable educational resources that benefit Kentuckians as well as lead the country in innovative approaches to oral health wellness, education, and disease prevention.

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Introduction

Since the release of *Oral Health in America: A Report of the Surgeon General* in 2000, a greater emphasis on oral wellness and disease prevention has emerged across the country. Critical findings within the report linking oral disease with other chronic conditions such as cardiovascular disease, diabetes, adverse pregnancy outcomes, and respiratory illnesses have encouraged the creation of innovative partnerships designed to develop new educational strategies focused on addressing risk factors contributing to the oral disease of communities (*Oral Health in America: A Report of the Surgeon General*, 2000).

Kentucky is a leader in oral disease rates--for adults and children. Lack of understanding of the importance of oral health to total health and wellness, as well as a culture of apathy toward good oral hygiene behaviors has contributed to epidemic levels of oral disease in the Commonwealth (National Oral Health Report Card, 2003).

In 2002, The University of Kentucky Cooperative Extension Service initiated the Health Education through Extension Leadership (HEEL) Project (Scutchfield, Harris, Tanner, & Murray, 2007). Three broad goals provided the overall direction for HEEL Project efforts. They are:

1. Educate and empower individuals and families to adopt healthy benefits and lifestyles.
2. Build community capacity to improve health.
3. Educate consumers to make informed health choices.

The HEEL project also used the Diffusion on Innovation Theory Model to further define its

programs. HEEL began its work by developing partnerships inside and outside the University. Early partnerships included the College of Medicine, College of Pharmacy, and the Kentucky Department for Public Health. Initial projects included the creation of an on-line health mortality database to merge demographic and social indicators by county for all 120 Kentucky counties.

In 2004, the Oral Health Wellness and Disease Prevention Program was created out of the official partnership between the Cooperative Extension Service HEEL project and the Division of Public Health Dentistry at the University of Kentucky.

Agriculture and Dentistry: Not So Strange Bedfellows

The unique Oral Health Wellness and Disease Prevention Program gained immediate state and national attention. The creation of an Extension Oral Health specialist, a faculty member of both the College of Agriculture and College of Dentistry, was an innovative concept that drew invitations to present at national meetings of both Oral Health and Extension personnel. Due to HEEL's emphasis on chronic disease education for communities and the growing body of evidence for these conditions systemic links to oral disease, the development of the Oral Health Wellness and Disease Prevention Program was a natural fit for the HEEL project.

First Steps

Early programming for the Oral Health Wellness and Disease Prevention Program centered on 4H Youth Development. Oral health lessons and hands-on oral health training were conducted in four Kentucky 4H camps in 2004 (Figure 1). An overwhelmingly positive response from agents and 4H campers demanded the expansion of the program to nine Kentucky 4H camps in 2005. Following the success of the 4H camp program, in mid-2005, an initial oral health needs assessment was conducted with Family and Consumer Science Extension Agents across Kentucky. Two types of questions were posed, those based on community oral health perceptions and those on current community oral health educational activities using a Likert Scale. With a response rate of 40%, oral health training and programming was developed using a Logic model. Programming in the short term included process evaluation, and goals for long-term programming were also defined.

Figure 1.
Oral Health Lessons at a Kentucky 4-H Camp



Oral Health Training for those in the Trenches

Following the initial needs assessment, the UK Oral Health Extension Specialist developed educational materials focused on oral health. The Oral Health Training Manual includes resources on the oral health/total health connection, Kentucky specific oral health data, and comparative oral health data for the nation, over 15 reproducible fact sheets on oral health, and the Kentucky Smile Curriculum. The Kentucky Smile Curriculum includes 11 lessons on oral health, with activity guides and worksheets for each lesson. The Smile Curriculum can be adapted for any audience type or age. With a wide variety of audiences in mind, educational resources were also purchased by the Extension Oral Health specialist. An item such as large toothbrushes and sets of teeth, videos, posters, oral wellness displays, and puppets were made available to Extension personnel. An in-service training on these materials and resources was conducted with Extension personnel in early 2006.

Figure 2.
Educational Resources on Oral Health for Kentucky Extension Personnel



Evaluating the Impact of the Oral Health Wellness and Disease Prevention Program

Cooperative Extension agents regularly implement the Oral Health Wellness and Disease Prevention Program for the promotion of dental health and wellbeing in their communities. The implementation of the program has provided Extension personnel with multiple opportunities to

develop partnerships with a diverse group of other community-based agencies. At least 37 of 120 Kentucky counties have implemented oral health programming, a rate of 31%. Twenty-three agents are involved, 20 are FCS agents, and three are 4H/YD agents. In addition, 14 Expanded Food and Nutrition Education Program assistants have implemented oral health programming in their communities.

Conclusion

Over 6,500 Kentuckians have participated in the Oral Health Wellness and Disease Prevention Program, with the majority of those being children ages 10 -12. Unique partnerships have been developed between Cooperative Extension and local agencies such as schools, head start programs, local health departments, family resource centers, and daycare facilities. Also, provider-based partnerships have been initiated, like Cooperative Extension agents working in tandem with local dental professionals to conduct oral cancer screenings and oral health educational workshops. Cooperative Extension has used the Oral Health Wellness and Disease Prevention Program to build community capacity to address the oral health educational needs of its citizens.

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