



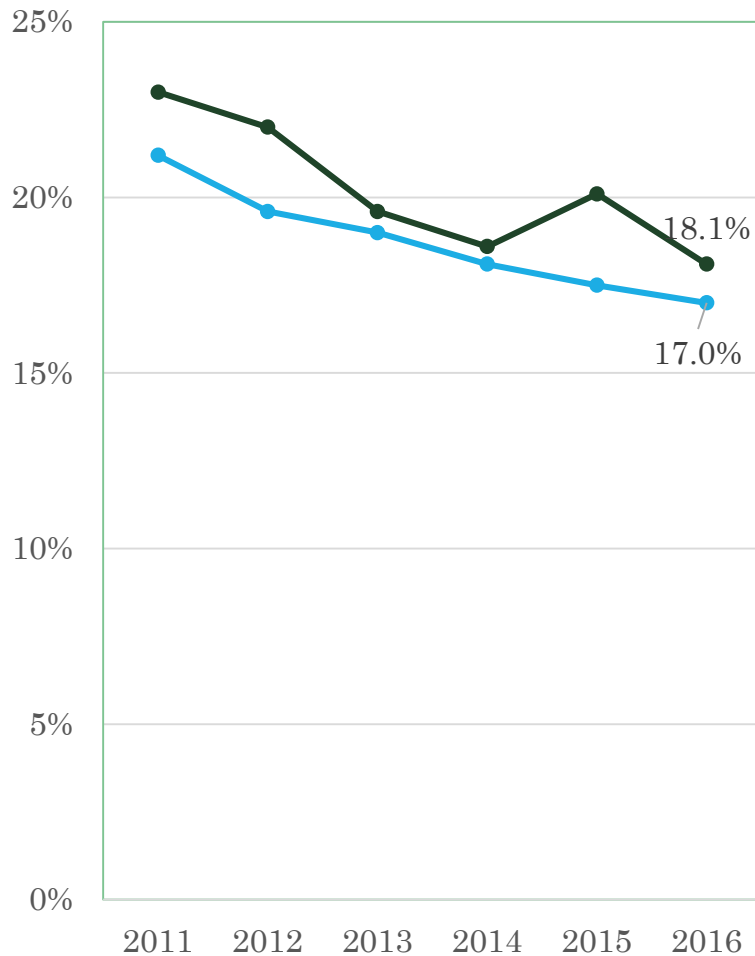
Making the Connection: The Expanding Services of the SD QuitLine

Jenny Kerkvliet, MA, LPC
SDSU Population Health Evaluation Center

Cheryl Pitzl, NBC-HWC
Avera Corporate Health Services

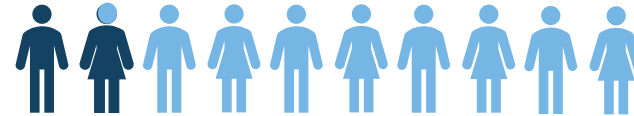
Chronic Disease Partners' Meeting
October 17, 2018

Smoking Prevalence



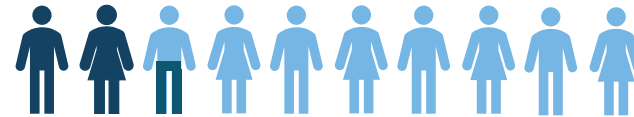
—●— United States —●— South Dakota

Adult Smokers in SD



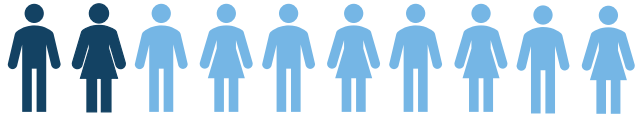
116,147 adults

Adult Tobacco Users in SD



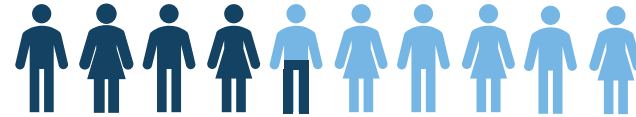
155,291 adults

Adult Tobacco Users in SD



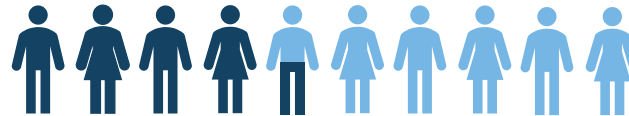
155,291 adults

Tobacco Use Rate among Medicaid Recipients (47%)



17,429 adults

Tobacco Use Rate among American Indians (47%)



23,672 adults

Tobacco use rate among individuals with a MH/SUD (30.4%)



44,282 adults



68%

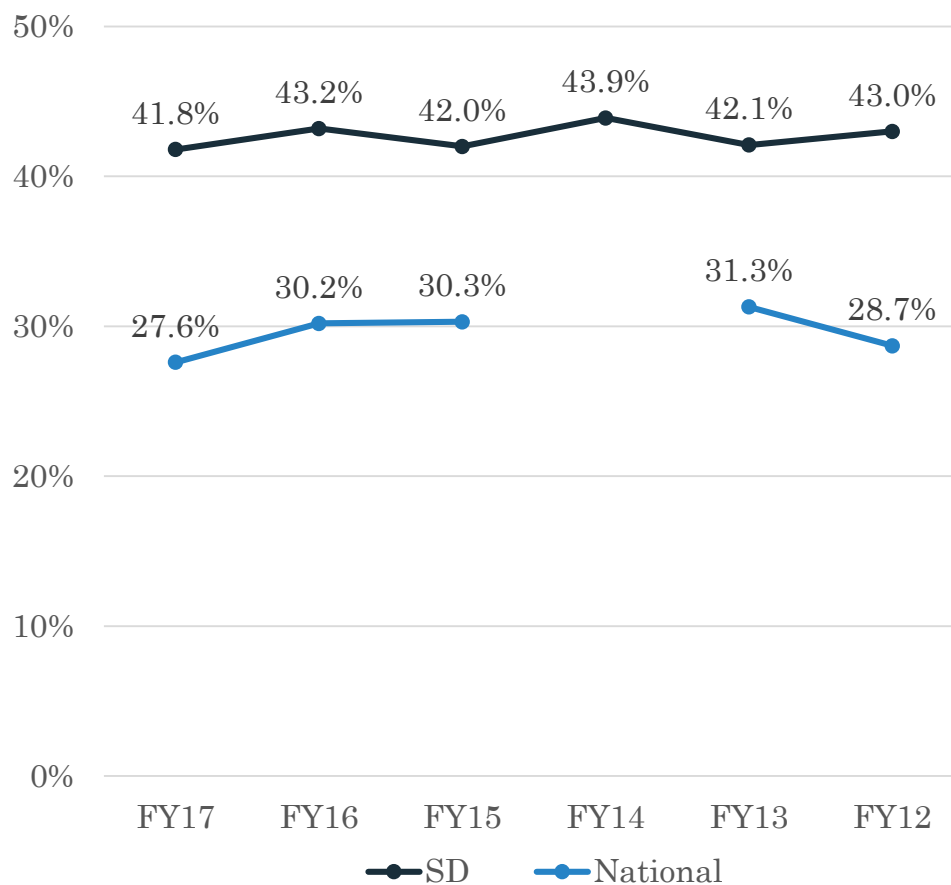
of adult cigarette users
are interested in quitting



55%

have tried to quit
in the last year

Quitline Quit Rates



Satisfaction with SD QuitLine Services, 2016



73.6%



17.5%



7.2%



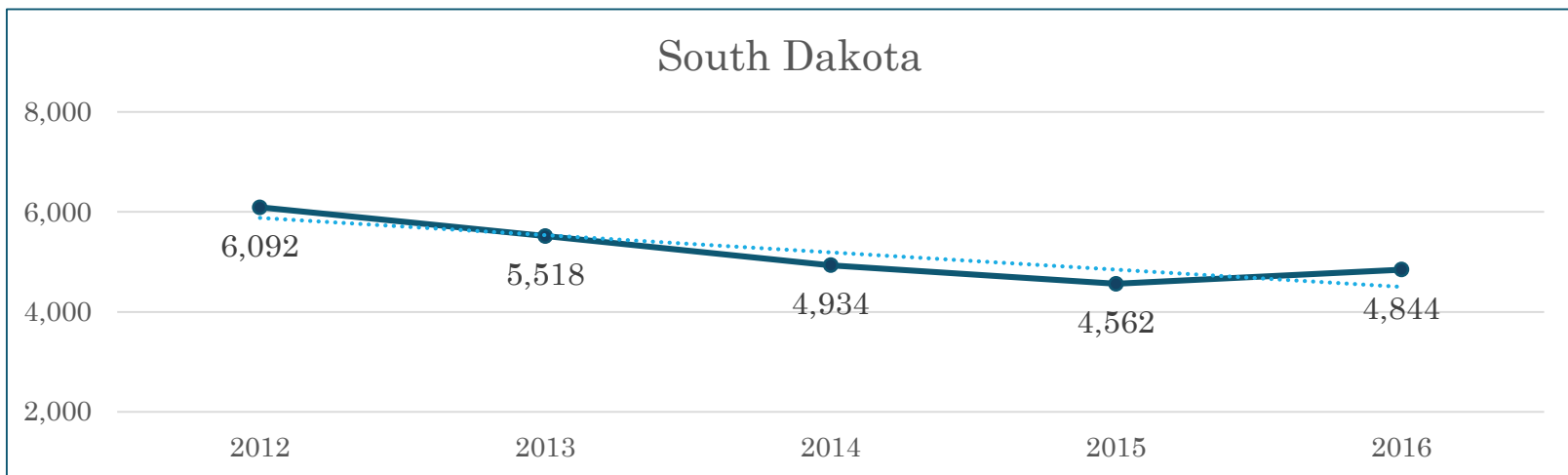
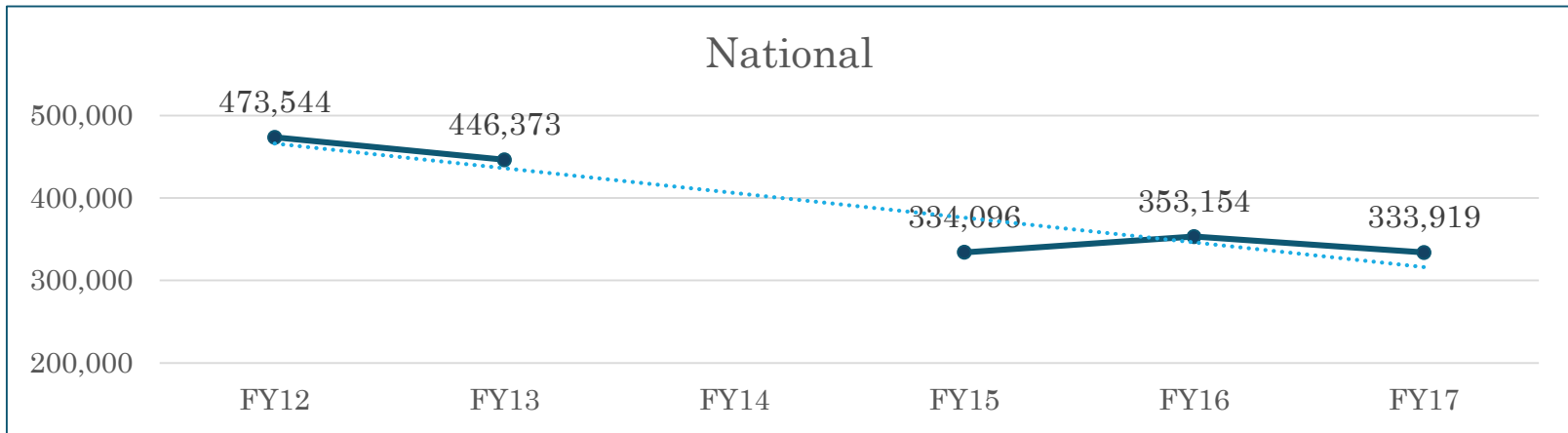
1.7%

Reach: National
FY2016

0.87%

Reach: SD QuitLine
FY2017

4.3%



QUIT GUIDE



KICKSTART KIT



PHONE SERVICE



Phone Service Option



You Call Us!

[1-866-SD-QUITS](tel:1-866-SD-QUITS)

[1-866-737-8487](tel:1-866-737-8487)



**Health Coaching and 8
weeks of medication FREE**

We're open:

Monday – Friday 7am –
11pm CST

Saturday 8am – 5pm CST

People who use a QUITLINE COACH —————
are more than **2X as likely to**
Quit and stay Quit!

Kickstart Kit option

One **FREE** 2-week starter kit annually

Option to receive **FREE** nicotine replacement therapy:

- NRT patches
- NRT gum
- NRT lozenges

And

- Quit Guide



Quit Guide option



THINKING ABOUT
QUITTING?

**QUIT
GUIDE**

↓

Simple Way to Refer for YOU and the Patient



Referral options

DIRECT REFERRALS

Connects the patient and the services directly so you can rest assured they are receiving guidance. Plus, it allows the QuitLine to inform the provider about the patient's progress.

Fax Referral Form

Electronic Health Record

- Simplest way
- Patient information sent directly to QuitLine for enrollment
- Available at several healthcare facilities
- See resources section of QuitLine **PROF** training for more information

PASSIVE REFERRALS

Helps a patient get connected, but leaves the provider unsure if patient follows through.

Phone: 1.866.SD-QUITS

- Call the QuitLine with your patient
- Give them a QuitLine business card or brochure. These are available to order through the DOH online catalog. Order online at doh.sd.gov/catalog

Web Referral: SDQuitLine.com/enroll

- Patient fills out form on their own
- QuitLine calls back by the next day to enroll them

Easy Web Enrollment

Visit
www.sdquitline.com

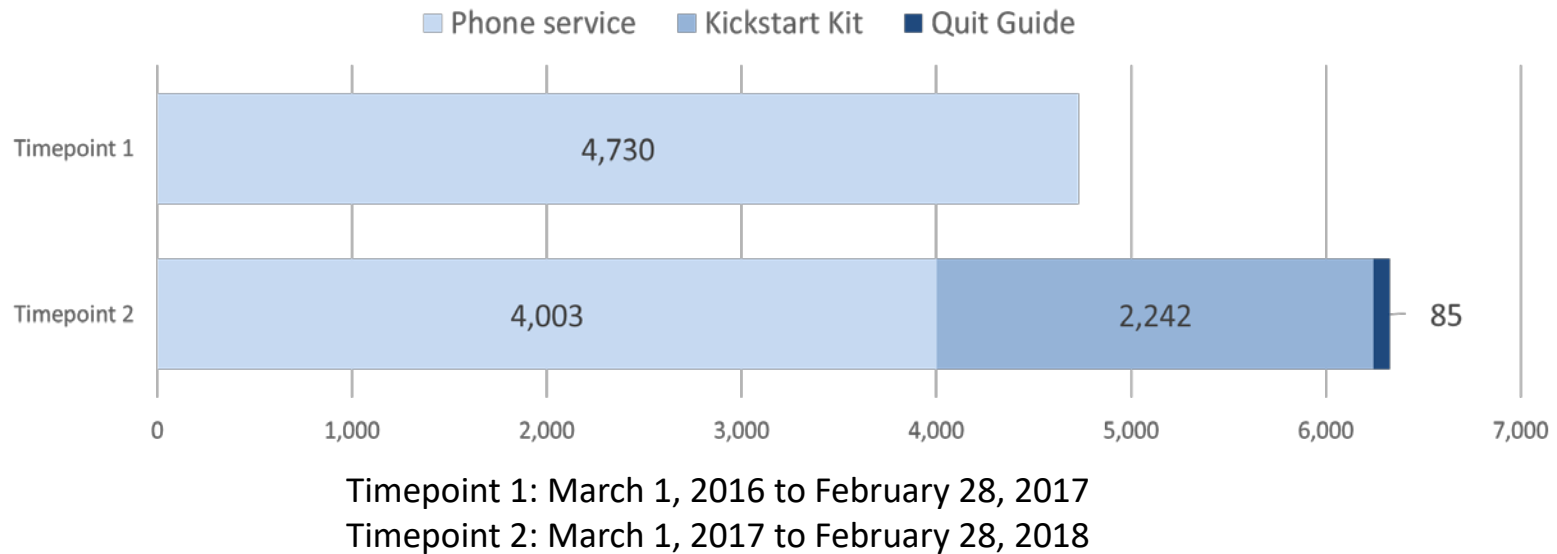
Enroll online for the
Kick Start Kit
Program

Receive 2-week
medication of NRT
patches, gum or
lozenge and Guide
Convenient home
mail delivery
No calls, just help!



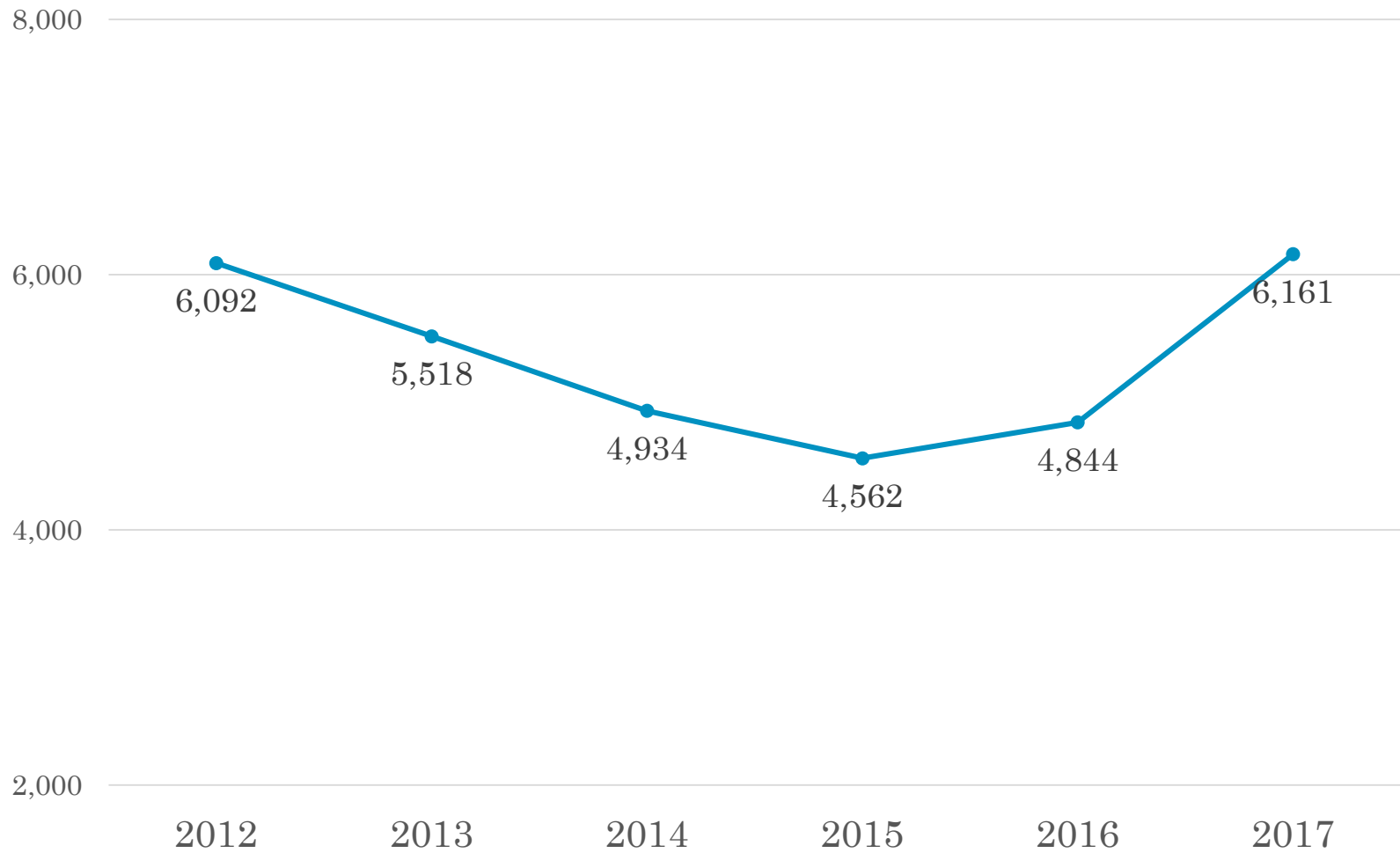
Is it working?

Goal: Reach more tobacco users by offering a variety of options for cessation.



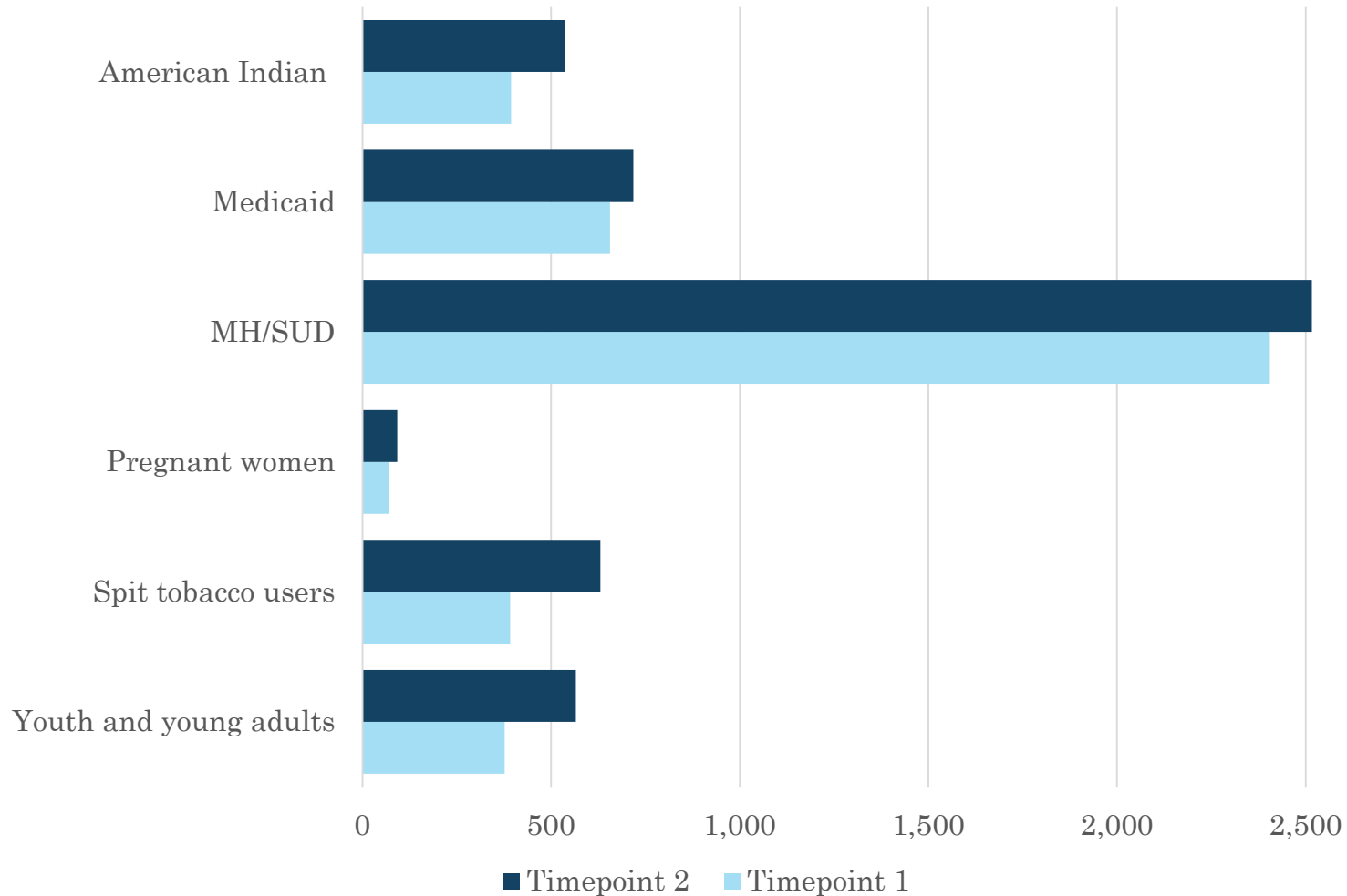
33.8% Increase in
Enrollment

South Dakota



Annual Enrollment Data

Enrollment by Priority Populations



Is it working?

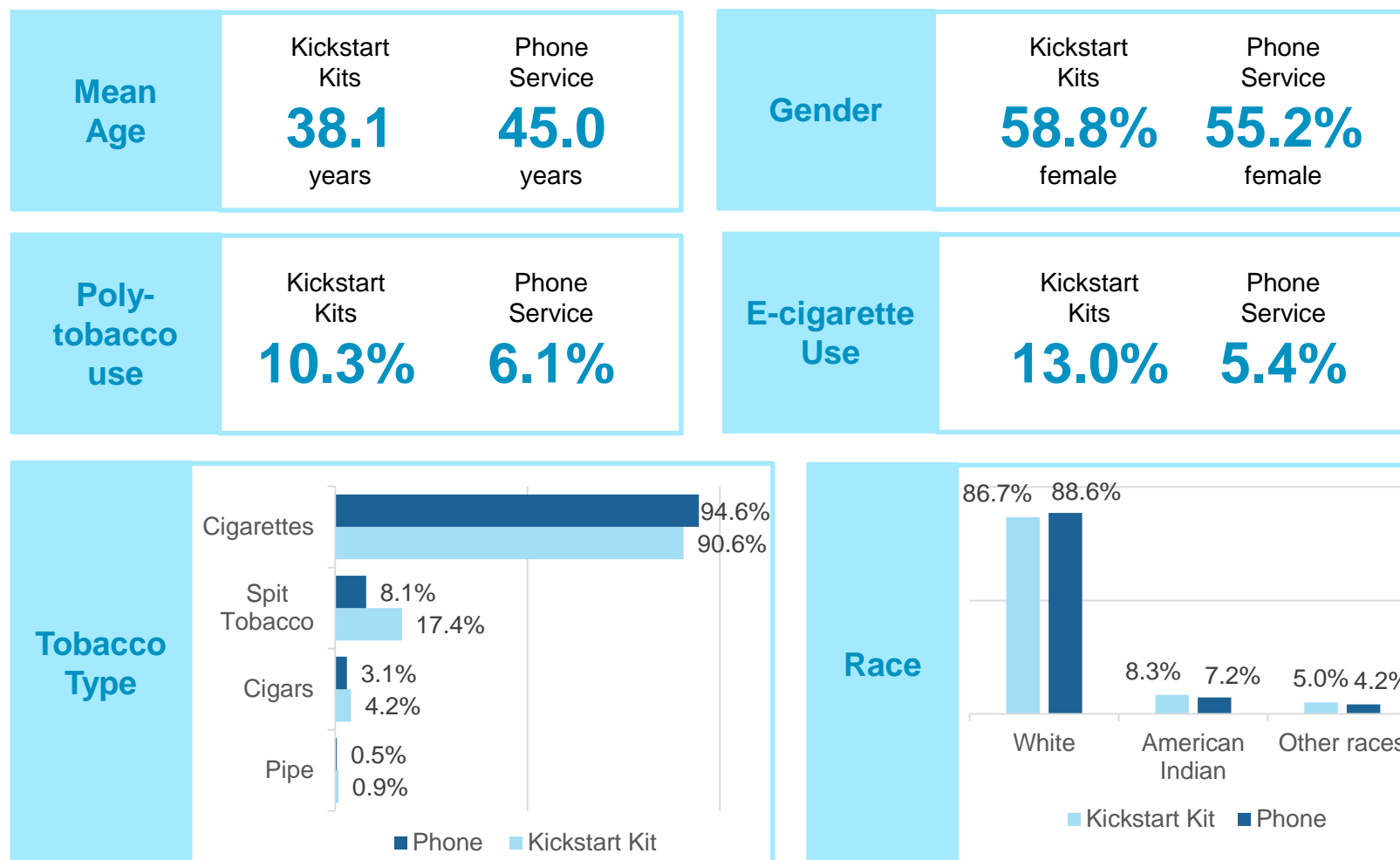
74% - 81%

of Kickstart Kit enrollees
have never used the SD
QuitLine service before!

Goal: Reach more tobacco users by offering
a variety of options for cessation.



Preliminary Characteristics of Enrollees by Service



New services: March 2017 to November 2017; Phone Service: January to December 2016

What can I do?



Ask, Advise, and Refer every time!



Spread the word about the new services:

- *“Try a Kickstart Kit!”*
- *“Need more help? Call the SD QuitLine!”*
- Emphasize the easy web enrollment.
- Remind tobacco users that all SD QuitLine services are FREE!

Breaking Down Barriers

Educating and Increasing Screening
Rates Among Karen, Spanish and
Hutterite Populations



TEAM

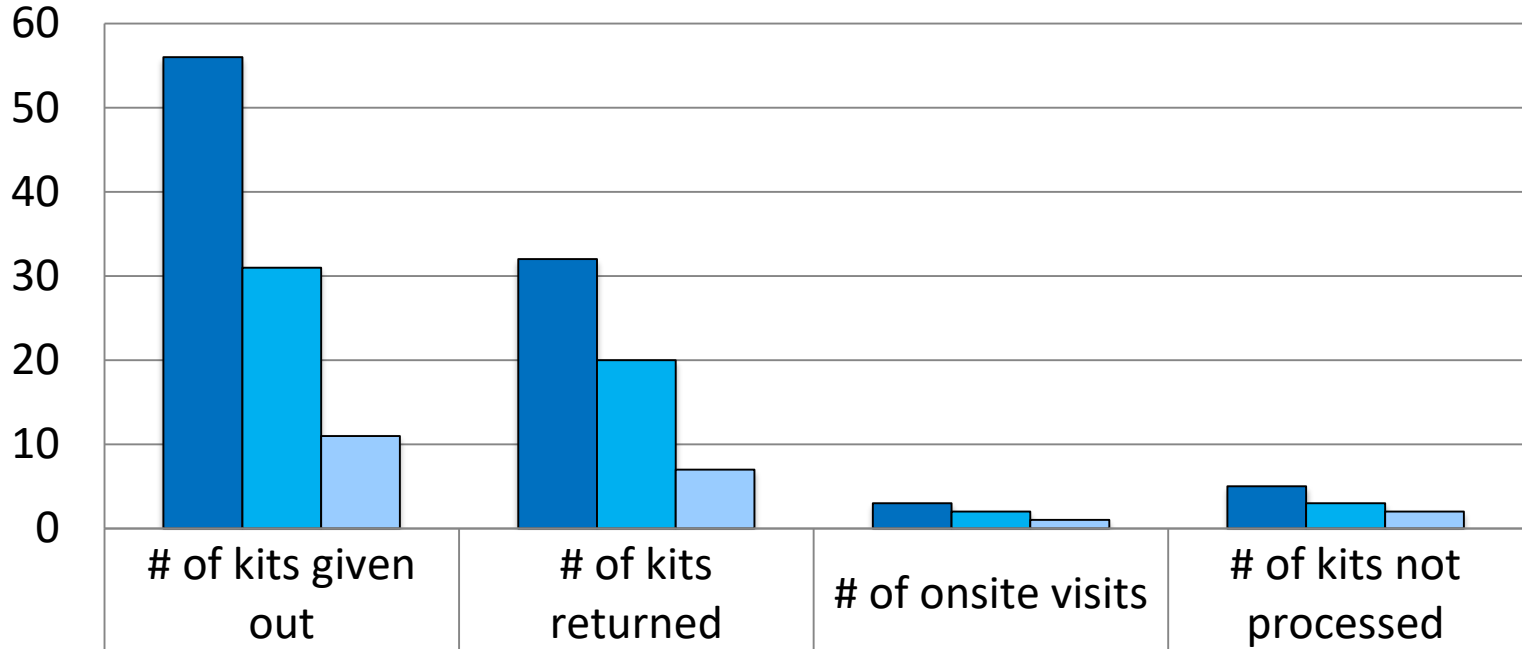
- Debbie Lancto- Avera Health Plans
- Tara Stombaugh-Avera Health Plans
- Lori Fiedler-DAKOTACARE
- Bonnie Dosch- Dakota Provisions
- Smokey Hueston-Dakota Provisions
- Sandy Dickson- Dakota Provisions
- Avera McKennan Lab



Located in Huron, SD



FIT Kit Distribution



	# of kits given out	# of kits returned	# of onsite visits	# of kits not processed
2016	56	32	3	5
2017	31	20	2	3
2018	11	7	1	2





Changes



သးဝံၣ်သကိးကညိၣ်စီၣ်လံာ်မိၣ်ပှၢ်တၢ်သးဝံၣ်

က ခ ဂ ဃ င စ ဆ ရှ

ည တ ထ ဒ န ပ ဖ ဘ

မ ယ ရ လ ဝ သ ဟ အ

ဇ ... တၢ်လာပသးဝံၣ်ခဲအံၤန့ၣ်မ့ၢ်ပလံာ်ခိၣ်ထံး ...



TEAM

- Rich Jones-DAKOTACARE
- Hillary Osterday-DAKOTACARE
- Jodie Barnett-DAKOTACARE
- Lori Fiedler-DAKOTACARE
- Rebecca Tidemann-DAKOTACARE
- Christine Thompson-DAKOTACARE

400 Hutterian women, ages 52-74 received a client
reminder letter for a mammogram
A 2nd letter was sent 3 months following to allow
women time to schedule an appointment



Mammogram Screenings



Mobile units went out to 6 colonies

- 10 different colonies invited
- 29 mammograms completed on mobile bus



Changes





Thank you

For your time

Debbie Lancto
Debbie.lancto@avera.org

Lori Fiedler
Lori.fiedler@avera.org



**Effects of PSE in Child Care Facilities to Reduce the Burden of Skin Cancer:
Outcomes of the Childcare UV Protection Project**

Presenter: Sandra Melstad



SOUTH DAKOTA
CANCER
COALITION

**Skin cancer is the most
common form of cancer in
the United States.**

—AMERICAN ACADEMY OF DERMATOLOGY

THE
LAUREN SAVOY OLINDE
FOUNDATION

**ONE BAD SUNBURN IN CHILDHOOD
DOUBLES THE RISK OF SKIN
CANCER LATER IN LIFE**

CDC





Sunscreen Use in South Dakota

In 2015, 9.6% of children, grades 9-12, who most of the time or always wear sunscreen with an SPF of 15 or higher when they are outside for more than one hour on a sunny day.



The Community Guide: *Skin Cancer Child Care Center-Based Interventions*



Educational and behavioral interventions - provide information about sun safety and the effects of UV, and may be directed to children, their caregivers, or both. Messages delivered in lectures or through small media can be reinforced by modeling or role-playing.



Sun-protective environmental and policy changes - increase the availability of sun-protective items, adding sun-protective features to the physical environment, and implementing sun-protection policies

Sun Safety for Child Care Program Model Policy

This model policy provides a framework for supporting a sun safe child care program and aligns with the Sun Safety Standard 3.4.5.1 of the *National Health and Safety Performance Standards Guidelines for Early Care and Education Programs*.



Sun Safety for Child Care Programs Model Policy

Rationale and Standards

One bad sunburn in childhood doubles the risk of skin cancer later in life. Children's skin needs protection from the sun's harmful ultraviolet (UV) rays whenever they are outdoors. The risk for skin cancer can be greatly reduced when certain precautions are practiced. This model policy aligns with the Sun Safety Standard 3.4.5.1 of the [National Health and Safety Performance Standards Guidelines for Early Care and Education Programs](#).

Policy Components

The first step to creating an environment that supports UV protection is to utilize this model policy in its entirety or adapt this model policy to support the needs of the program.

[Program Name] is committed to ensuring that all children and staff are protected from skin damage caused by the harmful UVB and UVA rays of the sun.

[Program Name] (requires, encourages) the following sun safety guidelines be implemented for all staff and children.

1. Limit sun exposure between 10 AM and 4 PM, when UV rays are strongest. The availability of shade will be considered when planning excursions and outdoor activities during these times.
2. Monitor the heat index and schedule outdoor activities accordingly. Staff and children will be watched carefully for heat-related illnesses.
3. Staff and children will wear sun-protective clothing and equipment, when outside, that includes:
 - a. a hat with a wide brim that protects the face, neck and ears
 - b. child safe, shatter resistant sunglasses with 100% UVA & UVB protection
 - c. sun-protective clothing (i.e., tightly woven, loose-fitting, full length, light-colored and light-weight) when temperatures are reasonable
4. Apply broad spectrum, water resistant SPF 30 or higher sunscreen to all exposed areas and rub in well – especially the face (avoiding the eye area), nose, ears, feet and hands and rubbed in well – 30 minutes before exposure to the sun and every two hours while in the sun. If playing in water, reapplication will be needed more frequently. If the skin is broken or an allergic reaction is observed, staff will discontinue use and notify the parent/guardian. (An order from a health care provider for sun screen application is required in addition to parental consent for children under the age of six months.)

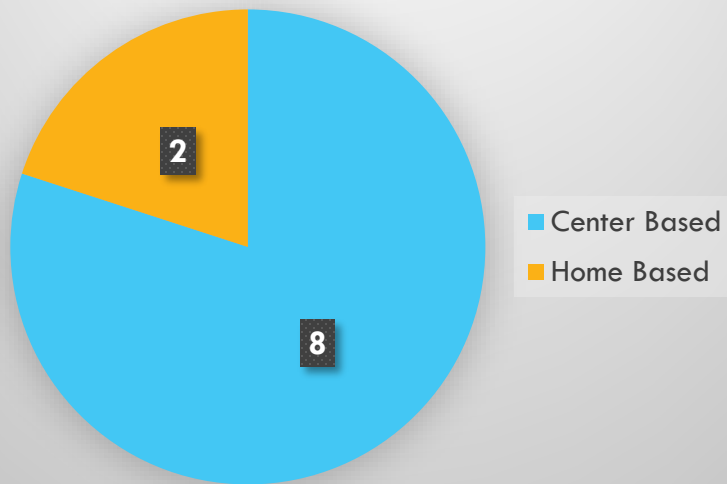


Project Overview

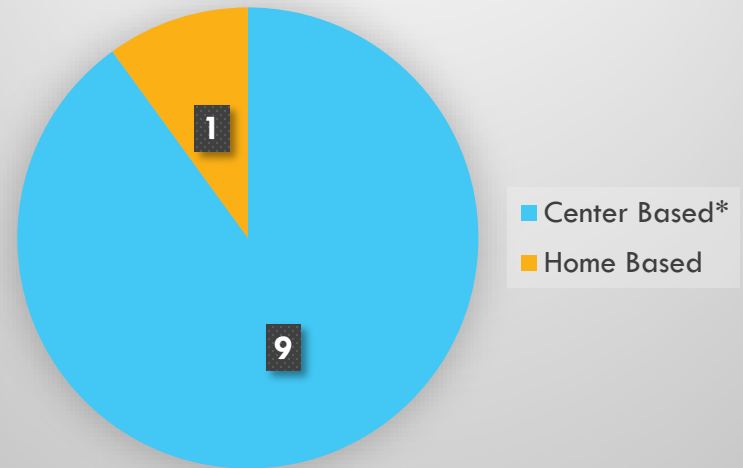
- PURPOSE
- ELIGIBILITY
- DESIGN
- AWARD
- PROJECT PERIOD

• PROJECT PERIOD

2017 Grantees (N=10)

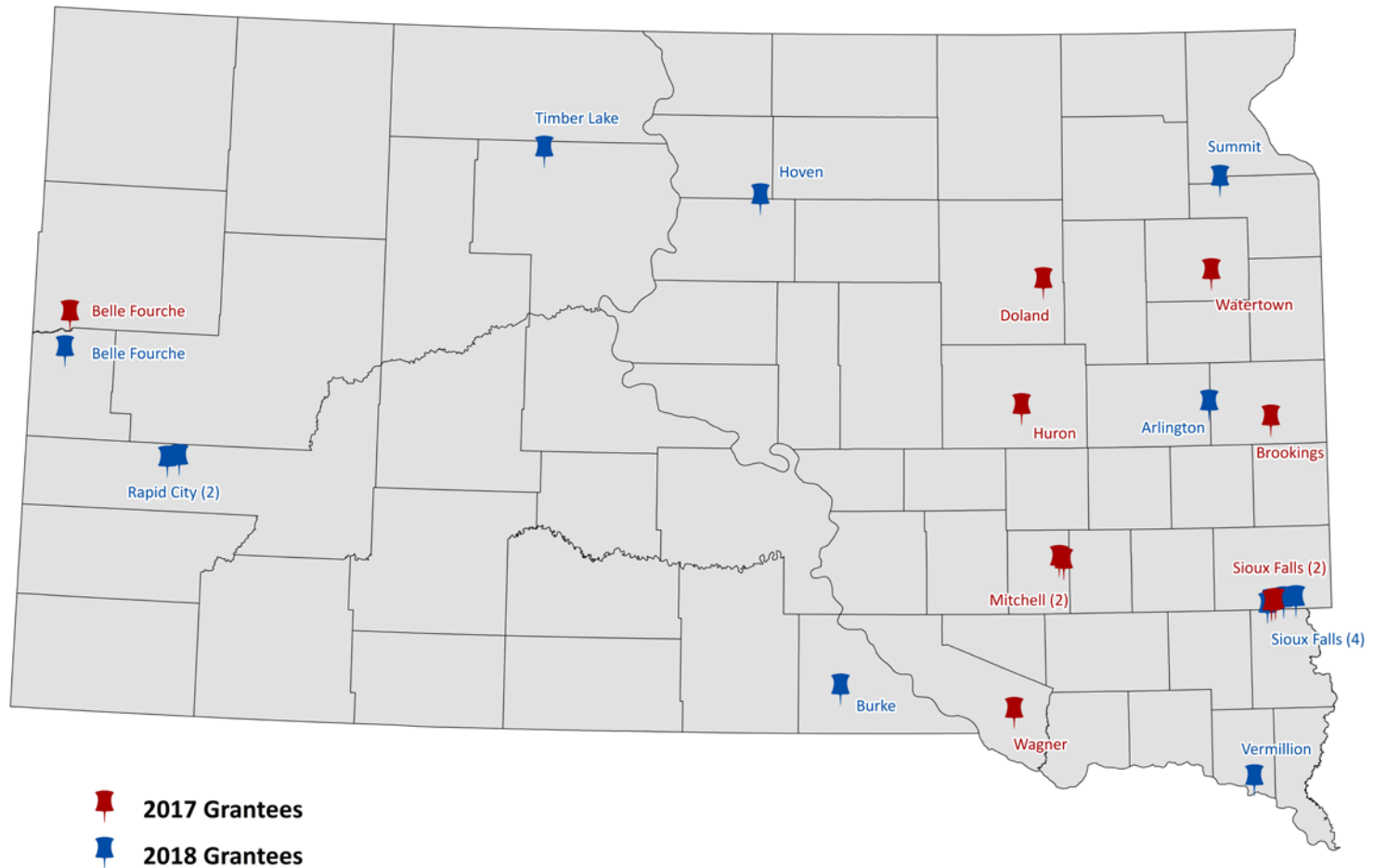


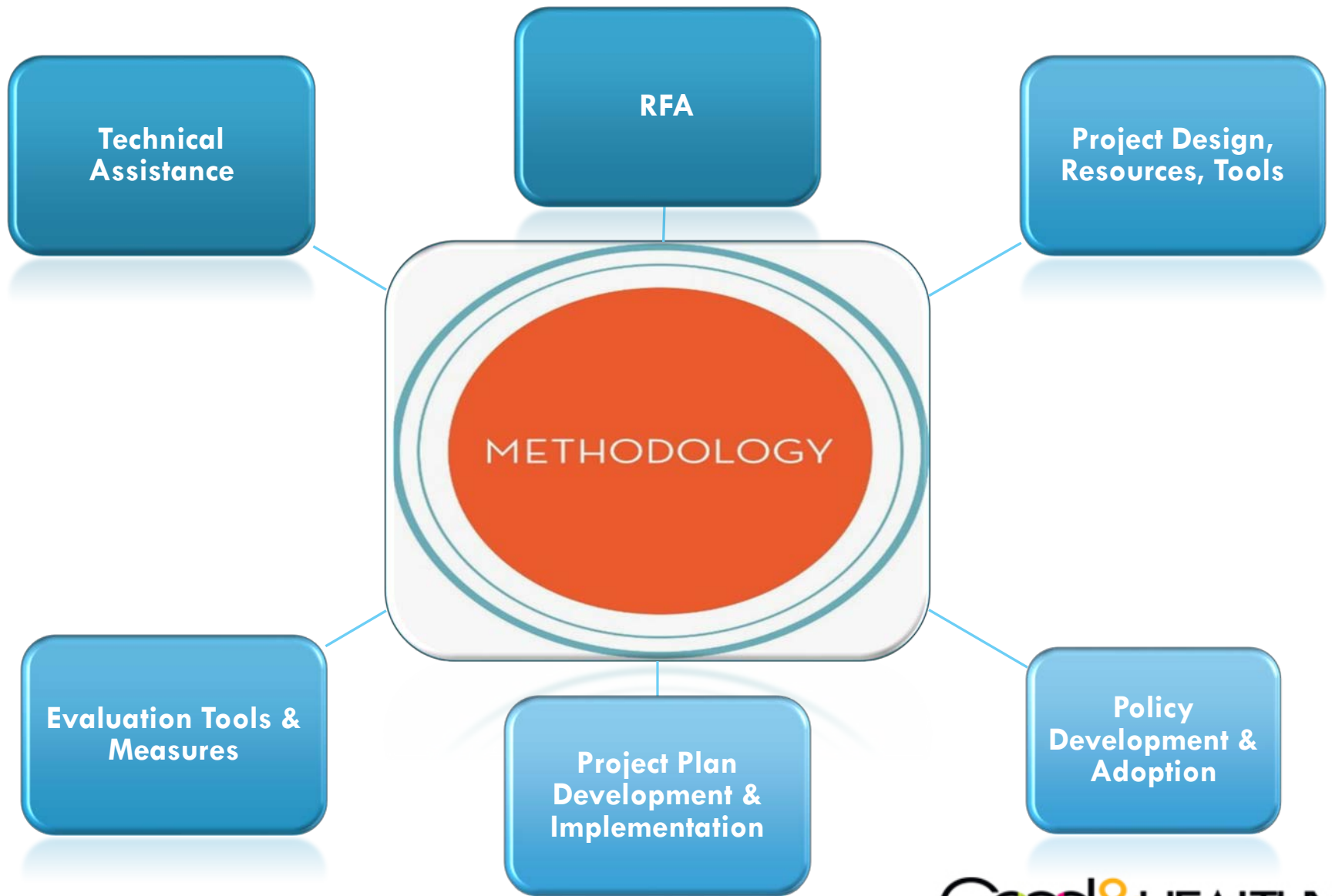
2018 Grantees (N=10)



*One center included four separate sites

2017 and 2018 Childcare Program Sun Safety Policy Grantees





Project Deliverables

Introductory Webinar

In-Person Meeting with Child Care Staff

Complete Project Evaluation Tools

Technical Assistance Calls

Develop & Implement Project Plan & UV Policy

Submit Project Report & Success Story

Evaluation Tools & Measures

Survey of Child Care Program Administrators on education, practices, and environment changes

Project Report

Adoption of policy changes as identified by Child Care Facility

Evaluation measures to support policy changes/activities identified for each participating child care facility.*

*** Evaluation measures for participating child care programs**

Project Activities

Hands-on activities,
including decorating
hats to wear when out
on the playground and
make UV Bracelets

Educate children
and parents on
UV Index

Staff training

Parent education
night

Disseminate
educational
materials to
parents

Project Outcomes



All programs chose to implement more than one sun safety practice in addition to policy implementation.



10 provided sunglasses and/or hats to children for outside time.



6 programs, which had not required sunscreen, elected to provide and make sunscreen use mandatory.



14 provided education on sun safety to the children as part of the program's curriculum. **All sites** provided education to staff and parents.



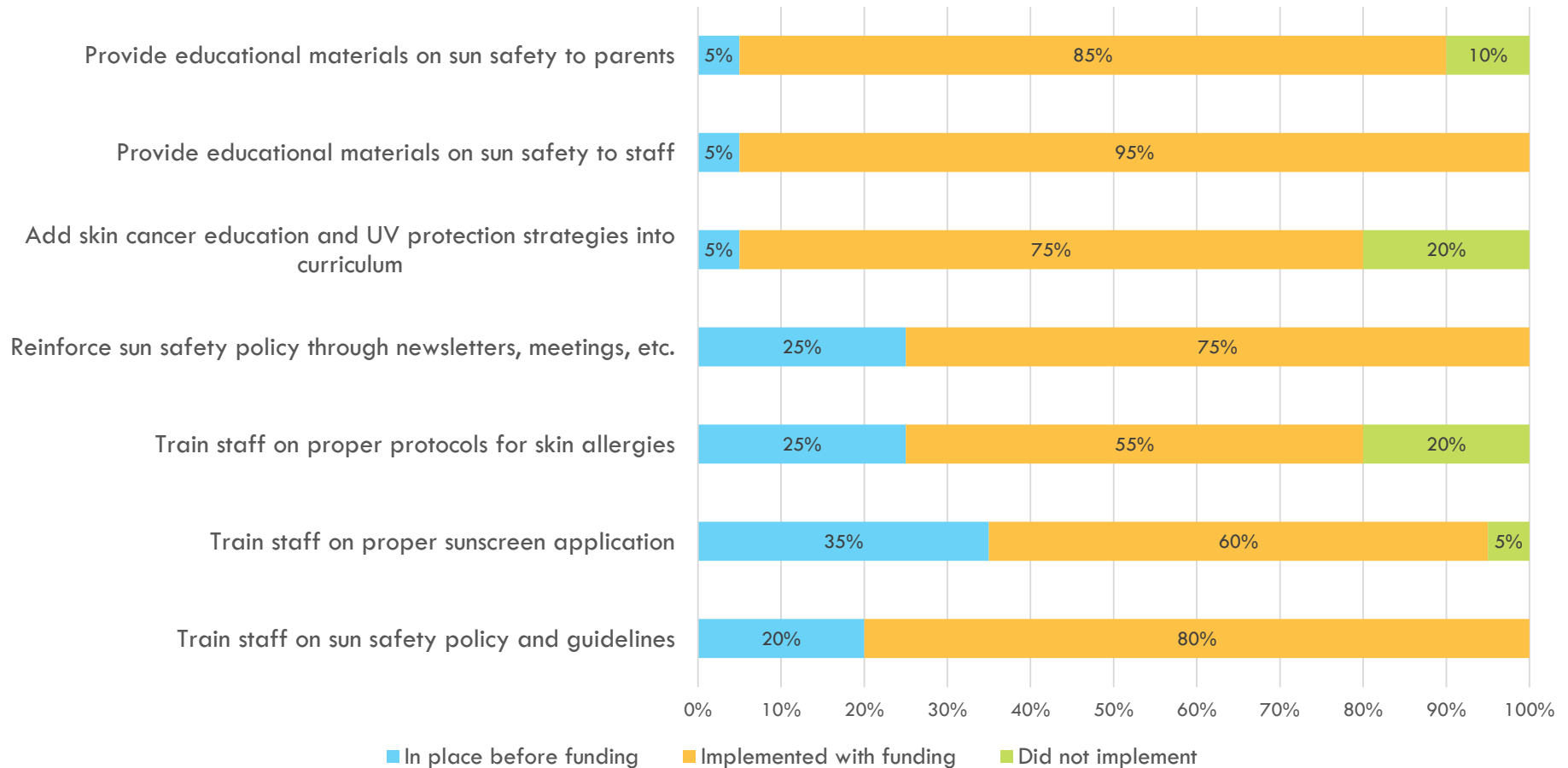
17 of 20 programs installed a shade structure on the playground areas of the facility.



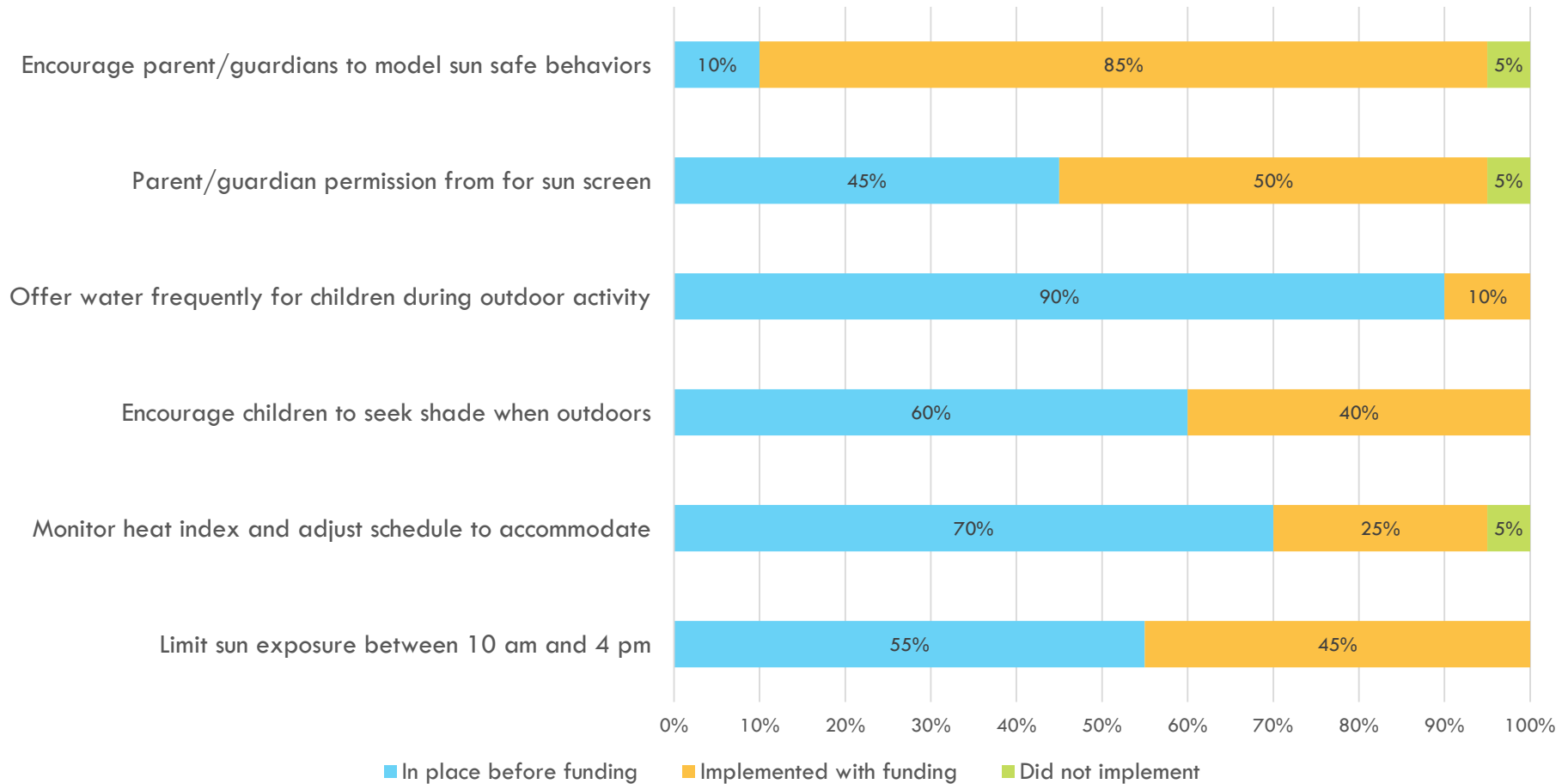
IMPACT

Nearly 3,000 children across **23 child care locations statewide** were impacted with grant funding totaling less than \$8,500.

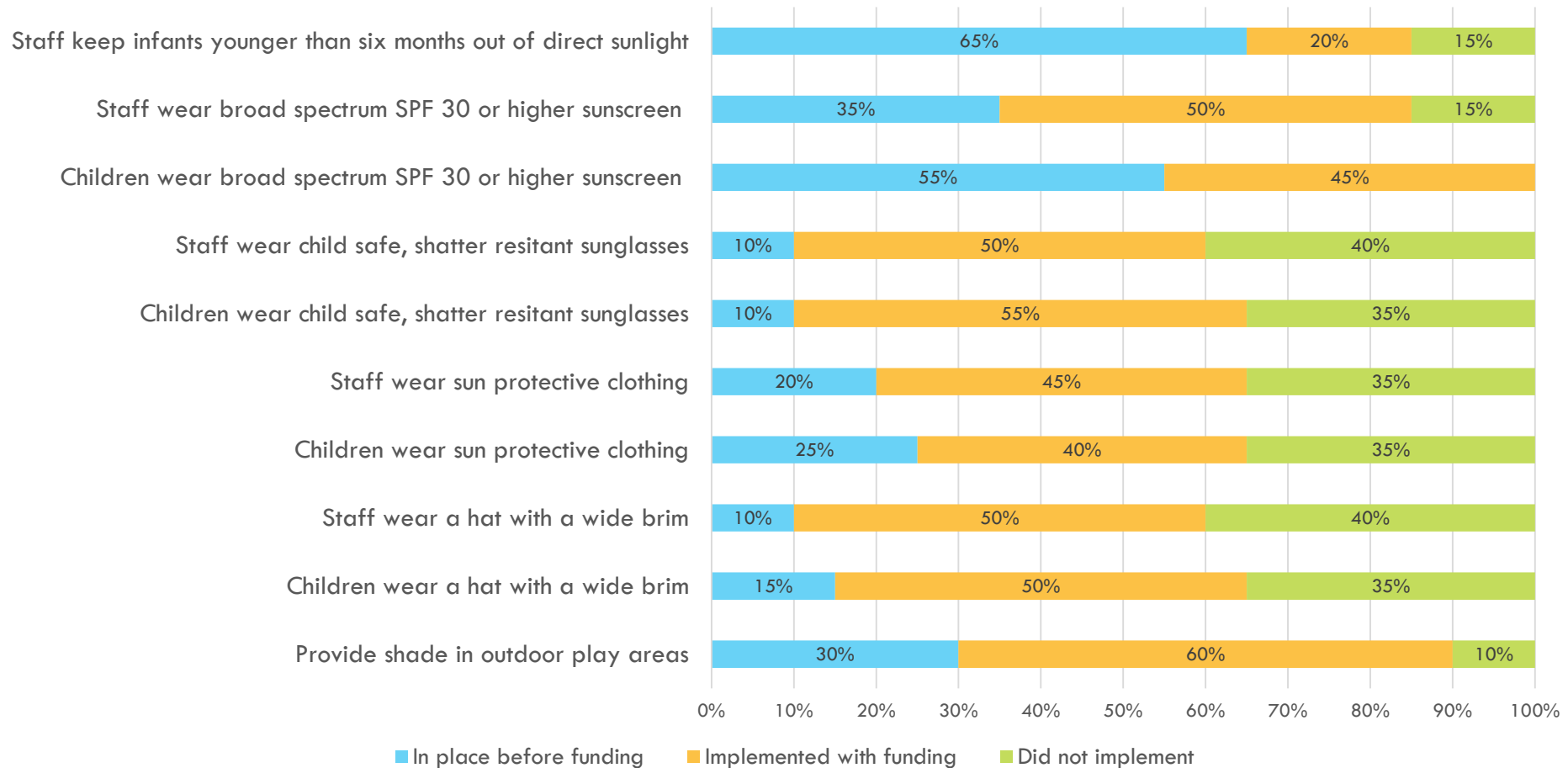
Addition of Educational Interventions to Promote Sun Safety



Addition of Sun Safety Practices



Changes to the Program Environment to Promote Sun Safety





“We never before sought out permission to use sunscreen on the kiddos and that was a valuable place to start a conversation with parents.”

2017 Grantee

“Maybe the best part of receiving this grant was just the ideas and conversation it sparked. We feel we made some positive changes by implementing a policy and purchasing the shade tents, hats, and sunscreen.”

2018 Grantee

Child Care Follow-up Survey, 2017 Grantees (N=7)

Implemented all of the guidelines outlined in Child Care UV Policy

Yes = 6

No = 1

During the past summer, facility completed any of the following

Enhance or strengthen your sun safety policy = 3

Educate staff on the sun safety policy = 4

Educate parents on the sun safety policy = 5

Policy Updated Since it was first implemented

1

Success Facility Achieved since Implementation of Policy

More sun safety awareness, consistent sun safe practice

Less sunburns, more protection

We have kids that ask for their hats before going outside.



Resources

[Sun Safety for Child Care Programs: Outcomes of a Targeted Funding Opportunity, 2017 Report](#)

South Dakota Comprehensive Cancer Control Program
www.cancersd.com

Contact Information

Lexi Pugsley

SD Comprehensive Cancer Control Program Coordinator
South Dakota Department of Health

Lexi.Pugsley@state.sd.us

Sandra Melstad

SLM Consulting, LLC

Sandra@slmconsultingllc.com

PARTNERS FOR PREVENTION

Chronic Disease Partners Talks

October 17, 2018

Jean Gross, RDH



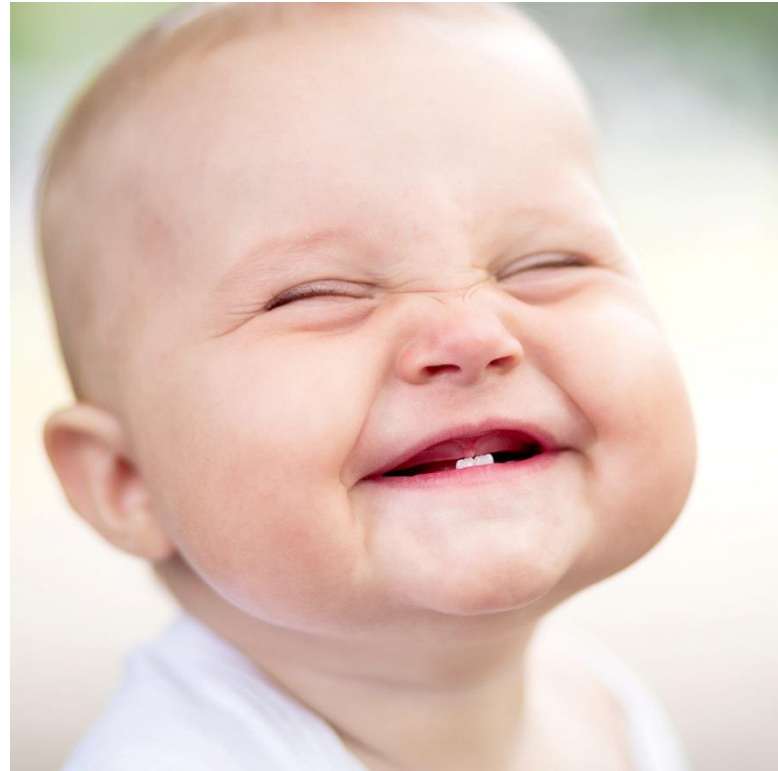
Tooth Decay #1 Chronic Childhood Disease

- Tooth Decay is nearly 100% preventable
- #1 Chronic Childhood Disease



Two is Too Late!

- ADA recommends all children be seen in a dental office 6 months after the first tooth erupts.
- Age one dental visits.



Early Childhood Caries

Without early prevention children suffer



Teeth Matter

- Decay of primary teeth can affect children's growth, speech, ability to learn, self-esteem and lead to malocclusion.
- 40% of uninsured children in this country have never been to the dentist.
- Decay in primary can lead to infection in face, head; if untreated, can cause death.



If you want tomorrow to be different than yesterday, you have to change what you are doing today.

Unknown author



Medical Staff Can Make a Difference



Medical providers see children an average of 12 times in the first 3 years of life.



Medical Staff Can Make a Difference



The *Journal of Pediatrics* reports that parents of 2-5 year olds are nearly 3 times more likely to take their child to the dentist if the child's medical provider recommends it than if no such recommendation is made.

Working Partners

- Pediatricians, Family Physicians, Physician Assistants, Nurses, Medical Assistant
- Department of Health Nurses
- Students of : Nursing, Medical Assistant,



Delivering Oral Health Services During Well-Child Visits

- Risk Assessment
- Anticipatory Guidance
- Application of Fluoride Varnish



Lift the Lip

Incorporate with the oro-pharynx exam



Lift the Lip



Risk Assessment

Patient Name: _____ Date of Birth: _____ Date: _____														
Visit: <input type="checkbox"/> 6 month <input type="checkbox"/> 9 month <input type="checkbox"/> 12 month <input type="checkbox"/> 15 month <input type="checkbox"/> 18 month <input type="checkbox"/> 24 month <input type="checkbox"/> 30 month <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> 5 years <input type="checkbox"/> 6 years <input type="checkbox"/> Other _____														
RISK FACTORS	PROTECTIVE FACTORS	CLINICAL FINDINGS												
<p>⚠ Mother or primary caregiver had active decay in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>• Mother or primary caregiver does not have a dentist <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>• Continual bottle/sippy cup use with fluid other than water <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>• Frequent snacking <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>• Special health care needs <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>• Medicaid eligible <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>• Existing dental home <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>• Drinks fluoridated water or takes fluoride supplements <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>• Fluoride varnish in the last 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>• Has teeth brushed twice daily <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>⚠ White spots or visible decalcifications in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>⚠ Obvious decay <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>⚠ Restorations (fillings) present <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>• Visible plaque accumulation <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>• Gingivitis (swollen/bleeding gums) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>• Teeth present <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>• Healthy teeth <input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
ASSESSMENT/PLAN														
<p>Caries Risk: <input type="checkbox"/> Low <input type="checkbox"/> High</p> <p>Completed: <input type="checkbox"/> Anticipatory Guidance <input type="checkbox"/> Fluoride Varnish <input type="checkbox"/> Dental Referral</p>	<p>Self Management Goals:</p> <table border="0"> <tr> <td><input type="checkbox"/> Regular dental visits</td> <td><input type="checkbox"/> Wean off bottle</td> <td><input type="checkbox"/> Healthy snacks</td> </tr> <tr> <td><input type="checkbox"/> Dental treatment for parents</td> <td><input type="checkbox"/> Less/No juice</td> <td><input type="checkbox"/> Less/No junk food or candy</td> </tr> <tr> <td><input type="checkbox"/> Brush twice daily</td> <td><input type="checkbox"/> Only water in sippy cup</td> <td><input type="checkbox"/> No soda</td> </tr> <tr> <td><input type="checkbox"/> Use fluoride toothpaste</td> <td><input type="checkbox"/> Drink tap water</td> <td><input type="checkbox"/> Xylitol</td> </tr> </table>	<input type="checkbox"/> Regular dental visits	<input type="checkbox"/> Wean off bottle	<input type="checkbox"/> Healthy snacks	<input type="checkbox"/> Dental treatment for parents	<input type="checkbox"/> Less/No juice	<input type="checkbox"/> Less/No junk food or candy	<input type="checkbox"/> Brush twice daily	<input type="checkbox"/> Only water in sippy cup	<input type="checkbox"/> No soda	<input type="checkbox"/> Use fluoride toothpaste	<input type="checkbox"/> Drink tap water	<input type="checkbox"/> Xylitol	
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<input type="checkbox"/> Use fluoride toothpaste	<input type="checkbox"/> Drink tap water	<input type="checkbox"/> Xylitol												

Anticipatory Guidance

- Minimize risk of oral infection
- Optimize oral hygiene
- Reduce dietary sugars
- Educate parents on oral health development
- Injury prevention
- Administration of fluoride



Fluoride Varnish

- Fluoride varnish is safe and effective
- You can apply fluoride varnish as part of a routine visit
- Fluoride varnish is a billable procedure



Applying Fluoride Varnish



Fluoride Varnish

- Remineralization benefits like other topical fluoride sources.
- Can slow, arrest and reverse the caries disease process by 30%.
- Intended for children who are at moderate to high risk for dental caries.
- The 2017 Medicaid reimbursement rate is \$22.93 per application. Three applications/year may be billed up through age 5



Working Partners

- Pediatricians, Family Physicians, Physician Assistants, Nurses, Medical Assistant
- Department of Health Nurses, Head Start Nurses and Staff
- Students of : Nursing, Medical Assistant, Physical Therapy



Are you applying fluoride varnish to your young patients?

Did you know?

- Fluoride varnish is a billable service
- It only takes seconds to apply
- Minimal supplies are needed
- Any trained staff can apply it
- It prevents caries, the #1 chronic childhood disease





Partners for Prevention

Everyone loves a healthy smile

Free Lunch and Learn

- Fluoride varnish application training
- Billing information for fluoride varnish
- Oral health tips and highlights
- Educational materials provided
- Resources for oral health

