



# Contextual influences on the implementation of a community-based oral health program in rural Nepal: A mixed methods study

Amy Szacilo, MS; University of Montana

Ghale, Aayusha, Paudel, Aagya, Shrestha, Kamana, Acharya, Shreehar, Poudel, Saraswoti, Spero, Laura, Prajapati, Dilip, Shrestha, Archana, McKay, Kimber, Walker, Ethan, & Pedersen, Maja



# Background<sup>1-9</sup>

3.5

BILLION



People suffering from oral diseases

3 out of 4 people affected live  
in low- and middle-income  
countries



Poor oral health has been linked to:

- Heart disease
- Diabetes
- Adverse pregnancy outcomes
- Decreased quality of life



# Background<sup>10-11</sup>

## The Basic Package of Oral Care



Oral Urgent Treatment (OUT)



Atraumatic Restorative Therapy (ART)



Affordable Fluoride Toothpaste

**AUGMENTED**



## The Basic Package of Oral Care Plus in Nepal

Primary health care facilities

School settings

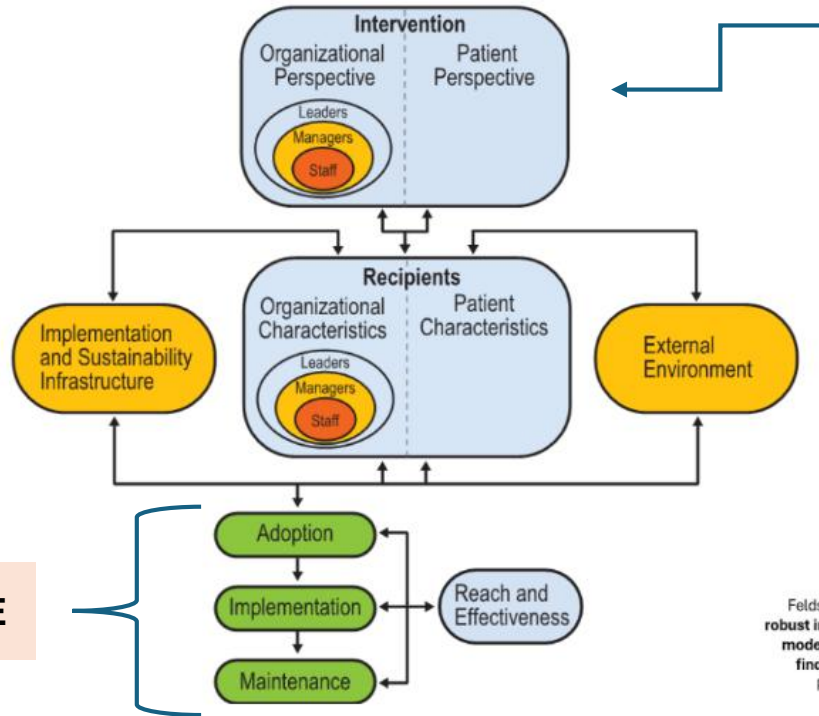
Community settings

# Study Objective

To describe the implementation outcomes and contextual influences of the BPOC+ using the Practical, Robust Implementation and Sustainability Model (PRISM) and Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) outcomes.



# Methodology<sup>12-15</sup>



QUALITATIVE

QUANTITATIVE

Feldstein AC<sup>1</sup>, Glasgow RE. **A practical, robust implementation and sustainability model (PRISM) for integrating research findings into practice.** *Jt Comm J Qual Patient Saf.* 2008 Apr;34(4):228-43.

# Results

- Analyzed service delivery patterns between 2023-2025.
- Allocation of public funding from 2020-2026.
- Interviewed 22 staff members of the implementing organization.
- Photovoice was conducted with 10 community members in one rural municipality currently implementing the BPOC+.



# Results: REACH

- Program reach expanded from 3,901 in 2023 to 12,679 participants in 2025.
- Reaching marginalized groups was facilitated by delivery of services across four distinct activities.



## Title: **Free Health Treatment**

*“Previously, the poor and suffering did not have discount to dental health, but now in every community, the poor and suffering have access to free health services.”*

- Community member (PV8)

# Results: EFFECTIVENESS

- Behavior change attributed to the BPOC+ model allowed for the provision of more preventive services overtime.

## **Title: Health check up at the doctor**

*“This photo shows an increased habit of going to the doctor for health checkups. It makes it easier to detect and treat diseases on time. This change has raised health awareness and, with timely treatment, helped prevent serious illness.”*

- Community member (PV9)

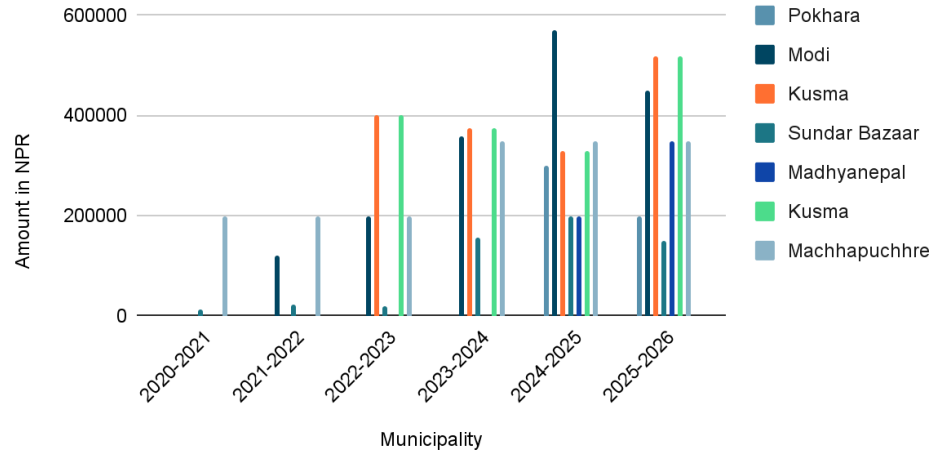


# Results: ADOPTION

*“If they allocate a budget, then we can add services. It is a partnership. If they cannot allocate a budget in their meetings and they say, “No, we cannot,” then only our initiative is not enough. If we place services there anyway, it won’t be sustainable.”*

- Administrator (P12)

Allocation of public funds for program implementation, 2020-2026



# Results: IMPLEMENTATION

- Inconsistencies in BPOC+ activities across years and municipalities were observed.

*“The reason we cannot reach in six months is sometimes leave issues, sometimes budget issues. Because of not being able to reach every six months, they say, “You tell us six months, but you don’t come.””*

– Administrator (P12)

# Results: MAINTENANCE

- Reach and adoption of the BPOC+ model has grown since 2020.

*“And I think that's a really positive aspect of the program, because regardless of the clinical care that gets done, you're setting people up to trust this system, you're setting children up to not be afraid to go to see a dentist. If that's all you do, that's a huge contribution to their future participation and their own well-being.”*

– Administrator (P22)



# Conclusions

- Consistent with previous literature, these findings underscore the substantial impact of multilevel determinants on program outcomes.<sup>16-17</sup>
- To our knowledge, this is the first study that has applied an implementation model to comprehensively explore organizational and participant perspectives alongside implementation outcomes of the BPOC as a multicomponent oral health intervention.
- Findings from this study provide a foundation of knowledge that can inform adaptations to the current program as well as future iterations of community based oral healthcare initiatives in other rural settings globally.

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# Speaker Biography



Amy Szacilo is a doctoral candidate at the University of Montana of the United States and a visiting Fulbright-Fogarty Fellow with Kathmandu University School of Medical Sciences and Dhulikhel Hospital. Amy has a background in clinical dentistry, public health, and nutrition, which has driven her passions in pursuing improving access to culturally tailored healthcare services in rural communities.