I. PROGRESS

Introduction

With the project ending on July 31st, 2019, this report is a summary of project activities and accomplishments over the course of the entire four-year project period. It does not go into specific details of activities, as did prior reports, but summarizes accomplishments over the grant period. The project continues to be a collaborative undertaking of three organizations within the University of New Mexico’s Health Sciences Center: The Center for Development and Disability, located in the Department of Pediatrics, which is the administrative home of the project; The College of Nursing in the Health Sciences Center; and the Department of Dental Medicine in the School of Medicine. This narrative is organized using the framework outlined in the instructions provided by HRSA, as well as the three project goals and multiple objectives and activities contained in the original project work plan.

The performance report submitted in November of 2018, discussed at length factors which caused a shift in project focus. These included demographic and population characteristics of the state as well as system issues, including a fragmented health care delivery system and a lack of public oral health infrastructure resources; and a fiscal issues, including a state government fiscal crisis that caused our original partner, the Blue Cross / Blue Shield Medicaid Managed Care Organization, to withdraw from the project.

Sustainability

In response, the project team worked with the Project Advisory Board to develop an alternate strategy that included multiple strategies. Because of the importance of sustainability, these are reviewed here at the beginning of the final report. Each of these initiatives will continue past the end of the project. While the long-term future for each is unknowable, institutional support promised from the Center for Development and Disability, the College of Nursing and the Dental Residency Program should go far towards ensuring sustainability during the short and medium term future and perhaps beyond.
• The project shifted its focus to training community health representatives (CHRs) and workers (CHWs), public health nurses and staff of home visiting programs, focusing on Native American communities in the state and translating training materials used in these community-based settings to an online course with both Continuing Education Units as well as Continuing Medical Education Units.

The online courses as well as associated materials (see page 6) are mounted on the Centers’ website. The New Mexico Department of Health has given the course 5.75 continuing medical education units for Community health workers and Representatives, and 6.25 continuing medical education units are also available for those who complete the course.

The Navajo Department of Health has made the courses mandatory for Community Health Representatives working on the Nation.

The on-line courses and other materials may be viewed at

http://www.cdd.unm.edu/dhpdp/programs/nm-oral-health/index.html

• Project staff from the College of Nursing developed didactic modules on oral health assessment, issues and treatment for Family Nurse Practitioners (FNP), Primary Care Nurse Practitioners (PNP) and Midwives. FNP and PNP students have an inter-professional experience with the UNM Dental Residents to learn how to do an oral exam, identify dental caries, periodontal disease and discuss management appropriate for a primary care setting.

Key learning objectives include:

1. Demonstrate the ability to perform and document an oft requested primary care pre-anesthesia physical examination appropriate for patients preparing for surgical procedures.
2. Choose and complete the oral risk assessment tool based on patient dentition.
3. Assess and develop a plan of treatment for an acute oral health condition common in primary care (i.e. emergency dental/oral pain, avulsed tooth, gingival or periodontal condition, discrimination between facial musculoskeletal vs. dental or headache pain).
4. Identify and evaluate an oral-systemic health issue in a patient to be addressed by primary care and dental providers.

Table One presents information on the numbers of nursing students who have completed their rotation at the Residency.
Table One
Primary Care Nursing Students Completing Rotations at the Dental Residency Program

<table>
<thead>
<tr>
<th>Year</th>
<th>Total # of Students</th>
<th># FNP</th>
<th># PNP</th>
<th># RN-BSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>1</td>
<td>data not available</td>
<td>data not available</td>
<td>1</td>
</tr>
<tr>
<td>2015</td>
<td>1</td>
<td>data not available</td>
<td>data not available</td>
<td>1</td>
</tr>
<tr>
<td>2016</td>
<td>27</td>
<td>18</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>2017</td>
<td>20</td>
<td>20</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2018</td>
<td>30</td>
<td>30</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

As discussed in prior reports, project staff identified state-level policy needs that could lead to future progress in the area of perinatal oral health. The first was a need to reinstate reimbursement for topical fluoride for children. For over two and a half years, project staff, in particular Dr. Jan Martin, worked with partners in both the public and private sectors. Since the 2015 redesign of Centennial Care, the state’s Medicaid Managed Care program, reimbursement was not available.

On May 15th, the Human Services Department released a letter that included the reinstatement of topical fluoride varnish for children aged six months to twenty and added $450,000 in state general funds as the required state Medicaid match. The relevant portion is included here:

6. Addition of Preventive Topical Fluoride Varnish Benefits for Children

HSD proposes to add new codes for administering preventive topical fluoride varnish treatments to children age six months through age 20, effective July 1, 2019. The new proposed codes may be billed on a periodicity schedule of twice per year by either the child’s dentist or primary care provider (PCP). Codes and proposed rates for the new services are described below.

- CPT code 99188 – Topical application of fluoride varnish by a physician or other qualified health care professional. Proposed rate: $18.00.

The anticipated annual fiscal impact to HSD for adding these new fluoride varnish services is $2 million total in state and federal funds combined, with a state general fund impact of $450,000.

A second opportunity arose during the 2019 “long session” of the New Mexico Legislature. The Senate passed Memorial 96: Requesting The Office Of Oral Health Of The Department Of Health To Convene A Task Force To Study Ways To Expand Medicaid Coverage To Provide Additional Dental Care To Children.
The Memorial requested the Task Force to examine five issues:

A. expansion of participation in the dental care provider network accepting Medicaid;
B. increasing the number of providers enrolled in Medicaid;
C. reimbursement rates to Medicaid providers;
D. ways to increase access for Medicaid patients; and
E. ways to drive down the number and cost of Medicaid acute dental visits over time;

Dr. Jan Martin has been appointed to the Task Force, which will complete its study and make recommendations by November, 2019. A copy of the Memorial may be found in the attachments to this report.

- Project staff sought to find ways to imbed project activities in organizations beyond the state.

Project staff initiated contact with the Association of State and territorial Dental Directors. With the active assistance of the project’s technical assistance team, a proposal was submitted to ASTDD to have the community-based training discussed elsewhere in this proposal accepted as a best practice. In many, 2019, ASTDD contacted the project team to inform us that the practice, *Advancing Oral Health for New Mexico Perinatal Populations through Community Training*, had been accepted. This will give the project continued visibility after the end of the project period.

**Accomplishments: Summary of Progress on Project Goals and Objectives**

**GOAL I: Establish New Mexico Centennial Care Medicaid Evidence Based Oral Health Performance Standards for Prenatal and Infancy Care**

**Objective I.1: Engage statewide advisory group in project.**

Members of the Project Advisory Board (PAB), both collectively and individually, continue to serve as a key resource for project staff, including providing advice on key project activities and overall program direction. The PAB played a key role in developing the sustainability strategy discussed above during the end-of-grant planning retreat in the summer of 2018. Project staff continue to work with individual members of the PAB, including Janis Gonzalez, the state Title V director, on the oral health national performance measure. Carolyn Montoya of the College of Nursing was instrumental in assisting the project team get Medicaid reimbursement for Fluoride Varnish (see below).

A list of PAB members is on the next page.
Table One

New Mexico Perinatal and Infant Oral Health Quality Improvement Project

Project Advisory Board Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Altenberg, MS, CHES</td>
<td>Executive Director, Community Dental Services</td>
</tr>
<tr>
<td>Rick Adesso</td>
<td>Director, El Pueblo Community Clinic</td>
</tr>
<tr>
<td>Rudy Blea</td>
<td>Director, DOH Office of Dental Health</td>
</tr>
<tr>
<td>Sharon Giles-Pullen</td>
<td>RD, IBCLCNM WIC Breastfeeding Promotion Manager, WIC</td>
</tr>
<tr>
<td>Alicia Grady, DDS</td>
<td>Director, Special Needs Dental Clinic, New Mexico Department of Health</td>
</tr>
<tr>
<td>Janis Gonzales MD, MPH</td>
<td>State Title V Director, New Mexico Department of Health</td>
</tr>
<tr>
<td>Mariela Leyba, RDH, BSDH</td>
<td>Central New Mexico Dental Hygienist, New Mexico Department of Health, Health Systems Bureau, Office of Oral Health</td>
</tr>
<tr>
<td>Ray Lyons, DDS, FADPD</td>
<td>Director, Special Needs Dental Clinic, New Mexico Department of Health</td>
</tr>
<tr>
<td>Cate McClain, MD</td>
<td>Medical Director, Center for Development and Disability</td>
</tr>
<tr>
<td>Kerry Clear BC/BS</td>
<td>Blue Cross, Blue Shield</td>
</tr>
<tr>
<td>Carolyn Montoya, PNP, PhD</td>
<td>Associate Dean for Academics UNM College of Nursing</td>
</tr>
<tr>
<td>Mark Sanchez</td>
<td>Executive Director, DentaQuest</td>
</tr>
<tr>
<td>Sharon Phelan, MD, OB-GYN</td>
<td>Professor and Medical Director, Labor and Delivery, UNM</td>
</tr>
<tr>
<td>Martha McCaslin</td>
<td>Program Director Dental Assisting Dona Ana Community College</td>
</tr>
</tbody>
</table>

Objective 1.2: Establish evidence-based dental medical oral health performance standards.

Objective 1.3: Develop and define clinical policies, guidelines and tools based on adopted performance standards

Objective 1.4: Revise standards and clinical tools at regular intervals based on feedback from practice sites.
Objective 1.5: Increase statewide reach of new standards and clinical tools

These objectives have been met in multiple ways over the course of the project. Together, they fulfill Aim statement 2.A under HRSA Strategy #2 – Improve State or Systems Level Policies and Practices: By August 2017, each state team will develop, adopt or improve operationalization of at least one pregnant woman-centered policy and/or practice at the state, clinical system health plan of dental hygiene school curriculum level that helps to improve access to or quality of oral health care for those populations.

Project Materials

Over the course of the grant period, project staff developed multiple types of materials for use in training and patient education.

- The project’s New Mexico Perinatal Oral Health Quality Improvement Project Resource and Implementation Manual, which contains evidence-based performance standards for oral health in pregnancy and infancy, continues to be used in project trainings.

- Two educational tip-sheets were developed: Did you Know? Healthy Teeth and Gums in Pregnancy Keeps You and Your Baby Healthy and How Should I take Care of my Infants Teeth?

- Three Patient Education Flipbooks were developed for use by CHRs and CHWs for use by these and other health educators that cover the basics of oral health for families and expectant mothers and babies: Setting Oral Health Goals for the Family, Healthy Care for the Mouths of Expectant Mothers and Creating Family Oral Health Worksheet.

- Power Point based training materials were developed that target members of underrepresented groups, particularly Native Americans.

- Finally, as described above, the on-site trainings were turned into an interactive online course with both CUUs and CMEs offered.

These materials may be viewed at

http://www.cdd.unm.edu/dhpd/programs/nm-oral-health/index.html
Oral Health as State Title V Performance Measure

Project staff continue to work with state Title V staff on implementing this performance measure. The project evaluation team worked closely with staff of the Department of Health to provide them with information on oral health used in the state’s annual Title V reports.
Goal Two: Build Capacity and Implement Evidence-Based Prenatal and Infancy Oral Health Services That Meet Performance Standards at Practice Sites throughout New Mexico

Objective 2.1: Implement oral health standards and clinical tools at initial set of BC/BS practice sites.

Objective 2.2: Expand the statewide reach of the project through implementation at additional practice sites.

Objective 2.3: Increase knowledge and skills of Community Health Workers (CHWs) at practice sites through training in patient self-management education techniques

The last set of on-site trainings for the project were a series of trainings on the Navajo Nation doe Community Health Representatives, staff of the Navajo Department of Health’s sexually Transmitted Disease Program and staff of the Navajo Birth Cohort Study Program. Both Continuing Education Units (CEUs) for community health representatives and workers as well as Continuing Medical Education Units (CMEs) are provided at each training. The training material developed previously was extensively revised. The agenda for these trainings may be found in Figure One.

Over the course of the project, 176 individuals took part in trainings conducted by project staff. Table Two contains information on types of sites at which training occurred, while Table Three contains information on the types of providers trained over the course of the project. Table Four contains percentages for the roles of individuals trained.

<table>
<thead>
<tr>
<th>Site Type</th>
<th>Number of Intervention Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federally Qualified Health Centers</td>
<td>3</td>
</tr>
<tr>
<td>WIC</td>
<td></td>
</tr>
<tr>
<td>Home Visiting Programs</td>
<td>4</td>
</tr>
<tr>
<td>Community clinics</td>
<td></td>
</tr>
<tr>
<td>School-based Health Centers</td>
<td>1</td>
</tr>
<tr>
<td>Community Trainings: Community Health Workers and Representatives, and Public Health Nurses</td>
<td>24 programs from 16 communities across the Navajo Reservation, Hopi and San Felipe Pueblo participated in community trainings</td>
</tr>
</tbody>
</table>
### Table Three
Type and Number of Providers Receiving Training at Intervention Sites

<table>
<thead>
<tr>
<th>Type of Provider</th>
<th>Number of Completed Pre-Tests</th>
<th>Number of Completed Training</th>
<th>Number of Completed Post-Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care providers</td>
<td></td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Prenatal care providers (e.g., ob/gyn provider, midwife)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral health providers (e.g., dentist, dental hygienist)</td>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Non-Physician Community health workers, social workers in home visiting programs</td>
<td></td>
<td>163</td>
<td>163</td>
</tr>
</tbody>
</table>

### Table Four
Role of Providers Receiving Training at Intervention Sites

<table>
<thead>
<tr>
<th>Type of Provider</th>
<th>Percentage of People Trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>2%</td>
</tr>
<tr>
<td>Clinical Support Personnel (CHW, MA, Nurse Assistant):</td>
<td>58%</td>
</tr>
<tr>
<td>Other Provider (Nurse Practitioner, Midwife, Physician Assistant</td>
<td>3%</td>
</tr>
<tr>
<td>Nurse</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>7%</td>
</tr>
<tr>
<td>Unknown</td>
<td>24%</td>
</tr>
</tbody>
</table>
Figure One
Agenda for Navajo Nation Department of Health Community Health Representative (CHR) Trainings

Improving the Oral Health of Pregnant Women, Children and Families

8:30 AM – 8:45 AM  Welcome, Introductions and Pretest

8:45 AM – 9:45 AM  Module 1: Oral Health Essentials and Module 2: Oral Screening  
Presentation and Discussion

9:45 AM – 10:30 AM  Module 1: Oral Health Essentials and Module 2: Oral Screening  
Breakouts and Learning Activities

10:30 AM – 10:45 AM  Break

10:45 AM – 11:45 AM  Module 3: Oral Health in Pregnancy and Module 4: Oral Health Knowledge and Skills  
for Infants/Small Children  
Presentation and Discussion

11:45 AM – 1:00 PM  Lunch On Your Own

1:00 PM – 1:45 PM  Module 3: Oral Health in Pregnancy and Module 4: Oral Health Knowledge and Skills  
for Infants/Small Children  
Breakouts and Learning Activities

1:45 PM – 2:30 PM  Module 5: Promoting Good Oral Health Behavior Change in the Childbearing Family  
Presentation and Discussion

2:30 PM – 3:15 PM  Module 5: Promoting Good Oral Health Behavior Change in the Childbearing Family  
Breakouts and Learning Activities

3:15 PM – 3:30 PM  Break

3:30 PM – 4:15 PM  Module 6: Advocacy for Oral Health for Mothers and Babies System Access and  
Change

4:15 PM – 4:45 PM  Wrap Up, Post-Test, Evaluation and Certificates
Participation in COHSII-Led Activities

- Project staff continued to participate in the national learning network. Throughout the grant, project staff attended semi-annual grantee meetings. The principal investigator attended the final state grantee meeting in Washington, DC, and subsets of project staff attended the monthly webinars.

Goal Three: Establish and Implement Systems Linkages and Incentives Among Prenatal and Infancy Primary Care, Dental Clinical Settings and Community-Based Services to Implement Integrated Dental Medical Standards of Care

Objective 3.1: MCO-based incentives for attaining Performance Standards quality indicators in place.

- The project continues to offer continuing education units for community health workers and representatives issued by the New Mexico Department of Health (5.75 contact hours) as well as continuing medical education units (6.25) (CMEs) for training. Those taking the online training are issued certificates after completing the course evaluation. These will continue to be offered after the project ends.

- Project staff continue working with one site, El Pueblo Health Services, to adopt and integrate oral health measures into its prenatal services as a long-term QI project in preparation for patient Centered Medical Home certification.

Objective 3.2: Clinical and administrative policies, procedures and tools are established for Primary care-Dental linkages and referrals at project sites

The process of establishing or revising policies and procedures for referral to dental services continues as project staff continue to work with staff of organizations to develop or revise policies and procedures for referral to dental services. The information flyer for referrals in the greater metropolitan Albuquerque area included in the April, 2018 non-competing continuation report continues to be disseminated by sites.

Objective 3.4: Increase knowledge of good oral health practice for pregnant women and newborns on a statewide basis through dissemination and collaboration.

In addition to an article in a refereed journal, project staff made multiple national or statewide presentations during the project. An additional presentation has been accepted for the WONCA World Rural Health Conference to be held on October 12-15, 2019 in Albuquerque: Oral Health in Primary Care: Let’s Get to the Root of the Problem. This sixty minute symposium will be given by Drs. Cogil and Martin.
In addition, ACOG highlighted our project in their “Today’s Headlines” with a link to an article in the Albuquerque Journal, which may be found in the attachments to this report.

http://mailview.bulletinhealthcare.com/mailview.aspx?m=2019052801acog&r=7369784-c60a&render=y


- Jan Martin, Christine Cogil and Heidi Fredine, New Mexico Perinatal & Infant Oral Health Project, National Oral Health Conference, Louisville, Kentucky, April 16th, 2018 (one of three grantee presentations in a panel entitled *Perinatal and Oral Health Quality Improvement Project: Progress, Barriers and Successes of Three Participating States*).

- Christine Cogil, *Oral Assessment: Examine, find…and then what*, 39th Annual Advances in Primary Care Conference, Albuquerque, NM, April, 2018

- Anthony Cahill, Heidi Fredine, and Lyn Wilson-King, *Achieving Health Equity for Pregnant Women and Newborns*, New Mexico Public Health Association Annual Conference, April, 2018

- Barbara Overman, Christine Cogil and Heidi Fredine, *New Mexico Perinatal Oral Health Quality Improvement Project*. Association of Maternal and Child Health Programs, 2017

- Barbara Overman and Heidi Fredine, *New Mexico Perinatal Oral Health Quality Improvement Project*. Association of Maternal and Child Health Programs, 2017


Contributions to the Strategic Framework

1. **Profile population needs, resources and readiness to address the problems and gaps in service delivery.**

   As discussed in prior reports throughout the grant, New Mexico has no statewide data system that contains data on clinical dental or oral health services provided to pregnant women. The inclusion of pregnant women and children with disabilities and/or from at-risk family environments has resulted in project staff beginning to collect data on these populations from the National Survey of Children’s Health and the Pregnancy Risk Assessment Monitoring System (PRAMS).

2. **Mobilize and or build capacity to address needs.**

   Capacity-building of staff at clinical sites, home visiting programs and staff of School-based health centers is a critical part of the New Mexico project. Other project activities, such as working with the state Title V agency, the Task Force created by Senate Memorial 96, the Human Service Department’s Medicaid program, and the PRAMS statewide Advisory Board, are targeted at building system-wide capacity.

3. **Develop a strategic approach to implementation that utilizes a health care delivery system with statewide reach.**

   The expansion of the project’s target audience during the reporting period discussed in the sustainability summary at the beginning of this report has been shown to be an effective way to increase the statewide reach of the program. Creating effective partnerships, including the New Mexico Oral Health Coalition and the state Title V agency, is another.

4. **Implement evidence-based prevention policies, programs and practices and infrastructure development activities.**

   As discussed in prior reports, the standards and procedures contained in the *New Mexico Perinatal Oral Health Quality Improvement Project Resource and Implementation Manual* are evidence-based. This also applies to educational materials developed by the project focused on preventive “best practice” for pregnant women and newborns. Current trainings include this evidence based content, and the online course contains a module on oral health advocacy.
5. **Monitor the approach, evaluate effectiveness, sustain effective programs/activities and improve or replace those that fail.**

As discussed in the “Evaluation” section of this report, project evaluation staff put into place a comprehensive evaluation system that over the course of the project has collected data on all project activities. The project evaluation team operates in concert with project clinical staff to gather data on both process and outcome evaluation indicators. These activities allow the project to continuously monitor the effectiveness of project activities and revise them as needed to ensure the project has reached stated goals and objectives.

### III. EVALUATION

Table Five presents information on the number of pregnant women receiving education and the number of pregnant women and children receiving oral care. These indicators also correspond to Aim statements 3.b and 3.d.

<table>
<thead>
<tr>
<th>Period of Service</th>
<th>Number of Clients Enrolled in Site</th>
<th>Number Receiving Oral Health Education</th>
<th>Number Receiving Anticipatory Guidance</th>
<th>Number of Referrals to Providers for Dental/oral Health Care</th>
<th>Number Receiving Preventive Dental/oral Health Care</th>
<th>Number Receiving Restorative Treatment</th>
<th>Number with Treatment Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>NW NM First Born</td>
<td>200</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse Family Partnership</td>
<td>136</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Trainings</td>
<td>540</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medically Fragile Case</td>
<td>365</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Training Evaluations

The training evaluation form used by project staff remains unchanged from that discussed in prior reports. The first set of questions is common to all trainings, including the clarity of the training objectives, the facilitators, and three impact questions. The results from all four training sessions for these questions may be found in Table Six below. Nearly all participants said that they either “strongly agreed” or “agreed” with the impact statements “I have gained valuable knowledge and skills”, “there will be a positive impact on my professional work” and “Information from this activity will be incorporated into my practice”.

Table Six presents cumulative data on summary indicators in the training evaluation. As can be seen, 98% of all respondents over the course of the project indicated that they gained valuable knowledge and skills and that the training would have a positive impact on their future professional work. Table Seven presents baseline information from the three home visiting programs that are collaborating with the project.
Table Six
Summary Evaluation Data from Project Trainings, 2015 -- 2019

<table>
<thead>
<tr>
<th>How much do you agree or disagree with each statement?</th>
<th>Strongly Agree or Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall the session met its objectives</td>
<td>98%</td>
</tr>
</tbody>
</table>

BECAUSE I ATTENDED THIS SESSION:

<table>
<thead>
<tr>
<th>a. I have gained valuable knowledge and skills</th>
<th>98%</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. There will be a positive impact on my professional work</td>
<td>98%</td>
</tr>
<tr>
<td>Overall, I am satisfied with the session.</td>
<td>99%</td>
</tr>
</tbody>
</table>

Table Seven
Perinatal Oral Health Baseline Data from Home Visiting Sites

<table>
<thead>
<tr>
<th>Home Visiting Site</th>
<th># of New Clients</th>
<th>% Ever had Dental Exam</th>
<th>% Ever had Fluoride Applied</th>
<th>Average age 1st dental visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents as Teachers, Bernalillo &amp; Valencia Counties, NM</td>
<td>40</td>
<td>63%</td>
<td>44%</td>
<td>2 years</td>
</tr>
<tr>
<td>Medically Fragile Case Management Program, statewide</td>
<td>42</td>
<td>95%</td>
<td>68%</td>
<td>2.4 years</td>
</tr>
<tr>
<td>Nurse Family Partnership, Bernalillo County</td>
<td>136</td>
<td>Unknown (100% encouraged)</td>
<td>Unknown</td>
<td>1 year</td>
</tr>
</tbody>
</table>
New Mexico PRAMS Data on Oral Care

The New Mexico Pregnancy Risk Assessment Monitoring Program routinely collects statewide population data on health access and pregnancy-associated risk behaviors during the perinatal period. Aim Statement 3d. corresponds to one item on the survey which assesses whether respondents received a dental cleaning during pregnancy.

Table Eight below shows an oral health disparity from 2013 to 2017 (the most recent year of data available) indicates a growing disparity between women on and not on Medicaid receiving dental cleanings during pregnancy. In 2013, the rate of dental cleanings for women on Medicaid was 9% lower than women not on Medicaid. By 2017, the difference had grown to 14%.

Table Nine contains information from the PRAMS Toddler survey. As can be seen, over twice as many children on Medicaid had had a dental exam (46% v. 20%) and had ever had fluoride applied (33% v. 15%) than children not on Medicaid. Over three times as many children on Medicaid had a dental visit by one year of age compared to children not on Medicaid (15% v. 4%)

### Table Eight
NM Pregnant Women Receiving a Dental Cleaning by Medicaid Status
PRAMS, 2013-2017
One in three toddlers surveyed hadn’t seen a dentist by age 2. The most common reasons for not going to the dentist were: 1) Didn’t know my child needed to see a dentist (27%) and 2) Healthcare provider said child was too young (21%).

The narrative and data presented in this and prior reports make it clear that the project had a positive impact on oral health practice and policy within and beyond the state.
Attachments

Senate Memorial 96
Albuquerque Journal Article about the Project
A MEMORIAL

REQUESTING THE OFFICE OF ORAL HEALTH OF THE DEPARTMENT OF
HEALTH TO CONVENE A TASK FORCE TO STUDY WAYS TO EXPAND
MEDICAID COVERAGE TO PROVIDE ADDITIONAL DENTAL CARE TO
CHILDREN.

WHEREAS, oral health is just as important as physical
and mental health; and

WHEREAS, tooth decay, or cavities, is one of the most
common chronic conditions of childhood in the United States
and New Mexico; and

WHEREAS, the percentage of children and adolescents aged
five to nineteen years with untreated tooth decay is twice as
high for those children and adolescents from low-income
families, indicating that the current oral health care system
does not adequately address their needs; and

WHEREAS, the medical assistance division of the human
services department offers dental health care coverage though
a medicaid program or a waiver;

NOW, THEREFORE, BE IT RESOLVED BY THE SENATE OF THE
STATE OF NEW MEXICO that the office of oral health of the
department of health be requested to convene a task force to
study ways that medicaid coverage can be expanded to provide
additional dental care to children; and

BE IT FURTHER RESOLVED that the task force be requested
to study:

A. expansion of participation in the dental care provider network accepting medicaid;
B. increasing the number of providers enrolled in medicaid;
C. reimbursement rates to medicaid providers;
D. ways to increase access for medicaid patients;

and

E. ways to drive down the number and cost of medicaid acute dental visits over time; and

BE IT FURTHER RESOLVED that the task force be composed of representatives from the medical assistance division of the human services department, the New Mexico dental association, representatives of the dental health insurance industry, the New Mexico oral health advisory committee, the New Mexico dental hygienists' association, the New Mexico pediatric society, the department of dental medicine at the university of New Mexico, health action New Mexico, the New Mexico oral health coalition and the Indian health service Albuquerque area; and

BE IT FURTHER RESOLVED that the task force report its findings and recommendations to the legislative health and human services committee and the legislative finance committee by November 1, 2019; and

BE IT FURTHER RESOLVED that copies of this memorial be
transmitted to the secretary of health, the director of the
medical assistance division of the human services department,
the president of the New Mexico dental association, the
New Mexico oral health advisory committee, the president of
the New Mexico dental hygienists' association, the president
of the New Mexico pediatric society, the president of the
university of New Mexico, the board president of health action
New Mexico, the chair of the New Mexico oral health coalition
and the director of the Indian health service Albuquerque
area.
Nurses give oral health training on reservation

Federal grant funds UNM program across Navajo Nation

UNM NEWS SERVICE

Have you heard the saying, "You don't have to brush your teeth — just the ones you want to keep?" It turns out that a healthy mouth means more than just having good teeth. In fact, it is far more critical to overall well-being than generally believed.

The College of Nursing, the Dental Residency Program and the Center for Development and Disability at the University of New Mexico are working together to integrate oral health into the care of pregnant women and newborns. This is made possible through grant funding from the U.S. Health Resources and Services Administration.

Christine Cogil, D.N.P., R.N., an assistant professor, primary care oral health expert and lead trainer, and Barbara Overman, Ph.D., C.N.M., associate professor and project director manager on the grant, have been working with the Navajo Department of Health to train all of the community health representatives on the Navajo Nation. They have traveled to Crownpoint, Gallup and Farmington, as well as Window Rock, Flagstaff and Chinle, Ariz., working with health representatives who provide education, services and advocacy in the home.

"Preventive dental health is low-cost, easy and within people's control — and it has a real impact on family health," Overman says. "I enjoy the energy and engagement of first-line health workers who are reaching people and making change for the better."

Medical and nursing professionals typically are taught very little about dental health, even though research has shown that gum and tooth infections can have serious health consequences.

Some of the more vulnerable populations for potential problems are pregnant women and their unborn children.

Cavities and gum disease can seriously affect the health of pregnant mothers, causing complications they can pass along to their babies that could potentially last throughout childhood.

"Simple preventive measures can make a significant impact on the outcome of pregnancy," Cogil says. "These create positive health outcomes for infants and children."

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Christine Cogil, D.N.P., R.N., with Navajo community health representatives.