

*Perinatal and Infant Oral Health Quality Improvement
Program*

FY 2019 FINAL PROGRESS REPORT

Project Identification Information

Grant Award Number: H47MC29820

Project Title: Texas Perinatal and Infant Oral Health Quality Improvement
Expansion Program

Organization Name: Texas Department of State Health Services

Primary Contact Information:

Name: Rhonda Stokley, DDS

Title: Manager, Oral Health Improvement Program

Phone: (512) 776-3001

Email: rhonda.stokley@dshs.texas.gov

NARRATIVE

I. PURPOSE:

The Department of State Health Services (DSHS) Oral Health Improvement Program (OHIP) Perinatal and Infant Oral Health Quality Improvement (PIOHQI) Expansion Project aims to improve the oral health of pregnant women and infants in Texas through coordinated statewide efforts to integrate oral health education within perinatal care. Below is an update on activities within the Healthy Texas Smiles for Moms and Babies (HTSMB) project from June 1, 2018 – May 31, 2019.

- Collaboration with Texas home visiting programs which include Nurse-Family Partnership (NFP), Parents as Teachers (PAT) and affiliate HV programs. OHIP conducts HTSMB trainings, upon request, with home visitors. The goal of HTSMB is to educate home visitors about the safety and importance of oral health care during pregnancy so they will in turn educate and empower their clients. This is accomplished through training workshops that provide information and educational resources for both home visitors and their clients. OHIP is continuing to offer in-person training and educational resources for Texas HV programs who serve pregnant women and infants.

Progress: During 2018, OHIP trained 418 home visitors (HV) and/or parent educators on perinatal and infant oral health through the HTSMB project. To evaluate the effectiveness and relevancy of the HTSMB training, an online survey, via SurveyMonkey, was sent to all attendees to ascertain their satisfaction with the training and resources distributed. Eighty-eight percent of the respondents (n=75), responded that they would definitely recommend the training to other providers

and found the HTSMB resources helpful. (Attachment 1)

- **Enhanced collaboration with the Parents as Teachers (PAT) home visiting program.**
Progress: The partnership with Texas PAT expanded greatly in the fall 2018 with 11 regional trainings conducted for HV staff for a total of 418 staff trained. This partnership came about after the initial training of the PAT leadership team in April 2018. Regional PAT trainings were conducted in: Fort Worth, Dallas, Leander, New Braunfels, Houston, Tyler, Amarillo, McAllen, El Paso, and Midland/Odessa over a five-week period.
- **Collaboration with affiliate community-based services home visiting programs.**
Progress: The partnership with PAT has launched several other collaborations with other affiliate organizations that also serve pregnant women and children. These organizations have a HV or parent educator component and utilize PAT's HV curriculum for educating clients. Such programs include: AVANCE, Communities in Schools, Any Baby Can, ASPIRE, Early Head Start, Early Childhood Intervention (ECI), EasterSeals, and Project HOPES. OHIP works with these affiliates by including their staff in HTSMB trainings and providing technical assistance and oral health resources.
- **Implementation of a survey to ascertain the Knowledge, Attitudes, and Behaviors (KABs) of Texas dentists on the treatment of pregnant women and infants.**
Progress: The KAB dentist survey was completed in May 2018. The online survey was administered by the Public Policy Research Institute (PPRI) at Texas A & M University. The study's purpose is to understand the opinions of individual dentists regarding perinatal and infant dental care. The survey had a 10.9% return rate with 1,495 dentists completing the survey. Results from the survey showed:
 - 40.7 % of respondents feel it is not safe to provide routine dental care to pregnant women at any point in their pregnancy.
 - 53.7% of respondents say they will provide routine care to pregnant women only with their doctor's consent.
 - 96.7 % of respondents with 0-10 years of experience are likely to accept a 12-month old, whereas, dentists with more years of experience (over 30 years) were less likely to accept, with 61.5% indicating they would do so.
 - 95.5% of respondents who accept Medicaid believed an infant exam was necessary compared to 71.6% who don't accept Medicaid.

Two poster presentations were presented regarding the methodology, content, and/or results from KAB survey. The first poster was presented at the Texas Public Health Association (TPHA) annual meeting in March 2018 and the second poster was presented at the Association of Maternal and Child Health Programs (AMCHP) meeting in March 2019. (Attachment 2)

- **Development of Texas Perinatal and Infant Oral Health Guidelines to serve as the standard of care to both prenatal and dental providers on the dental treatment of pregnant women and infants.**

Progress: OHIP has taken a new direction with the development of its Texas perinatal and infant guidance for prenatal and dental providers. Maryland's state oral health program has granted OHIP permission to reproduce their existing perinatal guidance with latitude for redesign and addition of specific Texas information. The layout and design of the new document will be done through a vendor contract. Information from market research, that is also being conducted by contractor, plus the results from the KAB dentist survey will be utilized for determining best methods for dissemination. The final guidance document will be available in both electronic and hard copy formats.

- **Implementation of a communications contract**

Progress: A communications contract has been awarded to conduct a public awareness campaign and develop educational materials for prenatal and dental providers. Fleishman-Hillard Inc. is the awarded vendor, and work began in May 2019. OHIP has filed and been approved for a no-cost extension to allow additional time for the vendor to implement contract activities. The purpose of the campaign is to: 1) Increase awareness about the importance and safety of dental care in pregnant women and infants in Texas, 2) Improve the oral health literacy and oral care practices of pregnant women and infants in Texas, and 3) Influence providers to make referrals to pregnant women for dental care. The social media campaign will target pregnant women and regions based on data from the Texas 2015 PRAMS oral health dashboard. The contractor will provide social media strategies and creative content for the campaign. A toolkit for prenatal and dental providers will be developed and print-ready files provided. OHIP will print and disseminate the provider materials according to the recommendation from the contractor's market research. A copy of the communications work plan and deliverables is attached. (Attachment 3)

- **Launch of HTSMB landing page and website**

Progress: The development of the HSTMB landing page was completed in August 2018 and provides information regarding oral health during pregnancy, oral health services, and additional provider and consumer educational resources. The link to the landing page is: <http://dshs.texas.gov/dental/Healthy-Smiles-for-Moms-and-Babies.aspx>.

- **Development and launch of two HTSMB videos for HV programs.**

Progress: Two videos will have been produced from this grant award. The initial video, titled "*You Don't Have to be a Dentist to Save Teeth: Role of the Home Visitor*" shows home visitors how to teach pregnant women the importance of taking care of their babies and their own mouths, including going to the dentist on a regular basis. The second video (which is currently in production) focuses on what happens during a child's first dental visit. Both videos were produced to

inspire home visitors to “talk teeth” by discussing oral health information and referral to the dentist with their clients. The initial video is currently available in three formats: Teaser (1 min), public version (5 mins) and training version (10 mins) and is available on the DSHS vimeo portal. The link to access the video is: <https://vimeo.com/album/5132252>. The anticipated completion date for the second video is August 2019.

- **Development and dissemination of Dental Services Resource Guide for Pregnant Women and Children**

Progress: OHIP developed and is disseminating a Dental Services Resource Guide for Pregnant Women and Children to assist home visitors in accessing dental services for their clients. The guide contains information on free and low-cost dental insurance programs for pregnant women and children and where to locate dental services. Hard copies of the guide are currently being distributed during HTSMB trainings and an electronic version will be available through the HTSMB webpage.

Project Advisory Board

- **Status:** The Project Advisory Board for this project has been discontinued. Engaging PIOHQA advisory board members regarding the review of project reports and educational materials was an ongoing challenge for OHIP during the grant period and proved to be a non-effective way for gathering stakeholder input.

a. Accomplishments

- Texas DSHS now has a perinatal and infant oral health program that will continue after PIOHQA funding ends.
- Data Collection/Evaluation –PAT Program now routinely collects child-level oral health data on all clients annually through their electronic Child Health Record.
- OHIP now has a HTSMB PowerPoint presentation and resource kits for training home visitors, parent educators, frontline health workers.
- Two training videos produced: *You Don't Have to be a Dentist to Save Teeth: Role of the Home Visitor* and *Baby's First Dental Visit*.
- A Texas Two Steps contract with the Texas Oral Health Coalition (TxOHC) to conduct perinatal OH trainings with NFP staff for approximately 200 HVs in specific Texas counties.
- Development of online provider education module for frontline health workers. (<https://www.thsteps.com>).
- KAB survey of Texas dentists administered through a sub-recipient contract with the Public Policy Research Institute at Texas A&M University provided baseline program data on providers.
- Two poster presentations regarding the methodology, content, and survey results displayed at TPHA (March 2018) and AMCHP (March 2019) annual conferences.
- Training for four DSHS Preventive Medicine residents on oral health to

include perinatal and infant.

- Development and submission of an ASTDD Best Practices Approach Report (BPAR) for the Texas PIOHQI project. (Attachment 4)
- Developed and disseminated PIOHQI infographic that depicts the story of Texas' HV training. (Attachment 5)
- Development and dissemination of a Dental Services Resource Guide for Pregnant Women and Children to assist home visitors in accessing dental services for their clients.
- Dr. Stokley will participate on conference panel in June on medical/dental integration on perinatal care to share results from Texas Dentists KAB survey.
- Execution of a communications contract to conduct a public awareness campaign and develop educational materials for medical and dental providers.

c.) Participation in the COHSII led activities.

Participation in the COHSII led activities has been valuable to the Healthy Texas Smiles for Moms and Babies PIOHQI project. The staff at COHSII are knowledgeable, responsive, and seek to meet the informational needs of grantees by using grantee feedback to plan learning events.

OHIP PIOHQI team members participated in monthly learning events held via videoconference, and the Project Director and/or PM attended all grantee in-person meetings throughout the duration of the grant period.

This list summarizes some of OHIP's participation and the outcomes of participating in the COHSII led activities held over the reporting period:

- Shared ideas and strategies with grantees that had similar projects during grantee meetings.
- Per request, OHIP staff presented state presentations and/or materials at all grantee meetings.
- Technical Assistance (TA) calls with Frameshift to discuss various QI processes and the development of BAR/AAR/PDSA tools to evaluate HV trainings.
- Worked with COSHII team to develop list of Texas medical/dental integration grant activities.
- Worked with COSHI team and ASTDD to develop and submit Texas BPAR.
- Attained better understanding of the format for how to "tell our story through data" and the importance of data visualization through infographic development from participation in learning events.
- Through networking interactions with COSHII team, OHIP was able to work with Maryland's state oral health program to acquire permission to adopt their perinatal guidelines and tailor to meet Texas' needs.

d.) Contributions to the Strategic Framework- Progress towards the five preliminary steps that make up the national implementation framework:

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

Utilized for planning future educational trainings and disseminating materials to medical and dental providers the results from the KAB dentist survey and findings from contractor's market research to better reach target population.

Data fact sheets and/or infographics are being developed to disseminate easy-to-understand data results to target populations.

Dental services resources guide developed addresses gaps in access and service delivery and is now available electronically.

Mobilize and/or build capacity to address needs.

Promotion and dissemination of Texas Perinatal Oral Health Guidelines will help mobilize dental professionals to increase access to dental care for pregnant women and infants. As the guidelines are accepted as a standard of care and best practice, dentists may be more willing to treat these populations because they will understand that dental care is safe and important for pregnant women and that infants should have a dental exam by age 1. Market research on providers will help OHIP more efficiently target outreach efforts to medical and dental providers.

Added Parents As Teachers (PAT) Home Visiting program to HTSMB trainings to expand the network of home visitors reaching at-risk families in Texas with oral health messages. An estimated 8,500 clients may be reached as a result of OHIP's statewide HTSMB trainings. OHIP will also increase its outreach by training regional OHIP program staff to conduct HTSMB training. A future option for training may include an online training platform.

Develop a strategic approach for implementation that utilizes a health care delivery system with statewide reach.

OHIP is working with the NFP and PAT HV programs. Both HV programs have a potential for a statewide reach. The HTSMB training format and content can be easily replicated nationwide and tailored to fit other perinatal and home visiting programs. OHIP will continue to collect oral health data through online surveys and in-person trainings. OHIP is continuing to partner with the Texas Oral Health Coalition (TxOHC) to increase the number of perinatal trainings throughout Texas for pregnant women and their children. In the future, OHIP will look for additional opportunities to collaborate with other community-based and frontline health worker programs.

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

The HTSMB project was developed based on the *Oral Health Care During Pregnancy: A National Consensus Statement*, produced by Oral Health Care During Pregnancy Expert Workgroup in 2012. The project's curriculum content and delivery model is from the Kansas Head Start Association's perinatal programs, *Teeth for Tots and Teeth for Two*. The HTSMB program provides in- person

workshops, learning activities, and a resource guide for participants. The resource guide also provides a risk assessment tool that allows home visitors to offer targeted oral health education to their clients. OHIP is utilizing content from another state's perinatal guidelines that has been vetted through medical and dental stakeholders.

Monitor the approach, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail.

The HTSMB project has SMART goals and objectives to allow for specific data collection and reporting processes. OHIP uses quality improvement tools like BAR/AARs and PDSA cycles to evaluate and improve its program training activities. OHIP is developing a sustainability plan for continuation of the project after grant funding expires and will continue to acquire feedback from trainees on the effectiveness and usefulness of the resources provided through online surveys.

e.) Project Timeline

The HTSMB's project original grant timeline ended on May 31, 2019. Texas has received a 12 month no-cost extension to complete HTSMB activities that are ongoing and currently being executed through vendor contracts. The new end date of the project is May 31, 2020.

II. SIGNIFICANT CHANGES

No staffing changes have occurred within the PIOHQI project for this time period.

Goals and Objectives:

Below is the status of the project's goals and objectives:

Goal 1: Identify the knowledge, attitudes and behaviors (KABs) of Texas dentists related to the provision of dental services for pregnant women and infants that may affect access to dental care.

Objective 1: Through an online survey conducted during Year 2 of the grant, identify KABs of Texas dentists related to providing current oral health services to pregnant women and infants. (COMPLETED)

Goal 2: Enhance the knowledge and awareness of health care professionals that dental care for pregnant women and infants is safe and important.

Objective 1: Provide training to home visitors/health care professionals regarding the current standards of care for dental services for pregnant women and infants during three-year grant period. (COMPLETED).

Starting June 2016 through May 2019, eighteen HTSMB trainings have been completed. The chart below reflects the data:

Activity	Date	Partner	# of Workshops Conducted	Attendees PAT/NFP
HTSMB workshop	April 2017	NFP	1	10
HTSMB Workshop	May 2017	NFP	1	8
Presented at PAT Leadership/Managers Summit	April 2018	PAT	1	68
HTSMB Workshop	June 2018	PAT	2	90
HTSMB Workshop	August 2018	PAT	1	12
HTSMB Workshop	October 2018	PAT	7	175
HTSMB Workshop	November 2018	PAT/NFP	4	125/4
HTSMB Workshop	March 2019	PAT/NFP	1	7/5

Objective 2: Measure the effectiveness of the inter-professional conferences in improving the knowledge of participants. (COMPLETED).
Administered pre and post-test evaluations at all HV face-to-face workshops and utilized BAR/AAR quality improvement processes to tweak training content and messaging.

Goal 3: Identify and train formal partners to assess oral health education and dental referrals provided to pregnant women and infants.

Objective 1: Establish informal partnerships with programs who serve perinatal clients and their infants over the grant period. (COMPLETED).

OHIP currently has a contract with the Texas Oral Health Coalition (TxOHC) to provide educational training and data collection with NFP. TxOHC will be collecting both qualitative and quantitative data from the trainings with approximately 200 participants which includes dental referrals for pregnant women. OHIP also has established sustainable partnerships with NFP and PAT HV programs for ongoing training.

Objective 2: Measure the effectiveness of the home visiting staff trainings in improving the knowledge of participants. (COMPLETED).

All HTSMB training sites administered pre and post-test evaluations with participants. Quality improvement tools and processes were used to measure HV's knowledge gain and confidence level from the training. Results from these processes guided OHIP in curriculum and training changes throughout the grant period. Test scores indicated a 25.2% increase in HV confidence level after attending HTSMB training.

Goal 4: Promote oral health assessments, education, and referral to a dentist for pregnant women and infants by trained home visiting programs.

Objective 1: Increase by 5% +/- the number of pregnant women who receive a verbal oral assessment, education, and dental referral from a home visiting program per grant year. (NOT COMPLETED)

From data being collected from HVs who attended HTSMB training and responded to

an online evaluation survey (n=75), 95% of respondents reported that they are discussing oral health with their clients and referring them for dental care. Unfortunately, OHIP does not have a baseline measurement to be able to measure increase and/or improvement for this objective. (See table on page 14)

Objective 2: Increase by 5% (+/-) the number of women who receive an oral assessment and dental referral for their infant by a home visitor per grant year. (NOT COMPLETED)

From data being collected from HVs who attended HTSMB training and responded to an online evaluation survey (n=75), 93% of respondents reported that they are discussing oral health with their clients and made a dental referral for their infants. Unfortunately, OHIP does not have a baseline measurement to be able to measure increase and/or improvement for this objective. (See table on page 14)

Goal 5: Conduct a targeted social media campaign to increase public awareness of importance of perinatal and infant oral health.

Objective 1: Over Year 3 of the grant period, promote public awareness on the importance of perinatal and infant oral health. (ONGOING)

OHIP currently has a public awareness campaign being executed through a vendor contract. Through a no-cost extension approval, these grant activities are continuing. A targeted social media campaign is part of the scope of work within this contract.

III. EVALUATION

a. Increase opportunities for access to oral health care.

Type and Number of Testing (Learning Laboratory) and Other Intervention Sites

Site Type	Number of Testing (Learning Laboratory) Sites	Number of Other Intervention Sites
Federally qualified health center; please list ob/gyn, pediatric, and dental clinics separately		
WIC		
Home visiting	18	N/A
Community clinic		
Other, please specify (e.g., school-based clinic)		

b. Increase opportunities for training on oral health care, including training on oral health clinical competencies. Describe changes in providers’ knowledge, skills, and practices. Suggested format to report information:

Type and Number of Providers Receiving Training at Testing (Learning Laboratory) and Other Intervention Sites

Type of Provider	Number of Completed Pre-Tests	Number of Completed Training	Number of Completed Post-Tests
Primary care providers (e.g., family physician, pediatrician, nurse practitioner)			
Prenatal care providers (e.g., ob/gyn provider, midwife)			
Oral health providers (e.g., dentist, dental hygienist)			
Other (e.g., community health worker) Home visitors	418	418	418

The implementation of the HTSMB project has resulted in a total of 436 HVs/parent educators trained throughout Texas from 2017- 2019. The average caseload for each HV is approximately 20 clients; therefore, the HTSMB program has the potential to reach 8,480 clients within Texas home visiting programs statewide. HTSMB has institutionalized perinatal oral health training, materials and resources into the state oral health program. OHIP has solidified a strong partnership with Texas HV programs and will continue to offer training and technical assistance to HVs.

- c. Increase opportunities for outreach and oral health education.** Describe changes in pregnant women’s knowledge, skills, and practices related to education activities. Suggested format to report information:

Number of Pregnant Women Receiving Education at Testing (Learning Laboratories) and Other Intervention Sites

HTSMB project focuses on training with home visitors and not working with pregnant women; therefore, no data is available for this section.

Activity	Number of Completed Pre-Tests	Number of Completed Training	Number of Completed Post-Tests
Focus group			
Training, in-person	N/A	N/A	N/A
Training, online			
Webinar			
Other, please specify			

d. Increase opportunities for utilization of oral health care.

Number of Pregnant Women, Infants, and Children Receiving Oral Health Care

OHIP does not have baseline data for the populations listed below. Data captured through learning laboratories was only on home visitors that attended HTSMB trainings and who responded to online evaluation survey.

Period of Service	Number of Clients Enrolled in Site	Number Receiving Oral Health Education	Number Receiving Anticipatory Guidance	Number of Referrals to Providers for Dental/Oral Health Care	Number Receiving Preventive Dental/Oral Health Care	Number Receiving Restorative Treatment	Number with Treatment Completed
Baseline	Not Available	No Available	Not Available	Not Available	--	--	--

e. Telling Your Story:

- Name of testing site (learning laboratory) or intervention site: Texas Home Visiting Programs
- Location: Statewide
- Target population: Home visitors and/or parent educators
- Medical/dental (oral health) care: The Healthy Texas Smiles for Moms and Babies (HTSMB) project shows home visitors how to teach pregnant women the importance of taking care of their babies’ and their own mouths, including going to the dentist. The training provides educational resources, mouth models, brushing puppets, and educational handouts for clients. An oral health resource guide is given for HVs to help them understand and feel more confident when discussing oral health with clients. Additional resources were produced from grant funding to compliment in-person training including: videos, dental services resource guide, and perinatal guidelines for providers. Partnerships to sustain the project include: Texas HV programs (Nurse Family Partnership and Parents as Teachers), Texas Oral Health Coalition and regional DSHS dental staff.
- Implementation process: Conduct in-person HTSMB workshops
- Results: During 2018, 418 HVs participated in eighteen HTSMB workshops throughout the state. Trainer traveled over 6,500 miles to implement this statewide rollout. With each HV having approximately 20 clients, HTSMB information has a potential to reach 8,500 clients in Texas.
- Next step: OHIP plans to continue offering regional in-person HTSMB trainings/workshops throughout the state approximately four times per year and/or upon request from organizations who serve pregnant women and infants.

II. IMPACT

Several resources have been developed to assist with program sustainability and expanding the projects efforts. The products developed from the grant funding will be utilized for training similar audiences regarding perinatal and infant oral health practices throughout the state.

- **Resources (e.g., publications/tools) resulting from the HTSMB project:**
 - **Video for HV programs**, titled “*You Don’t Have to be a Dentist to Save Teeth: Role of the Home Visitor*”. The purpose of the video is to inspire HV to “talk teeth” by discussing oral health information with their clients. The video is available in three formats: Teaser (1 min), public version (5 mins) and training version (10 mins). The link to access the videos is: <https://vimeo.com/album/5132252>
 - **Development and dissemination of Dental Services Resource Guide for Pregnant Women and Children:** A hard (printed) copy of a dental services resource guide to assist HVs in accessing dental services for their clients. The guide contains three sections: 1) information on free and low-cost dental insurance programs for pregnant women and children, 2) list of the accredited dental hygiene programs and dental schools in Texas, and 3) list of the Texas Association of Community Health Centers and FQHCs by county in Texas. An electronic format of the resource guide will be available through the HTSMB webpage.
 - **HTSMB webpage and landing page:** Webpage and educational information regarding HTSMB project activities. www.dshs.texas.gov/dental/Healthy-Smiles-for-Moms-and-Babies.aspx.
 - **Oral Health for Pregnant Women Public Awareness Campaign** – the campaign focuses on increasing awareness of the importance and safety of dental care for pregnant women and infants. Media buys and social media messages will be targeted at specific Texas regions based on 2015 TX PRAMS data that shows these areas having the lowest incidence for pregnant women having their teeth cleaned. Fleishman-Hillard Inc. is the vendor for the communications contract and activities started in May 2019.
 - **HTSMB Infographic** outlining HTSMB home visiting project data, accomplishments, and successes.
 - **Second video for HV programs**– The video topic focuses on what to expect during your child’s first dental visit. Video is currently in production with an anticipated completion date of August 31, 2019.
 - **KAB Survey:** OHIP contracted with the Public Policy Research Institute at Texas A & M University to implement an online survey for Texas dentists to examine their KABs toward perinatal and infant dental care that may affect access to dental services for pregnant women. Administration of the survey was completed in

May 2018. Results were disseminated through a poster presentation at a national-level meeting. The full report and results can be accessed through the HTSMB website and will also be utilized to plan future provider trainings.

- **Poster Presentations:** Two poster presentations were exhibited at the Texas Public Health Association's annual state meeting in March 2018 and at the Association of Maternal and Child Health Programs annual conference in March 2019. The topic for the posters covered the methodology, background, processes, and results from the TX dentists KAB survey.
- **Best Practices Approach Report (BPAR):** OHIP worked with ASTDD BPAR consultant and COSHII team to develop a report overviewing the activities and accomplishment from the Texas PIOHQP project. The report will be posted on the ASTDD website along with other state PIOHQP grantee summaries.

- **Trainings (online materials, archived webinars to educate the target audience) resulting from the HTSMB project:**

- The HTSMB PowerPoint Presentation for training and learning activities for training HVs has been revised to a three-hour training format. The workshop includes both didactic and hands-on learning demonstrations. Each participant receives an oral health tool kit for training clients containing educational resources for HVs and tools for oral health instruction.
- Webinar: *Oral Health Resources Available to Pregnant Women in Texas*, November 2017.
<https://attendee.gotowebinar.com/recording/5448412554743566849>.
Webinar to assist home visitors with identifying dental plans and dental services in Texas.
- Texas Health Steps Online Provider Education, *Oral Health and Dental Services for Pregnant Women Quick Course 2018* – an online provider education module for frontline health workers who teach about the importance of oral health and the safety of dental care during pregnancy. The online training also provides resources to help pregnant women find affordable local dental services. <https://www.txhealthsteps.com/>

- **New or revised policy and practices at the local and/or state level:**

- **Revised policy for Texas PAT programs.** As of September 2018, all home visitors within PAT programs collect oral health data on every child client. These mandatory child-level performance measures will be compiled annually. Data indicators include: 1) Brushing teeth, flossing, and/or cleaning gums is part of child's routine, 2) Child falls asleep with bottle, 3) Parent has concerns about child's teeth or gums, 4) Child has source of dental care, and 5) Child had his/her first dental appointment.

Other HTSMB Program Training Data Elements

State-level supporting data

Texas Pregnancy Risk Assessment Monitoring System (PRAMS)

PRAMS is a surveillance system designed to monitor maternal attitudes and behaviors before, during, and after pregnancy. Conducted in partnership with the Centers for Disease Control and Prevention (CDC) and the Texas Department of State Health Services (DSHS), Texas PRAMS is a population-based assessment that monitors the health and behaviors of new mothers. Of the 2,471 mothers sampled in 2015, 1,322 completed a survey- representing a weighted response rate of 56%.

37.7% of pregnant women reported having their teeth cleaned during pregnancy.

2017 – 2019 Quantitative Data elements being collected (accessed on 4/10/2019)

Data Measurement	Frequency	Source	Impact	Results
Number of PAT/Affiliates HVs trained	annually	OHIP	Short-term	409
Number of NFP HVs trained	annually	OHIP and TxOHC	Short-term	27 (OHIP data only)
Number of HTSMB trainings	annually	OHIP and TxOHC	Short-term	18 (OHIP data only)
Confidence level gain by participants	annually	OHIP	Short-term	25.2%
Number of pregnant clients referred	quarterly	OHIP	Short-term	95%
Number of infants referred (birth to 1 year old)	quarterly	OHIP	Short-term	93%
Number of children referred (ages >1 year old)	quarterly	OHIP	Short-term	67%

External Data Sources

Texas Two Steps program data from HV trainings conducted by the Texas Oral Health Coalition through a contractual agreement. Data will be available in final PIOHQI report in September 2020.

Texas PAT child-level performance measures being collected. Data collection started in September 2018 and will be available annually. Data will be available in final PIOHQI in August 2020. The indicators include:

- Brushing teeth, flossing, and/or cleaning gums is part of child’s routine
- Child falls asleep with bottle
- Parent has concerns about child’s teeth or gums
- Child has source of dental care

- Child had his/her first dental appointment

Qualitative data elements being collected

- Quotes from 56 HVs who have attended HTSMB trainings were collected through an online survey. Below are some of the quotes:
 - “The HTSMB training has helped me feel empowered to help families smile a little brighter.”
 - “Teaching early prevention of oral health should be on the top educational resources for mothers and children.”
 - “Seeing the dentist is more important than you think. It affects you even before birth.”
 - “It gave me new information to help me better serve my clients as well as help my own dental health!”
 - “The training was good information that has given me confidence in using with the clients I see.”

Lessons Learned and/or Plans for Addressing Challenges:

- Participation and ongoing technical support through comprehensive oral health training, which includes visual demonstrations, is necessary to ensure buy-in from HVs and inclusion of oral disease prevention and promotion during home visits.
- A gap OHIP discovered was that HVs struggle with initiating conversations with clients about oral health topics and the challenge of getting clients to adopt healthy oral health practices. Additional education and training are needed for HVs to strengthen motivational interviewing skills and coaching techniques to support clients with oral health decision making and the adoption of health practices.
- New communication strategies using social media and other electronic platforms need to be an integral part of a project’s communication plan. Generational preferences for accessible, immediate, electronic communications can be an effective and cost-efficient way for conveying key messages regarding how oral health can affect women’s overall health and well-being.
- There is a great need for oral health educational tools and resources that provide visuals for demonstrating oral health practices. Having interactive resources like videos, mouth models, flip charts and/or tool kits help home visitors feel more confidence when discussing oral health topics with clients.

Challenges encountered:

- A significant challenge is turnover rate of parent educators in home visiting programs. This presents a challenge for sustaining the impact of oral health training. Texas PAT recognized the need for institutionalization of the HTSMB oral health training and therefore added oral health performance measures to their annual reporting measures. This will require all PAT home visitors to be “talking teeth” with clients routinely in order to collect mandatory oral health information.

- The HTSMB oral health training has generated a large demand for in-person workshops. Due to the large geographical size of the state and challenges with travel to rural areas, OHIP is researching the development of a technology-based platform for training providers. A second solution is to offer HTSMB “train-the-trainers” workshops to allow for the provision of additional trainings to be conducted regionally.
- There is a lack of oral health metrics within home visiting programs in Texas. The development of state-level data collection systems and reporting requirements for all Texas home visiting programs is needed. Additional data collection on other populations (pregnant women, infants, and children) served through home visiting programs could be required to be reported annually.

V. PLANS FOR UPCOMING BUDGET YEAR

OHIP is developing a sustainability plan to present to its division leadership to request Title V block grant funding to maintain training, essential supplies, and resources for implementing the HTSMB program after the no-cost extension funding expires. The FTE coordinator staff position will continue to be supported through OHIP funding from Texas DSHS. OHIP regional dental program staff (10 dental professionals) will be trained as trainers for HTSMB workshops to increase outreach capacity in their respective regions throughout Texas. OHIP will continue to collect online data from HVs/parent educators attending HTSMB trainings for planning and evaluation purposes. Hard copy educational materials will be reformatted to electronic formats and be made available through HTSMB program website. Plans are being researched to transition HTSMB in-person training/workshop to online learning module format to improve accessibility of training. OHIP plans to continue offering in-person HTSMB training/workshops regionally throughout the state approximately 4x per year.

VI. PLANS FOR NO-COST EXTENSION

A no-cost extension budget request for the Texas PIPHOHQI project was submitted and approved on May 2, 2019.

Texas DSHS received approval for a 12-month no-cost budget extension of the HRSA-15-070, *Perinatal and Infant Oral Health Quality Improvement Expansion Grant Program* (PIOHQI) for award dated 1/14/2019. The remaining funds will be expended to facilitate an orderly closeout of the grant activities and reporting to HRSA. The continuance will support Texas’ PIOHQI goals concerning increased awareness of the importance and safety of dental care for pregnant women and infants and the provision of training for home visiting programs.

The grant funds will be utilized to:

- 1) Continue development and implementation of a social media campaign, targeted media buys, provider materials, and website landing pages approved within the contract’s scope of work and deliverables. Materials developed will promote awareness

of the importance of oral health during pregnancy and for baby. Funds will also support travel and attendance of program staff to participate in contract activities. The awarded vendor is Fleishman-Hillard Inc.

2) Continue production of a second training video for home visiting programs. Funds will also support travel and attendance of program staff to participate in contract activities. The awarded vendor is Arrowhead Films.

3) Continue to support training workshops being conducted currently through a vendor contract. This continuance will allow further outreach, data collection, and reporting of approved grant activities. The awarded vendor is the Texas Oral Health Coalition.

4) Continue development, printing, and dissemination of the Healthy Texas Smiles for Moms and Babies materials for providers including resource guides and educational tool kits.

SUPPORTING DOCUMENTS

VI. Appendices

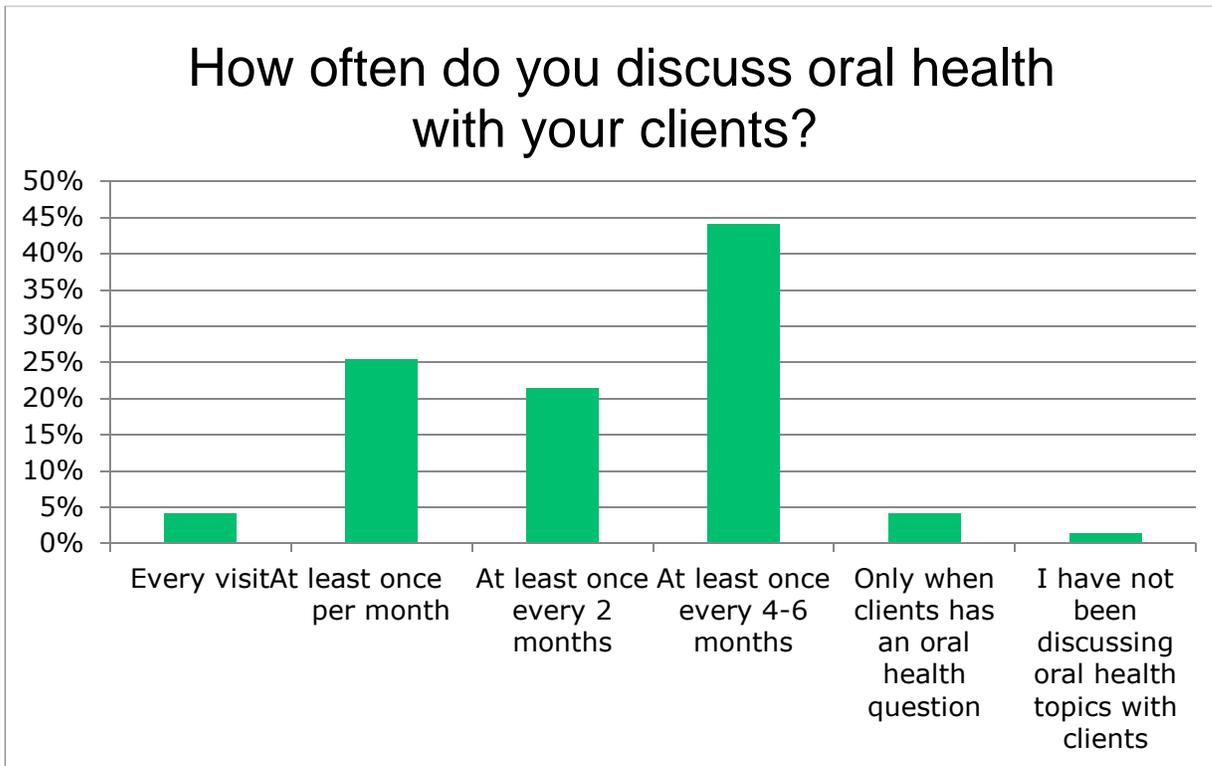
Attachment 1: HTSMB Online HV Survey Results

Attachment 2: AMCHP KAB Poster Presentation

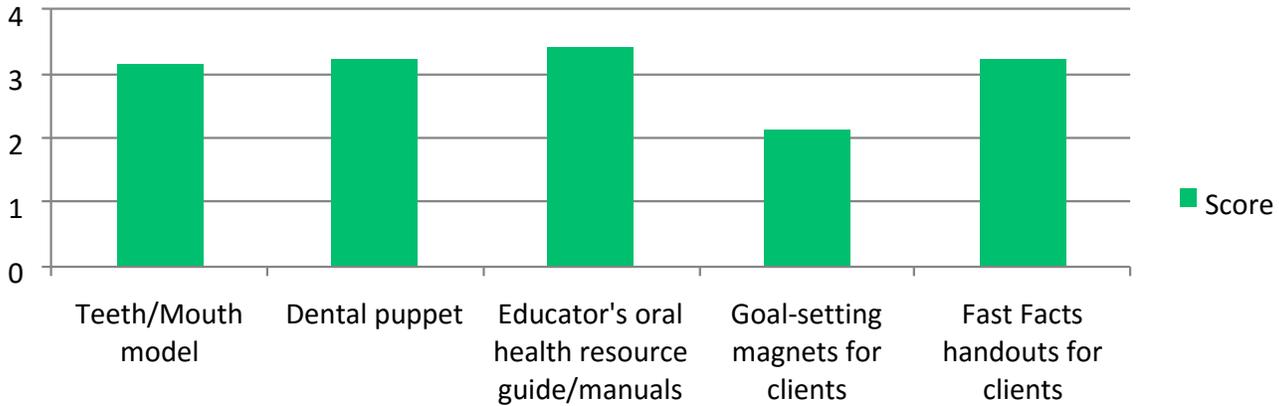
Attachment 3: Fleishman-Hillard Inc. communications contract summary

Attachment 4: Best Practices Approach Executive Summary

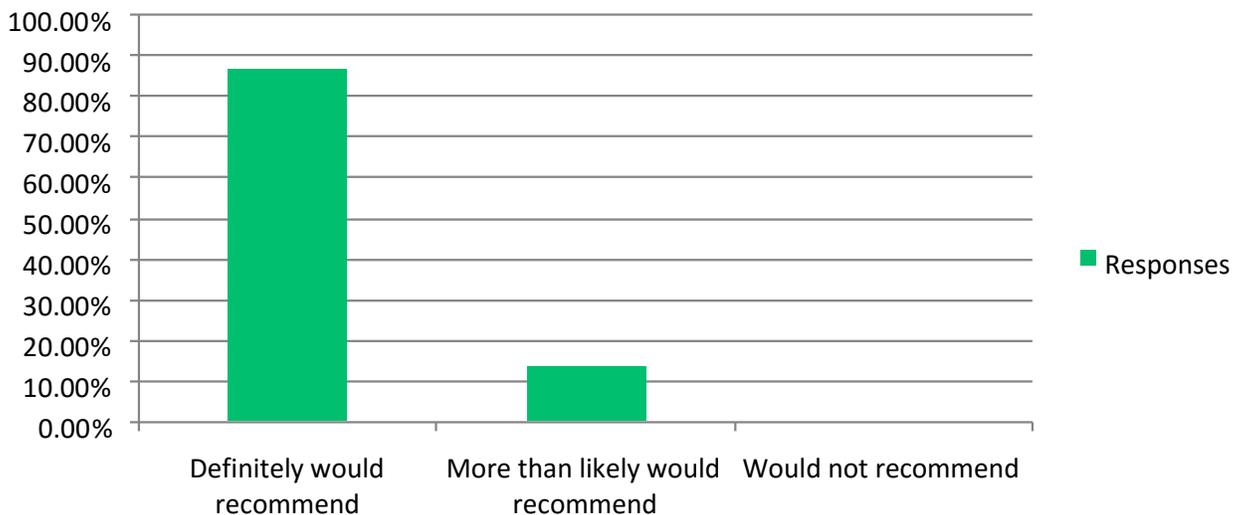
Attachment 5: Texas HV Training Infographic



Which of the following educational resources from the HTSMB training did you find most helpful when educating clients? Please rank in numerical order with 1 being the most helpful.



What is the likelihood that you would recommend HTSMB oral health training to others?



Rhonda Stokley, DDS; Sandy Tesch, RDH, MSHP; Debra Saxton, MS

Texas Department of State Health Services, Oral Health Improvement Program and Maternal and Child Epidemiology Unit

Background

The Texas Department of State Health Services (DSHS) Oral Health Improvement Program (OHIP) contracted with the Public Policy Research Institute (PPRI) at Texas A&M University to conduct a survey of dentists licensed to practice in the State of Texas. The survey assessed opinions related to perinatal and infant dental care. The objective of the survey was to capture opinions on and patterns of providing dental services to these populations.

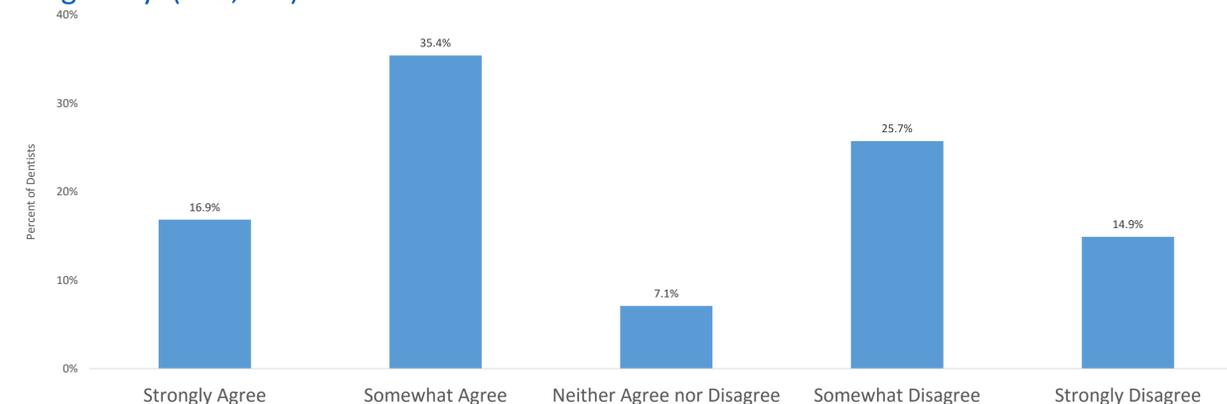
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The online survey was developed in Qualtrics™ software. A list of licensed dentists in Texas was obtained from the Texas State Board of Dental Examiners. An incentive was offered to the first 1,000 respondents who complete the survey by answering all questions. The survey was conducted between April 11th and May 6th 2018.

Results

The completion rate of those who started the survey was 93.2%. A total of 14,917 email requests were sent. From all emails, 1,630 clicked on the survey links and 1,589 completed the survey. Due to low response rate, study results may be subject to non-response bias and therefore, may not be generalizable to all Texas dentists. Because respondents answered some questions and not others, the total number of responses to each question varied. The majority of the survey respondents were general dentists.

Figure 1: Percent Agree with Safety of Treating Pregnant Women at Any Point in Pregnancy (n=1,395)



The survey asked Texas dentists if they believed it was safe to provide routine dental care (including x-rays, fillings, endodontics and extractions) to pregnant women at any point during their pregnancy. Figure 1 shows the majority (52.3%, n=729) either “strongly” or “somewhat” agreed with the statement while another 40.6% (n=567) believed it was not safe. Additionally, roughly three-fourths of respondents (n=986) believed anesthetic use was safe on pregnant women, while 6.7% indicated they did not know if it was safe.

Figure 2: Reasons for Not Treating Younger Patients (n=414 responses from 387 dentists)

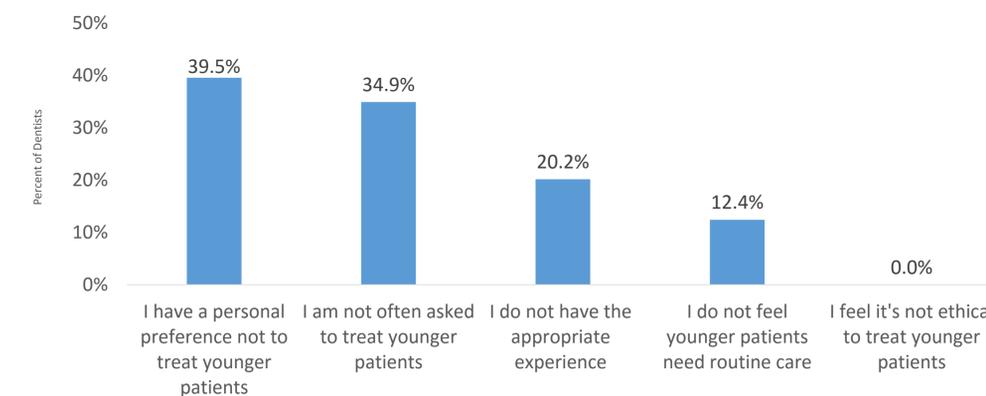


Figure 2 describes reasons that dentists in Texas do not treat patients younger than one year old. As shown, 39.5% of respondents stated that they “had a personal preference not to treat younger patients” while 34.9% of respondents said they are “simply not asked to treat younger patients”. Fewer than 20% of dentists who responded felt that they did not have “the appropriate experience to treat patients younger than one year old”.

Figure 3: Likelihood of Accepting New, 12-Month Old by Years of Experience (n=1,090)

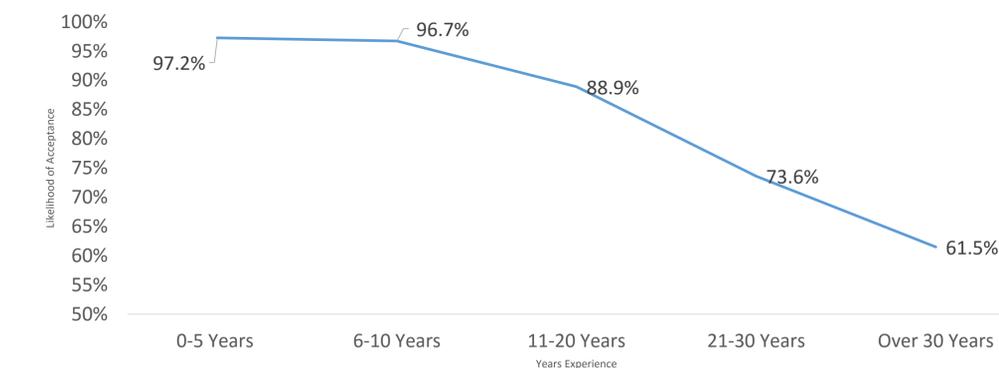


Figure 3 indicates the likelihood of a dentist accepting a 12-month old patient by years of dental experience. As inferred, 96.7% (555 out of 574 dentists) of respondents with 0-10 years of experience are likely to accept a 12-month old; whereas, dentists with more years of experience (over 30 years) were less likely to accept, with 61.5% indicating they would do so.

Conclusions

- Overall, there is uniformity in opinions related to perinatal care for Texas dentists. A large majority of dentists regularly provide routine, non-emergency care to pregnant patients. Over half of dentists surveyed believe that it is safe to provide such care during pregnancy, though most require a medical doctor’s consent before treatment. Usage of anesthesia with epinephrine is largely seen as safe among respondents.
- Care for young patients seems to be split among dentist by years of dental experience. It appears more likely that dentists who are more recent graduates will accept younger patients more so than dentists with more years of experience. However, many dentists reported that “they were are not asked to treat younger patients”, even though they believe the some form of care is necessary within the first year of life.

Acknowledgements

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Fleishman-Hillard Inc
STATEMENT OF WORK
WORK ORDER CONTRACT NO. HHS000376300001

I. PURPOSE

Good oral health is important for a healthy pregnancy. Good oral health reduces the risk of early tooth decay in young children. Evidence shows there is an association between periodontal infection and adverse pregnancy outcomes, such as low birth weight, premature delivery, and other systemic complications. During pregnancy the mother becomes susceptible to conditions such as gingivitis and other periodontal conditions. Contractor will provide Oral Health in Pregnant Women and Infants Public Awareness Campaign services to encourage pregnant mothers to adopt healthy oral hygiene habits and also use these habits with their infants.

II. CONTRACTOR RESPONSIBILITIES

A. Contractor will develop a marketing strategy and corresponding implementation plan to address campaign goals, messages, message delivery, and media plan to accomplish campaign goals. The strategy must include market research, creative concept development, digital and print assets for educational and promotional use; and a paid media purchase plan that raises awareness of the safety and importance of seeing a dentist while pregnant. There are two different audiences with two similar, but distinctly different calls to action: pregnant women and providers.

B. Campaign Goals:

1. Increase awareness about the importance and safety of dental care in pregnant women and infants in Texas.
2. Improve the oral health literacy and oral care practices of pregnant women and infants in Texas.
3. Providers refer pregnant patients to the dentist and give the dentist clearance so treatment is not delayed.

C. Campaign Messages:

1. Pregnant women:
 - i. Dental care during pregnancy is safe and important.
 - ii. When you are pregnant, you are brushing for two.
 - iii. Healthy mouth, healthy baby. You can pass on the germs in your mouth to your baby.
2. Infant dental care:
 - i. Your baby's teeth are important. Take care of your infant's gums and teeth and be sure to schedule your baby's first dental visit by age 1.
 - ii. Do not let your child sip on juice and milk throughout the day or while they sleep. Use sippy cups and baby bottles only during meals and snack time.
3. OB-GYNs and other providers:
 - i. Dental care during pregnancy is safe and important.
 - ii. Oral health is connected to overall health.
 - iii. Do not delay, refer pregnant patients to a dentist.

D. Contractor Target Audiences include:

1. Primary Audience:

- i. Gender: Female
- ii. Age Group: 16 – 35
- iii. Market: General – all races and ethnicities
- iv. Target Market: Pregnant Women
- v. Characteristics:
 1. Women with low-socioeconomic status.
 2. Women who may not seek oral health care.
 3. Women seeking online information regarding pregnancy.
 4. Women seeking online information regarding health improvement.
 5. Women who have not graduated from college.
 6. Women concentrated in the following Department of State Health Services Public Health Regions (“PHR”) with annual income below \$50,000. These regions were selected based on the Pregnancy Risk Assessment Monitoring System (“PRAMS”) Oral Health data:
 - a. PHR 1: Lubbock and Amarillo
 - b. PHR 2: Harlingen and Laredo
 - c. PHR 4/5N: Tyler and Longview
- vi. Literacy Level: Low

2. Secondary Audience:

- i. Gender: All
- ii. Age Group: All
- iii. Market: General: all races and ethnicities
- iv. Target Market: Providers
 1. Providers who do prenatal care and deliver babies such as OB-GYNS, nurse midwives, advanced practice nurses and nurse practitioners who work in an OB-GYN office.
 2. Dentists who may provide oral healthcare to pregnant women.
- v. Characteristics:
 1. Providers serving low-income pregnant women.
 2. Medicaid providers serving pregnant women.
 3. Providers who deliver babies who seek continuing education credit.
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III. DELIVERABLES

- A.** Contractor will produce a project plan with milestones and corresponding timeline. Project plan must be submitted to System Agency within ten (10) business days of Work Order Contract execution. The project plan must be approved by System Agency.
- B.** Contractor will create graphics and content for System Agency's oral health program website for each target audience.
- C.** Contractor will provide a weekly social media report detailing the efficacy of each ad and recommendations to improve campaign results.
- D.** Contractor will design and develop a provider toolkit. System Agency will assist with content development. Files must be print-ready. The toolkit must include, but is not limited to:
 - 1. Cover letter
 - 2. An oral health screening checklist and referral form
 - 3. Posters (wall posters, and free-standing small posters for countertops)
 - 4. Oral health marketing and educational materials for pregnant women
 - 5. Oral health marketing and educational materials for providers
- E.** Contractor will produce and submit to System Agency a final report that includes analytics, lessons learned, and recommendations for future marketing campaigns. Along with the final report, the Contractor will also provide editable files for all content developed and images acquired, and the rights to the photos.

Dental Public Health Project/Activity Descriptive Report Form

SECTION I: ACTIVITY OVERVIEW

Title of the dental public health activity:

Healthy Texas Smiles for Moms and Babies (HTSMB): Training Partnership for Home Visiting Programs

Public Health Functions*: Check one or more categories related to the activity.

"X"	Assessment
	1. Assess oral health status and implement an oral health surveillance system.
	2. Analyze determinants of oral health and respond to health hazards in the community
X	3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health
	Policy Development
X	4. Mobilize community partners to leverage resources and advocate for/act on oral health issues
	5. Develop and implement policies and systematic plans that support state and community oral health efforts
	Assurance
	6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices
X	7. Reduce barriers to care and assure utilization of personal and population-based oral health services
	8. Assure an adequate and competent public and private oral health workforce
	9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services
	10. Conduct and review research for new insights and innovative solutions to oral health problems

***ASTDD Guidelines for State and Territorial Oral Health Programs that includes 10 Essential Public Health Services to Promote Oral Health**

Healthy People 2020 Objectives: Check one or more key objectives related to the activity. If appropriate, add other national or state HP 2020 Objectives, such as tobacco use or injury.

"X"	Healthy People 2020 Oral Health Objectives
X	OH-1 Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth
X	OH-2 Reduce the proportion of children and adolescents with untreated dental decay
X	OH-3 Reduce the proportion of adults with untreated dental decay
	OH-4 Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease
	OH-5 Reduce the proportion of adults aged 45 to 74 years with moderate or severe periodontitis
	OH-6 Increase the proportion of oral and pharyngeal cancers detected at the earliest stage
X	OH-7 Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year
	OH-8 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

OH-9	Increase the proportion of school-based health centers with an oral health component
OH-10	Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health component
OH-11	Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers each year
OH-12	Increase the proportion of children and adolescents who have received dental sealants on their molar teeth
OH-13	Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water
OH-14	Increase the proportion of adults who receive preventive interventions in dental offices
OH-15	Increase the number of States and the District of Columbia that have a system for recording and referring infants and children with cleft lips and cleft palates to craniofacial anomaly rehabilitative teams
OH-16	Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system
OH-17	Increase health agencies that have a dental public health program directed by a dental professional with public health training

Provide 3-5 Key Words (e.g. fluoride, sealants, access to care, coalitions, policy, Medicaid, etc.) These will assist those looking for information on this topic:

Oral health, pregnancy, early childhood, perinatal, home visiting

Executive Summary:

Provide a brief description of the dental public health activity. Include information on: (1) what is being done; (2) who is doing it and why; (3) associated costs; (4) outcomes achieved (5) lessons learned, both positive and negative.

The Oral Health Improvement Program (OHIP) within the Texas Department of State Health Services is working to reduce the incidence of early childhood caries (ECC) in Texas by educating pregnant women on oral health and the importance of dental visits for themselves and their infant. OHIP is reaching at-risk pregnant women and mothers across the state through a variety of means, including home visiting programs. OHIP is currently partnering through its Healthy Texas Smiles for Moms and Babies project (HTSMB) with Nurse Family Partnership (NFP)¹ and Parents as Teachers (PAT)² home visiting programs.

OHIP provides oral health training and resources to home visitors so they can confidently educate their clients. They are provided engaging demonstration tools and handout materials that will hold clients' interest as they learn. OHIP meets with home visiting leaders to discuss ways to provide additional learning opportunities and how to make institutional changes within home visiting programs that support oral health.

To date, over 400 Texas home visitors have received HTSMB training. Data collection is challenging, but pre- and post-tests indicate that the trainings are successful. Preliminary data show that home visitors are discussing oral health with their clients. PAT in Texas has recently added oral health questions to its data collection processes which will facilitate greater understanding of impact.

HTSMB was initiated through a Health Resources and Services Administration Perinatal and Infant Oral Health Quality Improvement grant, but OHIP recognizes ongoing support to home visiting programs after the initial training is critical to meaningful change in the oral health of home visiting clients. Annual operation of HTSMB is estimated at \$130,856, which includes an OHIP staff member dedicated to all aspects of HTSMB. OHIP will continue HTSMB when grant funding ends through program funds and by seeking additional internal and external funding.

¹ <http://www.nursefamilypartnership.org>

² <http://www.parentsasteachers.org>



HOME VISITOR TRAINING

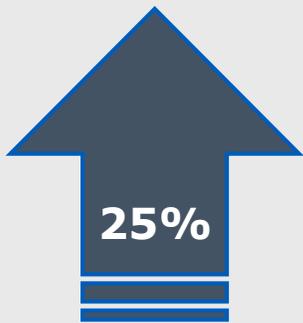
Tooth talk is getting bigger in Texas!

The Texas Department of State Health Services Healthy Texas Smiles for Moms and Babies (HTSMB) project shows Home Visitors (HV) how to teach pregnant women the importance of taking care of their babies' and their own mouths, including going to the dentist on a regular basis.



HTSMB provides training and resources to HVs to help them understand that it is important to discuss oral health with their clients and to feel confident doing it.

Trainee increased confidence



(Source: 2019 HTSMB Survey)



Videos



Online Course



Perinatal Guidelines



Educational Resources

"Many families do not know the importance of oral health and think of it as secondary or perhaps even unnecessary.

This training has helped me become knowledgeable in the facts to help families learn more and advocate for their own health."

-Home Visitor Trainee



Sustainability Partners

- Nurse Family Partnership (NFP)
- Parents as Teachers (PAT)
- HV Affiliate Organizations
- Texas Oral Health Coalition
- DSHS Regional Dental Teams



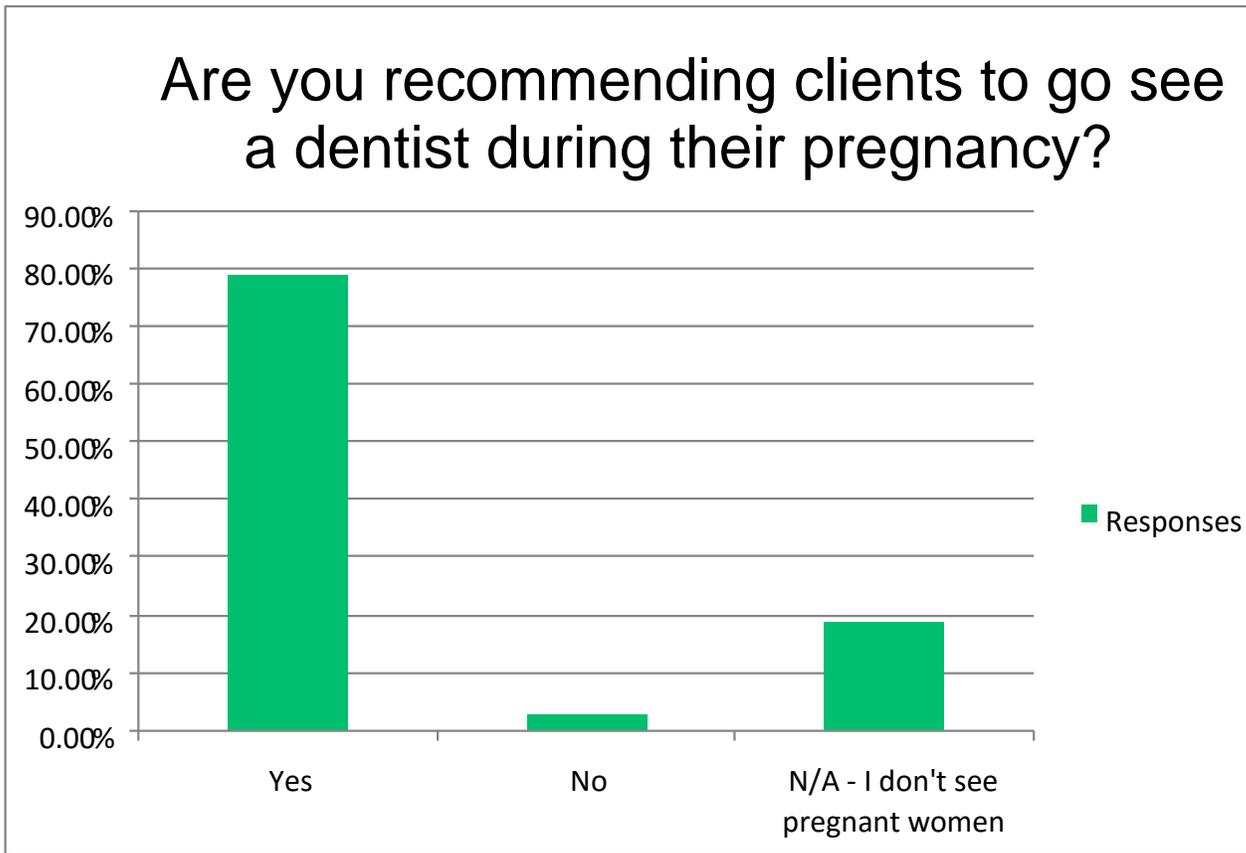
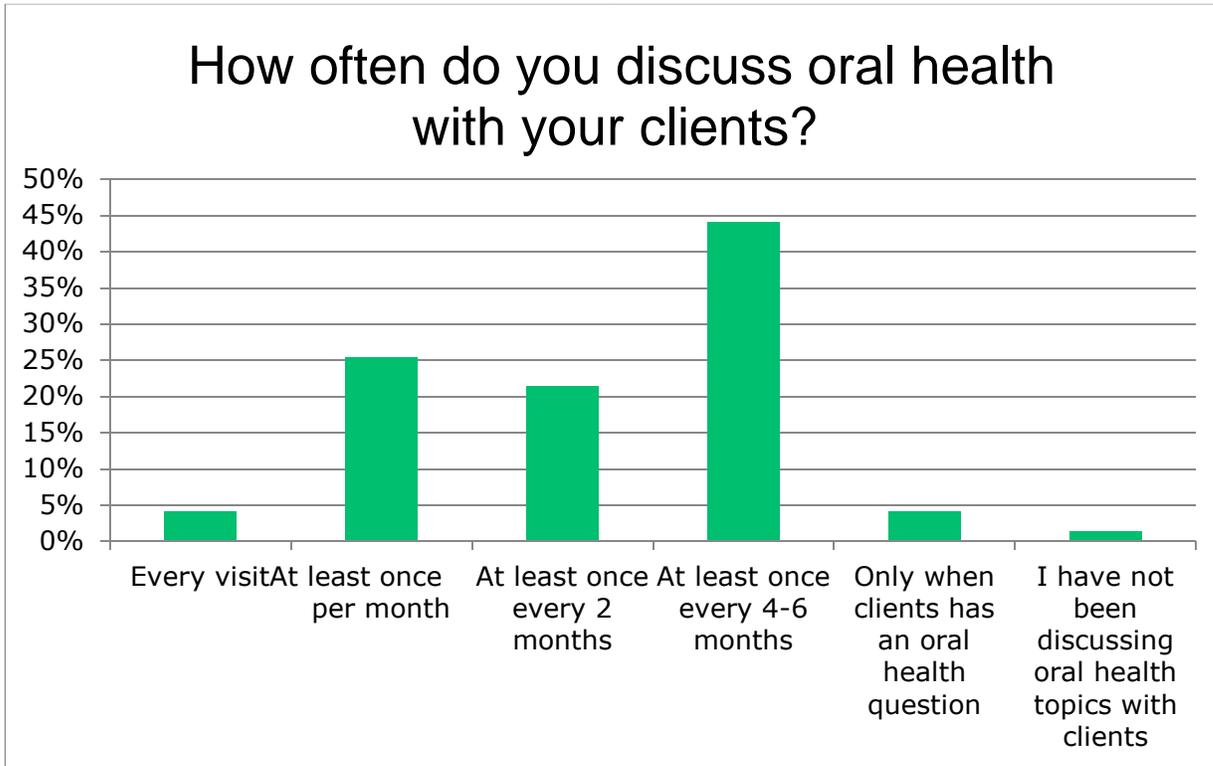
System-level Success Story
Texas Parents as Teachers now requires oral health data reporting



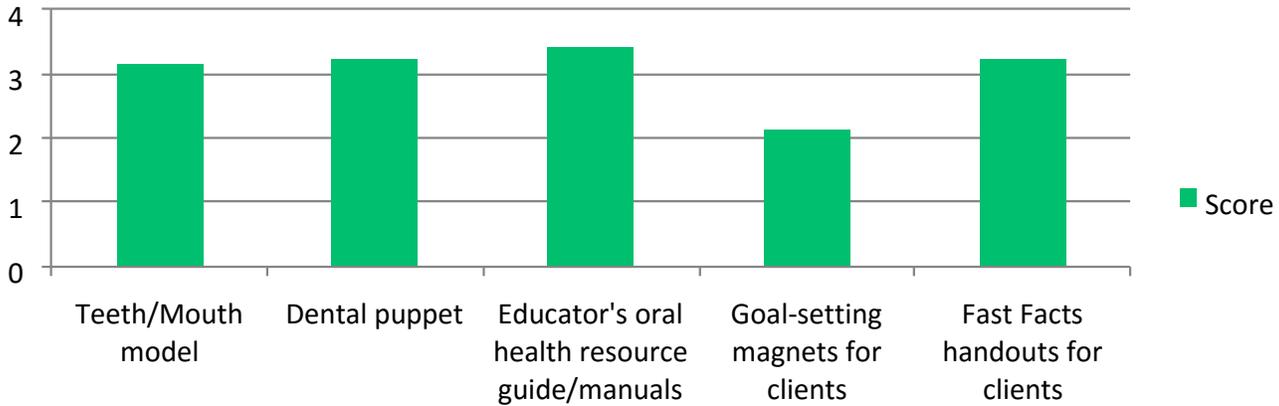
TEXAS
Health and Human
Services

Texas Department of State
Health Services

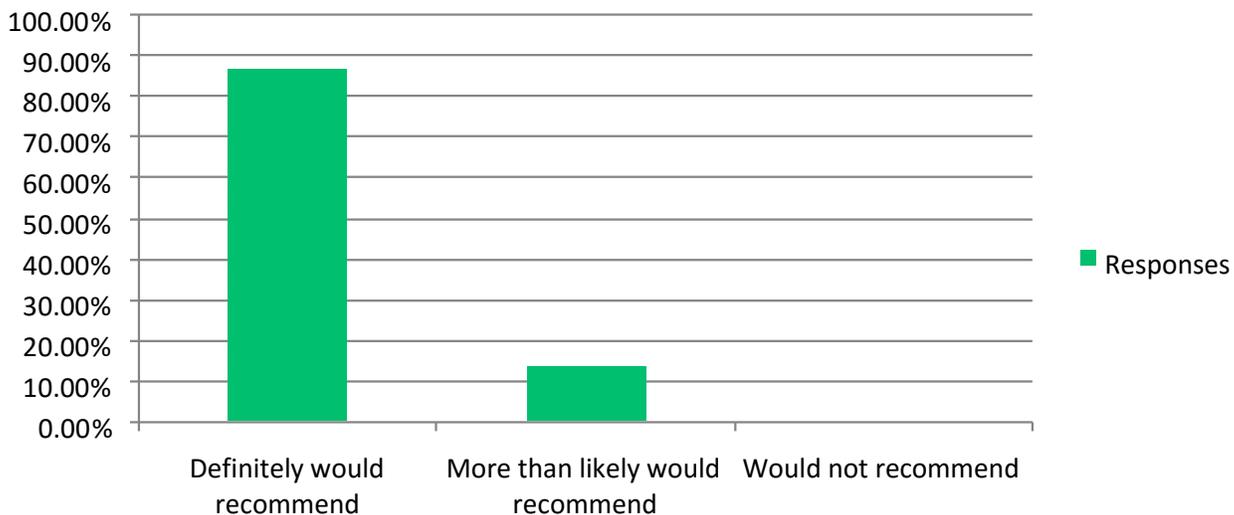
dshs.texas.gov/dental



Which of the following educational resources from the HTSMB training did you find most helpful when educating clients? Please rank in numerical order with 1 being the most helpful.



What is the likelihood that you would recommend HTSMB oral health training to others?



Rhonda Stokley, DDS; Sandy Tesch, RDH, MSHP; Debra Saxton, MS

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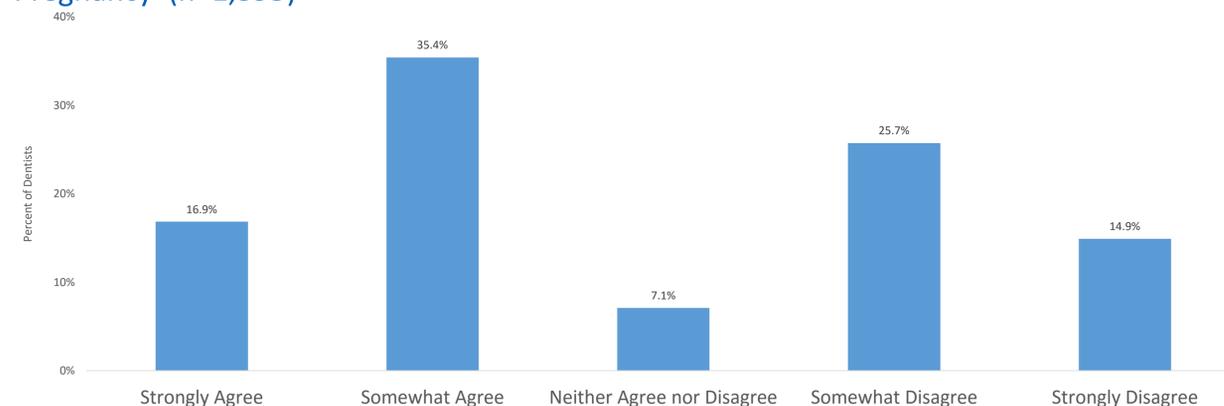
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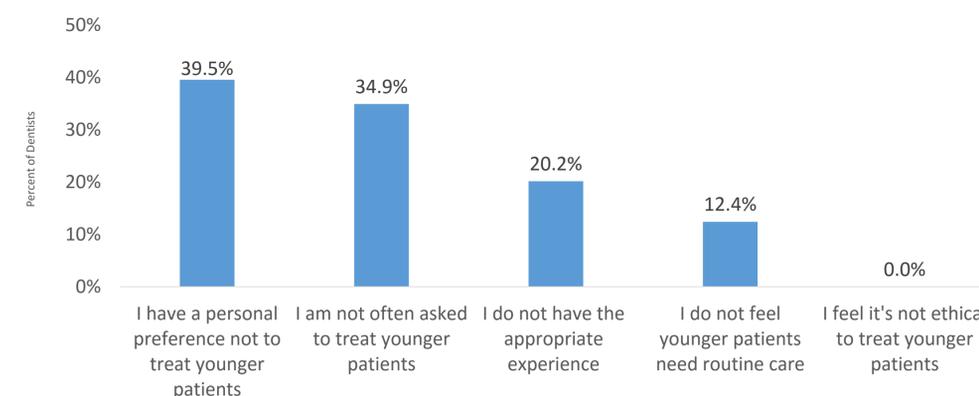


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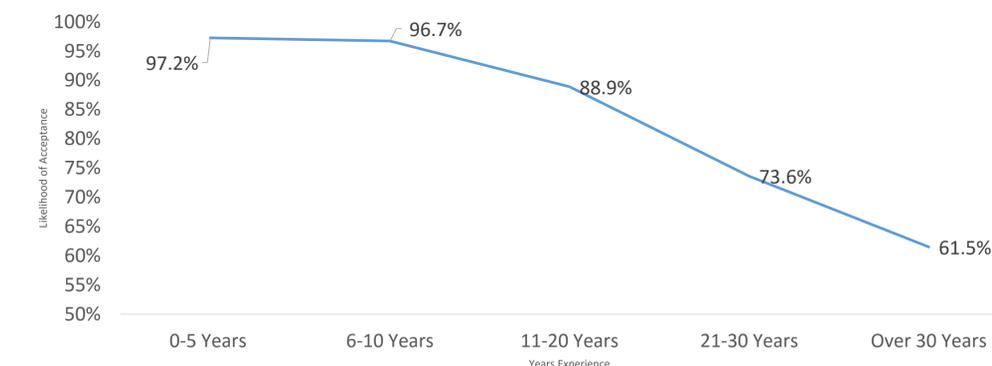


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Fleishman-Hillard Inc
STATEMENT OF WORK
WORK ORDER CONTRACT NO. HHS000376300001

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- vi. Literacy Level: Low

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- i. Gender: All
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 - 4. Oral health marketing and educational materials for pregnant women
 - 5. Oral health marketing and educational materials for providers
- E.** Contractor will produce and submit to System Agency a final report that includes analytics, lessons learned, and recommendations for future marketing campaigns. Along with the final report, the Contractor will also provide editable files for all content developed and images acquired, and the rights to the photos.

Dental Public Health Project/Activity Descriptive Report Form

SECTION I: ACTIVITY OVERVIEW

Title of the dental public health activity:

Healthy Texas Smiles for Moms and Babies (HTSMB): Training Partnership for Home Visiting Programs

Public Health Functions*: Check one or more categories related to the activity.

"X"	Assessment
	1. Assess oral health status and implement an oral health surveillance system.
	2. Analyze determinants of oral health and respond to health hazards in the community
X	3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health
	Policy Development
X	4. Mobilize community partners to leverage resources and advocate for/act on oral health issues
	5. Develop and implement policies and systematic plans that support state and community oral health efforts
	Assurance
	6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices
X	7. Reduce barriers to care and assure utilization of personal and population-based oral health services
	8. Assure an adequate and competent public and private oral health workforce
	9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services
	10. Conduct and review research for new insights and innovative solutions to oral health problems

[*ASTDD Guidelines for State and Territorial Oral Health Programs that includes 10 Essential Public Health Services to Promote Oral Health](#)

Healthy People 2020 Objectives: Check one or more key objectives related to the activity. If appropriate, add other national or state HP 2020 Objectives, such as tobacco use or injury.

"X"	Healthy People 2020 Oral Health Objectives
X	OH-1 Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth
X	OH-2 Reduce the proportion of children and adolescents with untreated dental decay
X	OH-3 Reduce the proportion of adults with untreated dental decay
	OH-4 Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease
	OH-5 Reduce the proportion of adults aged 45 to 74 years with moderate or severe periodontitis
	OH-6 Increase the proportion of oral and pharyngeal cancers detected at the earliest stage
X	OH-7 Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year
	OH-8 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

OH-9	Increase the proportion of school-based health centers with an oral health component
OH-10	Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health component
OH-11	Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers each year
OH-12	Increase the proportion of children and adolescents who have received dental sealants on their molar teeth
OH-13	Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water
OH-14	Increase the proportion of adults who receive preventive interventions in dental offices
OH-15	Increase the number of States and the District of Columbia that have a system for recording and referring infants and children with cleft lips and cleft palates to craniofacial anomaly rehabilitative teams
OH-16	Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system
OH-17	Increase health agencies that have a dental public health program directed by a dental professional with public health training

Provide 3-5 Key Words (e.g. fluoride, sealants, access to care, coalitions, policy, Medicaid, etc.) These will assist those looking for information on this topic:

Oral health, pregnancy, early childhood, perinatal, home visiting

Executive Summary:

Provide a brief description of the dental public health activity. Include information on: (1) what is being done; (2) who is doing it and why; (3) associated costs; (4) outcomes achieved (5) lessons learned, both positive and negative.

The Oral Health Improvement Program (OHIP) within the Texas Department of State Health Services is working to reduce the incidence of early childhood caries (ECC) in Texas by educating pregnant women on oral health and the importance of dental visits for themselves and their infant. OHIP is reaching at-risk pregnant women and mothers across the state through a variety of means, including home visiting programs. OHIP is currently partnering through its Healthy Texas Smiles for Moms and Babies project (HTSMB) with Nurse Family Partnership (NFP)¹ and Parents as Teachers (PAT)² home visiting programs.

OHIP provides oral health training and resources to home visitors so they can confidently educate their clients. They are provided engaging demonstration tools and handout materials that will hold clients' interest as they learn. OHIP meets with home visiting leaders to discuss ways to provide additional learning opportunities and how to make institutional changes within home visiting programs that support oral health.

To date, over 400 Texas home visitors have received HTSMB training. Data collection is challenging, but pre- and post-tests indicate that the trainings are successful. Preliminary data show that home visitors are discussing oral health with their clients. PAT in Texas has recently added oral health questions to its data collection processes which will facilitate greater understanding of impact.

HTSMB was initiated through a Health Resources and Services Administration Perinatal and Infant Oral Health Quality Improvement grant, but OHIP recognizes ongoing support to home visiting programs after the initial training is critical to meaningful change in the oral health of home visiting clients. Annual operation of HTSMB is estimated at \$130,856, which includes an OHIP staff member dedicated to all aspects of HTSMB. OHIP will continue HTSMB when grant funding ends through program funds and by seeking additional internal and external funding.

¹ <http://www.nursefamilypartnership.org>

² <http://www.parentsasteachers.org>



HOME VISITOR TRAINING

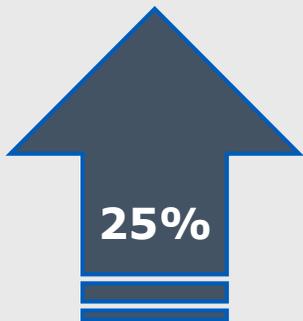
Tooth talk is getting bigger in Texas!

The Texas Department of State Health Services Healthy Texas Smiles for Moms and Babies (HTSMB) project shows Home Visitors (HV) how to teach pregnant women the importance of taking care of their babies' and their own mouths, including going to the dentist on a regular basis.



HTSMB provides training and resources to HVs to help them understand that it is important to discuss oral health with their clients and to feel confident doing it.

Trainee increased confidence



(Source: 2019 HTSMB Survey)



Videos



Online Course



Perinatal Guidelines



Educational Resources

"Many families do not know the importance of oral health and think of it as secondary or perhaps even unnecessary.

This training has helped me become knowledgeable in the facts to help families learn more and advocate for their own health."

-Home Visitor Trainee



Sustainability Partners

- Nurse Family Partnership (NFP)
- Parents as Teachers (PAT)
- HV Affiliate Organizations
- Texas Oral Health Coalition
- DSHS Regional Dental Teams



System-level Success Story
Texas Parents as Teachers now requires oral health data reporting



TEXAS
Health and Human
Services

Texas Department of State
Health Services

dshs.texas.gov/dental