

# Targeted MCH Oral Health Service Systems Project Highlights

The Maternal and Child Health Bureau (MCHB) funded 20 projects from 2008 to 2011 in the following states: Alaska, California, Colorado, Connecticut, Delaware, Florida, Illinois, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, New York, North Carolina, Virginia, Washington, and Wisconsin, as well as in the Republic of the Marshall Islands.

The Targeted Oral Health Service Systems (TOHSS) grant program provided infrastructure funding for state oral health programs to foster statewide approaches to prevent oral diseases and to promote sustainability of oral health programs. The funding gave states the flexibility to design and implement programs that integrate oral health systems into a broader system of care within their state. Projects built on past efforts to develop and implement or strengthen the state's oral health program infrastructure to increase access to oral health services, including prevention and early intervention, especially for vulnerable children and their families, in three focus areas:

1. Increase age 1 dental visits for children at greatest risk for oral disease.
2. Improve access to oral health services for children with special health care needs.
3. Ensure restorative treatment of active disease through dental sealant programs.

Project highlights in the three focus areas follow.



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## Focus Area 1: Increase age 1 dental visits for children at greatest risk for oral disease.

- Alaska conducted trainings on early childhood caries prevention and treatment, including fluoride varnish for oral health professionals and non-oral-health professionals. Medicaid reimbursement for these services was authorized beginning in July 2010. Staff worked to change Alaska's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program policy to adopt Bright Futures guidelines and the age 1 dental visit.
- California implemented systems to provide early childhood preventive care in community settings. Partnerships were developed between eight safety net systems and Special Supplemental Nutrition Program for Women, Infants and Children (WIC) programs throughout the state. At each WIC site, children received preventive oral health services, and their parents received education.
- Colorado's expansion of its Cavity Free at Three Initiative increased the number of dental visits for infants and young children and the number of health professionals trained to care for this population.
- Connecticut's Home by One program built partnerships between oral health professionals and non-oral-health professionals, social service providers, parents, and caregivers and provided fluoride varnish training for non-oral-health professionals.
- Iowa promoted its I-Smile Dental Home Initiative, created an ongoing surveillance system to track the oral health status of infants and children from birth to age 5 and the impact of the I-Smile Dental



Home Initiative, and leveraged funds in a partnership with the Delta Dental of Iowa Foundation to produce and air public service announcements.

- Maine developed and tested training models for non-oral-health professionals and child care providers who serve young children and trained over 1,750 individuals statewide in oral health assessment, prevention, anticipatory guidance, and referral.
- The Maryland Department of Health and Mental Hygiene, Office of Oral Health; the National Maternal and Child Oral Health Resource Center; and the University of Maryland Dental School partnered to develop an online curriculum. More than 90 EPSDT medical providers successfully completed the training and performed oral health screenings, conducted risk assessments, provided anticipatory guidance, applied fluoride varnish, and made dental referrals in Baltimore City and on the Eastern Shore.
- New York partnered with the state nutrition division to develop a fluoride varnish pilot in the WIC program, which was staffed by a pediatrician. In the first 4 months of the pilot, nearly 100 children were seen. Children with active decay received referrals for treatment services and to a dental home, if necessary. The state partnered with a local hospital to develop a manual for the pilot and collect evaluation data.

- North Carolina pilot-tested an oral-health-home partnership between pediatricians, family physicians, and dentists using a risk-assessment and referral form and guidelines for its use.
- Virginia's Bright Smiles for Babies fluoride varnish program expanded into 10 additional health districts by allowing direct access to dental hygienists in WIC clinics. Hygienists provided risk assessments and screenings, fluoride varnish, parent counseling, and dental referrals to children enrolled in WIC. Local dentists in each district were encouraged to participate as a referral source for children in WIC. An average of over 500 children per month received preventive services during their WIC visit. There has been a significant increase in the number of oral assessment claims (D0145) by dentists for children in WIC.

## Focus Area 1: Products

- ▶ California: *WIC: Early Entry into Dental Care Guidebook*
- ▶ Connecticut: *Home by One: First Dental Visit by Age One* (website)
- ▶ Florida: *Posters and Pamphlets* (English, Spanish, and Creole)
- ▶ Iowa: *I-Smile* (website)
- ▶ Maryland: *Maryland's Mouths Matter: Fluoride Varnish and Oral Health Screening Program for Kids—Training for EPSDT Medical Providers in Maryland*
- ▶ Massachusetts: *Connect Oral Health to Every Child's Medical Care: A Child Health Provider's Guide to BLOCK Oral Disease*
- ▶ New York: *Baby Teeth Are Important* and *Pregnancy and Dental Care* (posters in English and Spanish)
- ▶ Virginia: *Baby's First Dental Visit* (bookmark)

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## Focus Area 2: Improve access to oral health services for children with special health care needs.

- The Florida Department of Health supported the first annual conference of the state coalition, Oral Health Florida. This conference was held in conjunction with the state dental association conference for county health department dental coordinators, with a presentation on building an oral health practice for individuals with special health care needs. Oral Health Florida also presented a forum on preventive oral health procedures and oral hygiene for individuals with special health care needs at a conference for parents and other caregivers.
- Illinois partnered with local health departments, dental clinics, the Illinois Primary Health Care Association, the Illinois chapter of the American Academy of Pediatrics, and the state oral health coalition to integrate oral health education, screening, and referral into maternal and child health programs. All of the school-based oral health programs funded by the state Department of Public Health are providing preventive care to young children, including those enrolled in Head Start and children with special health care needs (CSHCN).
- Kansas held two webinars and four statewide educational sessions on oral treatment for CSHCN. The training course, Healthy Smiles for Children with Special Needs, is available at <https://ks.train.org> at no cost to nurses and oral health professionals.
- Marshall Islands conducted multidisciplinary trainings on oral health care for CSHCN for policymakers, educators, social services staff, oral health professionals, and non-oral-health professionals and established a well-child special health care needs registry at the Majuro Hospital that provides oral health education and prevention services.
- Virginia hired a part-time CSHCN oral health coordinator who leveraged a partnership with the state Title V program to place dental hygienists in periodic rural pediatric specialty clinics. The dental

hygienists provided oral health assessments, fluoride varnish, and oral health referrals for CSHCN in that traditionally underserved area. A 2-day course on providing dental care to CSHCN was offered in five different areas of the state, training 69 dentists and 31 auxiliaries.

- Wisconsin's regional oral health coordinators trained 1,387 health professionals, residential care providers, and members of community organizations on oral disease prevention and health promotion for CSHCN.

### Focus Area 2: Products

- ▶ Kansas: *How to Brush the Teeth of Others* (DVD)
- ▶ Virginia: *A Healthy Mouth for Children with Special Health Care Needs: A Parent's Guide* (brochure)
- ▶ Washington: *Oral Health Fact Sheets for Patients with Special Needs*
- ▶ Wisconsin: *Oral Health: Oral Health for Families* (website)



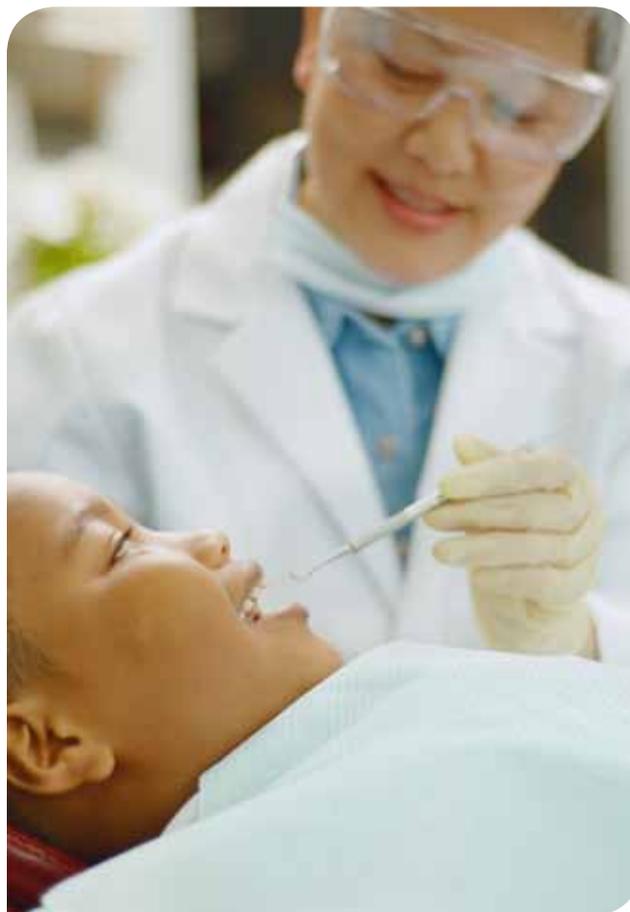
# 3

## Focus Area 3: Ensure restorative treatment of active disease through dental sealant programs.

- Alaska piloted a school-based dental sealant program and provided screening, dental sealant placement and retention checks, and referrals for necessary oral health care to students in second grade.
- Colorado increased the number of schools participating in a dental sealant program, serving over 3,800 students in second grade.
- Kentucky incorporated a dental sealant reporting system into the online client-services-management system used by local health departments to enter patient data. The new system links patient data and has a billing mechanism that will help with sustainability following grant funding.
- Michigan funded a dental sealant program in a rural, geographically isolated area. The program serves 75 percent of students from kindergarten through 12th grade and makes referrals to a local dental clinic. In one school year, 1,269 dental sealants were placed, and 2,067 students received oral health education. Program staff have provided technical assistance to two additional dental sealant programs established in nearby rural counties.
- New York provided technical assistance to school-based and school-linked oral health programs on identifying oral health professionals for the referral of children needing a dental home, treatment services, or both.
- Wisconsin's regionally based public health dental hygienists provided oral examinations, dental sealants, and fluoride varnish to underserved children through that state's Seal-a-Smile programs.

### Focus Area 3: Products

- ▶ Colorado: *Be Smart and Seal Them! A School-Based Dental Sealant Program Manual*
- ▶ Massachusetts: *Super Tooth* (public service radio announcements in English and Spanish)
- ▶ Michigan: *SEAL! Michigan School-Based Dental Sealant Program* (report)
- ▶ New York: *Finding a Dental Provider* (website)



National Maternal and Child Oral Health Resource Center. 2012. *Targeted MCH Oral Health Service Systems: Project Highlights*. Washington, DC: National Maternal and Child Oral Health Resource Center. Permission is given to photocopy this publication or to forward it, in its entirety, to others.

The National Maternal and Child Oral Health Resource Center, funded by MCHB since 1996, collects and catalogs materials, including final reports, produced by MCHB-funded projects. A comprehensive list of materials produced by TOHSS projects is available at <http://www.mchoralhealth.org/Projects/TOHSS.html>.

