

Oregon Maternal and Child Health Title V Strategy Webinar:

Oral Health for Pregnant Women and Children

Presenters:

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Welcome and webinar housekeeping

Thank you for joining us today –
we really appreciate it!

- If there is more than one person participating at your site, please enter everyone's name and affiliation in the chat box.
- We welcome everyone's ideas – feel free to chime in by phone or through the chat box. When not speaking, please keep your phone muted.
- Please do not put your phone on hold or take a call on another line during the webinar! Hang up and rejoin if necessary.

Poll question

What type of organization do you represent?

- Local health department
- Tribe
- Community-based agency
- Coordinated Care Organization
- State agency

Purpose of the webinar

Bring together state and local Maternal and Child Health (MCH) Title V grantees and partners to:

- Review and discuss evidence-informed strategies that Oregon's Maternal and Child Health programs might use to increase the number pregnant women and children who visit the dentist.
- Learn about strategies already underway that participants feel would be a good match for MCH/Title V work.
- Determine if we're missing any key strategies.

What we ask of you today

Put on your consultant hat:

- Help us think about strategies that might be important for state and local MCH programs to invest in and help lead – whether or not they are right for your community.

If you are a Title V grantee:

- Trust that there is a process and will be time to choose among the priorities and strategies that are a good fit for your work and your community.

Questions we won't address today, But will at a later date...

- **Parameters for local choice and implementation** – how many priorities and strategies counties or tribes will work on, work plan and reporting guidelines, etc.
 - A Conference of Local Health Officials Healthy Families/Tribal/State MCH work group will draft parameters and guidelines – stay tuned.
- **Local capacity** for implementing the strategies
 - This is an important consideration to be addressed by each Title V grantee once the strategies/implementation parameters have been developed.

Questions we won't address today, But will at a later date...

- **Measurement** of progress on these strategies
 - Development of measures will follow once we have honed the list of strategies.

- **Technical Assistance for implementation**
 - State and local Title V partners will work on identifying and meeting technical assistance needs as the work unfolds.

What is the Title V Maternal and Child Health Program?

- Federal appropriation of Maternal and Child Health funds to Oregon.
- Purpose of the Federal Title V Maternal and Child Health program: to provide a foundation for ensuring the health of the Nation's mothers, women, children and youth, including children and youth with special health care needs, and their families.
- In Oregon, funds distributed to: Oregon Center for Children and Youth with Special Health Needs, Local Health Authorities, Oregon Tribes, and the State Public Health Division.

MCH Title V Block Grant 3.0

The Maternal and Child Health Bureau (MCHB) is transforming Title V's work to align with Federal health care transformation.

- Goals of the transformation: reduce burden, increase accountability, and maintain flexibility

States are required to:

- Conduct a 5-year needs assessment
- Choose 8 of 15 national priority areas/performance measures, plus 3 state-specific priorities
- Develop strategies and strategic measures to “move the needle” on the national priorities
- Align use of funds with these priorities and strategies

Oregon's 2016-2020 Title V Priorities

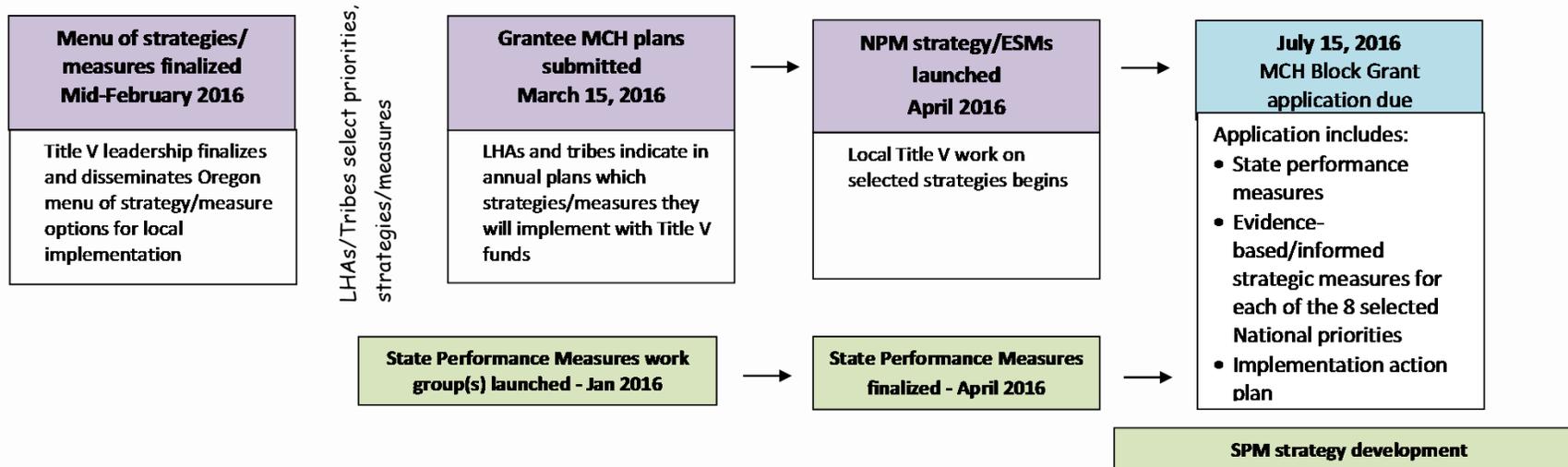
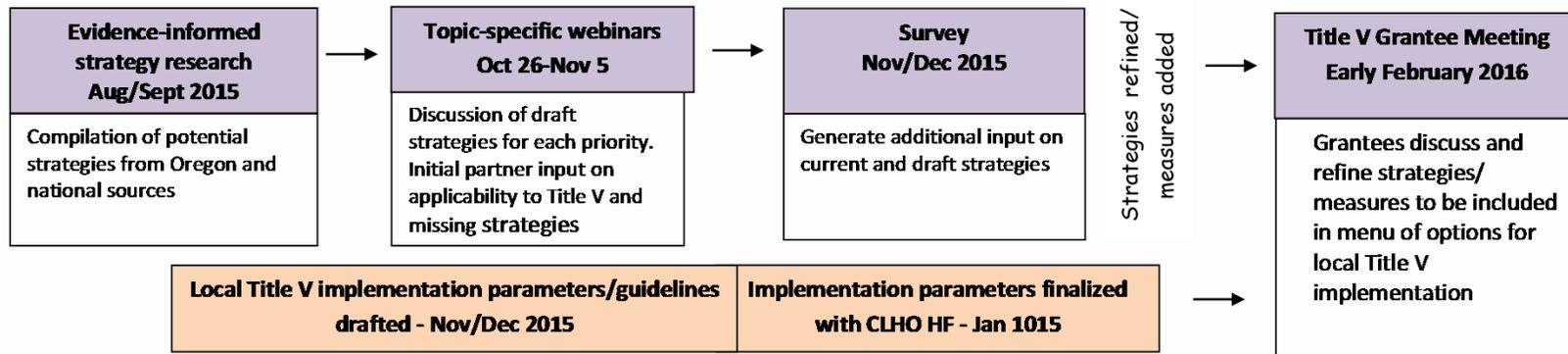
Oregon's selected national priority areas

- Well woman care
- Breastfeeding
- Children's physical activity
- Adolescent well visit
- Oral health
- Smoking
- Medical home for children/youth with special health needs *
- Transition for children/youth with special health needs*

State-specific priority areas:

- Toxic stress, trauma and Adverse childhood experiences (ACEs)
- Food insecurity
- Culturally and linguistically responsive MCH services

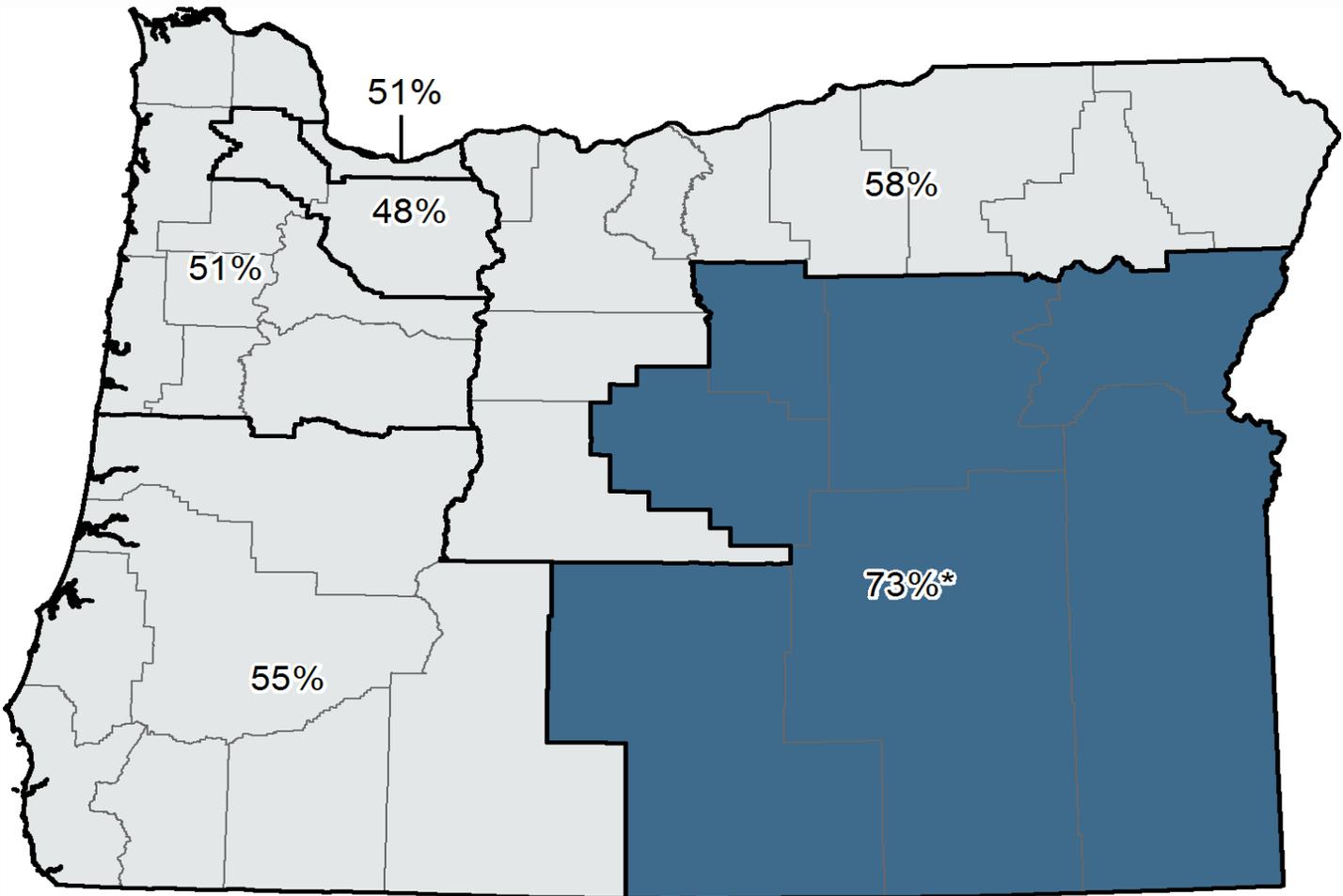
Development and Launch of MCH Block Grant Strategies and Measures



Importance of Oral Health

- Oral diseases affect what we eat, how we communicate, the way we look, our ability to learn, and how we feel about ourselves.
- Dental decay in childhood has been linked to increased risk for future cavities.
- Chronic oral infections may be associated with an array of other health problems such as heart disease, diabetes, and unfavorable pregnancy outcomes.
- Among pregnant women, oral infections may increase the risks for premature delivery and low birth weight babies.

Oral Health Status of School-age Children



†6- to 9-year-olds, primary and permanent teeth
*Statistically different from the statewide average of 52%

Importance of Oral Health

- 58% of third graders have experienced tooth decay

OHA, PHD, MCH Section. Oregon Smile Survey, 2012 Report. Retrieved from: <https://public.health.oregon.gov/PreventionWellness/oralhealth/Documents/SmileSurvey2012.pdf>

- 31% of Oregonians aged 33 to 44 have lost teeth, while 19.9% of older adults have lost six or more teeth

CDC. Behavioral Risk Factor Surveillance System (BRFSS). 2013. Retrieved from: www.cdc.gov/brfss/

- 15,000 emergency department visits for non-traumatic dental problems (2013)

Oregon hospital database. 2013.

- Oregon ranks 48th nationally for optimally-fluoridated public water systems (23% compared to 75%)

CDC. 2010 Water Fluoridation Statistics. 2010. Retrieved from: www.cdc.gov/fluoridation/statistics/2010stats.htm

Performance Measures

Percent of women who had a dental visit during pregnancy.

- Data source: Centers for Disease Control and Prevention (CDC), Pregnancy Risk Assessment Monitoring System (PRAMS)
- Baseline: 56.1% (2012)

Percent of children, ages 1 to 17 years, who had a preventive dental visit in the last year.

- Data source: National Survey of Children's Health (NSCH)
- Baselines: 75.7% (2007)
77.0% (2011-2012)

How were the strategy lists developed?

- National MCHB consultants at Johns Hopkins
 - Review of the literature and evidence base
- Oregon Title V research consultant:
 - Review of the literature and Johns Hopkins evidence review
 - Review of local public health plans and reported activities
 - Interviews with State Title V Priority leads
- State Title V leads:
 - Consultation with other state public health programs and partners
 - Review of Consultant list of strategies
 - Refinement with SMEs and local co-leads

Note: The strategies presented are at a high level, and may have multiple state and local level activities associated with them. This provides flexibility to tailor Title V activities to meet community needs, while allowing us to tell the story of Title V's work around the state to improve health in this priority area.

Strategy 1

Collaborate with Early Childhood Care and Education to plan and implement methods to increase preventive dental services for children

State Activity:

- Provide resources, information and tools for providers

Local Activities:

- Coordinate with providers to implement a daily oral hygiene program for children (e.g. brushing after each meal, fluoride rinse/tablets)
- Provide resources, information and tools for providers targeted at parents and children that:
 - Promote good oral hygiene practices
 - Encourage preventive dental visits at recommended times/frequencies

Strategy 2

Collaborate with primary care providers to follow the American Congress of Obstetricians and Gynecologists (ACOG) oral health recommendations for pregnant women

State Activity:

- Assist the Oregon Oral Health Coalition (OrOHC) in developing the curriculum called Maternity: Teeth for Two

Local Activities:

- Develop partnerships with entities that provide primary care and encourage use of ACOG oral health recommendations for pregnant women
- Implement the Maternity: Teeth for Two program when available
- Develop/identify tools that can be utilized

Strategy 3

Provide oral health services during well-child visits as recommended in the American Academy of Pediatrics Bright Futures Guidelines

State Activity:

- Collaborate with the Oregon Oral Health Coalition (OrOHC) to promote the First Tooth Program

Local Activities:

- Collaborate with entities that provide primary care to provide oral health services during well-child visits
- Implement the First Tooth Program
- Supply a First Tooth trainer for health care providers in the county

Strategy 4

Provide oral health services, education and referral/case management services for dental care through Oregon's Home Visiting System

State Activities:

- Develop/identify resources that can be utilized by local programs
- Support First Tooth trainings for nurses

Local Activity:

- Provide oral health screenings and fluoride varnish applications (if trained), oral health education (including the reduction of risk factors in the home), and referral/case management services for dental care through integration into Oregon's Home Visiting System

Strategy 5

Incorporate oral health services into School-based Health Centers

State Activity:

- Collaborate with the state School-based Health Center (SBHC) Program and CCOs that contract for services from SBHCs to incorporate oral health services

Local Activity:

- Build partnerships and collaborate with the state School-based Health Center (SBHC) Program and local SBHCs to incorporate oral health services (following Bright Futures guidelines) into SBHCs

Strategy 6

Provide oral health education and referral/case management services for dental care during adolescent well-child visits

State Activity:

- Collaborate with entities to provide oral health education and referral for dental care during adolescent well-child visits

Local Activity:

- Collaborate with CCOs, FQHCs, rural health centers, tribal health centers, school-based health centers, and primary care providers to provide oral health education and referral for dental care during adolescent well-child visits
 - Good oral hygiene practices
 - Usage of mouth guards during contact sports

Strategy 7

Provide oral health education and referral/case management services for dental care

State Activity:

- Develop/identify resources that can be utilized by others

Local Activities:

- Provide oral health education and referral/case management services for dental care through:
 - Oregon MothersCare program
 - WIC program
- Utilize Outreach Coordinators to provide oral health toolkits and referral/case management services to pregnant women and infants

Strategy 8

Educate pregnant women, parents/caregivers of children, and children 0-17 about oral health

State Activity:

- Develop and distribute culturally appropriate oral health education materials, public service announcements, and social media messages

Local Activity:

- Develop and distribute culturally appropriate oral health education materials, public service announcements, and social media messages geared towards specific target audiences

Strategy 9

Educate/train health care and dental providers about oral health

State Activity:

- Develop and distribute oral health education materials, training modules, and social/professional media messages

Local Activity:

- Develop and distribute oral health education materials, training modules, and social/professional media messages geared towards health and dental care providers

Strategy 10

Provide oral hygiene products (i.e. toothbrushes, toothpaste, floss) as rewards/incentives

State Activity:

- Identify resources for oral hygiene products

Local Activities:

- Provide toothbrushes as a reward following immunization
- Include oral hygiene products and oral hygiene information in the Oregon MothersCare (OMC) bag given to pregnant clients

Strategy 11

Integrate oral health into Maternal and Child Health (MCH), Health Promotion, and Chronic Disease Prevention Programs

State Activity:

- Incorporate oral health across the lifespan into all state MCH, chronic disease prevention, and health promotion programs

Local Activity:

- Incorporate oral health across the lifespan into local MCH, chronic disease prevention, and health promotion programs
 - Immunizations: HPV vaccine to prevent cancers of the mouth and throat
 - Obesity prevention: good nutrition reduces cavities
 - Tobacco prevention: oral cancer

Strategy 12

Promote the provision of dental sealants and oral health education in schools

State Activities:

- Continue to operate the statewide School-based Dental Sealant Program
- Administer the mandatory certification program for local school dental sealant programs

Local Activity:

- Partner with school dental sealant programs to provide oral health education for students in K-12 grades

Strategy 13

Promote community water fluoridation

State Activity:

- Collaborate with partners to promote community water fluoridation through education and policy change

Local Activities:

- Build partnerships to promote community water fluoridation through education and policy change
- Develop culturally appropriate water fluoridation education materials, public service announcements, and social media messages
- Collaborate with the local City Council to fluoridate the city's water supply

Strategy 14

Promote and implement school fluoride supplement programs (tablets or rinse) in communities without water fluoridation

State Activities:

- Continue to offer the free school fluoride tablet or rinse program for eligible schools
- Provide resources and outreach materials

Local Activity:

- Build partnerships and collaborate with schools to promote and implement school fluoride supplement programs (tablets or rinse) in areas without community water fluoridation

Other State Strategies

15. Advocate for policies that require dentists who accept Medicaid patients to provide services to pregnant women and young children
16. Advocate with OHA and the Metrics and Scoring Committee to add CCO measures and incentives for dental care
17. Integrate Title V strategies and activities with other statewide strategic plans:
 - *Strategic Plan for Oral Health in Oregon: 2014-2020*
 - PHD State Health Improvement Plan
 - Modernization of Public Health

Discussion and poll

Which of these strategies do you think have the most **potential to improve health**? (choose 3)

1. Collaborate with Early Childhood Care and Education
2. Collaborate with primary care providers to follow ACOG recommendations
3. Provide oral health services during well-child visits
4. Provide oral health services through Oregon's Home Visiting System
5. Incorporate oral health services into School-based Health Centers
6. Provide oral health education and referrals during adolescent well-child visits
7. Provide oral health education and referral services
8. Educate pregnant women, parents/caregivers and children
9. Educate/train health care and dental providers
10. Provide oral hygiene products as rewards/incentives
11. Integrate oral health into MCH, Chronic Disease Prevention Programs
12. Promote dental sealants and oral health education in schools
13. Promote community water fluoridation
14. Promote and implement school fluoride supplement programs

Discussion and poll

Which of these strategies do you think are **foundational** – meaning the **most important/ best place to start** in order to work on other strategies? (choose 3)

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14. Promote and implement school fluoride supplement programs

Discussion question

Are there strategies already underway in your community that you think should be included in this discussion?

Discussion question

Are there strategies missing from this list?
If yes, what are they?

Poll question

From your perspective, and thinking about your community, which strategies would you like to see **Title V invest in?** (choose 3)

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Poll question

Are there strategies that are **less relevant** for Oregon's maternal and child health work, and could be eliminated? (choose up to 3)

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Webinar Evaluation

- How well did this webinar accomplish its purpose?
 1. Not at all
 2. A little
 3. Somewhat
 4. Well
 5. Very well
- What went well with this webinar?
- What should we do differently for the upcoming webinars?
- Any other comments?

Next steps

- **November:** Webinar feedback will inform the list of strategies
- **November – December:** Survey will gather more input on strategies across all MCH Title V priority areas
- **November – January:** Implementation guidelines and proposed measures will be developed by Title V state and local leads, CLHO HF and state MCH staff/consultant
- **February:** Title V grantees will meet to discuss and refine the menu of strategies and proposed measures for local implementation
- **March:** Local Title V grantees will choose priorities and strategies to include in work plans

Ideas? Questions?

General Title V questions:

- Nurit Fischler, Title V Coordinator nurit.r.fischler@state.or.us
- Cate Wilcox, Title V Director cate.s.wilcox@state.or.us
- MCH Title V website: <http://Healthoregon.org/titlev>

Oral Health priority and strategy work:

- Amy Umphlett, State Lead amy.m.umphlett@state.or.us
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