



★Children's Health Alliance of Wisconsin

Overview

- Healthy Smiles for Mom and Baby
- Two models
 - Closed Referral
 - Integrated Preventive Services
- Two educational resources
 - Oral health training
 - Perinatal and infant curriculum

What we know...



COMMITTEE OPINION

Number 569 . August 2013

Committee on Health Care for Underserved Women

Revised by the Childhilds Care Dunity Programsy Advancy Committee. This committee is composed of representatives from the American College of Obstatricians and Cyrocologists, the American Destel Association, and the Health Resource and Services. Administrators in Mariera and Cold Health Resource and coordinated by the National Marierand and Cold Health Resource Center at Georgetown University. The information should not be construed as dictating an exclusive course of treatment or pre-cedure to be follows:

Oral Health Care During Pregnancy and Through the Lifespan

ABSTRACT: Oral health is an important component of general health and should be maintained during pregnancy and through a woman's lifespan. Maintaining good oral health may have a positive effect on cardiovascular disease, diabetes, and other disorders. In 2007-2009, 35% of U.S. women reported that they did not have a dental visit within the past year and 56% of women did not visit a dentist during pregnancy. Access to dental care is directly related to income level; the poorest women are least likely to have received dental care. Optimal maternal oral hygiene during the perinatal period may decrease the amount of caries-producing oral bacteria transmitted to the infant during common parenting behavior, such as sharing spoons. Although some studies have shown a possible association between periodontal infection and preterm birth, evidence has failed to show any improvement in outcomes after dental treatment during pregnancy. Nonetheless, these studies did not raise any concern about the safety of dental services during pregnancy. To potentiate general health and well-being, women should routinely be counseled about the maintenance of good oral health habits throughout their lives as well as the safety and importance of oral health care during pregnancy.

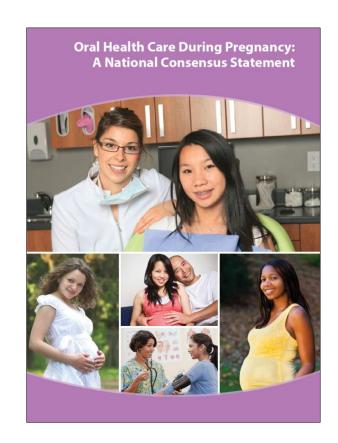
The 2000 Surgeon General's report Oral Health in infections, as well as osteoporosis of the oral cavity. These America, stated that a "silent epidemic of oral diseases is affecting our most vulnerable citizens," including the ity groups (1). Oral health, which includes health of the gums, teeth, and jawbone, is a "mirror for general health and well-being" (1). The World Health Organization tion and notes that oral health is a determining factor for quality of life (2). To prevent tooth decay, oral infections, with heart conditions that place them at the highest risk and tooth loss, the American Dental Association recommends semiannual dental examinations and cleanings as well as daily brushing and flossing (3). The American Dental Association also affirms the importance of oral health care during pregnancy (4).

Oral health disorders, such as periodontitis, are associated with many disease processes, including cardiovas-cular diseases, diabetes, Alzheimer disease, respiratory insufficient evidence to recommend for or against rou-tine screening for oral cancer, approximately 37,000

are all significant diseases that affect women across the lifespan (5-11). The prevention and treatment of these disorders are essential for general well-being.

The efficacy of endocarditis prophylaxis among patients who undergo dental procedures has been controversial based on published studies. However, the American Heart Association recommends that prophyof adverse outcomes from endocarditis (12). For patients with these conditions, prophylaxis is reasonable for all dental procedures that involve manipulation of gingival tissue or the periapical region of teeth or perforation of

It is important for patients to discuss screening for oral cancer with their dentists. Although the U.S. Preventive Services Task Force concludes that there is



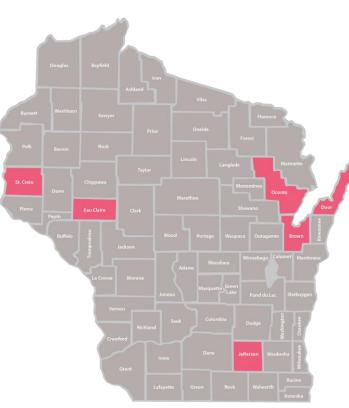
Project Overview



WOMEN, INFANTS, & CHILDREN





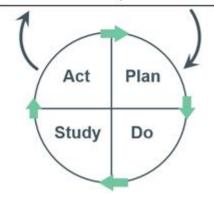


Model for Improvement

What are we trying to accomplish?

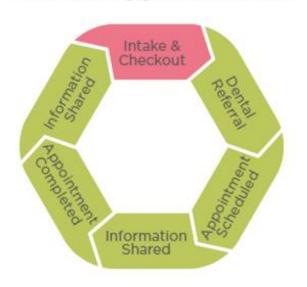
How will we know that a change is an improvement?

What change can we make that will result in improvement?



1

MODEL ONE Closed Referral for Dental Appointments



One identified dental clinic (who accepts Medical Assistance) partners to be the prioritized referral source for pregnant patients. The referring agency sends referral to dental clinic who schedules appointments and sends information (with patient consent) back to referring agency. This closes the referral, allows for improved case management and increases completed appointments.

- Oral health training for WIC/Public health staff
- Key Messages
 - "You can transmit bacteria in your mouth to your baby"
 - "The healthier your mouth is, the healthier your baby will be"
 - "...the most important thing you can do right now is make sure your mouth is as clean as possible before your baby is born"

- WIC/Public health staff understanding dental clinic scheduling
- Two way sharing of information for increased case management
- Dental clinic prioritizing referrals
 - Calling patient to initiate appointment (within 1 week)
 - Top of wait-list (if wait-list exists)

2

MODEL TWO Integrated Preventive Oral Health Services

Intake Appointment Oral Health Services Checkout

Preventive oral health services are integrated into the patient workflow at Women Infant and Children clinics. Oral health services are provided either through a partnership with a Federally Qualified Health Center (FQHC) Outreach Dental Hygienists or Public Health Nurse.

A warm hand off is made from the WIC staff to the staff providing oral health services including fluoride varnish, oral health education and referral to dental providers. Space is created directly in the WIC clinic. Public health departments or FQHC bill Medicaid for fluoride varnish.

- Dedicated provider on-site during WIC clinic
 - Outreach dental hygienists from partnering
 Federally Qualified Health Center or public health
 nurse
- Integrated as part of WIC clinic team
 - Training for WIC staff on fluoride varnish
 - Fluoride Varnish paperwork is ready at registration
 - Physical space, warm hand-off from WIC staff

- Promotion of services
 - Use of large flag/signage in registration area to promote the dental hygienist on-site
 - Include fluoride varnish information in reminder flyer and in one-call appointment reminder
 - Education to parents that fluoride varnish can be applied 4x per year

- Target benefit issuance days for repeat fluoride varnish
 - Schedule appointments for fluoride varnish

Spread

- Partnerships with oral health providers strengthen the services provided to WIC participants
- Reliable system developed by each site
- Play-book of best practices for each model

HEALTHY SMILES FOR MOM AND BABY IMPLEMENTATION GUIDE

The Healthy Smiles for Mom and Baby (HSMB) project was implemented from August 2015-July 31, 2019. The project focused on increasing dental utilization for pregnant women and infants through a multipronged approach that included:

- · Education and training for providers working with families.
- · Promoting the standard of care for dental treatment during pregnancy to health care providers
- Quality improvement projects at six local Women, Infant and Children (WIC) sites to identify models to increase utilization of dental services.

Organizations can replicate the models and promising strategies identified during the HSMB project to accelerate making an impact on the oral health of pregnant women and young children in their communities. This implementation guide includes models for a closed dental referral system and integration of preventive oral health services into WIC clinics. Outlined are the specific tests of change that worked to increase completed dental referrals and the number of preventive services provided in WIC settings. The back cover details the promising education strategies developed including the online oral health training, inter-professional events and the curriculum for future dental providers.

OUTCOMES

Increase percent of pregnant women In WIC who utilize dental services *prenatal care coordination program

Door County
(baseline) 40% \Longrightarrow 48% (outcome)

Jefferson County*

(baseline) 33% 64% (outcome)

Brown County

(baseline) 22% 15% (outcome)

Oconto County
(baseline) 0% 26% (outcome)

Increase percent of Children age 1-4 years in WIC who utilize dental services

Brown County
(baseline) 25% = 37% (outcome)

Increase percent of children age 1-4 years of in WIC who receive 1 Fluoride Varnish

St. Croix County
(baseline) 4% 31% (outcome)

Oconto County
(baseline) 29%
38% (outcome)

Eau Claire County
(baseline) 25% + 46% (outcome)

Increase percent of children age 1-4 yrs.

n WIC who receive more than 1 Fluoride Varnish

St. Croix County
(baseline) 0% ==== 17% (outcome)

Oconto County
(baseline) 16% 34% (outcome)

HSMB Oral Health Training



Online Training Modules



Materials Package/ Toolkit





Healthy Smiles for Mom and Baby: Oral Health Training for Professionals

Healthy Smiles for Mom and Baby (HSMB) is a statewide program to integrate oral health into prenatal and pediatric health care systems. We developed the HSMB Oral Health Training for professionals working with pregnant women, infants and toddlers. The online training combines oral health information with conversation techniques for effective family-centered oral health discussions.

LEARN MORE



HSMB Statewide PlanRead about the Wisconsin Statewide Plan for

Perinatal and Infant Oral Health.



HSMB Implementation Guide

View results and best practices from the project's six implementation sites.



HSMB Oral Health Training

Use this guide to access the e-learning course for professionals.

https://www.chawisconsin.org/initiatives/oral-health/healthy-smiles-for-mom-and-baby/

Educational Curriculum on Perinatal and Infant Oral Health Care: Current Standards of Care for Dental and Dental Hygiene Students

Equip students with the most up-to-date information on perinatal and infant oral health care. Instructors can integrate these learning modules into any existing dental hygiene curriculum.

- Module 1: Oral Health During Pregnancy
- Module 2: Infant Oral Health
- Module 3: Age One Dental Visit
- Module 4: Lifelong Learner

To download the PowerPoint presentations and supplemental materials, please click the registration button below. After completing the form, you will receive a password for the gated page.

Register for Access

Download Materials

Thank you to our





HSMB Implementation Sites

Brown County Project

- Brown County Oral Health Partnership
- Brown County Public Health
- N.E.W. East Dental Clinic
- N.E.W. Dental Clinic at NWTC
- N.E.W. Community Clinic WIC East
- N.E.W. Community Clinic WIC West

St. Croix County Project

- St. Croix County WIC
- St. Croix County Public Health
- NorthLakes Community Clinic-Dental Outreach

Eau Claire County Project

- Eau Claire County WIC
- Eau Claire County Public Health
- Northlakes Community Clinic-Dental Outreach

Oconto County Project

- Oconto County Public
- Oconto County WIC

Jefferson County Project

- Fort Atkinson Community Dental Clinic
- Jefferson County Public Health

Door County Project

- Door County Public Health
- Door County WIC
- Door County Medical Center Dental Clinic

Questions and thank you



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