Dental Public Health Project/Activity Descriptive Report Form

Please provide a detailed description of your **successful dental public health project/activity** by fully completing this form. Expand the submission form as needed but within any limitations noted.

NOTE: Please use Verdana 9 font.

CONTACT PERSON PREPARING THE SUBMISSION AND TO ANSWER QUESTIONS
Name: Jan Martin, DNP, RN, CCM, PAHM **Title: Assistant Professor** **Agency/Organization: University of New Mexico College of Nursing** **Address: University of New Mexico, Albuquerque, NM 87131** **Phone: 505-720-2523** **Email Address: jemartin@salud.unm.edu**

PROVIDE CONTACT INFORMATION FOR ONE ADDITIONAL PERSON WHO COULD ANSWER QUESTIONS REGARDING THIS PROGRAM
Name: Anthony Cahill, PhD **Title: Director** **Agency/Organization: University of New Mexico Center for Development and Disability** **Address: 2300 Menaul Blvd, Albuquerque, NM 87107** **Phone: 505-272-2990** **Email Address: acahill@salud.unm.edu**

SECTION I: ACTIVITY OVERVIEW

Title of the dental public health activity:

Advancing Oral Health for New Mexico Perinatal Populations Through Community Training

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
x	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
	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
x	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

"X"	**Other national or state Healthy People 2020 Objectives: (list objective number and topic)**

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:

Access to care: pregnant women (prenatal/perinatal) services, access to care: workforce , prevention: early childhood tooth decay, prevention: pregnant women (prenatal/perinatal) oral health, prevention: children oral health, home visitor programs, community health workers, community health representatives, dental care access, oral health performance measures, fluoride varnish, rural health, Navajo Nation, planning with partners

Executive Summary: Complete after Section II: Detailed Activity Description. Please limit to 300 words in one or two paragraphs.

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 HRSA New Mexico *Perinatal & Infant Oral Health Quality Improvement* (NM-PIOHQI) project has adopted a community training model for advancing oral health education for the perinatal and infant workforce. This model employs a comprehensive and inclusive approach to oral health training of multiple provider types, agencies, and organizations that are engaged in the care and services provided to pregnant mothers and infants in a given community.

Site-specific training for individuals is labor-intensive, particularly when there is more than one potential site in a given community. This is particularly true, where most sites require significant travel. This challenge was also experienced when trainings are hosted across multiple service units in areas of the reservation where care and service networks are clustered. By changing strategies from site-specific training, to a multi-provider, multi-organization or program approach, we are able to increase our reach in a given community. Associated costs include development of oral health trainings adaptable to multiple provider types and roles, client education and self-management materials, travel and lodging for project team.

Outcomes include increased knowledge and skills in evidence-based content, educating clients and parents, and community-specific oral health and dental resource identification. Early lessons include learning that integration of oral health into existing programs must be implemented locally. Sites are very heterogeneous and require local adaptation for integration to occur. In addition, we learned that persistent systemic and policy factors contribute to misaligned reimbursement and performance measures that interfere with efforts to improve the oral health in prenatal and infant populations. These barriers continue to have persistent limiting impacts on large scale integration of oral health into primary care for this population.

SECTION II: DETAILED ACTIVITY DESCRIPTION

Provide detailed narrative about the dental public health activity using the headings provided and answering the questions. Include specifics to help readers understand what you are doing and how it's being done. References and links to information may be included.

Complete using **Verdana 9 font.

Rationale and History of the Activity:

1. What were the key issues that led to the initiation of this activity?

The HRSA New Mexico *Perinatal & Infant Oral Health Quality Improvement* (NM-PIOHQI) project has adopted a community training model for advancing oral health education for the perinatal and infant workforce. Our initial approach primarily involved individual primary care clinic trainings and consultation. While we have had some successes with the FQHC clinics we engaged, we also encountered several barriers. Training individuals at one site is labor-intensive, particularly when there are multiple sites in a community that require multiple site-specific trainings. This problem is exacerbated in rural communities outside of the greater Albuquerque area, since many of these sites require significant travel. Approximately 40% of NM's two million residents live in rural and remote regions of the state. Pregnant women and infants in these primary care sites commonly represent only a small percent of the total clinic volume, impacting scope of engagement within an individual clinic.

Multiple organizations that frequently do not interact with one another are the key players in providing perinatal oral health. There is no centralized system of dental care for Medicaid. Multiple and frequently changing Medicaid Managed Care Organizations (MCOs) provide Medicaid services in a decentralized environment. Changes in eligibility and access for different Medicaid populations is also a complicating factor. We have experienced significant barriers in engaging the four MCOs contracted to administer NM Medicaid. There is an ongoing issue in providing correct reimbursement of fluoride varnish, particularly for primary care providers.

2. What rationale/evidence (may be anecdotal) did you use to support the implementation of this activity?

For this project, we disseminated information about upcoming training to the entire community of those working with pregnant mothers and infants. This included hospital and clinic providers, staff, public health nurses, community health workers, community health representatives, WIC program staff, home visitor programs, etc. The training logistics are coordinated with a community champion, who works across all agencies, programs, and organizations addressing these populations. Through this approach we have been able to achieve increased breadth and scope of participants attending oral health training at a community level.

The pilot for this community training model was held in Taos, NM. Because of a diverse range of roles and skillsets represented, a two-track approach was used. After an initial plenary session, breakout sessions were conducted for clinical staff (e.g., physicians, nurses, medical assistants, etc.) and a second breakout session for non-clinical staff (e.g., patient education and support professionals from primary and prenatal care, public health and home visiting services, WIC, agency leadership, and childbirth education and community health promotion services).

Because of this increasingly diverse nature of roles and skillsets of attendees, training materials have required various revisions; however, they remain strongly founded in evidence. Early in this project, we developed a comprehensive evidence-based program manual that was initially intended for primary care providers and clinic staff. Much of our ongoing materials have been adapted from this source (*NM PIOHQI Project Resource and Implementation Manual).*

Program Manual content headings include:

- Introduction and Overview of Oral Care in Prenatal Care Services
- Conducting an Oral Screening Exam Using the "4L's" Technique
- Primary Care Oral Health Assessment Using the Primary Care Oral Assessment Tool (PCOAT)
- Patient Self-Management Goal-Setting and Educational Materials
- Treatment Recommendations for Adults and Children
- Referring a Patient to a Dentist
- American Academy of Pediatrics Oral Health Coding Fact Sheet for Primary Care Physicians and PCOATS with Billing Codes Included

Contents and recommendations in this manual were developed by an inter-professional faculty team, including family nurse practitioners, nurse midwives, and dentists incorporating multiple sources from the literature, including, but not limited to:

- American Academy of Family Practice (2015). US Preventive Services Task Force. *Preventing dental caries in children from birth through age five years* https://www.aafp.org/afp/2015/0201/od1.html
- ASTDD (2012). *Best Practices Approach for State and Community Health Programs. Perinatal Oral Health* Bright Futures In Practice: *Oral Health Practice Guide, 2nd edition* https://www.astdd.org/bestpractices/BPAPernatalOralHhealth.pdf

- HRSA (2014). *Integration of Oral Health and Primary Care Practice* (IOHPCP Report) https://www.hrsa.gov/sites/default/files/hrsa/oralhealth/integrationoforalhealth.pdf
- National Network for Oral Health Access (2015). *A User's Guide for Interprofessional Oral Health Core Clinical Competencies: Results of a Pilot Project.* http://www.nnoha.org/nnoha-content/uploads/2015/01/IPOHCCC-Users-Guide-Final_01-23-2015.pdf

3. What month and year did the activity begin and what milestones have occurred along the way? (May include a timeline.)

The Taos community training pilot occurred in January 2018. This was revised into a five-hour training (originally two hours) with one breakout session for clinical assessment/management and a second breakout for non-clinical attendees focused on patient education and support. Subsequent milestones have included First Born home visiting program trainings held in both central NM and in the northwest region in April of 2018.

Two additional community trainings occurred in May and June 2018 - one on the Hopi Nation in Tuba City, Arizona and a second in a border town of the Navajo Nation, Gallup, New Mexico. Fliers were sent to community health representatives on both the Hopi and Navajo Nations, staff of Indian Health Service primary care clinics, public health nurses on both Nations, and home visiting programs in both Nations. Since then, we have developed an additional collaboration with the *Navajo Department of Health Community Health Representative* program, and will be conducting additional trainings around the Navajo Nation between March and May 2019.Their goal is for us to train most, if not all, of their 140+ community health representatives.

The Navajo Nation is the largest American Indian tribe in the country. Approximately 157,000 people live on the reservation which spans 27,000 miles. Most communities are remote, have limited and often rough road conditions, with services clustered across different regions. For this reason, we are adding these additional trainings in communities where care and service patterns are clustered by established service units. Our training content has been revised for these trainings to also incorporate *NM Department of Health Office of Community Health Workers* certification competencies. These competencies include the CHW profession, effective communication, interpersonal skills, health coaching, service coordination, capacity building, advocacy, technical teaching, community health outreach, and community knowledge & assessment.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES

1. What resources were needed to carry out the activity? (e.g., staffing, volunteers, funding, partnerships, collaborations with various organizations, etc.)

Preparation for the community trainings required revision of our training materials to address a more diverse audience, outreach and coordination to multiple community agencies and organizations, and stakeholders, engagement of a community champion to promote and host the training day, development of evaluation objectives and metrics, and materials. Trainings were provided by our advanced practice nurse project team members (FNP and CNM). Additional inputs included experiences and lessons learned among our national learning network of PIOHQI HRSA grantees from 16 states who have also been engaged in various approaches to home visitor engagement and training. Our NM-PIOHQI project team brings evaluation and project management expertise from the University of New Mexico (UNM) Center for Development and Disability, and clinical and policy expertise from UNM College of Nursing, and UNM Dental Medicine. Additional input was received from our project Advisory Board volunteers. Board volunteers include representatives from NM Department of Health Title V Director, NM Department of Health Dental Director, community dentist, FQHC clinic leadership, and Associate Dean College of Nursing. Community collaborations include First Born home visitor, IHS public health nurses. Most recent collaboration for our pending Navajo Nation trainings includes the *Navajo Department of Health Community Health Representative* program. Funding for activities are through the HRSA *Perinatal Infant and Oral Health Quality Improvement* (PIOHQI) program.

Team members include:
- Anthony Cahill, PhD Principal Investigator and Evaluation Director
- Barbara Overman, PhD, CNM Project Director
- Christine Cogil, DNP, FNP-BC Primary Care Oral Health Lead Clinician
- Lyn Wilson-King Project Manager
- Pete Jensen, DDS, MS, MPH Dental Liaison

- Heidi Fredine, MPH Evaluation Coordinator
- Jan Martin, DNP, RN, CCM, PAHM Policy Development

INPUTS	**PROGRAM ACTIVITIES**	OUTPUTS	OUTCOMES

2. Please provide a detailed description the key aspects of the activity, including the following aspects: administration, operations, and services.

Training events were managed by five team members (two trainers, evaluation, and event management coordination and support). Initial training included a two-track method with both clinical and non-clinical breakout sessions. Trainings started with initial and summary large group plenary sessions, followed by evaluation. Initial home visitor training was only two hours. This was next revised to a five-hour training day to accommodate both clinical and non-clinical roles. The most recent training method for the Navajo community health representatives (CHRs) has been revised and tailored more specifically to competencies identified for this role, with additional content to address their individual and community advocacy role. Trainings also include skill-building activities (teeth brushing, positioning, resource coordination, etc.) and self-management and educational materials as well. CHR and/or community health worker module focus for these trainings include:

1. Oral health essentials for pregnant women and babies
    a. Oral anatomy and diseases
    b. Why is oral care important? (epidemiology – pregnancy/infant outcomes)

2. Key client oral health knowledge and skills for behavior change in pregnant women
    a. Oral health promotion and prevention
    b. Oral screening and care recommendations during pregnancy - Xylitol

3. Key client oral health knowledge and skills for infant/small children
    a. Oral health promotion
    b. Oral health care for infants/small children– use of fluoride

4. Oral health behavior change for the child bearing family
    a. Coach on self-care/management
    b. Use of self-management goal setting and Motivational Interviewing

5. Advocacy for oral health system access and change
    a. Link to available health services for dental care and provide follow up
    b. Self-advocacy for oral care by pregnant women
    c. National initiative – inclusion of oral health in overall health care inclusive of MCH
    d. Resources

INPUTS	PROGRAM ACTIVITIES	**OUTPUTS**	OUTCOMES

3. What outputs or direct products resulted from program activities? (e.g., number of clients served, number of services units delivered, products developed, accomplishments, etc.)

As of February 2019, 24 programs across 16 communities have completed community-based trainings, with 70 attendees completing including CHRs on both the Hopi and Navajo Nations, staff of Indian Health Service primary care clinics, public health nurses on both Nations, and home visiting programs in both Nations. These include community health workers and CHRs and public health nurses from the Navajo, Hopi and San Felipe Pueblo tribes. This does not include Navajo Nation trainings yet to occur between March and May 2019 as identified above, nor does it include earlier site-specific project training among primary care clinic providers and staff.

In addition to these community trainings, additional client and parent educational materials have been developed, including a flip book to be piloted in March 2019 at the Crownpoint training. Continuing education credits are available, through both the University of New Mexico Center for Development and Disability (CDD) and will be approved by the NM Department of Health. The community health representative oral health training content supports NM certification and re-certification needs. These trainings will now also include a pre-event survey examining current awareness of community oral health resources, identification of community strengths and gaps they wish to address during the workshop. Web-based training materials and video skills demonstrations will soon be available on the CDD website. Attached to this report please find an electronic copy of the evidence-based NM-PIOHQI Project Resource and Implementation Manual.

4. What outcomes did the program achieve? (e.g., health statuses, knowledge, behavior, care delivery system, impact on target population, etc.) Please include the following aspects:
    a. How outcomes are measured
    b. How often they are/were measured
    c. Data sources used
    d. Whether intended to be short-term (attainable within 1-3 years), intermediate (achievable within 4-6 years), or long-term (impact achieved in 7-10 years)

Outcomes measured include:

- Home Visiting Sites (collected annually)
    - Percentage of children seen who've ever had a dental or oral health exam
    - If not, reasons the child has not had an oral health exam
    - Age of child when s/he first received oral/dental care
    - Percentage of children seen receiving fluoride varnish
- Staff Training at Clinical Sites and Home Visiting Programs (collected at conclusion of each training)
    - Global Impact indicators:
        - I have gained valuable knowledge and skills.
        - There will be a positive impact on my professional work.
        - Information from this activity will be incorporated into my practice.

In addition, each evaluation contained content objectives specific to that training. This is consistent with the "consultation" approach taken by project staff in designing customized training for staff at each site that meet the needs of that site.

a) PRAMS (compiled annually)
    a) Percentage of pregnant women statewide who've received a dental cleaning by Medicaid status

Due to the lack of a centralized statewide system for providing oral health to and collecting data from pregnant women and young children, data must be collected from individual sites of activity, and with the exception of PRAMS data are short term.

An additional outcome, while not a quantitative one at this time, involves the deepening relationship and collaboration with the Navajo Department of Health Community Health Representative program. It is because of the perceived effectiveness of earlier perinatal and infant oral health training that department leadership then requested to work with us on training the remainder of her 140+ CHR staff. AS A RESULT OF HAVING ATTENDED THIS TRAINING, I AM ABLE TO:

Taos Community Training, Clinical Oral Assessment and Management for Pregnant Women and Infants, January 10th, 2018 Site-Specific Evaluation Results

How much do you agree or disagree with each statement?				
AS A RESULT OF HAVING ATTENDED THIS TRAINING, I AM ABLE TO:				
	Strongly Agree	Agree	Disagree	Strongly Disagree
a) Examine the pathophysiology & epidemiology of the most common oral health problems encountered in pre- and postnatal care	75%	25%	0%	0%
b) Conduct a screening exam suitable to the prenatal primary care setting	75%	25%	0%	0%
c) Apply a risk-based evaluation and management tool for oral assessment in primary care	75%	25%	0%	0%
d) Identify history and health behaviors that impact oral health risk	100%	0%	0%	0%
e) Learn clinical prevention strategies based on oral health risk	75%	25%	0%	0%
f) Describe pharmacologic and non-pharmacologic management guidelines for common oral concerns of women	75%	25%	0%	0%

Perinatal Oral Health Baseline Data from Home Visiting Sites

Home Visiting Site	# of New Clients	% Ever had Dental Exam	% Ever had Fluoride Applied	Average age 1st dental visit

Parents as Teachers, Bernalillo & Valencia Counties, NM	31	61%	48%	1.8 years
Medically Fragile Case Management Program, statewide	66	100%	86%	2.7 years
Nurse Family Partnership, Bernalillo County	169	Unknown (100% encouraged)	Unknown	1 year

New Mexico Perinatal Oral Health Quality Improvement Project
Cross-Site Training Evaluation Results
Taos Community, January 1st; UNM School-based Health Clinic, March 1st, 2018

Which best describes your role? (check):
Physician: 12.5%
Clinical Support Personnel (CHW, MA, Nurse Assistant): 12.5%
Other Provider (Nurse Practitioner, Midwife, Physician Assistant): 25%
Other: 50%

1. Which of the following best describes your knowledge of the topic area before the session?	None 12.5%	Limited 69%	Moderate 12.5%	Extensive 6%
How much do you agree or disagree with each statement?	Strongly Agree	Agree	Disagree	Strongly disagree
2. TRAINING OBJECTIVES AND CONTENT				
a. The objectives of this session were clearly explained	93%	7%	0%	0%
b. Overall the session met its objectives	87%	13%	0%	0%
3. THE FACILITATORS WERE:				
a. Knowledgeable in the topic/area	100%	0%	0%	0%
b. Responsive to participants' questions and needs	100%	0%	0%	0%
c. Well-organized	100%	0%	0%	0%
d. Able to present the material in an understandable way	100%	0%	0%	0%
4. BECAUSE I ATTENDED THIS SESSION:				
a. I have gained valuable knowledge and skills	75%	25%	0%	0%
b. There will be a positive impact on my professional work	75%	19%	6%	0%
5. Overall, I am satisfied with the session.	81%	19%	0%	0%
6. Information from this activity will be incorporated into my practice	40%	60%	0%	0%

New Mexico Perinatal Oral Health Quality Improvement Project
Cross-Site Training Evaluation Results
Tuba City, AZ & Gallup, NM Community Trainings,
Improving the Oral Health of Pregnant Women and Young Children,
May 24th and June 14th 2018
Site-Specific Evaluation Results

How much do you agree or disagree with each statement?	Strongly Agree	Agree	Disagree	Strongly disagree
AS A RESULT OF HAVING ATTENDED THIS TRAINING, I AM ABLE TO:				
a) Identify history and health behaviors that impact oral health risk	34%	66%	0%	0%
b) Discuss health provider and family and community influences on dental healthcare uptake	41%	59%	0%	0%
c) Recognize common myths about oral health in pregnancy	54%	46%	0%	0%

d) Examine the pathophysiology and epidemiology of the most common oral health problems encountered in pre- and postnatal care	37%	58%	5%	0%
e) Conduct a screening exam suitable to the prenatal primary care setting	33%	67%	0%	0%
f) Explain key oral health prevention education content for pregnant women and parents of infants	46%	54%	0%	0%
g) Apply patient self-management goal-setting tool to identify oral health learning needs	44%	51%	3%	3%

Finally, the project evaluation coordinator, worked with epidemiologists from the New Mexico Department of Health to extract data from the 2015 PRAMS on oral health indicators (pre-project baseline). As can be seen below, only 13.2% of women reported that they needed to see a dentist for a problem during their most recent pregnancy and nearly 75% reported having dental insurance. However, just over half reported that someone had spoken with them about how to take care of their teeth and their gums.

Oral Health Indicators, New Mexico PRAMS 2015

During your most recent pregnancy…	% Yes
I knew it was important to care for my teeth and gums	89.0%
A dental or other health care worker talked with me about how to care for my teeth & gums	55.4%
I had my teeth cleaned by a dentist or dental hygienist	46.2%
I had insurance to cover dental care	74.8%
I needed to see a dentist for a problem	13.2%

PRAMS 2, Toddler Survey, Oral Health Indicators by Medicaid Status, November 2016 to September 2018

Oral Health Indicator	Medicaid	Non-Medicaid
% Ever had Dental Exam	46%	20%
% Ever had Fluoride Applied	33%	15%
% Dental visit by Age 1	15%	4%

- One in three toddlers surveyed hadn't seen a dentist by age 2.
- The most common reasons for not going to the dentist were: 1) Didn't know my child needed to see a dentist (27%) and 2) Healthcare provider said child was too young (21%).

Budgetary Information:

1. What is the annual budget for this activity? $249,918

2. What are the costs associated with the activity? (Including staffing, materials, equipment, etc.)
   - Staffing: $187, 378
   - Supplies: $1,800
   - Travel: $5,442
   - Other: $4,140
   - Indirect costs: $51,158

3. How is the activity funded? Grant from the Maternal and Child Health Bureau of HRSA

4. What is the plan for sustainability?

Project staff, in active consultation with the Project Advisory Board, have selected two strategies to ensure sustainability.

Integration of oral health into the curriculum of Primary Care students in the College of Nursing

Under the leadership of Dr. Christine Cogil, DNP, FNP all primary care students in the College of Nursing including Midwifery, Family Nurse Practitioner (FNP) and Pediatric Nurse Practitioners (PNP) now receive didactic instruction on oral health assessment, issues and treatment within their programs. Secondly, FNP and PNP students have an inter-professional experience with the UNM Dental Residents to learn how to do an oral exam, identify dental caries, periodontal disease and discuss management appropriate for a primary care setting.

Objectives for clinical developed by Dr. Cogil include the following. Students will:

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

This strategy is intended to embed oral health into primary care in years after the grant ends. Many, although not all, of these nurses will continue to practice in New Mexico. While there will be no mechanism to track the extent to which they provide oral care in their practices, project staff led by Dr. Cogil feel that this is an effective way to attempt to ensure that the knowledge and skills developed by the project are transferred to future primary care practitioners. The College of Nursing has agreed to support the continuation of clinical instruction in oral health after the grant period ends as part of Dr. Cogil's workload.

Online Trainings and Resource Web Site with Continuing Education Units from the New Mexico Department of Health

A second strategy project staff are now implementing is to develop and deploy on-line trainings and an accompanying resource web site that will be sustained after the grant ends. The Department of Health has agreed to make the course "officially approved", which means it will be listed on the DOH training website and will count towards the 30 hours required for recertification for CHWs and CHRs and come with DOH CEUs. Other professions that have continuing education requirements can use the certificate with their own professional associations where appropriate.

The target audience for the training includes organizations that oversee and/or deliver training to clinical and non-clinical individuals including home visiting (clinic staff and non-clinical staff), case management (nurse case managers), public health nurses working in Native American communities, community health workers and community health representatives (Native American communities).

Lessons Learned and/or Plans for Addressing Challenges:

1. What important lessons were learned that would be useful for others looking to implement a similar activity? Was there anything you would do differently?

One of the most important lessons learned early on in our fragmented oral health and healthcare systems is that integration of oral health into existing programs is very much a local implementation. Sites are heterogeneous and require local adaptation for integration to occur. We started from a perspective of proposing integration of our entire program manual and quickly moved to a more consultative approach where program content is offered, but sites tend to choose parts most relevant to their scope and capacity. This has been consistent across clinical sites, community agencies, and home visitor programs. While content is to a large degree similar, implementations are local events and may vary significantly.

2. What challenges did the activity encounter and how were those addressed?

Large systemic challenges continue to significantly limit implementation. For example, in NM the issue of incorrect reimbursement by Medicaid payers for fluoride varnish has been an ongoing barrier to integrating fluoride varnish into well child visits for 0-3-year olds in primary care settings since 2014. It was first discovered during project activities in 2016, and remains unresolved today. An additional challenge from a policy perspective relates to current focus of our Medicaid managed care organizations on the oral health HEDIS performance indicator for only annual dental visit for adolescents, does not address pre-school needs, nor does it support state Title V oral health performance improvement aims. In short, the system barriers slowing large scale integration of oral health for prenatal and infant populations stem largely from a lack of policy alignment with what have been long-standing clinical standard of care recommendations. This is evidenced by reliance on performance measures that do not support integration and reimbursement barriers. These are continuing to be addressed with NM Human Services Medical Assistance Division

and others at state level. As identified, project adaptations toward a focus on community-based home visitor type programs are currently more successful.

Available Information Resources:

See attached *NM PIOHQI Project Resources and Implementation Manual*

Additional References:

Navajo Tourism Department (n.d.). Retrieved from https://www.discovernavajo.com/fact-sheet.aspx

New Mexico Office of Community Health Workers (n.d.) Retrieved from https://nmhealth.org/publication/view/form/4808/

TO BE COMPLETED BY ASTDD	
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