

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
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PROVIDE CONTACT INFORMATION FOR ONE ADDITIONAL PERSON WHO COULD ANSWER QUESTIONS REGARDING THIS PROGRAM
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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"	<u>Healthy People 2020 Oral Health Objectives</u>	
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:

Prevention: pregnant women (prenatal/perinatal) oral health, prevention: early childhood tooth decay, Oral health, pregnancy, early childhood, perinatal, home visiting, planning with partners, Head Start

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 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>

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.

Rationale and History of the Activity:

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

Oral health is important for both pregnant women and their babies. Oral health education and access to dental services for pregnant women have the potential to improve their overall health, reduce complications of dental diseases during pregnancy, and reduce the risk of tooth decay in their children. A 2015 analysis of the Texas Pregnancy Risk Assessment Monitoring System (PRAMS) revealed that only 38% of pregnant women reported having a dental cleaning during pregnancy.³

Poor oral health during pregnancy can affect a woman's overall health and well-being. Physiologic changes occurring during pregnancy can lead to dental disease. Poor oral health of the mother, including dental decay and periodontal disease before and during pregnancy, has been linked to adverse outcomes such as preterm birth and low-birthweight babies. Poor oral health may also result in the transmission of disease-causing bacterial from mothers to infants and young children.⁴

Dental caries remains one of the most common chronic diseases of childhood. Early Childhood Caries (ECC) is defined as the presence of one or more decayed, missing teeth (from caries), or filled tooth surfaces in any primary tooth in a child 6 years old or younger. Because of the young age of the children, teeth with ECC are often restored or extracted in an operating room under general anesthesia. If left untreated, the child can experience pain and infection that can be life-threatening. Dental pain and infection can also result in the child having difficulty sleeping and eating, which can hinder growth and learning.

To prevent tooth decay in infants and young children, oral health education must start with the parents before the child is born. The perinatal period is a "teachable moment" for oral health self-care and baby care.

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

ASTDD Environmental Scan on Home Visiting Programs

The OHIP based its selection of project training and educational information on an environmental scan by the Association of State and Territorial Dental Directors (ASTDD). In 2014, ASTDD's Early Childhood Committee, in collaboration with the National Maternal and Child Oral Health Resource Center (OHRC), conducted an environmental scan on behalf of the National Center on Health (NCH) to identify oral health education resources for home visitors to use with pregnant women and children enrolled in Early Head Start and Head Start home-based programs and their families.⁵ The information from the scan can also be applied in other home visiting models.

National Consensus Statement

The HTSMB project was developed based on the *Oral Health Care During Pregnancy: A National Consensus Statement*,⁶ produced by the Oral Health Care During Pregnancy Expert Workgroup in

³ Texas PRAMS, 2015.

⁴ Oral Health Care During Pregnancy Expert Workgroup. 2012. *Oral Health Care During Pregnancy: A National Consensus Statement*. Washington, D.C.: National Maternal and Child Oral Health Resource Center at Georgetown University.

⁵ Association of State and Territorial Dental Directors Early Childhood Committee, 2014. *Oral Health Educational Resources for Early Head Start and Head Start Home Visitors and Families: Environmental Scan*. Washington, DC: National Maternal and Child Oral Health Resources Center, National Center of Health.

⁶ Oral Health Care During Pregnancy Expert Workgroup. 2012. *Oral Health Care During Pregnancy: A National Consensus Statement*. Washington, D.C.: National Maternal and Child Oral Health Resource Center, Georgetown University.

2012. The workgroup was convened by the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB) in collaboration with American College of Obstetricians and Gynecologists (ACOG) and American Dental Association (ADA) and coordinated by the National Maternal

and Child Oral Health Resource Center (OHRC). The document's intent is to increase health professionals' awareness of the importance and safety of oral health care during pregnancy through the promotion of evidence-based science. It provides guidance on oral health care for pregnant women for both prenatal care health professionals and oral health professionals, pharmacological considerations for pregnant women, and guidance for health professionals to share with pregnant women.

American Academy of Pediatric Dentistry (AAPD)

AAPD recognizes the role of perinatal oral health in ensuring a child's oral health. Its perinatal oral health guidelines recommend every expectant mother receive a comprehensive oral health evaluation from a dentist and establish a dental home as early as possible during pregnancy. To achieve this, the recommendations include professional partnerships in perinatal oral health education, care provision, and referrals.⁷

Kansas Head Start Association

HTSMB's curriculum content and delivery model is from the Kansas Head Start Association's perinatal programs, *Teeth for Tots* and *Teeth for Two*.⁸ The HTSMB program provides in-person workshops, learning activities, and a resource guide for participants. The resource guide includes a risk assessment tool that allows home visitors to offer personalized oral health education to their clients.

American College of Obstetricians and Gynecologists (ACOG)

ACOG provides information on oral health care during pregnancy along with various perinatal health issues and practice recommendations. ACOG advises perinatal care providers to counsel women to continue their usual oral health care and oral hygiene practices during pregnancy, including brushing and flossing, scheduled prophylactic cleanings, and any necessary dental treatment. An opinion statement released by ACOG states: Oral health care is an important component of general health and should be maintained during pregnancy and through a woman's lifespan.⁹

3. What month and year did the activity begin and what milestones have occurred along the way?
(May include a timeline.)
March 2017

Activities and Timeline

Activity	Date	Partner	# of Workshops Conducted	Attendees
Presented HTSMB concept to Department of Family and Protective Services (DFPS) Prevention and Early Intervention (PEI) program leadership	June 2016	N/A	N/A	N/A
Presented concept to Nurse Family Partnership at nurse Manager's meeting (Dallas, TX)	November 2016	N/A	N/A	N/A
HTSMB workshop	April 2017	NFP	1	10
HTSMB Workshop	May 2017	NFP	1	8

⁷ American Academy of Pediatric Dentistry. 2011. *Guidelines on Perinatal Oral Health Care*. Reference Manual 33(6):118-123.

⁸ Kansas Head Start Association, 2015. *Teeth for Tots* and *Teeth for Two* Oral Health Resource Guides.

⁹ The American College of Obstetricians and Gynecologists. 2013. *Oral Health Care During Pregnancy and Through the Lifespan*. Committee Opinion Number 569.

Presentation at PEI Conference (San Antonio)	October 2017	N/A	N/A	N/A
Presented HTSMB at PAT Leadership 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

• **N/A- Not Applicable Milestones:**

- November 2016 - Nurse Family Partnership (NFP) collaboration established.
- April 2017 – First Healthy Texas Smiles for Moms and Babies (HTSMB) workshop conducted for NFP home visiting staff.
- May 2017 – HTSMB workshop conducted for NFP home visiting staff.
- December 2017- Production of video: *You Don't Have to be a Dentist to Save Teeth: Role of the Home Visitor* for training and educational purposes.
- January 2018 – DSHS OHIP hosted webinar for Texas Home visiting programs
- March 2018 – Parents as Teachers (PAT) collaboration established.
- April 2018 - Conducted HTSMB workshop for managers/supervisors with PAT home visiting (HV) program to debut OHIP perinatal oral health training and resources.
- June 2018 – DSHS OHIP rolled out dental resources manual for home visitors/parent educators to assist clients with locating dental services for pregnant women and children.
- June 2018 - Conducted two HTSMB workshops for home visiting staff.
- August 2018 – Launched HTSMB online provider course for frontline health workers in partnership with the Texas Medicaid Program.
- August 2018 -Conducted one HTSMB workshop for home visiting staff.
- October 2018 – Conducted five HTSMB workshops for PAT home visiting staff.
- September 2018 – PAT HV program added state-level oral health indicators (dental data measurements) to their mandatory annual reporting for HV staff.
- November 2018 – Conducted five HTSMB workshops for PAT home visiting staff.
- January 2019 – Contractual agreement executed with Texas Oral Health Coalition to assist with providing perinatal oral health training in South Texas for NFP home visiting program to increase statewide training capacity.
- February 2019- HTSMB educational program and materials shared with 10 DSHS regional dental staff to discuss rollout of perinatal oral health training statewide to increase training capacity.
- March 2019 – Conducted HTSMB workshop for PAT and NFP home visiting staff.

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

Staffing

- One full-time employee (FTE) position within OHIP dedicates their time to grant coordination and activities.
- Principal Investigator (PI) dedicates 25% of her time for grant management activities.
- Half-time DSHS epidemiologist staff supports data collection and reporting.

Funding

- An FTE position funded by Texas Department of State Health Services.
- HRSA – Funding provided by the Health Resources Services Administration (HRSA) of the U.S. Department of Health and Human Services under grant number H47MC29820, 2016–2019. Awards amounts:

Year 1 (2016–2017)	\$249,630
Year 2 (2017-2018)	\$247,539
Year 3 (2018-2019)	\$249,586
Total	\$746,755

Partnerships

- Health and Human Services (HHS) Department of Family and Protective Services (DFPS) Prevention and Early Intervention Program.
- Nurse Family Partnership (NFP) home visiting program
- Parent as Teachers (PAT) home visiting program
- PAT Affiliate organizations include: Any Baby Can, Easter Seals, Communities in Schools, Methodist Healthcare Ministries, Good Samaritan, Catholic Charities, Healthy Start, Early Head Start/Head Start, Family Connects, ASPIRE, ChildCareGroup, Family Compass, Family Care Connection, MET, Inc, Children's Advocacy Center, etc.
- Texas Oral Health Coalition

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

OHIP provides oral health education to at-risk pregnant women and infants through home visiting programs. OHIP trains HVs and equips them with resources they can use when educating their clients. OHIP is primarily working with NFP and PAT home visiting programs through coordinated statewide training efforts to integrate oral health education within perinatal care.

A major 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 home visitor training workshops that provide information and educational resources for both home visitors and their clients.

Home visiting programs utilize home visitors to deliver parent education to at-risk pregnant women and parents of young children through regularly planned home visits. The home visitor also links families to needed health and social services. Home visiting program service models vary in targeted outcomes (e.g., health, child abuse prevention, and school readiness), target population, frequency, and duration of the home visits. Home visitors (HV) are well-respected and trusted by their clients which can enhance buy-in for oral health interventions. They have the opportunity for multiple touches with clients, allowing opportunities for review and follow-up of oral health messaging.

The Nurse Family Partnership (NFP) HV program is a program that connects first-time mothers with nurses who specialize in maternal and child health. These nurses provide the care and support that new moms need to have healthy pregnancies and strong families. A nurse will visit a pregnant woman in her home during her pregnancy and until the child is two years old. The program is free and participation is voluntary. A woman is eligible if she is pregnant with her first child, receives Medicaid, signs up by the 28th week of her pregnancy and is a Texas resident. NFP serves approximately 2,700 expectant women in Texas through 28 locations.

The Parents as Teachers (PAT) HV program is an evidence-based early childhood home visiting framework that builds strong communities, thriving families, and children who are healthy, safe, and ready to learn. PAT certifies professional parent educators to implement the program and currently has 48 affiliates serving 7,000 families. PAT offers services to parents with children from the prenatal period through kindergarten.

Project Description

OHIP is currently working with the NFP and PAT HV programs. Both HV programs have potential for statewide reach. The HTSMB training format and content can be easily replicated nationwide and tailored to fit other perinatal and home visiting programs. OHIP is seeking institutional changes regarding oral health data collection within HV programs. These changes would include the addition of oral health performance measures for tracking client behaviors and dental referrals for children and pregnant women. OHIP has also entered into a contractual agreement with the Texas Oral Health Coalition (TxOHC) to increase the number of perinatal trainings in Texas for pregnant women and their children.

HTSMB has utilized both existing and developed new materials to address perinatal and early childhood oral health topics for home visitors and families in home visiting programs. The initial three-hour training of HVs is an in-person group PowerPoint presentation covering a wide range of topics including: oral health and pregnancy, tooth decay process, periodontal disease, nutrition and eating habits, oral hygiene self-care, oral health and infancy, importance of fluoride, age one dental visit, oral habits, and accessing dental care. OHIP's video, *You Do Not Have to be a Dentist to Save Teeth: Role of the Home Visitor* is shown as an icebreaker and to initiate discussion. The training is interspersed with learning activities including visual demonstrations on sugary content in drinks, brushing, flossing,

and the tooth decay process. Each attendee receives an oral health kit (tote bag) that contains tools and resources for training clients including: mouth model and large toothbrush for demonstrating brushing, tabletop mirror, oral hygiene supplies (toothbrush, toothpaste, floss) disposable mouth mirror, penlight/flashlight, oral health resource guides for HV trainer, handouts for dissemination to clients on age-appropriate oral health topics, and goal-setting magnets. Each training center also receives a dental puppet to use when demonstrating toothbrushing techniques to younger children and parents/caregivers.

Two educational curricula are used to provide HVs with instructional tools and current, easy-to-read oral health information. One guide includes information on oral health during pregnancy and for infants, and the second guide includes oral health information for young children. The resource guides are currently being purchased from Kansas and are titled: *Teeth for Two* and *Teeth for Tots*, respectively. The guides serve as the primary educational resource for HV staff to help improve their knowledge, feel more confident when discussing oral health topics with clients, and to teach them how to incorporate oral health into home visits. They contain a health assessment tool that helps identify the client's oral health needs and directs the HV on what sections of the resource guides should be covered. OHIP plans to develop its own HTSMB resource guide to reduce future training costs and streamline content.

Pre-and post-test surveys are administered to HVs immediately before and after the training workshop. The surveys are designed to measure the HV's current oral health knowledge, oral health knowledge gain from the training, and confidence level in providing oral health education to clients. The results of these tests help OHIP evaluate the effectiveness of the workshop, and make adjustments when needed.

Quality improvement processes, such as the Before Action Review and After Action Review (BAR/AAR) and Plan Do Study Act (PDSA) cycles, were applied to help evaluate the efficacy of the training workshop and materials provided. Data regarding HVs having oral health discussions with clients, making dental referrals, and the number of pregnant women and infants who have who sought dental services will be captured through quarterly online post-training surveys utilizing an online survey platform.

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.)

The implementation of the HTSMB project has resulted in the training of 424 HVs/parent educators throughout Texas. 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. The products developed from the grant funding will be utilized for training similar audiences regarding perinatal and infant oral health practices throughout the state.

Products that have been developed for the HTSMB training include:

- **New 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>
- **HTSMB PowerPoint Presentation for training**
The HTSMB PowerPoint presentation 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.
- **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 is currently being developed and will be available through the HTSMB webpage. www.dshs.texas.gov/dental.shtm.

- **HTSMB webpage and landing page:** Webpage and educational information regarding HTSMB project activities. www.dshs.texas.gov/dental.shtm.
- **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/>
- **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. A vendor is currently being selected and the campaign will begin in spring 2019. Specific regions of Texas are being targeted based on Texas PRAMS data.
- **HTSMB Infographic** outlining HTSMB project’s data collection, accomplishments, and successes. (currently in production)
- **Video for HV programs**– Video topic focuses on what to expect during your child’s first dental visit. Video is currently in production.

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)

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.

Quantitative Data elements being collected

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	15 (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%

- Data percentages calculated 4/10/19

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 June 2019.
- Texas PAT child-level performance measures being collected. Data collection started in September 2018 and will be available annually.
 - 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 HVs who have attended HTSMB trainings. Data was collected through an online survey.
 - 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.

Anticipated intermediate outcomes for HV programs:

- Commit to including oral health in prenatal education as a component of a healthy pregnancy.
- Feel confident in using an oral health resource guide for pregnant women.
- Use accurate, current, and easy to understand oral health information in HVs' professional and personal lives.
- Increased dental visits by pregnant women and infants through referrals.

Anticipated long-term outcomes of HV programs:

- Texas PRAMS data shows more women report having a dental cleaning during their most recent pregnancy.
- Reduce incidence/prevalence of untreated tooth decay for children as evidenced from BSS data.
- Decreased rates of ECC as evidenced from Medicaid utilization data.

Budgetary Information:

NOTE: Charts and tables may be used to provide clarity.

1. What is the annual budget for this activity?

Training budget will be approximately \$35,000 annually. This does not include grant coordinator/FTE position, which will be paid from OHIP program funding.

2. What are the costs associated with the activity? (Including staffing, materials, equipment, etc.)

Associated HTSMB Costs for Training	
Full-time grant coordinator employee (includes fringe benefits)	\$95,856
Travel costs for training workshops (annually)	\$5,000
Materials for training (annual cost)	\$25,000
Cost of Oral Health Kit per trainer (Quantity: 200 kits x \$25 each)	\$5,000

3. How is the activity funded?

Currently all activities are funded through HRSA PIOHQP grant funding. The PIOHQP FTE/coordinator position and Grant PI salaries are funded through the Texas Department of State Health Services.

4. What is the plan for sustainability?

OHIP is developing a sustainability plan to present to its division leadership to request Title V block grant funding to maintain training component, essential supplies, and resources for implementing the project. The FTE coordinator position will be supported through OHIP funding from Texas DSHS. OHIP Regional dental program staff (10 dental professionals) will be trained as trainers for HTSMB workshops and will provide perinatal oral health trainings 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 format 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 to offer in-person HTSMB training/workshops regionally throughout the state approximately 4x per year.

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?

- 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 teach 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.

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

- A significant challenge to overcome involves the fact that some home visiting programs have a high home visitor/parent educator turnover rate which 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 home visitors to be “talking teeth” with clients to collect the 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; therefore, building capacity of the program.
- There is a lack of oral health metrics within home visiting programs in Texas. The development of a sustainability plan that includes data collection and reporting requirements is needed. Additional policy change at the state level is needed to require mandatory performance and reporting measures for collecting oral health data on pregnant women.

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Available Information Resources:

Share any models, tools, and/or guidelines developed by the program specifically for this activity that may be useful to others seeking additional information. Hyperlink resources if possible.

- HV training video: *You Do Not Have to be a Dentist to Save Teeth: Role of the Home Visitor*. The link to access: <https://vimeo.com/album/5132252>
- Reference manual: *Dental Services Resource Guide for Pregnant Women and Children*, www.dshs.texas.gov/dental.shtm
- Texas Health Steps Online Provider Education, *Oral Health and Dental Services for Pregnant Women Quick Course 2018*, <https://www.txhealthsteps.com/>

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