

# 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:**

**Virginia's Experience: Improving Oral Health Outcomes  
for Pregnant Women and Infants**

**Public Health Functions\*:** Check one or more categories related to the activity.

<b>"X"</b>	<b>Assessment</b>
x	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
<b>Policy Development</b>	
x	4. Mobilize community partners to leverage resources and advocate for/act on oral health issues
x	5. Develop and implement policies and systematic plans that support state and community oral health efforts
<b>Assurance</b>	
	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
x	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.

<b>"X"</b>	<b><a href="#">Healthy People 2020 Oral Health Objectives</a></b>	
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
x	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	
	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	r.
	OH-12	Increase the proportion of children and adolescents who have received dental sealants on their molar teeth
	OH-13	
	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

<b>"X"</b>	<b>Other national or state <a href="#">Healthy People 2020 Objectives</a>: (list objective number and topic)</b>	

**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 children services, prevention: children oral health, prevention: fluoride varnish, prevention: pregnant women (prenatal/perinatal) oral health, Medicaid, policy, home visiting, perinatal oral health oral health education,

**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.

In an effort to increase the number of families with a dental home, women getting prenatal dental care, and children getting age one dental visits, the Virginia Department of Health (VDH), Dental Health Program (DHP), through the Perinatal and Infant Oral Health Quality Improvement Expansion (PIOHQIE) grant, provides oral health trainings to improve access and enhance partner skills to create a sustainable environment for connecting pregnant women and infants to oral health services.

The DHP provides information and tools to home visitors (HVs), family support workers, family educators, and nurses. These non-traditional partners in turn provide oral health education to families they serve. Tools include the "Bright Futures-Oral Health Pocket Guide" that gives information on anticipatory guidance, proper nutrition, eruption of teeth, and the dental visit experience, as well as the effects of allowing children to sleep with a bottle, the importance of wiping an infant's gums after each feeding, and how to practice good oral hygiene. In addition to education, community health nurses are taught how to perform oral health screenings, provide referrals, and apply fluoride varnish. Families receive links or referrals to available community services that meet their individual needs, including information on dental benefits available through Medicaid, and participate in a number of community meetings to increase knowledge on the importance of oral health during pregnancy and caring for an infant's teeth throughout childhood.

## 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 is 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 DHP made advances in reaching young children with early preventive services through the Bright Smiles for Babies Fluoride Varnish Program<sup>1</sup>; however, gaps in access to comprehensive oral health care remained for the pregnant women population. In March 2015, dental benefits were expanded to pregnant women with Medicaid benefits and the Virginia Family Access to Medical Insurance Security Program (FAMIS).<sup>2</sup>

Connecting women and infants to dental homes could not easily be accomplished without integrating oral health education and referrals into Home Visiting (HV) programs. This program, based on broad engagement of non-dental partners in the community, was implemented to maximize their ability to reach the target audience with appropriate messaging and generate referrals into the dental care system.

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

Initial meetings with in-home, community-based service providers' leadership were held to determine the feasibility of providing oral health education and resources through HV programs. A brief survey was developed to determine if HV sites integrated oral health into their programs, what the level of integration was, and what resources and information were needed to further integration efforts, as well as other pertinent information. Oral health surveys were distributed at a statewide HV conference and two smaller HV events; a total of 137 Home Visitors (HVs) responded to the survey.

The survey included questions regarding perceptions about the safety of dental care during pregnancy, current incorporation of oral health messages in home visits, interest in oral health education materials, and whether the families served were aware of Medicaid dental benefit for pregnant women. Surprisingly, the leaders were not only interested, but indicated that oral health was an area of need for many clients and that staff struggled to provide oral health information and resources to their clients.

HV programs in Hampton and Newport News Virginia were chosen to pilot HV trainings. These sites were selected because of leadership interest in oral health and providing the trainings to staff and the location and size of the programs (high-need areas, with many participants). The trainings were conducted and HV oral health integration progress was evaluated over a six-month period to determine if HV programs provided cost-effective and practical methods of delivering oral health referrals and would lead to increased access to care and benefit utilization among at-risk populations.

To support project evaluation, inputs, outputs, and outcomes were tracked. Inputs included resources like supplies, equipment, manpower, and transportation; outputs and outcomes included changes in

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<sup>1</sup> The Bright Smiles for Babies, Fluoride Varnish Program provides medical and dental providers with a foundation of oral health information related to Early Childhood Caries, and strategies to implement a preventive oral health program into their practice.

<sup>2</sup> FAMIS is Virginia's health insurance program for children. It makes health care, inclusive of dental care, affordable for children of eligible families. FAMIS covers the preventive and comprehensive care growing children need. FAMIS MOMS, the coverage for pregnant women, encourages pregnant women to get early and regular prenatal care to increase the likelihood of a healthy birth outcome.

dental knowledge and referrals to care for women in HV programs, changes in early referral of infants to a dental home by at least year one, and changes in referral to and use of dental treatment services for very young children. The results proved the projects were having a positive impact on access to care and benefit utilization in the targeted areas.

3. What month and year did the activity begin and what milestones have occurred along the way?

**Implementation Timeline and Milestones:**

<b>Month/Year</b>	<b>Milestone</b>
December 2016	HV Consortium Conference (HVCC) Richmond, Virginia
January 2017	Discussions began with the first pilot site (Hampton Healthy Families) to determine interest in oral health trainings
February 2017	First three-hour HV training pilot was provided by DHP staff for the Hampton Healthy Families HV staff, in cooperation with the Virginia Oral Health Coalition (VAOHC)
April 2017	Discussions began with the Second Pilot site (Newport News Healthy Families) and site requested training for both medical and dental providers that focused on promotion of an age-one dental visit and safety of dental visits during pregnancy
April 2017	VAOHC program engagement staff facilitated oral health integration into the Hampton Healthy Families process to add fields to record dentist and dental appointments to their assessment sheet
April 2017	VAOHC facilitated training for dental providers in Newport News. A pediatric dentist from Virginia Commonwealth University presented at this event
April 2017	Perinatal and Infant Oral Health Consultant met with the VDH Healthy Start/Nurse Family Partnership coordinator to organize an oral health education training at the Healthy Start annual meeting
June 2017	Three-hour oral health training was provided by the VDH, DHP at the Virginia Healthy Start Initiative Annual meeting. <sup>3</sup>
June 2017	Second three-hour in-depth training was provided by DHP for the HV professionals with Newport News Healthy Families
June 2017	Newport News Healthy Families HV team is researching ways to standardize and measure the impact of the oral health information presented to families
June 2017	Hampton Healthy Families drafted a new policy to explain the new procedures to include oral health during home visits and continues to research the best way to track this information in an electronic database
July 2017	Hampton Healthy Families added three dental related fields to their tracking form. Information

<sup>3</sup> The Virginia Healthy Start Initiative has three local Healthy Start Loving Steps programs: Westmoreland County Healthy Start Loving Steps (Three Rivers Health District), Petersburg Healthy Start Loving Steps (Crater Health District); and, Norfolk Healthy Start Loving Steps (Eastern Virginia Medical School)

	to be obtained includes the name of the parent's and child's dentist, the dates of scheduled dental appointments, and whether or not dental appointments are kept
July 2017	Smart Beginnings in Newport News organized an oral health training for Hampton and Newport News community health nurses as part of their mandatory annual training day; a three-hour family educator/HV training
July 2017	VDH, DHP met with the Healthy Start Initiative Administrator on the questionnaire to mothers and other caregivers at enrollment for data collection. Oral health related questions include the presence of a dental home and the history of oral care. Data are collected through the Healthy Start screening tools which are administered once prenatally, once postpartum, and thrice inter-conception (6, 12, and 24 months postpartum)
August 2017	Dental toolkit for HVs was modified with resources provided electronically for ease of use
August 2017	VDH Health Healthy Start staff are transitioning to a new data system and hope to be able to electronically collect oral health data to assist with program planning and services
August 2017	Richmond Family Lifeline/CHIP received oral health and fluoride varnish application training
August 2017	VAOHC partnered with the DHP Program and Children Health Investment Partnership (CHIP) of Virginia to provide oral health trainings to Family Support Workers and Community Health Workers (CHWs)
February 2018	Fairfax Nurses received oral health and fluoride varnish application training
February 2018	Smart Beginnings in Newport News organized an oral health training for Hampton and Newport News community health nurses as part of their mandatory annual training day; a three-hour family educator/HV training
February 2018	First pilot site, Hampton Healthy Families, and second pilot site, Newport News Healthy Families, continue to discuss plans to collect further data on whether or not the mother is in an established dental home during prenatal care
February 2018	Remote Supervision Dental Hygienist (RSDH) at Hampton Health Department collaborated to host an oral health discussion paired with an arts and crafts activity to celebrate National Children Dental Health Month at Hampton Healthy Families and provided a list of local pediatric dentists and family dentist to the families in the Hampton Virginia area
May 2018	Virginia Rural Health Association provided an opportunity for HVs and Community Health Nurses in rural southwest Virginia to received oral health training
June 2018	Roanoke Family Health Educators and support workers received oral health trainings
July 2018	DHP and VAOHC staff participated in the Center for Oral Health Systems Integration and Improvement (COHSII) for technical assistance on how to look at how to leverage HV Programs and CHWs training experiences to establish

	internal and external partners, programs, and policies to advance oral health care during pregnancy and early preventive care for very young children, as well as future sustainability
July 2018	Danville Family Health Educators, support workers and CHWs received oral health trainings
September 2018	The Institute for Public Health Innovation in partnership with VDH launched the statewide Certified Community Health Workers (CCHWs) model in Virginia
February 2019	Hampton Healthy Families began providing additional trainings for family educators and support workers and provided oral health activities for families

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

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
Funding -Central Office DHP staff -Local health district remote supervision dental hygienists -Clinical supplies -Educational materials -Local health district staff (nurses) -Partner organizations -Clinic sites (WIC, medical offices, dental offices) -Program advisory board -Contracts -Data collection systems -Referral and case management system	-Train HV Family Educators, Family Support Workers, CHWs and Community Health Nurses -Community Health Nurses expand Bright Smiles for Babies (BSB) services in Homes to include referrals and care coordination -Train new Remote Supervision Dental Hygienists (RSDHs) -Provide trainings for medical and dental professionals	-Increased awareness among non-dental providers regarding the importance of oral health during infancy and pregnancy -Initiate two new pilot partnerships with HV programs -Work with two potential pilot sites for integration model development testing -Increased number of prenatal providers making referrals for dental care -Increased number of pregnant women and infants receiving referrals and care coordination services	-Increase oral health messages to pregnant women and infants -Increase in the number of pregnant women referred by prenatal provider for dental care -Increased number of pregnant women and infants receiving referrals and care coordination services -Increase in number of pregnant women with a dental home -Increase the number of infants who see the dentist by Age 1 - Increase the # of pregnant women utilizing dental services -Increased number of women who report seeing a dentist during pregnancy -Increased number of dentists providing care to pregnant women and infants

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

The DHP developed an oral health HV model that has enhanced collaboration among local program partners to improve access to dental care. The DHP targeted health districts with significant HV partners; provided training regarding oral health for pregnant women and infants; and put in place a referral system for women enrolled in the HV programs.

The oral health trainings had a strong focus on cultural competency and using key messages from anticipatory guidance developed from evidence-based sources on dental care during pregnancy to

educate clients. The goal of these trainings was to provide the family support workers, family educators, CHWs and community health nurses with information on oral health and dental care, while empowering them to improve access to oral health information for pregnant women and infants. During the trainings, HV staff, CHWs and nurses were given toothbrushes, floss, toothpaste, infant tenders, oral health education brochures and other resources to provide oral health education to the families they serve. The training included oral health education tips and resources for the following populations: perinatal, prenatal, infant, and Individuals with Special Health Care Needs (ISHCN). A representative from Virginia's Medicaid dental benefit program, managed by DentaQuest, provided information on coverage and other resources for eligible pregnant women and children.

The DHP worked specifically with the HVs in the targeted health districts to increase their capacity to provide referral and follow up to assure that treatment needs were met. Training outcomes were evaluated, and project activities were modified based on lessons learned.

An oral health training was provided at the first pilot site, Hampton Healthy Families, by the VAOHC and the VDH DHP on "The Importance of Oral Health." This training provided information on the benefits of a pregnant mother seeing a dentist, which includes increasing the chances of her baby having a healthy birthweight and decreasing the chances of the mother having a pre-term delivery. The HV program staff were encouraged to educate families to take their children to the dentist beginning of the age of one and every six months afterwards. Discussions included topics such as the negative effects of placing a baby in bed with a bottle, as well as the impact poor oral health may have on speech, development of permanent teeth, and a child's level of confidence. Guidance on flossing and brushing teeth was provided, as well as 300 dental kits to be given to families to support messaging on the importance of oral health. To track oral health activities and promotion, a tracking system was developed and utilized by staff. Additionally, a new programmatic policy change was established that requires documentation of dental visits that occur during prenatal care and after the baby arrives.

The Newport News Department of Human Services HV program was the second pilot site for training. During general discussion regarding dental care for pregnant women and infants, HV staff reported that pregnant women and mothers of young children often receive contradictory and inconsistent messages regarding when a child should have their first dental appointment and whether or not it is safe to have dental care during pregnancy. These mixed messages often come from pediatricians, obstetricians, and dental providers. The staff requested training for both medical and dental providers that focused on the promotion of an age-one dental visit and the safety of dental visits during pregnancy. The first training for dental providers in the area was held in April 2017; a pediatric dentist from Virginia Commonwealth University was the speaker for this event.

The Virginia Healthy Start Initiative (VHSI) HV team collaborated with VDH DHP in June 2017 to provide a training to all VHSI HVs, outreach workers, and administrators regarding oral health and promoting oral health with pregnant and postpartum women and their children. As part of the Loving Steps model, the VHSI team administers an oral health risk assessment to their prenatal participants and offers the same tool again to the participants when the child is six months old. Using knowledge gained from participating in the June 2017 training and information gathered through the oral health risk assessment, the VHSI HVs are able to educate participants on oral health, encourage oral hygiene practices, and make referrals to dental care.

To build on the partnership, the VHSI team is exploring avenues to input the risk assessment data collected into a data system for analysis and to share this information with VDH and other stakeholders; currently the oral health risk assessment data is only on paper. The VHSI has also offered to share the data collected from participants on current dental home status and referrals that are made for dental services. The VDH Division of Population Health Data (DPHD) is in the process of updating the VDH HV database and hopes to expand data collection to other HV programs statewide.

Healthy Start HVs administer an oral health questionnaire to mothers and other caregivers at enrollment. This may be given while the caregiver is prenatal or postpartum. Additionally, the questionnaire is offered at other intervals through 24 months postpartum; once prenatally, once postpartum, and thrice inter-conception (6, 12, and 24 months postpartum). Oral health related questions include the prevalence of having a dental home and the history of oral care. Oral health questionnaire responses are only collected on paper and thus the Healthy Start program is unable to report on oral health data. VDH Healthy Start staff are transitioning to a new data system and hope to be able to electronically collect oral health data to assist with program planning and services.



In January 2018, the VDH DHP took steps to collaborate with the VDH Healthy Start HV Program to collect valuable information regarding the “Oral Health Risk Assessment” of pregnant women and infants performed during home visits and to organize an oral health education training at the Healthy Start annual meeting. The Virginia Healthy Start Initiative has three local Healthy Start Loving Steps programs: Westmoreland County Healthy Start Loving Steps (located in the Three Rivers Health District), Petersburg City Healthy Start Loving Steps (located in the Crater Health District), and Norfolk Healthy Start Loving Steps (located at Eastern Virginia Medical School).

Smart Beginnings in Newport News organized an oral health training for Hampton and Newport News nurses as part of their mandatory annual training day. At this event, a three-hour family educator and HV training was provided for 110 nurses. The pre- and post-knowledge surveys showed an increase in overall oral health knowledge after the course; a jump from 76% correct answers to 98% correct.

With the assistance of the VAOHC, Family Lifeline in Richmond organized an oral health training for their HVs and with Child Health Investment Partnership (CHIP) community health nurses. While this group exhibited a substantial knowledgebase, pre- and post-knowledge surveys showed an increase from 95% to 99% correct answers. The overall course evaluations were 95% positive and 99% positive for the instructor. In addition, DHP offered Bright Smiles for Babies in-person medical provider trainings to the CHIP HV community health nurses.

The VAOHC partnered with the DHP and CHIP of Virginia to provide oral health trainings to Family Support Workers and CHWs. Trainings were provided for 88 HVs, family educators, and support workers, and nine nurses at four sites across the state. Each training was a three-hour course presented by DHP staff. Topics included oral health during pregnancy, infant oral health care, oral health nutrition, and oral disease processes and prevention. Post-test scores have shown an increase in correct answer over pre-test scores for all participants, from 83% to 96% correct.

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.)

**Numbers Served:**

January 1, 2017 – February 19, 2019: Number of oral health trainings regarding perinatal, infants, and early childhood

	<b>Number of Trainings</b>	<b>Number of Participants</b>
Healthy Families	4	103
School Nurses	1	110
Family Lifeline	1	26
VA Rural Health Association	1	19
Community Health Workers	1	27
CHIP/HVs	4	88
<b>SUB-TOTAL</b>	<b>12</b>	<b>373</b>
Bright Smiles for Babies – In-person	17	145
Bright Smiles for Babies – Online Individual, Self-paced Trainings Completed	106	106
<b>TOTAL</b>	<b>135</b>	<b>624</b>

**Accomplishments:**

The VDH HV program, Early Impact Virginia, and James Madison University collaborated with the Iowa Department of Public Health and the University of Kansas to develop the Institute for the Advancement of Family Support Professionals, a free, on-line training platform for HV that offers more than 50 competency-based e-learning modules for HV professionals. Neither Iowa nor Virginia has an oral health HV training online. Iowa Department of Public Health applied for and received a small grant to develop an oral health e-learning module for HVs and will be contracting directly with James Madison University in Virginia to develop the module. The team is currently reviewing the DHP oral health training.

To track oral health activities and promotion to the families they serve, Hampton Healthy Families developed a tracking system that was utilized by staff. Additionally, a policy change was established that mandated documentation of dental visits that occur during prenatal care and after the baby arrives.

**Products:**

To promote preventive services and participation in collaborative activities, the DHP worked with the VDH communications team (VDHLiveWell) to add online resources for external and internal partners. The DHP created six new exhibit display panels in October 2016 on the following topics:

- Pregnancy and Oral Health
- Early Childhood Oral Health
- General Oral Health
- Oral Health for ISHCN
- Oral Health and Systemic Health Links
- Infancy and Oral Health

In addition, the DHP updated the Oral health for ISHCN brochure in April 2018. For additional information on the ISHCN updated brochure:

<http://www.vdh.virginia.gov/content/uploads/sites/30/2018/01/HealthyMouthforSpecial-Needs-FlyerENG1-18.pdf>

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)

The first HV oral health pilot program collected data from Healthy Start clients about six months after providing education. Post intervention, 51% of children had an age 1 dental visit and 66% of children participated in the Medicaid dental program; both statistics are above the state average and highlight increases in access to care for these priority populations. The program instituted a policy change that requires staff to collect dental appointment information for pregnant women and children and plans to track data regarding establishment of dental home during pregnancy.

The DHP staff evaluated both pre-and post-knowledge surveys from the two oral health education pilots showing the percentage comparison of knowledge gained. At the conclusion of the oral health course for HVs and family educators, participants were also asked to complete the course evaluation from the oral health education training. The presentations were very well received with the large majority of participants (84%) reporting that they strongly agreed that the course objectives were met, the course was a benefit to the attendee, the speakers were appropriate, and that the overall program was successful. The DHP staff reviewed and evaluated the pre-knowledge surveys, post-knowledge surveys and course evaluations from the training participants.

**Budgetary Information:**

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

1. What is the annual budget for this activity? \$16,750
2. What are the costs associated with the activity? (Including staffing, materials, equipment, etc.)

Staff/Personnel Costs	\$8,000
Consultants/Trainers	\$750
Equipment	\$0
Supplies	\$4,500
Travel	\$1,500
Contractual (Virginia Oral Health Coalition Support)	\$2,000
<b>TOTAL</b>	<b>\$16,750</b>

3. How is the activity funded? HRSA PIOHQIE grant and Title V MCH funds

In addition to this project, grant funds supported the salary, wages, and benefits for program staff including a program consultant, who directs overall operation of the project including the implementation of project activities, data entry personnel, and an epidemiologist/evaluator, including travel and administrative costs for these positions. Additionally, the grant funded contracts with the Virginia Oral Health Coalition for interprofessional perinatal oral health education; Virginia Commonwealth University for a data project accessing dental service and dental benefit utilization; and Olde Towne Medical-Dental Center for development and documentation of successful interventions to integrate care for the uninsured and underinsured in clinics with co-located medical and dental services.

4. What is the plan for sustainability?

VDH Leadership has encouraged nursing staff to take an in-depth, online course for nurses on implementing the BSB Program in the local health department settings. This course trains public health nurses to perform an oral health risk assessment, provide oral health anticipatory guidance and education, apply fluoride varnish for high-risk patients, and establish a dental home for the client. In August 2016, the existing DHP BSB manual used for training medical providers was updated with the latest information on the Medicaid dental benefit for pregnant women, prenatal oral health care strategies, and additional information on early childhood decay and dental care for ISHCN.

The BSB Fluoride Varnish medical provider course continues to include information regarding oral health for perinatal women and the effect on the child's oral health outcomes. The primary purpose of this training is to prepare medical professionals to provide oral health screenings, fluoride varnish applications, anticipatory guidance, and dental referrals. The VDH DHP also added an additional course listing to the Virginia TrainingFinder Real-time Affiliate Integrated Network (TRAIN) in January 2018 for the two-hour BSB in-person medical provider training, especially for health departments requesting larger group trainings. This inclusion on TRAIN should allow better tracking of the medical providers trained.<sup>4</sup>

With the assistance of the COHSII members, the Virginia team took a collaborative look at HV training program components to get a better understanding of addressing oral health. PIOHQIE project surveillance and evaluation data collection will continue with the goal of evaluating progress toward long-term outcome sustainability. Additionally, a recent collaboration with the Maternal Child Health (MCH) Nurse Family Partnership/Healthy Start Coordinator will increase oral health data collection in the HV programs.

Meetings of organizations and community leaders with the power to effect policy and system changes continue to be held and have active participation. Additionally, the VAOHC continues to provide support to the EDHAT/PIOHQIE PAB with new resources for oral health message dissemination. VAOHC supports all efforts by hosting links on their website to continuing education, Medicaid pregnancy dental benefit enrollment information, tips for patients and providers, and data and research for health providers of all disciplines who wish to integrate oral health services, education, and referrals into their practices.

The Institute for Public Health Innovation in partnership with VDH recently launched the statewide Certification for Community Health Workers (CCHWs) model in Virginia. The CCHWs model supports and recognizes that individuals need to be trained in seven core domains in order to support and facilitate increased clinical-community linkages and improved health outcomes for individuals in Virginia.<sup>5</sup> Oral health will be covered in the Health Promotion and Prevention domain.

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<sup>4</sup> Virginia Department of Health, Dental Health Program. 2017. Bright Smile for Babies, Fluoride Varnish Program. VDH: Medical Provider Course. <http://www.train.org/Virginia/course/1065344>

<sup>5</sup> CHW Training and Curriculum Topic Domains:

1. Community Health Concepts and Approaches
2. Service Coordination and System Navigation
3. Health Promotion and Prevention
4. Advocacy, Outreach and Engagement
5. Communication
6. Cultural Humility and Responsiveness
7. Ethical Responsibilities and Professionalism

Smiles for Life recently came out with a curriculum for front line health workers. The introductory module includes examples from the CHWs community, such as Minnesota's statewide, standardized CHWs curriculum with a module on oral health. As the certification process develops, the DHP Adult and Chronic Disease Oral Health Educator and the VAOHC staff who serve on the training and curricula subcommittee for the certification process will encourage oral health education as a part of the approved training curriculum. Continuing to develop and make available oral health resources, including the Smiles for Life online curriculum, will help to disseminate oral health information and improve access to care for pregnant women, infants and children throughout Virginia.

Finally, Medicaid reimbursement for preventive services and continued means of training and communication with DHP will remain in place to support long-term sustainability. Additionally, for the HV collaboration, grant activities are planned to develop training needs beyond the grant period. DHP partners, Family Lifeline and CHIP, will offer a web-based standardized curriculum and other resources to sustain training efforts of non-dental health providers.

### **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?

It is important to acknowledge the workload of the community providers and to communicate that you understand that providing oral health education and instruction to their clients is just one more thing added to their already enormous list of duties. After acknowledging their workload, it is important to help them understand how improved oral health can benefit them in many different ways, including improving emotional health and overall wellness. It is also important to look at existing duties and find ways to incorporate oral health messages into other mandated messages like hygiene and nutrition.

It was important for the DHP to survey workers and use feedback to make changes to programs. Since no one program "fits all," continuing to use Quality Improvement tools to evaluate and make changes, as necessary, was important. The original HV trainings started with the instructor shadowing someone while actually providing a home visit and gathering her input for the course. Course evaluation comments also helped to tailor the course for this audience. After multiple courses, a more interactive course proved to be the best approach to keeping audiences with various levels of education interested in the topics.

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

There are ongoing challenges in Virginia regarding the willingness of dentists to provide clinical care to pregnant women and infants. Obstetricians and pediatricians express a lot of frustration about not having local dental providers willing to treat pregnant women and provide the age-one dental visit, not to mention the overwhelming need for restorative care for young children. Progress has been made in this area but there are still mixed messages about when pregnant women can receive care, the safety of dental procedures during pregnancy, and when children should start going to the dentist. Identifying a dentist with subject-matter expertise in pregnancy and infant care to provide trainings targeting Medicaid dental providers is an important strategy to increase knowledge and overcome fears and other barriers for dental professionals. Additionally, a concerted statewide effort to promote consistent messaging by the Virginia Dental Association is also crucial.

Even with Medicaid coverage, low-income pregnant women and very young children may have dental care access issues due to gaps in networks of participating dental providers in certain parts of the state. The state Medicaid office continues to work to improve provider participation rates in underserved areas of the commonwealth. There are many barriers to care that currently prevent some women and infants from accessing oral health care during the perinatal period and in the first year of life. These include factors such as lack of insurance or financial means, lack of a primary care or dental home, transportation issues, lack of health information and literacy, and even fear of dental treatment. DentaQuest outreach staff continue to promote the Smiles for Children Medicaid program to increase awareness of the dental benefit for pregnant women. They have also conducted outreach activities within Healthy Families organizations, across the Commonwealth, and collaborated with Managed Care Organizations.

At times, clients of HVs have substantial needs that are more urgent than their dental needs. Workers are continuously faced with families who lack even the basic necessities for survival including electricity, food, water, and medications. While oral health is a priority for dental providers, understanding that sometimes a client has to have other needs met before a discussion about oral health can begin is needed. Letting HVs know that you understand the complexity of their job and the importance of providing mandated education and care before supplemental but very important oral health education and care coordination is key.

**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.

To promote preventive services and participation in collaborative activities, the DHP worked with the VDH communications (VDHLiveWell) to add online resources for external and internal partners. Resources included information on finding a dentist during pregnancy and training on applying fluoride varnish for health professionals.

<http://www.vdh.virginia.gov/oral-health/resources/>

**Before During and After Pregnancy**

[Brushing for Two \(English and Spanish\)](#)

Brush and Floss Card ([English](#) and [Spanish](#))

[Oral Health and Pregnancy Bookmark](#)

[Smoking and Pregnancy](#)

[Dental Pharmacological Considerations for Pregnant Women](#)

**Infants, Toddlers and Preschoolers**

Fluoride Varnish [English](#) | [Spanish](#)

Nutrition and Oral Health [English](#) | [Spanish](#)

Baby Teeth Care [English](#) | [Spanish](#)

Brushing Your Child’s Teeth [English](#) | [Spanish](#)

[Finding a Dentist During Pregnancy](#)

[Training Opportunities for Professionals](#)

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