



Dental Public Health Activity Descriptive Report

Practice Number: 06005
Submitted By: New York State Department of Health Bureau of Dental Health
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SECTION I: PRACTICE OVERVIEW		
Name of the Dental Public Health Activity: <p style="text-align: center; color: blue; font-weight: bold; margin: 0;"> Oral Health Training and Ongoing Education and Resources for Health and Dental Care Professionals Serving Pregnant Women, Infants and Young Children </p>		
Public Health Functions: Assessment – Use of Data Policy Development – Collaboration and Partnership for Planning and Integration Policy Development – Use of State Oral Health Plan Assurance – Oral Health Communications Assurance – Building Linkages and Partnerships for Interventions Assurance – Building State and Community Capacity for Interventions		
Healthy People 2020 Objectives: OH-1 Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth 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-8 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year		
State: New York	Federal Region: Region II	Key Words for Searches: oral health education, training, resources, practice guidelines, prenatal, child and dental health care professionals
Abstract: <p>The New York State Department of Health Bureau of Dental Health (NYSDOH-BDH) has a multi-faceted strategy for educating health and dental care professionals on the importance of oral health, recommendations for the provision of oral health services, and the use of evidence-based preventive interventions for pregnant women, infants, and young children. Strategies included system level changes such as the development and dissemination of "<i>Oral Health Care during Pregnancy and Early Childhood Practice Guidelines</i>", development of tools for practitioners, and incorporation of oral health into prenatal care standards in the Medicaid program. The Bureau partnered with Perinatal Networks to promote the interventions. In addition, the Bureau collaborated with the School of Public Health to provide information via a satellite broadcast for prenatal, child health and dental care practitioners. The Guidelines encourage health providers to take a more active role in assessing the oral health of their patients, and to incorporate oral health as a routine standard of prenatal care and pediatric care.</p> <p>Under the State’s HRSA TOHSS grant, extensive outreach was conducted to prenatal and pediatric programs across the state. Information and recommendations about maternal, infant, and child oral health; caries risk reduction strategies; and recommendations on oral health disease prevention and treatment were provided and a variety of training programs held for perinatal networks and prenatal providers, child health educators and Head Start/Early Head Start Programs, maternal-infant home visiting programs, the WIC Program, dental hygienists and dental health educators, child abuse prevention programs, child advocacy organizations, rural health organizations, local health department educators, and dental organizations. These activities resulted in establishment of a network of over 540 individuals and 328 organizations and programs that provide service to pregnant women, infants and young children. Oral health information, materials, resources and updates on oral health care during pregnancy, infancy and</p>		

early childhood are routinely shared with network members.

Low literacy materials, mini-posters, and a wallet card were developed and distributed to prenatal, infant and child health providers for use with their respective patients. These materials reinforce the importance of oral health during pregnancy and include guidelines and information on oral health care for infants and young children. Materials are available in both English and Spanish.

Utilizing Medicaid claims data, the Bureau is analyzing changes in the percentage of children from 0 to 3 years of age receiving oral health preventive services, especially claims for fluoride varnish applications. It is also working closely with the Divisions of Family Health and Nutrition on accessing and analyzing the most currently available data on oral health indicators from PRAMS and WIC.

Costs for development and dissemination of the Practice Guidelines were supported by the Maternal and Child Health Block Grant and a CDC Cooperative Agreement Grant, while the satellite broadcast training was made possible by a grant from the March of Dimes. The TOHSS grant supported establishment and expansion of the network, training programs, and development of low literacy materials.

Continuation of these activities is addressed by existing Bureau of Dental Health staff.

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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

In 2004, the NYSDOH convened an expert panel of health and dental professional to review literature, identify existing interventions, practices and guidelines, assess issues of concern, and develop recommendations on safely providing oral health care to women during pregnancy. *“Oral Health Care during Pregnancy and Early Childhood Practice Guidelines”* was published in 2006 and distributed to dental professionals and obstetrical and pediatric providers, and posted on the DOH public web site. Under a grant from the March of Dimes, and in cooperation with the University at Albany School of Public Health, a satellite broadcast for prenatal, child health and dental care providers from across the state was held November 2010.

Beginning March 2007 and continuing over the course of the four-year HRSA TOHSS grant, extensive outreach and training of prenatal, pediatric, and health education providers throughout the state were conducted to share and advance the latest information and recommendations about maternal, infant, and child oral health; caries risk reduction strategies; and recommendations on oral health disease prevention and treatment.

Difficulties faced by women in finding dentists willing to provide oral health care during pregnancy and the very small proportion of Medicaid enrolled infants and young children receiving any type of oral health prevention services, were identified as key issues to be addressed through education and training programs, development and dissemination of the oral health care practice guidelines, development of low literacy oral health materials for pregnant women and the mothers of infants and young children, and making available on the Department of Health public website a wide variety of educational materials and resources on oral health.

Thousands of copies of "Oral Health Care during Pregnancy and Early Childhood Practice Guidelines" were distributed; over 275 obstetrical, pediatric and dental health care professionals participated in a satellite broadcast training program on the guidelines; and the National Maternal and Child Health Resource Center used the guidelines to produce *Oral Health Care during Pregnancy: a Summary of Practice Guidelines*, which has been widely distributed throughout the United States.

Providers and programs trained over the course of the HRSA TOHSS grant continue to use the low literacy oral health materials, request additional resources for their respective clients, incorporate oral health information and educational materials on their websites, and extend invitations to Bureau of Dental Health staff to provide workshops and seminars on oral health at statewide and regional conferences.

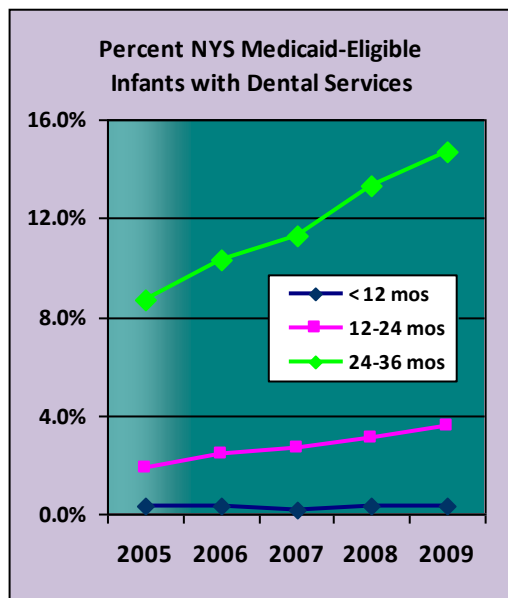
New York has mandated Medicaid Prenatal Care Standards that include oral health. At the first obstetrical care visit, prenatal care providers are required to assess the pregnant woman's oral health status and needs by interviewing the patient and evaluating past dental problems, present history of dental issues and current oral health problems, and the availability of a dental provider. It is recommended that a woman who has not visited a dentist within the prior six-month period or is suffering from a current dental problem be referred to a dentist as soon as possible, preferably before 20 weeks gestation. The prenatal care provider must also educate pregnant women about the importance of oral health and that dental care is safe during pregnancy. Oral health care should be coordinated between the prenatal care provider and the dentist. At the postpartum visit, the health care provider must identify whether any dental needs of the mother or infant are being met.

Effective October 2009, Medicaid approved the provision of up to four fluoride varnish applications a year for children under 7 years of age. Both dental and health care professionals can now be reimbursed for the provisions of this service.

Justification of the Practice:

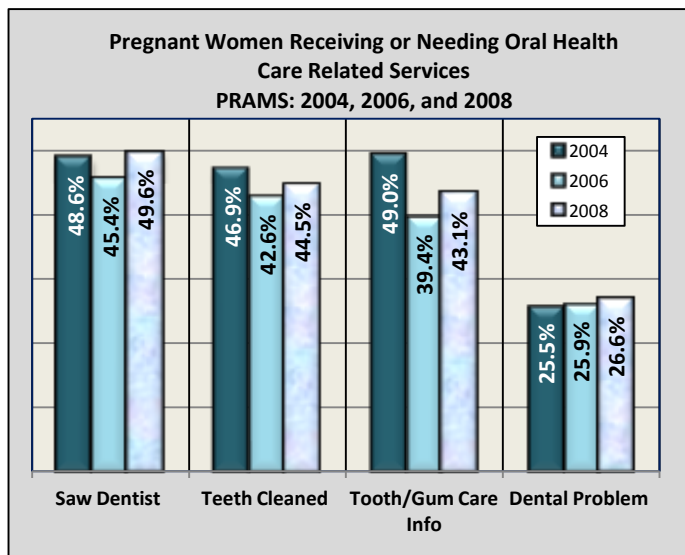
Only 5.8% of Medicaid-eligible infants less than 36 months of age in NYS had a dental visit in 2009 compared to 10.6% of infants nationally. The majority of NYS dental claims for these visits (62%) were for preventive services (periodic oral evaluations, prophylaxis, fluoride treatments). Nearly 17% of all claims for infants less than 12 months and 22% of claims for infants 24 to 36 months of age were for treatment services (problem-focused evaluations, restorations, extractions, pulpotomies, radiographs, and palliative emergency services).

The proportion of NYS low-income infants less than 24 months of age covered under the Medicaid Program who visited a dentist has not significantly increased over the five-year period from 2005 through 2009. Additionally, the percentage of children under 6 years of age in NYS with ECC-related visits to Emergency Departments and Ambulatory Surgery Facilities substantially increased between 2004 and 2008 (up by 349 visits to ED and 1,039 visits to ASF). Total annual treatment charges increased over the same period from \$18.5 million to \$31.3 million, with per visit charges increasing from \$4,237 to \$5,501.



By educating child health care professionals about the importance of oral health, caries risk assessment, risk reduction, and anticipatory guidance, and encouraging them to incorporate oral health assessments and fluoride varnish treatments as routine standards of care, it is anticipated, based on the experience of other states and peer review research findings, that more infants will receive early screenings and preventive dental care.

Oral health problems are common during pregnancy and improving the oral health of pregnant women can help prevent complications of dental diseases during pregnancy and has the potential to decrease early childhood caries. Based on the literature, between 60-75% of pregnant women have



increased gingival inflammation, 30% have detectable periodontal disease and about one-fourth have tooth decay. Data collected by PRAMS found that since 2004, a smaller proportion of NYS women had their teeth cleaned or received oral health counseling during pregnancy. The percent of women reporting seeing a dentist or having a dental problem during pregnancy varied by maternal race, age, educational level, marital status, and participation in the Medicaid Program. A greater percentage of non-minority, older, more educated, married and non-Medicaid-enrolled women received dental care during their most recent pregnancy, while fewer reported seeing a dentist for an oral health problem during pregnancy.

In order to improve the oral health of pregnant women, promote the integration of oral health care services into prenatal

services for all pregnant women, and encourage women to visit the dentist at least once during their pregnancy and receive treatment as needed, and reduce disparities in the utilization of oral health care services by pregnant women, the New York State Department of Health developed its *"Oral Health Care during Pregnancy and Early Childhood Practice Guidelines"*.

Inputs, Activities, Outputs and Outcomes of the Practice:

Inputs:

- An expert panel of health and dental professional was convened to review literature, identify existing interventions, practices and guidelines, assess issues of concern, and develop recommendations on safely providing oral health care to women during pregnancy.
- Staffs from the Divisions of Nutrition and Maternal and Child Health provided suggestions on the development of low literacy oral health information for pregnant women and the mothers of infants and young children.

Activities:

- Publication and distribution of *"Oral Health Care during Pregnancy and Early Childhood Practice Guidelines"* to dental professionals and obstetrical and pediatric providers.
- Satellite broadcast on the guidelines for prenatal, child health and dental care providers from across the state.
- Extensive outreach to prenatal and pediatric programs across the state.
- Provision of information and resources on maternal, infant, and child oral health; caries risk reduction strategies; and recommendations on oral health disease prevention and treatment.
- Training programs for Perinatal Networks and prenatal providers, child health educators and Head Start/Early Head Start Programs, maternal-infant home visiting programs, the WIC Program, dental hygienists and dental health educators, child abuse prevention programs, child advocacy organizations, rural health organizations, local health department educators, and dental organizations.
- Development of low literacy oral health information for pregnant women and the mothers of infants and young children.
- Availability and maintenance of wide range of oral health materials, resources and training programs on the Department of Health public website.

Products Developed:

- "Oral Health Care during Pregnancy and Early Childhood Practice Guidelines"
- Pregnancy and Dental Care/Facts for baby teeth (wallet card)
- Pregnancy and Dental Care (mini poster)
- Baby Teeth are Important (mini poster)
- Information for Consumers: Fluoride Varnish – Frequently Asked Questions
- Improving the Oral Health of Young Children: Fluoride Varnish Training Materials and Oral Health Information for Child Health Care Providers

Outcomes:

- Thousands of copies of "Oral Health Care during Pregnancy and Early Childhood Practice Guidelines" have been distributed and over 275 individuals participated in satellite broadcast training.
- National Maternal and Child Health Resource Center development of *Oral Health Care during Pregnancy: a Summary of Practice Guidelines* based on and modeled after New York State's "Oral Health Care during Pregnancy and Early Childhood Practice Guidelines"
- Establishment of a network of over 540 individuals and 328 organizations and programs that provide service to pregnant women, infants and young children.
- Oral health information, materials, resources and updates on oral health care during pregnancy, infancy and early childhood are routinely shared with network members and made available on the Department of Health public website.
- Inclusion of New York's Pregnancy and Dental Care/Facts for baby teeth (wallet card), Pregnancy and Dental Care (mini poster), Baby Teeth are Important (mini poster), and [Fluoride Varnish Resource Training Materials](#) on the National Maternal and Child Oral Health Resource Center website.
- Addition of oral health information and resources on the websites of numerous programs participating in the Bureau's oral health trainings.
- Inclusion of the power point presentation *Addressing Dental Disease in Early Childhood Programs* on New York State's Winning Beginnings website. This power point presentation represents a collaborative effort of the Bureau of Dental Health, the Schuyler Center for Analysis and Advocacy and the NYS Oral Health Coalition and was developed as a dental health resource for early care and learning professionals, with helpful information about how to spot and refer dental problems in young children. The web site is promoting the presentation as a must-see for all providers and parents.
 - New York State has 18 Perinatal Networks consisting of 85 consortia or other collaboratives, which include over 925 agencies and 2,488 representatives. The Bureau continues to provide training and oral health materials and resources to the Networks. The Perinatal Networks routinely include among their activities information on the benefits of good oral health, increasing awareness of oral health and facilitating access to dental services.

Budget Estimates and Formulas of the Practice:

Not Applicable: No specific funds were earmarked for this project with the exception of a \$12,000 grant from the March of Dimes for the video-broadcast training program.

Lessons Learned and/or Plans for Improvement:

It is important for the success of the program to continue to maintain regular contacts with individuals and programs participating in oral health education activities. The provision of training cannot be a one-time offering, especially if behavioral change is the ultimate objective; ongoing communication, routine contacts, periodic distribution of oral health education materials and resources, and the development of additional training programs are all required. Given the economic climate, the use of the internet and web-based training technologies are proving to be the most cost-effective venues for trainings and the provision of resources.

To continue to encourage the incorporation of oral health as a routine standard of care for pregnant women, infants and young children, the Bureau is presently involved in a pilot project with the Albany Medical Center and its affiliated WIC Program to provide oral health assessments, fluoride varnish applications, risk reduction education, anticipatory guidance, and referrals to dental care providers for

the establish of a dental home and/or the provision of any needed treatment services. The training programs provided to the WIC Program at its statewide conferences and the ongoing provision of low literacy oral health materials for use with WIC clients paved the way for the initiation and implementation of this pilot project.

The results of the pilot project, as well as examples of how other individuals and programs are using oral health education and resources with their respective clients, will be shared with the Bureau's network of over 540 individuals and 328 organizations and programs providing services to pregnant women, infants and young children.

Available Information Resources:

See Products Developed and Outcomes.

SECTION III: PRACTICE EVALUATION INFORMATION

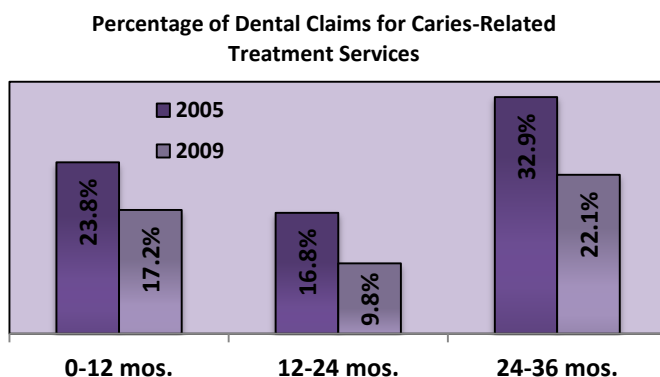
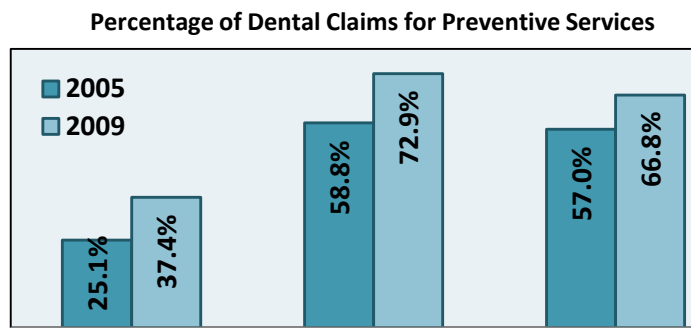
Impact/Effectiveness

How has the practice demonstrated impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence, outcomes of the practice and/or evaluation results)?

A greatly increased number of health and dental care providers received education, training and resources on the latest evidence-based recommendations for the provision of dental care during pregnancy, infancy, and early childhood. More programs serving the target populations are including oral health information and resources on their websites and incorporating oral health into staff training and client education activities.

Based on preliminary data from PRAMS, from 2008 to 2009, modest improvements were found in the percentage of pregnant women reporting receiving oral health care counseling (43.1% to 45.3%, respectively), having their teeth cleaned (44.5% and 45.2%, respectively), or having a dental problem requiring care (26.6% and 22.2%, respectively).

Data on 2010 Medicaid dental claims are anticipated to be available in mid-January 2012. Based on comparisons between 2005 and 2009, Medicaid claims for both fee-for-service and managed care plans, a greater proportion of Medicaid beneficiaries less than 36 months of age received oral health services. The proportion of claims for preventive services (periodic oral evaluation, prophylaxis, topical fluoride treatment, fluoride varnish) increased for all three age groups between 2005 and 2009, while at the same time, the proportion of claims for caries-related treatment services (detailed problem focused oral evaluation, radiographs, restorations, endodontics, extractions, palliative emergency treatment, anesthesia) decreased.



Efficiency

How has the practice demonstrated cost and resource efficiency where expenses are appropriate to benefits? How has the practice demonstrated realistic and reasonable staffing and time requirements? Provide unit cost analysis or cost-benefit analysis if appropriate.

Not Applicable.

Demonstrated Sustainability

How has the practice showed sustainable benefits and/or how has the practice been sustainable within populations/communities and between states/territories? What mechanisms have been built into the practice to assure sustainability?

Existing Bureau staff continue to respond to requests for oral health training, materials and resources. An Excel database is used to maintain and/or expand the names of individuals and programs begun under the HRSA TOHSS grant.

Collaboration/Integration

How has the practice built effective partnerships/collaborations among various organizations and integrated oral health with other health projects and issues? What are the traditional, non-traditional, public and private partnerships/collaborations established by the practice for integration, effectiveness, efficiency and sustainability?

As a result of the training program, numerous partnerships and collaborations were established with perinatal networks and prenatal providers, child health educators and Head Start/Early Head Start Programs, maternal-infant home visiting programs, the WIC Program, dental hygienists and dental health educators, child abuse prevention programs, child advocacy organizations, rural health organizations, local health department educators, and dental organizations. Many of these programs routinely include information and resources on oral health on their websites.

Objectives/Rationale

How has the practice addressed HP 2010 objectives, met the National Call to Action to Promote Oral Health, and/or built basic infrastructure and capacity for state/territorial/community oral health programs?

The training program addresses the following HP 2020 objectives: OH-1, OH-2, OH-3, and OH-8. The education and training programs have been successful in increasing awareness of the importance of oral health to overall health among those programs and providers servicing pregnant women, infants, and young children. The expansion of oral health education and training materials now available on the Department of Health public website supports the continued work of individuals and programs serving the target populations.

Extent of Use Among States

Describe the extent of the practice or aspects of the practice used in other states?

- Copies of "Oral Health Care during Pregnancy and Early Childhood Practice Guidelines" have been distributed all States and Dental organizations.
- National Maternal and Child Health Resource Center development of *Oral Health Care during Pregnancy: a Summary of Practice Guidelines* based on and modeled after New York State's "Oral Health Care during Pregnancy and Early Childhood Practice Guidelines."
- California modeled its oral health guidelines after those of New York State.
- New York's Pregnancy and Dental Care/Facts for baby teeth (wallet card), Pregnancy and Dental Care (mini poster), Baby Teeth are Important (mini poster), and [Fluoride Varnish Resource Training Materials](#) is posted on the National Maternal and Child Oral Health Resource Center website.
- *Addressing Dental Disease in Early Childhood Programs* is available on the Winning Beginnings website.