

Dental Public Health Activity Descriptive Summary

Practice Number: 33031
Submitted By: New Jersey Dept. of Health, Division of Community Health Services,
Oral Health Service Unit
Submission Date: February 2020
Last Reviewed: February 2020
Last Updated: February 2020

Oral Health Nutrition and Obesity Control Program

In 2018, the New Jersey Department of Health, Division of Community Health Services, having been awarded funding through the Health Resources and Services Administration (HRSA), entered into an agreement with three Federally Qualified Health Centers (FQHCs) providing dental services, to screen children ages 6-11 at dental visits for Body Mass Index according to Centers for Disease Control and Prevention (CDC) guidelines and provide oral health nutrition counseling. The three FQHCs were: Zufall Health Centers, with locations in Northern New Jersey; Chemed with locations in Central New Jersey; and CompleteCare with locations in Southern New Jersey.

Children found to be overweight or obese and covered by Medicaid or uninsured receive up to two additional nutrition counseling sessions with their parents/caregivers at subsequent dental visits. FQHCs receive \$50 per counseling session for each unique, eligible patient up to three dental visits. The overarching goal is to increase oral health nutrition literacy among children ages 6-11 and their parents/caregivers, thereby improving oral health and reducing obesity and incorporate screening and nutrition counseling into FQHC best practices.

The first year of the grant funded these three FQHCs up to \$40,000 each. Since grant activities started in the third quarter, additional funds are available, and the grant has been expanded to five additional FQHCs in Year 2. During Year 1, a total of 1359 children and their caregivers received oral health nutrition counseling; a total of 355 unique patients were eligible for the program; a total of 429 Medicaid and uninsured claims were verified and paid to health centers for nutrition counseling between March 1 and August 31, 2019. Challenges included the FQHCs training dental staff, incorporating BMI screening into procedure and electronic records systems and providing requested data and claims to the Department. Department processes needed to be set up to receive and verify Medicaid-rejected nutrition counseling claims and uninsured claims. It is unclear that three counseling sessions were sufficient to achieve program goals, however, the participating FQHCs have incorporated nutrition counseling and weight screening as part of their best practices for this age group. Monthly data collected included patient BMI at each visit, visit type (preventative, restorative, emergency), type of insurance, age, sex, presence of caries, and visit number (counseling session 1, 2 or 3). For Year 2, an assessment tool was developed. It asks the patient and/or caregiver to indicate as a number value: (1) daily toothbrushing (0-3+); (2) number of daily sweetened beverages consumed (0-8+); and number of daily water drinks (0-8+). This tool is to be implemented during Year 2 to gauge any behavior change as a result of counseling sessions.

Lessons Learned:

An important lesson is this program needs support from multiple areas and actors. It is not adequate to only train dental staff to get the weight, calculate BMI, and report data. Parents/caregivers and children need to be treated with sensitivity, respect and a positive attitude. Patients as well as staff need to be educated about the importance of the intervention. Materials were available in English and Spanish languages, the predominate languages spoken by the FQHC patient populations. In addition to dental staff, office support, information technology, billing and claims staff and even medical staff need to be engaged.

Medical staff may have the expertise about BMI and nutrition information that dental staff may not. Communication from both dental and medical should occur although this is not a requirement of the program. Since reporting is contingent upon electronic health records systems, Information

Technology staff need to be involved and understand the elements of the reporting. Dental billing and claims staff needed to be made aware of a new process for submitting claims to the Department. On the Department side, collaboration with the claims and reporting staff was necessary as well. Bringing all needed staff to the table as early as possible is recommended.

The three pilot FQHCs developed their own nutrition counseling models. Zufall used U.S. Department of Agriculture "My Plate" and their internally developed Caries Risk Assessment; CompleteCare used Nemours Health and Prevention Services "5-2-1-Almost None"; and Chemed used materials developed internally by its staff Nutritionist for consistency with materials used by its medical staff. In Year 2, there is a recommended but not required model, "Nutrition Counseling and Obesity Prevention in Children: A Handbook for the Dental Community", developed by the Temple University Kornberg School of Dentistry in collaboration with Temple University College of Public Health's Center for Obesity Research and Education.⁴ The effectiveness of these varying models and difference in results between them will be evaluated in Year 3 and Year 4 of the grant after sufficient data has been collected. In Year 1 of the grant, most of the patients had not received the maximum of three counseling sessions.

Contact Person(s) for Inquiries:

Yvonne Mikalopas, RDH, BA, State Dental Hygienist, New Jersey Department of Health, Division of Community Health Services, Oral Health Service Unit, 50 East State Street, 6th floor, PO Box 364, Trenton, NJ 08625-0364, Phone: 609-341-2954, Email: yvonne.mikalopas@doh.nj.gov

Dr. Darwin K. Hayes, DDS, MHA, FAGD, State Dental Director, New Jersey Department of Health, Division of Community Health Services, Oral Health Service Unit, 50 East State Street, 6th floor, PO Box 364, Trenton, NJ 08625-0364, Phone: 609-292-2271, Email: Darwin.hayes@doh.nj.gov