Healthy Texas Smiles for Moms and Babies (HTSMB): Training Partnership for Home Visiting Programs

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.

**Lessons Learned:**

- 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.

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\(^1\) [http://www.nursefamilypartnership.org](http://www.nursefamilypartnership.org)

\(^2\) [http://www.parentsasteachers.org](http://www.parentsasteachers.org)
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.

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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