One of the goals of the Division of Health Promotion and Disease Prevention (HPDP) is to focus preventive efforts on Low SES and minority/ethnic populations. The local District Offices (DOs) see families in WIC that reflect those demographic groups. In FY 2009, 351 Medicaid eligible children ages 0-5 were hospitalized for treatment of early childhood caries. A linkage of Medicaid and WIC files found that 81% of the mothers of the children requiring hospitalization had been enrolled in WIC either prenatally or postpartum in 2009. The primary goal of the Office of Oral Health is to change this outcome with very early prevention at the local level, focused on pregnant women and children ages 0-5 eligible for Medicaid. In Vermont, the eligibility criteria for WIC and Medicaid are the same.

The Vermont Department of Health (VDH) is comprised of one Central Office and 12 District Offices located throughout the state. Since November of 2009 the VDH, Office of Oral Health (OOH) has contracted with a dental hygienist to work part-time in the Newport District Office (DO), which is located in Northeastern Vermont. The Newport DO PHDH was extremely well accepted by DO staff. Based on the success of the Newport PHDH, this program has been replicated in other DOs and there are currently five half-time and one full-time PHDH positions in the state.

The Public Health Dental Hygienists:

- Provide direct care service in WIC clinics by educating clients and staff, conducting oral health risk assessment, applying fluoride varnish to children, and coordinating care (transportation, health insurance, etc.) for those who need it.
- Deliver community education by doing outreach and training to medical and dental providers and supporting community organizations.
- Support prevention programs such as community water fluoridation, the Tooth Tutor Program, and access to care.

Another important goal that the PHDH program has accomplished is integration of oral health into overall health. The PHDHs have been instrumental in raising oral health awareness in the pediatric, early child care, and school communities, as well as promoting best practices regarding oral health during pregnancy and early childhood with the local dental community. Aside from the direct benefits of the preventive oral health services provided to WIC families, the PHDHs work towards establishing close communication at the local level with pediatricians, obstetrics/gynecologists and family physicians, dentists, dental hygienists and Tooth Tutors. Additionally, PHDHs also connect and work with childcare facilities, Head Start and other entities such as FQHCs.

Lessons Learned:

One of the biggest challenges with this project was getting buy-in from the already busy WIC certifiers (public health nurses and intuitionalists) regarding the importance of oral health during pregnancy and early childhood. In the beginning WIC staff had to be educated on why the DO DH wanted them to refer pregnant women or babies without erupted teeth. However, once WIC staff understood how the oral health of the mom affects the oral health of the child, and that the DO DH actually helped make their job easier, rather than more difficult, they became enthusiastic supporters, encouraging all WIC clients they met with to take advantage of these great services. In this way, the greatest challenge also became the greatest success of the program.
One of the aspects that worked in favor of the program’s success was that the hygienist hired to do this work was already well known throughout the local school, early childcare, and dental communities because of her work as a Tooth Tutor in area schools and the regional Head Start program (refer to Tooth Tutor Dental Access Program in VT state activities).

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