

Dental Public Health Activity Descriptive Summary

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Tooth Tutor Program

The Vermont Office of Oral Health (OOH) administers the Tooth Tutor Program (TTP), which aims primarily to help children who have not accessed dental care (those who have not been to the dentist or who are missing dental information on their health information records) in the previous year to find and connect with a dental home where they can receive dental sealants and other procedures (i.e. restorative treatment), as needed. Most of the children in this category are at higher risk for dental disease (i.e. low income, rural populations). In Vermont, Medicaid-eligible children have no cap for dental services through a program called Dr. Dynasaur. However, in spite of the availability of Medicaid benefits, these children have a higher rate of decay: decay experience is 1.6 times more prevalent and untreated decay is 2 times more prevalent in this group than in non-Medicaid children (2013 Burden of Oral Disease in Vermont). Although the utilization rate of dental care among Medicaid-eligible children throughout Vermont has been rising over time, there is still considerable room for improvement.

Public health dental hygienists (present in 5 of Vermont's 12 district offices, as of 2016) provide support for the program by helping to advertise openings to dental hygienists interested in working as Tooth Tutors (TTs) and providing training, technical assistance, and monitoring. The OOH also provides screening and teaching materials for the program and coordinates two meetings per year. For the past two years, these meetings have included training sessions on cultural competence and motivational interviewing. Additional trainings have included a discussion group on issues related to cultural competence; for example, in 2015 we purchased the book "The Spirit Catches You and You Fall Down" by Anne Fadiman, and distributed it to all TTs. At our mid-year meeting in January 2016 we had a lively "book-club style" discussion. We plan on continuing this tradition at upcoming mid-year meetings and are currently selecting materials – books, films, short videos, and documentaries – for discussion at the January 2017 meeting.

Participation in the TTP is voluntary and dependent on the school determining the need for dental care access and wanting to improve oral health for the students. Other than the dental hygienists' salaries, there is no additional cost for schools to participate in the TTP. Medicaid Administrative Claims/ Early and Periodic Screening, Diagnostic and Treatment (MAC/EPSDT) is the main source of funding for the program. Some schools run the TTP through funding from foundations and other organizations. The state Oral Health program provides basic supplies for TTs to perform classroom education and oral health screenings.

Surveys conducted with TTs showed that a significant barrier in accessing care for the program's children is the lack of priority placed on routine preventive care by their parents or guardians. We have been working to overcome this barrier through cultural competency and motivational interviewing trainings for TTs.

Lessons Learned:

We have learned that the greatest barrier to achieving program goals is the difficulty in engaging parents/guardians and, in some rare instances, school personnel. Cultural competency and motivational interviewing skills are valuable tools to effectively communicate with parents and guardians. We plan on continuing these trainings and have launched a cultural competence improvement "club" that will choose materials to read/watch and meet yearly for discussion sessions.

Moving forward, the TTP may transition into a school-based sealant program where sealants would be placed at the school, thus eliminating the need for parents/guardians to take the children to the dental office. This may be facilitated by the fact that starting in summer 2016, all dental hygienists licensed in VT will be able to enroll as Medicaid providers and bill directly for their services.

Lack of parent/guardian engagement and cooperation is the most significant challenge (see above); we address this issue by providing ongoing cultural competency and motivational interviewing trainings to Tooth Tutors.

These strategies have helped TTs to fulfill their responsibilities and benefited the achievement of the Tooth Tutor Program goals:

- Promote the concept of the “dental home” and importance of regular visits.
- Increase the percentage of children in the true target group (children who have not accessed dental care in the previous year) that access dental care.
 - Build and maintain working relationships with local dental homes in order to decrease barriers to access for children and families.
 - Educate school partners about the importance of oral health, and accessing comprehensive services in a dental home.
 - Build trust/rapport with families/caregivers by becoming visible and involved in the school community.
 - Communicate with caregivers regarding the importance of preventive dental care.
- Increase the number of sealants placed on 1st and 2nd molars because of the Tooth Tutor Program.
 - Nurture and maintain good communication with dental referral base.

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Whole School, Whole Community, Whole Child Model

Provide a thorough description of how you are implementing each of the ten components of the WSCC Model. Include any challenges you experienced (If applicable) and how you resolved those challenges. If you are not implementing any activities for a component, please signify that by checking the "Not Part of Our Program." If you have tried to implement a particular component and weren't able to resolve those challenges, please provide a brief (1-2 sentences) on what occurred.

You may find the resource, "Recommendations for Integrating Oral Health into the WSCC Model" useful for completing this section.

Component	Description of Activity(s) & Process	Not Part of Our Program
<p>Health Education – Integrate oral health into the health education curriculum or other subjects,(i.e. biology, nutrition, food service, phy ed).</p>	<p>Tooth Tutors, working in coordination with teachers, regularly provide Oral Health classroom education sessions; they try, whenever feasible, to fit the concepts they teach into other subjects that students are learning at that moment. For example, one Tooth Tutor reported that one of the classrooms had just finished reading "The Gingerbread Boy" by Richard Egielski and they were setting up a town with a post office, stores, etc. The Tooth Tutor included a dental office in the town and developed stories about all the great things that the Gingerbread Boy learned at his visit to the dentist.</p>	
<p>Physical Education & Activity – Enforce the use of head/ facial protection to prevent injury during sports or related activities.</p>	<p>Several Tooth Tutors reported talking about the importance of using a mouth guard when practicing sports. Some dental offices in VT have coordinated with Tooth Tutors to provide free sports guards to students.</p>	
<p>Nutrition Environment & Services – school nutrition policies promote optimal dental health.</p>	<p>Tooth Tutors continuously integrate Oral Health into activities related to nutrition. One of them created a magnetic board using a cookie sheet: she then cut the shape of a tooth from white paper and pasted it to the bottom of the cookie sheet using clear contact paper. Next, she worked with the children to go through old magazines and select images of snacks that were healthy and unhealthy for the teeth. On the back of the "bad" snacks, she glued magnets, so they would stick to the teeth. The healthy choices had no magnets, to show that they slide right off from the tooth surface. This was an extremely successful activity centered on Nutrition, which this hygienist shared with other Tooth Tutors in the program.</p>	
<p>Health Services – Promote a medical/dental integration that includes dental sealants and fluoride.</p>	<p>Tooth Tutors work together with the school nurses, but we see this as an area for potential improvement for this program (possibly reaching out to medical providers in the community?). One development that may enhance the activities of Tooth Tutors is the fact that, starting in summer 2016, Vermont dental hygienists will be eligible to enroll as Medicaid providers and bill directly for their services.</p>	

<p>Counseling, Psychological & Social Services – Educate/emphasize the impact that poor oral health has on the ability to learn and on self-esteem.</p>	<p>This is one area that we have not directly addressed yet, but that has been in our discussions for development of activities and their future implementation. We are aware of the relationship between oral health and self-esteem; some Tooth Tutors who serve in High Schools have presented on the importance of good oral health for employability.</p>	X
<p>Social & Emotional Climate – Establish an environment where oral health prevention practices and programs are supported and valued.</p>	<p>Tooth Tutors are aware of the importance of being involved with the school community. One of the central goals of the Tooth Tutor Program is to “Educate school partners about the importance of oral health, and accessing comprehensive services in a dental home.” Some Tooth Tutors attend school meetings and most participate in the Open Houses at the beginning of the school year. In order to enhance their ability to engage the communities where they work, Tooth Tutors regularly undergo trainings on cultural competency and motivational interviewing.</p>	
<p>Physical Environment – Assure the students and staff have fluoridated water available throughout the day.</p>	<p>We place great effort in promoting Community Water Fluoridation (however, this effort is not specific to the school environment).</p>	X
<p>Employee Wellness – Support tobacco cessation programs for students & staff using tobacco/e-cigarettes.</p>	<p>Some of the goals of the Tooth Tutor Program are directly related to enhancing wellness of everyone in the communities where they serve, including school employees, who are considered partners (see the first bullet under Family Engagement). Activities specific to tobacco cessation are currently under consideration. We currently work in collaboration with Vermont’s Tobacco Control program and have performed outreach to dental providers, aiming to increase the number of referrals to tobacco cessation programs. It would be possible to extend this outreach to communities in which the Tooth Tutors serve, since they already act as liaisons between the schools and local dental providers.</p>	
<p>Family Engagement – Promote school and family support for oral health screenings and regular dental visits.</p>	<p>These are some of the core goals of the Tooth Tutor Program:</p> <ul style="list-style-type: none"> • Educate school partners about the importance of oral health, and accessing comprehensive services in a dental home. • Build trust/rapport with families/caregivers by becoming visible and involved in the school community. • Communicate with caregivers regarding the importance of preventive dental care. • Promote the concept of the “dental home” and importance of 	

	<p>regular visits.</p> <p>Tooth Tutors aim to achieve these goals by being visible in their communities and serving as the primary point of contact for information on Oral Health at the schools where they serve.</p>	
<p>Community Involvement – Establish partnerships with local dental professionals to assure access to dental care & preventive interventions.</p>	<p>Tooth Tutors function as the liaisons between students’ families and local dental professionals. As a matter of fact, many Tooth Tutors serve in the communities where they live; several of them refer students to the dental offices where they work as hygienists.</p> <p>Two of the main goals of the Tooth Tutor Program relate directly to this component:</p> <ul style="list-style-type: none"> • Build and maintain working relationships with local dental homes in order to decrease barriers to access for children and families. • Nurture and maintain good communication with dental referral base. <p>One specific example of community involvement was mentioned above, under Physical Education & Activity.</p>	

