

Dental Public Health Activity Descriptive Report

Practice Number: 33021
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SECTION I: PRACTICE OVERVIEW		
Name of the Dental Public Health Activity: <b style="color: blue;">New Jersey Pregnancy and Oral Health/OB Collaborative		
Public Health Functions: Assessment – Acquiring Data Policy Development – Collaboration and Partnership for Planning and Integration Policy Development – Oral Health Program Organizational Structure and Resources Assurance – Population-based Interventions Assurance – Oral Health Communications Assurance – Building Linkages and Partnerships for Interventions Assurance – Building State and Community Capacity for Interventions Assurance – Access to Care and Health System 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-4 Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease OH-6 Increase the proportion of oral and pharyngeal cancers detected at the earliest stage OH-7 Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year OH-8 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year OH-11 Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers each year OH-14 Increase the proportion of adults who receive preventive interventions in dental offices		
State: New Jersey	Federal Region: Region II	Key Words for Searches: oral health and pregnancy, early childhood caries prevention, access to care, periodontal disease and pregnancy
Abstract: Abstract: Provide a <u>full and detailed paragraph</u> of the dental public health activity (a practice, program, service, event, or policy). Include information on: (1) what are you doing; (2) who is doing it and why; (3) what is the cost; and (4) why do you think it made a difference such as the benefits & achievements. Prepare one or more paragraphs. <u>Add space as needed but please limit the summary description to around one page.</u> Emerging research indicates a strong association between periodontal infection and adverse pregnancy outcomes (such as pre-term delivery and low birth weight) and an estimated 62% of women reported not having a dental visit during their most recent pregnancy. Recognizing the need to provide oral health education and resources to women at high-risk for periodontal infection, the New Jersey Department of Health and Senior Services (NJDHSS) developed a collaborative program with the OB Department and Nutrition Services at Southern Jersey Family Medical Centers, a federally qualified community health center. The collaborative utilizes the “Train-the-Trainer” model where OB staff are trained on the		

importance of addressing oral health during pregnancy. Following the training, OB staff provides oral health education to all pregnant women receiving care in the OB department. Utilizing a "Train-the-Trainer" model enables the program to reach a much larger population of pregnant women than what could be achieved through direct patient education by NJ Children's Oral Health Program staff. The training session focuses on the importance of preventive oral hygiene practices during pregnancy, prevention of early childhood caries, and the importance of dental care during pregnancy. During the training session, Children's Oral Health Program staff provide oral health brochures and supplies for distribution to patients and oral health resources for staff.

Oral health resources distributed to staff include the following:

- "Access to Oral Health Care during the Perinatal Period" and "Oral Health Care During Pregnancy, A Summary of Practice Guidelines."
- A laminated fact sheet, "Oral Health Recommendations for Health Care Professionals."
- The New Jersey Department of Health and Senior Services Dental Clinic Directory, "Dial a Smile".

Oral health resources for staff distribution to clients include the following:

- A tri-fold pamphlet entitled "Two Healthy Smiles" developed by the National Maternal and Child Oral Health Resource Center.
- A baby tender and xylitol wipe for use in cleaning infants' mouths are attached to the "Two Healthy Smiles" brochure and distributed to all pregnant women. New mothers also receive an instruction sheet entitled, "Dental Do's From Birth to 1 Year!"
- Toothbrushes are provided to the OB Coordinators for distribution to all pregnant women at the conclusion of patient education.

Costs for supplies are less than \$1.50 per patient. Other program expenses include staff time for training and preparation of resources.

OB Coordinators at participating clinics collect data on a quarterly basis on the number of pregnant women that receive oral health and hygiene education. Data indicate that 912 women in FY2010 and 1,293 women in FY2011 received oral health education and resources. Due to the success of the Collaborative, the Children's Oral Health Program replicated the initiative at a second federally qualified community health center located in central New Jersey. In FY2012, plans include further expansion into additional FQHCs in other parts of the State.

The benefits of the program include increased awareness of the importance of oral health and hygiene and access to dental care. As a result, an increase in the number of dental visits by pregnant women, improvements in oral health status, fewer negative birth outcomes and a reduction of early childhood caries is anticipated.

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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

The Pregnancy and Oral Health/OB Collaborative began in 2009. A key issue that led to the development of this initiative was research indicating the correlation between periodontal disease and adverse pregnancy outcomes.

Justification of the Practice:

According to a variety of studies, the majority of pregnant women do not seek dental care during pregnancy. Additionally, early childhood caries is the most common chronic childhood disease. By making oral health a focus for pregnant women the "Pregnancy and Oral Health/OB Collaborative" seeks to shift the paradigm of patient care from costly emergency room visits to a prevention model that includes regular dental visits and preventive at-home care.

The program activities and resources are consistent with practice guidelines used by other states including "Oral Health Care during Pregnancy and Early Childhood Practice Guidelines from the New York State Department of Health, August 2006 and the "Oral Health Care During Pregnancy and Early Childhood: Evidence-Based Guidelines for Health Professionals" from the CDA Foundation, February 2010.

Inputs, Activities, Outputs and Outcomes of the Practice:

Inputs and activities: training and resources for OB staff are provided by the New Jersey Children's Oral Health Program staff. Funding for expansion of the program in FY2012 will be provided through a grant awarded by the American Dental Association's Samuel Harris Fund For Children's Dental Health Grants Program.

Outputs: Education and distribution of resources to pregnant women. In FY2010, 912 women received education and resources. In FY2011, 1238 women received education and services.

Outcomes: improved oral health status and an increase in access to care for pregnant women and their children. Oral health awareness is improved and becomes part of the routine care provided by the OB team.

Budget Estimates and Formulas of the Practice:

Expenses include costs for supplies and education resources. They include: tender (\$0.57), xylitol wipe (\$0.33), toothbrush (\$0.22), pamphlet printing (\$0.32). Total costs for supplies: \$1.44/patient. Total costs for patient resources were \$1,313 in FY2010 and \$1,861 in FY2011.

There are minimal one-time printing expenses associated with training resources for OB staff. Other program expenses include New Jersey Children's Oral Health Program staff time for training and compiling resources, which are provided as an in-kind contribution.

Lessons Learned and/or Plans for Improvement:

- Prior to program implementation, secure consent to participate from the OB Director and other pertinent administrative staff.
- Provide staff with all necessary materials and resources to promote the importance of oral health to their patients.
- Repeat the training on an at least annual basis to educate new staff members and reinforce the correlation between oral health and systemic health for the OB team.
- Evaluation activities may include data collection on the actual number of women that received dental care during their pregnancy, women that continued to seek dental care on a regular basis and the number of women who sought dental care for their children.

Available Information Resources:

A staff fact sheet and client fact card were developed by New Jersey Children's Oral Health Program staff and are available at: <http://www.nj.gov/health/fhs/oral/prof.shtml>

The Pregnancy Oral Health/OB Collaborative utilized materials that are available at no cost from the National Maternal and Child Oral Health Resource Center including the following resources available at: www.mchoralhealth.org/materials/perinatal.html

1. *Two Healthy Smiles: Tips to Keep You and Your Baby Healthy*
2. *Access to Oral Health Care During the Perinatal Period: A Policy Brief*
3. *Oral Health Care During Pregnancy: A Summary of Practice Guidelines*

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)?

The Pregnancy and Oral Health/OB Collaborative has enhanced the delivery of oral health and hygiene education at participating sites. Since the majority of pregnant women do not seek dental care during pregnancy, this practice serves to increase the number of women that seek dental care at that time. Additionally the practice provides anticipatory guidance regarding appropriate oral health interventions for the prevention of early childhood caries. Through the education of pregnant women and the resulting increased access to care through public dental clinic services, it is anticipated that the oral health status of pregnant women and their children will improve.

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.

This practice costs less than \$1.50 per patient per year. The "Train-the-Trainer" model and interdisciplinary approach to providing oral health education and access to care is an efficient and effective program model. The training session conducted by Regional Oral Health Program staff provides the resources and information necessary to create a sustainable impact on staff and patients at participating sites.

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?

The Children's Oral Health Program has supported this practice since FY2010. Funding from the American Dental Association's Samuel Harris Fund For Children's Dental Health Grants Program supports the expansion of the practice to two additional sites in FY2012.

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?

This practice has fostered a successful collaboration between the New Jersey Department of Health and Senior Services, participating OB departments and the New Jersey Department of Health and Senior Services grant funded regional programs. The "Train-the-Trainer" model increases the program's efficiency and sustainability at participating sites by training all OB staff to deliver key oral health messages and resources on an ongoing basis.

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 Pregnancy and Oral Health/OB Collaborative is supported by the New Jersey Department of Health and Senior Services in addition to the participating program sites. This practice is an innovative way to reduce the burden of oral disease in pregnant women and their children. It also increases access to dental care through the federally qualified health center system.

The practice enhances the oral health knowledge base of staff, who subsequently have the ability to change the perception of oral health for pregnant women. It promotes the interdisciplinary training model for OB professionals thereby resulting in a change of perception in their role to improve the oral health status of pregnant women.

Extent of Use Among States

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

The number of states with similar programs is unknown.