

Slides Loading...Please Wait

MCHB/DCAFH
March 10, 2009
Accessing Oral Health Care through WIC

March 10, 2009

Moderator:

Pamella Vodicka

Patti Mitchell, MPH, RDSenior Program Analyst,
Food and Nutrition Service,

US Department of Agriculture, Alexandria, VA



Accessing Oral Health Care through WIC

**Implementing systems that
enable WIC to serve as an
entry point for oral health**



Background

Wynne Grossman
Executive Director
Dental Health Foundation

www.DentalHealthFoundation.org



Dental Health Foundation Oakland, CA

DHF works through community partnerships to promote oral health for all by:

- Providing leadership in advocacy, education and public policy
- Promoting community-based prevention
- Encouraging the integration of oral health into other health services
- Improving access to care



Statewide organization that has existed since 1985. Known for our work in fluoridation, children's programs and advocacy. Co-leads the statewide oral health access coalition with the primary care association. In 1993 and 2006, issued reports on the oral health status of children in California. The 2006 report, Mommy! It Hurts to Chew, showed that only children in Arkansas experienced more dental disease.

FIRST SMILES PROGRAM

www.first5oralhealth.org

2004-2008

Goal:

- Significantly reduce the incidence of dental decay in young children by increasing the capacity of the workforce

Objectives:

- Provide education and training to dental and medical providers
- Provide training and education to early childhood caregivers



First Smiles Program was a statewide initiated funded by the California Children and Families Commissions (First 5)

\$7 million over four years 2004-2008

Primarily a workforce initiative—with training and education as the primary objectives

Project was co-lead by DHF and CDAF—with DHF leading all training and education to medical providers and early childhood educators

Healthy Teeth Begin at Birth

- Key messages
 - Baby teeth are important
 - Take baby to dentist by first birthday
 - Help children brush with fluoride toothpaste
 - Don't share toothbrushes or food
 - Limit juice and sweets



A core curriculum was developed with the advice of a scientific advisory committee—chaired by Jared Fine, who you will hear from shortly. The curriculum was adapted to various lengths and formats ranging from full day to 1 hour.

A consumer brochure was developed using the key messages from the curriculum—Healthy Teeth Begin at Birth. This was available in 10 languages and distributed widely throughout the state.

FIRST SMILES PROGRAM

WIC Strategy

- Partner with the CALWIC Association
- Co-develop a training program for WIC staff, using five key messages developed by a Scientific Advisory Group
- CALWIC delivers training at 7 regional and statewide meetings per year
- Mini grants to 10 WIC sites to train parents and distribute evaluation



One of the key partners in the First Smiles Program was California WIC Association. They assisted in adapting the core curriculum to meet the needs of WIC agencies and provided training for WIC staff and regional and statewide meetings.

Additionally, we developed a mini grant program for those WIC agencies that were most interested in oral health. These agencies agreed to train parents using the curriculum and then to distribute evaluation forms to determine changes in parent and caregiver knowledge. Alameda County WIC was one of the agencies that received the mini grants.

Targeted Oral Health Systems (TOHSS)

- GOAL:
 - Increase the number of at-risk 1 year olds who receive a dental visit
 - Build systems to ensure continuation
 - Since few dentists are available to treat low-income 1 year olds—we decided to bring dental providers to the children
 - WIC is the logical partner



In 2007, HRSA announced a new oral health grant program—Targeted Oral Health Systems. The grant had several goals, including increasing the number of at-risk 1 year olds who received a dental visit.

Despite training over 15,000 dental providers in the prevention of dental disease in infants and toddlers, California dentists were still not seeing significant numbers of low-income, high risk one year olds. We could not think of a strategy that would significantly change that scenario.

However, because of the relationships that had been developed through the First Smiles program, DHF realized that WIC could potentially serve as the entrance to dental care for large numbers of low income babies.

WIC In California

- The nation's largest WIC program, 82 local agencies
 - Serves over 1.41 million participants at 623 local centers.
- More than 60% of infants born in California receive WIC services.
- More than 50% of WIC participants are currently enrolled in Medi-Cal
 - Likely that 80% are Medi-Cal eligible



California has the largest WIC program in the country, serving over 1.4 million participants through 82 agencies and over 600 centers. Most of the children in WIC are either enrolled in California's Medicaid (Medi-Cal) program or eligible for enrollment. That means that Denti-Cal providers (the Medicaid dental program) can bill for services. There are two ways that providers can bill. One way is Fee for service rates for billable services—dental exam (if conducted by a dentist), toothbrush prophylaxis, and fluoride varnish application. The second way applies only to Federally Qualified Health Centers. If WIC falls under their scope of service, they can bill an encounter rate for conducting a dental visit on site. This enabled the potential of making the program sustainable.

WIC: Building Collaboration for Oral Health

Purpose

- Increase the number of at-risk one-year-olds who receive preventive dental services and access early dental care
- Increase caregiver knowledge about early preventive care
- Develop and implement systems that will enable WIC to serve as the entry point for dental care



Dental Health Foundation provides

- Twice yearly collaborative meetings
 - Share materials, best practices, findings
- Codification of learnings
- Technical assistance to sites
 - Program start-up
 - Billing Denti-Cal
 - FFP and FMAP
- Software to track results
- Evaluation



Healthy Teeth Toolkit (HTT)

- **Manages information about Children**
 - For the delivery of preventive dental treatment services
 - To help case management workers assist families in obtaining restorative dental care
 - Track results
- **Web-based, accessible via browser**
 - Mobile (laptop) version available

HTT Service Record

Services:
Screening
Fluoride
Sealant
Cleaning
Education

Track oral
health status
over time

The screenshot displays the 'HTT Service Record' web application interface. At the top, there is a navigation bar with 'Home', 'Records', and 'Tools' tabs. Below this, the user is logged in as 'Welcome Albert!' with links for 'My Account', 'Help', and 'Logout'. The main content area shows a form for editing a service record (SR-2521) for a child named 'Martinez Luna, Cesar'. The form is divided into several sections: 'Child' (with tabs for Child, Evaluation, Varnish, Sealant, Cleaning, Education), 'Date' (Jan 21, 2009), 'Provider' (Linda Cannon), and 'Tx Urgency' (Tx Urgent 4). There are also links for 'View This Service Record' and 'Delete This Service Record'. The form includes various dental service options: 'Screening', 'Fluoride', 'Sealant', 'Cleaning', and 'Education'. There are also sections for tracking oral health status over time, including 'Primary Teeth' (Untreated Carries, Carries Experience, Early Carries, Sealants Present, Sealants Eligible, Prophy Needed) and 'Primary Teeth' (Decayed, Missing, Filled, Needs Ortho, Oral Injury). The form is titled 'Edit Service Record - SR-2521' and includes a 'View This Service Record | Delete This Service Record' link.

HTT is a data management tool , developed by DHF which is designed to track preventive dental services and case management over time. It's a web-based tool that can be used anywhere. What you are looking is the screen for entering a service record for a child- which enables you to record oral health status along with the preventive services provided—fv, sealants, etc.

HTT Case Management

The screenshot displays the 'HTT Case Management' interface. At the top, there is a navigation bar with 'Home', 'Children', 'Tools', 'Users', and 'Agencies'. Below this is a breadcrumb trail: 'Home > Edit Case - CB-171'. The main content area is titled 'Admin > Contacts'. It features a form for recording a contact with fields for 'Contact By' (a dropdown menu), 'Contact Type' (a dropdown menu), and 'Timestamp' (a date and time picker). A 'Notes' text area is located below these fields. To the right of the form is a 'Tasks' section with a list of protocol tasks: 'First Contact', 'Last Reached', 'Successful', 'Enrollment', 'Declined', 'Accepted', 'Appointment', and 'Follow Up'. Each task has a corresponding checkbox. Below the form and tasks is a 'Contact History' section showing a list of previous contacts. Each entry includes the contact name, type, and timestamp. The interface is annotated with three callout boxes: 'Record a Client Contact' points to the form fields, 'Contact History' points to the list of previous contacts, and 'Track Protocols/ Results' points to the 'Tasks' section.

HTT documents a case through chronologic records of personal contacts with the client family. The whole case history can be viewed at a glance.

A contact record consists of

- Who made the contact (which case manager)
- When the contact took place (time/date)
- How the contact was made (telephone, correspondence, etc)
- What was the substance of the contact (tasks accomplished)

An important HTT feature is the ability to record program-specific case management activities and their results.

These activities (tasks) can be customized to reflect the actual case management protocols used by the organization.

Important: unlike a general note field, the recorded protocol tasks are **SEARCHABLE** and allow case management process to be analyzed and evaluated.

Dental components

- Caregiver education
- Dental exam/assessment
- Risk assessment
- Fluoride varnish application
- Toothbrush prophylaxis
- Anticipatory Guidance
- Case management/referral to care if needed



Program

Year 1

- 1 Benchmark site
 - San Ysidro Health Center
- 2 pilot sites
 - Alameda County Health Dept.
 - Humboldt County Health Dept

Years 2-3

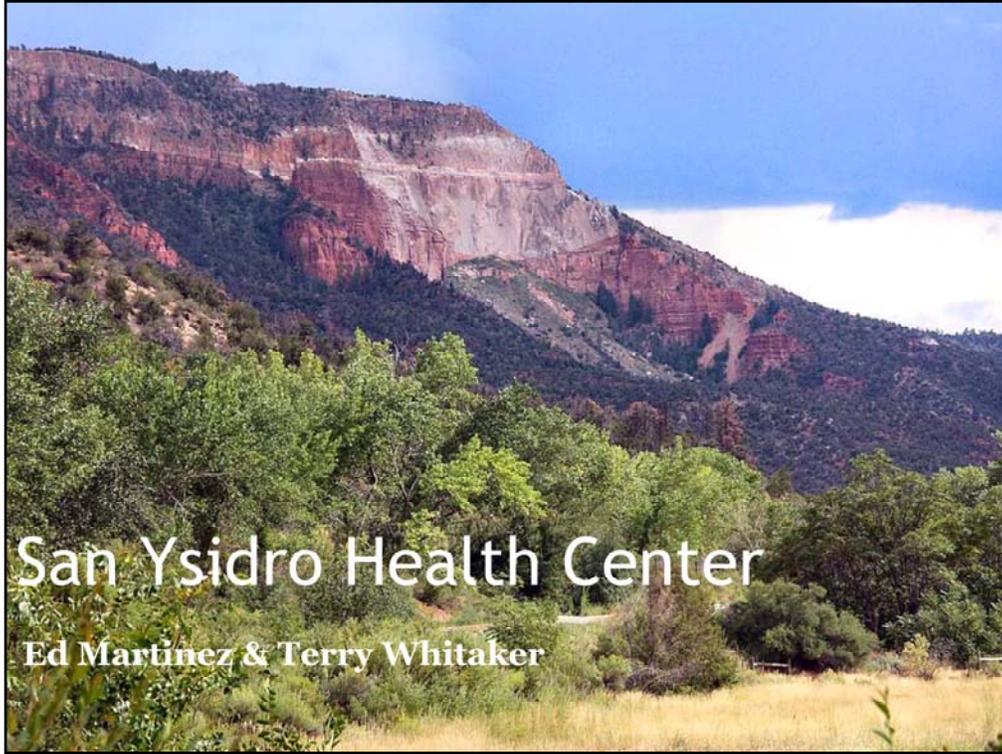
- Add three sites each year



As you probably realize, California is a big state, with vast differences in income levels, resources, beliefs, etc. It was clear that there would not be one model of providing dental services to WICs that would work across the state. We decided to use year 1 as a pilot phase to test out a couple of models.

San Ysidro Health Center is an FQHC which administers both dental and WIC programs. They were the first to actually integrated pediatric dental visits into their WIC program. DHF asked SYHC to serve as the benchmark for this project—allowing DHF to document their model and transfer learnings to other sites. Ed Martinez, the CEO and Terry Whitaker, the COO will discuss their model next.

Alameda is an urban county, with Oakland the largest City. Humboldt County is in the far north of the state and is a very rural area. The structure of both counties' public health departments had oral health and WIC under the same department—encouraging a great deal of interaction between the two programs. Each county had a long history of oral health activities which made them logical pilot sites. Jared Fine, Dental Administrator and Linda Franklin, WIC Director, from Alameda County, will discuss the model that they developed. At the end of this presentation, I will describe the model used in Humboldt county. I'll also describe some models from year 2 sites.



San Ysidro Health Center

Ed Martinez & Terry Whitaker

San Ysidro



Organizational Readiness:

- Results of SYHC's 2000 Oral Health Needs Assessment, 0-5 year old children (69% untreated dental disease);
- Board commitment to improve oral health service – all ages;
- Management Team committed to improve 0-5 oral health services;
- Dental Director's leadership in developing 0-5 oral health services.



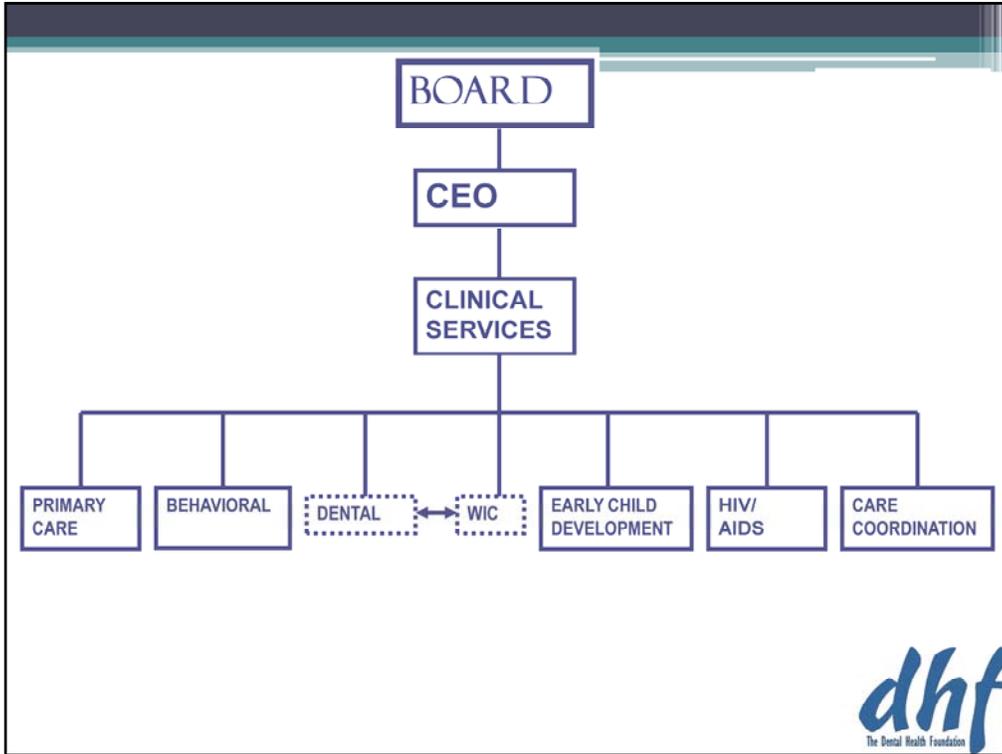
Dental - WIC services

DENTAL SERVICES

- Four Dental Clinics
- Dentists Treating Children (6) - 3.0 FTE Dentist Pediatric
3.0 FTE General Dentist
- Registered Patients 7,320 (0-5 yrs)
- Annual Dental Screenings (7,278) - 5 elementary schools

WIC SERVICES

- 4 WIC Centers in South San Diego County
- Personnel:
Total 23 FTE's Dieticians: Registered (7); Degree (4)
- Number Users:
3,700 Women, 7,000 Children and 3,100 Infants



Organizational Barriers to WIC-Dental Integration

- Minimal historical emphasis on integration and care coordination;
- WIC Program's historical service orientation (single-dimension);
- Absence of care model to operationalize integration of WIC-Dental services;
- Absence of cost-effective case-finding strategies; and;
- Absence of a methodology for making referrals and tracking treatment follow-up.



SYHC's Care Model

- Health Center's emphasis on integration and care coordination goals;
- High volume case-finding strategies;
- Leadership by Dental Director/cooperation by WIC Program;
- Effective screening, referral and recall strategies;
- Active participation by mothers/caregivers;
- Primary care dentists key to care coordination activities.



WIC - Based Dental Services

WIC Site-
Early history
(2001 – 2005)

- Portable dental chair
- Visiting dentist
 - half-day/week
- Screenings
- Oral health education
- Referrals to SYHC dental clinics for a “*dental home*”

Today

- Same as Early History plus application of fluoride varnish



Innovations in healthcare can “spread” most easily if:

- top leadership actively promotes/”encourages” adoption of change;
- innovations mesh with the culture/values of potential adopters;
- innovations can be clearly shown to improve quality/financial performance;
- innovations make day-to-day work easier for potential adopters;
- a financial ‘business case’ for innovation can be made.



FQHC Reimbursement for WIC-Dental Services

- **Face-to-face visit with a licensed dentist at WIC site**
- **Patient (child) receives the following services:**
 - oral health screening;
 - oral health education provided to parent/caregiver
 - application of preventive fluoride treatment
- **All children are referred to one of SYHC's dental clinics as a "dental home" for on-going preventive care /treatment services**



FQHC Reimbursement for WIC-Dental Services

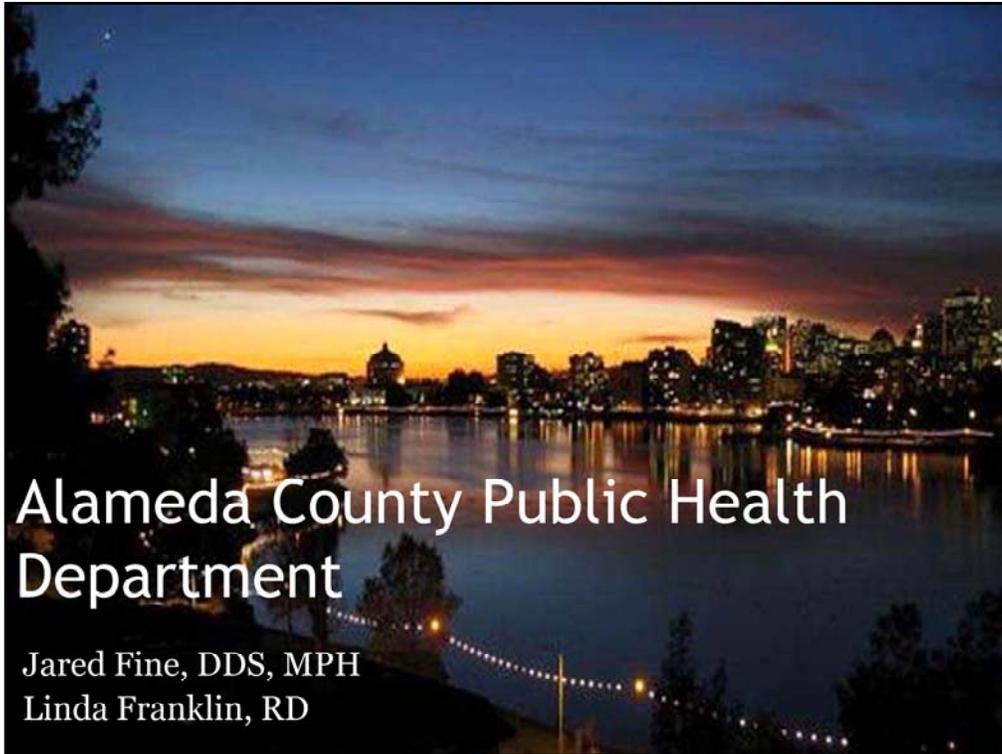
- **In 2008, SYHC screened 3,324 children at WIC sites, of which:**
 - 38% (1,266/3,324) had Medi-Cal;
 - 1.8% (62/3,324) had Healthy Families (California's S-CHIP)
 - 60% (1,966/3,324) of parents stated they did not have dental coverage at the time of the visit.
- **Goal for 2009, 70% of visits will be billable.**



Lessons learned

1. Board commitment is essential.
2. Management guidance/involvement required.
3. Departmental (operating) blueprints key to implementation.
4. Clinical support services must be in place/working.
5. WIC personnel support/cooperation required.





Alameda County Public Health Department

Jared Fine, DDS, MPH
Linda Franklin, RD

Alameda County



Diverse, urban county: 1.4 million residents

Busy WIC site: over 8,500 clients monthly, strong management, bi-lingual staff, clients keep their group appointments,

WIC clients at Hayward: 67% Hispanic, 12% Black, 8% White, 8% Asian; 54% English speaking, 44% Spanish

Many families very low income
67% of children receive Medi-Cal

Dental staff: Outreach workers, hygienist; mgmt team includes dentist, health educator, hygienists



Alameda County Dental Health Needs and Resources

- Oral Health Needs Assessment- 2006
 - 24% of all kindergarteners had experienced ECC
 - 33% of all kindergarteners had untreated decay
- 1371 Private dentists
- 101 Dentists accepting new Medi-Cal patients
- 11 County/community health centers dental clinics
- 12 Healthy Kids Healthy Teeth dentists-0-5 yrs.
- 10 Healthy Smiles dentists for uninsured



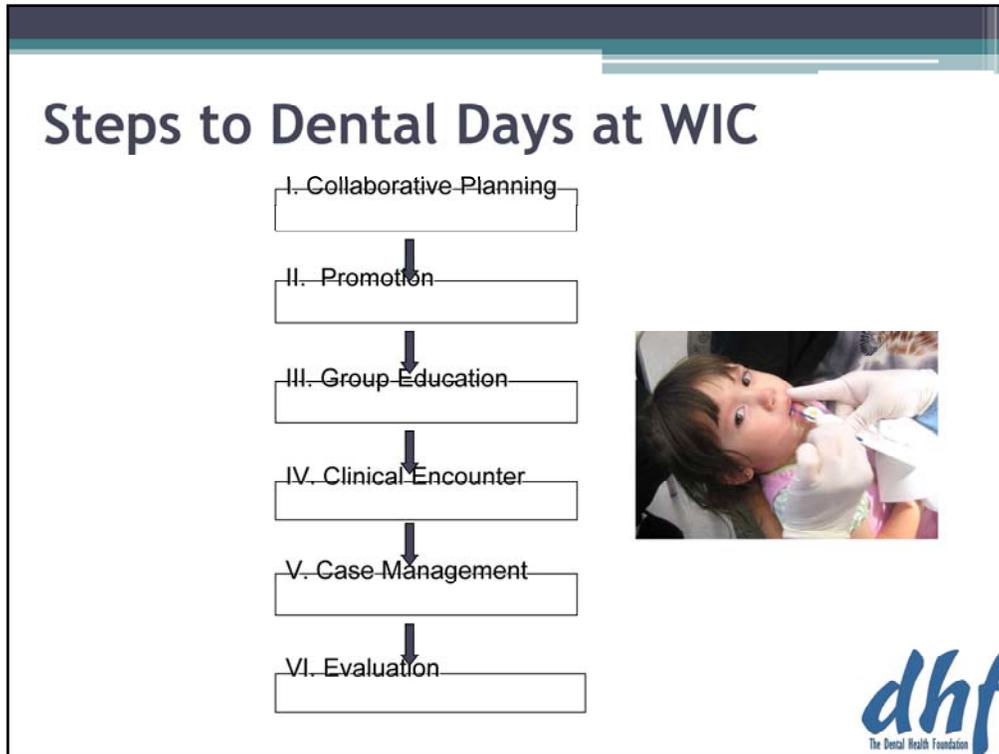
Resource rich with many providers, but data still shows high rates of early childhood caries and untreated decay

ODH Programs that have boosted resources

Assist families in obtaining dental care

Supplemented reimbursement for dentists providing care to low income and indigent children for uninsured and for anticipatory guidance

Training for dental providers to increase their skills working with young children



Management teams met: brainstorm how to add a new function with no additional funding. Needed buy-in from both teams, space for services and supplies, promotion to clients. Each program became familiar with the other's staffing, capacity and procedures.

WIC Quarterly client education theme that preceded launch was **1st 5 oral health lesson**, all WIC clients, all sites. Full day of staff training provided by ODH: practice lesson, meet dental staff, ask questions. WIC staff got T-shirts, toothbrushes, posters for their offices, tried out fluoride varnish. WIC staff comfortable with key messages, aware of dental concerns.

Time for services selected that worked for both teams, Hayward site. WIC's schedule set 3 months in advance, scheduling clients in April for July launch

Extra training provided by dental team to Hayward staff. Weekly WIC site meetings with both teams. Clinical staff modeled client ed. Final class delivery tailored: now based on a photo-rich flip chart developed by Dental staff.

ODH preparation: Roles and protocols, operations, recordkeeping, educational materials, and forms (consent, parent notification, billing, satisfaction survey), clinical encounter and case management planned. Hygienist trained in working with very young children.

Evaluation: Process, client satisfaction and data to show success.

Promotion to clients

1. Scheduling clients for Dental Days at WIC
2. Flagging clients
3. Bookmarks
4. Flyers (mailed)
5. Reminder calls

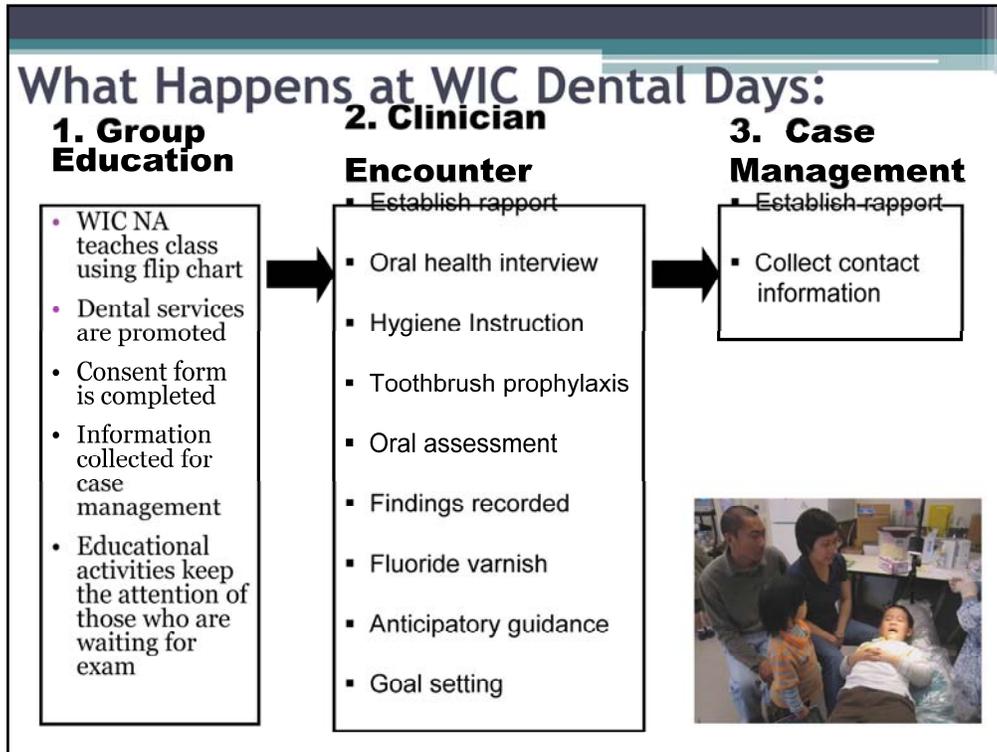


Promotion to clients adapted from Humboldt WIC materials shared at the TDHF WIC Project Advisory meetings:

- bookmarks for clients to explain the dental appointment
- flyers mailed home to remind of the appointment

Reminder calls made and coding set for the special class for WIC Nutrition Education History tracking

WIC management ran a query of database for children who to be scheduled for dental days, intern flagged client computer records to remind staff to schedule the dental appointment. This helped WIC staff learn a new procedure, and is no longer necessary to keep dental appointments fully booked.



WIC staff do what they usually do: educate parents of young children (age 9-15 months) on oral health using standardized script and ODH developed flip chart. Clients are offered the dental services and consent opportunity. Contact information is initiated.

Dental Staff, using portable dental equipment do what they are trained to do: provide dental exams and 1:1 anticipatory guidance, toothbrush prophylaxis, fluoride varnish, goal setting and help families who don't have a family dentist or health insurance. Children who have active decay are entered into case management

Families are very appreciative of the service: during the summer even went home to bring back older children who needed exams and referral. Families are willing to wait longer than normal for a WIC appointment because they value the service they are receiving.

4. Case Management

Off site:

- Validate insurance
- Telephone follow-up contact
- Make dental appointment
- Enter case data

5. Evaluation

- Staff debriefing
- Client satisfaction survey
- Staff updates
- Data review

dhf
The Dental Health Foundation

Family and contact information is completed on site for findings, insurance assessment, referral for dental care.

Case management data is completed at the Office of Dental Health

Dental appointments are made for the family at a dental provider

Evaluation includes : staff debriefing, client satisfaction survey, staff updates and review of data on oral health, age, Medi-Cal enrollment numbers of care givers and children in attendance.

Results/ Summary

July 2, 2008 - February 4, 2009

No. of children assessed	
	612
Enrolled in Medi-Cal	348
Potential for Medi-Cal reimbursement amount @\$35.00 each	348 = \$12,180
Prophy/ Fluoride Varnish Treatments	583
Adults who attended Oral Health Education Class	507



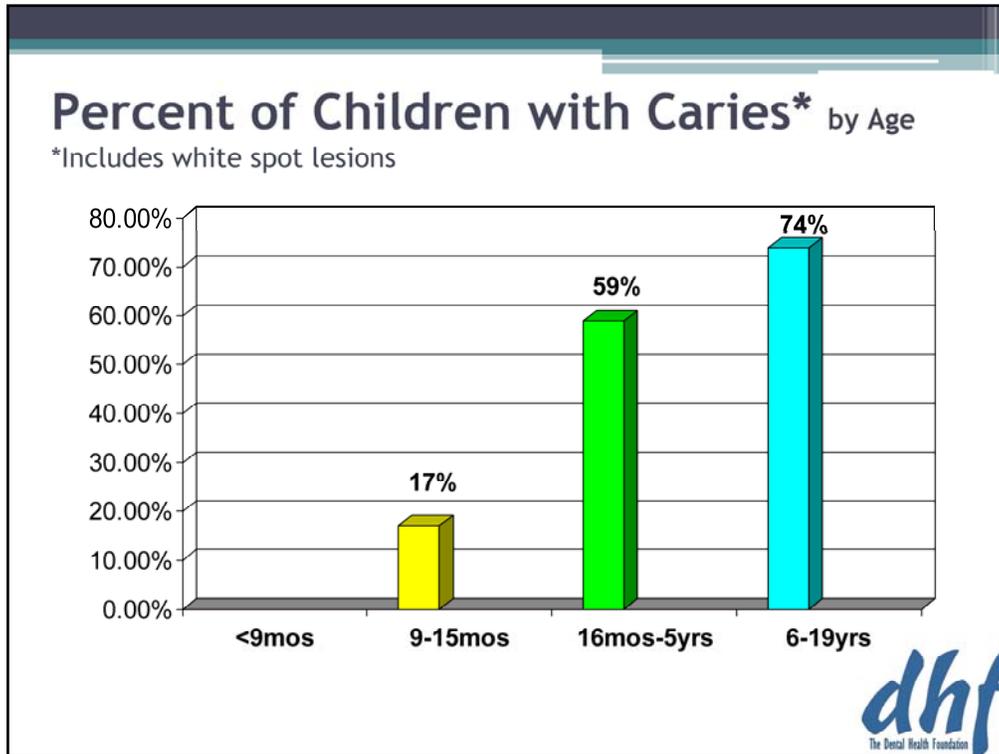
Almost 40% are under 15 months –reaching the target group

Families often bring more than one child so we made a decision to serve the siblings as well- 507 parents yet 612 children

59% of those children with teeth were Medi-Cal enrolled at the time of the visit

Potential revenue from Fee for Service Medi-Cal \$12,180 for 28 days of service or \$435.00/ session .

This also averages 22 children per day served.



Progression of the dental caries:

For the purposes of this assessment, these data also include children with White spot lesions.

By 9-15 months 17% have already demonstrated the caries process.

By 16 mos- 5 years, 59% have had caries

By 6-19 years, 74% have experienced caries

Clearly the earlier we intervene the greater the likelihood of changing the incidence.

Sustainability

Potential sources of funding:

- **Case management:** First 5 Commission
- **Dentist services:** Local Tobacco Master Settlement Agreement
- **Administration and program planning staff:**
CA Children's Dental Disease Prevention Prog.&Fed.Financial Participation



While the HRSA grant itself was more of a catalyst than a source of operational funding (Funds used to buy toothbrushes, supplies, and Dora the Explorer Dental books for families who participated) many other sources have been required for conduct of the program.

Case management- Local First 5 (Tobacco Tax Funds)

Dentist services: Medi-Cal and Local Tobacco Tax Settlement funds for uninsured children

Dental Hygiene Services : Private philanthropic funding

Program Planning and Management: Maternal and Child Health, Federal Financial Participation Funding and California Dental Disease Prevention Funding

Expansion to other WIC sites

- FQHC: partnerships with co-located clinics
- Fee For Service revenue to sustain clinician time
- Increase Medi-Cal enrollment
- Medi-Cal Administrative Activities (MAA)
- Additional sites and days of service:



Other sites are anxious to have dental services at their location as well. Additional days may be necessary at biggest site.

To find additional clinician time we are considering partnerships with co-located clinics or using Fee For Service revenue to sustain clinician time either hired by the PH department or contracted out to a private clinician or a clinic

Increase Medi-Cal enrollment: we now realize that many WIC families say they have Medi-Cal but it may not be current: we need to work earlier to assure that clients have active Medi-Cal to make the fee-for-service part more cost-effective: partnerships with Community Health Teams and Health Info Team

Medi-Cal Administrative Activities (MAA):

To expand to additional sites and days of service: need similar planning as we did for the first site, but the model and procedures are now in place

Families receive a Dora dental book and a toothbrush





Humboldt County



Amador & Calaveras County

Other Models Used in California





About Humboldt County



- Located in the far north of the State
- Half of 126,516 residents live along the coast in four rural cities, the largest is Eureka (pop. 29,000).
- Geographically large--about the size of Rhode Island

located in far northern California.

43% live in small unincorporated communities of 3,000 people or less in rugged mountainous areas.

Dental Health Professional Shortage Area (DHPSA).

The overall poverty rate is 18%, but 24% of children 0-17 live in poverty.

Approximately 5,684 children aged 0-3 years old.

WIC Project in Humboldt County



- WIC and oral health programs under MCH division
- Public Health Nurses trained to provide dental visits
- Received two days of both didactic and hands on training



Both programs under the auspices of the MCH Division

MCH recognized as a leader in building collaborative oral health projects

Manages the Humboldt County Dental Collaborative

Recognized by the CHSA, ASTDD and NHSA

Humboldt County Process for Dental Participation

- Advertising in farmers markets, groceries, houses of worship, (participants to call for appointments)
- Case workers call WIC participants to set appointments
- Reminder calls made two days before appointment
- In the appointment, parents sign a “permission slip” that includes questions and answers about the visit and what to expect



Humboldt County Process for Dental Participation

- Public health nurses conduct the examination , provide fluoride varnish and educate the parent(s)
- The public health nurses complete an oral health assessment form for each child
- Staff assist in finding a provider if additional oral health services are required
- Parents sign a contract, designed by Dr. Francisco Ramos Gomez, that encourages improving the oral health care of their children.



Pt. name _____ DOB: _____



Regular dental visits for child



Family receives dental treatment



Healthy Snacks



Brush with fluoridated toothpaste



No Soda



Less or no juice



Wean off bottle



No bottle for sleep



Chew xylitol gum



Drink tap water



Less/no candy and junk food



Only water, breast milk or formula in bottle until 12 months old

On a scale of 1-10 how confident are you that you can accomplish this goal?
1 2 3 4 5 6 7 8 9 10
Not likely Definitely

My promise: I agree to this goal and understand that staff may ask me how I am going with this goal.

Date: _____ Signed by: _____

Review Date: _____ Comments: _____ Staff initials _____

Original from Dr. Francisco Ramos-Gomez. Modified by Department of Health and Human Services, Public Health Branch, MCHN Division, 508 7th Street, Eureka, CA. 95501 (707) 445-6210. 5/2009





Amador & Calaveras counties background



- The counties are so rural that there are no permanent WIC sites
- WIC days are a social event for participants
- WIC provides services in Grange Halls, fire stations, and other municipal buildings

Population 47,750

40/sq.mile (217/sq mile for California as a whole)

\$46,000 median income

9.3% below poverty

1,500 children 0-5

Amador & Calaveras counties background

- Prevention in the counties is tantamount as there are very few dentists in the counties
- There are two RDHAPs that travel the counties and provide their services
- The RDHAPs bill the CA MediCaid program for services provided

Process

- No appointments are made
- WIC participants expect that the visit is not quick
- The WIC “set up” has stations, and the oral health is one of the stations, along with breast feeding, and nutrition
- The RDHAPs examine the teeth, provide the fluoride varnish and educate the parent(s).



Expanding the Program



Two New WIC Projects

- Southern California WIC/Dental Collaborative
 - Funded by Kaiser Permanente
- Los Angeles County WIC/Dental Collaborative
 - Anticipated funding from Los Angeles County First 5 Commission



Southern California WIC/Dental Collaborative

- Started in January 2009
- Currently identifying six WIC/dental partnerships in southern California. Target counties are:

- Los Angeles
- San Bernardino
- Riverside
- Kern
- San Diego
- Orange



Great Idea! Now What?

Nicholas G. Mosca, DDS
Dental Director, Office of Oral Health
Mississippi State Department of Health
MCHB Oral Health Program Webinar
March 10, 2009



A rebuttal

Fun Facts for State Dental Programs

- All states receive WIC funding thru USDA
- Feds set conditions for receipt of funds
- Funding “conditions” include:
 - **Certification and eligibility requirements**
 - **Nutrition services, including**
 - Nutrition education modules
 - Participant-centered facilitated learning
 - Breastfeeding promotion
 - **Food delivery**



Where Do I Start?

- 2,000 local agencies
- 10,000 clinic sites
- 50 state health departments & District of Columbia
- 34 Indian Tribal Organizations
- five territories (Northern Mariana, American Samoa, Guam, Puerto Rico, and the Virgin Islands)
- County health departments
- Hospitals
- Mobile clinics (vans)
- Community centers
- Schools
- Public housing sites
- Migrant health centers and camps
- Indian Health Service facilities

Fun Fact: Mississippi has 96 WIC Food Distribution Centers!



There are many different locations in states so the logistics of providing portals for professional services thru WIC programs varies geographically, culturally, and socioeconomically. Start with a demonstration pilot with one or a few facilities. nick

How Do I Begin?

- For State Oral Health Programs
 - Identify resources
 - Access to dental professionals
 - Scope of practice issues
 - Use of non-oral health professionals (i.e. nurses)
 - Access to WIC locations
- Who to contact?
 - List of WIC State Agencies
<http://www.fns.usda.gov/wic/Contacts/statealpha.HTM#M>
 - Contact WIC Director and Nutrition Coordinator
- For WIC Programs
 - Oral health education lesson plans as part of nutrition education modules
 - WIC certification
 - Oral health questions?
 - Identify start-up resources for oral health education/screening
- Who to contact?
 - List of state oral health programs
<http://www.astdd.org>
 - Contact State Dental Director

Identify resources – some state oral health programs have capable staff that can perform oral health education and screening and some states do not. Some states will the use of training of non-oral-health professionals.

Some WIC programs may benefit from having access to oral health staff resources. WIC nutritionists may have a overwhelming number of applicants for certification that may detract from the quality of nutrition counseling and education. Having oral health professionals available to assist with education and counseling may reduce the burden of WIC staff.

Examples from Other States *(California is nice and has Hollywood but if you know 1 state, you know 1 state)*

- **Virginia**
 - Dental hygienist assigned to WIC programs for primary oral health prevention
- **Connecticut**
 - Provides oral health training for WIC staff
 - Increases # of WIC parents trained as oral health advocates
- **Mississippi**
 - Second nutrition education visit performed by dental hygienists
- **Beyond California - Medicaid Reimbursement in Other States**
 - Medicaid certification for mobile and portable dental clinics
 - Provider billing
- **Scope of Practice and State Licensure Boards**
 - Dental auxiliaries
 - Non-oral health professionals (i.e. physicians, nurses, nutritionists)

Review state examples

Medicaid dental program policies vary from state to state. Some state Medicaid programs have dental directors and some do not. To achieve what California has done thru Medicaid will require careful review of state policies. For example, some states may not reimburse for work performed on a mobile dental van without certification of the van as a Medicaid provider site. While most states only reimburse Medicaid dental providers, some state Medicaid programs will reimburse physicians, such as North Carolina.

Another concern for planning is the scope of practice for dental professionals as directed by state practice acts and regulatory agencies. In Mississippi and Kansas, for example, mobile and portable dental programs must be certified by the state board of dental examiners.

Delivery of Oral Hygiene Services

- General supervision in 45 states in dental office and some community settings (not permitted in **MS**, AL, GA, NC, and WV)
- Direct access to patients in some settings in 22 states (AZ, CA, CO, CT, IA, KS, ME, MI, MN, MO, MT, NE, NH, NM, NV, NY, OK, OR, PA, RI, TX, WA)*
- Medicaid can reimburse hygienists directly in 12 states (CA, CO, CT, ME, MN, MO, MT, NM, NV, OR, WA, WI)**

Information presented by Ms. Shelly Gehshan, Pew Health Foundation
* Source: American Dental Hygienists' Association, "Direct Access States," Available at www.adha.org
** Source: American Dental Hygienists' Association, "States Which Directly Reimburse Dental Hygienists for Services under the Medicaid Program," Available at www.adha.org.

Why should I begin?

- Similar to other programs, WIC is a **portal to professional oral health services** for low-income populations
 - **Good oral health = improvement in nutrition**
- Model sustainability requires oral health professionals, funding, and political will
 - **Documentation issues**
 - **Access to facilities and ample supplies**



Working with WIC as a portal to professional oral health services for low-income populations is based on a prevention strategy that seeks to identify susceptible individuals and to offer them some individual protection appropriate to the individual that enhances their motivation to be healthy.

One goal is to change social attitudes by developing alternate ways of understanding oral health via nutrition counseling. The mouth is directly connected to the digestive tract so we have this opportunity to help the WIC client understand that the mouth is directly connected to their health and well-being. I think WIC clients know that you should have ten fingers and ten toes, so I ask whether mothers know how many teeth an adult and child should have.

Another goal is to set conditions in which people can be healthy by providing primary and secondary oral health prevention directly to the WIC clients. This may include the delivery of topical fluorides, chemotherapeutics, and xylitol, and referral for restoration, of teeth, gum care, or removal of teeth.

WIC and Oral Health - *Key Themes*

- Portal for primary prevention services
 - Fluoride toothpaste, varnish, gels, etc.
 - Education of parents
- Portal for targeted risk reduction
 - Use of dental hygienists at WIC programs
 - Training of non-dental health professionals
 - Referral for dental evaluation by age 1
- ID client needs and barriers
 - WIC certification survey/ focus groups

Opportunities Now!

- New State Children's Health Insurance Reauthorization
 - Dental guarantee
 - Dental wrap-around
 - Improved accessibility of dental providers
 - Ability of FQHCs to contract with private providers
 - **Education of new mothers on dental care for their infants**
- MCHB Oral Health Program
 - Promotes the importance of early intervention thru integrated collaborations
 - Funding for states thru TOHSS grants (funding ends in 2011)
- Bureau of Health Professions Oral Health Workforce Grants
 - Due April 1, 2009
 - 12 eligible activities
 - One grantee per state

We have new opportunities and incentives for collaboration!

Congress passed legislation to reauthorize and expand the State Children's Health Insurance Program (SCHIP) which President Obama signed into law on Feb. 4. Key dental provisions in the law include: protection for coverage of dental care in all states and District of Columbia. States can no longer drop their dental coverage to balance their state budgets. This is particularly important given the fiscal crisis states are in.

A dental wrap-around benefit means that states may provide dental benefits to SCHIP-eligible children whose parents have medical coverage but no dental coverage.

States will be required to make available to the public a list of covered dental services and a list of participating dentists through a toll-free number and on a website.

Federally Qualified Health Centers may contract with private dental providers for dental services.

Requires clinics that provide or support perinatal care services to low-income children to also provide oral health education materials to parents on the risks of early childhood caries and the importance of a dental visit by age one.

Questions?

Contact Information:

Nicholas G. Mosca, DDS

Mississippi State Department of
Health Office of Oral Health

Phone 601-576-7500

Nicholas.mosca@msdh.state.ms.us

Questions and Answers

Thank you for attending this event.
Please complete the evaluation directly following
the webcast.

Archives of the event are located at:

<http://www.mchcom.com>