

Title V MCH and Oral Health Enhancement Projects for Children and Youth in Kansas

Rachel Sisson¹, Heather Smith¹, Cathleen Taylor-Osborne²

Kansas Department of Health and Environment, ¹Bureau of Family Health & ²Bureau of Oral Health



INTRODUCTION

The Kansas Department of Health & Environment (KDHE) Bureaus of Family Health (Title V agency) and Oral Health focused on education, service delivery, access, training, technical assistance, and behavior change. Both projects directly align with and impact Title V MCH and CDC Cooperative Agreement performance measures and strategies, particularly related to the following maternal and child health populations:

- Infants
- Children
- Children and Youth with Special Health Care Needs

PROJECT #1

Project Goal

Improve oral health for Children and Youth with Special Health Care Needs (CYSHCN) and connect them with a dental home.

1. Provide dental hygiene education and instruction/assistance for family caregivers and professional staff;
2. Provide children and youth visiting specialty clinics with health services and treatment;
3. Promote the integration of public health and primary care; and
4. Identify and implement evidence-based strategies.



Background

In 2011, the Title V CYSHCN program conducted a survey of families served through the multi-disciplinary specialty care clinics in Kansas City and Wichita. The survey focused on service gaps and needs of families. Survey data indicated the top unmet need was dental care.

- Two out of three children ages 1-17 reported they received preventive dental care, such as exams, cleanings, or x-rays.
- 12.5% of clinic patients reported they had not received any dental care in the previous 12 months.

Background cont.

The National Survey for Children's Health, 2011/12, indicates that 26.5% of Kansas CYSHCN report oral health problems, yet 14.2% report they did not receive any dental care the previous 12 months.

Through funding from the Bureau of Oral Health and partnership with Oral Health Kansas, dental hygienists were included as team members in KDHE Title V CYSHCN multi-disciplinary specialty clinics located in Kansas City and Wichita. When grant funding ended in 2014, the Title V CYSHCN program continued funding this initiative to assure these services could continue.

Launch & Implementation

Children and youth visiting KDHE Title V Specialty Clinics were offered the following services:

- Comprehensive dental hygiene oral health assessment, including:
 - Screening survey
 - Interview with child, family and caregivers to discuss questions and concerns
 - Documentation of child's oral conditions and concerns
- Fluoride varnish
- Referrals to dental home for preventive and follow-along care
- Child/Parent education and training, using a **Monkey puppet** for child-friendly demonstrations
 - How to self-screen for signs of decay, disease, or sores
 - Creating a home care plan, including oral health care, appropriate foods, beverages, and eating habits, and regular self-screens to prevent decay
 - Correct tooth brushing and flossing techniques



Results & Data (as of FY2015)

A total of 66 clinics were held in FY2015, where approximately 550 patients were provided the opportunity to learn from the dental hygienist, ask questions, and receive oral health screenings or fluoride varnish treatments.

Future Actions

- Continue support of oral health in Title V CYSHCN clinics
- Support community-based oral health efforts
- Conduct oral health assessment of CYSHCN in Kansas

PROJECT #2: Healthy Smiles

Project Goal

Change behavior and practices in KDHE licensed day care homes to reduce the rate of untreated decay upon entering school.

1. Increase the number of day care home child care facilities that provide daily tooth brushing for children in care;
2. Increase the number of child care providers trained on the topic of oral health and healthy practices and routines; and
3. Increase the number of child care providers with policies and practices related to tooth brushing and oral health care.



Background

KDHE Bureau of Family Health Title V MCH and Child Care Licensing programs collaborated with the Bureau of Oral Health to launch *Healthy Smiles*. Other key partners: Child Care Aware of Kansas, Kansas Child Care Training Opportunities (KCCTO), and Oral Health Kansas. In order to participate and receive incentives, providers were required to complete a 2-hour face to face training and open their facilities to allow children to receive a free dental screening.

A pilot screening and kick off was held in Dodge City and Garden City in May 2015. Education and information was provided to parents and children. Free screenings were provided to children birth to 11 years.

Launch & Implementation

Existing Partnerships: Collective Impact!

- Shared vision and strong desire for KDHE Family Health and Oral Health to partner for improved outcomes
- Strong statewide child care network and partnerships (KDHE, KCCTO, Child Care Aware, Resource & Referral Agencies)

Initial Plans

- Focus on Behavior Change: Tooth brushing after meals in licensed and group day care homes for infants and children to 11 years (Note: day care regulations do not require tooth brushing).
- Overarching Belief: Oral health is more than brushing. We need to allow access to and increase consumption of water (fluoridated) and reduce consumption of sugar-sweetened beverages.

Data-Driven Decision Making

- Critical to start was the most recent oral health data (2010-2013) (Source: https://kchap.kdhe.state.ks.us/Public/KSOH/ksoh_report_public.aspx)
 - Identified SW KS with greatest rate of decay for the age group Pre-K to Grade 12
- Child Care Licensing evaluated the reach and access: 282 licensed facilities; 2,970 children in care (6 weeks to 11 years of age)
- Training partners assessed professional development and information for children, providers, surveyors, and parents

Results & Data (Pilot)

- 105 children from 17 facilities received education and screenings from the KDHE Oral Health dental hygienist
 - 60 had never been to a dentist (6 were under 1 year)
 - 15 had decay (6 untreated; 9 treated)
 - 2 had a dentist visit immediately following the screening
- 100 child care providers received a 2-hour face to face training, *Dental Health*, provided by Child Care Aware of Kansas
- 281 child care providers completed 2-hour online training, *Oral Health in the Child Care Setting: Tooth Brushing as Easy as 1, 2, 3*, provided by KCCTO



Results & Data cont.

- Children in care received information, education, and screening.
- Parents received results, referrals, and oral health literature.
- Providers received free face to face and online training.
- Providers received an **Oral Health Kit** (below) containing educational materials, toothbrush and toothpaste for each child, digital timers, puppets, books, and more.
- Child Care Licensing Program incorporated consultations and questions into the licensing inspection tool related to tooth brushing and oral health practices.

Project Evaluations From Child Care Providers

- **88%** made changes to the daily program routine to include regular tooth brushing
- **88%** are interested in a Level 2 online Oral Health training
- **100%** reported having a positive experience



Future Actions

- Repeat screenings at child care facilities in three years
- Continue offering the existing training and develop level 2 and 3 courses (additional 4 hours) to build on what has been offered
- Educate health care professionals regarding the day care home population for ongoing screenings and oral health education

DISCUSSION

- Oral health promotion and prevention is critical to reducing disease burden and increasing quality of life.
- The state Title V – Oral Health partnership and highlighted projects are a catalyst for change with potential for community, regional and statewide impact on oral health care and outcomes.
- State MCH programs have prioritized oral health in recent years and should advance goals by coordinating with state dental directors/oral health programs to improve the oral health of individuals, especially low income children and families lacking the resources necessary to access dental services.
- State MCH programs can maximize reach and impact by incorporating state oral health goals and strategies into the five-year action plan and/or purchasing direct care services when there are no other resources available.