

# Oral Health in Home Visiting Programs: A Perfect Opportunity

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Sponsored by:  
ASTDD Early Childhood  
Home Visiting Subcommittee



# The Landscape of Evidence-based Home Visiting Programs: Local, State, and Federal Programs



**Michelle Landrum, RDH, M.Ed.**  
Association of State and Territorial Dental Directors  
Early Childhood Oral Health Consultant

# What is home visiting (HV)?

- ▶ Matches new parents with home visitors who provide:
  - Ongoing support
  - Parenting education
  - Connections to services
- ▶ Services delivered in the home



# Why oral health in HV?

- ▶ Evidence supports good oral health outcomes
  - Plutzer, K. & Spencer, J. (2008). Efficacy of an oral health promotion intervention in the prevention of early childhood caries. *Community Dentistry and Oral Epidemiology*. 36. 335–346.
    - **Reduced incidence of S-ECC**
  - Brickhouse, T., et. al. (2013). The impact of home visiting program on children's utilization of dental services. *Pediatrics*. Vol. 132. Sup. 2.
    - **Increase in dental utilization**

# Why train non-dental home visitors?

- ▶ Not feasible for dental providers to provide home visitation services
- ▶ Home Visitors
  - Ongoing access
  - Trusting relationships with families
    - Open communication
    - Acceptance of guidance
    - Individualized strategies

# Home Visiting Programs

- ▶ Birth to Three
- ▶ Early Head Start (home-based)
- ▶ Healthy Start
- ▶ Various state-funded programs
  - models vary within states

# Home Visiting Programs

- ▶ **MIECHV** (Maternal, Infant, Early Childhood Home Visiting)
  - Aimed to improve health and developmental outcomes in at-risk communities
  - Funded through HRSA grants and administered by state Title V programs
  - \$1.5B over 5 years—ends Sept, 2014
    - Extended through March 31, 2015

# MIECHV (cont'd)

Grantees must target at-risk communities and demonstrate improvements in 6 domains

1. Maternal and child health
2. Child injuries, abuse and neglect
3. School readiness and achievement
4. Crime or domestic violence
5. Family economic self-sufficiency
6. Coordination of other community resources



# MIECHV (cont'd)

## Models where oral health could be incorporated

1. Early Head Start–Home Visiting
2. Early Intervention Program for Adolescent Mothers
3. Healthy Families America
4. Healthy Steps
5. Nurse Family Partnerships
6. Parents as Teachers
7. Early Start (New Zealand)

# SOHP/MCH Collaboration

- ▶ In states with positive oral health collaboration, the SOHPs report:
  - Continuous working relationships with the MCH program
  - Oral health is within the framework of MCH grant proposals as a high priority
- ▶ The Arizona story
  - HVs identified oral health training as a priority need
  - SOHP developing HV training modules



**Kansas  
Cavity Free Kids**

**Kathy Hunt, RDH, ECPII**

**Project Director, Kansas Head Start Association**

# Partners

## Kansas Head Start Association



- Head Start/Early Head Start
- Birth to Three
- Parents as Teachers
- Healthy Families/Healthy Start

## Funders

- Delta Dental of Kansas Foundation
- REACH Healthcare Foundation
- United Methodist Health Ministry Fund
- KDHE: Bureau of Oral Health

# Helping kids enter Kindergarten cavity free... and ready to learn

## Access to Care

- ✓ Private practice
- ✓ Dental safety net clinics
- ✓ ECP Hygienists at Head Start sites and health departments



# Helping kids enter Kindergarten cavity free... and ready to learn

## Access to Care

## Advocacy

- ✓ Preschool outcomes
- ✓ Medicaid funding for ECPs
- ✓ Child abuse indicators
- ✓ 0–3 dentist survey





# Helping kids enter Kindergarten cavity free... and ready to learn

Access to Care

Advocacy

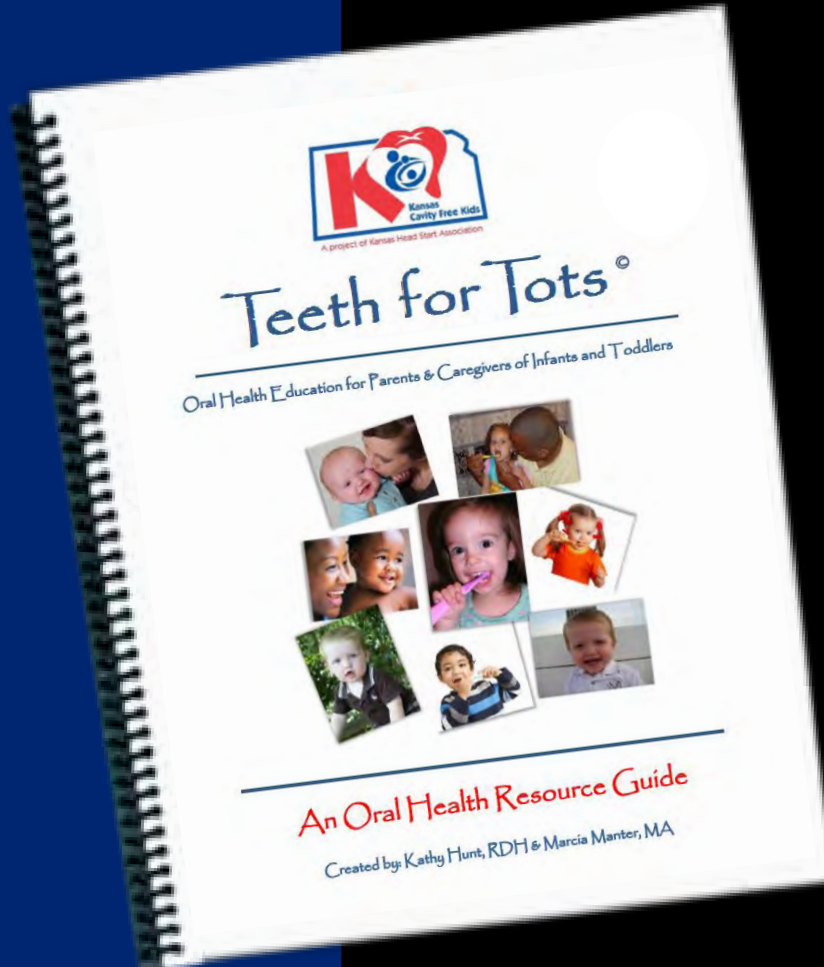
Education

Integration of consistent  
and accurate oral health  
information



# Educational Resources

## Teeth for Tots

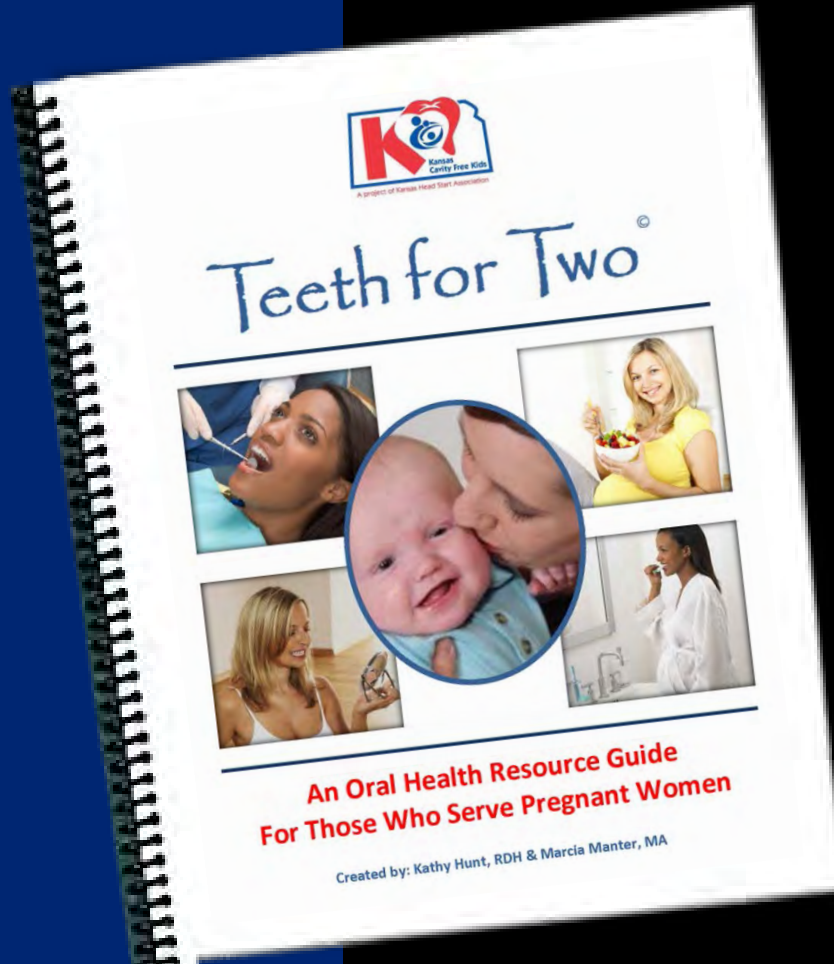


1	ORAL HEALTH & INFANCY
2	TEETHING
3	IMPORTANCE OF BABY TEETH
4	AGE ONE DENTAL VISIT
5	ORAL HEALTH SCREENING
6	TOOTH DECAY PROCESS
7	IMPORTANCE OF FLUORIDE
8	TOOTHBRUSHING & FLOSSING
9	WEANING
10	NUTRITION & FEEDING HABITS
11	ORAL HABITS
12	DENTAL FIRST AID
13	MEDICATIONS & ORAL HEALTH
14	SPECIAL CONDITIONS
15	RESOURCES



# Educational Resources

## Teeth for Two



1	ORAL DEVELOPMENT IN UTERO
2	ORAL HEALTH & PREGNANCY
3	TOOTH DECAY PROCESS
4	PERIODONTAL DISEASE
5	NUTRITION & EATING HABITS
6	ORAL HYGIENE SELF CARE
7	SELF SCREENING
8	PROFESSIONAL DENTAL CARE
9	ORAL HEALTH & INFANCY
10	RESOURCES

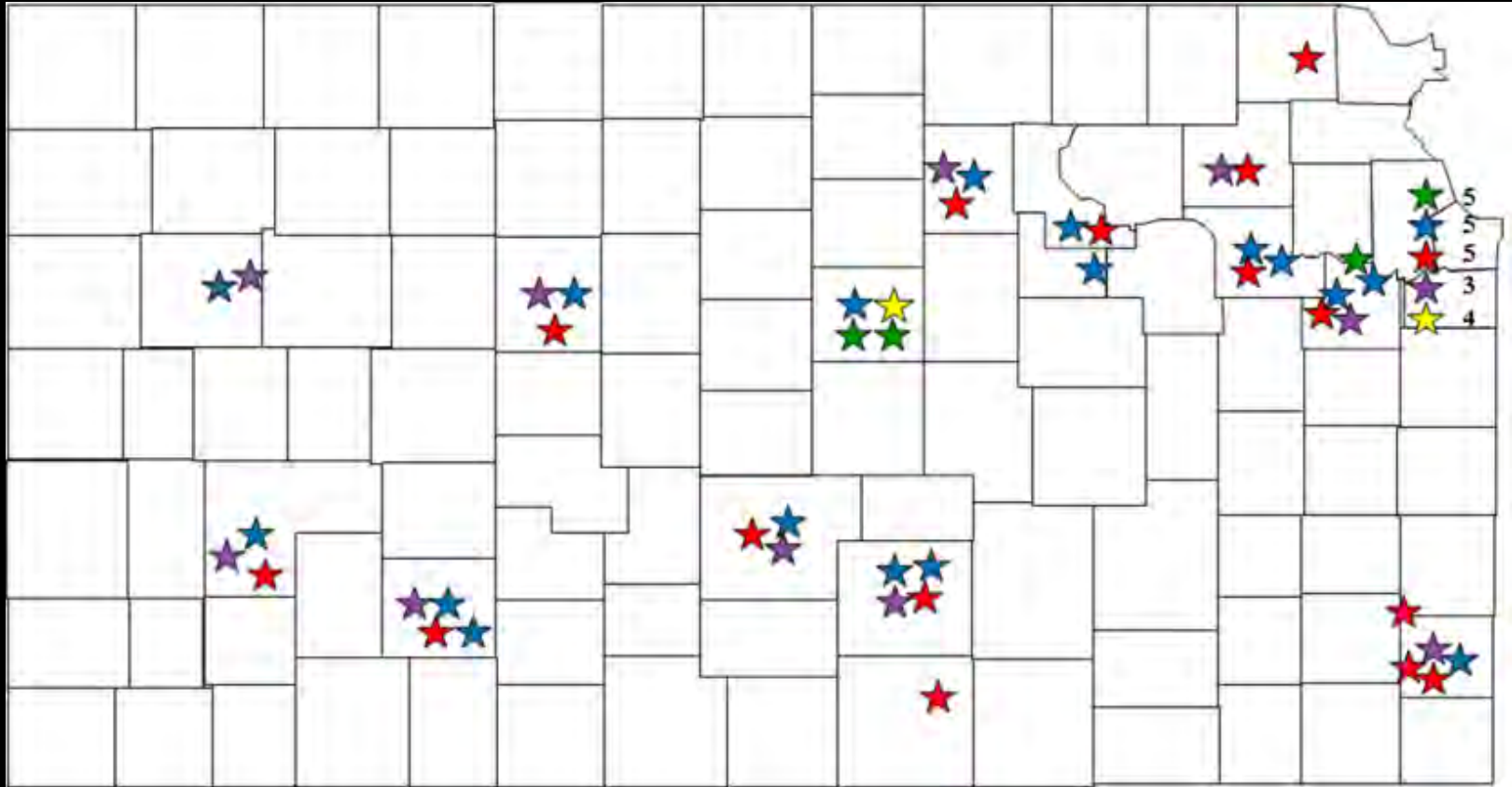
# Educational Resources

Fast Facts—  
over 75,000  
distributed



# Workshops in Kansas

Since 2010:  
70 workshops  
2000 participants



- ★ Circle Time for Teeth
- ★ Teeth for Tots
- ★ Teeth for Two

- ★ Oral Health in Child Care
- ★ Motivational Interviewing



# Who came?

- ✓ Home Visitors:
  - Parents as Teachers
  - Birth to Three
  - Healthy Families
  - Early Head Start
  - Head Start
- ✓ Health Department Prenatal Nurses
- ✓ Nurse Midwife University Faculty
- ✓ Teen Prenatal Coaches
- ✓ Family Preservation Specialists
- ✓ Occupational Therapists
- ✓ Speech Pathologists
- ✓ Breast Feeding Specialists
- ✓ WIC Educators
- ✓ Children's librarian
- ✓ Nursing Instructors
- ✓ Doulas



# Follow-up/Evaluation

Agency \_\_\_\_\_

**TEETH FOR TOTS**  
**Oral Health Workshop Back Home Planning Tool**

This workshop is designed to assist in your professional development so that you will have increased skills and confidence to support families in their use of evidence-based practices so children have good oral health for life.

- Short, easy-to-use oral health modules fit into the home visiting curriculum
- Hands-on activities to educate and entertain families
- Family handouts to reinforce your message
- Online resources to expand your learning about each module
- Answers to frequently asked questions

What I most want to learn from this workshop...

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**INFORMATION I WANT TO TAKE BACK TO MY JOB**

Changes in educational/training/coaching of families, caregivers, and staff that I have the ability and authority to make on my own:

This is what I will put in place in the next few days -

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Changes in educational/training/coaching of families, caregivers and staff that I have the ability and authority to do but need to talk with my work team/mates to carry it out:

This is what I would like to put in place in the next couple of months -

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Changes in policies and practices that I'd like to see put in place to improve infants & toddlers' oral health, but do not have the complete level of skills needed or the full authority to do on my own:

This is what I'd like to see our organization put in place in the next six months:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

This is the support I need to continue to be successful in playing my part in keeping young children cavity free:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

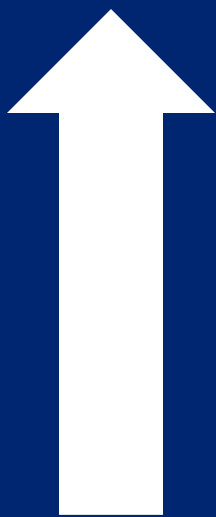
\_\_\_\_\_

White copy: Presenters      Yellow copy: Agency Administration      Pink copy: Participant



Information alone does not result in changed behaviors.

# Motivational Interviewing



## KEEP YOUR CHILD CAVITY FREE



Stop the pop



Limit candy  
and junk food  
No sticky sweets



Brush with a  
smear of fluoride  
toothpaste



Only water  
in sippy cup



Adult brushes  
child's teeth



No more than  
4-6 oz. of juice  
per day



Drink only water  
between meals



Wean off bottle  
by age one



Brush every night  
before bed



Sleep without  
a bottle



Regular dental visits  
starting at age one



Kansas Cavity Free Kids – a program of Kansas  
Head Start Association. [khunt@ksheadstart.org](mailto:khunt@ksheadstart.org)







**EARLIER**

**• IS •**

**BETTER**

ORAL HEALTH PROGRAM  
FOR EARLY HEAD START

[WWW.CHAWISCONSIN.ORG](http://WWW.CHAWISCONSIN.ORG)

**Diane Flanagan, RDH**  
Oral Health Project Manager  
Children's Health Alliance of Wisconsin

# Children's Health Alliance of Wisconsin

20 years



WISCONSIN  
**ASTHMA**  
COALITION

★ Children's Health Alliance of Wisconsin



Emergency Medical Services for Children  
WISCONSIN

★ Children's Health Alliance of Wisconsin



Infant Death Center

★ Children's Health Alliance of Wisconsin



Keeping Kids Alive  
IN WISCONSIN

★ Children's Health Alliance of Wisconsin



WISCONSIN  
Oral Health  
COALITION

★ Children's Health Alliance of Wisconsin



WISCONSIN  
★ Children's Health Alliance of Wisconsin

Wisconsin's voice for children's health

# Earlier Is Better Partners



Funded by the Healthier Wisconsin Partnership Program, a component of the Advancing a Healthier Wisconsin endowment at the Medical College of Wisconsin.

# Research Protocol

Objectives

Data

Evaluation

EARLY & BETTER ORAL HEALTH EDUCATION TRAINING  
Post Training Questionnaire for Parent Educators/Home Visitors

DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
TRAINING DATE: \_\_\_\_\_

Please provide your opinion on the following:	Section A			
	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I know how to select resources that can be used to promote oral health for children and pregnant women.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I understand how to assist family's with identifying oral health barriers and goal setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have acquired knowledge, skills and tools I can use in my work as a result of this training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The training was effective in conveying oral health information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The training utilized educational materials and methods to provide oral health information clearly and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The length of the training was (please circle response):  
too long      low short      just right

As a result of this training, how confident are you:	Section B			
	Not at all confident	Not very confident	Somewhat confident	Very confident
1. I evaluate a child's oral health status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I evaluate a child's risk of having tooth decay in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I advise parents/caregivers about dental visits for oral hygiene.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I advise parents/caregivers about the use of fluoride toothpaste.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Home Visitor Focus Group  
Facilitator's Guide

First of all, thank you all for your willingness to participate in this focus group. The partnership for the Earlier is Better project is conducting this focus group in order to obtain information from individuals with experience in working with parents of children and pregnant women involved in the Early Head Start program.

We value the feedback of each and every one of you and hope that you will have different needs that may be best addressed in various ways.

Over the next few hours, we will be asking you a series of open-ended questions related to working with Early Head Start clients. As discussed during the informed consent process, we will be audio-recording this conversation so that we can listen carefully to the responses and use them to incorporate into the Parent Oral Health Training III. We also have two people who will be taking notes during this session.

There are a few ground rules that will make it easier for us to listen to the tapes and use the information after this session:

- Before you start speaking, please say your first name. We will not write your name in the transcripts that we use, but this will help us to focus.

Notes and Prompts for the Facilitator

Have the objectives written on a poster board pad placed so that participants can see them and be able to reference throughout the session.

EARLY & BETTER ORAL HEALTH EDUCATION TRAINING  
Partnership for the Earlier is Better

Project Dates: 1/2012 - 5/2013

**Summary of Activities and Accomplishments**

**Partnership Development:** The research team has a number of ways to reach out to the community to provide project support for the project is demonstrated through providing educational materials, conducting trainings, and providing technical assistance to program staff. The research team has been successful in providing technical assistance to program staff through providing educational materials, conducting trainings, and providing technical assistance to program staff.

**Project Highlights:** The state of Wisconsin has also established the Early Head Start program in Wisconsin. The program is currently in the process of being established in various counties across the state. The program is currently in the process of being established in various counties across the state.

**Next Steps:** Continue to engage additional staff for implementation of the program. Continue to engage additional staff for implementation of the program. Continue to engage additional staff for implementation of the program.

2011 - 2012 Head Start Program Information Report (PIR)  
PIR Summary Report- State Level  
All Regions | Wisconsin | Early Head Start  
Oct 23, 2012

Wisconsin has 20 Program(s)

GENERAL INFORMATION	Program	Count
Program Types	Early Head Start	20
Agency Types	Government Agency (Non-CAA)	21
	Government Agency (CAA)	12
	Private/Public Non-Profit (Non-CAA) (e.g., church or non-profit hospital)	5
	Tribal Government or Consortium (American Indian/Alaska Native)	20
Agency Descriptions	Grantees that directly operate program(s) and has no delegates	20

FUNDED ENROLLMENT	Amount
Total Funded Enrollment	1,094
ACF Funded Enrollment	1,872
Non ACF Funded Enrollment	97
MIECHV Funded Enrollment	75

Funded Enrollment by Program Option - Children	Amount
Center-based Option Full Day (5 days per week, full-working-day)	330
Center-based Option Full Day (5 days per week, full-working-day)	209
Center-based Option Part Day (5 days per week)	260
Center-based Option Part Day (5 days per week, double session)	0
Center-based Option Full Day (4 days per week)	0
Center-based Option Part Day (4 days per week)	0
Center-based Option Part Day (4 days per week, double session)	1,360
Home-based Option	44
Combination Option	29
Family Child Care Option (full-working-day, full-year)	29
Family Child Care Option (full-working-day, full-year)	29
Locally Designed Option	20



# Oral health program for Early Head Start

Home visitor  
training



# Educational Resources

Toolkit  
Supplies  
Curriculum



# Goal setting

## Oral health reminders to stay cavity free

### Children ages 1 to 3



**Dental care for  
entire family**



**Brush with  
fluoride toothpaste  
2 times per day**



**No pop, cola or  
soda**



**Only water in  
sippy cup**



**No more than  
4-6 ounces of  
juice per day**



**Drink tap water  
with fluoride**



**Adult brushes  
child's teeth**



**Wean child off  
bottle**



**Regular dental visits  
starting at age 1**



**No more than  
3 snacks (healthy)  
per day**



**Don't share  
things you put  
in your mouth**

[www.chawisconsin.org](http://www.chawisconsin.org)

This project is funded in part by the Healthier Wisconsin Partnership Program, a component of the Advancing a Healthier Wisconsin endowment at the Medical College of Wisconsin.

# Community Engagement

Partnership

Focus groups

Advisory group

Website

Support

The screenshot shows the website for the Children's Health Alliance of Wisconsin. The header includes a 'Donate' button and social media icons for Facebook and Twitter. The main navigation menu has links for HOME, INITIATIVES, RESOURCES, NEWS & EVENTS, and SIGN UP. The page title is 'Oral health: Earlier Is Better'. The 'Overview' section describes the program as a parent oral health education program for pregnant women and families with children younger than age 3 enrolled in Wisconsin Early Head Start (WI EHS). The 'Goals' section states the goal is to reduce the dental caries experience of WI EHS children. The 'Earlier Is Better documents, tools and resources' section is marked as 'coming soon'. The 'Earlier Is Better partners and funding' section lists the Children's Health Alliance of Wisconsin, Medical College of Wisconsin, Wisconsin Dental Association, Wisconsin Department of Health Services Oral Health Program, and Wisconsin Head Start Association. A footer note mentions funding from the Healthier Wisconsin Partnership.

Children's Health Alliance of Wisconsin

20 years

ASTHMA

EARLY LITERACY

EMERGENCY CARE

GRIEF AND BEREAVEMENT

INJURY PREVENTION AND DEATH REVIEW

LEAD POISONING

ORAL HEALTH

Overview

Earlier Is Better

Wisconsin Oral Health Coalition

Wisconsin Seal-A-Smile Program

Resources

HOME INITIATIVES RESOURCES NEWS & EVENTS SIGN UP

**Oral health: Earlier Is Better**

**Overview**

Earlier Is Better (EIB) is a parent oral health education program for pregnant women and families with children younger than age 3 enrolled in Wisconsin Early Head Start (WI EHS). Home visitors/parent educators are trained by EIB staff to use the Parent Oral Health Education Toolkit (POHET) to support WI EHS families with knowledge that informs and guides oral health decision-making.

**Goals**

The goal of EIB is to reduce the dental caries experience of WI EHS children.

EIB has four primary objectives:

- Establish an oral health partnership to ensure effective development, implementation and evaluation of the EIB project plans.
- Document changes in oral health knowledge and behavior of parents/caregivers.
- Increase the baseline number of WI EHS children with a dental home.
- Reduce dental caries experience in 3-year-old WI EHS children.

**Earlier Is Better documents, tools and resources**  
(coming soon)

**Earlier Is Better partners and funding**

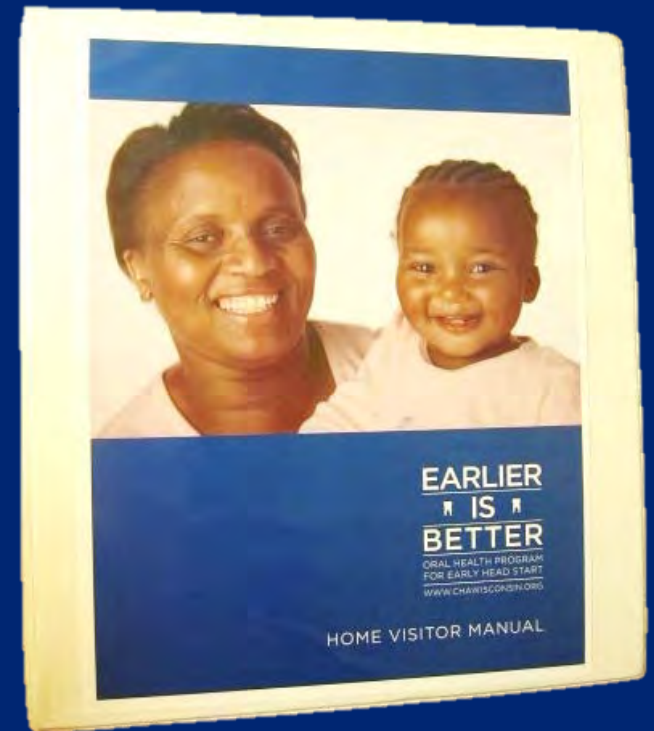
The Earlier Is Better partnership includes Children's Health Alliance of Wisconsin, Medical College of Wisconsin, Wisconsin Dental Association, Wisconsin Department of Health Services Oral Health Program and Wisconsin Head Start Association.

EIB is funded by a five-year grant from the Healthier Wisconsin Partnership.

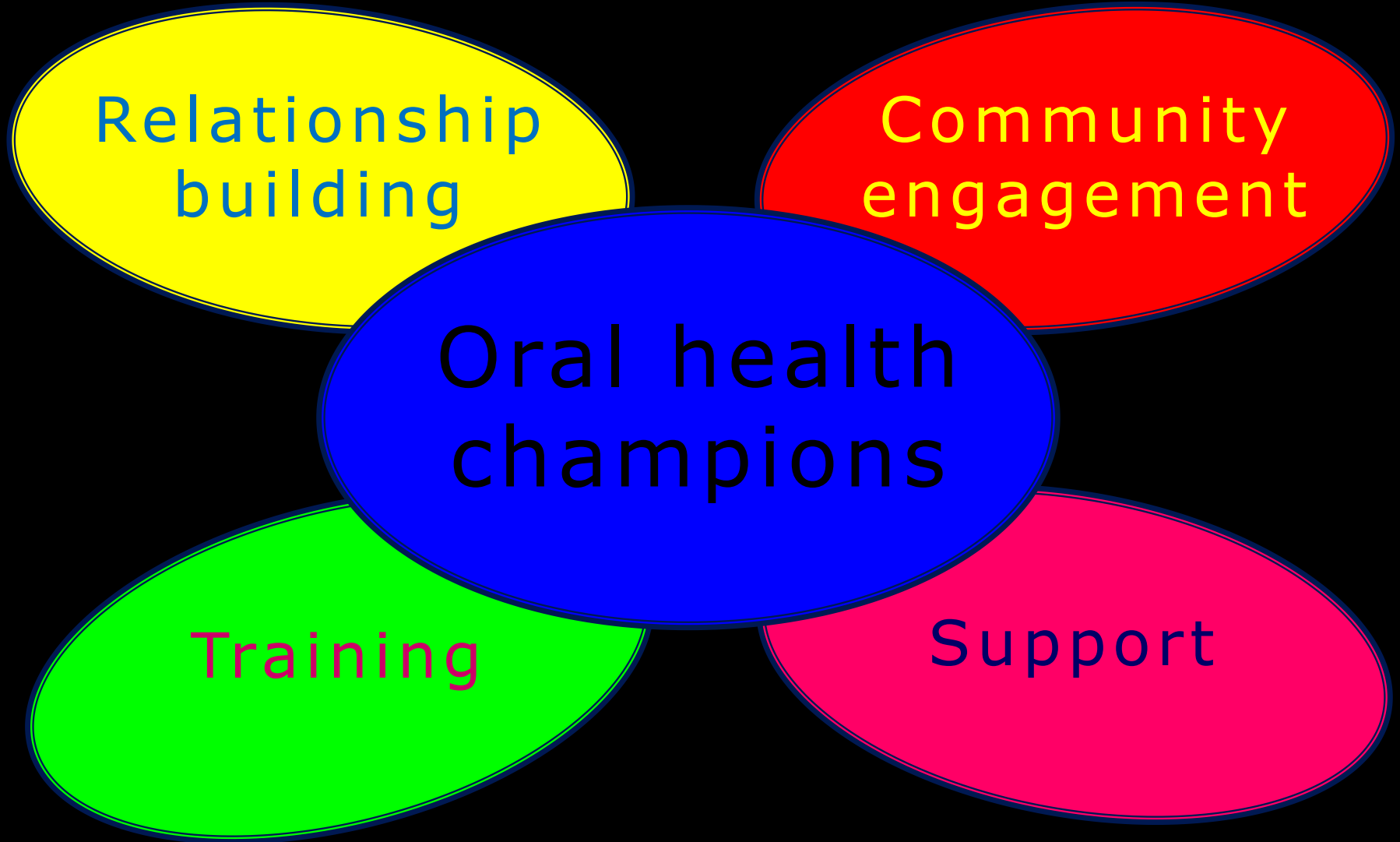


# Other Opportunities

- Socialization/parent night
- Family workshops
- Family board
- Health fairs



# Lessons Learned





# Motivational Interviewing in Health Care

HELPING



THE JOURNAL OF THE AMERICAN DENTAL ASSOCIATION

**J | A | D | A |**

Stephen Rollnick | William R. Miller | Christopher

**Motivating mothers to prevent caries:  
Confirming the beneficial effect of counseling**  
Philip Weinstein, Rosamund Harrison and Tonya  
Benton  
*J Am Dent Assoc* 2006;137:789-793

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

 Regular dental visits for child	 Family receives dental treatment	 Healthy snacks	 Brush with fluoride toothpaste at least twice daily
 No soda	 Less or no juice	 Wean off bottle (At least no bottle for sleeping)	 Only water or milk in sippy cup
 www.williamsyllab	 Drink tap water	 Less or no candy and junk food	<b>IMPORTANT:</b> The last thing that touches your child's teeth before bedtime is the toothbrush with fluoride toothpaste.

1 2 3 4 5 6 7 8 9 10  
reflexively

# The Ineffective Home Visitor



# Reflection



**If you are the parent or home visitor**

**What are you thinking?**

**What are you feeling?**

**What are you inspired to do next?**



# The Effective Home Visitor



# Reflection



**If you are the parent or home visitor**

**What are you thinking?**

**What are you feeling?**

**What are you inspired to do next?**

# Activity



**Do you have any short-term personal goals?**

**Do you have a favorite childhood memory?**



# Goal Setting at a Home Visit



# Goal Setting

## Oral health reminders to stay cavity free

### Children ages 1 to 3



Dental care for entire family



Brush with fluoride toothpaste 2 times per day



No pop, cola or soda



Only water in sippy cup



No more than 4-6 ounces of juice per day



Drink tap water with fluoride



Regular dental visits starting at age 1



Adult brushes child's teeth



Wean child off bottle



No more than 3 snacks (healthy) per day

[www.chawisconsin.org](http://www.chawisconsin.org)

This project is funded in part by the Healthy Kids the Amazing Way Wisconsin and the Wisconsin Partnership Program, a commission on the American Academy of Pediatrics.

## Oral health reminders to stay cavity free

### Pregnant women and infants



Dental care for entire family



Brush with fluoride toothpaste 2 times per day



Don't put baby to bed with a bottle



Only formula or breast milk in bottle



Drink tap water with fluoride



Don't share things you put in your mouth

[www.chawisconsin.org](http://www.chawisconsin.org)

Healthy Wisconsin Partnership Program, a commission on the American Academy of Pediatrics.

## KEEP YOUR CHILD CAVITY FREE



Stop the pop



Limit candy and junk food  
No sticky sweets



Brush with a smear of fluoride toothpaste



Only water in sippy cup



Adult brushes child's teeth



No more than 4-6 oz. of juice per day



Drink only water between meals



Wean off bottle by age one



Brush every night before bed



Sleep without a bottle



Regular dental visits starting at age one



Kansas Cavity Free Kids - a program of Kansas Head Start Association. [khunt@ksheadstart.org](mailto:khunt@ksheadstart.org)



# Resources



# Home Visitation

American Academy of Pediatrics: The Impact of a Home Visiting Program on Children's Utilization of Dental Services

[http://pediatrics.aappublications.org/content/132/Supplement\\_2/S147.full.html](http://pediatrics.aappublications.org/content/132/Supplement_2/S147.full.html)

Roles of Home Visitors

<http://homvee.acf.hhs.gov/document.aspx?rid=3>

HRSA MCH MIECHV

<http://mchb.hrsa.gov/programs/homevisiting/>

MIECHV Home Visiting Models

<http://homvee.acf.hhs.gov/programs.aspx>

Pew: Home Visiting Campaign

<http://www.pewstates.org/projects/home-visiting-campaign-328065>



# How to locate HV programs

## MIECHV and other state-funded programs:

- Contact the state MCH office. A directory can be found at:  
<https://mchdata.hrsa.gov/tvisreports/ContactInfo/StateContactSearch.aspx>

## Early Head Start home-based programs

- A interactive map locator can be found at:  
<http://eclkc.ohs.acf.hhs.gov/hslc/HeadStartOffices>

## Healthy Start programs

- Start with your city or county health department
- Search “Healthy Start and (city or county name)”

## Birth to Three

- State specific web-sites. Search “Birth to Three in (state)”



# Motivational Interviewing

Motivational Interviewing in Health Care (Book)

Helping Patients Change Behavior    Stephen Rollnick, William R. Miller

Motivating parents to prevent caries in their young children

Philip Weinstein, Ph.D., et. al.

<http://jada.ada.org/content/135/6/731>

Motivational Interviewing.org:

[http://www.motivationalinterview.org/quick\\_links/about\\_mi.html](http://www.motivationalinterview.org/quick_links/about_mi.html)

Motivational Interviewing: Changing oral health behaviors to keep kids cavity free (Webinar) Oral Health Kansas

<http://www.oralhealthkansas.org/Videos.html>

CaMBRA (page 696)

[www.cda.org/library/cda\\_member/pubs/journal/jour1007/ramos.pdf](http://www.cda.org/library/cda_member/pubs/journal/jour1007/ramos.pdf)

# Oral Health Resources for Home Visitors

## Curricula

### Cavity Free Kids:

An Early Start. Oral Health Education for Pregnant Women, Infants and Toddlers

<http://www.cavityfreekids.org/wp-content>

### Teeth for Tots: An Oral Health Resource Guide (Infants/Toddlers)

<https://www.ksheadstart.org/oral-health>

### Teeth for Two: An Oral Health Resource Guide (Pregnant Women)

<https://www.ksheadstart.org/oral-health>

### Help Me Smile

<http://www.mchoralhealth.org/materials/multiples/helpmesmile/>



# Oral Health Resources for Home Visitors

Take Time for Teeth (Video)

[www.youtube.com](http://www.youtube.com)

Healthy Smiles for Young Children (Flip Chart)

[www.dentistry.uiowa.edu](http://www.dentistry.uiowa.edu)

Two Healthy Smiles (Brochure)

[www.mchoralhealth.org](http://www.mchoralhealth.org)

Healthy Smile for Your Baby (Brochure)

[www.mchoralhealth.org](http://www.mchoralhealth.org)

Fast Facts for Oral Health (Flyers)

[www.ksheadstart.org/oral-health](http://www.ksheadstart.org/oral-health)

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**"IF OPPORTUNITY  
DOESN'T KNOCK,  
BUILD A DOOR."**

-Milton Berle



# Q & A from workshop

## Training

**QUESTION: Is training conducted just one time?**

Kansas: In Kansas, pregnancy and early childhood workshops began in 2003 and ran through 2005. When we revised the materials, we began offering them in 2010. While the workshops are stand-alone, we keep in touch with all participants by sharing current information and resources via e-mail and subscriptions to the Oral Health Kansas weekly newsletter... *Weekly Wednesday Update*. Plans are being considered to offer a refresher type workshop through on-line technology.

Wisconsin: The Earlier Is Better program in Wisconsin provides an initial in-person 3 hour training with a 1.5 hour follow-up training 2 weeks later and 1.5 hour yearly trainings of staff in Early Head Start (EHS). Trainings are conducted at EHS sites.

# Q & A from workshop

## Training

**QUESTION:** In training Home Visitors, do you run into the issue of high turnover rates within those programs like we do in West Virginia? How do you deal with this?

Kansas: High turnover of home visitors is not an issue that Kansas has yet figured out. Here are the strategies we're considering.

- Provide a one-day coaching workshop in each of the four regions of the state for home visitor supervisors.
- Design an online course that matches Teeth for Two and Teeth for Tots Resource Guides.
- Offer Early Childhood pre or post-conference workshops each year.

Wisconsin: Earlier Is Better targets EHS home visitors. Travel costs for trainings are included in the Earlier Is Better budget. Newly hired EHS home visitors are trained on site, via webinar or at the time of the EHS yearly follow-up training.

# Q & A from workshop

## Training

**QUESTION:** How many teams do you have for your workshops? Is it one trainer for the trainers?

Kansas: Kansas has two trainers: a dental hygienist and an early childhood specialist. They co-train all of the workshops with attendance ranging from 20–40. Invited participants include home visitors from all early childhood programs as well as anyone who provides health education.

Wisconsin: EHS home visitor trainings are conducted by a dental hygienist. The number of home visitors attending training ranges from 1–25.



# Q & A from workshop

## Training

**QUESTIONS:** How did you reach out to home visitors to invite them to the trainings?

How did you spread the word about the workshop? Where are they being held?

Kansas: In Kansas, we asked each Head Start grantee to host the workshop for their staff, concentrating on the home visitor team but inviting any other staff who wished to attend. We also encouraged each Head Start program to invite community partners that provided home visiting services, as well as health department staff who served the same population. Open invitations were included in newsletters from Kansas Parents as Teachers Association and Kansas Department of Health and Environment MCH newsletters. In the Greater Kansas City area, a wider range of agency staff, including university faculty from the nurse–midwife program were included in invitations. That outreach proved to be very successful.

# Q & A from workshop

## Training

**QUESTIONS:** How did you reach out to home visitors to invite them to the trainings?

How did you spread the word about the workshop? Where are they being held?

Wisconsin: Earlier Is Better home visitor trainings are planned and scheduled by the trainer, EHS director and EHS Health Coordinator. Training sites are determined by the EHS program.

# Q & A from workshop

## Educational Materials

**QUESTION:** Is oral health included in home visitors' assessment form?

Kansas: Kansas oral health resource guides for home visitors include a “caries risk assessment” to encourage home visitors and families to identify oral health practices to address through education, demonstration and coaching. In Head Start, pregnant women's and children's dental status is included in the formal Program Information Report (PIR – pages 42–43).

<http://eclkc.ohs.acf.hhs.gov/hslc/data/pir/2013-2014-pdf/2013-2014-pir-form-v01-20140506.pdf>

To our knowledge, oral health status is not incorporated in early childhood developmental tools such as Ages and Stages.

Wisconsin: Earlier Is Better includes a “Red Flags Checklist” to assess caries risk and triage identified oral health problems.

# Q & A from workshop

## Educational Materials

**QUESTION:** Do you provide education materials in hospital maternity wards for new parents to take home?

Kansas: Not in Kansas, but that's a very good idea. Thanks.

Wisconsin: Earlier Is Better targets EHS pregnant women and families.

# Q & A from workshop

## Educational Materials

**QUESTIONS:** How can one acquire Wisconsin and Kansas materials? Is there a fee? Can they be adapted to accommodate program needs?

Are Kansas education materials available online? (Teeth for Tots, Teeth for Two, Fast Facts)

How much do the magnets cost?

Kansas: Kansas materials, including the magnet, carry a copyright and are available for a fee through Kansas Head Start Association. Detailed information can be found on their website at <https://www.ksheadstart.org/>. Until the on-line storefront is established, questions about ordering and costs can be directed to the association's Office Manager at [kbrichoux@ksheadstart.org](mailto:kbrichoux@ksheadstart.org).

# Q & A from workshop

## Educational Materials

**QUESTIONS:** How can one acquire Wisconsin and Kansas materials? Is there a fee? Can they be adapted to accommodate program needs?

How much do the magnets cost?

Is the Oral Health screening guide in Wisconsin's toolkit available?

Wisconsin: Earlier Is Better materials are not available at this time. We are currently collecting data to support the effectiveness of the training and materials in the parent oral health toolkit. A graphic artist was hired to design the two magnets used in Earlier Is Better. The magnets were made for a cost of approximately \$.50/magnet. The magnets are a tool for goal setting using Motivational Interviewing techniques as described in an article on CAMBRA by Francisco Ramos-Gomez, DDS, MS, MPH, and Man-Wai Ng, DDS, MPH published in the Journal of the California Dental Association, October 2011.

<http://www.cdafoundation.org/education/cambra>. The magnets are not available outside of Earlier Is Better, at this time.



# Q & A from workshop

## Educational Materials

**QUESTION:** Have any of you linked your oral health messaging via text messages?

Kansas: Kansas has the opportunity to insert oral health messages for pregnant women and families with young children on a Topeka-based text messaging system but has not yet done so.

Wisconsin: Earlier Is Better does not have a direct link to text messaging at this time. Earlier Is Better trained home visitors receive bimonthly emails with oral health information and program updates. We do promote health messaging via Text4Baby <http://www.text4baby.org>.

# Q & A from workshop

## Program Impact & Data

**QUESTION:** What impact does inclusion or exclusion of oral health have on home visitors' discussion of oral health topics with families?

Kansas: We sent out a survey to workshop participants. The following percentages indicate those that either agreed or strongly agreed with each statement:

- 99% The workshop improved my knowledge of oral health.
- 97% The workshop increased my confidence in my ability to share oral health information.
- 91% I now discuss oral health more frequently with families.

# Q & A from workshop

## Program Impact & Data

**QUESTION:** What impact does inclusion or exclusion of oral health have on home visitors' discussion of oral health topics with families?

**Wisconsin:** The Earlier Is Better research protocol includes measuring the impact of the program on EHS home visitors and families. Data is collected and analyzed on home visitor oral health knowledge, likelihood to discuss oral health with families, and confidence in oral risk assessment skills. Preliminary data indicates a statistically significant increase in all the home visitor measures. In addition, focus groups are conducted to inform and shape Earlier Is Better so that it is user friendly and meets the needs of home visitors and parents.

# Q & A from workshop

## Program Impact & Data

**QUESTION:** How does a home visitor get reimbursed for services? What is the incentive to spend time on oral health?

Kansas: All home visitors in Kansas are employed by their respective agencies. How much focus each gives to oral health seems to depend on the family's need and interest as well as the home visitor's belief in its importance and their knowledge and confidence in the topic.

Wisconsin: EHS home visitors are employed by an EHS agency grantee. The National Center on Health has designated oral health literacy and dental homes as a priority area for Head Start/Early Head Start. Our experience indicates that we have a higher response from EHS programs that have Health Coordinators or Directors that place a high priority on oral health.

# Q & A from workshop

## Program Impact & Data

**QUESTIONS: What clinical data do you collect?**

**Have you ever measured if your education intervention results in an increase in the number of preventive visits?**

**Our state conducts similar educational interventions: training, MI techniques, Trans Theoretical Model of Change... and our evaluations reveal a statistically knowledge gain within the home visitors.**

**Kansas: Kansas Cavity Free Kids, the initiative providing the oral health workshops, did not build in a study showing the effect of the education programs on children's oral health status. However, a retrospective study using PIR child oral health data in Early Head Start might be a valid research project.**

**Wisconsin: Earlier Is Better analyzes PIR data from all EHS grantees in Wisconsin to measure change in percent of enrolled pregnant women who receive a dental exam and percent of enrolled children with a dental home. In addition, Earlier Is Better collects dental treatment needs data (not reported in PIR) from participating EHS programs.**