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

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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
    - Reduced incidence of S–ECC
    - 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
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
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)
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
Kathy Hunt, RDH, ECPII
Project Director, Kansas Head Start Association
Partners

Kansas Head Start Association

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

Funders

- Delta Dental of Kansas Foundation
- United Methodist Health Ministry Fund
- REACH Healthcare Foundation
- 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

**An Oral Health Resource Guide**

*For Those Who Serve Pregnant Women*

Created by: Kathy Hunt, RDH & Marcia Manieri, MA

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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 you in professional development so that you will have increased skill and confidence to support families in the use of evidence-based practices as children’s new, good, and healthy for life.

- Short, easy-to-use oral health materials fit into the home visiting curriculum
- Family handouts to reinforce one message
- Online resource to explain your learning about each module
- Answers to frequently asked questions

What I most want to learn from the workshop:

1. 
2. 
3. 

INFORMATION I WANT TO TAKE BACK TO MY JOB

Changes in educational strategies, nursing, and staff that I have the ability and authority to implement on my own:

This is what I plan to put in place in the next few days:

- 
- 

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

- 
- 

Changes in policies and practices that I will like to see put in place to improve infants’/toddler’s oral health but do not have the complete level of skill needed on the job to do on my own:

This is what I would 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 healthy:

________________________

________________________

________________________

________________________

________________________

________________________

________________________

________________________

________________________
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*
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.
Oral health program for Early Head Start

Home visitor training
Educational Resources

Toolkit
Supplies
Curriculum
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

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

Children’s Health Alliance of Wisconsin

Oral health:
Earlier Is Better

Overview
Earlier Is Better (EIB) is a parental oral health education program for pregnant women and families with children younger than age 3 enrolled in Wisconsin Early Head Start (EHS). Home visitation 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 and 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 in part by a grant from the Healthier Wisconsin Partnership.
Other Opportunities

• Socialization/parent night
• Family workshops
• Family board
• Health fairs
Lessons Learned

Relationship building

Community engagement

Oral health champions

Training

Support
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
The Ineffective Home Visitor
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
If you are the parent or home visitor

What are you thinking?
What are you feeling?
What are you inspired to do next?
Do you have any short-term personal goals?
Do you have a favorite childhood memory?
Goal Setting at a Home Visit
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

Roles of Home Visitors

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
  ◦ An 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 websites. 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

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
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

(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

Healthy Smiles for Young Children (Flip Chart)
www.dentistry.uiowa.edu

Two Healthy Smiles (Brochure)
www.mchoralhealth.org

Healthy Smile for Your Baby (Brochure)
www.mchoralhealth.org

Fast Facts for Oral Health (Flyers)
www.ksheadstart.org/oral-health
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“IF OPPORTUNITY DOESN'T KNOCK, BUILD A DOOR.”

~Milton Berle
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.
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.
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).


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.
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.
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.