

**Oral Health in Home Visiting Programs: A Perfect Opportunity
Responses to Questions Submitted during Home Visiting Workshop
National Oral Health Conference
April 29, 2014**

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.

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 one that Kansas has yet figured out. Here are the strategies we're considering.

1. Provide a one-day coaching workshop in each of the four regions of the state for home visitor supervisors.
2. Design an online course that matches Teeth for Two and Teeth for Tots Resource Guides.
3. 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.

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.

**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 workshops 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. Only three Head Start grantees recruited workshop participants other agencies such as health departments, WIC and public schools. In the Greater Kansas City area, Kathy Hunt of Kansas Cavity Free Kids invited a wider range of agency staff, including university faculty from the nurse-midwife program. That outreach proved to be very successful.

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.

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.

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.

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?

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

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 <http://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.

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: Are the slides used in the workshop available?

Kansas & Wisconsin: The slides from the workshop will be posted on the 2014 National Oral Health Conference site. <http://www.nationaloralhealthconference.com/>.

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. We distribute a copy of the monthly newsletter *Brush Up on Oral Health*, from Oral Health Resource Center, to all Head Start and other early childhood agencies.

<http://www.mchoralhealth.org/HeadStart/brushup/subscribe.html>

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>.

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.

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.

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.

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 home site for home visiting programs, 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.

Additional questions can be answered by contacting the following:

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