

**Northern Virginia Oral Health Alliance: Children's Oral Health Workgroup
Meeting Summary**

Monday, April 29, 2019 | 12 – 1:30 p.m.

Goals:

1. Review results from pediatrician surveys and discuss next steps.
2. Consider alternative ways to engage providers.
3. Review and discuss work plan.

Attendees:

Lydia Allen, Northern Virginia Family Services

Julie Leopold, Fairfax County Office for Children for Children, Head Start and Early Head Start

Silvia Nakasone, Partnership for Healthier Kids

Cristina Ortiz-Mattingly, Pediatric Dentistry of Burk, PC

Eva Starrak, Medical Care for Children Partnership Foundation

Christine Least, Fairfax County Health Department – WIC Program

VaOHC Staff:

Carrie Redden, Northern Virginia Oral Health Alliance, Virginia Oral Health Coalition

Brita Bergland, Virginia Oral Health Coalition

Action Items

- Explore implementation of AAP's [Book, Brush, Bed \(BBB\) Program](#) in Northern Virginia pediatrician offices as a way of further engaging pediatricians who serve a large number of Medicaid patients.
 - Carrie Redden will investigate options and bring possibilities for group members to consider at the next meeting.
- Expand target audience to new and expectant moms. Consider how to engage partners in expanding awareness of dental option under Medicaid for pregnant moms and in utilizing AAP's [Oral Health Toolkit](#).
 - Silvia Nakasone will invite a colleague from Inova Cares Clinic for Women to help the workgroup brainstorm this new initiative.
 - Christine Least will invite someone from Fairfax Health Department's Dental Clinic to join the discussion.
- Update Work Plan with revised initiatives.
 - Carrie Redden will revise the work plan to reflect changes discussed at the meeting. Workgroup members will review changes and provide feedback.

Proceedings

- I. **Pediatric Dental Survey.** Four surveys of pediatricians were completed. The group reviewed the findings and discussed what they might mean for work moving forward. Some of the key findings include:
 - All survey participants consciously promote early dental care and provide dental referrals.

- **Dental Referrals:** 3 of the 4 providers refer at one year. One provider referred at 3-4 years. They all provided dental referral lists customized to patients' insurance. One provider also included business cards of the dental practice down the street. 2 of 4 provided insurance brochures and had a template for dental reminders in their electronic medical records system.
- **Oral Health Screening & Risk Assessment:** All providers reported providing oral health screening, oral health risk assessment and anticipatory guidance. Only one provider reported using an assessment tool: AAP Bright Futures.
- **Fluoride Varnish Use:** 2 of 4 providers provide fluoride varnish at 3 – 4 years. Both of these providers had received some kind of oral health training (in medical school or just training to provide fluoride varnish). It's administered either by the medical doctor or nurse practitioner. Of the providers who didn't administer varnish - One provider reported that they are a pediatric practice only and only see children for sick and well checks. Neither realized that they could provide fluoride varnish and both were interested in getting more information.

Meeting participants felt that the survey findings were useful. They also discussed needing another way to engage with pediatricians. Cristina shared that she has been doing outreach to pediatricians' offices to raise awareness of early dental care and has experienced a lot of pushback. The group felt that it was time to shift away from their focus on surveys and instead think through how to better engage pediatricians and raise awareness to young parents.

II. **Discussion of Other Pediatric Oral Health Initiatives.** Based on conversations with workgroup members over the prior month, Carrie shared some initiatives that offered some creative ways to engage providers and other stakeholders around early dental care.

- **Reach out and Read Initiative/AAP [Brush, Book, Bed \(BBB\)](#) Initiative.** The Brush, Book, Bed message and program are intended for children 6 months – 6 years. The program aims to improve oral health services in the medical home by linking oral health information with messages about early literacy, sleep, and establishing a regular nighttime routine. It has been used as a means to raise awareness to parents about the importance of brushing teeth. Oral health coalitions in Rhode Island and Hampton Roads, Virginia have partnered with pediatricians offices to give away books focused on going to the dentist or brushing teeth as a means of engaging pediatricians and sharing information about dental care.

Workgroup members liked the BBB approach and thought it could be helpful in engaging pediatricians. Julie shared that Headstart has been doing the BBB program with kids for the last 8 months and that she has been impressed with the materials. She felt it is being well received by families. Headstart has been giving away new books with a new toothbrush every 3 months.

The group discussed whether we could share other outreach material in coordination with the book and if there were any books in Spanish that could be included.

- **VDH Research: Usage of Dental Benefits by Pregnant Women.** For the last two years, VDH has been screening pregnant women through WIC to understand whether women

were aware of the importance of taking care of their teeth during pregnancy, whether they were receiving dental care and the barriers they experienced in accessing dental care. An infographic of the findings is attached.

Key findings include:

- 58.5% of women in the study were enrolled in Medicaid. Of these women, only 37.4% knew they had dental coverage under Medicaid.
- Only 31.5% of the pregnant women in the study went to the dentist in the last year.
- Key factors that made it difficult to access dental care included: not being able to afford care, not thinking it was safe to get care during pregnancy, and not being able to find a provider that both accepted Medicaid and provided care to pregnant women.

The group discussed possible outreach for raising awareness of this information. Christine felt that WIC clinics in health departments should already have this information and be sharing it with clients. She thought the results underscored the importance of clients hearing messages multiple times in ways that highlight Medicaid benefits and the importance of dental care. Silvia suggested that the Inova Cares Clinic for Women might also be a place to reach expectant moms.

- **American Academy of Pediatrics – [Oral Health Toolkit](#).** AAP has developed an Oral Health Toolkit to provide resources for health departments, clinics, prenatal classes, OB/GYN offices, or social media. The target audience is expectant or new moms. The toolkit has two waiting room posters, three infographics, and one brochure, which includes language to use when answering patient questions about oral health. The brochure can also be used as a handout from providers to patients. The material is provided in multiple languages including Spanish and Arabic. Everything can be customized with organization logos.

Workgroup members thought the material was informative and creative. Sylvia thought this could be a good opportunity to engage the Inova Cares Clinic for Women as well.

- **Food bank partnerships** – Carrie shared that she had learned of several initiatives that involved collaborations with food banks that focused on healthy eating healthy teeth. She shared a news article about the Central Okanagan Community Food Bank in Canada which was handing out [oral health goodie bags along with food bags](#). Another foodbank in Colorado is posting information to make the connection between oral health and physical health – the “[mouth-body connection](#)”. Eva also shared work that MCCP is doing in collaboration with a foodbank. They are planning to collaborate to give out food bags and books while children are on their mobile bus getting dental services.

III. Review and Discuss Work Plan

Workgroup members broke into small groups to review the current work plan (included at the bottom of the summary).

Goal: Increase dental home referrals and oral health integration practices by pediatric medical providers.

In reporting back, members felt that overall the plan should transition from surveys to pediatrician outreach to more actively engage them in performing initial assessments and providing information and dental referrals. Cristina emphasized that the more we are able to educate patients and families, the more they can advocate for themselves.

The pediatric providers with the largest Medicaid caseloads should be the initial focus of the work group's efforts. In particular, the group was interested in exploring the BBB initiative. If we were able to put sticker labels in books, then we could highlight nearby dentists who took Medicaid and provide other important dental information. They also discussed handing out goodie bags with toothbrushes and having a book in Spanish. In addition, the group suggested hosting a continuing education luncheon with CE credits for pediatricians.

Cristina and Lydia suggested removing the focus on pediatricians to apply varnish. Cristina did not feel that pediatricians applying varnish on dirty teeth was effective and had concerns about patients being confused and having the varnish applied twice (once by dentist and once by pediatrician) when the insurance would only pay for one application.

Work group members also wanted to explore expanding its audience to pregnant women by inviting someone from Inova Cares Clinic for Women and the health department's dental clinic to the next meeting. This will be a focus of the next meeting.

Goal: Increase follow-up care from initial dental visit.

The group felt that we should add an action step related to MCCP care and case manager's following up about the dental visit in their calls with clients.

IV. Next meeting – The next meeting will be planned around the availability of staff from Inova Cares Clinic for Women.

Children’s Oral Health Workgroup: Work Plan 2018

Goal	Increase dental home referrals and oral health integration practices by pediatric medical providers.
Immediate Outcomes	<p>New pediatric medical partners engaged.</p> <p>More NOVA children have a dental home.</p> <p>More pediatric offices serving a high proportion of Medicaid-enrolled kids are integrating oral health into their practices.</p>
Strategies	<p>Identify top 5 pediatric practices in each locality of NOVA region who serve the most Medicaid-enrolled children.</p> <p>Outreach to pediatric offices to determine their practices for dental referral, oral health assessment/screening, fluoride varnish application, and anticipatory guidance.</p> <p>Identify resources for individual pediatric offices to utilize to enhance their dental referrals and integration efforts.</p> <p>Follow up with pediatric offices to identify what worked, what didn’t, and how many children got into a dental home.</p>

Action Steps	Timeline	Completion Date	Who’s Responsible
1. Submit FOIA request to DMAS for data on top five pediatric practices from each locality serving the most children in Medicaid.	2 months	May 11, 2018	Andrea, Lauren
2. Identify outreach plan for pediatric practices in each locality.	1 month	June 15, 2018	Workgroup
3. Perform assessment of offices’ current practices and needs, and provide resources.	3 months	September 15, 2018	Workgroup
4. Follow up with pediatric offices to see whether or not they sustained new practices.	3 months	December 31, 2018	Workgroup

Children’s Oral Health Workgroup: Work Plan 2018

Goal	Increase follow-up care from initial dental visit.
Immediate Outcomes	<p>More NOVA children have a dental home.</p> <p>Barriers to obtaining a regular dental home are identified (e.g., transportation, childcare, eligibility requirements, types of services offered).</p> <p>Where barriers are identified, partners are engaged to address those barriers.</p>
Strategies	<p>Work within programs to identify the children with most urgent dental care needs, ensure initial consultation and follow-up by dentist.</p> <p>Work with pediatric practices that are completing dental referrals to ensure that referred children are going to initial appointments and have any follow-up treatment scheduled.</p>

Action Steps	Timeline	Completion Date	Who’s Responsible
1. Follow up with pediatric offices regarding their patients’ dental referrals.	6 months	September 30, 2018	Workgroup
2. For children in Head Start/Early Head Start, work with pediatric practices on your referral lists to begin integrating oral health. Follow-up with dental providers for highest-need children to ensure they receive treatment.	6 months	September 30, 2018	Workgroup