Health Center Oral Health Promising Practice

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Bright Smiles for Bright Futures

Organization:
Dental Aid, Inc., Louisville, CO

One Sentence Description:
The Bright Smiles for Bright Futures program provides free emergency and preventive care, and up to $600 allowance for restorative and/or periodontal care for as many as 400 pregnant women per year. The care is facilitated through a case manager.

Summary:

Background:
In Boulder County, an estimated 65,000 individuals are living below poverty. In 2011, Children’s Hospital Colorado billed $47 million for complete dental rehabilitation under general anesthesia. Bright Smiles for Bright Futures is a pre-birth intervention aimed at lowering severe early childhood caries. The program began in 2002 as a three-year pilot designed to provide oral health care and education for low-income pregnant women to avert premature and low birth weight deliveries. It has since developed into a mechanism for behavioral change and disease elimination in women and an important part of decreasing caries transmission from mother to infant, ultimately improving children’s oral health.

Methods:
In 2003, with initial funding from the Caring for Colorado Foundation, 195 women were enrolled and received care through the program. The 2012 Bright Smiles program and budget has since expanded to up to 400 women per year, receiving one on one case management and education, free emergency and preventive care and up to $600 for comprehensive treatment including periodontal and restorative care designed to eliminate or lower oral bacteria.

The program accepts all low-income pregnant women for emergency care, but the program targets and enrolls women who are in their first and second trimester, where we can have the greatest impact on their oral health and the oral health of their children. All women enrolled in the program are below 200% of the federal poverty level, and approximately 65% of the participants are Latina.

In order to receive referrals to the program, the Case Manager developed relationships with local OBGYNs and other prenatal care providers in the area. To assure that patients are able to make appointments with Dental Aid and other human service organizations, our Case Manager contacts each referral, provides program and oral health education for the family, and acts as a patient navigator.

Bright Smiles has shifted its focus to perinatal care to reduce oral transmission of bacteria between mother and infant and instill positive behaviors in both mother and child. Our goal is for children to be orally healthy throughout their childhood and well into adulthood. To help reach this goal, the Case Manager has developed ongoing informal learning sessions for Bright Smiles participants who have
already delivered their infants to reinforce positive behavior, provide information on nutrition, and to provide an environment for women to form relationships with others who have gone through the program.

Results:
While becoming a significant community resource and catalyst for behavioral change across generations, Bright Smiles has matured into Dental Aid’s largest and most innovative program. It is the only prenatal oral health program of its kind that we are aware of in the safety-net of Boulder and Broomfield Counties Colorado. In 2011, Bright Smiles subsidized a market value of $204,173 in dental services, allowing 324 low-income pregnant women achieve or al health by eliminating oral pain and infection and any active disease. Although Bright Smiles can accommodate up to 400 women, the women enrolled in 2011 had extensive dental needs, limiting how many women could be treated with fixed financial resources. Therefore, Dental Aid chose to limit enrollment to ensure all pregnant women received the care they needed.

By providing early intervention and individualized education to mothers who have limited or no access to dental care, mothers build positive dental knowledge, attitudes, and behaviors, ensuring a healthier population of existing and future generations. Significantly, children of Bright Smiles mothers demonstrate having good oral hygiene practices nearly three times as often as children of mothers not in the program, and are more than twice as likely to be decay and filling free. Program staff report a high level of enthusiasm for maintaining oral health. A chart audit study, currently under external review, demonstrated that children of Bright Smiles mothers have very low hospitalization rates and are more than four times as likely to have had a dental visit by the age of two, compared to children whose mothers were not enrolled in Bright Smiles.

Conclusion:
Bright Smiles for Bright Futures is a central component in our continuing work to change the current oral health culture of pregnant women and their families. Dental Aid has learned that reinforced oral health education is necessary to create sustained change. All individuals involved in perinatal care must understand and be in agreement on the importance of oral health care during pregnancy and throughout early childhood.

Dental Aid’s Bright Smiles program is not independently sustainable and is continually looking for support to subsidize costs. We continue to build our support from foundations, individuals and corporate donors. Additionally, we hope to increase the amount we receive in Medicaid payments to help the program become partially self-sustainable and less dependent on external support. Bright Smiles has proven to be a vital part of disease prevention and management. Dental Aid plans to continue to maximize the number of low-income and underserved pregnant women to whom we can provide dental care, in order promote healthy women and their children.

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