Health Center Oral Health Promising Practice

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WIC Dental Days of San Luis Obispo County

Organization:
County of San Luis Obispo, Department of Public Health, San Luis Obispo, CA

One Sentence Description:
WIC Dental Days of San Luis Obispo County is an Early Childhood Caries prevention program focusing on improving the pivotal socio-ecological factors responsible for the development of ECC by increasing risk assessment, parental counseling, behavior modification and goal setting, preventive dental services and case management.

Summary:
Background:
In San Luis Obispo County (SLO), CA, Medicaid and CHIP are the primary dental insurers for over 23,000 children. A screening of elementary and low-income preschool children revealed that while SLO County appears healthy on the surface, certain geographic areas, and populations with lower socio-economic status have higher rates of dental disease. For example 50% of preschoolers in state subsidized programs presented with dental disease, and utilization of dental services for these same children was low. Unfortunately the problem was compounded when in 2007 two local hospitals stopped offering operating-room privileges to local pediatric dentists to treat severe dental disease.

SLO County children’s advocates concluded that preventable dental disease was afflicting SLO County children, causing pain and long-term consequences to their health, development, and wellbeing. Further they realized that the prevention of Early Childhood Caries (ECC) through community wide efforts had the potential to reduce the immediate burden of dental disease in young children, but more importantly preventing caries in early childhood reduces the burden of caries across the lifecycle.

Methods:
In 2009 the Dental Health Foundation, now the Center for Oral Health, through a grant from the Health Resources and Services Administration approached Clinica de Tolosa, a nonprofit dental clinic serving children from low-income families and the San Luis Obispo Women, Infants and Children’s nutrition program (WIC), to collaboratively develop and pilot an ECC prevention program, targeting 9-15 month old children. Through funding and technical assistance from the Center for Oral Health, a pilot model was developed in one WIC site utilizing the Caries Management by Risk Assessment (CAMBRA) methodology, parental counseling, fluoride varnish application, and dental referrals. In the pilot program a dentist and a dental assistant from Clinica de Tolosa attended two, half-day clinics a month. In 2011 the SLO County Public Health Department became the lead agency for coordinating the countywide initiative and assumed responsibility for the program. Since then the program has expanded to five of the seven WIC sites within the county.

The current program is grounded in the model developed by Clinica de Tolosa, with only slight modification, and involves the following steps:
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1) WIC personnel schedule clients within target age ranges of 9, 12, 16, 18, 24 and 36 months, when children are required to attend the WIC appointment for benefit recertification. All children present with parents are eligible to participate regardless of age and WIC participation status.

2) At intake, participants complete consent/hipaa and a risk assessment questionnaire.

3) The WIC Registered Dental Hygienist (RDH) reviews the questionnaire and asks follow-up questions to ascertain behavioral dental caries risk level.

4) The RDH completes a clinical risk assessment through a knee-to-knee screening, a home care demonstration/tooth brush prophylaxis, and fluoride varnish application.

5) The RDH provides client oriented behavior modification goal setting and counseling through motivational interviewing techniques and based on assessed risk and behaviors.

6) The parent sets one to two goals based on the factors discussed.

7) If a dental home is not established, the RDH assists the family in selecting a dental home that is in their area and accepts their insurance.

8) All data is collected and entered into a database maintained by the Center for Oral Health called Healthy Teeth Toolkit.

9) Claims for services provided are submitted through the SLO County Public Health Department to Medicaid and CHIP whenever possible.

10) Once a year every family has the opportunity to attend group education focused on dental health. These classes are conducted by the WIC nutritional staff and include information on how kids get cavities and how to prevent them. The instructor uses great visual aids to demonstrate sticky foods, cavities in teeth and others.

Results:
Data collection for WIC Dental Days (WDD) participants since 2009 shows that over 2,000 children and their parents have received the clinical intervention. Of those participants, 17% had cavitated lesions and 13% had white spot lesions. In fiscal year 2011-2012, 242 parents participated in the group classes. A countywide assessment of high-carries risk preschoolers shows a 15% increase in the number of children with a history of dental disease (fillings), indicating that children are receiving needed care prior to preschool. Furthermore, Medicaid utilization in SLO County is increasing, with the greatest change, 24%, in the 0-5 population, despite a lack of Medicaid pediatric dental providers.

Conclusion:
1) The success of the WDD is attributable to the strong commitment and collaboration among the partners involved in the program. WIC has added this programming to their service sites even though their staff time (for scheduling, intake and follow-up) is not compensated in any manner for implementation of the clinical portion of the intervention. Some of the community providers have been able to receive additional grant funding to open their schedules to receive children from the WDD target ages as a result of working with this program. While WDD does receive revenue through billing of third-party payers (primarily Medicaid and CHIP), it is not sustainable without additional revenue from other sources. The SLO County Public Health Department utilizes an enhanced match from the Federal Financial Participation clause in the MCH Block Grant program. Reimbursement through Medicaid and CHIP medical or dental benefits is available in most states. Coordinating billing, while not endangering relationships with community medical and dental providers, is imperative.

2) State regulations for the practice of dental hygiene and the delegation of the application of fluoride varnish are important to understand prior to implementing a program such as WDD. Check with the state Medicaid agency, and the state regulatory body for dental practice to ensure the feasibility of this type of model.

3) Be prepared to address language barriers, transportation issues and other access to care barriers typical with this population in completing dental appointments. Develop a strong and deep network of community dental providers to accept referrals from the program.

4) Good tracking and data collection are important from the beginning, so calculate the costs for evaluation of the program into the cost.

5) Several models of ECC prevention programs exist. WDD is unique in that it has strong ties to the community in which it is implemented. Look to similar programs such as: Into the MOUTHS of Babes, ABCD, Cavity Free at Three and other models for the basics of program theory. Good resources include: Dental Health Foundation (Center for Oral Health) reference materials and data collection tools http://www.centerfororalhealth.org/, Educational resources at the Maternal and Child Oral Health Resource Center http://www.mchoralhealth.org/, your local WIC agency and health department.
Contact Person for Inquiries:
Theresa Anselmo, MPH, BSDH, RDH
Oral Health Program Manager
County of San Luis Obispo Department of Public Health
2180 Johnson Ave. Annex
San Luis Obispo, CA 93401
805-781-5503
tanselmo@co.slo.ca.us