WIC Dental Days

A collaborative Early Childhood Caries prevention program

Presented by Theresa Anselmo, Linda McClure, and Suzanne Russell

San Luis Obispo County Public Health, WIC, and Clinica de Tolosa

Learning Objectives

1. Describe the roles of the major partners
2. Explain interventions targeting the responsible socio-ecological factors
3. Discuss the facilitators and challenges to ongoing implementation and institutionalization of the program
4. Apply information to develop a similar program in their community
WIC & Oral Health

Linda McClure, Director
San Luis Obispo County WIC Program
Overview

• What is WIC?
• WIC Oral Health Project Grant
• WIC Dental Days Collaborative
• Results
Women, Infants & Children Program

“WIC”

• WIC is a nutrition program
• Created 35 years ago to address poor nutrition in vulnerable populations
• 100 percent federally funded – US Department of Agriculture
WIC Serves

• Pregnant, breastfeeding & postpartum women
• Infants (birth to 1 year)
• Children (up to age 5)
Eligibility

- Income $\leq 185\%$ of federal poverty level.
- Be in category served by WIC
WIC Services

- **Checks** to buy healthy foods
- **Information** about nutrition, health and breastfeeding
- **Help finding** health care and other community services

- Education
- Healthy Foods
- Referrals
California WIC Program

- Largest WIC program in the nation.
- Serves 1.485 million participants monthly.
- Over 60% of infants born in CA are on WIC.
In the beginning… July 2006

WIC received a small grant from local First 5 to provide oral health education to WIC families.
Grant Objectives 1-3

Provide education & dental referrals to:
• 200 prenatals monthly
• 200 infants monthly
• 300 children monthly
Grant Objective 4

• Provide group classes to 150 parents annually
2011-2012 Results

- 80 prenatals per month
- 233 infants per month
- 421 children per month
- 262 parents participated in the group oral health class
La Clinica de Tolosa

Suzanne Russell, Clinic Director
Partnership for the Children of San Luis Obispo County – Clinica de Tolosa
Beginnings

May 2009

• Contacted by Dental Health Foundation (DHF)
  – WIC Dental Services pilot program
  – Identify effective models
  – Target ages 9-15 months
Beginnings

• Reduce ECC
  – Early intervention
  – Establish dental homes for WIC participants
Beginnings

• DHF
  – Provided funding
  – Technical assistance – sample forms, data collection
  – Collaborative meetings
Model Development

- Determine model of delivery
- WIC resources (e.g. space, scheduling)
- Tolosa resources (dental personnel, supplies, data collection)
Model Development

• Establish assessment criteria
• Define urgency classifications
• Create assessment forms
• Institute a data collection method
Implementation

• Services included for each child
  – Risk Assessment
  – Visual exams
  – Toothbrush prophys
  – Fluoride varnish applications
  – Health education
  – Care coordination
Results

• Tolosa operated the WIC Dental Days clinics from January 2009 through August 2011
  – January 2009 first clinic
  – August 2009 - 2010 13 clinics held
  – Sept 2010 – August 2011 11 clinics held
Results

• 245 children
• 279 parents
• 38% of participants 9-15 months
• 47% 16 to 36 months
• 14% 3-5 years
Results

- 17% had cavitated lesions
- 13% non-cavitated lesions (white spots)
- 70% no visual lesions
WIC Dental Days Evolution

2009:
• 1 WIC office
• Targeted ages 9 to 15 months
• Oral health screening, education, referral and fluoride varnish by dentist.

2011:
• 7 WIC offices.
• Targeted ages 9 to 18 months
• Oral health screening, education, referral and fluoride varnish by hygienist
What have we learned
Behind the Scenes of WIC Dental Days

Coordinating

Targeting

Scheduling

Coordinating
What we learned

• Remove the language barriers whenever possible
• Use ages as targets, and be flexible
• Good assessment and tracking is important
• Have messages that are consistent and repeatable
What we learned

• Have messages that are consistent and repeatable
• Develop a referral network of public and private providers
• Have a lead agency responsible for coordination
What we learned

• Having dentists as main provider prevents profits or even break even
• Determine billing and funding mechanisms in advance (grants, Medicaid etc.)
• No need to recreate the wheel
Resources

• Dental Health Foundation (now the Center for Oral Health) reference materials and data collection tools
  http://www.centerfororalhealth.org/

• Educational resources at Maternal and Child Oral Health Resource Center
  http://www.mchoralhealth.org/
Where to start

• Contact local health department and WIC agency

http://www.nwica.org/

http://www.fns.usda.gov/wic/
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Results

Percent of Low-Income Preschool Children

- No Obvious Problem: 71.0% (2009), 87.8% (2010)
- Untreated Decay: 33.5% (2009), 28.6% (2010)
- Urgent Care Needed: 4.0% (2009), 1.6% (2010)
Contact us

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