



Everybody Wins!

Increasing Access to Oral Health Education and Dental Care Through Michigan WIC



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Altarum

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McMillen Health

Project Funding Generously Provided By:

DELTA DENTAL FOUNDATION

An affiliate of Delta Dental of Michigan, Ohio, Indiana, and North Carolina

MICHIGAN HEALTH

ENDOWMENT FUND

Today's Presentation

- WIC Pilot Partners, A Collaborative Approach:
 - Michigan WIC
 - McMillen Health
 - Altarum
- Expansion efforts
- Questions



WIC Pilot Partners: A Collaborative Approach

- Altarum
- Delta Dental Foundation
- McMillen Health
- Michigan Caries Prevention Program
- Michigan Department of Health & Human Services' Women, Infants, and Children Program
- Michigan Health Endowment Fund





Tara Fischer, M.S., R.D.

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Why Oral Health? Why WIC?

- Largely **preventable** chronic disease
 - Importance of oral health in eating, speaking, learning (social and academic)
- Importance of establishing a **dental home**
 - Comfort/exposure, parent education, emergency care
- Increased **staff nutrition training**, knowledge, competency
 - Client/Parent education

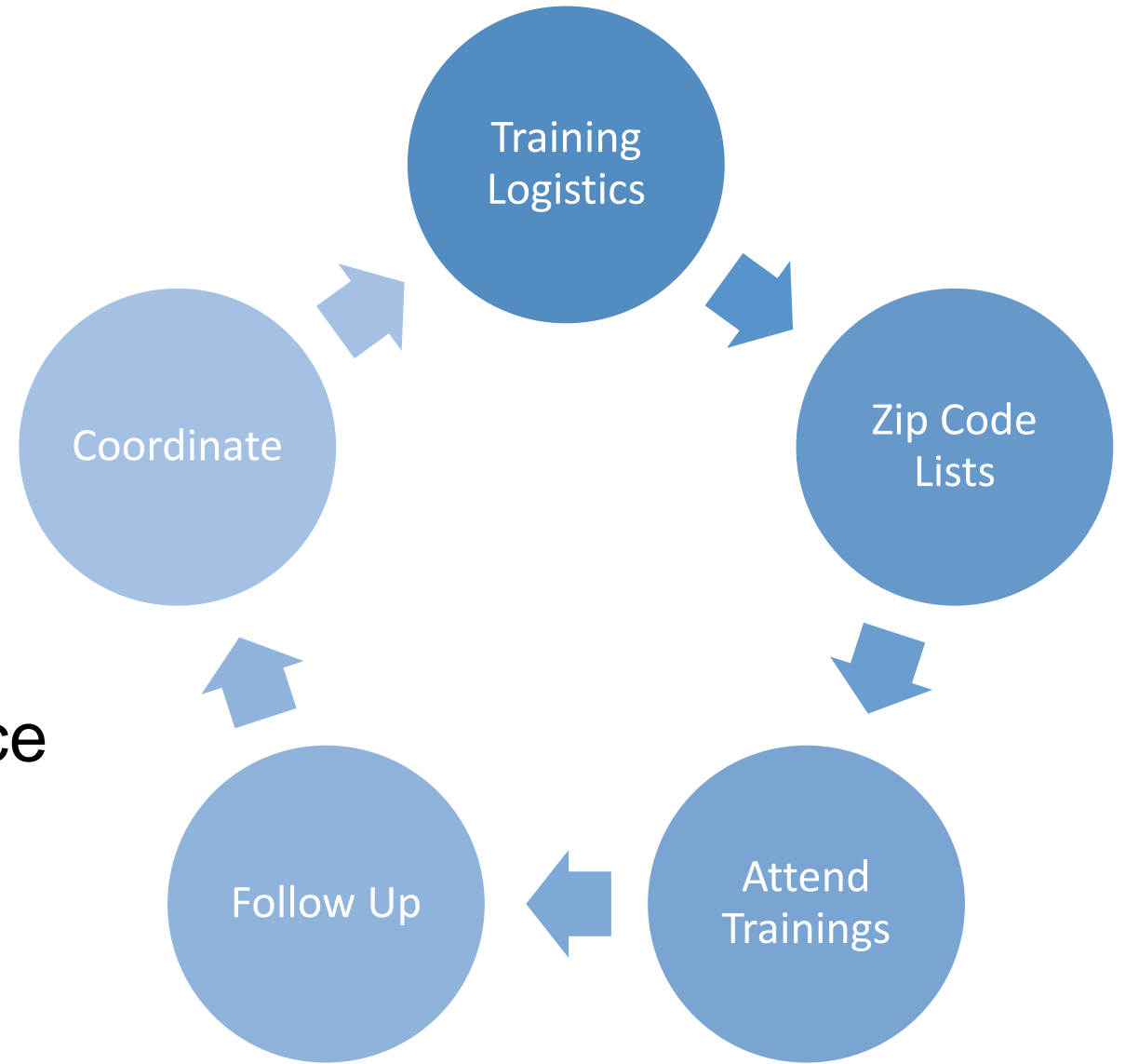


Project Goals ~ Education and Referrals

- Empower WIC staff in the pilot clinics with the education and tools to support good oral health among their clients
 - Provide Brush! training and resources to *increase the comfort level* among WIC staff in discussing oral health with their clients.
 - Enable WIC staff to *provide education and dental referrals* to their clients to implement these health behaviors with their families
- Evaluate the success/benefits of the pilot activities to inform potential statewide implementation

Michigan WIC Role

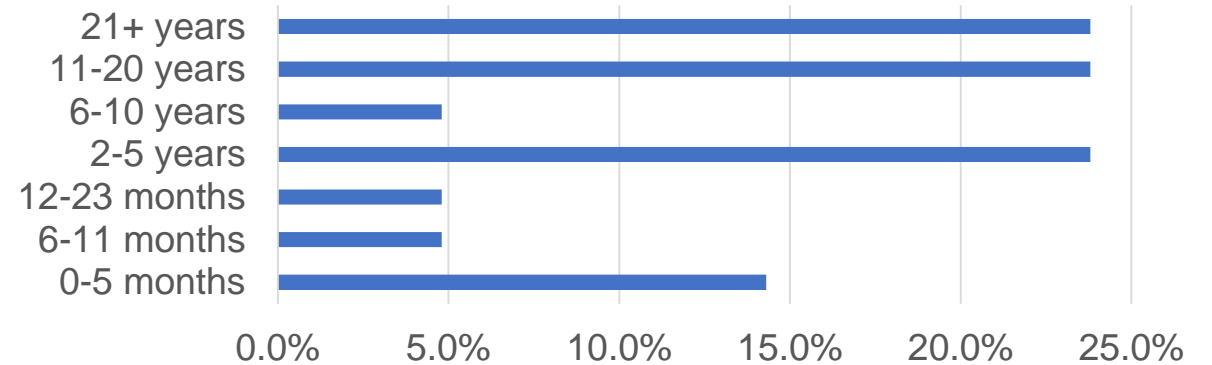
- Coordination
 - Recruitment
 - Logistics
- Attend all trainings
 - Serve as a trusted source
 - Provide technical assistance
- Follow up
 - Pulse check
 - Questions



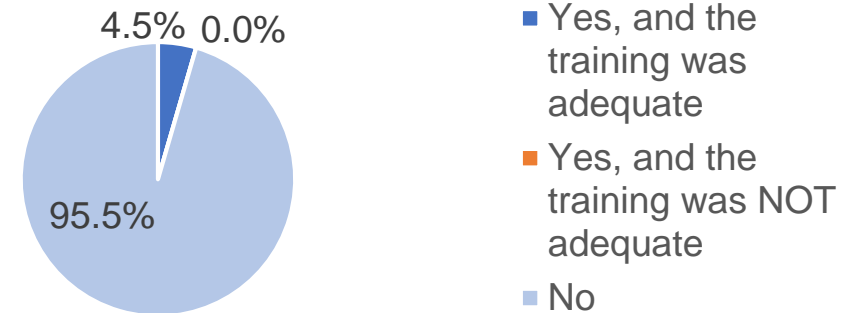
2016 Staff Receiving Training

WIC Staff Role	Responses
Competent Professional Authority (CPA)/Registered Dietitian	68%
Intake Specialist	14%
WIC Coordinator	9%
Dietetic Intern	5%
Did not answer	5%

How long have you worked in WIC?



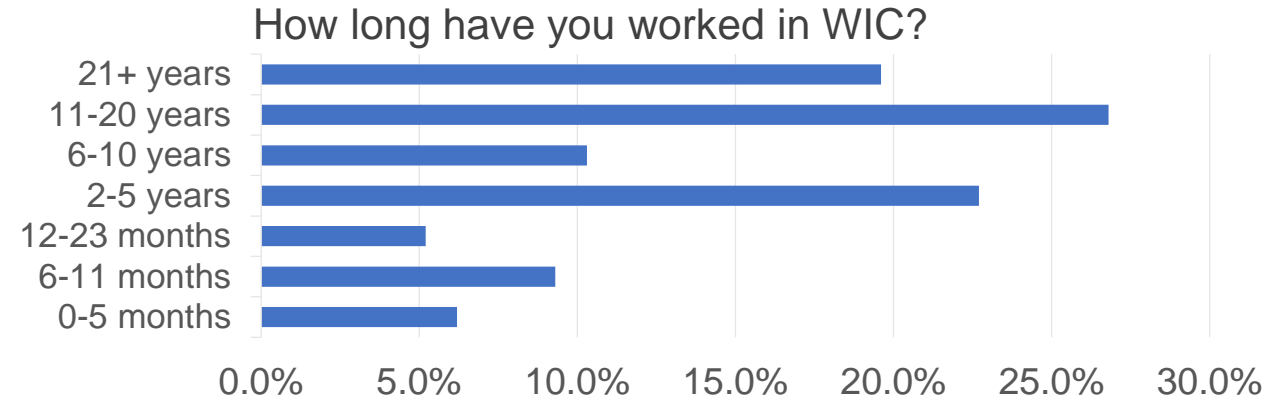
Have you had any previous training on dental health topics?



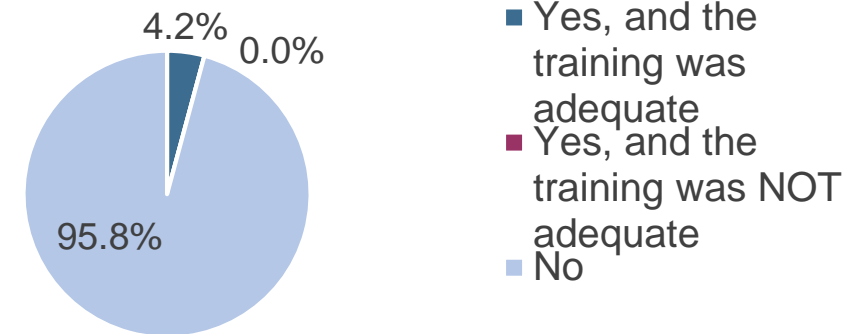
WIC staff receiving training were predominately CPA or Nutrition Specialist staff, and the WIC experience varied, with most commonly 2-5 years, 11-20 years, and 21+ years working in WIC. **96% of attendees had never received previous oral health training.**

2017 Staff Receiving Training

WIC Staff Role	Responses
Competent Professional Authority (CPA) /Registered Dietitian/ Nutritionist	39%
Clinic Assistant	15%
Nursing	14%
Clerical	12%
Auxiliary Health Worker	6%
Breastfeeding Counselor/Peer/Support	6%
Management	5%
Other	3%



Have you had any previous training on dental health topics?



WIC staff receiving training were predominately CPA or Nutrition Specialist staff, and the WIC experience varied, with most commonly 11-20 years working in WIC. **96% of attendees had never received previous oral health training.**

Our Impact to Date

- **210 staff in 55 clinics trained**
- 88,000 clients potentially reached
 - 38% of Michigan WIC participation
- Oral health creates an **opportunity to discuss** other more sensitive topics the parent is not necessarily open to.



McMillenHealth

EDUCATION • CURRICULUM • MEDIA


Holli Seabury, EdD

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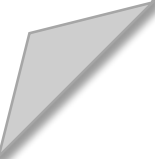
About McMillen Health:



- We create educational resources and training to meet identified needs.
- Our focus is on the Medicaid population or other at-risk populations.



So what?



Poor oral health in mothers can lead to:

- Preterm birth
- Other poor birth outcomes
- Nutritional deficiencies



Poor oral health in children can lead to:

- Abnormal digestion
- Nutritional deficiencies
- Increased infections
- Being underweight, and
- Impair growth



- The extent of the problem of dental decay
- The importance of primary teeth
- How oral health relates to nutritional health and overall health
- Signs of dental decay and how to prevent decay
- How to use the Brush materials in practice



Note:

Learning
Objectives

Teaching flip chart



Teaching mouth
model and
toothbrush



Magnet resource: nutrition and dental

Fruits

Vegetables

banana
plátano

broccoli
brócoli

dentist
dentista

cereal
cereal

A Project of the **McMillen Center for Health Education**

brush!

In Partnership with the **DELTA DENTAL FOUNDATION**
An Affiliate of Delta Dental of Michigan, Ohio, Indiana and North Carolina

Magnetic MyPlate Food & Smiles Kit

The **Brush!** Magnetic Curriculum gives home visitors and classroom teachers a number of food and dental related manipulatives which can be used in a variety of ways. Includes 5 standards-based lessons!

Features 29 magnets: 5 MyPlate puzzle pieces, Clean Tooth and Dirty Tooth magnets (8 1/2"), 18 food magnets and 4 dental care magnets (3").

Brush! features weekly classroom lessons, tools and support materials to teach students, educators and parents about why baby teeth matter. This early childhood curriculum promotes brushing two times per day, flossing, and regular visits to the dentist. Messages also encourage healthy eating, focus on the importance of children's primary (baby) teeth, and inform learners about how dental health relates to school success.

Brush! encourages children and their parents to establish a habit of daily dental hygiene and regular dental visits that allow children to enter Kindergarten ready to learn. Learn more at www.brushdental.org.

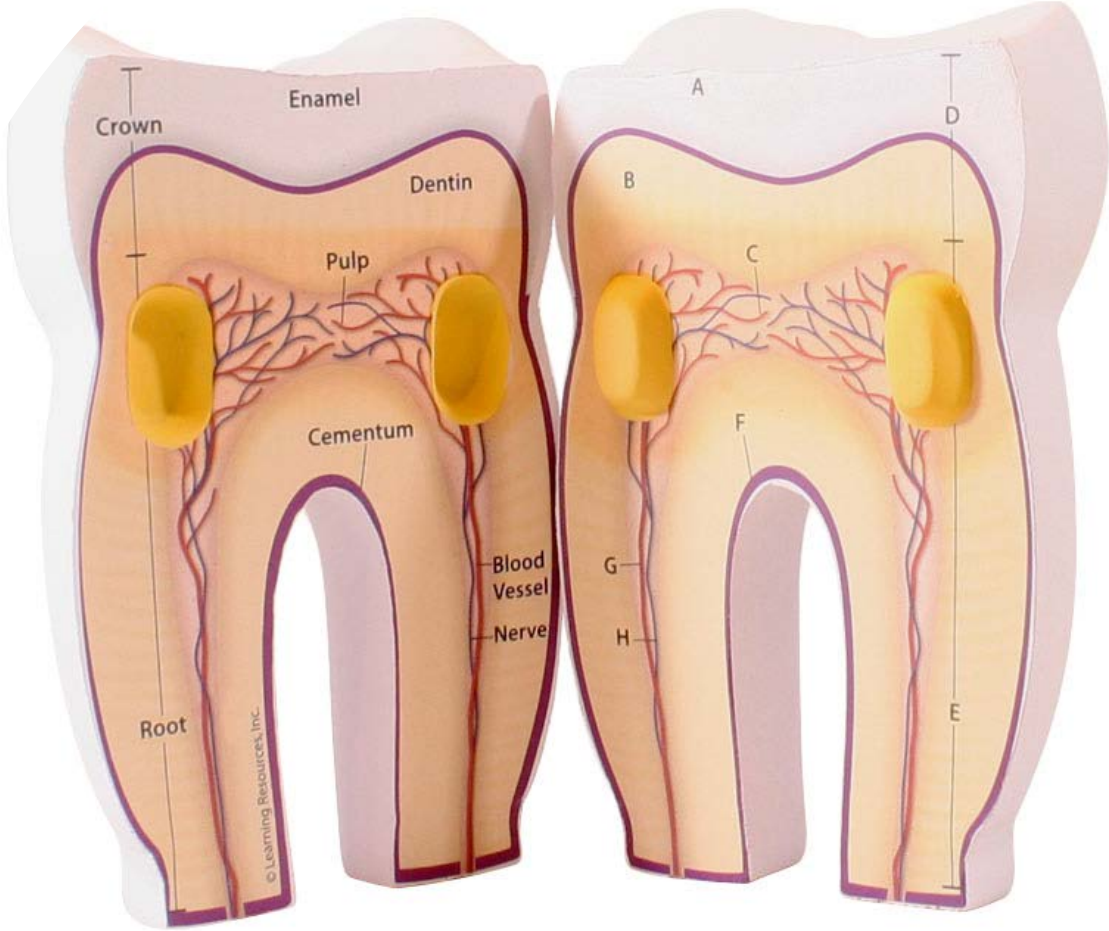
Text **BRUSH** to 35350 and we will send you **Brush! tips**
Standard text rates apply.

McMillen Center
for Health Education
www.brushdental.org

Brush Dental Curriculum

Bb Cc

Foam tooth



How to Care for Your Baby's Mouth

Find more information about
your children's dental health at
www.brushdental.org

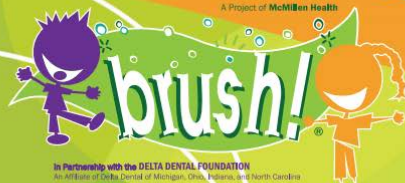


Keep Me Healthy Quick Tips

1. Wipe baby's gums twice a day with a damp cloth.
2. When teeth come in, start brushing twice a day with an infant toothbrush. Use a very small amount of children's toothpaste, about the size of a grain of rice.
3. Your baby should see the dentist for the first time at 12 months. Make an appointment today!

Baby Teeth are Important!

- Babies cannot have a **healthy body** without a healthy mouth.
- Those healthy baby teeth will help your baby eat the most **nutritious fruits and veggies**.
- Babies need healthy front teeth to learn **how to talk properly**.



My Healthy Teeth at 1 Year

Find more information about
your children's dental health at
www.brushdental.org

What Will Happen at My Baby's First Dentist Visit?

Your baby will sit on your lap so she can see you the whole time.

The dentist will look at her teeth, talk to you about how to care for her teeth, and tell you what to expect with upcoming teething.

This exam gives the dentist a chance to spot any problems that may be starting and helps to prevent future problems.

A **healthy mouth** means a healthy child!



Happy 1st Birthday Baby

Guess Who Wants to Celebrate With You? Your Dentist!

A baby's first visit to the dentist should be by **the time of their first birthday**.

Why? Children are getting more cavities and they are getting them earlier - many two-year-olds have cavities.

Dental decay can cause problems **with speech, with eating, and with sleeping**.

How Should I Get Ready for My Baby's First Visit to the Dentist?

Schedule your visit during a time when baby will not be **hungry or needing a nap**.

Be ready to answer questions about what your baby **eats and drinks** and your baby's **medical history**.

This is a great time for you to **ask questions** about teething or caring for baby's teeth, so **bring a list of any questions** you may have.

In a few years your baby will need **healthy teeth to be able to do well in school!**



How to Care for Your Child's Teeth

Find more information about
your children's dental health at
www.brushdental.org

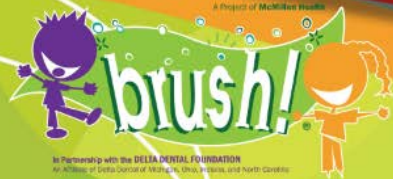


Keep Me Healthy Quick Tips

1. Brush teeth twice a day. Use a pea sized amount of children's fluoride toothpaste.
2. See the dentist twice a year.
3. Give milk with meals and water between meals. Children **don't need juice or other sugary drinks.**

Baby Teeth are Important!

- Children cannot have a **healthy body** without a **healthy mouth.**
- A shiny smile will help your child **make friends and feel good about herself.**
- Children with healthy teeth **do better in school!** Children with dental problems miss more school, are sick more, and can have trouble paying attention.



In Partnership with the **DELLA DENTAL FOUNDATION**
An Affiliate of Delta Dental of Michigan, Ohio, Indiana, and North Carolina

Healthy Foods = Healthy Teeth

Find more information about
your children's dental health at
www.brushdental.org

What We Eat & Drink Matters!

Brushing teeth twice a day keeps them clean and healthy. What children eat and drink affects whether they have healthy teeth!

Give a 2 hour break between snacking on food or drinks (except water). Acid is produced in our mouths for about 20 minutes every time we eat or drink (except water).

When children snack often and carry a sippy cup with a sugary drink, or juice, around, their teeth are under an **all-day acid attack!**

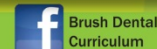
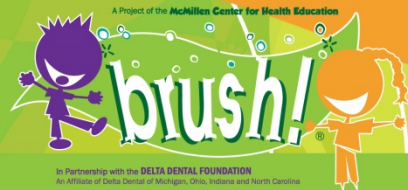
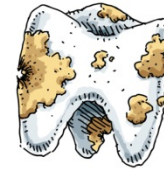


Feed Your Children:

- Fresh, or lightly cooked, fruits and vegetables.
- Calcium-rich foods like milk, yogurt and cheese.
- Milk (or milk substitute) with meals and water in between meals.
- High quality proteins, like meat, eggs, fish and beans.

Cavities Are Caused By:

- **Sticky foods**, like gummy fruit snacks and snack crackers, that get stuck between teeth. Chewable vitamins are better for teeth than gummy ones!
- **Sugary drinks** like juice and soda pop, especially when they are in a sippy cup. Avoid drinking juice all day; children do not need juice as part of a healthy diet.
- **Candy and sugary foods**, which can given once in a while, not every day.
- **Snacking all day**, even on healthy snacks.



Brush!® materials may not be reproduced or photocopied without the explicit permission of the author, McMillen Center for Health Education. 02/2015

FAQs: Using the Brush Resource Materials with WIC Clients

Why are we doing this pilot?

Early Childhood Caries is a public health epidemic that can cause detrimental and costly long-term effects for our young children. This pilot will assess the effectiveness of the training staff received on the Brush resource materials by evaluating:

- # of clients receiving Brush education
- # of clients referred to a dentist
- # of clients that visited a dentist

When should I provide the Brush resource materials to clients?

The Brush materials can be used whenever you would normally provide education for infants and children (i.e. at certification, recertification, infant and child mid-evaluation, or nutrition education appointments). As pilot clinics, we will ask you to share your experience of what works best.

That said, the following are suggestions for when to use the Brush resource materials – gearing the topics covered to the age of the infant/child:

- At the IEVAL appointment when infant is approximately 6 months old
- At the C1 Recertification or CEVAL appointment
- At the C2 Recertification or CEVAL appointment
- At the C3 Recertification or CEVAL appointment
- At the C4 Recertification or CEVAL appointment

When I provide Brush resource materials to a client, what documentation is needed in MI-WIC?

- Nutrition Education
 - » Document nutrition education was provided by selecting the new topic “Oral Health: Brush pilot” on the Nutrition Education screen
 - » Complete the details in the “NE pop-up” button as usual
 - » Provide appropriate brochures/handouts as reinforcement materials to clients, if applicable
- Referrals
 - » Document any information you obtained or provided regarding the child’s visit to a dentist in the Referrals screen for the “Dentist” category
 - Mark as “Current” if the child has already visited a dentist
 - Mark as “Referred” if you provide the client with name(s)/contact info for a dentist(s)
- Follow-up
 - » Document any follow-up obtained on a subsequent visit in Notes, as usual
 - » Use client-centered questions/statements such as “Were you able to make an appointment with the dentist? What, if any, issues did you have?”
 - » Change the “Dentist” category in the Referrals screen from “Referred” to “Current” if applicable

How do I use the incentives?

- Infants can be provided the mouth wipes
- Children can be provided a small toothbrush



Allyson Rogers, MA





About Altarum

Altarum creates and implements solutions to advance health among vulnerable and publicly-insured populations.

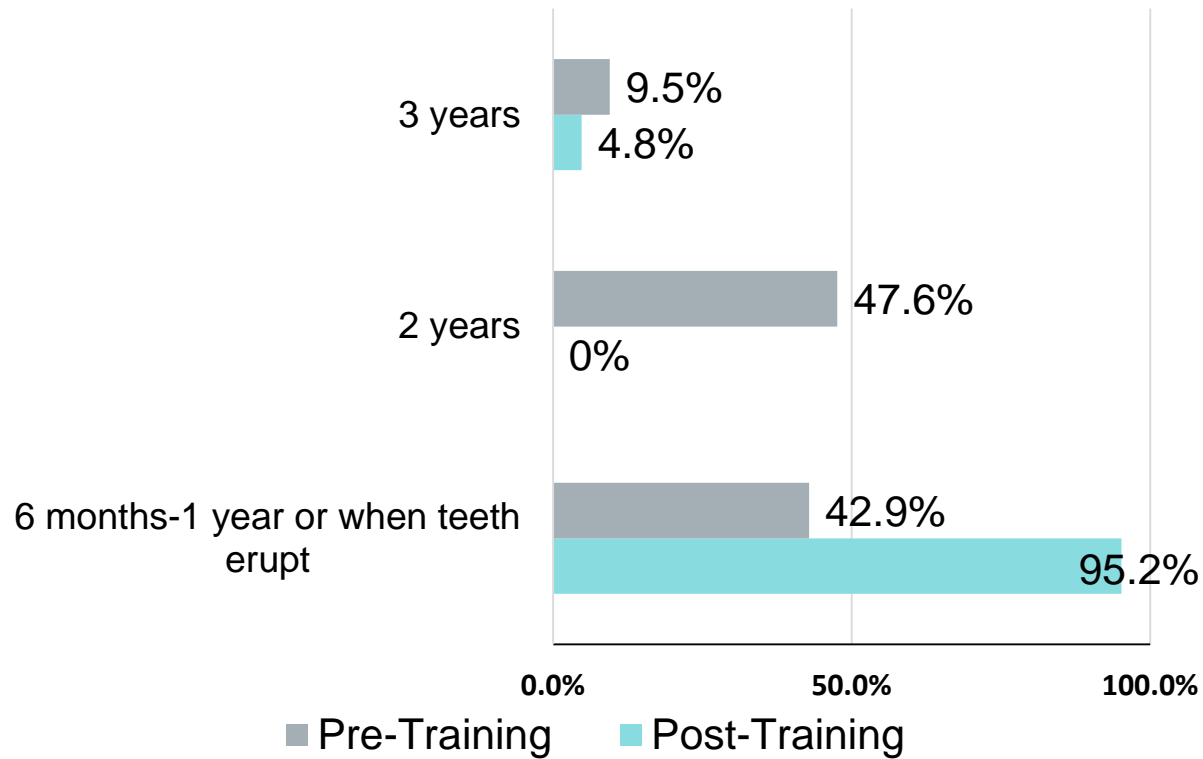
Our 6 Centers of Excellence:

1. Appropriate Care
2. Behavioral Health
3. Connected Health
4. Healthy Women and Children
5. Military and Veterans Health
6. Value in Health Care

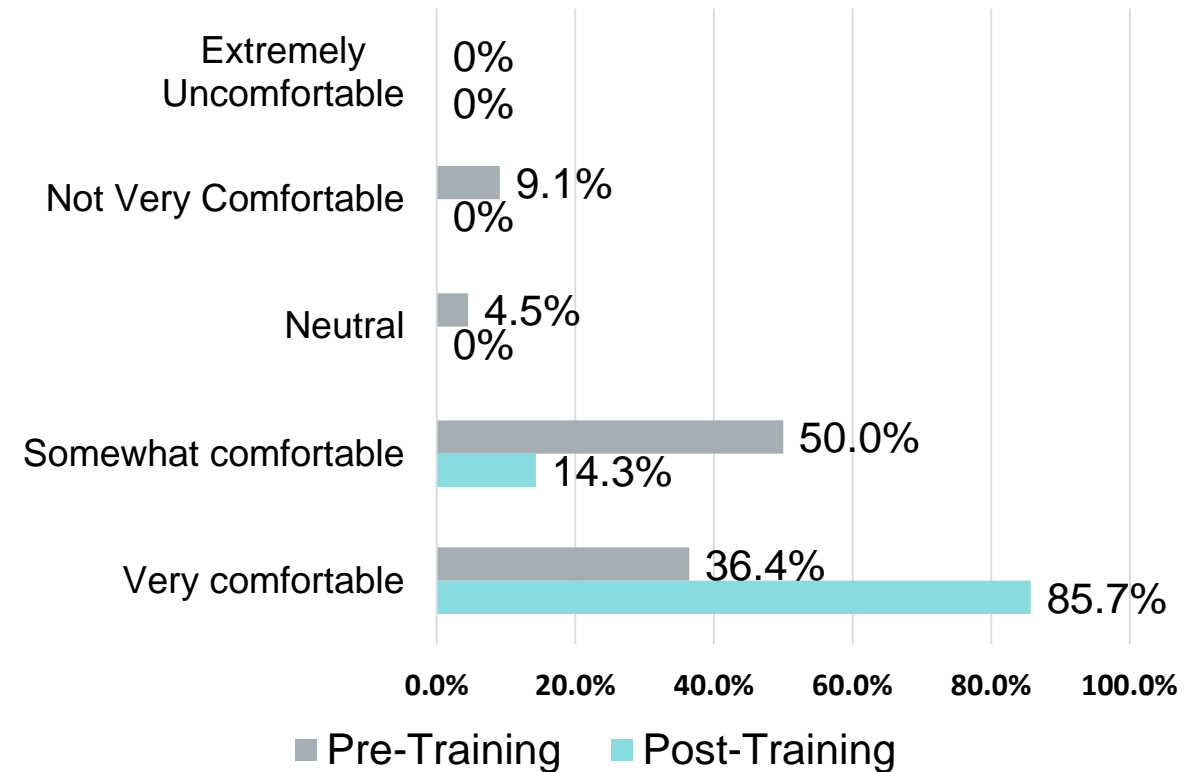
Brush Training in Michigan WIC: 2016 Survey Results

Training Impact: Knowledge & Comfort

Recommended Age for a Child's First Dental Visit



Comfort Level Discussing Dental Issues with Clients



Staff Feedback on BRUSH Training

Please describe your impression of this training in one statement:



100%

would recommend training to colleagues

Perspectives from the field:

- *“The BRUSH pilot provided our WIC staff with solid training and beautiful education resources to support the oral health education messages we already share. The training session aligned our message with oral health providers, giving our program more credibility. Now, clients are leaving with tools to follow through at home, which they love and appreciate. The BRUSH Pilot added the tools and resources necessary for clients to fully commit to their family’s oral health.”*
 - Summer Korponic, WIC Program Director at the Arab American and Chaldean Council (ACC) Clinic
- *“The BRUSH pilot has been very well received by our clients. Parents told me at their next appointment that they are using their gum brushes twice a day!”*
 - Ora Rosenfeld, Registered Dietitian at the ACC Clinic

WIC Brush Pilot: Evaluation of 2016 Referrals

Evaluation of Referrals: Introduction & Methods

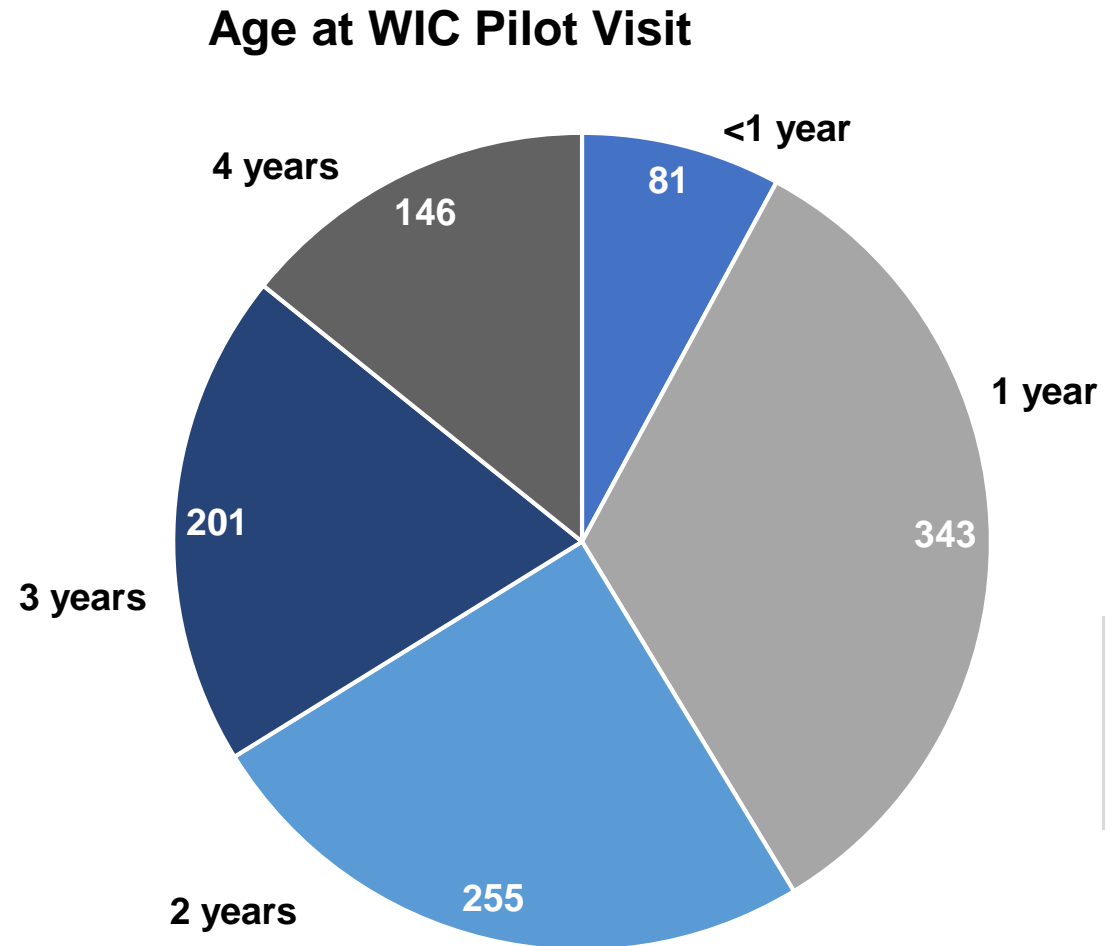
- This analysis evaluated whether referrals given by WIC staff resulted in visits to dental offices among children continuously enrolled in Medicaid in the six months prior to and six months following the WIC visit
- Medicaid enrollment data were merged with WIC visit data to determine which children were eligible for Medicaid
- Claims and encounter data for children eligible for Medicaid were searched to determine use of dental services before and after the WIC visit

Summary of WIC Pilot Visit Data: 2016 Visits

Among children who received the Oral Health Nutrition Education topic in the WIC setting (WIC pilot visit):

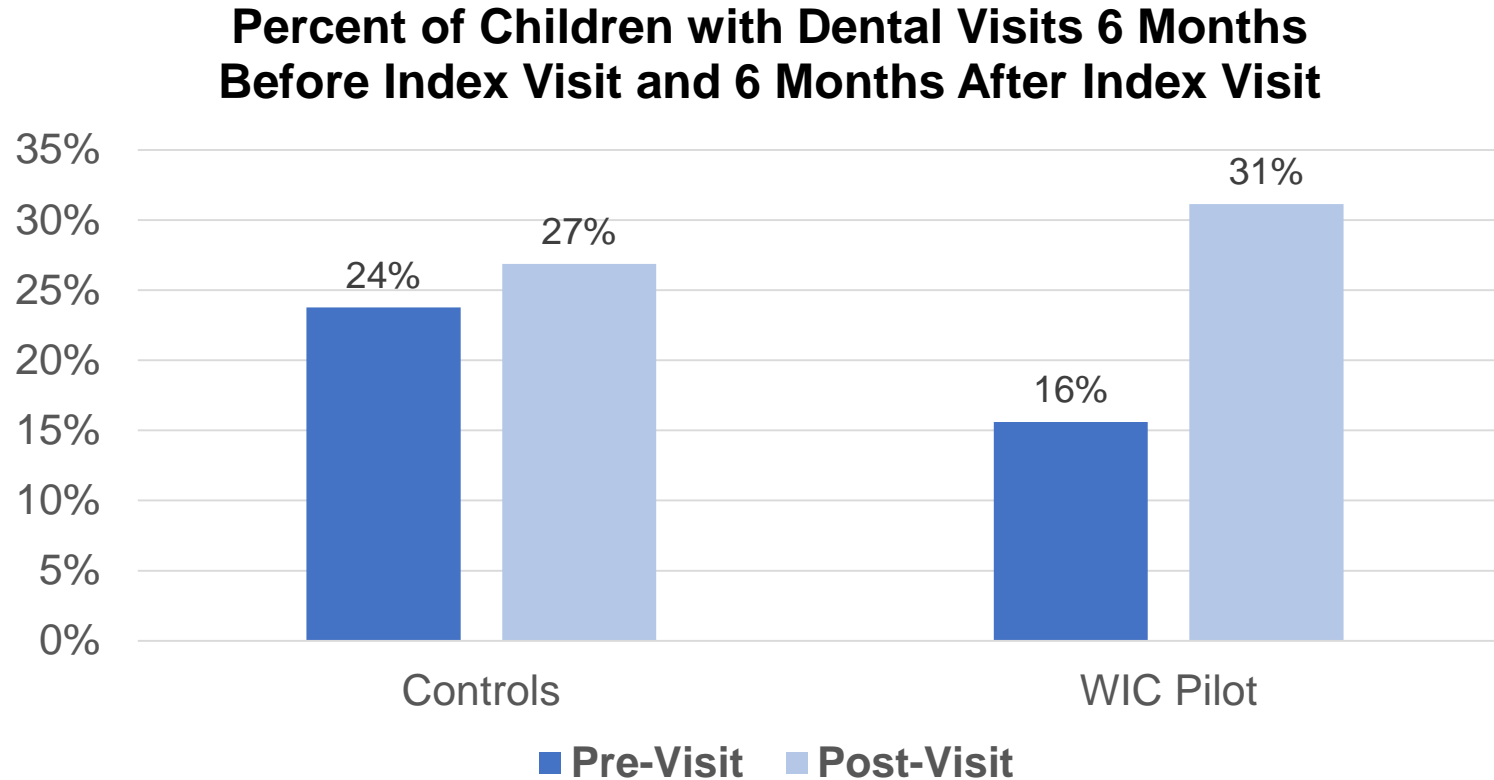
- **1,064** unique WIC pilot visits
 - 551 (52%) with one dental referral
 - 513 (48%) with referrals to two or more dental clinics
- **1,026** unique children
 - 988 (96%) with only one WIC pilot visit in 2016
 - 38 (4%) with two WIC pilot visits in year

Demographics of Pilot Participants



Of the 1,026 unique WIC participants in 2016, 2/3 were under the age of 3 years

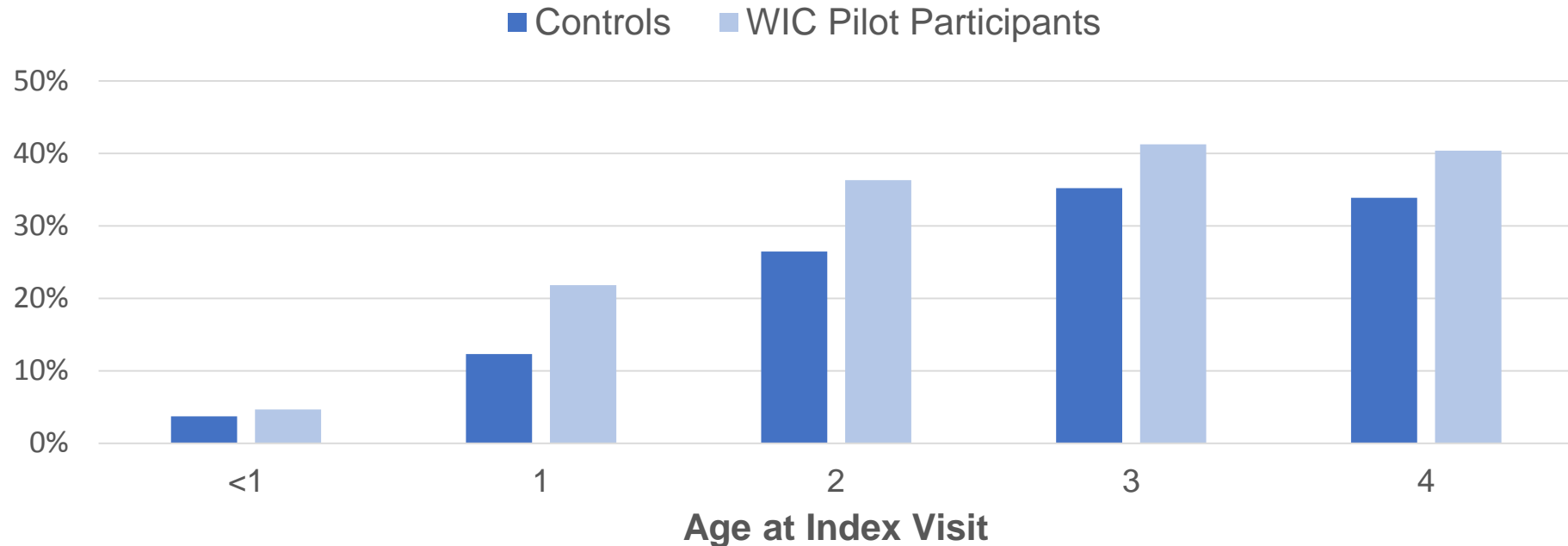
Impact of WIC Pilot on Rates of Dental Visits



WIC Pilot participants were less likely to visit a dentist in the 6 months before the WIC visit and more likely to visit a dentist in the 6 months following being referred

WIC Pilot Impact on Rates of Dental Visits by Age

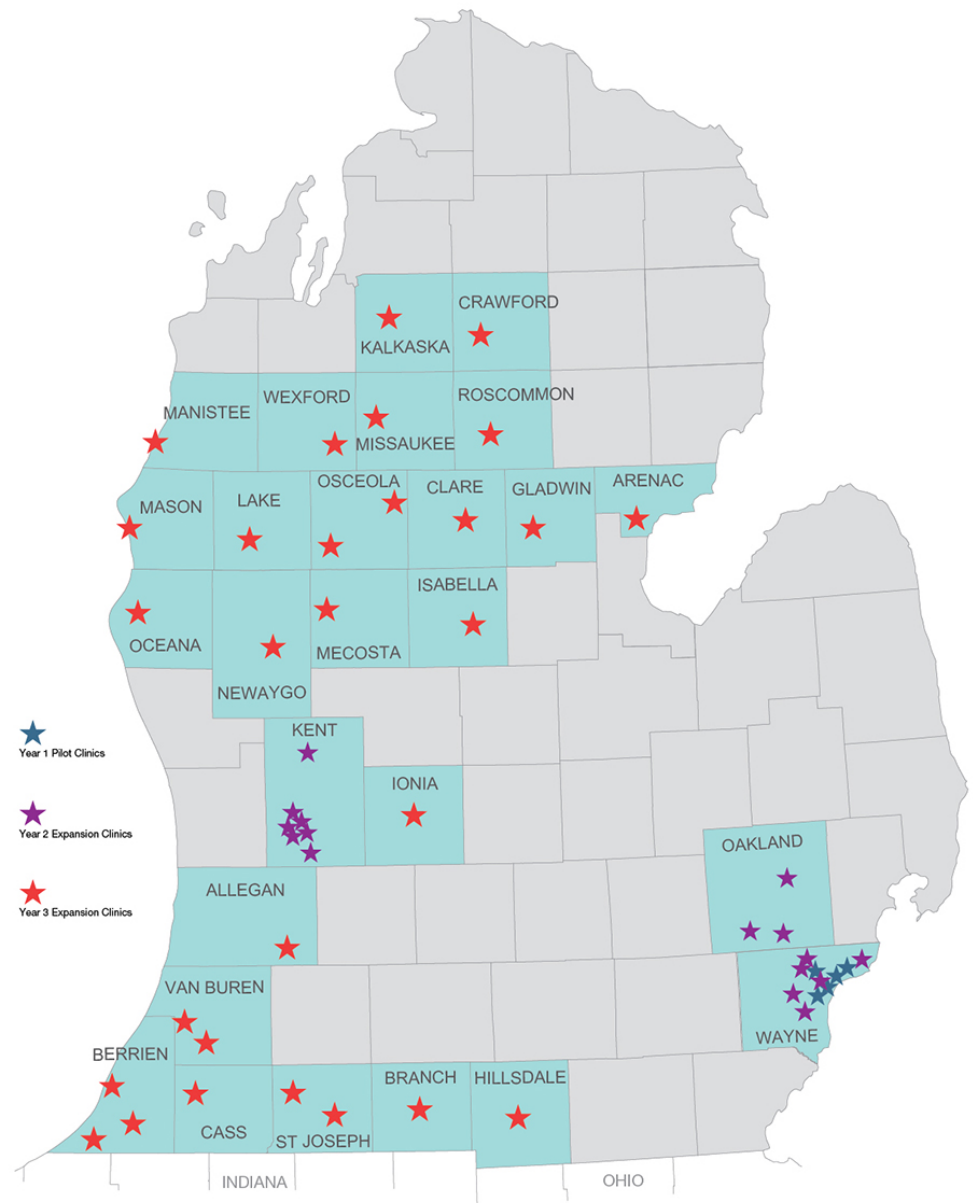
Percent of Children With at Least One Dental Visit in the 6 Months Following the Index Visit



The largest increase in dental visits among WIC Pilot participants was seen among 1-2 year-old children, indicating earlier establishment of a dental home

Expansion Efforts Underway

- An additional **46,000 children, or 20 percent** of the state’s WIC participation, have access to the program from year two —spreading education, knowledge, and healthier smiles across the state.
 - Preliminary results are showing that dental referrals are being placed and children are *accessing preventive care*
- A year 3 expansion is underway focused on **rural counties across the state** and will reach an additional 10% of the state’s WIC participation. We expect to reach more than **19,000 children and infants** through an innovative alternative health care setting to tackle access-related disparities.





Thank you!



Questions?