

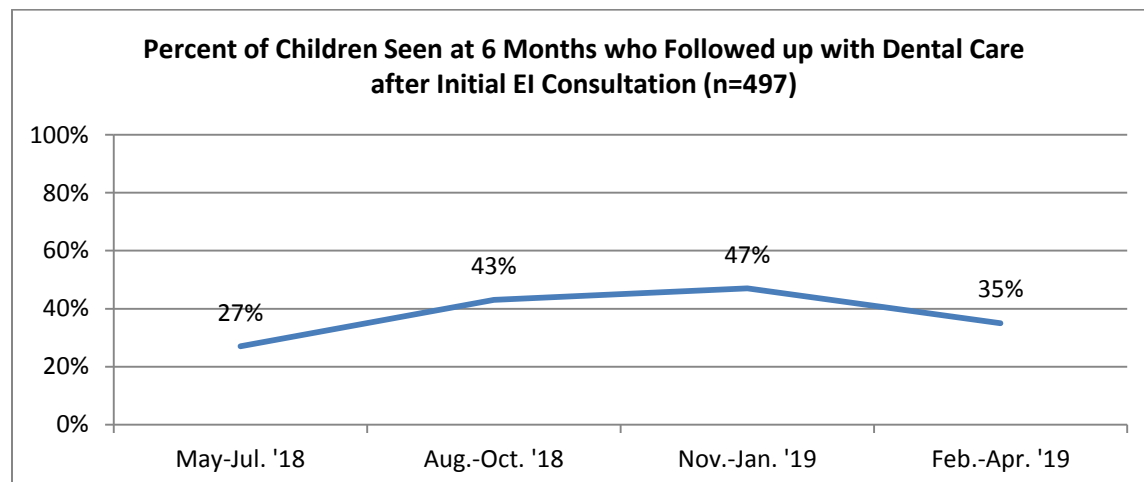
Early Intervention (EI) Programs address Oral Health Inequity

Black and Hispanic youth experience systemic barriers in accessing dental care, nationally and in Massachusetts (MA), resulting in inequities in oral health.¹ Since 2016, with grant funding from the U.S. Department of Health and Human Services Office of Minority Health, the Massachusetts Department of Public Health has implemented the Oral Health Equity Project (OHEP) in the pilot communities of Worcester and Holyoke. The goal of OHEP is to increase the percentage of Black and Hispanic children up to age 14 who have had a dental visit in the past 12 months. To accomplish this goal, OHEP developed several successful partnerships, including one with six Early Intervention (EI) programs in the two communities: Criterion Worcester, Pernet, Thom Worcester, South Bay Worcester, Criterion Heritage, and May Center. As part of this project, the six EI programs were expected to participate in the following activities:

- **Oral Health 101 Training:** The training curricula included information on oral health issues for children, dental referral procedures, insurance coverage, and community resources.
- **Indirect Referrals:** A screening form developed collaboratively between EI pilot sites and OHEP staff prompts staff to ask whether the child had a dental visit in the past 6 months and, if not, to provide them with a list of local dental providers accepting MassHealth developed by OHEP staff.
- **Quality Improvement:** Process mapping was conducted with one EI program to identify areas for improvement within the referral process.
- **Review Data:** Share data with EI program directors and staff to highlight successes and challenges and to strategize next steps.

Results

Screening: Since August 2018, 1,751 total screening/referral tracking forms have been collected. Of those who had teeth, 61% were in need of a dental visit. There was an increase in the percentage of children seen at 6 months who followed up with dental care after initial EI consultation from 27% in May 2018 to 35% in April 2019 (see figure below).



¹ Petersen, P. E., & Kwan, S. (2011). Equity, social determinants and public health programmes—the case of oral health. *Community dentistry and oral epidemiology*, 39(6), 481-487.

Training: In August 2018, the percentage of EI staff who reported being “very comfortable” knowing when a child needs to be seen by a dental provider for preventive dental care was 67% after the training which is an increase over the baseline percent of 40% from July 2017. The percentage of EI staff who reported being “very comfortable” knowing when a child needs to be seen by a dental provider for urgent dental care was 75% which is an increase over the baseline of 26% from July 2017.

In addition to **quantitative data**, qualitative interviews were conducted with program directors at each of the pilot sites in March and April 2019, and several key themes emerged:

- Oral Health 101 training helped staff feel more comfortable talking with families and understanding the guidelines.
- Creating an online module version of the training is helpful as EI Directors could embed into their on-boarding procedures and staff learning events.
- Resource packet provided to EI staff, which included a list of dental providers in the area that accepted MassHealth, is the most useful tool.

A challenge faced by many EI directors was that many pediatric dental and medical providers still do not recommend that children see a dentist before age 2, even though state and national guidelines for early childhood oral health recommend that they be seen by their first tooth or age 1, whichever comes first. Efforts are underway to educate dental and medical providers about this recommendation, but in the meantime EI providers can educate and provide resources to parents about these recommendations that can be shared with their providers.

OHEP staff and partner programs piloted adding an oral health question, “date of last dental visit,” to periodic assessments. If implemented statewide, this would help EI programs:

1. Assess and track oral health needs and utilization
2. Provide oral health information and referrals to services

A survey of EI staff was conducted in April 2019, which confirmed that Oral Health 101 training was effective. Of the 34 total respondents, 22 (65%) had participated in the training. Of these, 95% were comfortable knowing when a child needs to be seen by a dental provider for a preventive dental visit. 100% were comfortable in identifying and providing families with educational materials or resources related to oral health when they need them. 91% felt that the oral health equity project gave them the resources they needed to help connect families with dental care in their community.

Next steps:

OHEP is entering its fifth and last grant year in FY2020, and EI Programs will continue to participate in the following activities:

- Oral Health 101 online training module is in development and will be shared with the hope that all EI sites in MA can embed training into staff on-boarding/hiring processes
- Develop, disseminate, and maintain a list of oral health resources statewide

OHEP is planning an “Oral Health Summit” tentatively scheduled for May 15, 2020, which hopes to convene a wide range of community partners, including OHEP participants, to share best

practices, lessons learned, and an oral health equity model for Massachusetts. We hope to see many EI providers there. Location: TBD

Helpful links:

1. The Association of State & Territorial Dental Directors (ASTDD) has a webpage on [Oral Health Equity and Social Determinants of Dental Health](#).
2. The American Dental Association has a webpage called “Mouth Healthy” with information about [Baby Teeth](#), including videos on why baby teeth matter and when babies should start going to the dentist.
3. The CDC has a webpage on oral health for children with helpful [tips](#).
4. In 2016, Massachusetts released a set of practice guidelines for pregnant women and early childhood. They can be found online here: [Massachusetts Oral Health Practice Guidelines for Pregnancy and Early Childhood](#).
5. MassHealth dental coverage for children can be found on their website [here](#).

(*Note: feel free to use any/all of the 3 images below throughout the article—we added alt text for each one.)





1 Brush twice daily, with fluoride toothpaste



2 Use floss at least once a day



3 Eat healthy. Reduce sugary drinks and food



4 Visit the dentist for regular check-ups

ORAL HYGIENE *For Kids*

Tooth Decay IS THE MOST COMMON *Childhood Disease*



BRUSH AT LEAST 2x FOR 2min A DAY



Tooth Decay
IS ALMOST ENTIRELY
Preventable

5x MORE
COMMON
THAN *Asthma*

