

MCH Implementation Team State Action Plan
Oral Health-Decrease development of caries in children age birth to 5
3-Year Planning Period: 2012-2015

Context

Oral health and general health are not separate entities. Oral health is a critical component of health and must be included as part of individual and community health programs. While dental health has been improving in the US, children have not benefited at the same rates as adults. The proportion of children between 2 and 5 years old with cavities increased 15 percent during the past decade and poor children continue to suffer the most from dental decay. Influences on the oral health status of children go beyond what occurs inside the mouth. Complex and interactive influences on oral health occur at the child level, family level and community level and involve biological, behavioral, psychological and social protective and risk factors (Owens-Fischer Model).

Several programs are addressing the oral health crisis of Colorado's vulnerable children. Colorado has recently undergone its periodic Maternal and Child Health needs assessment process. Of the nine issues identified as Colorado priorities for the next five years, one emerged that centered on oral health, "Prevent development of dental caries in all children ages birth to 5." An implementation team has formed and been given the unique opportunity to develop an action plan to positively impact the oral health of this segment of the population. In addition, oral health was recently named as one of the 10 Winnable Battles for the Colorado Department of Public Health and Environment.

Cavity Free at Three (CF3), founded in 2007, is a statewide effort to prevent oral disease in children from infancy to age 3 by educating health professionals about the consequences of early childhood caries and their role in preventing this disease. Since many young children will see doctors and nurses earlier and more often than dentists, the CF3 model integrates caries risk assessments, anticipatory guidance, parent counseling and goal setting, establishment of a dental home, and fluoride varnish application into well child care visits. In 2012, the CF3 Program expanded to educate dental professionals about early integration of preventive services for young children. Training sessions lead by trained health professionals give medical and dental providers hands on practice with infants and toddlers for oral exams and fluoride varnish applications.

Both prenatal and oral health providers are limited in providing oral health care during pregnancy by their lack of understanding about its impact and safety. Many dentists needlessly withhold or delay treatment of pregnant patients because of fear about injuring either the woman or the fetus or fear of litigation. A set of perinatal oral health guidelines based on a review of the current science based literature has been developed by the National Maternal and Child Oral Health Resource Center. "Oral Health During Pregnancy: A Resource Guide" assists health care professional in delivering safe and effective oral health services to pregnant women and their children. Adoption of this guide by the Colorado Dental Association membership will give Colorado providers an easily accessible and recognized reference to agreed upon treatments protocols for pregnant women and young children.

Currently, Colorado Medicaid does not cover dental services for adults except in cases of emergency or when a condition of the oral cavity is making a concurrent medical condition worse, and even in these situations the services are very limited. However, adult coverage will begin April of 2014, enabling pregnant women to receive a limited comprehensive benefit. Pregnant women on CHP+ have access to limited dental services in emergency situations only.

Goal(s)		Data Source(s)		
G1	Increased percentage of pregnant women who see a dentist	Medicaid data		
G2	Increased percentage of children birth to five having a dental home	Medicaid data		
G3	By September 30, 2016, increase the proportion of children receiving their first dental visit by age one from 11.2% to 14% (Winnable Metric)	Child Health Survey		
G4	Increased number of dental providers who accept Medicaid	Medicaid data		
G5	Increased number of dental providers who see pregnant women and/or children age birth to five	Medicaid data		
G6	Increased percentage of the population receiving fluoridated water from community water systems from 70.6% to 75 % by 2016 (WB goal)	Water Fluoridation Reporting System (WFRS)		
G7	Decreased development of dental caries in all children age birth to five	Basic Screening Survey		
G8	Decreased health disparities associated with dental caries among children age birth to five	Basic Screening Survey		
Objective A: By September 30, 2015, oral health partners will reach agreement on consistent oral health messaging for early childhood.				Lead: Marcy Bonnett
Target Population: CDPHE Birth to 8 (B-8) Collaborative, Tri-Agency Collaborative (addressing the Winnable Battle on oral health) consisting of Colorado Department of Public Health and Environment, Health Care Policy and Financing, Colorado Department of Human Services				
Criteria for Success:			As Measured by:	
<ul style="list-style-type: none"> A list of key messages have been created and adopted by the B-8 Collaborative and the Tri-Agency Collaborative 			<ul style="list-style-type: none"> A list of key messages to be used in all oral health messaging from state agencies 	
Strategy	Milestones / Key Activities	Target Completion Date	Responsible Persons/Group	Monitoring Plan
Develop and promote complimentary components to reinforce existing	Participate in B-8 Collaborative meetings and integrate the importance of oral health in early childhood into the groups' larger messaging and marketing efforts	September 30, 2015	Child & School OH Coordinator (Beth Wyatt)	Marketing materials incorporating the importance of oral health in early childhood development

Cavity Free at Three efforts	Convene and coordinate a Tri-Agency workgroup to address the CDPHE Winnable battle on oral health	September 30, 2015	Dental Director (Katya Mauritson)	Workgroup activities and accomplishments are posted on CoPrevent website
	Participate in monthly Tri-Agency Workgroup meetings and integrate the early childhood perspective into the activities of the subcommittee working on public service announcements	September 30, 2015	Tri-Agency Workgroup	PSA announcements are developed highlighting the importance of oral health in early childhood development

Objective B: By September 30, 2015, the number of primary care providers, local health agencies and dental professionals completing Cavity Free at Three training provided by the Oral Health Unit staff will increase from zero to 120 (40 per year).

Lead: Annie Gibbs

Target Population: Primary care providers, public health practitioners, dental providers

Criteria for Success:

- Number of participants who complete CF3 trainings delivered by or required by CDPHE

As Measured by:

- Lists of attendees
- Contractor performance evaluations

Strategy	Milestones / Key Activities	Target Completion Date	Responsible Persons/Group	Monitoring Plan
Develop and promote complimentary components to reinforce existing Cavity Free at Three efforts	Three members of the OHU and four Regional Oral Health Specialists (ROHS) will be certified as CF3 Trainers.	February 28, 2014	CF3 Lead (Annie Gibbs)	Train the Trainer certification
	CF3 staff and Regional Oral Health Specialists will deliver fifteen CF3 trainings to forty primary care providers, local health agencies and dental professionals, concentrating on providers serving a high percentage of Medicaid recipients	September 30, 2015	CF3 Staff and ROHS	Record of completed trainings; list of attendees
Strategy				
Explore and advocate for policy changes that	Incorporate a commitment to complete CF3 training into contracts with dental providers for the Colorado Health Service Corp, National Health Service Corp and Expanded Dental Loan Repayment programs.	September 30, 2014	CF3 Lead (Annie Gibbs), Primary Care Office	CF3 requirement is included in contracts

support oral health providers in caring for young children and pregnant women	Collaborate with the Primary Care Office to ensure loan reimbursement recipients have completed the CF3 training	September 30, 2015	Dental Director (Katya Mauritson), CF3 Lead (Annie Gibbs)	Contractor performance evaluations
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Objective C: By July 30, 2013, the National Maternal and Child Oral Health Resource Center's (MCOHRC) "Oral Health During Pregnancy: A Resource Guide" will be formally endorsed by the Colorado Dental Association. **Lead: Marcy Bonnett**

Target Population: Colorado Dental Association

Criteria for Success:	As Measured by:
<ul style="list-style-type: none"> Endorsement by and distribution of guidelines to Colorado Dental Association members 	<ul style="list-style-type: none"> Written statement issued by the Colorado Dental Association

Strategy	Milestones / Key Activities	Target Completion Date	Responsible Persons/Group	Monitoring Plan
Explore and advocate for policy changes that support oral health providers in caring for young children and pregnant women	Present the National Maternal and Child Oral Health Resource Center's "Oral Health During Pregnancy: A Resource Guide" to the Colorado Dental Association for endorsement	July 30, 2013	Workforce Manger (Marcy Bonnett)	Written approval received
	Develop fact sheet with data regarding oral health and pregnancy.	July 30, 2013	Dental Director (Katya Mauritson), Workforce Manger (Marcy Bonnett), EPIDEMIOLOGY, PLANNING AND EVALUATION BRANCH	Finalized fact sheet
	Distribute fact sheet, MCH OH Bureau Guide and letter of introduction endorsed by CDA to members of the Colorado Dental Association, Colorado Dental Hygiene Association and senior dental students.	September 30, 2013	Workforce Manger (Marcy Bonnett)	Endorsement letter co-signed by CDA, CDPHE and MCOHRC

Objective D: By September 30, 2014, increase the number of Colorado medical associations who have endorsed and distributed to their membership the National Maternal and Child Oral Health Resource Center's "Oral Health During Pregnancy: A Resource Guide" from zero to three. **Lead: Annie Gibbs**

Target Population: Colorado medical Associations (e.g. OB-GYNs, Nurse Practitioners, Physician Assistants, etc.)

Criteria for Success:			As Measured by:	
<ul style="list-style-type: none"> Endorsement of the Guide by three Colorado medical associations 			<ul style="list-style-type: none"> A letter describing and endorsing the Guide is distributed to three medical associations' membership or included in association newsletters 	
Strategy	Milestones / Key Activities	Target Completion Date	Responsible Persons/Group	Monitoring Plan
Explore and advocate for policy changes that support oral health providers in caring for young children and pregnant women	Identify three Colorado medical associations with a focus on primary care, pediatrics, and/or pregnancy to endorse and distribute the Guidelines	April 30, 2014	CF3 Lead (Annie Gibbs)	List of three medical professional associations to reach out to with education on the Guide
	Present on the importance of oral care for pregnant women and their children and information on the Cavity Free at Three model to selected medical associations	July 31, 2014	CF3 Lead (Annie Gibbs), CF3 Education Coordinator (TBD)	Power Point Presentation
	Deliver presentation to representatives from medical professional associations	December 31, 2014	CF3 Education Coordinator (TBD)	Follow-up thank you letters to representatives of medical professional associations
	Distribute CDPHE pregnancy and oral health fact sheet, MCH OHRC Guide and letter of introduction endorsed by the selected medical associations to their members.	September 30, 2014	CF3 Lead (Annie Gibbs)	Endorsement letter co-signed by medical associations, CDPHE and MCOHRC
Objective E: By September 20, 2015, the number of dental loan repayment program providers working in underserved areas will have increased from 52 to 60.				Lead: Katya Mauritson
Target Population: Dental Providers participating in the dental loan repayment program				

Criteria for Success:	As Measured by:
<ul style="list-style-type: none"> Number of dental loan recipients working in underserved areas 	<ul style="list-style-type: none"> Number of active dental loan contracts

Strategy	Milestones / Key Activities	Target Completion Date	Responsible Persons/Group	Monitoring Plan
Explore and advocate for policy changes that support oral health providers in caring for young children and pregnant women	Meet with the Primary Care Office staff to document outlining the current status of the program, political climate, funding and grant opportunities, etc.	May 31, 2013	Dental Director (Katya Mauritson), PCO	Resource Development Plan is complete
	Conduct literature review on best and/or promising practices to increase the reach of dental loan repayment programs	March 31, 2013	Adult & Community OH Coordinator (Corinne Allen-Ziser)	Written synthesis of literature reviews complete
	Convene internal workgroup (Primary Care Office, Oral Health Unit) to review Resource Development Plan and identified best and promising practices and develop an action plan for increasing the number of dental loan repayment recipients	June 30, 2013	Dental Director (Katya Mauritson)	Action Plan is complete
	Implement action plan	September 30, 2015	Dental Director (Katya Mauritson)	

Objective F: By September 30, 2015, the number of Medicaid and CHP+ eligible pregnant women receiving preventive and restorative services will increase by 10 percent. **Lead: Katya Mauritson**

Target Population: Medicaid and CHP+ patients

Criteria for Success:			As Measured by:	
<ul style="list-style-type: none"> Planned CHP+ coverage for comprehensive dental care for pregnant women 			<ul style="list-style-type: none"> CHP+ benefit for pregnant women 	
Strategy	Milestones / Key Activities	Target Completion Date	Responsible Persons/Group	Monitoring Plan
Explore and advocate for policy changes that support oral health providers in caring for young children and pregnant women	Meet with internal partners, Health Systems Unit Director, and Mandy Bakulski, Maternal Wellness Director, to discuss opportunities to coordinate/integrate insurance benefits for pregnant women that include comprehensive dental benefits	December 31, 2013	CF3 Lead (Annie Gibbs), Dental Director (Katya Mauritson)	Create a written report to share with members of the Oral Health Unit and the Tri-Agency work group describing opportunities to integrate oral health into insurance benefit packages for pregnant women
	Share information generated from the meeting with internal partners describing opportunities to integrate oral health into insurance benefit packages for pregnant women with both the Oral Health Unit and the Tri-Agency workgroup (Winnables) tasked with establishing a comprehensive dental benefit for pregnant women	TBD	Dental Director (Katya Mauritson)	Shared report
	Support the Tri-Agency workgroup (Winnables) tasked with establishing a comprehensive CHP+ dental benefit for pregnant women by delivering expert opinion (on an ongoing basis and as requested) regarding evidence based treatment protocols for pregnant women	September 30, 2015	Dental Director (Katya Mauritson)	Delivery of technical assistance (as requested) is documented
Objective G: By September 30, 2015, the number of local health agencies, councils, coalitions or community advocates referencing the Healthy Community Standards for Oral Health to identify local oral health needs and improve the oral health status of their community will have increased from zero to 15.				Lead: Marcy Bonnett
Target Population: Local health agencies, Early Childhood Councils, local oral health coalitions, community advocates				

Criteria for Success:	As Measured by:
<ul style="list-style-type: none"> Number of local health agencies, councils, coalitions or community advocates using the Healthy Community Standards for Oral Health 	<ul style="list-style-type: none"> Follow-up survey to those who participate in a webinar or training on the Standards Toolkit or download the Toolkit from the OHCO website.

Strategy	Milestones / Key Activities	Target Completion Date	Responsible Persons/Group	Monitoring Plan
Develop and promote the Healthy Community Standards for Oral Health	Create a Toolkit to assist Early Childhood Councils, educators, and others working to improve the oral health of young children in Colorado by offering information, resources and tools to support the Community Standards for Oral Health	December 31, 2011	Helene Kent, Consultant	Final Toolkit is completed and approved by the Implementation Team
	Post Toolkit to Oral Health Colorado website	January 31, 2012	Child & School OH Coordinator (Deborah Borek)	Toolkit posted to OHCO website
	Host introductory webinar to introduce Toolkit to Early Childhood Councils, local oral health coalitions and community advocates	February 29, 2012	Helene Kent, Consultant	Delivery of Webinar
	Present the Toolkit to local health agencies at Maternal Child Health annual session	March 09, 2012	Child & School OH Coordinator (Deborah Borek)	2012 MCH Annual Session agenda
	Incorporate the Standards into the State Oral Health Plan	February 29, 2012	Karen Cody Carlson, Oral Health Colorado	2012 Colorado State Oral Health Plan
	Survey local health agencies, coalitions, Early Childhood Councils and community advocates to assess usage and perceived "value" of the Standards. Repeat in 2015. Update toolkit based on survey results and current research.	December 31, 2012/September 30, 2015	Epidemiology, Planning and Evaluation Branch, Marcy Bonnett (Workforce Manager)	Survey results
	Deliver ongoing technical assistance to local agencies and advocates on how to use the Standards and Toolkit to improve the oral health of children in their community	September 30, 2015	Child & School OH Coordinator (Beth Wyatt)	List of agencies and/or advocates requesting assistance

Objective H: By September 30, 2015, the Oral Health Unit will have provided stakeholders with accurate and timely oral health data to inform program development and decision making. **Lead: Katya Mauritsen**

Target Population: Federal, state and local stakeholders

Criteria for Success:			As Measured by:	
<ul style="list-style-type: none"> Accurate data is disseminated to the appropriate stakeholders in a timely fashion 			<ul style="list-style-type: none"> Execution of data dissemination plan 	
Strategy	Milestones / Key Activities	Target Completion Date	Responsible Persons/Group	Monitoring Plan
Collect, analyze, monitor and disseminate Colorado oral health data	Complete Basic Screening Survey (BSS) of Kindergarten and 3 rd grade students	May 31, 2012	Adult and Community OH Coordinator (Corinne Allen-Ziser)	Data sent to Epidemiology, Planning and Evaluation Branch
	Analyze primary BSS data	January 31, 2013	Epidemiology, Planning and Evaluation Branch, Oral Health Unit	Complete data set
	Work with EPE to interpret BSS data and highlight key findings for final report	January 31, 2013	Epidemiology, Planning and Evaluation Branch, Oral Health Unit	2011 Basic Screening Survey Report
	Incorporate BSS data into Oral Health Burden Document	January 31, 2013	Epidemiology, Planning and Evaluation Branch	Updated Colorado Oral Health Burden Document
	Post Burden Document to CDC grant website (MOLAR)	January 31, 2013	Dental Director (Katya Mauritson)	Burden Document uploaded to MOLAR
	Create statewide dissemination plan for BSS data, Burden Document, Surveillance system Plan, Workforce Modeling report, and Child Health Survey results.	March 31, 2012	Dental Director (Katya Mauritson)	Written dissemination plan
	Execute statewide data dissemination plan	January 31, 2013	Dental Director (Katya Mauritson)	All data disseminated per plan
	Ongoing: supply data to local, state and federal stakeholders as requested	September 30, 2015	Epidemiology, Planning and Evaluation Branch, Oral Health Unit	Data requests are completed and documented

	Complete Head Start BSS and disseminate data brief to partners.	July 30, 2014	Epidemiology, Planning and Evaluation Branch, Marcy Bonnett (Workforce Manager)	Completed data brief
	Plan 2016 BSS	September 20, 2015	Epidemiology, Planning and Evaluation Branch, Oral Health Unit	BSS included in 2016 EPE plan
Objective I: By September 30, 2015, the Oral Health Unit will support the activities of a Prevent Abuse and Neglect Through Dental Awareness (PANDA) workgroup.				Lead: Katya Mauritson
Educate dental providers regarding PANDA	Reconvene PANDA workgroup	July 31, 2013	Dental Director (Katya Mauritson)	Membership list and meeting minutes
	Workgroup will identify list of high priority populations, including pregnant women and young children, and resources to reach those populations	August 31, 2013	PANDA workgroup	List of priority populations with target organizations to link to populations
	Identify and pursue funding or existing provider trainings to support workgroup activities	September 30, 2014	PANDA workgroup, Child & School OH Coordinator (Beth Wyatt)	Funding sources or existing training resources identified
	Plan 3 provider educational opportunities to address PANDA for patients	December 31, 2014	PANDA workgroup, MDDS, Child & School OH Coordinator (Beth Wyatt)	Written plan
	Contract to develop provider trainings and/or webinars regarding identification and referral for abuse and neglect cases to appropriate resource if unable to identify existing trainings	September 30, 2015	PANDA workgroup, Kempe Center, Child & School OH Coordinator (Beth Wyatt)	Final training products

Disseminate trainings to dental providers with CDPHE contracts and integrate trainings into appropriate HCPF and DHS contracts	September 30, 2015	PANDA workgroup, CDA, MIT implementation team, Child & School OH Coordinator (Beth Wyatt)	Trainings disseminated on an ongoing basis, updated every 2-4 years.
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