

**CHIPRA Dental Education Listening Session**  
**October 23, 2009**  
**Hubert H. Humphrey Building Conference Room 505A**  
**2:00 PM – 4:00 PM**  
**Summary Paper**

**Background:**

CHIPRA has a statutory requirement under section 501 to educate pregnant women and parents of newborns about the risks and prevention of cavities and the need for a dental visit within the first year of life.

**Goals:**

Explore strategies to use the assembled group's experience and best practice information to discuss outreach strategies and messaging to educate pregnant women and parents of newborns about the importance of good dental health, the need to communicate about the risk.

**Welcoming Remarks from CMS and HRSA:**

Jennifer Ryan, the Facilitator, of the Center for Medicaid and State Operations (CMSO) of the Centers for Medicare & Medicaid Services (CMS) provided welcoming remarks to the group and set the stage for the listening session to discuss the messages that we need for the CHIPRA Dental Education effort.

Conan Davis, CMS Chief Dental Officer added his welcome and re-emphasized the need for developing consensus for our message and thanked the group for their time and effort.

Mark Nehring, DMD, MPH, of the Health Resources and Services Administration (HRSA) also provided opening remarks and discussed how this new dental outreach serves as another step in bringing science to practice concerning the oral health of women during pregnancy and its implications surrounding the perinatal period. He provided background on two National Institute sentinel studies that helped oral health programs to rally around sound evidence related to periodontal health and birth outcomes and the periodontal health for women of reproductive age. A subsequent research to practice forum was convened by HRSA's Maternal and Child Health Bureau to offer public and private health leaders the opportunity to dialogue about future directions in research, policy, programs and practice. Dr. Nehring expressed his enthusiasm about the collaborative dialogue taking place as a result of the new CHIPRA legislation calling for outreach and education.

Cindy Mann, Director CMSO added her greetings and said that she was eager to hear participants' insights. CMS has been working on these issues and is looking forward to learning from and coordinating with the assembled groups. CMS wants to be more aggressive with dental care and CHIP/Medicaid, which are more than the sum of their parts.

### **Remarks from the Office of Minority Health:**

Dr. Rochelle Rollins of the Office of Minority Health (OMH) offered greetings on behalf of Dr. Garth Graham, the Director of OMH. They have been spending the last 5 months learning and discussing the state of oral health among the minority populations. They look forward to the outcome of these discussions.

### **Presentation and Key Findings by Children's Dental Health Project:**

Jessie Buerlein of the Children's Dental Health Project (CDHP) provided insights into the focus groups that CDHP and the University of Maryland conducted with members of the target population as part of an effort funded by HRSA's Maternal Child Health Bureau.

Women were recruited by many organizations that work with low income parents. They were asked open ended questions and presented with print materials. Most did not have a regular relationship with a dentist and many had signs of decay and dental pain.

Questions were asked about vertical transmission (transmission of bacteria through mother/child saliva). The women were skeptical about the potential transmission of bacteria and the need to wipe their baby's gums.

When it came to the age of the first dental visit, many women indicated that they wished they had heard about the importance of a dental visit before the first birthday and the message about the importance of fluoride earlier.

Few of the women had heard about the need for fluoride early in a child's development. Many had heard messages about lead pipes and water as well as the importance of not giving their child sugary products.

The women suggested that providing more pictures in visual resources would help them understand materials better as would more prescriptive messages.

Overall findings were:

- 1) Women needed information earlier;
- 2) They needed messages communicated outside of print vehicles;
- 3) Use of the internet/email/text messages/social media/communications through the school systems would be helpful;
- 4) The continuum of care needs to be addressed because there is a lapse in treatment with many adolescents who are pregnant;
- 5) Most materials don't address the underlying fears of going to the dentist; women were concerned about being separated from their baby during the exam;

6) There is a need to address certain misinformation about vertical transmission, confusion about juice and food products in terms of sugar content, and the importance of using fluoride toothpaste.

The overall assessment from the focus group is that the mothers were highly motivated, but the information wasn't getting to them soon enough or wasn't accessible to them.

### **Open Discussion:**

Facilitator posed a few questions throughout the session to encourage dialogue:

- What kind of campaign do we need to formulate for this effort?
- What are the essential key messages?
- How can we encourage families to take their baby to the dentist before their first birthday?

#### **1. Type of Campaign to Formulate This Effort**

- The need to provide outreach to pediatricians. There is a need for the medical and oral health community to partner to drive home the message. Using dental hygienist to do face-to-face education visits.
- Use of one on one interaction with peer models similar to the breast feeding campaign. Suggest looking at the program in North Carolina which uses case workers. There is a need to review other peer models.
- Use of social marketing e.g., sending text messages, internet, retail stores.
- Public-private partnerships e.g., partnering with industries like diaper makers, to get the message across.
- Women need information early in the pregnancy.
- Review the Babies To Sleep campaign to determine if strategies used could be beneficial.
- Reach out to everyone who cares for the newborn – other caregivers like the father, grandparents, etc.
- Conduct a campaign that is similar to what efforts in Rhode Island and Maryland. There is a pilot project in MD proposed by Senator Mikulski as part of healthcare reform legislation and will be an opportunity to see what is most successful in states.
- We are faced with both an access and an education challenge. To reach the population we are called to serve, the successful programs are those that utilize individuals that assist in navigating through the system - the case worker, community advocate or promateur. Surround services may need to be utilized like those provided through Title V programs.
- Provide a multi-pronged communication campaign.
- Someone highlighted the First Smiles program that they field tested and targeted to moms with children from ages 1-5. Every woman in CA giving birth gets information about the First Smiles program.

- Reminder that the mother's Medicaid ends at 6 weeks post birth and that oral health needs to be part of the post-partum messaging.
- The facilitator says that the medical community has the most exposure to these patients and perhaps we need to focus on a campaign with them.
- We should combine efforts with the folks who are promoting fluoride varnish for 0-3 year old children and work on messaging for dental hygienists.
- We should work closely with CDC's Division of Oral Health that is interested in comparative effectiveness research opportunities. She also suggested that one way to communicate about this program would be to celebrate the successes and feature successful stories about prevention of dental carries.
- AAPD's website has a link to the work being done in Massachusetts working with WIC.

## **2. Messaging**

- The message should include the importance of baby teeth.
- There is some confusion when the parent should take their child to the dentist.
- Suggest materials that demonstrate how toddler should brush their teeth.
- Message should cater to ethnicity and cultural groups – need to be very conscious of the dental literacy of targeted groups with whom we communicate.
- There should be a comprehensive program that target at risk groups with literacy issues.
- **There should be more than one message. There isn't a one size fits all approach.** One method won't reach everyone and follow-up is key.
- Messages should address when is it safe for children to use toothpaste with fluoride especial when they can't spit out.
- We need explicit communication to change behavior.
- Someone spoke of the need for a public health message that doesn't give mothers a lot to worry about. The message we are trying to communicate is complicated.
- We need more practical information about what is the easiest way to be in compliance. There are cultural issues – about pre-chewing food that need to be addressed. Mother's oral health = child's oral health. There are direct benefits for taking care of both of their oral health.

## **3. Ways to Encourage Families to Take Their Baby To the Dentist Before Their First Birthday**

- Partner with Sesame Street - Elmo character was used to reduce the fear of H1N1. Note that the ADA has a joint project with Sesame Street. They are in the process of developing materials for small children.
- Work with Procter and Gamble about the need to have a one year visit, work with Head Start before birth to reach the mom before her attention is diverted.
- Put resources into the communities that need help. A provider campaign is not enough.
- Link with the USDA Healthy Baby Campaign. It is important to have all facets of the USDA talking with CMS and their partners, as there are infant feeding guide and suggested training local staff who is working on breast feeding.
- Post dental messages on [www.healthychildren.org](http://www.healthychildren.org)

- Link to [www.insurekidsnow](http://www.insurekidsnow) website. We need to add more information for consumers and professionals.
- Use text messaging as a way to communicate – [www.text4baby](http://www.text4baby) initiative in January is a public-private partnership to develop messaging to go to pregnant women and new mothers via their cell phone. The messages will be timed to where they are in their pregnancy or their child's age. Most homeless people have a cell phone. They don't have addresses, but you can count on them having cell phones. Some State Medicaid agencies are doing re-determinations by text message. We need to be aware of the churn in terms of insurance.
- Work with ethnic radio and television stations; they are also important targets to reach certain populations.
- Explore the possibility of and importance of pooling funds for these efforts and suggest that CMS, HRSA, CDC and USDA/FNS explore the possibility of a formalized partnership, perhaps in the form of a memorandum of understanding.
- Could explore work of NICDR. They have three health disparities centers focused on reduction of dental caries
- Explore the work done by the Pew Charitable Trusts. They are working on a fluoride varnish effort and access and have launched a campaign.
- Partner with OMH efforts in working on reducing health disparities by trying to change systems of care. There will be public review on the website next month and welcomes our input and the opportunity to work together.

**Next Steps: Actions/Strategies:**

- Follow up meetings/conference calls and continued dialogue with partners.
- Possible pilot initiatives prior to launching a general campaign to get best practices.
- Pursue outreach surrounding top 3 or 4 key messages.
- Employ several methods to educate this population because one size does not fit all.
- Investigate opportunities to pool resources and funding to work together.
- Continue to explore strategies to work together, prioritize, and leverage.