

Utilizing Fluoride Varnish through Women, Infants, and Children (WIC) program

Oral Health Florida Conference
Palm Beach Gardens, FL
August 4th, 2009

Champions For Early Intervention



Healthy People 2010

Objective 21-1a.

Reduce the proportion of young children with dental caries experience in their primary teeth.

(Focus Is On Early Intervention)

NHANES: 33% increase in rate of decay among Children (2-4 Years)

Center for Disease Control. QuickStats: Percentage of Children Aged 2--4 Years Who Ever Had Caries in Primary Teeth,* by Race/Ethnicity† and Sex --- National Health and Nutrition Examination Survey, United States, 1988--1994 and 1999—2004. Accessed: July 16, 2009
from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5802a3.htm>

Children Aged 2 - 4 Years Who Ever Had Caries in Primary Teeth

- Mexican American 35%
- Non-Hispanic black 26%
- Non-Hispanic white 20%

PREVALENCE OF DENTAL DECAY

SOCIAL RISK FACTORS DECAY

- Low socio-economic status
- Low education/ literacy level
- Racial/Ethnic Minority

80% of dental decay occurs in 25% of children

Oral Health Disparities

- Despite broad improvements in America's oral health, tooth decay remains a significant problem for the nation's children...especially those who are poor and racial/ethnic minority.
- Though the burden of disease is greater among low-income children, they are 5 times less likely to receive dental treatment than their wealthier counterparts.

The “Failing” Medicaid System

- 60% of poor children are Medicaid recipients.
- Less than 1 % of Florida’s Medicaid budget is spent on dental services
- Less than 1% of the 9,500 practicing dentist in Florida, are active Medicaid providers
- Estimated 2,313 children for every enrolled provider dentist
- In Florida 20.1% of Medicaid eligible children saw a dentist in 2006

The Funnel Effect

- Burden falls to providers like the County Health Departments.
- Long waits, full panel of patients, revolving door
- See children after they have a problem or a tremendous amount of disease. Limited opportunity to prevent disease.

Recommendations

Coordinated outreach and oral health education efforts can capitalize on the participation by many low-income families in multiple public programs. *

Oral health education should be included within prenatal and early childhood education and offered synchronously with programs targeting improved nutrition.

*The Henry I. Kaiser Family Foundation. *Filling An Urgent Need: Improving Children's Access to Dental Care in Medicaid and SCHIP*. July 2008 <http://www.kff.org/medicaid/upload/7792.pdf>

**US Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD. US Department of Health and Human Services, National Institutes of Dental and Craniofacial Research, National Institutes of Health, 2000

Early Intervention Pilot Project Palm Beach County

Best Practice Award, 2007

Davis Productivity Certificate of Commendation, 2008

NACCHO Model Practice Award and Stipend, 2008

Davis Productivity Sustainability Plaque, 2009

Ultimate Goals of Early Intervention

- **Timely Delivery of Educational Information to Populations at High Risk of Caries (WIC)**
- **Decrease Early Childhood Caries (ECC)**
- **Avoid The Need For Later Surgical Intervention**

Methods To Address Objective

- **Early Access to Oral Health Care (Prior to Disease Onset)**
- **Establish Dental Home**
- **Oral Health Risk Assessment (Screening of High Risk Parent-Infant Groups)**
- **Community-based, Collaborative Care Effort**
- **Identify High Risk Patients**
- **Provide Timely Referral and Intervention**

Focus Is On Early Intervention



WIC

Special Supplemental Nutrition Program
for Women, Infants, and Children



WIC-Dental Partnership

Oral Health Group helps to achieve WIC
second nutrition education contact goals



WIC Group Education Goals

- Promote Nutrition and Good Health
- Provide education to a diverse population, considering ethnic, culture and geographic preferences
- Promote nutrition knowledge to achieve positive food consumption

Benefits





VISION: Champions for strong bodies with healthy smiles

MISSION: To establish a strong WIC/Dental partnership that promotes, protects, and strengthens our youngest and most vulnerable children through nutrition and oral health education with a focus on prevention.

Oral Health Group

- Started May 8th 2006
- Target population : 12 – 18 month olds
- WIC Frontline and Nutritionists promote the Oral Health Group
- Parents are informed to bring their children

Oral Health Group

- Children and their caregivers receive oral hygiene and nutrition education



Oral Health Group

- Children are evaluated for their risk of decay: Oral hygiene, diet, fluoride status
- Children receive Fluoride Varnish
- Appropriate follow-up care for at-risk clients and recare system for all clients (dental home)

Oral Health Group

Take Home Messages

- Teeth, including **baby teeth**, are **essential** for good general health and proper development
- Decay develops in the presence of **teeth**, **bacteria** and **sugars**
- Dental decay in early childhood is a serious infectious disease which is entirely **preventable**
- First dental visit by **first** birthday

Steps To Success

- Educate dental staff on early intervention and the program; (staff buy-in)
 - Approach WIC staff concerning early intervention proposal;
 - Develop oral health training module to present to WIC staff;
- Work with WIC staff to implement program.

Partnership for Prevention

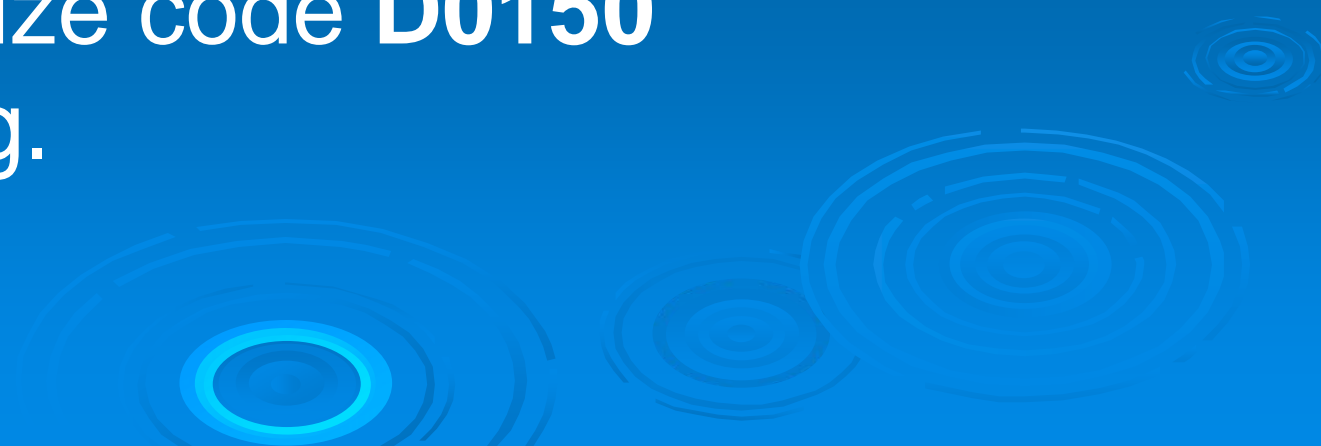
- We do not define success solely in terms of numbers.
- The overall objective is to partner with WIC in preventing decay by providing oral health education, dental screenings and fluoride varnish treatment for clients who happen to be of the demographic that is the most at risk for decay.

Financial success just happened to become a program outcome.



- Our Target group are children 12 to 18 months of age.
- This population of children have a higher probability of being Medicaid eligible. Many currently have Medicaid coverage.
- Therefore, we are able to bill Medicaid for the WIC-Dental Service.

Billing

- Medicaid Billed. No other grant or funding source for this program.
 - Exam, Fluoride Varnish, Nutritional Counseling and Oral Hygiene Instruction.
 - Need to utilize code **D0150** when billing.
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How are you compensated for the Children who do not have Medicaid?

Children who do not have Medicaid coverage at the time of service are absorbed by the Dental program.

Parents are given guidance to obtain Florida Kidcare coverage for their children.

Program Outcomes Since Inception in 2006:

- Program now operating in 4 PBCHD clinic locations.
- 2,262 Families Educated
- 2,342 Children who received exams and varnish
- 331 Children referred for treatment
- \$263,875.25 Total Revenue Generated in 3 years. Approximately, \$87,958.41 annually.
- **Winner of 2 Davis Productivity Awards!!!**

Early Intervention at it's Best!

- **Early Intervention:** Provides a dental home and access to care that this population of children do not have.
- **Efficient use of staff time:** Able to reach more families and provide a quality educational and clinical service to more children in a shorter period of time.
Reduction of dental clinic time.

Future Program Expansion

- Expansion to providing more WIC-Dental Groups per week per clinic.
- Piloting a second WIC-Dental Recall Group utilizing portable dental equipment.
- Expand to Community Based Organizations and Agencies.

➤ Non-Dental Providers

Implementation of an Oral Health Training Module for Health Department Medical Providers. Pilot currently operating in Delray Beach Health Center.

➤ Pre-natal and Parent Groups which will educate the parent on the need for them to care for their own oral health. Mother's Oral Health linked to baby's health.

Expenditures

- Cost of Fluoride Varnish \$0.25 per child
- Cost of Materials \$1.00 per child
- Cost of Staff Time
 - DMD or DDS 75.00 for 1.5 hours
 - RDH 37.50 for 1.5 hours

A Child with no Decay



Priceless!