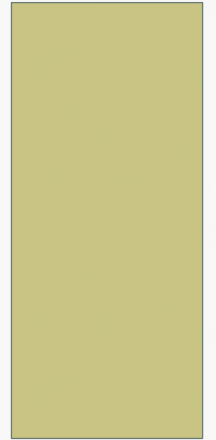


THE ORAL HEALTH ZONE (OHZ) PROJECT

**OHZ – A COMMUNITY-BASED EFFORT TO
CURB THE SILENT EPIDEMIC THAT CARRIES
HAS BECOME WITHIN HIGH-RISK
POPULATIONS OF CHILDREN**



INTENT

Assist communities (counties) to take ownership of the problem affecting **their** children

STAKEHOLDERS

Physicians (pediatric, family medicine, OB), nurse practitioners, dentists (general and pediatric), public health nurses, social workers, educators, schools, HeadStart/Early HeadStart, ECFE, WIC, pharmacists, pro bono legal, business community, clergy, Boys/Girls clubs, media (radio, newsprint), et al. (community can add and/or subtract)

THREE GOALS

1) Increase oral health literacy and oral health knowledge across the entire community regardless of education

- Literacy –
 - How confident is patient in filling out medical/dental form by self?
 - How sure are patients at being able to follow written instructions on, for example, a bottle of Aspirin or Tylenol?
 - Does patient need assistance with reading printed materials given by health care provider? e.g., can patient read and recite "general anesthesia", define it, and explain its use?
 - How often does patient have problems learning about a health topic/issue because of difficulty understanding written information?

THREE GOALS

- Knowledge – content
 - The mouth is part of the body
 - Caries is an infectious disease and is thus theoretically preventable; etiology
 - Caregiver has essential role in caries prevention
 - Primary teeth are important
 - Fluoride
 - Missed school days

THREE GOALS

2) Teach primary care medical providers to provide primary caries prevention intervention (PCPI) services as part of the EPSDT examination. Take advantage of twelve visits in first three years of life for EPSDT examinations and many visits for illness care.

3) Encourage physicians and dentists to work together, with former doing prevention and latter seeing all referrals for restorative care, as needed. An occasional false positive is ok. In addition, encourage general dentists to become comfortable with 1 and 2 year olds, since, by age 3, 30% of high-risk children have cavities.

PCPI

- Primary Caries Prevention Intervention
 - Gross oral examination – medical provider
 - 30 second paper and pencil risk-assessment - delegatee
 - Anticipatory guidance – (provider and delegatee)
 - Caries etiology
 - Role of caregiver in prevention
 - Morbidity; mortality
 - Sources and roles of fluoride
 - Application of fluoride varnish – delegatee
 - Advise importance of dental home by age one and that FV is not a substitute for dental home (a dentist who will see a child whenever there is a problem and regardless of the nature of the problem)

SOURCES OF FLUORIDE

- Water
- Food
- Varnish/gel
 - 1-2 year olds
 - Teenagers
- Toothpaste

APPROACH

- Divided map of MN – Nine districts
- Identified county in each district with largest number of Medicaid-eligible children (i.e., the more eligible, the more cavities)
- Called Chair of Board of County Commissioners
 - All agreed
- Asked Chair to select person to be link between Chair and me
- Asked link to identify persons in community who could represent stakeholder groups
- Sent emails to all named, describing project
- Began making one-on-one and conference calls
- Went after the media and was interviewed by newspapers

APPROACH

- Developed nine PSAs on
 - Prevention of cavities
 - Good tooth care
 - Caregiver's role in prevention
 - Importance of baby teeth
 - Missed school days
 - Etiology of cavities
 - Fluoride
 - The Oral Health Zone
 - Oral health education
- In process of developing links on MDH-OH website that will offer information about the OHZ project and county-specific information on whom to call to get involved in County-based OHZ project, primary care medical providers who offer FV, dentists who will take referrals for any and all kinds of care and dentists who will see one and two year olds as well as public program patients

SUCCESSSES TO DATE

- Carlton, St. Louis, Lake and Cook Counties
 - Two meetings – MD/DDS; MD/DDS/Community
 - Identified ways to improve oral health of children in Carlton County
 - Develop an oral health education campaign that will:
 - Teach that the mouth is part of the body and that oral disease affects overall health
 - Promote community-based training of general dentists (who see more children than do pediatric dentists, especially in Greater MN) so they will feel comfortable seeing children younger than 3 or 4 years of age, irrespective of insurance coverage.
 - Encourage better reimbursement for dentists who see public program patients
 - Highlight the large unmet need—dentists not taking Medicaid/MNCare and general dentists not seeing one and two year old
 - Reduce ER visits (costly and incomplete care) (average charge \$400-\$500)
 - Reduce the need for ambulatory surgery for multiple restorations (costly – average charge – hospital, anesthesiologist, dentist - \$11,000 - \$12,000) and a small but real risk of an anesthetic death
 - Support the co-location of a dental hygienist in every Carlton County school
 - Acquire a dental chair that can be placed in public health clinics to facilitate provision of services by dental providers and dental students

SUCCESSSES TO DATE

- Identified challenges
 - Improving reimbursement for dentists
 - Getting families to understand caries etiology and their role in prevention
 - Improving oral health knowledge
 - Getting “buy-in” by the primary care medical community
 - Getting general dentists to feel comfortable with one and two year olds

SUCCESSSES TO DATE

- Discussed ways in which community might address unmet oral health needs of underserved 0-2 year olds
 - Oral health education of parents and mothers-to-be (how to; when; why; what)
 - Role of primary care medical provider
 - Fluoride supplements for those not on public water (have well water tested for fluoride concentration)
 - Physician – dentist collaboration
 - Work teams established
 - Interface between teams discussed

SUCCESSSES TO DATE

- Action Plans

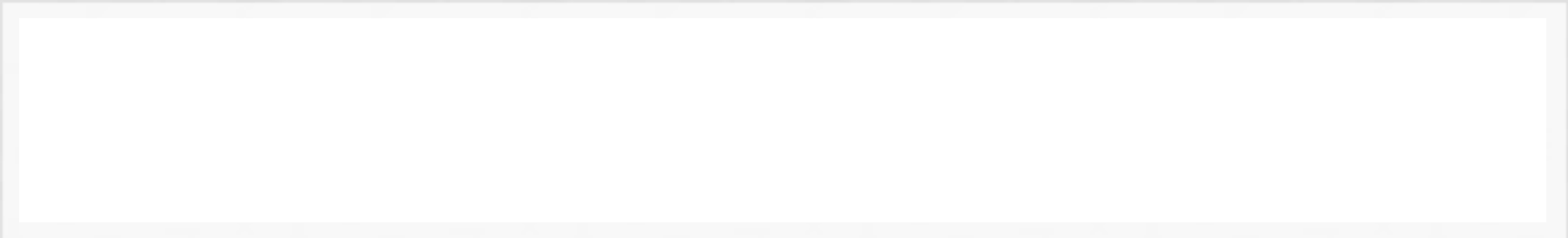
- Develop oral health education campaign
- Decide on messages
 - Age-appropriate
 - For all
- How and where to distribute messages
 - PTA
 - ECFE
 - HS/EHS
 - Medical clinic offices
 - Dental clinic offices
 - Community centers
 - Houses of worship
- Develop core group of volunteers
- Look for hygienists to work in medical clinics
- Inform dentists and parents
- Obtain dental chair for PHN agency
- Grant for equipment
- Get dentists on board with collaborative agreements
- Encourage medical primary care clinics to offer FV

SUCCESSSES TO DATE

- Involvement of County Health and Human Services Organization
- Getting dentists to seek out medical providers and ask for help in addressing the caries crisis
- MDH/OH website

THE FUTURE

Tune in in two years –
community change takes time



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