New Hampshire Community Action

Opportunities for Oral Health Collaboration and Promotion

New Hampshire Community Action Agencies

- 5 Community Action Programs provide a wide range of services to at risk low income families and seniors in all 10 counties
- 29 outreach centers state wide
- 2012 served 54,000 families or 162,000 individuals statewide
- Assist low to moderate income families and individuals with a wide range of services and programs
  - Education-Child Care Centers, Head Start Early Head Start, Home Visiting
  - Emergency Services- Energy Assistance, Homeless Services, Emergency Food Pantries
  - Employment – Senior Employment, New Hampshire Employment Program, Workforce Investment Act for Adult/Dislocated Worker
  - Health -
  - Housing –Elderly Housing, Family Housing, HOME Rehabilitation, Lead Abatement
  - Income Management
  - Nutrition –WIC, CSFP, Summer Food Program, Senior Farmers MarketProgram, Meals on Wheels, Congregate Meals, TEFAP
  - Senior Services –ServiceLink, Senior Centers, Rural Transportation

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Tri County Community Action Program

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Tri County Community Action Program

Tamworth Dental Center

- Serves children and adults
- 1400+/- active clients
- Sliding fee scale
- Accepts NH Medicaid and other insurances

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WIC Program

Special Supplemental Nutrition Program for Women Infants and Children

Mission

To safeguard the health of low-income women, infants, and children up to age 5 who are at nutrition risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care.

Eligibility

Income – up to185% of poverty
Residency –must live in NH
Categorical – Pregnant, post partum or breastfeeding women, infants and children up to 5
Nutrition risk must be identified

Services Provided

Nutrition education, nutritious foods, health screenings, health care referrals, promotes breastfeeding as the optimal source of nutrition for infants and provides breastfeeding promotion and support.

Four local agencies provide the services

17,610 participants each month
50.6% children, 26% infants and 23.4% women
52 Clinic sites

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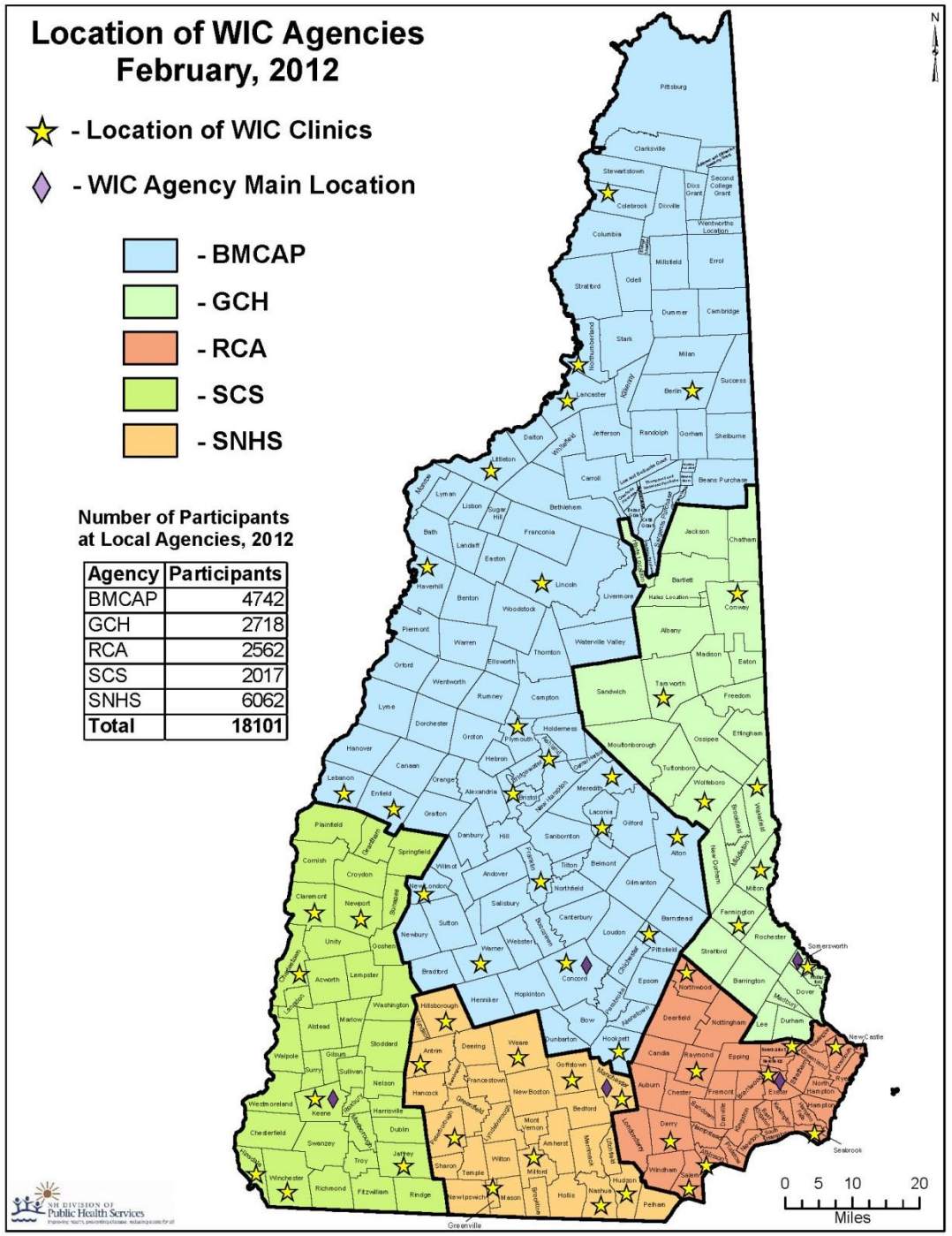
Location of WIC Agencies
February, 2012

★ - Location of WIC Clinics

◆ - WIC Agency Main Location

- BMCAP
- GCH
- RCA
- SCS
- SNHS



Number of Participants at Local Agencies, 2012

Agency	Participants
BMCAP	4742
GCH	2718
RCA	2562
SCS	2017
SNHS	6062
Total	**18101**

NH Division of Public Health Services

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WIC Oral Health Promotion

- Recognize the importance of good oral health in infants, children, pregnant and breastfeeding women and emphasize impact on overall health
- Encourage pregnant women to see a dentist
- Focus on breastfeeding as the optimal feeding method
- Encourage discontinuation of bottle to reduce incidence of tooth decay
- Wait until 12 months to give juice and limit to 4-6 oz. per day at meal or snack time
- Provide educational materials that assist parents to identify how early childhood caries begins to develop
- Promote importance of oral health for infants and children including the need for the first dental visit at age one
- Provide toothbrushes

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Oral Health Initiatives at WIC Clinics

Since 2011 oral health screenings have been provided in the WIC setting at targeted sites in collaboration with sponsoring organizations who have funded Public Health Dental Hygienists.

Services provided:

- Screening
- Fluoride varnish
- Education to parent
- Coordination of follow-up care

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Oral Health & WIC Nutrition Programs: Working Together for Healthier Children in New Hampshire

Lisa Richards MS, RD, Nancy Martin RDH, MS and Heather A. Brown RDH, MPH

New Hampshire Department of Health and Human Services, Division of Public Health Services

Abstract

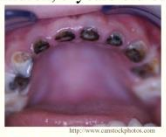
This project reports on the baseline prevalence of tooth decay and need for dental care of infants and children enrolled in New Hampshire's Women, Infants, and Children (WIC) Nutrition Program.

The objective of this project was to assess the need, obtain baseline data related to oral health among New Hampshire WIC infants and children and utilize the findings for future program planning.

This project determined that children participating in NH WIC Nutrition Programs would benefit from early intervention provided by public health dental hygienists that includes: dental assessment, parent education, fluoride varnish application, and links for families to reparative dental treatment when needed.

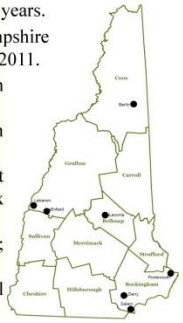
Introduction

- Tooth decay is the most prevalent chronic disease in children, despite its highly preventive nature.[2]
- The majority of children with tooth decay are from families of low socioeconomic status.[1] Many of these children, 5 years old or younger, are enrolled in WIC.[1]
- A child's first dental visit should take place within six months of eruption of the first primary tooth or by one year of age.[4]
- Approximately eight percent of children have tooth decay by the age of two.[3]
- A dental visit at age three is often too late for prevention and the interventions required to treat tooth decay are both expensive and invasive.[2]
- Is it possible that children participating in NH WIC Nutrition Programs would benefit from early intervention provided by public health dental hygienists?



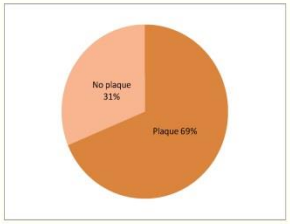
Methodology

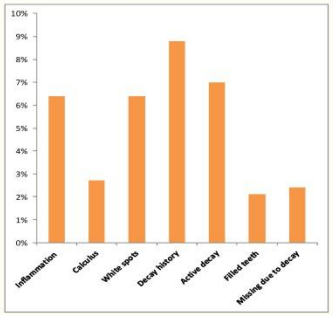
- Six public health dental hygienists conducted oral screenings on a convenience sample of 374 children age 0-5 years.
- Screenings were conducted at seven New Hampshire WIC clinic sites from June 2011 to December 2011.
- Children were screened for several oral health indicators.
- Parents identified barriers that kept them from seeking dental care for their children.
- Parents determined oral health goals they felt they could accomplish within the next six months for their child.
- Data was entered utilizing Epi Info software; calculating proportions and means.
- All participating children had signed parental consent forms.



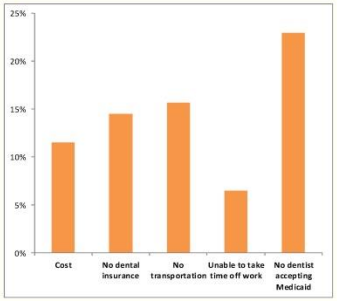
Results

ORAL HEALTH INDICATORS ASSESSED (n=374)

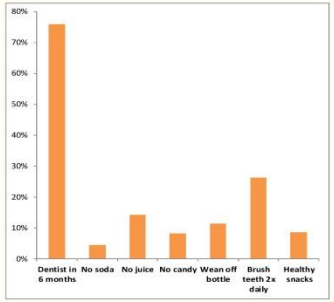




PARENT IDENTIFIED BARRIERS TO DENTAL CARE (n=165)



PARENT GOALS TO IMPROVE ORAL HEALTH (n=316)



COMMENTS FROM PARENTS

Barriers:

"Dentist will not see until he is 3 years old."

"Dentist does not see infants."

"Dentist said at age 3 she could be seen."

"Family dentist does not see them until they are 3."

Additional comments:

"Did not know that he should be seen at one year."

"I did not think she was old enough."

Limitations

- Study design: convenience sample.
- Relatively small sample size does not allow for subgroup analyses.
- Though internally valid, the generalizability of the findings is limited.

Conclusions

Children participating in WIC Nutrition Programs would benefit from early intervention provided by public health dental hygienists.

Favorable outcomes:

- The decay rate was lower than anticipated in the population of low income children based on a literature review.
- The ability to easily implement dental clinics at WIC clinic sites.
- Positive attitudes towards oral health screening and education from WIC participating families as well as WIC staff.
- Use lessons learned to increase number of WIC dental clinic sites, expand sample size, and offer more early interventions that prevent tooth decay.
- This study can be replicated at other NH WIC sites, particularly those in rural areas of our state where access to dental care facilities is limited.
- This presents an opportunity for WIC and oral health programs to promote consistent nutrition and oral health messages, and to provide educational materials to promote good nutrition and oral health.

Acknowledgments

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3. Early Childhood Caries: The Dental Disease of Infants [Online][Cited 3/10/2012]. http://www.oralhealthgroup.com
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Head Start/Early Head Start

Promotes the school readiness of children ages birth to 5 from low-income families by enhancing their cognitive, social and emotional development.

Provide comprehensive services to enrolled children and their families including

- Health
- Nutrition
- Social services
- Other services determined necessary by family needs assessments in addition to education and cognitive development services

<u>Eligibility</u>

- Head Start child must be NH resident aged three to five years
- Early Head Start must be NH resident aged 0-3 or a pregnant woman
- Children in families without homes or in foster care are automatically eligible
- Income guidelines are 100% of poverty with a limited number of families over served

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Head Start Performance Standards - Oral Health Requirements

- Require an initial evaluation to determine if child is up-to-date on a schedule of age appropriate preventive and primary health care which includes oral health
- Oral Health exam is required for all children enrolled in Head Start within 90 days of enrollment
- Includes fluoride supplements and topical treatments as recommended as well as complete treatment of any dental caries
- Require that effective oral health for children be promoted in the classroom in conjunction with meals which includes brushing their teeth after meals
- Required to provide dental education to parents and families
- Assist parents in understanding how to enroll and participate in a system of ongoing family health care
- Support parents in becoming active partners in their children's medical and oral health care
- Provide parents with the opportunity to learn the principles of preventive oral health

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Opportunities for Collaboration with Community Action Agencies to promote oral health in at risk and underserved populations

- Access to low income families and individuals statewide
- Access to at risk populations who do not have a dental home
- Coordinate outreach to low income populations who are in need of oral health services
- Ability to provide intervention in non traditional settings – Head Start, WIC Clinics, Senior Centers
- Continue work with Public Health Dental Hygienists to expand services to families that otherwise would not access oral health services

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