TOHSS Final Narrative
Center for Oral Health (COH), Oakland, California

Goal 1: Increase the number of high-risk one-year-olds who receive early preventive care, including assessments and fluoride varnish application.

An Advisory Committee was developed and met twice a year for four years over the course of the grant. The Advisory Committee included the WIC site representatives and the dental providers for each of the sites, and representatives from: The California WIC Association, the WIC Branch in the California Department of Public Health, the Primary Care Association, The State's Office of Oral Health, and State Maternal and Child Health Branch.

The Advisory Committee was used as a way to develop and discuss best practices, and to improve the level of services to each of the sites. Each meeting had a theme (and some themes recurred more than once) including: motivational interviewing, billing, educational materials and curriculum, marketing the program and WIC; and integrating the dental program with other core WIC programs including nutrition.

The two dental programs that participated in year one included the Alameda County Public Health Department, and the Humboldt County Public Health Department. Each program eventually had two sites in operation.

In year two, three dental programs participated: Healthy Smiles of Orange County, A private Registered Dental Hygienist with Alternative Practice in Calaveras and Amador counties; and North County Health Services (San Diego County)The Orange County and San Diego County programs had one site each. The Calaveras/Amador program had 11 sites.

In year three, the three dental sites that participated include Indian Health Services (Mendocino County), Community Action Partnership (Sonoma County), and Clinica De la Tolosa (San Luis Obispo County). At the end of the program Mendocino and San Luis Obispo programs were in one site while the Sonoma County project was in two sites.

COH developed guidelines, best practices (regarding fluoride treatments, practice management, referrals of treatment, staffing), marketing, educational and anticipatory guidance materials. These are part of the WIC Guidebook that will be ready for publication soon. The hold up on publication is due to the obstacles surrounding billing for services. While we worked with the California Primary Care Association in developing guidelines for billing for services, the Guidebook has finally received comments from the California Department of Health Care Services (the comments from the Department took two years). The comments from the Department were less than favorable, and revisions regarding billing are still needed.

Goal 2: To increase the number of children enrolled in WIC who receive a dental visit by age one.

The eight dental programs provided education, anticipatory guidance, and preventive services to 36,847 children (and their respective caregivers). 1601 children were referred to dental

providers for therapeutic services. One of the biggest obstacles regarding referral to dental providers was that was no available providers in the areas. In addition, we did not anticipate the high transience rates of WIC participants. Due to the large number of people joining and dropping off of the program, there is no way to calculate the numbers of children or parents who received services as a percentage of all children and parents in the program.

Goal 3: To develop sustainable systems that will maximize the use of WIC as an entry point for early dental services.

CMS released guidelines to the states regarding billing of services for FQHCs outside the "four walls." The guidelines gave explicit consent for such billing. The California Department of Health Care services declines to accept the guidelines. Therefore COH and the California Primary Care Association have worked to get the Department to reconsider their opinion through memos, meetings and federal support. This has been a long process, taking over two years. Frankly, little movement has been made to this regard. However, without the Department's consent to the guidelines, sustainability will not occur.

COH developed protocols for care and shared the protocols with the sites. In addition, with the financial support of this grant, COH developed an electronic data collection system that has been used to collect the number of children seen, and the quality of their teeth. This data collection tool, the Health Teeth Tool Kit, has subsequently been used to collect data from other similar projects conducted by COH.

COH was successful in securing funding to reproduce its success with the HRSA grant with funding from the Kaiser Permanent – South, and the First 5 commissions of San Bernardino and Los Angeles. COH educated and publicized the HRSA project and the other WIC/dental projects with the Oral Health Access Council in California. COH updated the OHAC members 5 times over the life of the grant. In addition, COH staff spoke at NOHC in 2010 about the project and at the California WIC conference in 2009. In 2010, WIC sites also presented about the projects at the WIC conference.

COH coordinated with the State Legislative Task Force on Youth and Workplace Wellness to include early childhood oral health promotion as a targeted activity. In doing so, COH was instrumental in getting the Task Force to sponsor two legislative briefings on the need for oral health services in WIC sites.

In October 2011, COH sponsored a legislative briefing "Community Health Models: Dental Services in WIC Sites." The event was held in the Capitol and over 30 legislative staff and other policy makers attended.