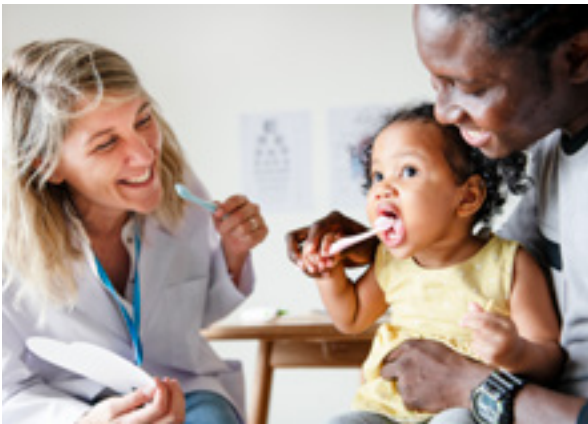




Title V National Performance Measure 13 (Oral Health): Strategies for Success

Second Edition



Cite as

Holt K, Kolo S, Louie R. 2020. *Title V National Performance Measure 13 (Oral Health): Strategies for Success* (2nd ed.). Washington, DC: National Maternal and Child Oral Health Resource Center.

Title V National Performance Measure 13 (Oral Health): Strategies for Success (2nd ed.) © 2020 by National Maternal and Child Oral Health Resource Center, Georgetown University

This publication was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an annual award totaling \$1,000,000 with no funding from nongovernmental sources. This information or content and conclusions are those of the authors and should not be construed as the official policy of HRSA, HHS, or the U.S. government, nor should any endorsements be inferred.

Staff from the Association of State and Territorial Dental Directors, the National Maternal and Child Oral Health Resource Center, and Strengthen the Evidence Base for MCH Programs (project) assisted in the preparation of this resource; their efforts are greatly appreciated.

Permission is given to save and print this publication or to forward it, in its entirety, to others. Requests for permission to use all or part of the information contained in this publication in other ways should be directed to the National Maternal and Child Oral Health Resource Center.

National Maternal and Child Oral Health
Resource Center
Georgetown University
E-mail: OHRInfo@georgetown.edu
Website: www.mchoralhealth.org



Introduction

In 2017, the Maternal and Child Health Bureau (MCHB) awarded the National Maternal and Child Oral Health Resource Center (OHRC) a 4-year cooperative agreement to support the National Maternal and Child Center for Oral Health Systems Integration and Improvement (COHSII) project. COHSII is a consortium led by OHRC in collaboration with the Association of State and Territorial Dental Directors (ASTDD) and the Dental Quality Alliance to work with key stakeholders to support a quality improvement, patient-centered approach that addresses the comprehensive oral health needs of the maternal and child health (MCH) population.

COHSII tasks include providing technical assistance and training to state Title V MCH Services Block Grant programs to help them respond to the oral health needs of the MCH population. To support these efforts, the COHSII project has developed this document to provide sample strategies, sample evidence-based or evidence-informed strategy measures (ESMs), possible data sources for ESMs, and a selection of resources (see Appendix 1. Resources). State Title V programs can use the information in this document to assist in their implementation of the national performance measure on oral health (NPM 13) and oral-health-related state performance measures.



¹ The term “state” as used herein includes U.S. jurisdictions (American Samoa, District of Columbia, Federated States of Micronesia, Guam, Marshall Islands, Northern Mariana Islands, Palau, Puerto Rico, and U.S. Virgin Islands).

Significance

The MCH Services Block Grant (Title V of the Social Security Act) provides a foundation for ensuring the health of our nation's mothers, children, and adolescents, including those with special health care needs.

Oral health is a vital component of overall health. Good oral hygiene practices, good eating practices, and access to and utilization of oral health care, including preventive oral health care, are essential to helping ensure that pregnant women, children, and adolescents achieve and maintain optimal oral health. People with limited access to preventive oral health care are at highest risk for oral diseases.

Oral health care remains the greatest unmet health need for children in the United States. Insufficient access to oral health care, including preventive care, affects children's health, educational success, and ability to prosper. Early dental visits teach children that oral health is important. Children who receive oral health care early in life are more likely to have a positive attitude about oral health professionals and dental visits. Pregnant women who receive oral health care are more likely to take their child to get oral health care.



State MCH programs have long recognized the importance of improving the availability and quality of care to improve oral health for pregnant women, children, and adolescents. States monitor and guide service delivery to ensure that all pregnant women, children, and adolescents have access to preventive oral health care. Strategies for promoting oral health for this population include:

- Evaluating and improving methods of monitoring oral diseases and conditions
- Increasing the capacity of state oral health programs to provide and/or support preventive oral health care
- Increasing the number of local settings (e.g., community health centers, clinics, health departments, school-based health centers) with an oral health component
- Providing preventive oral health care, such as dental sealant applications, fluoride varnish applications, silver diamine fluoride applications, and community water fluoridation

National Performance Measure 13 (Oral Health)

NPM 13 represents one of the priority areas that impact multiple MCH population groups (e.g., pregnant women, children, adolescents). It has two measures:

- NPM 13.1. Percent of women who had a preventive dental visit during pregnancy
- NPM 13.2. Percent of children and adolescents ages 1–17 who had a preventive dental visit in the last year

States are not required to choose both parts of NPM 13. A state can choose NPM 13.1 without choosing NPM 13.2, or vice versa.

NPM 13.1, the percentage of women who had a preventive dental visit during pregnancy, provides opportunities for systems change by integrating oral health care into primary care. For example, states can develop and implement initiatives that encourage prenatal care health professionals to refer pregnant women for oral health care.



NPM 13.2, the percentage of children and adolescents ages 1–17 who had a preventive dental visit in the last year, reflects MCHB’s longstanding emphasis on the importance of oral health and related interprofessional collaborative efforts on behalf of children’s and adolescents’ overall health and well-being. For example, MCHB has long supported fluoride varnish applications and dental sealant applications, which evidence has demonstrated reduce dental caries, for this population.

See Appendix 3. States That Selected NPM 13



State Performance Measures

States can also develop state performance measures (SPMs) as part of their state action plan to meet needs not addressed by NPMs. States are not required to establish a minimum or maximum number of SPMs. Examples of SPMs include promoting the use of community health centers and dental sealant programs to increase children's and adolescents' access to preventive oral health care.



Terminology

Anticipatory Guidance

Anticipatory guidance is the process of providing practical, developmentally appropriate information (e.g., about oral development, teething and tooth eruption, oral hygiene, feeding and eating practices, exposure to fluoride, injury prevention) to the family about the pregnant woman's, child's, or adolescent's current oral health and what to expect during the next developmental period.

Risk Assessment

Oral health risk assessment, which can be conducted by oral health professionals and other health professionals, is based on the premise that not all pregnant women, children, and adolescents are equally at risk for oral health problems. Thus, individuals at higher risk for oral disease will likely need more complex preventive oral health care and treatment than those at lower risk. Oral health risk assessment involves identifying the risk factors that may impact an individual's oral health.

Health professionals may refer to the caries risk assessment tools developed by the American Academy of Pediatric Dentistry, the American Academy of Pediatrics, and the American Dental Association to assist in classifying risk for tooth decay in pregnant women, children, and adolescents based on environmental, physical, and overall health factors.



Teledentistry

Teledentistry is a means of delivering patient oral health care to individuals at a remote location or coordinating care providers in the service of patient care. With teledentistry, patients receive oral health information, evaluation, and diagnosis from oral health professionals, all through digital communication. The two modalities for teledentistry are synchronous and asynchronous.

- Synchronous teledentistry is delivery of patient care where there is live, two-way interaction between an individual or individuals (e.g., patient, caregiver, provider) at one physical location and a provider at another location using audiovisual telecommunications technology.
- Asynchronous teledentistry involves recording a patient's clinical information, including radiographs and intraoral imaging, and transferring the information to an oral health professional for an evaluation at a separate location. This is also known as "store and forward."



NPM 13.1. The Percentage of Women Who Had a Preventive Dental Visit During Pregnancy—Strategy #1



Sample Strategy #1

Collaborate with prenatal care associations (e.g., obstetric, nurse midwifery, family practice) to train their members to conduct oral health risk assessments, provide preventive oral health care, and refer pregnant women to oral health professionals for dental visits.

Examples of preventive oral health care include education and anticipatory guidance and fluoride varnish applications.

Sample ESMS

- Number of prenatal care health professionals trained in oral health risk assessment and preventive oral health care who demonstrate an increase in awareness and knowledge in the past 12 months
- Number of trained prenatal care health professionals conducting oral health risk assessments of pregnant women in the past 12 months
- Number of trained prenatal care health professionals providing preventive oral health care to pregnant women in the past 12 months
- Number of trained prenatal care health professionals providing pregnant women with referrals to oral health professionals for dental visits in the past 12 months

- Percentage of prenatal care health professionals trained in oral health risk assessment and preventive oral health care who demonstrate an increase in awareness and knowledge in the past 12 months
 - *Numerator:* Number of prenatal care health professionals trained in oral health risk assessment and preventive oral health care who demonstrate an increase in awareness and knowledge in the past 12 months
 - *Denominator:* Number of trained prenatal care health professionals
- Percentage of trained prenatal care health professionals conducting oral health risk assessments of pregnant women in the past 12 months
 - *Numerator:* Number of trained prenatal care health professionals conducting oral health risk assessments of pregnant women in the past 12 months
 - *Denominator:* Number of trained prenatal care health professionals

(continued on next page)

- Percentage of trained prenatal care health professionals providing preventive oral health care to pregnant women in the past 12 months
 - *Numerator:* Number of trained prenatal care health professionals providing preventive oral health care to pregnant women in the past 12 months
 - *Denominator:* Number of trained prenatal care health professionals
- Percentage of trained prenatal care health professionals providing pregnant women with referrals to oral health professionals for dental visits in the past 12 months
 - *Numerator:* Number of trained prenatal care health professionals providing pregnant women with referrals to oral health professionals for dental visits in the past 12 months
 - *Denominator:* Number of trained prenatal care health professionals

Possible Data Sources for ESMs

- Training event data
- Medical clinic/office surveys
- Medical clinic/office referral data
- Dental clinic/office data

NPM 13.1. The Percentage of Women Who Had a Preventive Dental Visit During Pregnancy—Strategy #2



Sample Strategy #2

Collaborate with Early Head Start programs, home visiting programs, and/or Special Supplemental Nutrition Program for Women, Infants and Children (WIC) clinics to train staff to conduct oral health risk assessments, provide preventive oral health care, and refer pregnant women for dental visits.

Examples of preventive oral health care include education and anticipatory guidance and fluoride varnish applications.

Sample ESMs

- Number of staff in programs and/or clinics trained in oral health risk assessment and preventive oral health care who demonstrate an increase in awareness and knowledge in the past 12 months
- Number of trained staff in programs and/or clinics conducting oral health risk assessments in the past 12 months
- Number of trained staff in programs and/or clinics providing preventive oral health care in the past 12 months
- Number of trained staff in programs and/or clinics providing referrals to oral health professionals for dental visits in the past 12 months

- Percentage of staff in programs and/or clinics trained in oral health risk assessment and preventive oral health care who demonstrate an increase in awareness and knowledge in the past 12 months
 - *Numerator:* Number of staff in programs and/or clinics trained in oral health risk assessment and preventive oral health care who demonstrate an increase in awareness and knowledge in the past 12 months
 - *Denominator:* Number of trained staff in programs and/or clinics
- Percentage of trained staff in programs and/or clinics conducting oral health risk assessments in the past 12 months
 - *Numerator:* Number of trained staff in programs and/or clinics conducting oral health risk assessments in the past 12 months
 - *Denominator:* Number of trained staff in programs and/or clinics

(continued on next page)

- Percentage of trained staff in programs and/or clinics providing preventive oral health care in the past 12 months
 - *Numerator:* Number of trained staff in programs and/or clinics providing preventive oral health care in the past 12 months
 - *Denominator:* Number of trained staff in programs and/or clinics
- Percentage of trained staff in programs and/or clinics providing referrals to oral health professionals for dental visits in the past 12 months
 - *Numerator:* Number of trained staff in programs and/or clinics providing referrals to oral health professionals for dental visits in the past 12 months
 - *Denominator:* Number of trained staff in programs and/or clinics

Possible Data Sources for ESMs

- Training event data
- Early Head Start program data
- Home visiting program data
- WIC clinic data
- Dental clinic/office data

Note to reader: Sample strategies #3–#5 focus on a continuum of teledentistry to assist in the process of developing and implementing use of telecommunication technologies to provide preventive oral health care. States contemplating use of teledentistry will find strategy #3 useful, and states beginning to implement or implementing teledentistry will find strategies #4 and #5 useful.



NPM 13.1. The Percentage of Women Who Had a Preventive Dental Visit During Pregnancy—Strategy #3

Sample Strategy #3

Provide information about opportunities and barriers related to teledentistry (e.g., state statutes, practice acts, reimbursement policies) to key state and/or local oral health stakeholders.

Key stakeholders may include the state MCH program; the state oral health program, if not involved in planning strategy; the state Medicaid office; the state health officer; state dental and dental hygiene associations; the state dental board; the state oral health coalition; and policymakers.

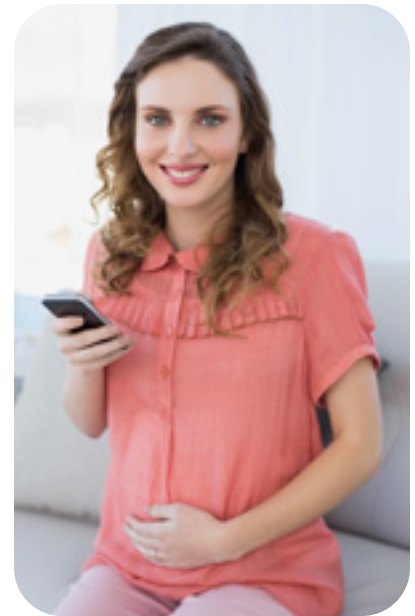
Sample ESMs

- Number of state statutes, practice acts, and reimbursement policies about teledentistry reviewed by state oral health program
- Number of educational efforts (e.g., meetings, presentations, phone calls, letters) by state oral health program to provide information about opportunities and barriers related to teledentistry to key stakeholders in the past 12 months
- Number of educational resources about teledentistry provided by state oral health program to key stakeholders

Possible Data Sources for ESMs

- State oral health program data

NPM 13.1. The Percentage of Women Who Had a Preventive Dental Visit During Pregnancy—Strategy #4



Sample Strategy #4

Develop and provide training (or professional development) for oral health professionals at the state and/or local level about teledentistry (including state practice acts and reimbursement policies), and provide teledentistry services for pregnant women. As an incentive for oral health professionals to complete training, offer continuing education credits.

Examples of preventive oral health care include risk assessment, education and anticipatory guidance (eating practices, oral hygiene practices, smoking prevention/cessation), and fluoride varnish applications.

Sample ESMs

- Number of trainings for oral health professionals about teledentistry in the past 12 months
- Number of oral health professionals who successfully completed teledentistry training in the past 12 months
- Percentage of oral health professionals in dental clinics or offices who successfully completed teledentistry training in the past 12 months
 - *Numerator:* Number of oral health professionals in dental clinics or offices who successfully completed teledentistry training in the past 12 months
 - *Denominator:* Number of oral health professionals in dental clinics or offices
- Percentage of oral health professionals who successfully completed teledentistry training and provided teledentistry services in the past 12 months
 - *Numerator:* Number of oral health professionals in dental clinics or offices who successfully completed teledentistry training and provided teledentistry services in the past 12 months
 - *Denominator:* Number of oral health professionals in dental clinics or offices who successfully completed teledentistry training

Possible Data Sources for ESMs

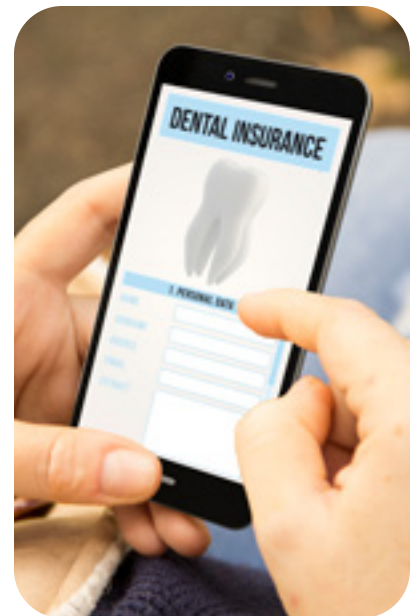
- Professional development/training event data
- Dental clinic/office data

NPM 13.1. The Percentage of Women Who Had a Preventive Dental Visit During Pregnancy—Strategy #5

Sample Strategy #5

Promote the delivery of preventive oral health care for pregnant women delivered via teledentistry by oral health professionals.

Examples of preventive oral health care include risk assessment, education and anticipatory guidance (eating practices, oral hygiene practices, smoking prevention/cessation), and fluoride varnish applications.



Sample ESMs

- Number of pregnant women who received preventive oral health care via teledentistry in the past 12 months
- Number of settings (e.g., clinics, health centers, health departments, offices) equipped to provide preventive oral health care via teledentistry
- Percentage of pregnant women who received preventive oral health care via teledentistry in the past 12 months
 - *Numerator:* Number of pregnant women who received preventive oral health care in specific setting (e.g., clinics, health centers, health departments, offices) via teledentistry in the past 12 months
- *Denominator:* Number of pregnant women who received preventive oral health care in specific setting (e.g., clinics, health centers, health departments, offices) in the past 12 months

Possible Data Sources for ESMs

- Dental clinic/office data
- State Medicaid program data in states with a Medicaid dental benefit for pregnant women

NPM 13.2. The Percentage of Children and Adolescents Ages 1–17 Who Had a Preventive Dental Visit in the Last Year—Strategy #1



Sample Strategy #1

Promote the delivery of preventive oral health care for children and adolescents enrolled in Medicaid by oral health professionals.

Examples of preventive oral health care include education and anticipatory guidance, dental sealant applications, fluoride varnish applications, silver diamine fluoride applications, and mouthguards.

Sample ESMs

- Number of children and adolescents enrolled in Medicaid receiving preventive oral health care from oral health professionals in the past 12 months
- Number of oral health professionals providing preventive oral health care to children and adolescents enrolled in Medicaid in the past 12 months

- Percentage of children and adolescents enrolled in Medicaid receiving preventive oral health care from oral health professionals in the past 12 months
 - *Numerator:* Number of children and adolescents enrolled in Medicaid receiving preventive oral health care from oral health professionals in the past 12 months
 - *Denominator:* Number of children and adolescents enrolled in Medicaid
- Percentage of oral health professionals providing preventive oral health care to children and adolescents enrolled in Medicaid in the past 12 months
 - *Numerator:* Number of oral health professionals providing preventive oral health care to children and adolescents enrolled in Medicaid in the past 12 months
 - *Denominator:* Number of oral health professionals participating in Medicaid

Possible Data Sources for ESMs

- Centers for Medicare & Medicaid Services (CMS)-416 data
- Program or clinic data

NPM 13.2. The Percentage of Children and Adolescents Ages 1–17 Who Had a Preventive Dental Visit in the Last Year—Strategy #2



Sample Strategy #2

Promote the delivery of preventive oral health care for children and adolescents by oral health professionals in school-based programs.

Examples of preventive oral health care may include prophylaxis, education and anticipatory guidance, dental sealant applications, fluoride varnish applications, and mouthguards.

Sample ESMs

- Number of children and adolescents receiving preventive oral health care from oral health professionals in school-based programs in the past 12 months
- Number of oral health professionals in school-based programs providing preventive oral health care to children and adolescents in the past 12 months
- Number of schools with more than 50 percent of students eligible for free and reduced-priced lunch with school-based oral health programs in the past 12 months

- Percentage of children and adolescents receiving preventive oral health care from oral health professionals in school-based programs in the past 12 months
 - *Numerator:* Number of children and adolescents receiving preventive oral health care from oral health professionals in school-based programs in the past 12 months
 - *Denominator:* Number of children and adolescents enrolled in school-based programs in the past 12 months
- Percentage of oral health professionals in school-based programs providing preventive oral health care to children and adolescents in the past 12 months
 - *Numerator:* Number of oral health professionals in school-based programs providing preventive oral health care to children and adolescents in the past 12 months
 - *Denominator:* Number of oral health professionals providing care in school-based programs

(continued on next page)

- Percentage of schools with more than 50 percent of students eligible for free and reduced-priced lunch with school-based oral health programs in the past 12 months
 - *Numerator:* Number of schools with more than 50 percent of students eligible for free and reduced-priced lunch with school-based oral health programs
- *Denominator:* Number of schools with more than 50 percent of students eligible for free and reduced-priced lunch

Possible Data Sources for ESMs

- CMS-416 data
- Program (clinic) data
- Board of education

NPM 13.2. The Percentage of Children and Adolescents Ages 1–17 Who Had a Preventive Dental Visit in the Last Year—Strategy #3



Sample Strategy #3

Promote the delivery of preventive oral health care for children and adolescents by primary care professionals in primary care settings.

Examples of preventive oral health care may include education and anticipatory guidance and fluoride varnish applications.

Sample ESMs

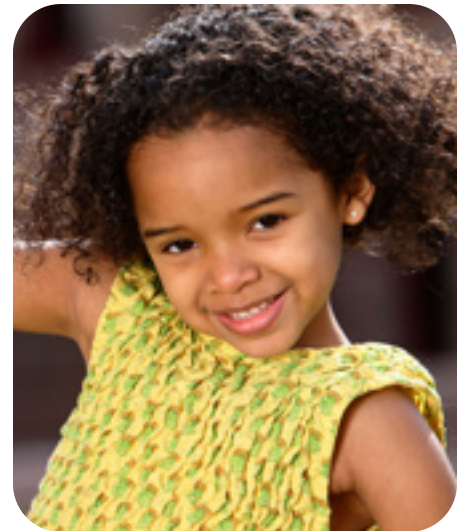
- Number of children and adolescents receiving preventive oral health care from professionals in primary care settings in the past 12 months
- Number of professionals in primary care settings providing preventive oral health care to children and adolescents in the past 12 months

- Percentage of children and adolescents receiving preventive oral health care from professionals in primary care settings in the past 12 months
 - *Numerator:* Number of children and adolescents receiving preventive oral health care from professionals in primary care settings in the past 12 months
 - *Denominator:* Number of children and adolescents receiving care in primary care settings
- Percentage of professionals in primary care settings providing preventive oral health care to children and adolescents in the past 12 months
 - *Numerator:* Number of professionals in primary care settings providing preventive oral health care to children and adolescents in the past 12 months
 - *Denominator:* Number of professionals in the primary care practice group, clinic, or program

Possible Data Sources for ESMs

- CMS-416 data
- Primary care setting data

NPM 13.2. The Percentage of Children and Adolescents Ages 1–17 Who Had a Preventive Dental Visit in the Last Year—Strategy #4



Sample Strategy #4

Collaborate with Early Head Start and Head Start programs, home visiting programs, and/or WIC clinics to train staff to provide preventive oral health care and referrals to oral health professionals for dental visits.

Sample ESMs

- Number of children in programs and/or clinics who received preventive oral health care in the past 12 months

- Number of staff in programs and/or clinics providing referrals to oral health professionals for dental visits in the past 12 months

- Percentage of children in programs and/or clinics who received preventive oral health care in the past 12 months
 - *Numerator:* Number of children in programs and/or clinics who received preventive oral health care in the past 12 months
 - *Denominator:* Number of children in programs and/or clinics

- Percentage of staff in programs and/or clinics providing referrals to oral health professionals for dental visits in the past 12 months
 - *Numerator:* Number of staff in programs and/or clinics providing referrals to oral health professionals for dental visits in the past 12 months
 - *Denominator:* Number of staff in programs and/or clinics

Possible Data Sources for ESMs

- Early Head Start and Head Start program data
- Home visiting program data
- WIC clinic data
- Dental clinic/office data

Note to reader: Sample strategies #5–#7 focus on a continuum of teledentistry to assist in the process of developing and implementing use of telecommunication technologies to provide preventive oral health care. States contemplating use of teledentistry will find strategy #5 useful, and states beginning to implement or implementing teledentistry will find strategies #6 and #7 useful.



NPM 13.2. The Percentage of Children and Adolescents Ages 1–17 Who Had a Preventive Dental Visit in the Last Year—Strategy #5

Sample Strategy #5

Provide information about opportunities and barriers related to teledentistry (e.g., state statutes, practice acts, reimbursement policies) to key state and/or local oral health stakeholders.

Key stakeholders may include the state MCH program; the state oral health program, if not involved in planning strategy; the state Medicaid office; the state health officer; state dental and dental hygiene associations; the state dental board; the state oral health coalition; and policymakers.

Sample ESMs

- Number of state statutes, practice acts, and reimbursement policies about teledentistry reviewed by state oral health program
- Number of educational efforts (e.g., meetings, presentations, phone calls, letters) by state oral health program to provide information about opportunities and barriers related to teledentistry to key stakeholders in the past 12 months
- Number of educational resources about teledentistry provided by state oral health program to key stakeholders

Possible Data Sources for ESMs

- State oral health program data

NPM 13.2. The Percentage of Children and Adolescents Ages 1–17 Who Had a Preventive Dental Visit in the Last Year—Strategy #6



Sample Strategy #6

Develop and provide training (or professional development) for oral health professionals at the state and/or local level about teledentistry (including state practice acts and reimbursement policies), and provide teledentistry services for children and adolescents. As an incentive for oral health professionals to complete training, offer continuing education credits.

Examples of preventive oral health care include risk assessment, education and anticipatory guidance (eating practices, oral hygiene practices, smoking prevention/cessation), and fluoride varnish applications.

Sample ESMs

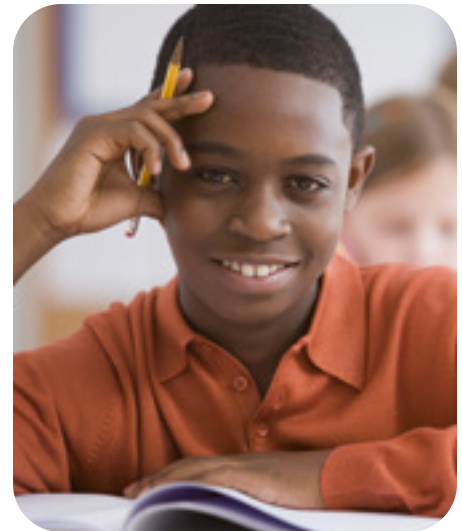
- Number of trainings for oral health professionals about teledentistry in the past 12 months
- Number of oral health professionals in dental clinics or offices who successfully completed teledentistry training in the past 12 months

- Percentage of oral health professionals in dental clinics or offices who successfully completed teledentistry training in the past 12 months
 - *Numerator:* Number of oral health professionals in dental clinics or offices who successfully completed teledentistry training in the past 12 months
 - *Denominator:* Number of oral health professionals in dental clinics or offices
- Percentage of oral health professionals in dental clinics or offices who successfully completed teledentistry training and provided teledentistry services in the past 12 months
 - *Numerator:* Number of oral health professionals in dental clinics or offices who successfully completed teledentistry training and provided teledentistry services in the past 12 months
 - *Denominator:* Number of oral health professionals in dental clinics or offices who successfully completed teledentistry training

Possible Data Sources for ESMs

- Professional development/training event data
- Dental clinic/office data

NPM 13.2. The Percentage of Children and Adolescents Ages 1–17 Who Had a Preventive Dental Visit in the Last Year—Strategy #7



Sample Strategy #7

Promote the delivery of preventive oral health care for children and adolescents delivered via teledentistry by oral health professionals.

Examples of preventive oral health care include risk assessment, education and anticipatory guidance (eating practices, oral hygiene practices, smoking prevention/cessation), and fluoride varnish applications.

Sample ESMs

- Number of children and adolescents who received preventive oral health care via teledentistry in the past 12 months
- Number of settings (e.g., clinics, health centers, health departments, offices) equipped to provide preventive oral health care via teledentistry

- Percentage of children and adolescents who received preventive oral health care via teledentistry in the past 12 months
 - *Numerator:* Number of children and adolescents who received preventive oral health care in specific setting (e.g., clinics, health centers, health departments, offices) via teledentistry in the past 12 months
- *Denominator:* Number of children and adolescents who received preventive oral health care in specific setting (e.g., clinics, health centers, health departments, offices) in the past 12 months

Possible Data Sources for ESMs

- Dental clinic/office data
- State Medicaid program data in states with a Medicaid dental benefit for children and adolescents

Appendix 1. Resources

This list of resources with links is available from the Title V MCH Services Block Grant Oral Health Toolkit at www.mchoralhealth.org/titlevbg/resources.php

Emerging and Promising Practices

The emerging and promising practices listed below from public health programs may serve as models to help state MCH programs respond to the oral health needs of the MCH population.

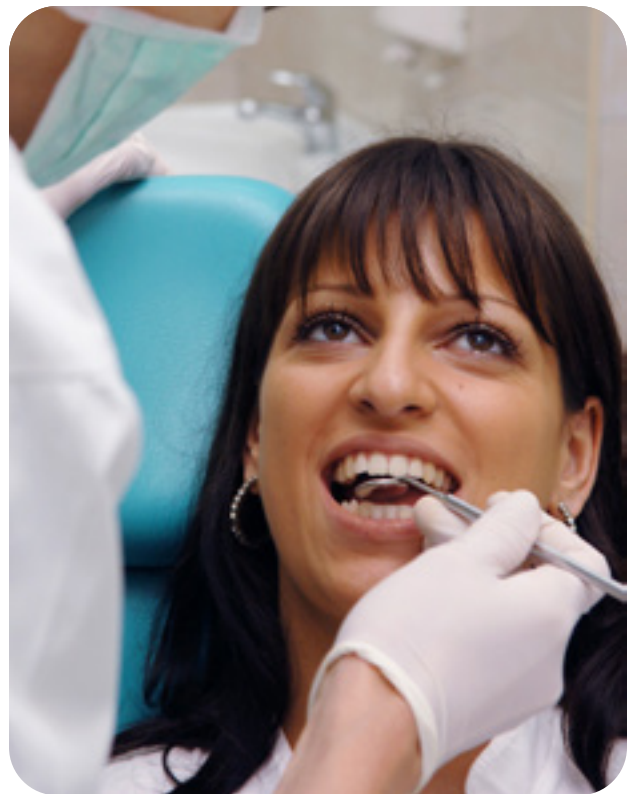
- [Children’s Dental Services](#) (emerging practice)
- [Empower Program](#) (emerging practice)
- [Healthy Teeth, Happy Babies](#) (emerging practice)
- [Home by One Program](#) (emerging practice)
- [Improving Oral Health Outcomes for Pregnant Women and Infants by Educating Home Visitors](#) (emerging practice)
- [Starting Out Right Curriculum](#) (promising practice)
- [Virtual Dental Home \(Tele-dentistry\)](#) (promising practice)

Materials

Evidence Analysis Reports

The reports below were developed to help state MCH programs implement preventive dental visits for pregnant women (NPM 13.1) and preventive dental visits for children and adolescents (NPM 13.2).

- [13.1 Oral Health in Pregnancy Evidence Review: Brief](#)
- [13.1 Oral Health in Pregnancy Evidence Review: Full Report](#)
- [13.2 Oral Health in Childhood Evidence Review: Brief](#)
- [13.2 Oral Health in Childhood Evidence Review: Full Report](#)



Preventive Dental Visits During Pregnancy

The resources below may help state MCH programs in their implementation of preventive dental visits for pregnant women (NPM 13.1).

- [Best Practice Approach: Perinatal Oral Health](#)
- [Bright Futures: Oral Health—Pocket Guide](#)
- [Improving Oral Health Using Telehealth-Connected Teams and the Virtual Dental Home System of Care: Program and Policy Considerations](#)
- [The Maternal and Child Health Bureau–Funded Perinatal and Infant Oral Health Quality Improvement \(PIOHQI\) Initiative 2013–2019: Final Report](#)
- [Open Wide: Oral Health Training for Health Professionals](#) (curriculum)
- [Oral Health Care During Pregnancy: A National Consensus Statement](#)
- [Oral Health Care During Pregnancy: A Resource Guide](#)
- [Oral Health Care During Pregnancy and Through the Lifespan](#) (article)
- [Smiles for Life: A National Oral Health Curriculum](#)



Preventive Dental Visits for Children and Adolescents

The resources below may help state MCH programs in their implementation of preventive dental visits for children and adolescents (NPM 13.2).

- Best Practice Approach reports:
 - Improving Children’s Oral Health Through the Whole School, Whole Community, Whole Child (WSCC) Model
 - Oral Health of Children, Adolescents and Adults with Special Health Care Needs
 - Prevention and Control of Early Childhood Tooth Decay
 - The Role of Oral Health Workforce Development in Access to Care
 - School-Based Dental Sealant Programs
 - Use of Fluoride in Schools
- Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents
- Bright Futures: Oral Health—Pocket Guide
- Caries Risk Assessment Form (Age 0–6)
- Caries Risk Assessment Form (Age > 6)
- Dental Sealants: A Resource Guide
- Dental Sealants: Proven to Prevent Tooth Decay—A Look at Issues Impacting the Delivery of State and Local School-Based Sealant Programs (report)
- Evidence-Based Clinical Practice Guidelines on Nonrestorative Treatment for Carious Lesions
- Fluoride Varnish and Silver Diamine Fluoride: A Resource Guide
- Improving Oral Health Care Delivery in Medicaid and CHIP: A Toolkit for States
- Improving Oral Health Using Telehealth-Connected Teams and the Virtual Dental Home System of Care: Program and Policy Considerations
- Keep Kids Smiling: Promoting Oral Health Through the Medicaid Benefits for Children and Adolescents (report)
- Open Wide: Oral Health Training for Health Professionals (curriculum)
- Oral Health Risk Assessment Tool
- Oral Health Services for Children and Adolescents: A Resource Guide
- School-Based Dental Sealant Programs (curriculum)
- Seal America: The Prevention Invention (manual)
- Silver Diamine Fluoride Fact Sheet
- Smiles for Life: A National Oral Health Curriculum
- Special Care: An Oral Health Professional’s Guide to Serving Children with Special Health Care Needs (curriculum)
- Use of Silver Diamine Fluoride for Dental Caries Management in Children and Adolescents, Including Those with Special Health Care Needs (clinical practice guidelines)

Access to Care

- [Find a Health Center](#)
- [Finding Dental Care](#)
- [Health Insurance Marketplace](#)
- [Healthcare.gov](#)
- [InsureKidsNow.gov](#)

Organizations

- [Academy of General Dentistry](#)
- [American Academy of Pediatric Dentistry](#)
- [American Academy of Pediatrics](#)
- [American College of Nurse-Midwives](#)
- [American College of Obstetricians and Gynecologists](#)
- [American Dental Association](#)
- [American Dental Hygienists' Association](#)
- [Association of Maternal and Child Health Programs](#)
- [Association of State and Territorial Dental Directors](#)
- [MCH Evidence](#)
- [Medicaid | Medicare | CHIP Services Dental Association](#)
- [National Maternal and Child Oral Health Resource Center](#)
- [National Network for Oral Health Access](#)
- [Special Care Dentistry](#)



Appendix 2. Contacts to Support NPM 13

For more information about NPM 13, please contact

**Maternal and Child Health Bureau
Division of State and Community Health**

Gor Yee Lum, M.P.H.
Regional MCH consultant
Phone: (415) 437-8497
E-mail: glum@hrsa.gov

Cherri Pruitt, M.P.A.
Regional MCH Consultant
Phone: (303) 844-7872
E-mail: cpruitt@hrsa.gov

**National Maternal and Child Center for Oral
Health Systems Integration and Improvement
Consortium**

**National Maternal and Child Oral Health
Resource Center**

Katrina Holt, M.P.H., M.S., R.D., FAND
Director
E-mail: kholt@georgetown.edu

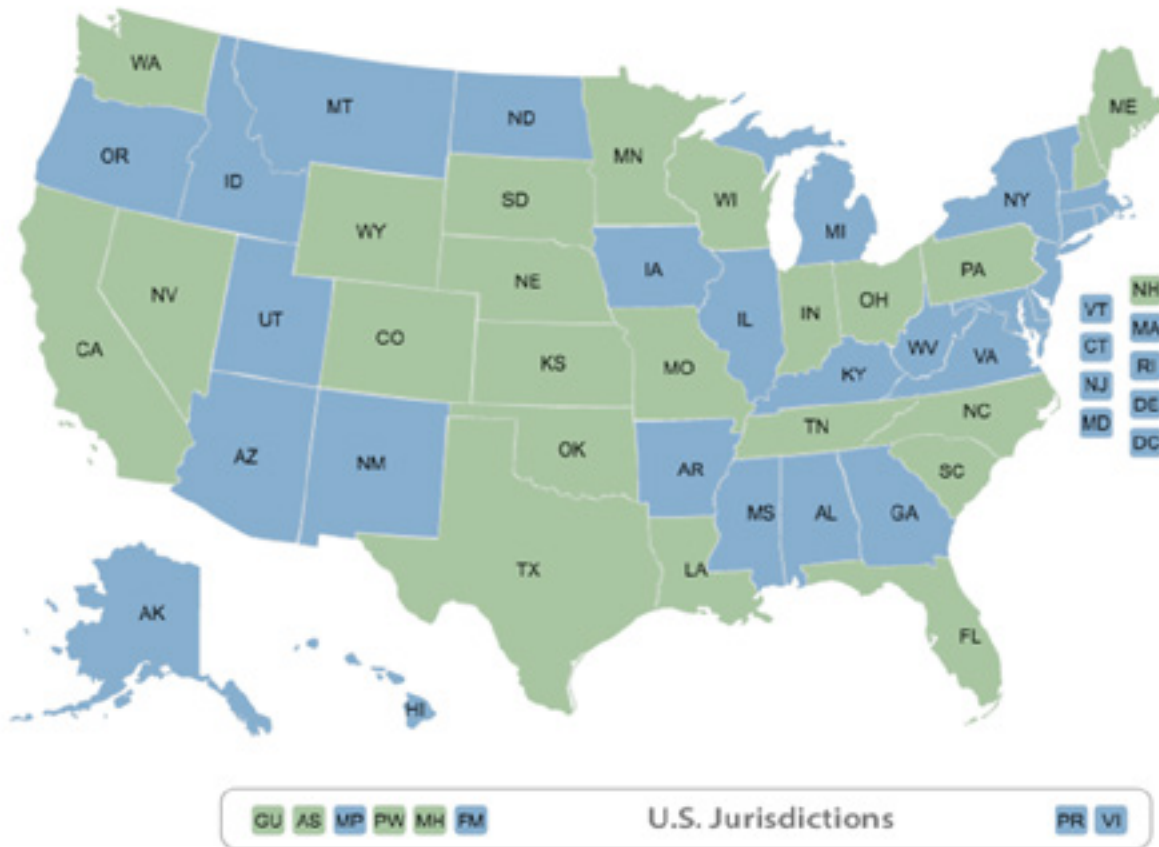
**Association of State and Territorial Dental
Directors**

Reginald Louie, D.D.S., M.P.H.
Consultant
E-mail: reglouie@sbcglobal.net



Appendix 3. States That Selected NPM 13

In FY '20, 32 states or jurisdictions selected NPM 13 (shown in blue on the map below).



States are not required to choose both parts of NPM 13. A state or jurisdiction can choose NPM 13.1 without choosing NPM 13.2, or vice versa.

Eighteen states selected NPM 13.1:

Alabama, Arizona, Connecticut, Delaware, Georgia, Illinois, Iowa, Maryland, Massachusetts, Michigan, Mississippi, Montana, New York, Oregon, Rhode Island, Utah, Virginia, and West Virginia

Thirty states or jurisdictions selected NPM 13.2:

Alabama, Alaska, Arizona, Arkansas, Connecticut, Delaware, District of Columbia, Federated States of Micronesia, Georgia, Hawaii, Idaho, Illinois, Iowa, Kentucky, Maryland, Massachusetts, Michigan, Mississippi, New Jersey, New Mexico, New York, North Dakota, Northern Mariana Islands, Oregon, Puerto Rico, U.S. Virgin Islands, Utah, Vermont, Virginia, and West Virginia