



2015 Wisconsin
PERINATAL and INFANT
ORAL HEALTH SUMMIT
Summary report and statewide plan

**HEALTHY
SMILES**

**FOR MOM
AND BABY**

★ Children's Health
Alliance of Wisconsin

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Acronym List:

- Alliance-Children’s Health Alliance of Wisconsin
- Consensus Statement-Oral Health Care During Pregnancy: A National Consensus Statement
- DHPSA-Dental Health Professional Shortage Area
- MCHB-Maternal and Child Health Bureau
- Network-National Learning Network for Perinatal Oral Health
- PIOHQI-Perinatal and Infant Oral Health Quality Improvement
- FQHC-Federally Qualified Health Center
- HRSA-Health Resources and Services Administration
- HSMB-Healthy Smiles for Mom and Baby
- Roadmap-Wisconsin Roadmap to Improving Oral Health 2013-2018.



2015

Wisconsin and Infant Oral Health Summit Summary Report and Statewide Plan

Executive Summary

The Wisconsin Perinatal and Infant Oral Health Summit was held on Sept. 9, 2015 and included a multidisciplinary group of 45 leaders with statewide influence. The summit goal was to brainstorm strategies for improving oral health for pregnant women and infants. Three Wisconsin oral health/primary care integration projects gave presentations and highlighted the importance of a plan to coordinate efforts. Group activities allowed participants to prioritize and vote on strategies they felt should be included in the plan. As a result, the Wisconsin Statewide Plan for Perinatal and Infant Oral Health was created and included at the end of this summary report.



Introduction

During the perinatal period, women experience complex physiological changes that can adversely affect their oral health. Morning sickness, changes in diet and oral hygiene practices can lead to tooth demineralization and increased risk for dental cariesⁱ. Physiological changes to women during pregnancy place them at an increased risk of periodontal disease and gingivitis. Studies indicate 5 to 20 percent of pregnant women manifest clinical signs of periodontitisⁱⁱ and 30 to 100 percent of pregnant women experience gingivitisⁱⁱⁱ.

The perinatal period is a critical time to lay the foundation for preventing dental caries in infants. Many studies document the cariogenic bacteria that cause dental caries can be transmitted from mothers and intimate caregivers to infants. Studies reveal that maternal untreated dental caries increases the likelihood of dental caries in children. Therefore, oral health interventions targeting pregnant women are important for preventing early childhood caries.

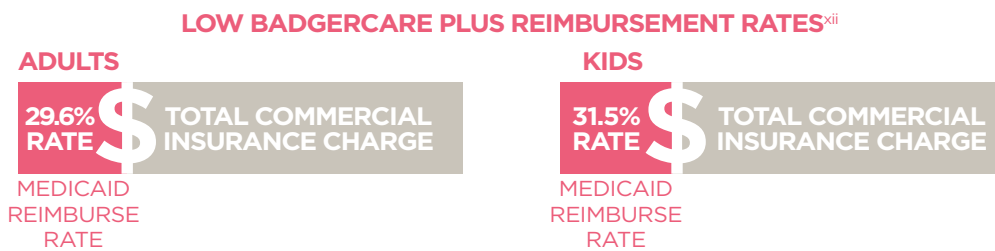
5 to 20 percent of pregnant women manifest clinical signs of periodontitisⁱⁱ and 30 to 100 percent of pregnant women experience gingivitisⁱⁱⁱ.

Cause for concern in Wisconsin

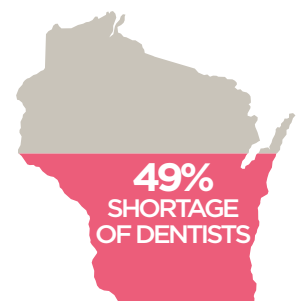
Oral health is important to overall health and has an impact on quality of life for adults and children. Untreated oral disease can cause children to suffer delays in learning, growth and social development and adults to experience pain, infection, tooth loss and missed days of work. Wisconsin provides basic dental benefits to children and pregnant women enrolled in BadgerCare Plus (Wisconsin's Medicaid program). Between September 2015 and February 2016 approximately 19,000 pregnant women and more than 420,000 children were enrolled in BadgerCare Plus^{iv}. Many Wisconsinites, especially the uninsured and those enrolled in Medicaid face a variety of challenges related to accessing dental services.

Many Wisconsinites, especially the uninsured and those enrolled in Medicaid face a variety of challenges related to accessing dental services.

FACTORS REDUCING ACCESS



HEALTH PROFESSIONAL SHORTAGE AREAS^{xiii}



Pregnant women insured by BadgerCare Plus receive dental insurance coverage during pregnancy and up to 6 weeks post partum. While pregnancy represents a unique time when many women are eligible for dental insurance, the percent that had their teeth cleaned is low.

PREGNANT WOMEN IMPACT

In Wisconsin, pregnant women are eligible for dental insurance coverage during pregnancy and up to 6 weeks post partum through BadgerCare Plus^{ix}.



National landscapes

In 1996, the first report was published suggesting maternal periodontal infection as a possible risk factor for preterm low birth weight^v. Clinical intervention trials over the next decade show inconsistent evidence on the effect of periodontal therapy during pregnancy in reducing adverse birth outcomes. Nevertheless, these studies indicate that routine periodontal treatment during pregnancy does not increase the incidence of adverse pregnancy outcomes. In 2006, New York was the first state to respond to the clinical results by developing perinatal oral health guidelines to dispel the fear and promote the safety and standard of oral health care during pregnancy.

At the national level, the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) recognized the need for guidelines and convened their own meeting of experts to develop national perinatal guidelines. In 2012, with the support of the American College of Obstetricians and Gynecologists and the American Dental Association, Oral Health Care During Pregnancy: A National Consensus Statement was developed. The consensus statement provides guidance to oral health and health care professionals for treating pregnant women and infants, and sets the foundation for moving practice toward a better standard of care.

In 2013, following the development of the consensus statement, HRSA announced funding for a national initiative: Perinatal and Infant Oral Health Quality Improvement (PIOHQI) pilot project. Grants were awarded to three states with guidelines or state plans already developed. HRSA expanded the funding opportunity in 2015 with a four-year PIOHQI expansion grant project that increased the number of states with funding from 3 to 11. The goal of the PIOHQI initiative is to establish a national perinatal oral care framework to serve as a resource to states in developing and implementing perinatal and infant oral health programs.

Wisconsin's response

Children's Health Alliance of Wisconsin (Alliance) identified the need for a state perinatal and infant oral health plan through the experience with the Earlier Is Better oral health grant for Early Head Start and the relationship with the Wisconsin Department of Health Services Oral Health Program. The Alliance submitted a proposal in answer to HRSA's PIOHQI expansion funding opportunity in February of 2015 and was awarded funding. The Alliance, affiliated with Children's Hospital of Wisconsin, gained support from a variety of partners throughout the application process. With more than 20 years of experience convening statewide partners around common interests, implementing evidence-based programs and impacting public health in Wisconsin, the Alliance was a natural fit to apply.

The successful PIOHQI application meant the summit would not only inform the development of a statewide plan, but launch implementation through the Healthy Smiles for Mom and Baby (HSMB) four-year project.

HSMB objectives align with the state oral health plan, Wisconsin Roadmap to Improving Oral Health 2013-2018, which can be accessed at <http://www.chawisconsin.org/documents/OH3OralHealthRoadmap.pdf>^{vi}

A multidisciplinary project advisory board was formed during the application process to guide the development, implementation and evaluation of the HSMB project. Advisory board members serve as liaisons between the HSMB project and their organization to disseminate progress and provide organizational support for statewide plan implementation.

HSMB objectives include:

1. Establish and maintain an oral health partnership to ensure effective development, implementation and evaluation of the HSMB project and workplan.
2. Increase awareness of the importance of oral health to the overall health of pregnant women and infants.
3. Increase oral health care utilization of underserved women during the perinatal period by integrating oral health into health care delivery systems statewide.
4. Increase oral health care utilization of underserved infants by integrating oral health care into primary health care delivery systems statewide.
5. Ensure a financing system to support perinatal and infant oral health.
6. Increase timely data entry and analysis to evaluate the effectiveness of HSMB for continuous quality improvement and tracking statewide progress.

Summit

The summit agenda was designed to both inform and gain insight on the current perinatal and infant oral health landscape in Wisconsin. With the goal of having equal representation of both medical and dental professionals, electronic invitations were sent to key leaders in their respective fields six months in advance of the planned summit. Prospective attendees included: individuals with decision-making ability within their organization, professional organizations representing oral health and medical professionals, insurance companies, state health department staff and members of the HSMB advisory board. A full list of summit attendees is included in Appendix A.

Engagement of participants was pivotal to the outcomes and success of the summit. Alliance staff started the morning with a call to action to acknowledge the participants' expertise and highlight the importance of their engagement in the planned activities. Alliance staff grouped participants by their relationship to the 'medical' or 'dental' community for each activity to ensure participants were comfortable sharing potentially controversial strategies, and gain independent insight into assets and barriers.

Commander Pamella Vodicka, MS, RD, oral health program director for the Maternal and Child Health Bureau of the Health Resources and Services Administration, provided an overview and history of the PIOHQI Initiative. Commander Vodicka provided insight into the role of the PIOHQI state models in the development of a National Implementation Framework for Improved Perinatal and Infant Oral Health.

The national framework will:

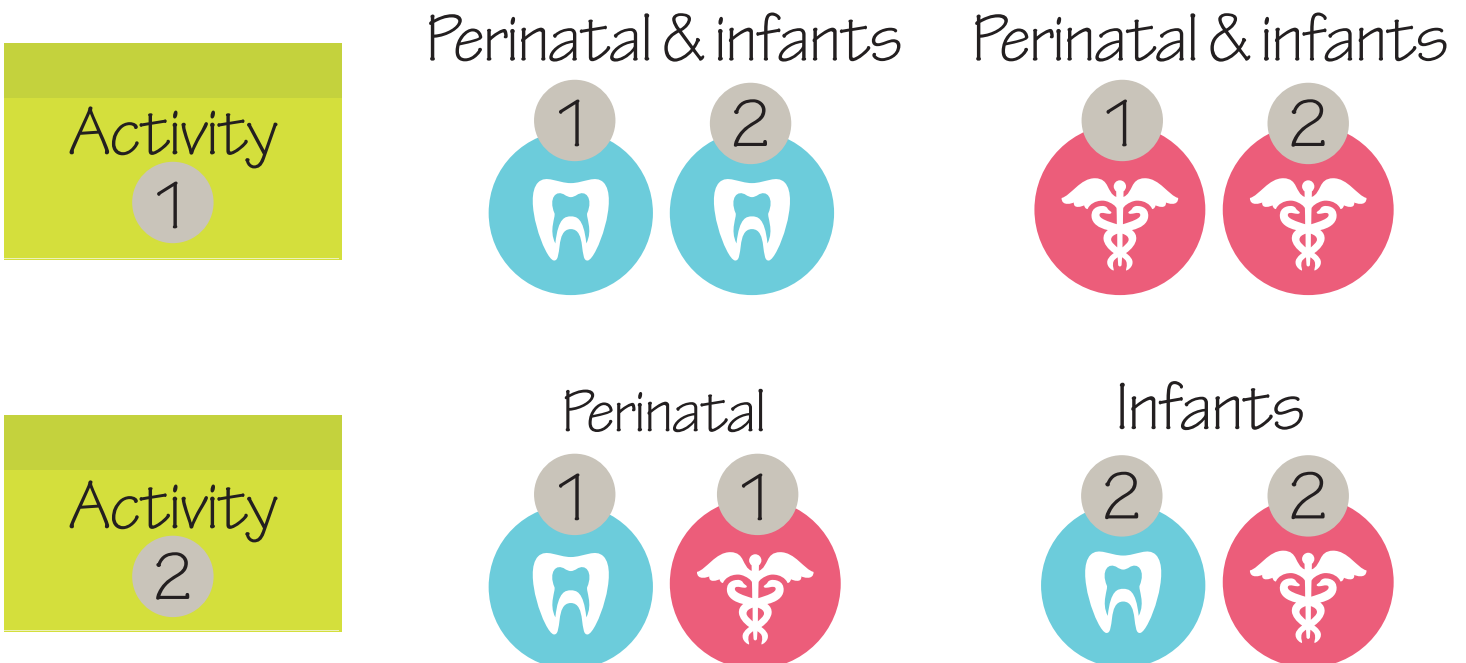
1. Support stakeholders (government leaders, oral health professionals, and community and state health program directors) in their efforts to expand access to oral health services.
2. Increase implementation of oral health best practices.
3. Increase the number of primary care health professionals who incorporate oral health into their practice.
4. Share state data with common health metrics.
5. Support a sustainable oral health care delivery system.
6. Support state policies and legislation that promote adequate reimbursement of oral health care.

Risa Nakajima, project manager with Children's Dental Health Project, provided an overview of the National Learning Network (Network) for Perinatal Oral Health, which includes participation from all 11 states in the PIOHQI project. Technical assistance for the Network is provided by the Association of State and Territorial Dental Directors, Association of Maternal and Child Health Programs, Children's Dental Health Project, National Academy for State Healthy Policy, and the National Improvement Partnership Network. The Network will provide technical assistance and quality improvement strategies to support states' efforts to strengthen partnerships, enhance knowledge transfer and leverage lessons learned.

Renee Samelson, MD, MPH, FACOG, professor of Obstetrics and Gynecology at Albany Medical College, and a member of the division of Maternal-Fetal Medicine, gave the keynote address entitled, "Incorporating Oral Health into Routine Prenatal Care." Dr. Samelson spoke about her experiences as co-editor of the first perinatal and infant oral health guidelines developed by New York State in 2006 and serving on the expert panel that developed the Consensus Statement in 2011. She summarized the scientific evidence of the importance and safety of perinatal oral health and reported relevant data since implementation of the guidelines. After the keynote address, participants reported to their designated groups for the first activity.

Activity Groupings

In activity one the 'medical' and 'dental' groups provided input on both the perinatal and infant populations to allow Alliance staff to evaluate whether identified assets or barriers were specific to a professional community. In activity two, participants were combined into mixed groups and provided input on only one target population. Alliance staff intentionally mixed the professionals to allow for inter-professional conversation and focus on the integration aspects of the HSMB project.



Activity 1

The goal of activity one was to identify assets and barriers to oral health care for pregnant women and infants. Alliance staff facilitated each group using large poster pages labeled with the topic of either, “What are the assets/barriers that currently exist in oral health care for pregnant women” or “What are the assets/barriers that currently exist in oral health care for infants.”

The facilitator recorded the assets and barriers identified by the group



on the corresponding side of the poster paper. Midway through the activity, participants switched groups to contribute to both perinatal and infant populations. Facilitators grouped responses into general themes and reported out to the entire group. Time was allowed for participants to ask questions, provide additional comment and engage in a large group discussion. For details see the facilitator guide in Appendix B.

Activity 2

Based on the assets and barriers identified in activity one, participants identified specific strategies for improving oral health for pregnant women and infants. Self-adhesive note pads were provided to each participant with instructions to write one very specific strategy that had potential to enhance an identified asset or address a barrier on each sheet. Participants were encouraged to write as many strategies as they could think of, and then took turns sharing and arranging the strategies by themes on large poster paper. Facilitators titled the common themes. The two groups reconvened for a final discussion where facilitators shared the strategy themes and participants asked questions, shared opinions and provided feedback on the other target population. For details see the facilitator guide in Appendix C.

To prioritize strategies to include in the statewide plan, each participant voted using self-adhesive dots on their top four strategies for the perinatal population and infant population. Each participant cast a total of eight votes with ‘medical’ participants using red dots and ‘dental’ participants using blue dots. The facilitators collected the poster pages with attached strategy notes, theme titles and dots for analysis.

Resource Table

A resource table with seven examples of educational materials (i.e. brochures, flip-charts, online education modules, toolkits etc.) was available for review by participants. A sheet of paper with a designated box for 'medical' and 'dental' providers was placed next to each item. Summit participants used self-adhesive dots to vote for the top four educational materials they would most likely use and would like to see available or developed for the HSMB project.

Key Informant Interviews

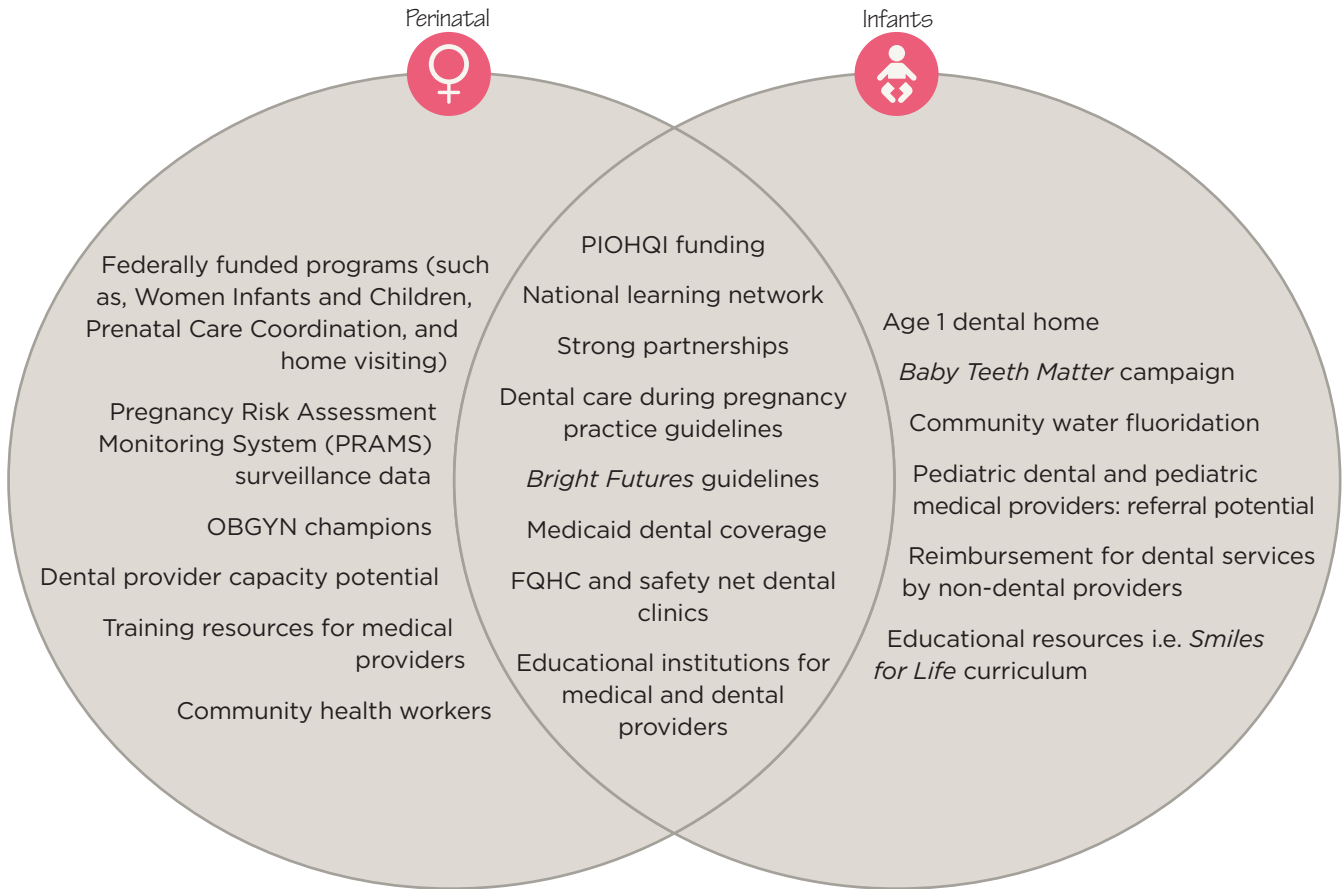
To gain additional information on assets, barriers and strategies for improving perinatal and infant oral health, key informant interviews were conducted with individuals not able to attend the summit or recommended by a summit attendee. Each interviewee was asked to review the nine themes generated in activity two and rank the top three they felt most impacted perinatal and infant oral health. The ranking of themes, in addition to conversation, allowed Alliance staff to collect quantitative and qualitative information from the interview process. The ranking data was compiled with the votes from activity two at the summit to inform the statewide plan.

Results: Activity 1

The list of asset and barrier themes gathered during activity one is shown in Figures 2 and 3. Many assets and barriers identified during the exercise were identified for both the perinatal and infant population, but some were exclusive to only one population. Separation of participants by 'medical' or 'dental' profession resulted in some assets and barriers unique to a single profession; however, the majority were identified by both professions.

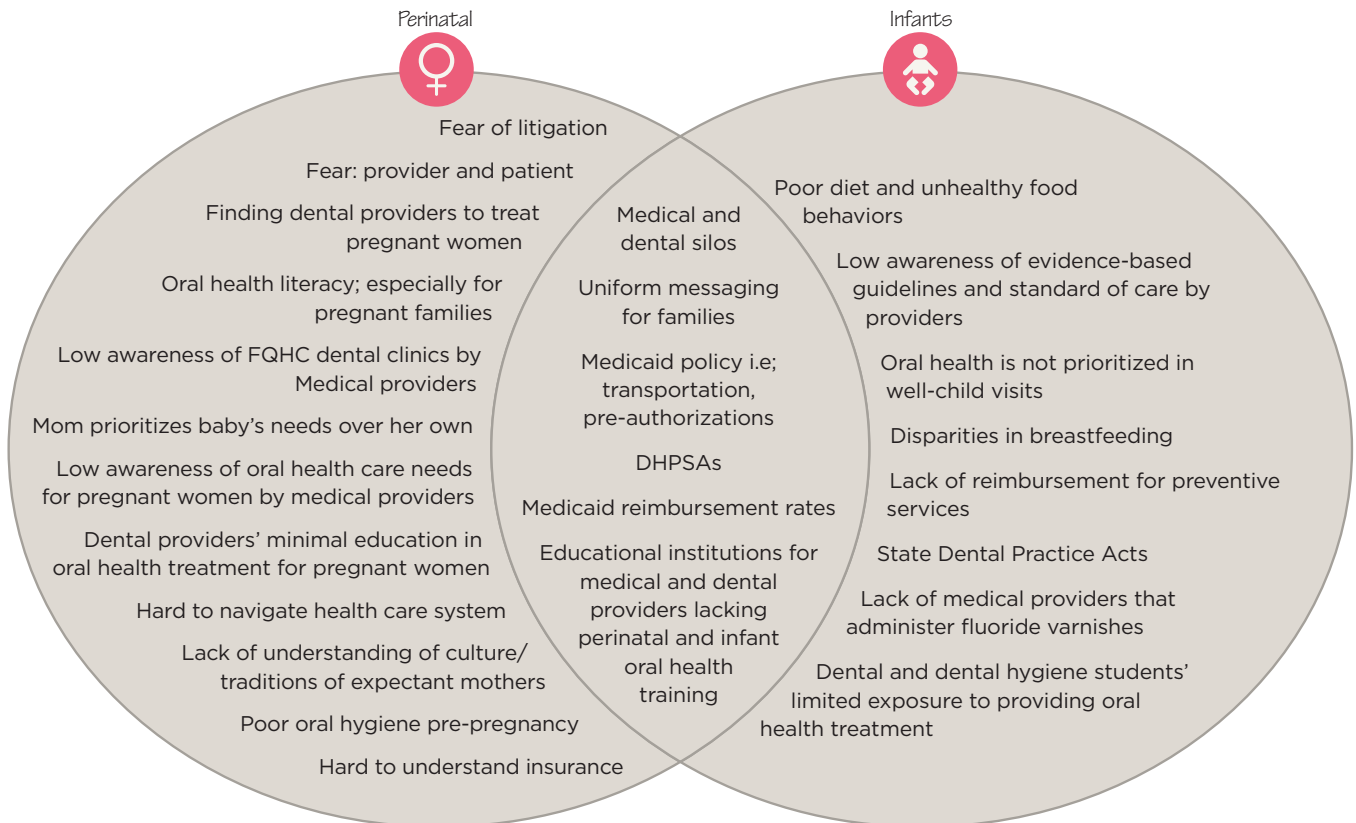
ORAL HEALTH ASSETS

Summit participants identified these assets for each population's ability to access oral health services.



ORAL HEALTH BARRIERS

Summit participants identified these barriers for each population's ability to access oral health services.



Results: Activity 2

For each target population, Alliance staff recorded all the strategies, themes and votes provided by summit participants. Staff then arranged strategies into themes for both perinatal and infant population. Votes for the perinatal and infant populations were combined to distinguish the overall top five themes for inclusion in the statewide plan.

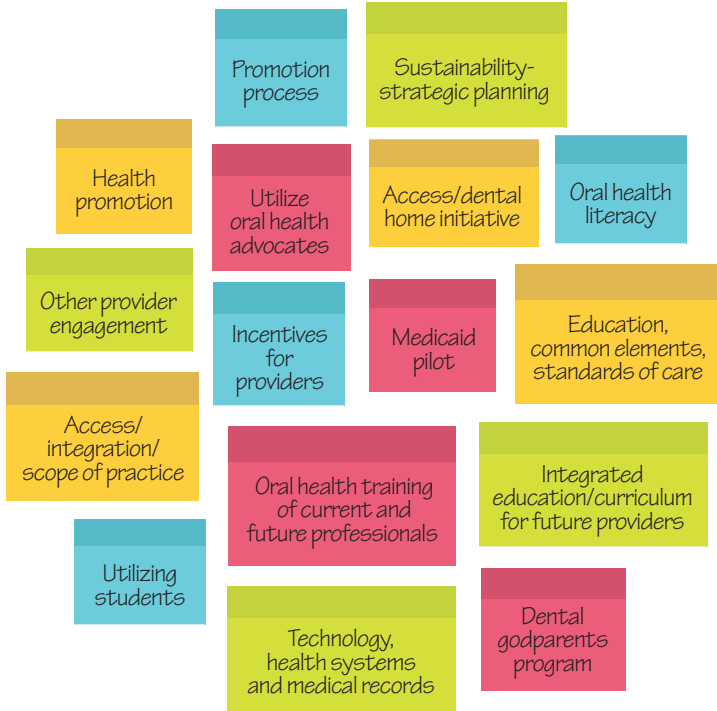
It is important to note that when combining target population votes, the top three perinatal themes did not all remain in the priority themes. For example, community programs did not receive enough votes when combined to remain in the top five. In addition, there was not an overwhelming difference in the number of votes cast by dental providers (blue dots) versus medical providers (red dots) for any theme. As a result, the top five themes have similar support from both dental and medical communities.

Top five themes receiving the most votes for combined perinatal and infant populations:

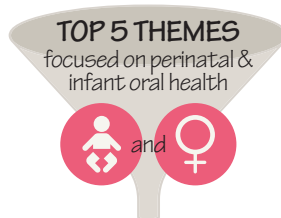
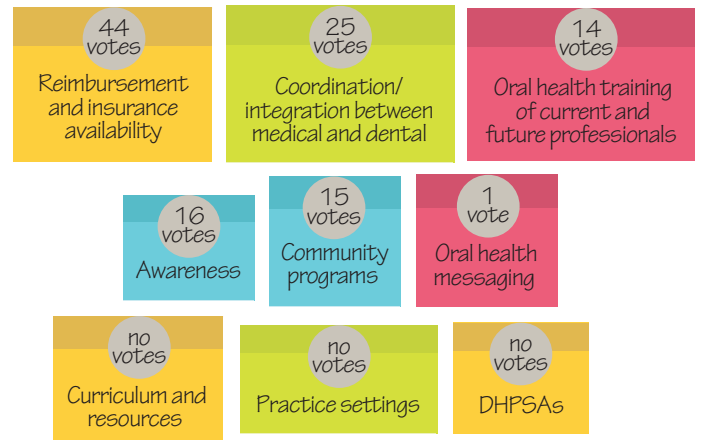
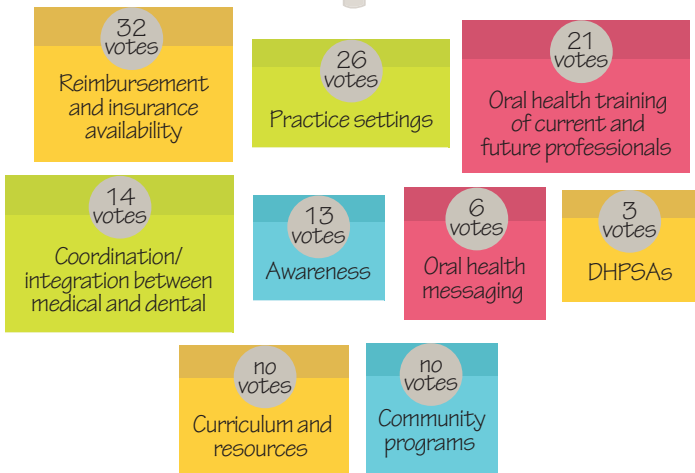
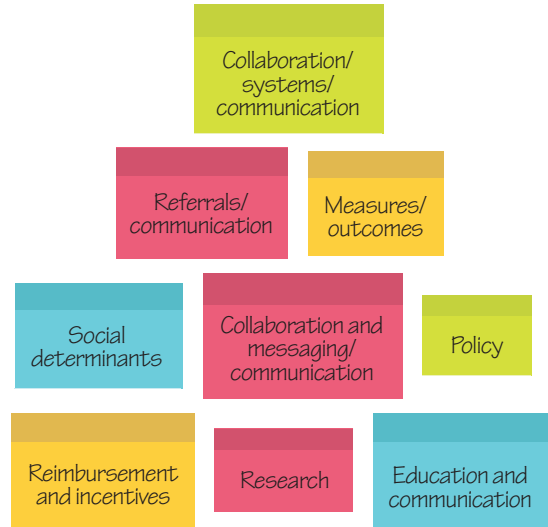
1. Reimbursements and insurance availability
2. Coordination/Integration between medical and dental
3. Oral health training of current and future professionals
4. Awareness
5. Practice settings

ACTIVITY 2 - TOP THEMES FOR STATEWIDE PLAN

BRAINSTORM - INFANT ORAL HEALTH STRATEGIES



BRAINSTORM - PERINATAL ORAL HEALTH STRATEGIES



(vote totals include summit participants and key informant interviews)



82
votes

Reimbursement and insurance availability

- Provide incentives to providers, such as loan forgiveness or increased reimbursement rates, to see the target population.
- Medicaid policy changes regarding: pre-authorizations, mandatory waiting periods for scaling and root planning, lengthening perinatal coverage until treatment plans were complete, and transportation.
- Provide incentives to mothers for obtaining dental services.
- Develop a certification with payment incentives for physicians and dentists who promote appropriate oral health recommendations for pregnant women and infants.

47
votes

Coordination/ Integration between medical and dental

- Integrated technology and medical records.
- Utilize an oral health care coordinator for follow up and to prioritize pregnant women when referred by medical providers.
- Integrate medical and dental home initiatives for a 'health home' focus.
- Incorporate oral health resources during prenatal office visits and ensure prenatal medical providers have strong relationships with dentists who will take perinatal Medicaid patients.

36
votes

Awareness

- Utilize oral health advocates to increase awareness of the safety of dental care during pregnancy.
- Implement a large public educational campaign for consumers.
- Create consistent messaging across disciplines.
- Educating families to increase oral health literacy and navigation of health care systems.

40
votes

Oral health training of current and future professionals

- Include perinatal and infant oral health in medical and dental education curriculums; include inter-professional education, training and hands-on opportunities.
- Standard of care re-focus for current providers to emphasize the guidelines and standards for treatment of pregnant women and infants.
- Publish journal articles.
- Issue a joint statement from the Wisconsin Dental Association and the Wisconsin Section of the American College of Obstetricians and Gynecologists.
- Offer continuing education sessions utilizing professional organizations.

30
votes

Practice settings

The issue of practice settings received greater support from the dental field as compared to the medical field for both perinatal and infant oral health, which might be attributed to a lack of medical provider understanding of where specific dental providers can practice and the supervision required.

- Explore different delivery models or supervision requirements to expand dental hygienists practice settings.
- Allow all members of the dental team to practice at the top of their license.

Conclusion

The prioritized strategies will guide the advisory board in finalizing the development of the Wisconsin Perinatal and Infant Oral Health statewide plan. The statewide plan aligns with the HSMB work plan, yet is broad enough to serve as a framework for others working to improve oral health for pregnant women and infants. Broad dissemination of the statewide plan will increase collaboration, awareness of promising strategies, and impact perinatal and infant oral health in Wisconsin.

Collaboration in Action



Mark Rakowski, Vice President at Children's Community Health Plan (CCHP) and Bill Solberg, Director of Community Services at Columbia St. Mary's (CSM) discussed access to prenatal oral health providers at the summit and the opportunity to collaborate was clear. CCHP care managers had very limited access to only a few dental providers. Seton Dental Clinic, a program sponsored by CSM, had capacity to serve more pregnant women. As a result, a system is now in place to welcome CCHP patients into Seton Dental Clinic for prenatal oral health care. This is a great example of the amazing potential when connecting partners to expand access across our communities.

Wisconsin Perinatal and Infant Oral Health Plan

Goal: Reduce the prevalence of oral disease in both underserved pregnant women and infants by integrating quality oral health care into the health care delivery system statewide.

Objective 1: Establish and maintain an oral health partnership to ensure effective development, implementation, and evaluation of the Healthy Smiles for Mom and Baby project and workplan.

- 1.1 Convene a statewide summit of interdisciplinary stakeholders to provide input on barriers and strategies for improving perinatal and infant oral health.
 - 1.2 Finalize HSMB workplan.
 - 1.3 Monitor progress toward HSMB objectives.
-

Objective 2: : Increase awareness of the importance of oral health to the overall health of pregnant women and infants.

- 2.1 Develop or identify existing comprehensive curricula and educational materials for medical providers/students, dental providers/students, home visitors, pregnant women, caregivers of infants and other populations as determined by the project advisory board.
 - 2.2 Develop a HSMB training utilizing identified curricula and evidence based resources.
 - 2.3 Implement and evaluate trainings.
-

Objective 3: Increase oral health care utilization of underserved women during the perinatal period by integrating oral health into health care delivery systems statewide.

- 3.1 Develop strategies for integrating oral health education into perinatal care.
 - 3.2 Develop strategies for medical providers to identify and refer pregnant women in need of dental care.
 - 3.3 Disseminate and implement strategies statewide.
-

Objective 4: Increase oral health care utilization of underserved infants by integrating oral health into primary health care delivery systems statewide.

- 4.1 Develop strategies for integrating oral health education into pediatric well care.
 - 4.2 Develop strategies for medical and dental providers to collaborate on and establish a dental home for infants by age 1.
 - 4.3 Disseminate and implement strategies statewide.
-

Objective 5: Ensure a financing system to support perinatal and infant oral health.

- 5.1 Evaluate existing state medical and dental payment models.
 - 5.2 Identify and implement strategies to improve and sustain adequate payment of medical and dental providers for services to pregnant women and infants.
-

Objective 6: Increase timely data entry and analysis to evaluate the effectiveness of Healthy Smiles for Mom and Baby for continuous quality improvement and tracking statewide progress.

- 6.1 Develop integrated electronic health record (EHR) systems and processes to track patient care measures for use in quality improvement cycles by dental and medical providers.
 - 6.2 Ensure access to annual summary reports for statewide metrics relevant to perinatal and infant oral health data from Wisconsin NOHSS, PRAMS and Medicaid.
-

ⁱ New York State Department of Health. Oral Health Care During Pregnancy and Early Childhood. Practice Guidelines. NYSDOH 2006. Albany, NY.

ⁱⁱ Offenbacher S, Boggess KA, Murtha AP, Jared HL, Lief S, McKaig RG, et al. Progressive periodontal disease and risk of very preterm delivery. *Obstet Gynecol.* 2006; 107(1): 29-36.

ⁱⁱⁱ Gajendra S, Kumar JV. Oral health and pregnancy: A review. *N Y State Dent J.* 2004; 70(1): 40-4.

^{iv} Information from Wisconsin Department of Health Care Access and Accountability website, accessed March 2016. <https://www.dhs.wisconsin.gov/badgercareplus/bcpstate.pdf>

^v Offenbacher S, Katz V, Fertik G, Collins J, Boyd D, Maynor G et al. Periodontal infection as a possible risk factor for preterm low birth weight. *J Periodontol.* 1996; 67:1103-13.

^{vi} Wisconsin's Roadmap to Improving Oral Health 2013-2018, Wisconsin Oral Health Coalition, 2013 <http://www.chawisconsin.org/documents/OH3OralHealthRoadmap.pdf>

^{vii} Nasseh K, Vujicic M, Yarbrough C. A ten year, state-by-state, analysis of Medicaid fee-for-service reimbursement rates for dental care services. Healthy Policy Institute Research Brief. American Dental Association. October 2014. Available from: http://www.ada.org/-/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1014_3.ashx.

^{viii} Burden of Oral Diseases in Wisconsin-2010, Wisconsin Department of Health Services.

^{ix} Wisconsin PRAMS 2012, Division of Public Health, Department of Health Services.

Appendix A: HSMB Summit Participant List

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**Advisory Board Member

Appendix B & C: Summary Report

Activity 1 Instructions:

Objective: Create a list of assets and barriers to pregnant women and infants accessing oral health care.

Prompts:

- (1) “What are the assets/barriers that currently exist in oral health care for pregnant women?”
- (2) “What are the assets/barriers that currently exist in oral health care for infants?”

Instructions:

1. Designate one person as note taker and one person as facilitator.
2. On a large sheet of poster paper, label one side ‘assets’ and one side ‘barriers’.
3. Facilitator reads the first prompt and has participants take turns sharing their ideas. Note taker will record responses under appropriate ‘assets’ or ‘barriers’ column.
4. Note taker will draw lines or circles to connect similar ideas and label with a general theme.
5. Repeat activity for prompt 2.

Materials:

Poster pages
Markers

Activity 2 Instructions:

Objective: Identify specific strategies to enhance assets or overcome barriers to oral health care for pregnant women and infants.

Prompts:

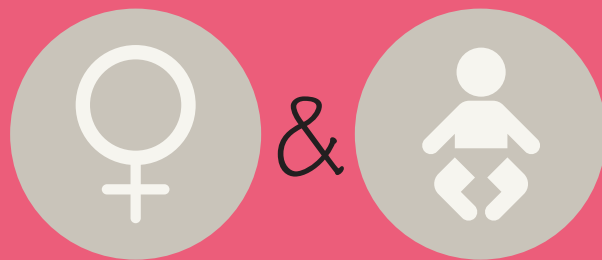
- (1) “Write specific strategies to overcome barriers or enhance assets to oral health care for pregnant women.”
- (2) “Write specific strategies to overcome barriers or enhance assets to oral health care for infants.”

Instructions:

1. Divide participants into two groups; identify a group facilitator and assign one prompt to each group. Ideal group size is 10 people.
2. Reference asset and barrier lists created during Activity 1 for the target population that corresponds to the group prompt.
3. Facilitator reads the prompt and has participants write strategy ideas on post-it notes. Only one strategy per post-it note.
4. Facilitator has participants take turns sharing strategies and placing their post-it note onto the poster page.
5. Group will arrange post-it notes of similar ideas and label with a general theme.

Materials:

Poster pages from activity 1
Poster pages
Post-it® notes
Markers
Pens



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