

## Cross-Cutting/Life Course

### State Action Plan Table

#### State Action Plan Table - Cross-Cutting/Life Course - Entry 1

##### Priority Need

Promote oral health among all populations

##### NPM

A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year

##### Objectives

11.1. Collaborate partners working with MCH to promote perinatal oral health

11.2. Develop an oral health resource database for CSHCN

11.3. Promote oral health among low-income Hispanic mothers and children

##### Strategies

11.1.a. Partner with public health districts, private practices, dental hygiene programs (the Augusta University, Dental College of Georgia) to promote perinatal oral health screenings

11.1.b. Offer comprehensive educational webinars/presentations

11.2.a Educate public health district oral health staff on special considerations and treatment needs for special needs patients

11.2.b. Determine data sources and begin collecting data to develop a special needs dental access database with location of practices serving special needs children and adults/special services offered, such as general anesthesia, orthodontics, insurance accepted and other specialties

11.3.a. Improve the Oral Health Education Initiative program to include culturally competent messages for low-income Hispanic children and adolescents

ESMs

ESM 13.1 - 11.1.1. Promote oral health for pregnant women among health care professionals

ESM 13.2 - 11.1.2. Promote oral health for pregnant women among health care professionals

NOMs

NOM 14 - Percent of children ages 1 through 17 who have decayed teeth or cavities in the past 12 months

NOM 19 - Percent of children in excellent or very good health

Measures

NPM-13 A) Percent of women who had a dental visit during pregnancy

Annual Objectives

	2016	2017	2018	2019	2020	2021
Annual Objective	39.5	41.1	42.7	43.0	43.5	44.5

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2013	29.3 %	2.7 %	18,443	63,060
2012	38.0 %	2.0 %	47,208	124,225

Legends:

📄 Indicator has an unweighted denominator <30 and is not reportable



⚡ Indicator has an unweighted denominator between 30 and 59 or a confidence interval width >20% and should be interpreted with caution

**NPM-13 B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year**

Annual Objectives						
	2016	2017	2018	2019	2020	2021
Annual Objective	76.7	77.4	78.2	79.0	79.8	79.9

**Data Source: National Survey of Children's Health (NSCH)**

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2011_2012	75.9 %	1.5 %	1,773,709	2,337,183
2007	80.3 %	1.5 %	1,892,253	2,357,427

**Legends:**  
 Indicator has an unweighted denominator <30 and is not reportable  
 Indicator has a confidence interval width >20% and should be interpreted with caution

**ESM 13.1 - 11.1.1. Promote oral health for pregnant women among health care professionals**

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	4.0	8.0	12.0	16.0	20.0

**ESM 13.2 - 11.1.2. Promote oral health for pregnant women among health care professionals**

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	4.0	8.0	12.0	16.0	20.0

**Cross-Cutting/Life Course - Plan for the Application Year**

**Plan for Application Year**

**Priority Need: Promote oral health among all populations**

The Oral Health program within MCH has expanded its focus beyond school-age children and water fluoridation to include CSHCN, women and pregnant women. MCH will continue to promote oral health among all populations, with a special emphasis on teledentistry, promoting oral health care services among pregnant women and preventive visits for children, in the upcoming reporting cycle (state action plan 11.1-11.3).

## Teledentistry

The Teledentistry Project is a partnership of two rural Georgia public health districts (Southeast and South Central Health Districts), Georgia Regents University School of Dentistry and a private practice dentist in rural Georgia.

Partners developed a strategic plan for teledentistry. In the upcoming year, the Oral Health Program will work towards accessing coverage for teledentistry, and developing a teledentistry protocol for providers and public health districts.

## Public Health District Oral Health Services

The Oral Health Annex (contract with public health districts) provides for local oral health services to children, and pregnant women. The Oral Health Annex also requires school-based prevention programs, which include oral health education and/or screening, sealants, fluoride varnish and referrals. The Oral Health staff will present the importance of dental referrals for those children requiring dental treatment to the districts statewide and educate parents and school staff about the benefits of oral health prevention services in the upcoming year.

The Oral Health program will continue to maintain the high level of access to fluoridated water in Georgia. Each month all water systems adjusting their fluoride level report on the level of fluoride in the drinking water each day. By maintaining the fluoride level of water in the recommended range maximum benefits are achieved with minimal side effects.

In the coming year, the Oral Health Program will also target Hispanic children and mothers to promote good oral health habits, oral health screening and provide preventive services. As well as, educate medical providers on the effectiveness of assessment, anticipatory guidance and fluoride varnish application in the medical practice.

## **Cross-Cutting/Life Course - Annual Report**

### **Annual Report**

#### **2015-2016 NPM 09: Percent of third grade children who have received protective sealants on at least one permanent molar tooth**

##### Last Year's Accomplishments

During the reporting year, the Oral Health Program placed 6,132 dental sealants on 1,817 children. Using data from the Pregnancy Risk Assessment Monitoring System (PRAMS), Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBS), and the Head Start Oral Health, the Oral Health Program identified that dental caries generally start around age 3 and that there may be some differences for males compared to females.

During the reporting year, the Oral Health Program offered educational sessions via video conferencing and bridged a partnership with the Georgia Academy of Family Physicians (GAFP) to provide education and training on oral health risk factors, and fluoride varnish placement in medical practices.

Almost 97% of Georgia's community water systems have water fluoridation.

##### Current Activities

Through partnerships with districts, private practice, education at dental hygiene programs, and in partnership with the Augusta University School College of Dental Medicine, the Oral Health Program promote perinatal oral health screenings, education on caring for pregnant women's oral care needs, anticipatory guidance on infant oral health home care and dental visits.

Educational programs were also presented at a perinatal meeting and family planning meeting. The education contract with GAFP resulted in a January 2016 oral health article for the Georgia Academy of Family Physicians newsletter. The article was also posted on GAFP's website. The article is available to over 2300 members and medical students. A face-to-face training on oral health, risk factors, and fluoride varnish was offered March 5, 2016

at a conclave board meeting. Evaluations from the meeting suggested many of the attendees will be incorporating fluoride varnish into their routine visits.

A presentation was offered twice during the Region IV Head Start Association meeting in Atlanta educating Head Start staff on preventing oral disease and community water fluoridation.

In addition, the state staff are working with Georgia Institute of Technology industrial modeling team on access to services. The university has access to county Medicaid oral health data and they are using the data to determine needs, dentist access, barriers to services and assisting our oral health team in most efficient and effective preventive services for those in most need. This effort will support our ongoing needs assessment for the oral health priority need.

## **2015-2016 NPM 15: Percentage of women who smoke in the last three months of pregnancy**

### Last Year's Accomplishments

The Georgia Tobacco Quit Line continues to maintain the 10-call module that provides specialized tobacco cessation counseling services to assist pregnancy and postpartum women with quitting tobacco use. About half of Intensive Pregnancy Program callers had been abstinent from tobacco for 30 days or longer (9/19) and 7 days or longer (10/19).

### Current Activities

The Georgia Cessation and Secondhand Smoke Television Media Campaign (Phase II) continues to partner with DPH's Division of Communication to carry out the Quit Line Communication Plan. During October 2015-February 2016, DPH aired a radio campaign encouraging tobacco user to make a quit attempt. The tobacco media covers the following markets via broadcast radio in Albany, Atlanta, Brunswick, Columbus, Savannah, and Waycross. Two rounds of 60 second spots were used in targeting adults, primarily men, for a total of 11 weeks. Air dates are as follows:

Round I: Pre-Holiday -- October 5 – November 22, 2015 (7 weeks)

Round II: Post-Holiday – Dec. 28, 2015 – Jan. 24, 2016 (4 weeks)

### **Other Programmatic Activities**

No content was entered for Other Programmatic Activities in the State Action Plan Narrative section.

## **II.F.2 MCH Workforce Development and Capacity**

MCH is in the middle of a transformation. The purpose of the transformation was to create an organization structure for MCH that facilitated coordination across programs and across the agency. Reorganizing MCH will also result in clearly defined job roles and will allocate responsibilities in a way that builds capacity to provide more and improved services through the Title V program. Several new staff have been hired through the transformation. As a result, the workforce in MCH is very new to the organization and would benefit from workforce development.

### Workforce

A survey was distributed to DPH employees of maternal and child health programs at the state, district and local level to determine their perceptions of workforce development needs. The majority of respondents indicated that they received their education in public health through on-the-job training. Very few indicated having no public health training or formal public health training.

The participants were also asked about the tenure of their employment with DPH and previous experience in public health. Over 20 percent indicated that they had worked in their current position for 1-5 and 6-10 years, at the