Think Teeth: New Developments in Medicaid Children's Oral Health

Connecting Kids to Coverage National Campaign

Webinar Transcript September 28, 2013

[computerized voice]
The broadcast is now starting. All attendees are in listen only mode.

Sandy Won: Hi everyone, this is Sandy Won with the Connecting Kids to Coverage Campaign. Thank you so much for joining us today for our Oral Health Webinar, Think Teeth. We are going to be starting in just a couple minutes right on time at 1:30. We have a number of registrants today so we just want to make sure that we get as many people logged on as we can, and we've got a great presentation. So we will get started in a couple minutes. Thank you for joining us, and we will be back in just a minute.

[no audio]

Donna Cohen-Ross: Good afternoon everyone. And I guess for some of you it is good morning. My name is Donna Cohen-Ross. I am a Senior Policy Advisor at the Center for Medicaid and CHIP Services in the Department of Health and Human Services, and I want to welcome everybody today to our webinar Think Teeth: New Developments in Medicaid Children's Oral Health. We are so excited today for a number of reasons. One is that I think this is the webinar that beats all in terms of registrations. As of just a little while ago we had 859 people registered to participate, and that is a record for us. I think that emphasizes to us all how important this topic is and how hungry people are for information, materials, findings from research, anything possible to help us in our work as we try to improve the health coverage and health care for young children. And we're also going to talk some about pregnant women today as well. I am going to get started right away because we do have a lot to cover and we are going to touch on all of those things. We are going to hear a little bit about the value of Medicaid and CHIP and their role in oral health outcomes for children. We are going to have a research roundtable in just a little while. We have two researchers who you'll meet in a bit who have done some work that we wanted all of you to hear about and get a chance to talk with them a little bit. And then we also are going to be sharing with you for the first time officially new resources that can help you with oral health messages that can be used with pregnant

women and parents of young children. Here at CMS, we have been working for a very long time to create these materials, to perfect them, to think about the best ways of getting them into your hands and into communities where you're working. So we are very, very excited. I want to just say a word to get us all on the same page so to speak, or the same slide, we can go to the next slide. And just talk a little bit about where we are with children's health coverage with respect to Medicaid and CHIP, and we were very fortunate about a week ago we received some new data from the Urban Institute. The Urban Institute has been tracking information about participation in Medicaid and CHIP over the course of the last four or five years, and so it's really very helpful to us because the data tells us that we are moving in the right direction. Now when it comes to children's health coverage, the right direction is sometimes up and sometimes down. So first I want to share with you that between 2008 and 2012, 1.7 million children gained coverage in the United States, and mainly those children gained coverage through the Medicaid and CHIP program. So we know that these programs are doing their job picking up when, for example, families may lose employer-based coverage because of economic conditions or other reasons. Medicaid and CHIP are there to [inaudible] 1.7 million children gained coverage. Also during a similar time frame, between 2008 and 2011 the participation rate in Medicaid and CHIP increased, and the participation rate is defined as the percentage of eligible children who are enrolled in the program. In 2008 when Urban Institute first started looking at these numbers 81.7% of eligible children were enrolled in the program, and in 2011 the latest data that we have, that number has jumped to 87.2%. If you go on to the InsureKidsNow.gov website, and you'll be hearing more about that later, you'll see a map of the United States, you can click on your state or any state that you're interested in and find the participation rate for your state. You'll see that about 20 states now, actually it's 19 states and the District of Columbia, have participation rates of 90% or higher. So we know that there is still more work to be done in improving those participation rates. And one thing I always say to people, I like to point out that those 90% rates are true for states all over the country, in every region of the country we have a state, at least one state that is 90% or higher in participation. So no matter where you are there is that incentive and that possibility to improve participation rates and get more children enrolled in coverage. But again, we all know there is more work to do, we have millions more children and teens who are eligible but not enrolled. The numbers are improving but we still see that there are about 4 million children, and of course we're at a very important moment in time where we can cover kids and very shortly will be able to talk about new opportunities for coverage for the whole family, and we're very excited about that, we hope you are too. Just going to the next slide, I want to again just say one or two words to

bring us all on the same page. When we talk about the Medicaid and CHIP program, one of the things that we always want to keep in mind is that these are programs that have great value for families with eligible kids. About two years ago, CMS conducted a national survey of families with children who were eligible for Medicaid and CHIP. About a third of the families had children who were enrolled in the program, about a third had children who were eligible but not enrolled, and the last third had children who were eligible but did have private coverage. And we asked a whole range of questions about what parents thought about Medicaid and CHIP, about the health coverage they had. And one of the things that we learned is that more than 90% of parents whose children were enrolled in Medicaid and CHIP say that they are satisfied or very satisfied with their children's coverage. It had to do with the kind of care their children were getting, the range of benefits. They had a lot of good things to say. And the families that had experience with the program were the families that had the highest rankings of the program. One of the things I want to point out before we go on, and this is going to be helpful to us as we move forward. In the survey we asked families, what are the things that motivated you to enroll your child in the program? And it's really important for our conversation going forward to understand that the availability of dental care, dental benefits in the program, is a top factor that motivated families to enroll. 68% of parents chose dental care as a top reason for enrolling their child. For Spanish-speaking parents, it was even higher, 81%. So we think this is really important and was one of the things that fueled our interest in creating our Think Teeth campaign which you are going to hear more about as we go forward. Right now I am going to turn it over my colleague Laurie Norris, also Senior Policy Advisor in the Center for Medicaid and CHIP Services

[inaudible] ... lots more to share with you. So Laurie, welcome.

[no audio]

Laurie Norris: Thank you Donna, and thank you all for joining us today. You'll see that Medicaid and CHIP cover a lot of dental benefits—everything from regular cleanings to x-rays to sealants. This chart shows you the progress that we've been making over the last decade. We started in 2000 at quite low levels. The green line shows you treatment services, the red line shows you preventive dental services, and the blue shows you any dental services. And as you can see we've been making steady progress over the last decade, to the point now where about 47% of enrolled children get some type of dental service during the year. But we still have a long way to go. And to support that progress, CMS has launched an Oral Health Initiative, where we are asking all the states to increase the proportion of

children who receive preventive dental services as well as sealant services. And this just shows you that we've asked for a ten percentage point increase in the preventive dental services. Our national baseline is a 42% rate, which was set in 2011, and we're shooting to get to 52% by 2015 as the national average. Every state also has its own baseline and goal. You can see here that there is a wide variation across states in terms of the level of access or utilization of preventive dental services for children enrolled in Medicaid. I know this is too small for you to read on your screens probably, but I'll just tell you that Vermont is our top performer over on the left with almost 60% of children getting preventive dental services, and Florida is our low performer down on the right with the whole gamut in between. So we can do only so much here at CMS to move us toward our goals, and we rely very heavily on our partners in state Medicaid and CHIP programs as well as all of you who work in delivering care and in policy and education, finance, and other aspects of the system. And we want to engage all of you by sharing some research results that can help you do your work better and help all of us understand how to keep moving in the right direction. Just to let you know we'll have some time for questions after these next two presentations, so be sure to type your questions into the question box on your screen. First we'll hear from Dr. Mary Alice Lee about continued increases in dental care utilization by children in Connecticut. Dr. Lee is a Senior Policy Fellow with Connecticut Voices for Children, a nonprofit organization that conducts research and public policy analysis to promote the well being of Connecticut's children, youth and family. Dr. Lee is joining us today from Connecticut. Welcome Dr. Lee.

Dr. Mary Alice Lee: Thank you very much Laurie. I'm really pleased to be here today to be able to tell you a little bit about our ongoing performance monitoring in Connecticut's HUSKY Program, and to report on the results of our latest evaluation of the impact of some major program changes in 2008. First, I'd just like to tell all of the listeners that Connecticut's Medicaid and CHIP programs cover dental services for children and for the adults in the program including parents and pregnant women. Families are covered up to 185% of poverty and pregnant women up to 250% of poverty. Connecticut also funds independent performance monitoring in the HUSKY Program and it's done so since 1995. The work that we do here at Connecticut Voices supplements, complements and enhances the Medicaid agency's program oversight. So what I'm reporting on today is our assessment of the impact of major program changes. There were many steps taken to improve access to dental care in our program including the carve out of dental services from managed care, risk based managed care. Great enhancements to client and provider assistance that are provided telephonically and also with outreach. And then last but not least, significant increases in the reimbursement for

child services. Next slide please. So I'm showing here in this slide some of the services and what was paid under the Medicaid fee schedule before the program enhancements and after the program enhancements. And what you can see is that overall the increase in the reimbursement for children's services was quite significant, 100 to over 200% of what it had been. Because the adult fees are pegged to the child fees as a percentage of the child's reimbursement, the adult fees also increased although not quite as much. And I just want to take this moment to remind everyone that experience in other states shows that the fee increases are necessary but not sufficient to increase provider participation and access to care. So we believe here that the program enhancements were very significant in terms of turning the program around. Next slide please. What you'll see in this graph is the results of our monitoring every year in recent years. We saw a steady but largely unremarkable increase in receipt of preventive care and treatment over the years when the program was a risk based [inaudible]. Using the enrollment data and the claims data for the program, what we were able to show in the post-2008 period was that there was a statistically significant and meaningful increase in preventive care of 20 percentage points, a statistically significant and meaningful increase in the percentage of children who got treatment as well, and we think this is very good evidence that the program enhancements have done what they were intended to do. Next slide please. We also looked for other evidence that the program had improved access to care. So for example we looked to see what the percentage was of children who were age 1 and age 2, the very youngest children, who got preventive care. And what we see are very dramatic increases in the utilization of preventive care for those very young children. We looked to see what percentage of the children 3-19 received two or more preventive care visits in a one year period. Our EPSDT schedule calls for preventive care visits every six months.

[no audio] ... and had at least one sealant placed during a visit that took place in ...

[inaudible] ... the calendar years we were studying. Next slide please. We reasoned that the program enhancements and the fee increases would also affect access to care and utilization by parents and pregnant women in the program, so we examined their utilization rates under managed care through 2008 and then subsequently once the program was enhanced and the fees were increased. And what we saw for the parents was an increase in preventive care most recently, in the most recent year we looked at, although the increase was not dramatic after 2008. But we did see quite a dramatic increase in the treatment rate, 9 percentage points or about a third higher than it had been under risk-based managed care. And just a reminder

again the fees for care of adults increased by 75 to 200% depending on the type of service because they were tagged to the child fees that increased. Next slide. We've also been tracking other factors that are associated with utilization. The CMS 416 report shows us how utilization is affected by age, but we have data on the children and adults in the program that show us what the [inaudible] factors that might affect access to care. And what we've seen over the years and reported is that there are racial and ethnic differences in utilization rates, and they've been very consistent in the years before the program change and throughout the three years since then, four years since then. Note that the scale here on this graph has been expanded so you can see the pattern. We've seen a relationship in the differences in the utilization among parents, and in both children and among their parents, Hispanic children and parents are most likely to have gotten preventive care during the past year. We are watching how the rates change in relationship to each other. For example, you can see that in 2011 it appears that the difference between White and African American children narrowed a bit. And we are also seeking additional funding for some additional analyses that we think will shed light on what the underlying factors are that contribute to this higher utilization among Hispanic children and what we can do to narrow the gap here. I thank you for this opportunity to report on our work, and I look forward to hearing Dr. Chi's presentation.

Laurie Norris: Thank you very much Dr. Lee. Next we'll hear from Dr. Donald Chi about recent findings on the relationship between medical well baby visits and the first dental checkups for young children in Medicaid. Dr. Chi is an Assistant Professor of Oral Health Sciences at the University of Washington School of Dentistry. He is dual board certified in pediatric dentistry and dental public health, and he has an extensive research and publication portfolio. Dr. Chi teaches public health to pre and post-doctoral students and devotes his clinical practice to treating Alaska Native children in remote areas of the state. And in fact, he is joining us today from one of those small rural villages in Alaska, Chevak on the Yukon-Kuskokwim (Y-K) Delta. Welcome Dr. Chi.

Dr. Donald Chi: Thank you very much Laurie, and thank you Dr. Lee. Welcome from the great state of Alaska. I'm here in Chevak, Alaska, so you'll have to excuse me if there are noises in the background. I'm actually camped out in the middle of the library, so every now and then there is a herd of kids that comes through. Thank you very much. I am here to present today on some exciting findings that were published in the February 2013 edition of the American Journal of Public Health, and we're really excited to present our findings. So we're on the slide where we're going to present our research hypotheses. So we know that the American Academy of Pediatric

Dentistry recommends that all children have their first dental visit by age twelve months. We know that children do have multiple medical well baby visits by age twelve months, but that relatively few children have their first dental visit by age one. Previous studies have shown strong links between medical and dental care use. However, there were no studies before we conducted our study that examined the relationship between medical well baby visits and the timing of the first dental visit for young children. Now we do also know that by age 36 months there are a total of ten well baby visits recommended by the American Academy of Pediatrics, and conceptually well baby visits really are a conduit by which earlier first dental visits can take place for infants, especially vulnerable infants in Medicaid. So with this study, which was conducted with the help of funding from the National Institute of Health and National Institute of Dental and Craniofacial Research (NIDCR), we tested two hypotheses. One, that the frequency of medical well baby visits would be associated with earlier first dental visits. And that earlier first medical well baby visits would also be associated with earlier first dental visits. Next slide please. We focused on children in Iowa for forty-one continuous months, and our main outcome variable was the age at which the child's first dental visit took place. We had two main predictor variables. The first predictor variable was well baby visit frequency, which was broken up into three age periods: Birth to 12 months, 12 months to 24 months, and 24 months to 41 months. And we can see here on the slide that there are a total of ten well baby visits that a child could potentially have. And our second predictor variable was the age at which the first well baby visit took place. Next slide please. We can see here based on our study population that, consistent with the literature, most kids in Medicaid, most infants in Medicaid, are getting most of their well baby visits. We can see here on the first bar graph to the very left of the slide that between the ages of birth and twelve months that very, very few children were getting zero medical well baby visits. So we know that during this early stage in the life course, most kids are getting multiple medical well baby visits. And these trends also continue on through ages one, two, and three. Next slide please. In terms of our regression model results, we see here our main findings that the number of well baby visits that took place before age twelve months was not related to earlier first dental visits. However, a larger number, a greater number of well baby visits that took place between ages twelve months and thirty-six months as well as the number of well baby visits that took place between ages thirty-six months to forty-one months was significantly related to earlier first dental visits. The age at first well baby visit was not significantly associated with the time of first dental visit. So essentially this slide tells us, what the study told us was the number of well baby visits that took place after age one through age three were significantly, the number was significantly associated with earlier first visits, whereas the number of well

baby visits before age twelve months was not related to the timing of the first dental visit. Next slide please. So we see here that in terms of clinical, policy and public health implications of the study is that there is a need for emphasis on earlier first dental visits that can take place in terms of emphasizing early life well baby visits. In other words, there is a need for emphasizing earlier first dental visits during these early well baby visits. And this is really a great opportunity I think for medical and dental collaboration to take place to ensure that there is consistent oral health messaging aimed and directed at parents. Now one of the limitations is that we were using data from 2000 from this study, but stay tuned. We are actually looking at data from subsequent years to see how this relationship between medical well baby visits and first dental visits, how this relationship plays out in subsequent years. And if you're interested, on the slide before this there is a citation for our American Journal of Public Health paper. And my email address is on slide number one if you have any questions, any follow up questions. Thank you very much.

Laurie Norris: Thank you Dr. Chi. So we do have a few minutes now for questions, and we do have some questions that have been posted. So I'll go ahead and ask those. But keep those questions coming. So the first question is for you Dr. Lee. Can you explain to what extent the increases in the reimbursement rates for dental services in Connecticut are supported by state general funds or from some other source?

Dr. Mary Lee: Through an appropriation at the time of the settlement in the general funds of the state of Connecticut, and that level - so the funds are now part of the Medicaid overall budget.

Laurie Norris: So was that a yes, that they do come now from the general fund?

Dr. Mary Lee: Yes, they are from state funds and part of the overall Medicaid budget.

Laurie Norris: And I'm assuming that as with any other Medicaid expenditure you're receiving the usual federal match for those expenditures?

Dr. Mary Lee: That's what I understand. I'm not part of the Medicaid agency, but as I understand it the agency is submitting all of these expenses for the federal match, which in Connecticut is 50%.

Laurie Norris: Thank you. The next question is for Dr. Chi. Dr. Chi, can you explain from your results slide the largest numbers appeared in the twelve

month to thirty-six month age range. Can you explain why your conclusion was that it is important to emphasize dental visits during the zero to twelve month age range even though the largest results you seemed to have was in the twelve month to thirty-six month age range? Dr. Chi?

Dr. Donald Chi: From the results slide, that yes, that the hazard ratio is updated from the number of well baby visits from twelve to thirty-six months is the highest. And our interpretation of these findings is that that is a time when parents are starting to recognize potential problems with the teeth. This is also a time when physicians as well as medical providers may be noticing problems with the teeth in terms of early childhood caries or infection. So the reason why we really are endorsing the need to ensure earlier dental visits through these early well baby visits is that, consistent with the guidelines, you know, we had hypothesized to see a significant relationship between well baby frequency between ages birth and twelve months and the time of first dental visits. So really what these results show us is that there is really a need to focus on oral health messaging during these early well baby visits to ensure that kids in fact are getting to the dentist by age twelve months consistent with the American Academy of Pediatric Dentistry guidelines.

Laurie Norris: Thank you Dr. Chi. Next question for Dr. Lee. How does HUSKY inform parents, especially those with infants, about the availability of dental services?

Dr. Mary Lee: I'm sorry, there was a glitch here, could you just repeat the question?

Laurie Norris: How does HUSKY inform parents, especially those with infants, about the availability of dental services?

Dr. Mary Lee: Well, as I understand it the Medicaid agency's administrative services manager, it's BeneCare that manages the services under the Connecticut Dental Health Partnership, conducts outreach to all new enrollees and of course that would include infants coming into the program and very young children. And then they reach out to families when their analyses of claims data shows a child is in need of services. So it is individualized, it is targeted outreach, and then in addition to that there are materials that go out to families on a regular basis.

Laurie Norris: Thank you. Another question for Dr. Chi. Were you able to mine the Iowa data to understand whether infants who got well baby care in

clinics with co-located dental services were more likely to get dental care? Were you able to break your data apart in that way at all?

Dr. Donald Chi: That's a really great question. The analyses that I've presented to date, no. These are actually dental visits that took place in office based dental clinics. So yeah, this only includes children who would have accessed dental care from a dental office. So we did not look at that, but that's a really great, great question.

Laurie Norris: And Dr. Chi, just following up on that. Are you aware of any particular messages that are effective to reach pregnant moms in terms of getting them primed to take their children to the dentist, their babies to the dentist, at an early age?

Dr. Donald Chi: Absolutely. We're actually conducting some studies here at the University of Washington through a program called Baby Smiles, which is a program aimed at motivating pregnant women in Medicaid in Oregon to take their kids to the dentist earlier, consistent with guidelines. And that approach actually is based on a motivational interviewing approach where our health workers in the community work with mothers to motivate them, educate and motivate mothers, to take their children earlier. In fact, in our study, you'll see this if you look through the results section of the paper, we found that mothers who had a prenatal dental care visit had kids who had earlier, significantly earlier first dental visits. So really there is a relationship between oral health messaging I think to pregnant mothers, not just after the child is born but really during the prenatal period. If we can ensure that mothers have adequate access or good access to dental care while they're pregnant, before they give birth, that that leads to better utilization outcomes for their children.

Laurie Norris: Thank you so much. That's a terrific segue to the next part of our presentation, so keep typing your questions in if you have any more. We will ask our presenters to get back to you individually to answer any of the questions we weren't able to get to online today. So we're very, very excited to have this opportunity to share with you new resources from CMS to support you in your work to get the word out about the need for oral health and dental services for young children. What you're looking at now is a resource guide that we just released last week, we are now seeing it publically for the first time today. Keep Kids Smiling: Promoting Oral Health Through the Medicaid Benefit for Children & Adolescents. We hope that this guide will help states and other oral health stakeholders improve access to dental services for children enrolled in Medicaid and CHIP. It's available at the link on this slide. It's most useful online because there is a lot of terrific

live links to other resources. We're trying to highlight particular strategies that have worked in other states across a range of topics including policies in state Medicaid programs, maximizing provider participation in Medicaid programs, how to directly address children and families themselves to apprise them of the availability of dental care and get them into the office as well as partnering with other oral health stakeholders in improving state programs. Next slide please. Another set of materials that we are releasing officially today are our oral health education materials. And speaking of educating pregnant women about the need for dental care both for themselves and their young children, these two materials are targeted directly to them. They are formatted as a tear pad meant sort of like a prescription pad for use primarily by OBGYNs or family physicians, people providing primary care to pregnant women. You see here only the graphic, there is also educational information on them which focuses on emphasizing the importance and safety of dental care during pregnancy and the connection between oral health and overall health both for the pregnant woman as well as for her baby. These materials are available at the link shown on the screen. We are also releasing this piece which is both a poster or a flyer. So it comes in a large format and a smaller format, it comes in both English and Spanish. Think Teeth Every Step of the Way. This one is targeted to parents and caregivers of very young children, children under the age of three. And the contents, which I'm sure you can't really read on your screen, emphasizes the importance of the age one dental visit we've been talking about as well as the fact that caries is a transmissible and preventable disease. We are really trying to get the message across to parents that their babies can catch caries from other members of the family and we give prevention tips for how to prevent that from happening. All of these materials are available as I've said in both English and Spanish. They can be downloaded at the link on the screen. Limited copies are also available for bulk order at no cost at the same link. We also have generated a tremendous variety of materials for you to help us promote the availability of these materials and the idea behind this campaign to pregnant women, to parents of young children, as well as to the organizations that serve those populations through our Think Teeth campaign. We have Facebook posts, we have tweets, we have newsletter and blog articles, we have this beautiful web button for you to post on your website to link through to the materials as well as a set of distribution tips. All of these materials are available to you at the link. And lastly, I just wanted to put in a quick word for Text4baby which is another way for pregnant women and new mothers to learn about [inaudible] sponsored by the National Healthy Mothers and Healthy Babies Coalition. It sends texts to moms' phones that are developmentally appropriate, including oral health messages. On your screen you'll see a couple of the types of messages that they send related to oral health. And

you can sign up if you'd like to pretend to be a pregnant mom and see what comes across the wire by texting BABY to 511411. Next slide please. So I just wanted to take a moment now to segue to our next speaker, Dr. Diana Cheng, who is Director of Women's Health at the Maryland Department of Health and Mental Hygiene and Vice-chair of the American College of Obstetricians and Gynecologists Committee on Health Care for Underserved Women. She will share a few words with us now from the point of view of OBGYNs, those who are perhaps in the best position to educate pregnant women about oral health. Dr. Cheng.

Dr. Diana Cheng: Thank you. We'll go to the next slide. And I'm very pleased to be here and to present this committee opinion that ACOG just released last month on oral healthcare during pregnancy and through the lifespan. I really think this committee opinion reflects ACOG's commitment towards promoting oral health during pregnancy and in general through a woman's life. First I'd like to really acknowledge that the reviews that were done for this committee opinion by the American Dental Association, Maternal and Child Health Bureau, the National Maternal and Child Oral Health Resource Center at Georgetown University for making this possible. And I also wanted to point out that this committee opinion is available at www.acog.org, and you'll see on the left side if you click onto that website a listing of committee opinions, and look over this committee opinion on oral health care. Next slide please. What I tried to do is really condense four major points that I thought ACOG wanted to get across on this committee opinion. And I think first and foremost is misconceptions and questions that a lot of OBGYNs, oral health providers, and our patients have about getting dental work during pregnancy. And we've really done extensive research in the literature and have found that there have been no adverse effects to getting teeth cleanings, dental x-rays, local anesthesia, really all very, very safe during pregnancy. We really want to assure women of that fact and assure OBGYNs that that they can actually talk to women and have them see a dentist during pregnancy and get their routine teeth cleaning, and we also wanted to reassure dental providers that they really shouldn't delay any dental work that is necessary during pregnancy, that doing so, if you do delay needed dental work that it could be risky and we really think that continuing normal checkups is really the way to go and really want to advocate for that. The second point is the more kind of realistic point, and that is that a lot of women have Medicaid coverage during pregnancy for their health care, prenatal care, and delivery, and in many states Medicaid will cover oral health care during their pregnancy and sometimes postpartum as well. I know in Maryland we have Medicaid coverage of one third of our women who deliver, and it does cover oral health care during pregnancy. So it is important to really check that out because it is a unique time that a lot

of women who aren't eligible or can't afford dental care normally can actually use this time to get it during pregnancy. The third point I thought was the most interesting point I think, was very surprising to a lot of practitioners, is the point that I think was referenced before that you can actually by taking care of your teeth during pregnancy, before pregnancy, and afterwards, decrease, the mother can decrease the amount of cavity-causing bacteria in her mouth so that after the baby is born when you have a lot of saliva sharing activity such as tasting food, sharing your spoon, things like that, you can actually decrease the amount of bacteria that can go to the child or baby and actually decrease their risk of having cavities. So really, I think a huge factor in getting a mother health care, oral health care, during pregnancy, before and afterwards as well. And then the fourth point I think in this committee opinion is just that oral health is really part of medical health, and it's important, and really we do not want it neglected during pregnancy. I think that's, you know, even outside of pregnancy we can see a lot of medical disorders are linked to poor oral health and are associated with it, so we really want to emphasize that throughout a woman's life course. And I think in summary I really to say the importance of this collaborative effort with Maternal Child Health and with the Oral Health Offices in promoting this message. I know in Maryland we've done a lot of our activities together, and I think it's made this messaging much much stronger to have two offices combine and really work on this message as one in promoting oral health during pregnancy and outside of that. And that is basically my summary points. I thank you very much and I thought this is a great webinar to have with such great information.

Laurie Norris: Thank you so much Dr. Cheng. I'm going to turn the mic back now to Donna Cohen-Ross to help us with our next steps. Donna?

Donna Cohen-Ross: Great, thank you Laurie and thank you so much Dr. Cheng. We're going to have a question and answer period at the end of the webinar in just a few minutes, and so anyone who might have questions for Dr. Cheng please start sending them through the chat box. I'm sure that there will be folks that will want to talk to you about some of the great tips that you shared. And I just want to say that when you do have a chance to look at the materials that Laurie talked about, you'll see that the messaging on those tear pads for pregnant women reflect the advice and the tips that Dr. Cheng talked about. So we're happy to be in sync with the best evidence and the best research. I also want to say before moving on that Laurie, when she described all of the materials, she gave you the link on the InsureKidsNow.gov website, which is the right link. But I want to also share with you a quicker way to get to all of that information. When you go onto InsureKidsNow.gov on the home page, you will see a Spotlight box in the

upper right hand corner, and the first link in that Spotlight box will just take you to those new oral health materials with just one click. And we're going to leave that shortcut up there as long as we can so that folks can get to the oral health materials just very quickly. We know that you are going to be eager to take a close up look at them and start thinking about how you might use them. And so we wanted to talk a little bit right now about what that might be. Everyone, we have such a wide range of participants on today's webinar, but everyone has an important role to play in helping to spread the word about free and low cost health insurance through Medicaid and CHIP, for pregnant women, for children, for teens. We want to let people know about the availability of health coverage and how to apply. The materials on Insure Kids Now have a lot of information about the program and how to apply and have links to the application process in each state. Also obviously the thing that has drawn us all together today is an interest in letting everyone know about the importance of good oral health habits for pregnant women and also children up to the age of three. And you might ask why would we stop at age three? Well we wouldn't, but that was the first bite that we took so to speak, and as we go forward in our campaign we are going to be developing materials for older children as well. So we are not done yet. If we go to the next slide, I just want to give you a little bit of a view into another tool that we have on our website, which is a document that provides some tips on how to best use the materials that we've now posted and released to the public. We have tips for providers. We suggest displaying the materials in clinics and in offices, physicians offices. But also to send information home with patients, and again that tear pad is a great way to do that in a form that it's easy to just put in your bag and take home and look at later. The posters and flyers also have important uses in public settings but also the flyers for taking home for later reference. We want to work with local OBGYNs and hospital networks to distribute the materials in information packets that may go out. We think there is a tremendous opportunity to share these messages through visiting nurse services and other home visiting programs. We think that this really has a tremendous, there is a tremendous opportunity here not just to give person to person information to pregnant women and new moms, but also to talk about enrolling in health coverage as well. That is an activity that sometimes takes a side by side conversation. We think that it is also important to encourage childbirth or parenting classes to share the materials in group settings as well, so these are opportunities to do that. If we go to the next slide, we know that health care providers are just one avenue for getting this information to people who need it, but also community organizations and state and local government agencies can use the materials as well. We have as Laurie pointed out materials that you can share on your own website, your Facebook page. Lots of information to blog about and, hold that

thought, we're going to talk about that in just a second. We have provided drop-in articles for your newsletters. Again, materials that can be displayed in waiting areas, distributed at community events. Again we want to share with professional networks, and also in local communities create joint planning opportunities so that, making sure that all of the people who care about good oral health and good health in general for pregnant women and young children are talking about these messages and how to get them out to patients and to families that they serve. Again, encouraging pregnant women and parents of young children who might be eligible for Medicaid and CHIP to take a look at those benefits and consider applying for those programs so that children can get the benefits that they need. Here are some additional helpful links. We've already talked about InsureKidsNow.gov. For the Keep Kids Smiling booklet that Laurie talked about, that lives on Medicaid.gov but we'll also be posting a link to it from InsurekidsNow.gov so that you have one place to go for everything. When you look at InsureKidsNow.gov I hope you'll click on that shortcut link I just told you about to get to the dental health materials, but I hope you'll look at our other educational materials as well, our television PSA that talks about getting kids enrolled in coverage is one that is topping the charts of the Nielsen ratings lately in terms of, it is being aired far and wide around the country. We have an electronic newsletter. You can subscribe to updates on what we're doing with our Connecting Kids to Coverage Campaign, and we also have a phone number and an email address that we hope you will all use to find out more about outreach materials and activities and to talk to experts on activities that you may be planning and may want a little bit of feedback or other good ideas, connections to other things that may be going on. We are going to start immediately with getting the word out about these materials and these messages, and I want to take a moment to thank the folks at the Children's Dental Health Project. They gave us a call several weeks ago when we first announced this webinar and offered to host a social media blitz that starts today, it starts as soon as we hang up the phone today. It will be an opportunity to post or send messages on Twitter or Facebook. To participate, you'll want to send an email to Matt Jacob at CDHP, his email is right there, it's mjacob@cdhp.org. He has already gotten a whole range of organizations involved and ready to tweet and blog and post about these messages and materials, and we've also found Matt within our range of about 500 participants in this webinar so in just a moment we're going to take the last few minutes of this webinar for questions and answers and we have Matt available to answer any questions you may have about the social media blitz. But we do really thank the Children's Dental Health Project for jumping on this opportunity. As Laurie said earlier, we certainly can't do this alone, we really rely on the great ideas, the good work, the energy of all of you to be part of this campaign in a very large but

also very individual way, so we really, we're looking forward to what will come of our media blitz. And if I'm not mistaken, Matt is going to be able to tell us what the results were in terms of participation. And I hope I have not misspoken there because we certainly do want to know what will happen as a result of all of our participants really rolling up their sleeves, and I guess getting their thumbs out to tweet and blog about this important message. I think we have just a few minutes left. I want to open things up for any additional questions about materials, questions for Dr. Cheng on the ACOG statement, and also questions for Matt if you have questions about how to proceed with the social media blitz. So Laurie, I don't know if you are in a position to read out questions that are coming through the chat.

Laurie Norris: Yes, we have questions, boy do we have questions.

Donna Cohen-Ross: Okay. [laughs]

Laurie Norris: So, a question for Dr. Cheng. Is xylitol and chlorhexidine gluconate safe for pregnant women?

Donna Cohen-Ross: I think we first need a translation.

Dr. Diana Cheng: So, we looked at both chlorhexidine rinses and the xylitol, and both of them we haven't found any adverse reactions at all to those elements. So I think they're fine to use.

Laurie Norris: And also for you Dr. Cheng, is it still sort of evidence based that the second trimester of pregnancy is the safest time for dental care, or is that not the case?

Dr. Diana Cheng:
Well, generally in OBGYN we always say that the second trimester is the best time to do any kind of procedures, mainly because the first trimester, especially for dental care, women have a lot of morning sickness and they don't feel as, it's hard sometimes for them to get dental work during that time. Also the first trimester, if there is going to be any kind of harmful effect causing birth defects in it's going to happen very very early in pregnancy during the first trimester. So as a general precaution, some people do delay things into the second trimester. And then into the third trimester you kind of run the risk of just early labor, things like that, but you know, we actually do feel that dental care is safe during the entire pregnancy, and we really, I don't want to say that one trimester is better or safer than the other, I really think there is no problem as long as the woman

feels up to it to get dental work, routine dental cleanings, during any trimester.

Laurie Norris: So thank you Dr. Cheng. We've run out of time. I do want to quickly address one other question that came in about materials. How many printed materials may be ordered. We do have a limited supply, so it is not unlimited. I actually don't know if the ordering box has been set up to self limit, but I suggest that you go on and try it out. I would also request that if you do order materials that you only order what you think you can use, and then once you run out you can always reorder. For those of you who might be wondering, these flyers will be available on InsureKidsNow if you want to go back and look at any of the information. There are still questions left for Dr. Lee, Dr. Chi and Dr. Cheng, we will get to all of them and send you the answers. I'll turn it over to you Donna to close.

Donna Cohen-Ross: Laurie, we can go for another couple of minutes if folks want to, and I'm just wondering if there are any questions in the queue for Matt, I don't want to close if people have questions about how to participate in the media blitz. So I'm wondering if you can take a quick look for any questions for Matt, although it looks like we might not have Matt anymore.

Laurie Norris:
There are no questions for Matt. And no Matt.

Donna Cohen-Ross: Are there one or two pressing questions that you'd like to take, or shall we start tweeting and blogging?

Laurie Norris: Let's start tweeting and blogging, and we will answer the other questions individually.

Donna Cohen-Ross: Good. Thank you so much Laurie. I want to take this opportunity to thank our panelists, each and every one of them. Dr. Lee from Connecticut, Dr. Chi who is in the library up in Alaska, I think the children were quiet during your presentation so we're grateful for that. But thank you for joining us. And also Dr. Cheng for joining us to talk about the ACOG opinion, we really are very grateful to be in sync with what the best evidence is about making sure that pregnant women have the oral health care that they need. I want to thank all of our participants, you stuck with us throughout the hour. We had about 500 people with us, and that is really quite a record for us. I want to also thank the folks at GMMB, they are part of our Connecting Kids to Coverage Team. Without them we would never be able to manage the technology as well as they can, and so we're very

grateful for that. I want to thank my partner Laurie Norris for her great work and the work of her team in helping to develop these materials and making sure that we get the messages right and we get them out to you. So I want to end just by saying we hope that you will all, if you haven't already subscribed to our e-newsletter, because that's how you'll find out about additional materials that are available, future webinars, and all kinds of activities that we are sponsoring and promoting through Connecting Kids to Coverage. So with that we are just three minutes over our time, but we really thank you for your participation and we are just looking forward to working with you as we go forward. Thank you everyone and enjoy the rest of your day.