

Guide for Trainers



Office of Dental Health
Alameda County Public Health Department

Curriculum on Dental Care Coordination

(For Community Dental Care Coordinator Workforce)

2020



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Disclaimer: All photos were taken prior to the COVID-19 global pandemic.

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This Guide For Trainers was developed for the Healthy Teeth Healthy Communities (HTHC) project of the Office of Dental Health (ODH) of Alameda County Public Health Department (ACPHD).

HTHC was a Local Dental Pilot Program (LDPP) of the Dental Transformation Initiative (DTI), funded by the California Department of Health Care Services (DHCS). HTHC project period was from April 2017 to December 2020.

A dental care coordination curriculum was created and offered to community health workers called the Community Dental Care Coordinators (CDCCs) during the HTHC project period.

This Guide For Trainers was written in 2020 by ODH staff Dr. Suhaila Khan, Dr. Quamrun Eldridge, Dr. Deanna Aronoff, and consultants Dr. Ronald Yee and Dr. Jared Fine. Some graphics were designed by Kerri Chen. This Guide is based on the lessons learned from the training given in 2017 and the experiences from the actual dental care coordination field-work done by the CDCCs during 2018-2020.

In 2017, the original curriculum was conceptualized and developed by an Advisory Committee and the training was conducted by ODH. ODH convened and led the CDCC Curriculum Advisory Committee. The committee members consisted of dentists, public health specialists, evaluators, and researchers from ODH, ACPHD, Center for Healthy Schools and Communities, First 5 Alameda County, Tiburcio Vasquez Health Center, and UCSF School of Dentistry. The advisory committee meetings were facilitated by Health Outreach Partners. ODH personnel were Dr. Baharak Amanzadeh, Tracey Andrews, Dr. Suhaila Khan, Dr. Liz Maker, Yilak Fantaye and consultant Dr. Jared Fine. A wide range of committee members were engaged in the development of the training materials to ensure that the content was appropriate for dental care coordination in a community setting.

Any content used from this document should be referenced as follows:

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EXECUTIVE SUMMARY

Alameda County Office of Dental Health (ODH) was one of the funding recipients of the Local Dental Pilot Program (LDPP), which was a project of the Dental Transformation Initiative (DTI) administered by the California Department of Health Care Services (DHCS). Alameda's LDPP is called the Healthy Teeth Healthy Communities (HTHC). HTHC was funded for \$19.7 million from April 2017 to December 2020. ODH led the HTHC project and increased access to and utilization of preventive dental care for Alameda County Medi-Cal beneficiaries ages 0-20 years. This goal was achieved by building a new county-wide dental care coordination system through 3 actions and 3 sub-actions.

The three actions were:

- Create a Community Dental Care Coordinator (CDCC) workforce.
- Create a network of dentists called the Community of Practice (COP).
- Create an online database: Care Coordination Management System.

The three sub-actions were:

- Continuous quality assurance of all areas of the project.
- Effective leadership, administration, and multi-level communications.
- Build and utilize collaborations across public-private organizations.

The HTHC used a collective impact model that incorporated dental public health principles, and addressed the barriers that contribute to low access and utilization of dental care by Medi-Cal beneficiaries ages 0-20 years.

Create CDCC Workforce

The CDCCs were the bridge that connected the families, providers, and systems for increasing access to dental care. 26 culturally and linguistically sensitive CDCCs from 14 agencies (includes FQHC dental clinics) were hired and trained to conduct dental care coordination for Medi-Cal beneficiaries ages 0-20 years. These were para-professionals similar to community health workers.

In order to build an efficient CDCC Workforce, HTHC took the following actions:

- Developed a training curriculum and offered the training to help increase knowledge and skills related to dental care coordination to serve the target population.
- Developed tools and benchmarks to help the CDCCs with their tasks.
- Built public-private partnerships among the County, the CDCCs, FQHCs, private dental offices, and other community partners in Alameda County.
- Formed a learning network to support the CDCCs, share best practices, discuss lessons learned and problem solve, and quality assurance.

CDCC Curriculum

This is a 42 hour curriculum with 10 modules. The curriculum is for paraprofessionals of a wide range of skills and experiences, from beginners to staff with much experience. This curriculum covers the following topics:

- overview of HTHC project
- dental care coordination
- oral health disparities
- basic dental terminology
- oral health care for children and youth ages 0-20 years
- oral health care for children with special needs and pregnant women
- oral health education
- effective communication
- privacy, confidentiality, PHI & HIPAA
- data collection, data entry, and reporting

This curriculum/Guide For Trainers was written based on the lessons learned from the 2017 training sessions and the field experiences of the CDCCs during 2018-2020.

This curriculum can be used by any organization or institution who wants to provide community based dental care coordination via community health workers (or similar para professional). These organizations may be County, State, dental societies, etc.

INTRODUCTION

Dental Care Coordination Can Increase Access and Utilization of Dental Care

Background

California's Medicaid program is called Medi-Cal. One of the neglected areas in Medi-Cal is dental health and early childhood caries risk. There is a need to increase access to dental care statewide to reduce early childhood caries. Two State reports highlighted the need to increase access to dental care and improve California's Medi-Cal Dental Program. The 2014 State Audit Report discussed that fewer than 50% beneficiaries under age 21 years had accessed the Medi-Cal Dental Program. After the audit report, the State Legislature convened the Little Hoover Commission. The Commission took written and oral testimonies to better understand the reasons for the failing Medi-Cal Dental Program. Based on their findings they published a report in 2016 and listed the barriers to access to care. These barriers were related to patients, providers, and systems.

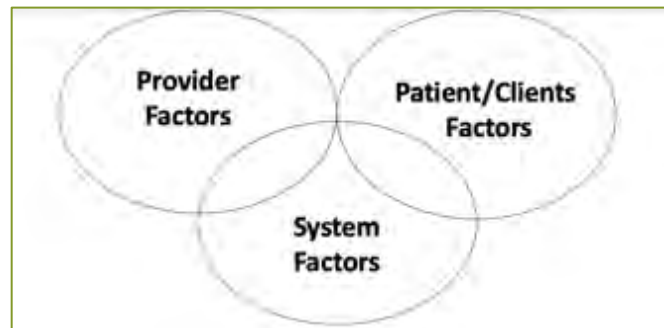
The two reports led to an investment from the California Department of Health Care Services (DHCS) via California's Section 1115(a) Medicaid Waiver, entitled Medi-Cal 2020. This investment in oral health was called the Dental Transformation Initiative (DTI) and included Local Dental Pilot Programs (LDPP). DTI invested in several counties to improve the dental health for Medi-Cal children by focusing on *"high-value care, improved access, and utilization of performance measures to drive service delivery system reform in the hope to increase the use of preventive dental services for children, prevent and treat more early childhood caries, and increase continuity of care for children"* (DHCS 2020).

Alameda County Office of Dental Health (ODH) was one of the LDPPs. Alameda County's LDPP is called the Healthy Teeth Healthy Communities (HTHC). HTHC received \$19.7 million from April 2017 to December 2020. The funding enabled ODH to implement and build an effective county-wide Dental Care Coordination program that led to increased access to (and utilization of) preventive dental care and increased continuity of care for Medi-Cal eligible or enrolled children-youth ages 0-20 years. It was a county-wide initiative with 41 partners [17 agencies (including FQHC dental clinics) and 24 private dental offices].

The HTHC model incorporated lessons learned from ODH's existing dental care coordination programs (e.g. WIC Dental Days, Healthy Smiles, Healthy Kids Healthy Teeth). ODH was already practicing two key dental public health principles:

1. focus on improving oral health care for the population instead of the individual patient; and
2. focus on preventive oral health care rather than treatment.

A Venn diagram below shows how three barriers to care factors intersect. The Little Hoover Commission Report indicated that if the barriers related to these three factors are removed, then, access to care will improve. It is apparent that if a system of care could facilitate removal of the barriers and strengthen the interactions of these three entities, that might increase access to care and thus lead to reduced childhood caries. The HTHC model encompasses this hypothesis.



Alameda County's LDPP: Healthy Teeth Healthy Communities (HTHC)

Goal

To increase access to preventive dental care services for Medi-Cal children-youth ages 0-20 years in Alameda County.

Objective

By the end of the project year 15,000 children will utilize dental care. This will be achieved by creating and implementing a new model of county-wide dental care coordination system in Alameda County.

Actions

1. Create a Community Dental Care Coordinator (CDCC) workforce.
2. Create a network of dentists called the Community of Practice (COP).
3. Create an online database: Care Coordination Management System.

Sub-actions

1. Continuous quality assurance.
2. Effective leadership, administration, and multi-level communications.
3. Build and utilize collaborations across public-private organizations.

Below is a graphical presentation of HTHC's new county-wide Dental Care Coordination system. The Community Dental Care Coordinators (CDCCs) play a key role in this system; they are the liaison between the dental providers, clients and systems. The dental care coordination is supported by continuous quality assurance, leadership-administration-communication-partnerships and data. This HTHC model reflects the dental public health principles and the barriers to access (mentioned in the Little Hoover Commission Report) that need to be overcome to increase access to and utilization of dental care by Medi-Cal beneficiaries. Although this model was developed for families with children-youth age 0-20 years, it can be used for dental care coordination for any target population (e.g. adults, seniors, children with special needs, pregnant women, or homeless).



Community Dental Care Coordinator (CDCC) Workforce

Dental Care Coordination was key to the HTHC model, thus creating a dental care coordinator workforce was vital. Alameda County's Office of Dental Health believed that dental care coordination can increase access to care. And the HTHC model was able to demonstrate that linguistically and culturally sensitive Community Dental Care Coordinators (CDCC) were effective in increasing access to and utilization of preventive dental care services for Medi-Cal eligible and enrolled population ages 0-20 years in Alameda County. The CDCCs were the bridge connecting the three access to care factors related to clients, providers, and systems. There were 26 CDCCs in this workforce hired by 14 HTHC partners.

Definition of Dental Care Coordination

Dental Care Coordination is a family-centered, assessment-driven, and team-based activity designed to meet the needs of families (with children-youth) while enhancing the family's ability to navigate the health and social service system, and access dental health and other services and resources.

8 Steps of Dental Care Coordination

1. Initial contact – connection with clients via outreach, inreach, referral, etc,
2. Enrollment of client in program (i.e. sign consent form)
3. Set up appointment with dental offices
4. Remind client about appointment
5. Accompany client to 1st dental appointment
6. Follow-up after dental appointment – with dental office and client
7. Continuity of care – make preventive care appointment 6 months to 1 year later
8. Visit dental offices at least twice a month to build and nurture relationship with dental office staff and collect data

Definition of Community Dental Care Coordinator (CDCC)

A community health worker or similar paraprofessional who conducts dental care coordination.

A CDCC connects with the patients, providers, and systems; works closely with families; identifies dental care needs of the families; and organizes dental care for the families with the dental providers.

CDCC Job Responsibilities

1. Conduct outreach and in-reach to find families with children who are on Medi-Cal or Medi-Cal eligible.
2. Educate families about oral health.
3. Educate families about using Medi-Cal dental services.
4. Assist families with dental appointments e.g.
 - a. scheduling and showing up
 - b. accompany clients to 1st appointments
 - c. conduct follow-up calls
5. Establish and maintain a good working relationship with dental providers and dental provider office staff.
6. Collect and enter data in the HTHC online database.
7. Attend project trainings-meetings as scheduled.

In order to build an efficient CDCC Workforce, HTHC took the following actions:

- Developed a training curriculum and offered the training to help increase knowledge and skills related to dental care coordination to serve the target population.
- Developed tools and benchmarks to help the CDCCs with their tasks.
- Built public-private partnerships among the County, the CDCCs, FQHCs, private dental offices, and other community partners in Alameda County.
- Formed a learning network to support the CDCCs, share best practices, discuss lessons learned and problem solve, and quality assurance.

Ideal Skills of a Community Dental Care Coordinator

An ideal Community Dental Care Coordinator is a community health worker/field staff or similar para-professional with skills and knowledge related to interpersonal, communications, and public

health programmatic attributes. Any community health worker with these attributes can be trained in Dental Care Coordination – dental knowledge is not a prerequisite. These skills may be:

Interpersonal

- A strong desire to help others and the ability to establish trusting relationships.
- Interest in working with multi-stressed and multicultural families and communities, and in dental programs and offices.
- Cultural sensitivity and/or linguistic competency.

Communications

- Good communication skills to motivate families to seek dental care.

Programmatic

- Ability to establish and maintain effective working relationships with families, dental offices, and with the general public in a variety of ethnic and cultural communities.
- Knowledge and experience of conducting outreach/inreach.
- Knowledge of basic data collection and data entry skills.

Community Dental Care Coordinator Training Curriculum

Purpose

1. To create a strong and effective Community Dental Care Coordinator workforce who can work with Medi-Cal beneficiaries to increase access to and utilization of dental services.
2. To increase the knowledge, skills, capacity, confidence, and competence of this new workforce to conduct dental care coordination.
3. To create and maintain high quality dental care coordination standard across all partner agencies participating in the HTHC project.

Overview

This curriculum can be used by any organization or institution who wants to utilize community dental care coordinators. This curriculum is a useful resource for Dental Public Health programs and is designed to help trainers to provide training to dental care coordinators.

Some features of the curriculum are:

- The training sessions include in-person sessions.
- There are 10 modules in the training course.
- This curriculum is for paraprofessional of a wide range, from beginners to staff with much experience.

Community Dental Care Coordinator Training Modules		
Module		Duration
Module 1	Overview of HTHC Project, Dental Care Coordination, and Oral Health Disparities	5 hr
Module 2	Basic Dental Terminology and Oral Health Care for Ages 0-5 Years	6 hr
Module 3	Oral Health Care for Ages 6-20 Years	4 hr
Module 4	Oral Health Care for Children with Special Needs and Pregnant Women	3 hr
Module 5	Oral Health Education	4 hr 30 min
Module 6	Effective Communication	5 hr
Module 7	HIPAA, PHI, Privacy, Confidentiality and Security	2 hr 30 min
Module 8	Principles of Dental Care Coordination	3 hr
Module 9	Protocols and Tools of Dental Care Coordination	5 hr
Module 10	Data Collection, Data Entry and Reporting	4 hr
TOTAL		42 hr

The total estimated hours shown in the Table above do not include time for registration, breaks, and lunch. These times will be decided by trainer and organizer and that will increase the total training hours.

GENERAL TRAINING PLAN

Duration of Training

This is a 42-hour training plan.

Location of Training Facility

Needed: yes

The size of the training facility will depend on the number of trainees. The HTHC project had 26 community dental care coordinators (CDCC), 14 supervisors, and about 4 project staff. So, the facilities should consider accommodating 40+ people. The setting should be classroom style with tables and chairs. The facility should also have audio-visual (A/V) equipment or connections for A/V equipment. There are several modules with small group breakout sessions. So, the facility should have the flexibility to move around tables and chairs and reorganize them as needed.

Original location was Alameda County Office of Dental Health, 1000 Broadway, Oakland, CA 94607, Room 5000A-5000B or 310A-310B.

Registration of Training Participants

Needed: yes

Registration should be done at least 7 days before the day of the training.

Sign-in of participants should be done at the beginning of each training day (for County recording).

Training Team

Needed: yes

The training team should consist of a facilitator, a trainer/s, a notetaker/timekeeper, and an administrative staff for each module. The notetaker will also be the timekeeper. The facilitator and trainer should be different persons so the trainer can focus on the training content. The training team should also consist of administrative staff who will be responsible for all the logistics. For group discussion multiple facilitators and note-takers need to be considered.

Responsibilities of Training Team

Responsibilities of Facilitator:

- The facilitator will assure that the overall training runs smoothly including the logistics. For group discussion multiple facilitators and notetakers need to be considered. The facilitator needs to arrive at least 1 hour before the start of the training session.

Responsibilities of Notetaker/Timekeeper:

- The notetaker is needed to capture the discussions that take place and the questions that come from the participants. Notetaker will also be the timekeeper.

Responsibilities of Organizing/Administrative Staff:

Please see the check list below. This checklist will help the administrative staff to complete the tasks in a timely manner.

#	Tasks	√/X	Comments
1	Send the training information to all prospective participants at least one month before the training.		
2	Send the meeting invite (calendar invites) to all participants as soon as participants confirm their availability.		
3	Book necessary meeting rooms/accommodations, audio-visual equipment. Assure the training room accommodates the layout as per trainer's plan.		
4	Prepare/create the layout of the training room as per the trainer's plan.		
5	Visit and review the training facility and equipment at least 2 days before the training session to make sure everything is in working condition.		
6	Assign staff with specific responsibilities e.g. set-up, registration, food, etc.		
7	Contact the trainer 2 weeks before the training session and answer any questions the trainer may have.		
8	Assure at least a month before the training that the following materials are available for the training: name tags, sign-in sheet, flipcharts, markers, binders, pens, notepads, etc.		
9	Prepare evaluation/satisfaction survey of each module.		
10	Collect the training materials from the trainer at least 7 days before the training and make copies for the trainees. Make electronic copies available also.		
11	Arrive in the training facility at least 2 hours before the training to set up and test the training facility and equipment so that training can start promptly on time.		
12	Process trainer honorarium/stipend within 2-4 weeks of end of respective training session (if applicable).		

Responsibilities of Trainer:

A trainer plays a significant role for making a training session successful. A trainer's checklist can make a trainer better prepared.

#	Tasks	√/X	Comments
1	Trainer will be responsible for all training content and handouts. The trainer needs to arrive at least one hour before the start of the training session. Start on time.		
2	Prepare the presentation/training session based on the learning objectives of the topic/module.		
3	Practice and prepare and be thoroughly familiar with the materials before the training day.		
4	Conduct a dry run and make sure you can finish on time.		
5	Inform the administrative staff at least a week before the training session of any logistical/materials needed.		
6	Anticipate questions from participants and try to prepare as much as possible.		
7	Get familiar with the training room; make sure you know how to turn on/off/dim lights and other equipment.		
8	Remain positive: <ul style="list-style-type: none">• Greet participants as they arrive. Talk to them during the breaks.• Use your own experiences to get the participants involved.• If participants disagree with you, try to understand their perspective/experiences. Be prepared to accept their suggestions.• Use humor as appropriate to keep the atmosphere congenial.		
9	Encourage discussion: <ul style="list-style-type: none">• Use open-ended questions.• Instead of asking "Do you think this will work in your office", you might ask "Which parts of this program do you think will be easiest to implement in your office".• Try to answer all the questions. If you run out of time, you can extend the session by 5 minutes. If it is more than that then ask the participants if it is ok to extend the session for longer (and that means the total length of the day will get longer).• If you do not know the answer, you can either ask if anyone in the room knows the answer, or that you will get back to them with the answer via email.• Encourage participants to share their stories and ideas (if applicable).		
10	If the participants are engaged and ask a lot of questions, it is ok to extend the session by 15 minutes. But inform them that they will have to stay an extra 15 minutes in the end.		
11	Participants should be informed that the trainers will be available during the breaks and after the training session to answer any questions that needs more attention and to address the comfort of the participant.		

Training Materials

- PowerPoint presentation: needed
- Handouts: optional
- Satisfaction/evaluation survey: needed
- Laptop: needed
- Projector: needed
- Pens, markers, writing pads, post its: needed
- Flip charts: needed
- Video: optional information included throughout the curriculum
- Setting:
 - Option 1/in-person: class room or dinner table style (there should be extra space for small group breakout sessions).
 - Option 2/virtual: follow virtual break-out session format.
- Dental tools & materials: needed if applicable for module
e.g. model of teeth, model of large toothbrush, mannequin of small child

Format-Method of Learning

- Interactive
- Lecture
- Group Discussion
- Question & Answer
- Practice case scenarios/case study (role play)
- Activity – small group (breakout sessions) (and individual) to
 - solve problems
 - build relationships (peer to peer, FQHC and private dentists)
 - build learning network (peer to peer)
 - brainstorming on challenges-solutions

The training plan includes a combination of lectures, discussions, practicing case scenarios, activities (individual and group), PowerPoint presentations, participatory discussions, handouts, etc. This curriculum tries to provide a trainer with comprehensive information that s/he may need to conduct this training including the logistics. This document can be shared with the trainer/s who will provide the training but not with the trainees. A few other characteristics of the training plan are:

- The training sessions will be highly interactive; so, the participants should be encouraged to ask questions throughout the lectures/activities.
- Participants should be encouraged to inform the trainers if the trainers are covering content too fast and that they should slow down.
- Participants can also take restroom breaks whenever they want throughout the day.
- Agenda should have scheduled break time.
- Every module will end with asking the participants: what are the 3 takeaways of that module (independent of evaluation survey).

- There will be an evaluation survey at the end of each training module aligned with the learning objectives of the module.
- Participants should be informed that the trainers will be available during the breaks and after the training session to answer any questions that needs more attention and to address the comfort of the participant.

Small Group Activity (Discussion, Role Play, Case Scenarios, or Exercise)

Break into small groups (10-20 minutes)

Group size: 5 groups, 5 participants in each group (practice within group)

Report back by each group (15 min, 2-3 min/group)

Each group says what they will do for their HTHC clients

Question and Answer/Conclude (5 minutes)

- This small group activity might vary by module based on the need of the module/topic (e.g. style, time, etc.). The style may be discussion, role play, case scenarios, exercises, etc.
- This sub-section is designed to engage the trainees through an exercise that will enhance their understanding and commitment to improving the dental health of Medi-Cal beneficiaries (e.g. children/youth aged 0-20 years).
- Each group will try to discuss the same/similar scenario.
- After small group session, participants will return to the large group, and share each group's answers.
- There will be a "table captain" to help the group stay on task. Table captain will/may also play the role of "patient" if needed.
- Participants will form small groups to discuss and problem solve.
- Role play is an effective method for deeper understanding and practicing that understanding. The trainer/facilitator can have groups pair up for role play, one team represents patient/parent and the other team plays the dental team. Role play can be based on topics discussed. Facilitator/trainer will offer feedback. They will ask participants to share how the course helped them approach the challenging scenario differently.
- Question and answer sessions are very important for the participants. The participants can ask more clarifying questions; the trainers can also have a 2-way discussion to gain better understanding if the session was helpful for the participants. This will allow the participants to bring their own personal experiences to share with the group as well as the trainers for advice and guidance.

Icebreakers

Every new training day should start with a new and different icebreaker. The icebreaker will be used to get to know one another and build a network of caregivers around dental care coordination. Examples of icebreakers:

General:

What do you plan to do next weekend?

Dental specific:

What is your quick dental hygiene habit?

MODULE 1

Overview of HTHC Project, Dental Care Coordination, and Oral Health Disparities

Duration: 5 hours

OVERVIEW

This module describes Healthy Teeth Healthy Communities (HTHC) project and the need for it to increase access and utilization of dental care. It will also explain the role of the participants in this project and their responsibilities as Community Dental Care Coordinators. This module will provide an overview about Dental Care Coordination, health and oral health disparities in Alameda County. It will provide information about Dental Public Health so that training participants can understand their responsibilities better. The goal of this module is to spark a commitment from each participant to work towards improving the dental health of children-youth in Alameda County.

LEARNING OBJECTIVES

At the end of this module, the participants will be able to:

1. Describe the low utilization of preventive services in the Medi-Cal Dental Program by children-youth ages 0-20 years in Alameda County.
2. Describe how the HTHC project will improve access to Medi-Cal Dental Program by beneficiaries ages 0-20 years by building a new county-wide dental care coordination system.
3. Describe dental care coordination and the roles and responsibilities of Community Dental Care Coordinators.
4. Describe the importance of dental public health.
5. Describe health and oral health disparities, and barriers to access to care.

TRAINER

Dental Health Administrator, HTHC Project Director

MATERIALS

Common Item for All Modules	
Room for in-person training	Needed
Setting – chairs & tables	Needed
PowerPoint presentation	Needed
Laptop, cord	Needed
Projector, cord, pointer, projector screen	Needed
Flip charts, pens, markers, writing pads, post its	Needed
Video	Optional
Specific Item for This Module	
None	

RESOURCES/HANDOUTS

Common Item for All Modules	
Registration/Sign-in sheet (only for organizers)	Needed
Training packet/binder	Needed
Agenda for the day	Needed
Copy of PowerPoint presentation: total 56 slides <ul style="list-style-type: none"> ○ Framing/overview of HTHC project – 12 slides ○ Dental care coordination & role of CDCCs – 10 slides ○ Importance of dental public health – 7 slides ○ Health disparities – 15 slides ○ Oral health disparities – 8 slides ○ Other - 4 slides 	Needed
Project flyers, brochure, poster, booklet (English, Spanish, Chinese)	Needed
Dental kits (tooth brush, tooth paste, floss, goal setting tool)	Needed
Module evaluation-satisfaction survey – paper form or survey monkey	Needed
Specific Item for This Module	
None	

AGENDA

	Time (5 hr)	Activity/Topic
1.	20 min	Welcome, Housekeeping & Introductions
2.	10 min	Icebreaker
3.	45 min	Framing & Overview of HTHC (i.e. Project/Program) 30 min lecture 15 min Q&A
4.	45 min	Dental Care Coordination & Role of CDCCs 30 min lecture 15 min Q&A
5.	45 min	Importance of Dental Public Health 30 min lecture 15 min Q&A
6.	90 min	Health Disparities & Oral health Disparities 60 min lecture 30 min Q&A
7.	30 min	Small Group Activity
8.	15 min	Wrap up-Close & Evaluation of Module 5 min close 5 min evaluation 5 min extra time

Registration, breaks, lunch: these times will be decided by trainer and organizer.

DESCRIPTION OF SESSION ACTIVITIES

1. Welcome, Housekeeping, and Introductions (20 min)

- This section should be used to set the mood and expectations for the training/course. The goal is to spark a commitment from each participant to work towards improving the dental health of children in Alameda County.
- This is the time the trainees will meet their peer dental care coordinators, and staff from organizing agency.
- The facilitator will introduce him/herself, provide an overview of the session and overall training day; give a brief summary of the learning objectives of the module.
- Share housekeeping information i.e. where the restrooms are located, when the break times are, turning off cell phones, inform the participants if/when food/drinks/refreshments may be available.
- Introduce the project/organizing staff (facilitator, notetaker) and trainer/s to the trainees.
- This is the time for the trainees to get to know the relevant Alameda County/project staff.
- The facilitator should ask the participants to introduce themselves (name, organization, role in project). Keep it brief.
- Ask if every participant has signed-in, if everyone has all the handouts for this module.
- Encourage the participants to ask questions during anytime in the training.
- Everyone should use the break times to ask any questions on a one-on-one basis.

2. Icebreaker (10 min)

Trainer can choose icebreaker.

3. Presentation #1: Framing & Overview of HTHC Project (45 min)

- This presentation will use PowerPoints; 1-2 minute per slide, some slides may take more or less time.
- This presentation will provide information related to learning objectives #1 and #2:
 - Describe the low utilization of preventive services in the Medi-Cal Dental Program by children-youth ages 0-20 years in Alameda County.
 - Describe how the HTHC project will improve access to Medi-Cal Dental Program by beneficiaries ages 0-20 years by building a new county-wide dental care coordination system.
- Project/organizing staff and trainees will form learning network and foster collaboration among the participating partnering agencies. This group will learn together – work with the same goals, share lessons learnt, and problem solve together when challenges arise.
- Use this time to motivate the participants to get interested in improving the dental health of children aged 0-20 years through HTHC.
- This presentation will discuss the guiding principles for community dental care coordinators (e.g. teamwork, collaboration, respect, confidentiality, etc.). Group should come up with their own list.
- Question/Answer: The trainer should always ask participants if they have any questions. The participants can ask questions during the presentation or after the presentation. The trainer can decide his/her preference.

4. Presentation #2: Dental Care Coordination and Roles & Responsibilities of CDCCs (45 min)

- This presentation will use PowerPoints; 1-4 minute per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective #3:
 - Describe dental care coordination and the roles and responsibilities of Community Dental Care Coordinators. Such as,
 - ✓ Conduct outreach and in-reach to find families with children who are on Medi-Cal or Medi-Cal eligible.
 - ✓ Educate families about oral health.
 - ✓ Educate families about using Medi-Cal dental services.
 - ✓ Assist families with dental appointments e.g.
 - scheduling and showing up
 - accompany clients to 1st appointments
 - conduct follow-up calls
 - ✓ Establish and maintain a good working relationship with dental providers and dental provider office staff.
 - ✓ Collect and enter data in the HTHC online database.
 - ✓ Attend project trainings-meetings as scheduled.
- This presentation will discuss the definitions of dental care coordination, its core values, and the steps involved.

Care coordination involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care (Agency for Health Research & Quality, 2018).

Definition of Dental Care Coordination

Dental Care Coordination is a family-centered, assessment-driven, and team-based activity designed to meet the needs of families (with children-youth) while enhancing the family's ability to navigate the health and social service system, and access dental health and other services and resource (Alameda County Office of Dental Health).

Core Values of Dental Care Coordination

- Early intervention: Dental Care Coordination is based on the fundamental principle that appropriate early intervention for preventive services can increase a child's potential throughout his or her life.
- Family centered: Empowers the family by enhancing family strength for self-advocacy. Every family and child have strengths. Focuses on children's safety and needs within the context of their families and communities. Community Dental Care Coordinators (CDCC) will highlight the areas where a family is already doing well and help them build on their successes.
- Flexible: The CDCCs need to be flexible to accommodate the family's needs.

- Relationship based: CDCCs need to develop relationships with families and providers by working collaboratively and respectfully together.
- Warm hand-off: CDCCs will ensure that families are introduced to dental office staff in such a way that the families feel comfortable and welcomed by the dental offices (which might include accompanying the client to the dental office).

8 Steps of Dental Care Coordination

1. Initial contact – connection with clients via outreach, inreach, referral, etc.
2. Enrollment of client in program (i.e. sign consent form)
3. Set up appointment with dental offices
4. Remind client about appointment
5. Accompany client to 1st dental appointment
6. Follow-up after dental appointment – with dental office and client
7. Continuity of care – make preventive care appointment 6 months to 1 year later
8. Visit dental offices at least twice a month to build relationship with dental office staff and collect data.

Community Health Worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery (American Public Health Association, 2020).

Case Management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes. The role of the case manager is broader than health care (Case Management Society of America, 2020).

Patient Navigator is a person who helps guide a patient through the healthcare system (National Cancer Institute, 2020).

- Question/Answer: The trainer should always ask participants if they have any questions. The participants can ask questions during the presentation or after the presentation. The trainer can decide his/her preference.

5. Presentation #3: Importance of Dental Public Health (45 min)

- This presentation will use PowerPoints; 1-2 min per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective #4:
 - Describe the importance of dental public health
- This presentation will give general concepts of the role of dental public health, the 3 core functions and the 10 Essential Public Health Services (EPHS) to make dental programs

stronger and successful. The trainer will explain how the 3 core functions and the 10 EPHS are tied with dental health care. More information on Dental Public Health is provided in the appendix.

- Question/Answer: The trainer should always ask participants if they have any questions. The participants can ask questions during the presentation or after the presentation. The trainer can decide his/her preference.

6. Presentation #4: Health Disparities and Oral Health Disparities (90 min)

- This presentation will use PowerPoints; 1-2 minute per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective #5:
 - Describe health and oral health disparities and barriers to access to care.
- This section will describe some general concepts and examples of health disparities and oral health disparities, what it looks like in Alameda County, how to reduce health disparities, and how it is relevant for dental care coordination work.
- Question/Answer: The trainer should always ask participants if they have any questions. The participants can ask questions during the presentation or after the presentation. The trainer can decide his/her preference.

7. Small Group Activity (30 min)

Small Group Discussion (20 minutes)

Group size: 5 groups, 5 participants in each group

Question to ask each other/Topic/Cases/Exercise:

- a) what was your 1st experience with a dentist, and
- b) based on that experience, what will you, a community dental care coordinator, do for your clients?

Report back by each group (7 min, 1 min/group)


Each group says what they will do for their HTHC clients.

Question and Answer/Conclude (3 minutes)

8. Wrap Up-Close and Module Evaluation/Satisfaction Survey (15 min)

- At the end of the module ask the participants: what are the 3-key takeaways of this module? Prepare those 3-key takeaways in the last PowerPoint slide.
- Toast the program in all the languages that are spoken by the trainees/participants.
- The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses.
- This session will be evaluated with the satisfaction survey. The facilitator will distribute the Survey to participants and collect the completed surveys (paper form or Survey Monkey) based on learning objectives.

MODULE 1 Slides



Overview of HTHC Project, Dental Care Coordination, and Oral Health Disparities

Module 1

Office of Dental Health
Alameda County Public Health Department

Learning Objectives

1. Describe the low utilization of preventive services in the Medi-Cal Dental Program by children-youth ages 0-20 years in Alameda County.
2. Describe how the HTHC project will improve access to Medi-Cal Dental Program by beneficiaries ages 0-20 years by building a new county-wide dental care coordination system.
3. Describe dental care coordination and the roles and responsibilities of Community Dental Care Coordinators.
4. Describe the importance of dental public health.
5. Describe health and oral health disparities and barriers to access to care.

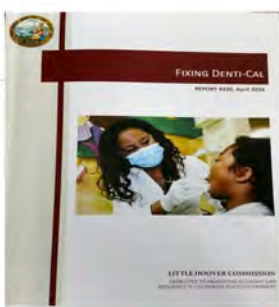
Framing & Overview of HTHC

low access of Medi-Cal Dental Program
how HTHC's county-wide model will increase access



San Francisco Chronicle
State leaves poor kids short of dental care
Low rates mean few providers serve neediest children

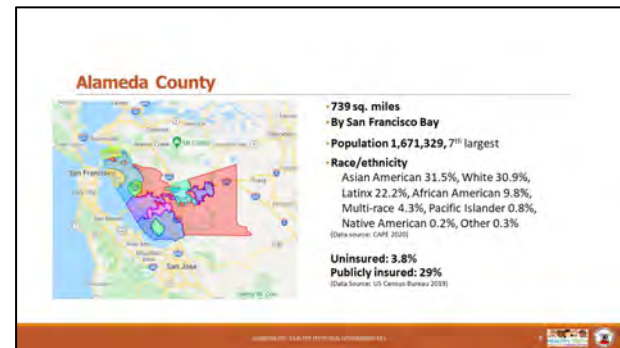
Little Hoover Commission Report:
"Fixing Denti-Cal"
April 2016
WWW.LHC.CA.GOV



Key Findings of Little Hoover Commission Report: (why Medi-Cal's Dental Program was failing)

Dental Provider Factors Low reimbursement Too few settings – lack of dentists who take Medi-Cal patients Difficulty finding providers for kids under 5 Administrative-financial burden	System Factors Administrative issues Financial issues Data collection/utilization Public-private collaboration Dental-medical-behavioral collaboration
Patient/Client Factors Little outreach or care coordination High no show rate Low oral health literacy Language/culture Long wait for appointments Long distances Psycho-social barriers Administrative-financial burden	

MODULE 1 Slides



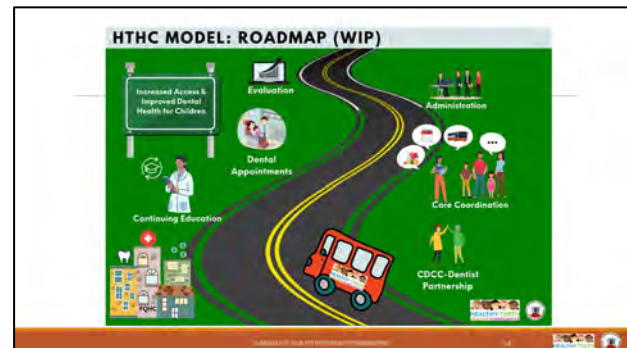
- What is Healthy Teeth Healthy Communities (HTHC)?**
- ✓ Alameda County Office of Dental Health funded by Dental Transformation Initiative (DTI) from the State.
 - ✓ Alameda County's DTI is called the **Healthy Teeth Healthy Communities**.
 - ✓ Project Period: **April 2017 – December 2020**.
 - ✓ **\$19.7 million**



- HTHC Goal, Objective, Actions, & Sub-actions**
- Goal:**
- ✓ To increase access to preventive dental care services for Medi-Cal children-youth ages 0-20 years in Alameda County.
- Objective:**
- ✓ By the end of the project year 15,000 children will utilize dental care. This will be achieved by creating and implementing a new model of county-wide dental care coordination system in Alameda County.

- Actions:**
1. Create community dental care coordination (CDCC) workforce
 2. Create network of dentists called Community of Practice (COP)
 3. Create online database
- Sub-actions:**
1. Continuous quality assurance
 2. Leadership, disciplined administration, & multi-level communications
 3. Build & utilize partnerships-collaborations

MODULE 1 Slides



Dental Care Coordination & Role of CDCCs

Action #1 Create Community Dental Care Coordination (CDCC) Workforce

- 26 CDCCs - from 14 agencies
 - 2 programs from ACHCSA (ODH, CHSC)
 - 8 FQHCs
 - 2 community health centers
 - 2 CBOs
- Culturally-linguistically sensitive
- Bridge connecting client, provider, system

CDCC Workforce Responsibilities

- ✓ Outreach & in-reach to find families with children age 0-20 years who are on Medi-Cal or Medi-Cal eligible
- ✓ Educate families about oral health, using Medi-Cal dental services
- ✓ Assist families with dental appointments - scheduling & showing up
 - ✓ Accompany clients to 1st appointments, conduct follow-up calls
- ✓ Establish-maintain a good working relationship with dental providers
- ✓ Collect and enter data in the database
- ✓ Attend project trainings, learning network meetings as scheduled

Example of CDCC Activity

- Arranges outreach activities with community partners and participates in health fairs and community events.
- Prepares health education and outreach materials with accurate information on dental health practices and access to care.



MODULE 1 Slides

Target/Benchmarks for CDCCs

Type of Services	Productivity per CDCC			Total for Grant Period (5.5 years)
	Per month	Per year	Annual for 25 CDCCs	
Contact families with children/youth	50	600	15,000	52,500
Make dental appointment	23	276	6,900	24,150
Show for dental appointment	15	179	4,475	15,663
Continuity of care (start 2 nd Yr)				

Dental Care Coordination - definition

Dental Care Coordination is a family-centered, assessment driven, and team based activity designed to meet the needs of families (with children-youth) while enhancing the family's ability to navigate the health and social service system, and access dental health and other services and resources.

Our Mantra for Dental Care Coordination: "Equity – Cultural Sensitivity – Families"

This is based on concepts of promotor, patient navigator, family navigator, etc.

Dental Care Coordination – core values

- Early intervention:** Dental Care Coordination is based on the fundamental principle that appropriate early intervention for preventive services can increase a child's potential throughout his or her life.
- Family centered:** Empowers the family by enhancing family strength for self advocacy. Every family and child have strengths. Focuses on children's safety and needs within the context of their families and communities. Community Dental Care Coordinators will highlight the areas where a family is already doing well and help them build on their successes.
- Flexible:** The CDCCs need to be flexible to accommodate the family's needs.
- Relationship based:** CDCCs need to develop relationships with families and providers by working collaboratively and respectfully together.
- Warm hand-off:** CDCCs will ensure that families are introduced to dental office staff in such a way that the families feel comfortable and welcomed by the dental offices (which might include accompanying the client to the dental office).

8 Steps of Dental Care Coordination

1. Initial contact – connection with clients via outreach, inreach, referral
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6. Follow-up after dental appointment – with dental office and client
7. Continuity of care – make preventive care appointment 6 months to 1 year later
8. Visit dental offices at least twice a month to build relationship with dental office staff and collect data

Other Definitions

Community health worker: is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

American Public Health Association

Case Management: A collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes. The role of the case manager is broader than health care. Case Management Society of America

Patient Navigator: A person who helps guide a patient through the healthcare system. National Cancer Institute

Care Coordination: Care coordination involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care. Agency for Health Research & Quality

Guiding Principles/Group Agreement for CDCCs

- ✓ Teamwork
- ✓ Collaboration
- ✓ Confidentiality
- ✓ Respect for all – colleagues and clients
- ✓ Non-judgemental
- ✓ Patience
- ✓ Listen
- ✓ Be kind
- ✓ Self care

MODULE 1 Slides

Importance of Dental Public Health

Definition of Public Health

According to Centers for Disease Control and prevention (CDC),
 "Public health is the science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing and responding to infectious diseases."

The core functions of Public Health

- Assessment,
- Policy Development, and
- Assurance.

- #1 Assess and monitor population health status, factors that influence health, and community needs and assets
- #2 Investigate, diagnose, and address health problems and hazards affecting the population
- #3 Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it



10 ESSENTIAL PUBLIC HEALTH SERVICES (Cont.)

- #4 Strengthen, support, and mobilize communities and partnerships to improve health
- #5 Create, champion, and implement policies, plans, and laws that impact health
- #6 Utilize legal and regulatory actions designed to improve and protect the public's health
- #7 Assure an effective system that enables equitable access to the individual services and care needed to be healthy
- #8 Build and support a diverse and skilled public health workforce
- #9 Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
- #10 Build and maintain a strong organizational infrastructure for public health

What is Dental Public Health?

According to American Dental Association,

Dental Public Health is "the science and the art of preventing and controlling disease and promoting dental health through organized community efforts" to "a non-clinical specialty of dentistry involved in the assessment of dental health needs and improving the dental health of populations rather than individuals."

What is Dental Public Health?

DPH focuses on the following two issues:

1. Improving oral health care for the population instead of individual patient, and
2. DPH focuses on preventive oral health care more than treatment.

MODULE 1 Slides

Need for Dental Public Health

In 2000, the U.S. Surgeon General released Oral Health in America, which summarized the state of the nation's oral health. In that report, it was noted that "the public health infrastructure for oral health is insufficient to address the needs of disadvantaged groups and integration of oral health and general health programs is lacking."

Health Disparities

What is Health Disparity/Equity

(Source: Community Health Services, Oakland)



Opportunities for health should not vary based on:

HEALTH EQUITY MEANS
EVERYONE HAS A
FAIR AND EQUAL
OPPORTUNITY TO LIVE A
LONG, HEALTHY LIFE.

- Race/ethnicity
- Income level
- Language
- Place of residence
- Gender
- Ability status
- Sexual orientation
- Immigration status

What are Health Disparities/Inequities

(Source: Community Health Services, Oakland)

Health disparities/inequities are differences in health status/outcomes between population groups who have different levels of underlying social advantage/disadvantage.

Socially Disadvantaged Group

- Fewer resources to support good health
- More risk factors
- Greater barriers to health

Socially Advantaged Group

- More resources to support good health
- More protective factors
- Fewer risk factors and barriers



Worse Health Outcomes

- Higher rates of disease
- Live shorter lives

Better Health Outcomes

- Lower rates of disease
- Live longer lives

Causes of Health Disparities/Inequities

(Source: BAHQ)

- Genetics 10-15%
- Access to health care 10-15%

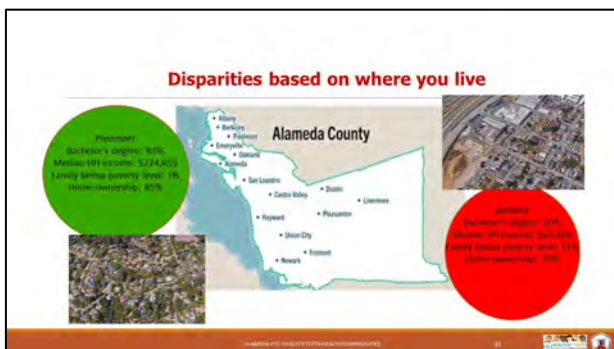
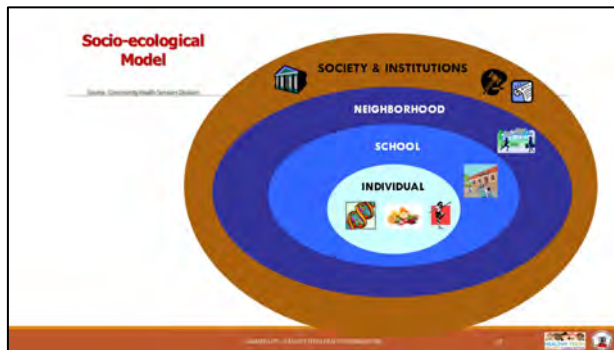
$$15\% + 15\% = \text{only } 30\%$$

WHAT CAUSES THE OTHER 70%??

Social Determinants of Health



MODULE 1 Slides




Source: Kaiser Family Foundation, 2015	Ashland	Piedmont
http://www.health.alamedacounty.org/index.html		
Median household income	\$63,406	\$224,659
Families below poverty level	11.3%	1.3%
Households receiving SNAP with children	72.2%	22.2%
Renters spending 30% or more HH income on rent	56.7%	25.5%
Home ownership	34.7%	85.7%
Education = bachelor's degree	20.1%	83.4%
Single parent household	61.8%	8.2%
Adults with health insurance	83.7%	95.7%
Adults who are obese	32.7%	10.9%
Adults who smoke	15.6%	5.6%
Life Expectancy (by zipcode 94603, 94610)	74.9 years	83.4 years

MODULE 1 Slides

Alameda County's Vision of Health Disparity/Equity

Source: Community Health Services Division

Everyone in Alameda County – no matter who you are, where you live, how much money you make, or the color your skin – can lead a healthy, fulfilling and productive life.




What Can We Do To Reduce Health Disparities?



Reduce Disparities by Maximizing Client Reach & Enrollment

- ✓ Inreach/outreach to current Medi-Cal beneficiaries within your agency to Maximize Utilization.
- ✓ Inter-agency collaboration/partner with Alameda County Public Health Department's different programs.
- ✓ Collaborate with WIC agencies in the County.
- ✓ Partner with affordable housing complexes, faith based organizations, youth organizations, health fairs, etc.
- ✓ Hold outreach events in high poverty areas on regular basis.

Socio-ecological Model for Dental Health



Oral Health Disparities


Dental Health = Overall Well-Being

Quality of life

- Eating/Nutrition
- Speech
- Self-esteem

Cost to individuals & society

- Missed days from work, school
- School readiness/performance
- Child development/well-being
- Disability, pain, chronic disease, & death
- High emergency room visits




MODULE 1 Slides

Oral Health & School Readiness

- By kindergarten, 50% children have caries (Source: CDC)
- Children with dental disease miss more school
 - >800,000 school days missed per year in California (Source: UCLA)
 - disrupts education
 - limits social experiences



Children's Oral Health Disparities

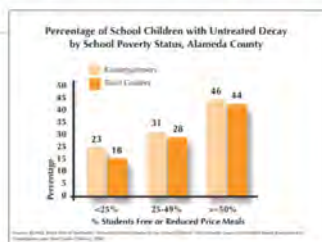
Dental caries/decay rate higher in low income, ethnic minorities, immigrants (CDC)

33% of low income children experience 75% of all early childhood caries (American Academy of Pediatric Dentistry)

Less than half the children in California ages 0-20 years had a dental visit (CDC, 2016)

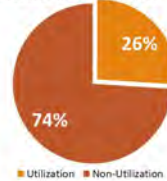


Children's Untreated Dental Decay & Poverty

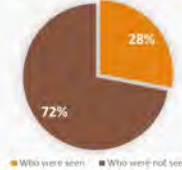


Medi-Cal Dental Program Utilization

Alameda County, Ages 0-5 years, 2014

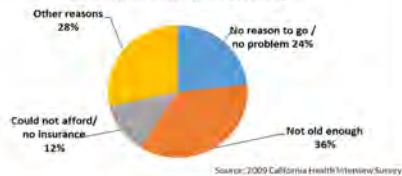


Medi-Cal Children ages 0-20 years seen by dentist, 2014



Main reason child did not visit dentist in the past year

Alameda County children ages 1-17 who have teeth and have never visited a dentist (N=56,000)



Oral Health Disparities in Adults

High rate of untreated decay

- 1 in 3 adults 20 to 64 years - low income, Black, Hispanic (CDC)
- 1 in 5 seniors 65+ years (CDC)
- more severe decay in permanent teeth if Latinx, low income (CDC)



Pregnant women
60%-75% pregnant women have gingivitis (CDC)
more than half had no dental visit during pregnancy (CDC)

MODULE 1 Slides

3 Key Take-aways of Module 1

- There is low access to Medi-Cal Dental Program for beneficiaries ages 0-20 years in Alameda County.
- The HTHC project will improve access to Medi-Cal Dental Program services through county-wide dental care coordination.
- The Community Dental Care Coordinators will have key role in increasing access to and utilization of preventive services in Medi-Cal Dental Program.



thank you!

DON'T FORGET THE EVALUATION!

MODULE 2

Basic Dental Terminology and Oral Health Care for 0-5 Years

Duration: 6 hours

OVERVIEW

This module will discuss some basic dental terminology and oral health concepts for ages 0-5 years. This includes importance of primary teeth, oral health risk factors, early childhood dental problems (e.g. Early Childhood Caries), how to prevent these childhood dental problems, oral health hygiene techniques, healthy eating habits, etc. with specific oral health messages for this age group, and follow-up (for treatment or continuity of care).

This module will discuss the importance of the first dental visit, types of dental examinations, and treatment options available at home and at dental office to promote a life time of healthy dental care for the child.

This module will review information related to a successful dental visit at a dental office, including intake, doing a visual assessment of the oral/mouth area, and timing of care determination.

The information in this module will enable the CDCCs to care coordinate early, appropriately, and effectively. The depth of the module's content will be appropriate for a community dental care coordinator level. The module is designed to engage the trainees through exercises that will enhance their understanding and commitment to improving the dental health of children aged 0-5 years.

LEARNING OBJECTIVES

At the end of this module, the participants will be able to:

1. Describe basic dental terminology.
2. Describe oral health concepts for ages 0-5 years.
3. Describe common dental health problems for ages 0-5 years e.g. Early Childhood Caries (ECC).
4. Describe preventive strategies to reduce the common dental health problems for ages 0-5 years (including caries).
5. Describe the role of community dental care coordinators' in improving dental health for children ages 0-5 years.

TRAINER

Dental Health Administrator, HTHC Community Of Practice (COP) Manager

MATERIALS

Common Item for All Modules	
Room for in-person training	Needed
Setting – chairs & tables	Needed
PowerPoint presentation	Needed
Laptop, cord	Needed
Projector, cord, pointer, projector screen	Needed
Flip charts, pens, markers, writing pads, post its	Needed
Video	Optional
Specific Item for This Module	
Mouth demo model, oversized demo toothbrush	

RESOURCES-HANDOUTS

Common Item for All Modules	
Registration/Sign-in sheet (only for organizers)	Needed
Training packet/binder	Needed
Agenda for the day	Needed
Copy of PowerPoint presentation – total 81 slides <ul style="list-style-type: none"> Dental terminology - 18 slides Oral health concepts for 0-5 - 13 slides Common dental problems - 15 slides Preventive strategies - 22 slides Role of CDCCs - 8 slides Small Group Activity - 1 slide Other - 4 slides 	Needed
Project flyers, brochure, poster, booklet (English, Spanish, Chinese)	Needed
Dental kits (tooth brush, tooth paste, floss, goal setting tool)	Needed
Module evaluation-satisfaction survey – paper form or survey monkey	Needed
Specific Item for This Module	
Mouth demo model, oversized demo tooth brush, stuffed animal/mannequin	



HTHC Staff at Asian Health Services with CDCCs and other staff

AGENDA

	Time (6 hr)	Activity/Topic
1.	15 min	Welcome, Housekeeping & Introductions
2.	15 min	Icebreaker
3.	90 min	Dental Terminology 60 min lecture 15 min quiz 15 min Q&A
4.	45 min	Oral Health Concepts for Age 0-5 Years 30 min lecture 5 min quiz 10 min Q&A
5.	45 min	Common Dental Problems (e.g. caries) 30 min lecture 15 min Q&A
6.	75 min	Prevention Strategies for Age 0-5 years 60 min lecture 15 min Q&A
7.	30 min	Role of CDCCs 20 min lecture 10 min Q&A
8.	30 min	Small Group Activity
9.	15 min	Wrap up-Close & Evaluation of Module 5 min close 5 min evaluation 5 min extra time

Registration, breaks, lunch: these times will be decided by trainer and organizer.

DESCRIPTION OF SESSION ACTIVITIES

1. Welcome, Housekeeping, and Introductions (15 min)

- This section should be used to set the mood and expectations for the training/course. The goal is to spark a commitment from each participant to work towards improving the dental health of children in Alameda County.
- This is the time the trainees will meet their peer dental care coordinators, and staff from organizing agency.
- The facilitator will introduce him/herself, provide an overview of the session and overall training day; give a brief summary of the learning objectives of the session.
- Share housekeeping information i.e. where the restrooms are located, when the break times are, turning off cell phones, inform the participants if/when food/drinks/refreshments may be available.
- Introduce the project/organizing staff (facilitator, notetaker) and trainer/s to the trainees.
- This is the time for the trainees to get to know the relevant Alameda County/project staff.
- The facilitator should ask the participants to introduce themselves (name, organization, role in project. Keep it brief.
- Ask if every participant has signed-in, if everyone has all the handouts for this module.

- Encourage the participants to ask questions during anytime in the training.
- Everyone should use the break times to ask any questions on a one-on-one basis.

2. Icebreaker (15 min)

- Ask participant to ask the person to the left to share why they feel a first dental visit is important. See p.16 for more detail.

3. Presentation #1: Basic Dental Terminology (90 min)

- This presentation will use PowerPoints; 1-5 minutes per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective #1:
 - Describe basic dental terminology.
- This section will review information related to dental terminology, relation between teeth and health, anatomy of tooth, functions of tooth, types of dental providers, types of dental office visits, types of services provided by dental offices, etc.

4. Presentation #2: Oral Health Concepts for Ages 0-5 years (45 min)

- This presentation will use PowerPoints; 1-5 minutes per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective #2:
 - Describe oral health concepts for ages 0-5 years.
- This section will review information on primary teeth (importance, function), teeth eruption patterns, infant tendencies such as teething, thumb sucking, etc.

5. Presentation #3: Common Dental Problems for Ages 0-5 Years (45 min)

- This presentation will use PowerPoints; 1-5 minutes per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective #3:
 - Describe some common dental health problems for ages 0-5 years e.g. Early Childhood Caries (ECC)

6. Presentation #4: Preventive Strategies for Ages 0-5 Years (75 min)

- This presentation will use PowerPoints; 1-5 minutes per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective #4:
 - Describe the preventive strategies for ages 0-5 years (including caries).
- This section will review information related to daily oral hygiene, diet-nutrition-feeding practices, routine dental visits, and preventive/treatment dental visits. This section will also review preventive actions parents and caretakers can take at home, and the importance of the first dental visit by age 1 year.

7. Presentation #5: Role of CDCCs (30 min)

- This presentation will use PowerPoints; 1-5 minutes per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective #5:
 - Describe the role of community dental care coordinators' in improving dental health for children ages 0-5 years.
- This section will review information related to the needs assessment tools that the CDCCs will use to help their clients ages 0-5 years.

8. Small Group Activity (30 min)

Case Scenario/Role Play (15 minutes)

Group size: 5 groups, 5 participants in each group

Case Scenario topic:

A mother brings her 3-year old and newborn. The CDCC notes that the older child has three carious lesions on his upper anterior teeth. Tasks for CDCCs:

- What feeding practice might be contributing to these lesions?
- What advice would you give her to prevent this from getting worse?
- What do you suspect the caries risk for the newborn might be?
- What advice would you give the Mom regarding the oral health care for her newborn child and the 3-year old?

Report back by each group (10 min, 2 min/group)


Each group says what they will do for their HTHC clients in the future based on this training.

Question and Answer/Conclude (5 minutes)

9. Wrap Up-Close and Module Evaluation/Satisfaction Survey (15 min)

- At the end of the module ask the participants: what are the 3-key takeaways of this module? Prepare those 3-key takeaways in the last PowerPoint slide.
- Toast the program in all the languages that are spoken by the trainees/participants.
- The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses.
- This session will be evaluated with the satisfaction survey. The facilitator will distribute the Survey to participants and collect the completed surveys (paper form or Survey Monkey) based on learning objectives.

MODULE 2 Slides




Basic Dental Terminology and Oral Health Care for 0-5 Years Module 2

Office of Dental Health
Alameda County Public Health Department

Learning Objectives

1. Describe basic dental terminology.
2. Describe oral health concepts for ages 0-5 years.
3. Describe common dental health problems for ages 0-5 years e.g. Early Childhood Caries (ECC).
4. Describe the preventive strategies for ages 0-5 years (including caries).
5. Describe the role of community dental care coordinators' in improving dental health for children ages 0-5 years.

Basic Dental Terminology



Why are teeth important?

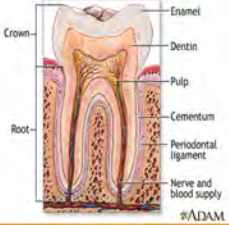


Eat
Digest food
Speech
Support face structure
Overall health
Smile/self esteem

Type of Teeth & Function

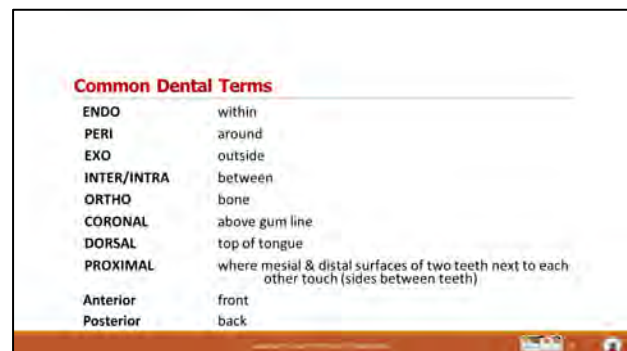
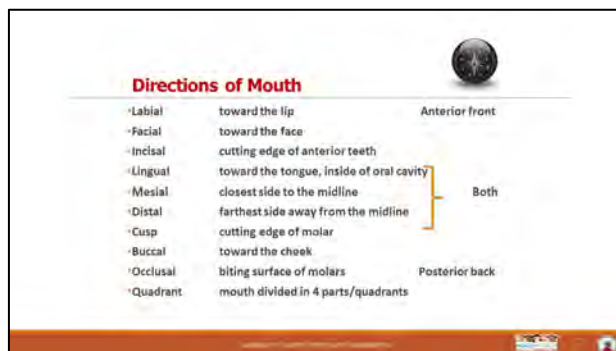
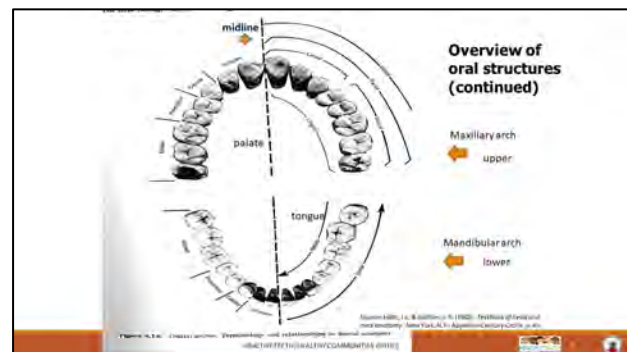
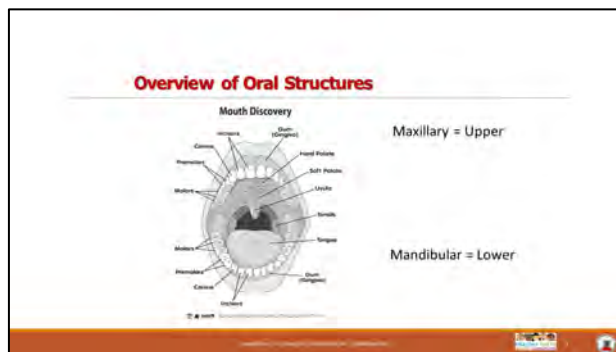
Tooth Type	Function
Incisors & Lateral	Biting, cutting, incising, shearing
Canine	Cutting, tearing, piercing, holding
Premolars & Molars	Chewing, grinding

Tooth Anatomy



Labels in diagram: Enamel, Dentin, Pulp, Cementum, Periodontal ligament, Nerve and blood supply, #ADAM

MODULE 2 Slides



MODULE 2 Slides

Dental Specialists: What Do They Do? Can you guess by the prefix?

- Endodontist** e.g. root canal
- Periodontist**
- Orthodontist** e.g. braces
- Prosthodontist** e.g. dentures, implants, appliances
- Pediatric Dentist** e.g. children
- Oral Surgeon** e.g. extraction, reconstruction

Importance of Dental Visits

- Helps the client to feel comfortable in their dental home
- Gives the dental provider a starting place for collecting information about client's current condition of their mouth
- Helps to establish and to finish a treatment plan
- Educates client about a dental issue before it starts or to help stop the problem (ex. Bleeding gums, plaque build up, erosion)
- Regular dental visits catch problems at early stages when problem may be easily treated (ex. caries, oral cancer, gum disease)
- Oral education to engage the caregiver and provide health promoting tools

Types of Dental Visits

- Routine Dental Visits
 - Establish dental home
 - Exam
 - Radiograph
- Preventive/Treatment Dental Visits
 - Teeth Cleaning
 - Fluoride Varnish
 - Sealant
- Restorative/Treatment Dental Visits
 - Fillings
 - Crowns
 - Root Canals
- Surgical/Treatment Dental Visits
 - Periodontal Surgery
 - Extractions
 - Implants
- Continuity of Care Visits



Why Prevention is the best

- First & best line of defense against oral health problems
- e.g. Caries & Gingivitis is completely preventable!!!!
- Cost-effective



Types of Services from Dental Offices

- Dental procedures or treatments to prevent dental disease
 - Dental exam, cleaning, radiographs, fluoride treatment, oral health education



Types of Dental Exam

- Comprehensive Oral Exam
 - First visit, detailed assessment of hard and soft tissues, x-rays (full mouth)
- Periodic Oral Exam
 - 6 month visits, re-assess hard & soft tissues, limited x-rays/radiographs
- Limited Oral Exam
 - Only problem area, various testing such as temperature sensitivity, localized x-rays

MODULE 2 Slides

Continuity of Care

- Preventive visit 6 months after 1st examination
- Encourages completion of needed dental care
- Prevents some conditions from worsening
- Relieves or eliminates current dental symptoms
- Helps sustain maintenance level once achieved



Small Group Activity + Quiz/Assessment (30 min)

- Types of teeth
- What are basic tooth parts?
- How many permanent teeth?
- When does first tooth appear?
- Name some dental specialists and what they do?
- Types of dental visits
- Types of dental exam
- 3 most important reasons for dental visit

Oral Health Concepts for Ages 0-5 Years

Importance of Dental Health in Early Childhood Years

- Essential for eating, good nutrition, language development, self-esteem.
- Children can be at very high risk of developing dental caries in early years.
- To establish healthy oral habits to ensure maintenance of healthy permanent teeth.



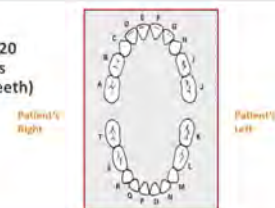
Why Primary Teeth Are Important?

- Placeholders for permanent teeth.
- Avoids crowding of permanent teeth

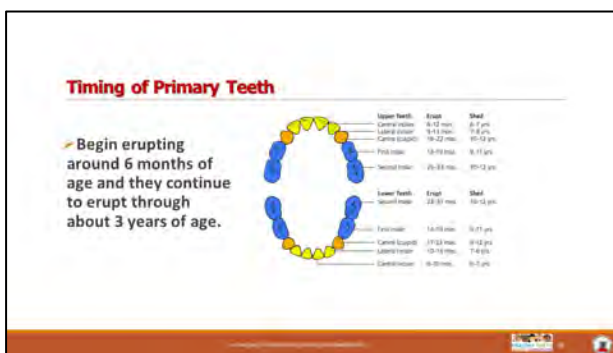
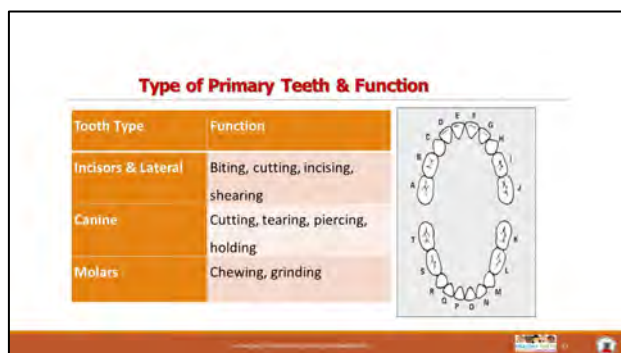
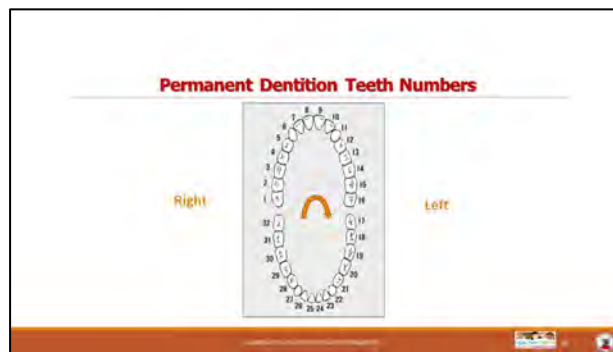
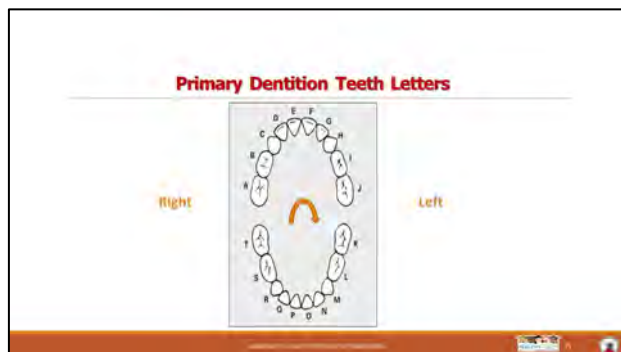


Primary Dentition

- Most children will have 20 primary teeth (sometimes called "baby" or "milk" teeth)



MODULE 2 Slides



MODULE 2 Slides

Teething

Teething is a result of primary teeth breaking through the gums as they erupt., causing irritation.

Teething usually may result in the child crying, rash around the mouth, drooling, losing his appetite and even losing sleep.

Teething Symptoms

- Normal: fussiness, trouble sleeping, irritability, loss of appetite, drooling more than usual
- Not Normal: fever, diarrhea, rash (go to doctor)



Teething Gel

- Do not use teething gel for under 2 years of age
- Can reduce oxygen in blood stream and result in death
- If severe pain persists – go to doctor



Thumb-sucking

- It is a natural reflex for babies
- May make babies feel secure, happy
- To soothe themselves, to fall asleep
- Substitute a toy to wean off thumb-sucking
- Usually children stop sucking between the ages 2-4



Common Dental Problems, Conditions & Diseases for Ages 0-5 Years

Common Dental Problems, Conditions & Diseases for Age 0-5 Years



- Dental Caries
- Thrush (oral candidiasis/fungal infection of mouth)
- Primary herpetic gingival stomatitis
- Extra teeth (supernumerary)
- Missing teeth (Hypodontia)

Dental Caries

- Most commonly called:
 - Tooth Decay
 - Tooth Cavity
- Most common chronic disease in children. More common than asthma & diabetes.
- Easily preventable.



MODULE 2 Slides

What is Early Childhood Caries (ECC)?

Early Childhood Caries is defined as the presence of one or more decayed (non-cavitated or cavitated lesions), missing (due to caries) or filled tooth surfaces in any primary tooth in a preschool-age child between birth and 71 months of age. *American Dental Association* ECC is preventable.

- Most common chronic disease in children age 6-11 years, and adolescents age 12-19 years.
- 80% of ECC occurs in 20% of children
- Tooth decay is four times more common than asthma among adolescents age 14-17 years.
- ECC remains highly prevalent in poor and near poor US preschool children.

Data source: CDC

Progression of ECC

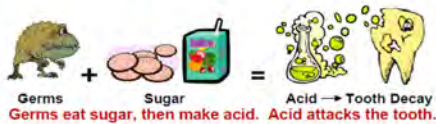
- Rapid progression
- ECC affects teeth that come out early & are least protected by saliva.
- Disease moves toward the back teeth as teeth erupt.
- Typically ECC progresses in the following order:
 - Upper incisors, lower molars, Upper molars
 - Visualize a child sucking a bottle. With the child's tongue thrust forward, the upper incisors get maximal sugar exposure.



How Tooth Decay Happens?

❖ Bacteria or germs

Sugar alone does not cause decay



Healthy Teeth of a Child



Dental Caries: Signs & Symptoms

- White, brown, black spots on teeth
- Sensitivity to hot, cold & sweets
- Pain or discomfort when chewing



Stages of ECC



White spots

Brown spots

Advanced

MODULE 2 Slides

White Spots - demineralization

- 1st stage of tooth decay
- Can be arrested and reversed by fluoride
- Fluoride aids the deposition of minerals onto the tooth surface (remineralization)



The image shows a close-up of upper teeth. Yellow arrows point to 'White Spots' on the enamel and 'Early Decay' where the enamel is beginning to break down.

Progression of White Spots to Brown Spots



The left image shows a close-up of teeth with white spots. The right image shows a wider view of the mouth with several teeth showing brown spots, indicating more advanced decay.

Different Stages of Tooth Decay



The left image, labeled 'Initial stage', shows a small cavity on a tooth. The right image, labeled 'Advanced stage', shows a large, deep cavity that has reached the pulp of the tooth.

Cavitation and Brown spots




The left image shows a close-up of a tooth with a large cavity. The right image shows a close-up of a tooth with a brown spot, which is a sign of early decay.

Severe Decay with Dental Abscess



The image shows a close-up of a tooth with a large cavity and a dental abscess, which is a collection of pus that has formed at the base of the tooth.

More pictures of Tooth Decay



The left image shows a close-up of a tooth with a large cavity. The right image shows a close-up of a tooth with a brown spot, which is a sign of early decay.

MODULE 2 Slides

Preventive Strategies for Ages 0-5 Years

Preventive Strategies for age 0-5 years

- Daily Oral Hygiene
- Diet, Nutrition, Feeding Practices
- Routine Dental Office Visit
 - establish dental home by age 1
- Preventive/Treatment Dental Office Visit



Daily Oral Hygiene



Role of Saliva

- Neutralizes the acids
- Supply minerals and fluoride
- Saliva can protect the tooth structure from decay if:
 - neutral or alkaline
 - there is enough saliva
 - low numbers of acid-producing bacteria in the mouth
 - infrequent acid attacks (choose healthy snacks)



Bacteria is passed

From parents/guardian, grandparents, siblings, friends by:



Do Not Share...

Brushing Guidelines for Age 0-2 years

- Wiping teeth after meals & snacks
- Brushing with smear of toothpaste
- Soft Brush: for cleaning the gums & the teeth



MODULE 2 Slides

Brushing Guidelines for Age 2-5 years

- Caregiver should stand or sit behind child. Mom/dad start, child finishes.
- Brush along the gum line where caries commonly begins, both on the outside (cheek) and inside (tongue) of the tooth.
- Brush the top or chewing surface (occlusal).
- Child should spit out, not rinse, after brushing to increase topical fluoride benefit.



Brushing Techniques

- Use small backwards and forwards brushing movements or small circles.
- No food or drink after brushing.
- Begin flossing daily once gaps between teeth close
- Encourage use of electric toothbrush beginning at age 4 years.



Make Tooth Brushing Fun

- Sing a song that lasts two minutes and brush until done.
- Sing the alphabet and brush each quadrant until done.
- Brush in front of the mirror.
- Use an electric toothbrush featuring timers, lights, or favorite characters.



Diet, Nutrition, Feeding Practices



A balanced diet of fruits, vegetables, protein foods, dairy products and whole grains provides essential nutrients for optimum oral health as well as overall health.

Limit Sugary Foods & Drinks - Reduce "acid attacks"...

- Choose healthy snacks
- Avoid frequent snacking (>2 times between meals)
- on foods like:
 - Juice or soft drinks
 - Candy, cookies, or sweetened breakfast cereals
- Avoid sticky, retentive snacks and slow dissolving carbohydrates:
 - Raisins, dried fruit, fruit rolls, bananas, caramels, jelly beans, or peanut butter and jelly sandwiches
- Have your child rinse their mouth after eating, if not able to brush right away



Sippy Cup

- Introduce **Sippy Cup** at 6 mos.
- Aim is to shift from sucking to sipping




Transition Cup

MODULE 2 Slides

Choose Tap Water

- Alameda County tap water:
 - Ideal amount of fluoride*
 - Safe
 - May use a filter if house pipes are old
- Bottled Water
 - Source unknown
 - Can contain too much or too little fluoride

*Livermore is fluoride deficient and fluoride supplements are recommended



Diet and Feeding Advice: 0–12 Months

- Strongly encourage breast feeding.
- Hold infant for bottle feeding.
- Avoid giving bottles at bedtime or naptime.
- Don't use sweetened pacifiers.
- Introduce cup at six months.
- Wean bottle by 12 months.
- Use only water in sippy cup
- Limited/watered down juice in the first year of life.
- Snacks should contain no added sugar.



Diet and Feeding Advice: 1–5 years

- Discontinue bottle by 12 months.
- Limit juice to four ounces per day and serve with meals only.
- Avoid carbonated beverages and juice drinks containing sweeteners.
- Choose fresh fruits, vegetables, or sugar free whole grain snacks.
- Only drink milk or water between meals.
- Limit eating occasions to three meals a day with one snack in between.
- Reserve sweets for special occasions, preferably with meals.

Routine Dental Office Visit

- Establish dental home
- Exam
- Radiograph



1st Dental Visit & Dental Home: Importance

- Every child needs a dental home
- Start as early as possible, by age 1
- Evaluation of growth and development
- Dental providers provide guidance to caregivers for proper homecare i.e. brushing, flossing, etc.
- Positive dental experience - help lower fear of dentist & dental treatments
- Early visit to a dentist results in early detection and prevention of caries



Preventive/Treatment Dental Office Visits

- Enhanced preventive services, xrays when needed
- Teeth cleanings
- Fluoride varnish
- Sealants to permanent molars as child ages



MODULE 2 Slides

Fluoride Varnish

- Protects teeth from Tooth Decay
- Topical Application
 - Fast & easy
 - Painless
 - Tastes good



Fluoride Supplement

- Children who drink fluoridated water should NOT receive supplements.
- Livermore in Alameda County does not have fluoridation in their drinking water, and fluoride supplements will be needed
- Patients' source of water needs to be determined first:
 - Fluoridated city water
 - Non fluoridated city water
 - Filtered water
 - Bottled water (variable fluoride levels)
 - Well water (variable fluoride levels)



Treatment of ECC

- Mild ECC
 - Fluoride varnish
 - Silver diamine fluoride
- Moderate to Severe (brown spots, cavities)
 - Fillings
 - Stainless steel or esthetic crowns
 - Extraction of badly infected teeth



Quick Quiz/Assessment (5 min)

Myth: Baby teeth are not important?

Myth: Babies are born with tooth decay causing bacteria?

How does a child get tooth decay causing bacteria?

Myth: Routine or early dental visits are not needed for very young children?

Role of CDCCs

Role of CDCCs

- Early assessment of dental needs (with some tools)
 - Find out if the baby has dental home
 - Did baby have 1st dental visit – by age 1
- Give oral health education
- These are all part of dental care coordination & will be discussed in detail in Module 8 and 9

MODULE 2 Slides

Dental Needs Assessment Tools

- Anticipatory guidance counselling (form F3)
- Goal setting – oral/dental health behavior (form F4)
- Periodicity table (form F7)
- Urgency of care (form F8)
- Oral health/Caries risk assessment (higher need in younger children) (form F9)

F3. Anticipatory Guidance Counselling Checklist

1. Has the parent/guardian been advised of the importance of oral health and dental care?

2. Has the parent/guardian been advised of the importance of oral hygiene and dental care?

3. Has the parent/guardian been advised of the importance of oral health and dental care?

4. Has the parent/guardian been advised of the importance of oral health and dental care?

5. Has the parent/guardian been advised of the importance of oral health and dental care?

6. Has the parent/guardian been advised of the importance of oral health and dental care?

7. Has the parent/guardian been advised of the importance of oral health and dental care?

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10. Has the parent/guardian been advised of the importance of oral health and dental care?

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10. Has the parent/guardian been advised of the importance of oral health and dental care?

Recommendations for Pediatric Oral Health Care

Clinical guideline on periodicity of examination, preventive dental services, anticipatory guidance, and oral treatment for children

	6-12 months	12-24 months	2-6 years	6-12 years	≥12 years
Clinical oral examination ¹	X	X	X	X	X
Assess oral growth and development ²	X	X	X	X	X
Caries risk assessment ³	X	X	X	X	X
Prevention & topical fluoride treatment ⁴	X	X	X	X	X
Fluoride supplementation ⁴	X	X	X	X	X
Anticipatory guidance ⁵	X	X	X	X	X
Oral hygiene counseling for parents, guardians, and/or caregivers ⁶	X	X	X	X	X
Oral hygiene counseling to patient	X	X	X	X	X
Dietary counseling ⁷	X	X	X	X	X
Injury prevention counseling ⁸	X	X	X	X	X
Counseling for sensitive habits ⁹	X	X	X	X	X
Substance abuse counseling				X	X
Counseling for intraoral and perioral piercing				X	X
Radiographic assessment ¹⁰			X	X	X
Treatment of dental disease: injury	X	X	X	X	X
Assessment and treatment of developing malocclusion			X	X	X
PI and fissure sealants ¹¹			X	X	X
Assessment and/or removal of third molars					X
Referral for regular and periodic dental care					X

Urgency Dental Care Decision Tree

1. Have you ever taken your child to a dental visit?

If NO: Ask 1. How old is child? 2. Does child have any pain? 3. Has child had any recent trauma?

If YES: Ask 2. When was the last appointment?

If NO: Ask 3. How old is child? 4. Does child have any pain? 5. Has child had any recent trauma?

If YES: Ask 4. Are they planning to return to the dental provider?

If YES: Ask 5. Are they planning to return to the dental provider?

If YES: Ask 6. Are they planning to return to the dental provider?

If YES: Ask 7. Are they planning to return to the dental provider?

If YES: Ask 8. Are they planning to return to the dental provider?

If YES: Ask 9. Are they planning to return to the dental provider?

If YES: Ask 10. Are they planning to return to the dental provider?

If YES: Ask 11. Are they planning to return to the dental provider?

If YES: Ask 12. Are they planning to return to the dental provider?

If YES: Ask 13. Are they planning to return to the dental provider?

If YES: Ask 14. Are they planning to return to the dental provider?

If YES: Ask 15. Are they planning to return to the dental provider?

If YES: Ask 16. Are they planning to return to the dental provider?

If YES: Ask 17. Are they planning to return to the dental provider?

If YES: Ask 18. Are they planning to return to the dental provider?

If YES: Ask 19. Are they planning to return to the dental provider?

If YES: Ask 20. Are they planning to return to the dental provider?

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If NO: Ask 1. How old is child? 2. Does child have any pain? 3. Has child had any recent trauma?

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If YES: Ask 17. Are they planning to return to the dental provider?

If YES: Ask 18. Are they planning to return to the dental provider?

If YES: Ask 19. Are they planning to return to the dental provider?

If YES: Ask 20. Are they planning to return to the dental provider?

MODULE 2 Slides



Small Group Activity: Case Scenario/Role Play

Group size: 5 groups, 5 participants in each group
Report back by each group (10 min, 2 min/group)
Q&A/Conclude (5 minutes)

Case scenario topic:
A mother brings her 3 year old and newborn to a dental screening. When the older sibling is screened the clinician notes that he has three untreated carious lesions on his upper anterior teeth. Tasks for CDCCs:

- What feeding practice might be contributing to these lesions?
- What advice would you give her to prevent this from getting worse?
- What do you suspect the caries risk for the newborn might be?
- What advice would you give the Mom regarding the oral health care for her newborn child and the 3-year old?

3 Key Takeaways of Module 2

1. Baby teeth are important for many reasons including overall health.
2. Teeth of 0-5 year olds are vulnerable and needs routine dental care.
3. Early Childhood Caries is preventable & reversible.



thank
you!

DON'T FORGET THE EVALUATION!

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

MODULE 3

Oral Health Care for Ages 6-20 Years

Duration: 4 hours

OVERVIEW

This module will discuss some oral health concepts for ages 6-20 years. This includes mixed dentition, oral health risk factors, common dental problems, oral health hygiene techniques, healthy eating habits, and preventive strategies for teenage years to early adulthood, etc. with specific oral health messages for this age group. This module will also discuss the importance of the dental office visits, and treatment options available at home and at dental office. The module will also give skills to the CDCCs to do a preliminary visual assessment of dental care needs, timing of care determination, and follow up (for treatment or continuity of care).

The information in this module will enable the CDCCs to care coordinate timely, appropriately, and effectively. The depth of the module's content will be appropriate for a community dental care coordinator level. The module is designed to engage the trainees through exercises that will enhance their understanding and commitment to improving the dental health of children aged 6-20 years.

LEARNING OBJECTIVES

At the end of this session, the participants will be able to:

1. Describe some oral health concepts for ages 6-20 years.
2. Describe the common dental health problems for ages 6-20 years.
3. Describe some preventive strategies to reduce the common dental health problems for ages 6-20 years.
4. Describe the role of community dental care coordinators' in improving dental care for ages 6-20 years.

TRAINER

Dental Health Administrator, HTHC COP Manager

MATERIALS

Common Item for All Modules	
Room for in-person training	Needed
Setting – chairs & tables	Needed
PowerPoint presentation	Needed
Laptop, cord	Needed
Projector, cord, pointer, projector screen	Needed
Flip charts, pens, markers, writing pads, post its	Needed
Video	Optional
Specific Item for This Module	
Mouth demo model, oversized demo toothbrush, mannequin/stuffed animal	

RESOURCES-HANDOUTS

Common Item for All Modules	
Registration/Sign-in sheet (only for organizers)	Needed
Training packet/binder	Needed
Agenda for the day	Needed
Copy of PowerPoint presentation – total 54 slides <ul style="list-style-type: none"> Oral health concepts - 6 slides Common dental problems - 6 slides Preventive strategies - 25 slides Role of CDCCs - 11 slides Small group activity - slide Other - 5 slides 	Needed
Project flyers, brochure, poster, booklet (English, Spanish, Chinese)	Needed
Dental kits (tooth brush, tooth paste, floss, goal setting tool)	Needed
Module evaluation-satisfaction survey – paper form or survey monkey	Needed
Specific Item for This Module	
None	

AGENDA

	Time (4hr)	Activity/Topic
1.	15 min	Welcome, Housekeeping, Introductions
2.	15 min	Icebreaker
3.	30 min	Oral Health Concepts: Ages 6 -20 Years 20 min lecture 10 min Q&A
4.	45 min	Common oral health problems: Ages 6-20 Years 30 min lecture 15 min Q&A
5.	90 min	Preventive Strategies: Ages 6-20 Years 75 min lecture 15 min Q&A
6.	30 min	Small Group Activity
7.	15 min	Wrap up-Close & Evaluation of Module 5 min close; 5 min evaluation; 5 min extra time

Registration, breaks, lunch: these times will be decided by trainer and organizer.

DESCRIPTION OF SESSION ACTIVITIES

1. Welcome, Housekeeping, and Introductions (15 min)

- This section should be used to set the mood and expectations for the training/course. The goal is to spark a commitment from each participant to work towards improving the dental health of children in Alameda County.
- This is the time the trainees will meet their peer dental care coordinators, and staff from organizing agency.
- The facilitator will introduce him/herself, provide an overview of the session and overall training day; give a brief summary of the learning objectives of the session.
- Share housekeeping information i.e. where the restrooms are located, when the break times are, turning off cell phones, inform the participants if/when food/drinks/refreshments may be available.
- Introduce the project/organizing staff (facilitator, notetaker) and trainer/s to the trainees.
- This is the time for the trainees to get to know the relevant Alameda County/project staff.
- The facilitator should ask the participants to introduce themselves (name, organization, role in project). Keep it brief.
- Ask if every participant has signed-in, if everyone has all the handouts for this module.
- Encourage the participants to ask questions during anytime in the training.
- Everyone should use the break times to ask any questions on a one-on-one basis.

2. Icebreaker (15 min)

- Ask participant to ask person to the right for their favorite webinar during the shelter.
or
- Ask participant to ask person to the left to share a caregiver's dental condition that surprised you.

3. Presentation #1: Oral Health Concepts for Ages 6-20 Years (30 min)

- This presentation will use PowerPoints; 1-5 minute per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective #1:
 - Describe some oral health concepts for ages 6-20 years.
- The section will review information on how a child transitions from mixed dentition to 32 adult teeth, lifestyle and dietary changes that affect oral health, and some dental preventive strategies for this age group.

4. Presentation #2: Common Dental Problems for Ages 6-20 Years (45 min)

- This presentation will use PowerPoints; 1-5 minute per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective #2:
 - Describe some common dental health problems for ages 6-20 years.

5. Presentation #3: Preventive Strategies for Age 6-20 Years (90 min)

- This presentation will use PowerPoints; 1-5 minute per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective #3 & 4:
 - Describe the preventive strategies for ages 6-20 years.
 - Describe the role of community dental care coordinators' in improving dental care for ages 6-20 years.
- This section will review information related to daily oral hygiene, diet-nutrition-eating practices, routine dental visits, and preventive-treatment dental visits.
- This section will review information related to needs assessment tools that the CDCCs will use to help their clients. For example, anticipatory guidance, urgency of care, caries risk assessment, periodicity, goal setting, etc.

6. Small Group Activity (30 min)

This sub-section is designed to engage the trainees through an exercise that will enhance their understanding and commitment to improving the dental health of children aged 6-20 years.

Small Group Discussion (10 minutes)

Group size: 5 groups, 5 participants in each group

Case scenario topic:

You meet a mother who has 12-year and 18-year old sons. Mother tells you her 12-year old son had extensive dental work when he was little and they fear going to the dentist. Her family members brush their teeth once a day with baking soda. The 18-year old says his teeth are perfect. On visual assessment you see extensive discoloration, cavities, etc.

- What tools will you use to assess the dental needs of each boy?
- Which oral health messages will most benefit this family? Why would you select these messages?
- Is there any urgent need of this family?

Report back by each group (15 min, 3 min/group)

Each group says what they will do for their HTHC clients in the future based on this seminar.

Question and Answer/Conclude (5 minutes)


7. Wrap Up-Close and Module Evaluation/Satisfaction Survey (15 min)

- At the end of the module ask the participants: what are the 3-key takeaways of this module.
- Toast the program in all the languages that are spoken by the trainees/participants.
- The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses.
- This session will be evaluated with the satisfaction survey. The facilitator will distribute the Survey to participants and collect the completed surveys (paper form or Survey Monkey) based on learning objectives.

Oral Health Concepts, Needs, and Problems by Age (Selected)

	0-5 year	6-10 year	11-20 year
Oral Health Concepts	Primary teeth, Teething	Permanent teeth, Mixed dentition	Permanent teeth, Wisdom teeth
Common Dental Problems	Caries	Caries, gingivitis, fluorosis, malocclusion	Caries, gingivitis, periodontitis, fluorosis, misaligned teeth, malocclusion
Other Problems	Broken tooth (from falling)	Broken tooth (recreational activities, biking, skateboarding, contact sports)	Broken tooth (recreational activities, biking, skateboarding, contact sports)
Additional Risks	reliance on pacifiers or digit, sucking habits	supernumerary teeth or hypodontia	Eating disorders, piercings, grills, tobacco, alcohol, drugs
Selfcare, awareness of importance of oral health, & recognizing problems in mouth	too young unless autistic patterns start to show	☑ children with Class II malocclusion often teased	☑
Daily Oral Hygiene	☑	☑	☑
Brushing	☑ Done by parents	☑ Supervised by parents	☑ Guidance by parents
Flossing		☑ Supervised by parents	☑ Guidance by parents
Fluoride toothpaste	☑	☑	☑
Diet, Nutrition, Eating Practices	☑	☑	☑
Drink water	☑	☑	☑
Avoid sugar sweetened beverages/soda	☑	☑	☑
Choose healthy snacks, reduce frequency/amount	☑	☑	☑
Routine Dental Office Visit	☑ 1-2 times/year 1 st visit by age 1 year	☑ 1-2 times/year	☑ 1-2 times/year
Preventive/Treatment Dental Office Visit (follow-up, continuity of care)	☑ Fluoride varnish	☑ Fluoride varnish Sealants	☑ Fluoride varnish Sealants
Assessment of Dental Needs by CDCCs (with tools)	☑	☑	☑
Caries risk assessment	☑ Super important	☑	☑
Anticipatory guidance	☑	☑	☑
Goal setting	☑	☑	☑
Periodicity of examination	☑	☑	☑
Urgency of care determination	☑	☑	☑

MODULE 3 Slides


Oral Health Care for Ages 6-20 Years
Module 3

 Office of Dental Health
 Alameda County Public Health Department

Learning Objectives

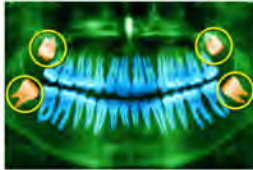
1. Describe some oral health concepts for ages 6-20 years.
2. Describe the common dental health problems for ages 6-20 years.
3. Describe some preventive strategies to reduce common dental health problems for ages 6-20 years.
4. Describe the role of community dental care coordinators in improving dental care for ages 6-20 years.

Oral Health Concepts for Ages 6-20 years

Most concept topics were already discussed in Module 2 (slides 3-19).


Wisdom Teeth (third molars)

- usually come out around ages 17 to 21.
- two on top and two on bottom - usually
- more likely to have issues with these molars than with any other teeth.
 - impaction, when the tooth may not have enough room to come out from the gum like it should.
- Treatment: Extractions (simple, no removal of bone), or surgical (may require that gums be flapped, and removal of jaw bone around tooth, usually done under IV sedation)



Mixed Dentition

- Both primary & adult teeth present
- permanent teeth form behind the roots of the baby teeth
- Between ages 6-13
- Age 6: permanent 1st molar erupts
- 10% of children ages 6-7 experience 2 rows of teeth
- Age 12-13: all primary teeth replaced



MODULE 3 Slides

Mixed dentition (continued)




Mixed Dentition (continued)

- no treatment usually needed, nature takes care of the situation
- occasionally the baby tooth has to be extracted (pulled) by a dentist




Common Dental Problems, Conditions & Diseases for Ages 6-20 Year

Common Dental Problems, Conditions & Diseases for Age 6-20 Years



- Fluorosis
- Caries
- Gingivitis
- Periodontitis (11-20 years)
- Special risks (11-20 years):
 - tooth injury
 - eating disorders
 - piercings, grills
 - tobacco, alcohol, drugs

Fluorosis



FLUOROSIS PREVENTION

- Use a small dot of toothpaste
- Apply fluoride varnish 2x per year
- Determine if fluoride in patient's drinking water before prescribing fluoride supplements by dentist

- Too much fluoride
- Discolors teeth
- Most cases are mild
- Risk of fluorosis is low
- No increase in caries risk

Periodontal/Gum Disease

➤ Gum disease is an infection of the tissues that surround and support teeth.

➤ Major cause of tooth loss in adults.

➤ Caused by plaque/dental biofilm, the sticky film of bacteria that constantly forms on teeth.


➤ If plaque is not removed, it hardens and becomes tartar (calculus=calcified plaque).

➤ It is a continuum. Stages of periodontal health:

- Healthy Gums
- Gingivitis
- Early Periodontitis
- Severe Periodontitis

Factors that increase risk of gum disease:

- poor oral hygiene, smoking/chewing tobacco
- genetics, pregnancy, diabetes
- misaligned teeth that are hard to clean
- Medications e.g. steroids, some anti-epilepsy drugs, cancer therapy drugs, some anti-hypertension drugs, oral contraceptives



MODULE 3 Slides



Gingivitis vs Periodontitis

Gingivitis (early stage)

Inflammation of gum/gingiva

Reversible

Treatment: brushing, flossing

Gum red, swollen/tender, bleed when brushing/flossing

Develops within 7-10 days of stopping brushing or flossing

Periodontitis (intermediate to late stage)

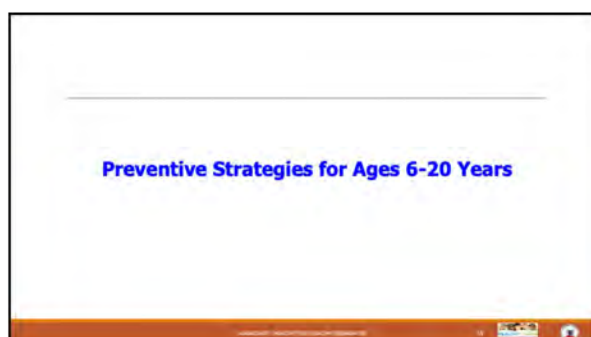
Inflammation + destruction of bone & tissues below the gingiva

Irreversible

Treatment: brushing, flossing, deep cleaning at dental office

Loose tooth, pus, gum recede from teeth

Periodontitis is a chronic inflammatory condition. It is associated with other diseases e.g. heart disease & diabetes



Preventive Strategies for Ages 6-20 Years

- Daily Oral Hygiene
- Diet, Nutrition, Eating Practices
- Routine Dental Office Visits
- Preventive/Treatment Dental Office Visits
- Preventive strategies for special risks for 11-20
- Awareness of importance of oral health, recognizing problems in mouth
- Develop self care skills for oral health

Daily Oral Hygiene: Tooth brushing/flossing ages 6-10

- Brush teeth twice a day for 2 minutes with soft toothbrush
 - Especially at bedtime (decreased salivary flow)
- Help child choose pea size amount of fluoridated toothpaste
- Floss after brushing
- Parents stay involved in oral hygiene practices

Tooth Brushing Tips Age 6-10 Years

- Have child spit out the toothpaste after brushing.
- Don't rinse with water immediately after brushing with toothpaste to allow fluoride to benefit the teeth longer.
- No food or drink after brushing.
- Electric toothbrushes with timers are useful in cleaning the teeth.

MODULE 3 Slides

Tooth Brushing Techniques: Age 11-20 Years

- Hold brush at a 45-degree angle against gum line.
- Gently brush from where the tooth and gum meet to the chewing surface in short (about half-a-tooth-wide) strokes. Use the same method to brush all outside and inside surfaces of your teeth.
- To clean the chewing surfaces of your teeth, use short sweeping strokes, tipping the bristles into the pits and crevices.
- To clean the inside surfaces of your top and bottom front teeth and gums, hold the brush almost vertical. With back and forth motions, bring the front part of the brush over the teeth and gums.
- Using a forward-sweeping motion, gently brush your tongue and the roof of your mouth to remove the decay-causing bacteria that exist in these places.



Flossing

Flossing removes plaque and excess food particles in areas that toothbrush doesn't reach. Regular use of [dental floss](#) removes plaque, which can lead to tartar or gum disease. It also helps prevent tooth decay.

Children age 6-10 can use the plastic flossers with the help of their parents.



Flossing Tips: Ages 11-20 Years

- Break off about 18 inches of floss and wind most of it around one of your middle fingers. Wind the remaining floss around the same finger of the opposite hand.

Hold the floss tightly between your thumbs and forefingers.



Flossing Tips: ages 11-20 years (continued)

Guide the floss between your teeth using a gentle rubbing motion. Never snap the floss into the gums.

When the floss reaches the gum line, curve it into a C shape against one tooth. Gently slide it into the space between the gum and the tooth.



Flossing Tips: Ages 11-20 years (continued)

Hold the floss tightly against the tooth. Gently rub the side of the tooth, moving the floss away from the gum with up and down motions. Don't forget the back side of your last tooth.



Diet, Nutrition, Eating Practices ages 6-10

- Eat whole fruits rather than processed fruit or drink fruit juice
- Drink water or milk between meals instead of sugar sweetened beverages/soda
- Drink fluoridated (tap) water
- Eat tooth healthy snacks between meals (fruits, vegetables)



MODULE 3 Slides

Diet, Nutrition, Eating Practices: Age 11-20 Years

- Everything on previous slide #25
- Avoid sugar sweetened beverages
- Coffee/tea – stain teeth
- Eating disorders



Common Eating Disorders in Teens

ANOREXIA: STARVE/PURGE, FEAR OF GAINING WEIGHT; UNDER WEIGHT

BULIMIA: BINGE/PURGE; NORMAL WEIGHT



Routine Dental Office Visits 6-20 years

- Children should have seen a dentist by the time they go to school
- Visit dentist 2 times a year (6 months + 1 day apart)
- Radiographs taken
- Teeth cleaned



Preventive/Treatment Dentist Visits age 6-20 years

- Fluoride varnish
- Sealants placed on permanent 1st and 2nd molars
- Space maintenance (passive)
- Orthodontics (active)




Fluoride Varnish, Sealant

- Fluoride is a natural mineral that helps to prevent cavities and repair early stages of tooth decay. A fluoride varnish is applied on teeth surface.
- Fluoride supplement (if child not getting fluoride through drinking water).
- A sealant is a thin layer of plastic that is bonded to the biting surfaces of back teeth where decay occurs most often. The sealant fills in grooves to keep plaque out and provide a smooth surface that is easy to clean.
- Children with sealants have 80% less cavities than children without sealants.

Space Maintenance (for mixed dentition)

- Used when a primary tooth is lost prematurely
- Prevent undesirable movements from adjacent teeth causing crowding
- Space maintainers can be fixed or removable
- Can be used on maxillary or mandibular arch
- Loss of space is one of the main causes of a bad bite (malocclusion)




MODULE 3 Slides

Orthodontics

Prevention & correction of irregularities of teeth, bite & jaws

- Space maintainers maintain the space, whereas orthodontics move the teeth over a period of time.
- Ideal age 10-14 years
- Braces or clear aligners
- Oral hygiene:
 - Brush, floss regularly
 - Limit amount & frequency of sugar & sticky food
 - Require extra care/time to prevent plaque build up



Tooth Injury: Broken or Avulsed Tooth

Increased risk from sport activities.
Wear protective equipment (mouth guard, helmet, face mask)

If tooth gets avulsed/knocked out:

- Keep the patient calm.
- Find the tooth, pick it up by the white crown, don't touch the root.
- If the tooth is dirty, rinse gently with 2 tablespoons of clean water.
- Place the tooth in a glass of milk or sterile saline (don't store in water).
- Immediately call the dentist.



Grills (qrillz, fronts)

- Generally removable.
- Usually made of metals (gold, silver or jewel-encrusted) that snap over one or more teeth.
- Increase the risk of caries.
- Trigger allergic reactions to the metal.
- Irritate surrounding oral tissues & damage the tooth enamel.
- Grill care:
 - Brush & floss regularly
 - Remove the grill to eat & sleep
 - Limit amount of time grill is worn
 - Avoid grills that are permanently cemented, difficulty keeping teeth and gums cleaned.



Piercings

- Damage intraoral & perioral tissues – lips, tongue, cheeks
- Infection, pain, swelling
- Damage to gums, teeth, fillings
- Sensitivity to metals
- Numbness at site from nerve damage
- Prolonged/profuse bleeding – go see doctor
- Fever, red-streaked appearance around piercing – go see doctor



Piercings: keep clean

- Use mouth rinse after every meal.
- Try to avoid clicking the jewelry against teeth and avoid stress on the piercing.
- Be gentle & aware of the jewelry's movement when talking & chewing.
- Check the tightness of jewelry periodically (with clean hands). This can help prevent you from swallowing or choking if the jewelry becomes dislodged.
- When taking part in sports, remove the jewelry and protect your mouth with a mouthguard.

Tobacco

- Chewing tobacco
- Cigarettes
- Cigars
- Liquid tobacco products
- Pipes
- Electronic/vaping devices



MODULE 3 Slides

Electronic Cigarettes, Vaping

- E-cigarettes are smokable, refillable cartridges that hold liquids that contain nicotine
- Very popular among teenagers
- New cases of respiratory illnesses linked to vaping
- Symptoms include cough, chest pain, nausea, shortness of breath, vomiting, diarrhea
- High doses can lead to cancer and death
- CDC does not recommend e-cigarette products for youth, young adults, and pregnant women



Oral Health Effects of Smoking

- Bad breath
- Stained teeth, tongue, lips
- Duller sense of taste & smell
- Impairs oral wound healing
- Slow healing after a tooth extraction or other surgery
- Gum disease
- Adult periodontitis
- Failure of periodontal therapy
- Failure of dental implants
- Increases risk of dental caries
- Increases risk of oral pain



Drugs: Marijuana, Cocaine, Methamphetamine

Drugs cause: dry mouth, stain teeth, poor oral hygiene, chipped tooth, lose tooth



Role of CDCCs for Ages 6-20 years

- Assessment of dental needs (with some tools)
 - Find out if child has dental home
 - Did the child visit a dentist in the past 12 months
- Give oral health education
- These are all part of dental care coordination & will be discussed in detail in Module 8 and 9

Dental Needs Assessment Tools

(modify as appropriate for age of child)

- ✓ F3 Anticipatory guidance/counseling
- ✓ F4 Goal setting – oral/dental health behavior
- ✓ F7 Periodicity table
- ✓ F8 Urgency of care
- ✓ F9 Oral health/caries risk assessment (higher need in younger children, forms available by diff age groups)

Anticipatory Guidance

Counseling Role of CDCC to encourage self management and preventive disease practices



Provide Anticipatory Guidance

Messages for Parents:

- Establish a "Dental Home" by Age One
<https://www.cdc.gov/dentalhome/>
- Hold baby while feeding – No bottle in bed
- Brush at least twice a day with a small amount of fluoride toothpaste
<https://www.cdc.gov/dentalhome/>
- Ask dentist about sealants to protect pits and grooves from decay



MODULE 3 Slides

Anticipatory Guidance

- Anticipatory guidance is given by the health care provider to assist parents or guardians in the understanding of the expected growth and development of their children.
- Anticipatory guidance, specific to the age of the patient, includes information about the benefits of healthy lifestyles and practices that promote injury and disease prevention.
- Common examples of anticipatory guidance include reminding parents to have their children use bicycle helmets, to use sunscreen, to brush teeth daily.

Conducting Dental Anticipatory Guidance with Parents

- Conversation using Motivational Interviewing technique
- Style of questioning to help parent come up with own plan around managing a health goal
- Your role is to:
 - Ask open-ended questions,
 - Listen without judgement or interruption
 - Summarize or reflect what the parent said



Use How/What to start open-ended questions

HOW

Tell me about...
Help me understand...
How many...
When...
How are you feeling about...
How can I...



WHAT

To what extent...
What else...
What would it take for you to...
Have you...
What is...
What Can you...



Recommendations for Pediatric Oral Health Care

Clinical guideline on periodicity of examination, preventive dental services, anticipatory guidance, and oral treatment for children.

	6-12 months	12-24 months	2-6 years	6-12 years	≥12 years
	Annually	Annually	Annually	Annually	Annually
Clinical oral examination ¹	X	X	X	X	X
Assess oral growth and development ²	X	X	X	X	X
Caries-risk assessment ³	X	X	X	X	X
Prophylaxis & topical fluoride treatment ⁴	X	X	X	X	X
Fluoride supplementation ⁵	X	X	X	X	X
Anticipatory guidance ⁶	X	X	X	X	X
Oral hygiene counseling for parents, guardians, and/or caregivers ⁷	X	X	X	X	X
Oral hygiene counseling to patient			X	X	X
Dietary counseling ⁸	X	X	X	X	X
Injury prevention counseling ⁹	X	X	X	X	X
Counseling for nonnutritive habits ¹⁰	X	X	X	X	X
Substance abuse counseling				X	X
Counseling for intraoral and perioral piercing				X	X
Radiographic assessment ¹¹			X	X	X
Treatment of dental disease: injury	X	X	X	X	X
Assessment and treatment of developing malocclusion			X	X	X
Fit and flosser training ¹²			X	X	X
Assessment and/or removal of third molars					X
Referral for regular and periodic dental care					X

MODULE 3 Slides

Urgency Dental Care Decision Tree

1. Where you ever taken your child to a dental visit?

<p>If YES: Ask 2. How old is child? Is issue child have any pain?</p> <p>If NO: Child didn't any recent trauma?</p> <p>Follow the guidelines to determine urgency of appointment</p> <p>Not over last 7 days 1 schedule a dental exam appointment within 1 week</p> <p>Over last 7 days 2 schedule an appointment within 1 to 2 weeks</p>	<p>If YES: Ask 3. When was the last appointment?</p> <p>Appointment was within 12 months An appointment was made (1) months.</p> <ul style="list-style-type: none"> • Not any discomfort (1) If they have dental issue • ASK 4. Do they have another appointment scheduled for sometime later? <p>If YES: When 3 dental home (2)</p> <p>If YES: Ask 4. Are they planning to return to the provider to the dental office?</p> <p>If YES: Assist with scheduling a dental exam appointment within 1 days for up to one month (3) at a new dental office (4)</p> <p>If NO: Assist with scheduling a dental exam appointment within 1 days for up to one month (3) at a new dental office (4)</p>
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Guidelines:

All children have an annual dental exam and preventive visits by 24 months. Children have dental visits when first teeth erupt up to 36 months. This includes Children with no teeth at 36 months.

Any child or parent with visible untreated dental disease needs urgent attention.

Client must agree to HMO's program in order to schedule an urgent appointment.

If child is already going to a PPO, continue seeing & follow the continuity of care

Math 101: The Language of Mathematics

Math 101 is a course designed to help students develop a strong foundation in mathematical reasoning and communication. The course focuses on understanding the language of mathematics, including the use of symbols, notation, and logical arguments. Students will learn how to read and write mathematical proofs, and how to communicate mathematical ideas effectively.

Course Objectives:

- Understand the language of mathematics, including the use of symbols, notation, and logical arguments.
- Learn how to read and write mathematical proofs.
- Communicate mathematical ideas effectively.

Course Topics:

- Set Theory
- Logic
- Mathematical Induction
- Proof Techniques
- Mathematical Communication

Course Structure:

The course is divided into five main sections, each covering a different topic. Each section includes a series of lectures, exercises, and assignments. The first section, Set Theory, introduces the basic concepts of sets and their operations. The second section, Logic, covers the fundamentals of propositional and predicate logic. The third section, Mathematical Induction, introduces the method of mathematical induction and its applications. The fourth section, Proof Techniques, discusses various methods for constructing mathematical proofs. The fifth section, Mathematical Communication, focuses on the importance of clear and effective communication in mathematics.

Course Materials:

The course materials include a textbook, lecture notes, and a series of assignments. The textbook, "Mathematical Language and Proof" by H. B. Curry, is the primary source for the course. The lecture notes provide additional explanations and examples. The assignments are designed to reinforce the concepts learned in the lectures and to develop the student's ability to write mathematical proofs.

Course Evaluation:

The course is evaluated based on the student's performance on the assignments, a mid-term exam, and a final exam. The assignments are graded on a scale of 0 to 100, with 100 representing a perfect score. The mid-term exam is a 2-hour test that covers the material from the first four sections. The final exam is a 3-hour test that covers the entire course material.

Course Prerequisites:

There are no prerequisites for this course. It is designed for students who are new to the language of mathematics.

Course Instructor:

The course is taught by Professor John Doe, who has a Ph.D. in Mathematics from the University of California, Berkeley. He has been teaching Math 101 for over 10 years and is known for his clear and engaging lectures.

Course Contact Information:

For more information about the course, please contact Professor John Doe at john.doe@math.berkeley.edu or call him at (415) 555-1234.

	0-5	6-10	11-20	
Misaligned teeth		✓	✓	
Caries	✓			caries is important for all age!
Gingivitis		✓	✓	
Periodontitis			✓	
Tooth injury	✓	✓	✓	
Piercing/Grill			✓	
Tobacco, alcohol, drugs			✓	
Eating disorders			✓	

Small Group Activity: Ages 6-20 Years (30 min)

Small Group Discussion (10 minutes) – Group size: 5 groups, 5 participants in each group

Case scenario topic:

You meet a mother who has 12-year and 18-year old sons. Mother tells you her 12-year old son had extensive dental work when he was little and they fear going to the dentist. Her family members brush their teeth once a day with baking soda. The 18-year old says his teeth are perfect. On visual assessment you see extensive discoloration, cavities, etc.

- What tools will you use to assess the dental needs of each boy?
- Which oral health messages will most benefit this family? Why would you select these messages?
- Is there any urgent need of this family?

Report back by each group (15 min, 3 min/group)
Q&A/Conclude (5 minutes)

Q&A/Conclude (5 minutes)

Key Takeaways

- Caries & gum disease is prevalent in ages 6-20 years, but are preventive with good oral home hygiene.
- Teenagers have additional oral health risk factors that needs to be considered too.



DON'T FORGET THE EVALUATION!

MODULE 4

Oral Health Care for Children with Special Needs and Pregnant Women

Duration: 3 hours

OVERVIEW

This module will discuss some oral health concepts of children with special needs and pregnant women. For example, their oral health risk factors, common dental problems, oral health hygiene techniques, healthy eating habits, and preventive strategies. This module will also discuss the importance of the dental office visits, and treatment options available at home and at dental office. The module will also give skills to the CDCCs to do a preliminary visual assessment of dental care needs such, timing of care determination, and follow up (for treatment or continuity of care).

The information in this module will enable the CDCCs to care coordinate timely, appropriately, and effectively. The depth of the module's content will be appropriate for a community dental care coordinator level. The module is designed to engage the trainees through exercises that will enhance their understanding and commitment to improving the dental health of children with special needs and pregnant women.

LEARNING OBJECTIVES

At the end of this session, the participants will be able to:

1. Describe the dental needs of children with special needs and the role of community dental care coordinators' in improving their dental care.
2. Describe the dental needs of pregnant women and the role of community dental care coordinators' in improving their dental care.

TRAINER

Dental Health Administrator, HTHC COP Manager

MATERIALS

Common Item for All Modules	
Room for in-person training	Needed
Setting – chairs & tables	Needed
PowerPoint presentation	Needed
Laptop, cord	Needed
Projector, cord, pointer, projector screen	Needed
Flip charts, pens, markers, writing pads, post its	Needed
Video	Optional
Specific Item for This Module	
Mouth demo model, oversized demo toothbrush	

RESOURCES-HANDOUTS

Common Item for All Modules	
Registration/Sign-in sheet (only for organizers)	Needed
Training packet/binder	Needed
Agenda for the day	Needed
Copy of PowerPoint presentation - total 24 slides <ul style="list-style-type: none"> Children with special needs - 10 slides Pregnant women - 8 slides Small group activity - 2 slides Other - 4 slides 	Needed
Project flyers, brochure, poster, booklet (English, Spanish, Chinese)	Needed
Dental kits (tooth brush, tooth paste, floss, goal setting tool)	Needed
Module evaluation-satisfaction survey – paper form or survey monkey	Needed
Specific Item for This Module	
None	

AGENDA

	Time (3 hr)	Activity/Topic
1.	15 min	Welcome, Housekeeping, Introductions
2.	15 min	Icebreaker
3.	45 min	Children with Special Needs 30 min lecture 15 min Q&A
4.	30 min	Small Group Activity #1: Children with special needs
5.	30 min	Pregnant Women
6.	30 min	Small Group Activity #2: Pregnant women
7.	15 min	Wrap up-Close & Evaluation of Module 5 min close; 5 min evaluation; 5 min extra time

Registration, breaks, lunch: these times will be decided by trainer and organizer.

DESCRIPTION OF SESSION ACTIVITIES

1. Welcome, Housekeeping, and Introductions (15 min)

- This section should be used to set the mood and expectations for the training/course. The goal is to spark a commitment from each participant to work towards improving the dental health of children in Alameda County.
- This is the time the trainees will meet their peer dental care coordinators, and staff from organizing agency.
- The facilitator will introduce him/herself, provide an overview of the session and overall training day; give a brief summary of the learning objectives of the session.
- Share housekeeping information i.e. where the restrooms are located, when the break times are, turning off cell phones, inform the participants if/when food/drinks/refreshments may be available.

- Introduce the project/organizing staff (facilitator, notetaker) and trainer/s to the trainees.
- This is the time for the trainees to get to know the relevant Alameda County/project staff.
- The facilitator should ask the participants to introduce themselves (name, organization, role in project). Keep it brief.
- Ask if every participant has signed-in, if everyone has all the handouts for this module.
- Encourage the participants to ask questions during anytime in the training.
- Everyone should use the break times to ask any questions on a one-on-one basis.

2. Icebreaker (15 min)

Trainer can choose icebreaker.

3. Presentation #1: Children with Special Needs (45 min)

- This section will use PowerPoint presentation; 1-5 minute per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective #1:
 - Describe the dental needs of children with special needs and the role of community dental care coordinators' in improving their dental care.
- This session will provide tools and strategies that the CDCCs will use to assist this special population to gain access to timely dental care.

4. Small Group Activity #1: Children with Special Needs (30 min)

This sub-section is designed to engage the trainees through an exercise that will enhance their understanding and commitment to improving the dental interview process.

Small Group Discussion (10 minutes)

Group size: 5 groups, 5 participants in each group

Case scenario topic:

You meet a pregnant mom who tells you that she has a daughter who has special needs. You have not met the child.

- What tools will you use to assess the special needs of the child? So you can communicate with the dental office.
- Which oral health messages will most benefit this family? Why would you select these messages?
- Is there any urgent need of this family?

Report back by each group (15 min, 3 min/group)

Each group reports back on your dental interview with this client.

Question and Answer/Conclude (5 minutes)

5. Presentation #2: Pregnant Women (30 min)

- This section will use PowerPoint presentation; 1-5 minute per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective #2:
 - Describe the dental needs of pregnant women and the role of community dental care coordinators' in improving their dental care.
- This session will provide tools and strategies that the CDCCs will use to assist pregnant women to gain access to timely dental care.

6. Small Group Activity #2 – Pregnant Women (30 min)

This sub-section is designed to engage the trainees through an exercise that will enhance their understanding and commitment to improving the dental interview process.

Small Group Discussion (10 minutes)

Group size: 5 groups, 5 participants in each group

Case scenario topic:

You meet a pregnant mom who tells you that she has a daughter who has special needs. You have not met the child.

- What tools will you use to assess the mom's dental needs?
- Which oral health messages will most benefit this family? Why would you select these messages?
- Is there any urgent need of this family?

Report back by each group (15 min, 3 min/group)


Each group reports back on your dental interview with this client.

Question and Answer/Conclude (5 minutes)

7. Wrap Up-Close and Module Evaluation/Satisfaction Survey (15 min):

- At the end of the module ask the participants: what are the 3-key takeaways of this module.
- Toast the program in all the languages that are spoken by the trainees/participants.
- The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses.
- This session will be evaluated with the satisfaction survey. The facilitator will distribute the Survey to participants and collect the completed surveys (paper form or Survey Monkey) based on learning objectives.

MODULE 4 Slides



Oral Health Care for Children with Special Needs & Pregnant Women

Module 4

Office of Dental Health
Alameda County Public Health Department

Learning Objectives

1. Describe the dental needs of children with special needs and the role of Community Dental Care Coordinators in improving their dental care.
2. Describe the dental needs of pregnant women and the role of Community Dental Care Coordinators in improving their dental care.

Oral Health of Children with Special Needs (neurodevelopmental disabilities)

Children and adults with neurodevelopmental disabilities and other special health care needs are at **increased risk for oral health problems.**



Barriers to Dental Care for Children with Special Needs

Disabilities can be barriers to adequate oral care and put them at higher risk for developing oral health problems. e.g. impaired cognitive abilities, behavioral problems, impaired mobility, neuromuscular problems (drooling, gagging and swallowing problems), uncontrolled body movements, gastroesophageal reflux, or seizures.

- Family's low oral health literacy
- Lack of special transportation
- Institutionalization
- Few dental providers who have the knowledge and skill to treat special needs patients.



How Disability is a Barrier to Good Oral Health

- Children with disabilities and other special needs have more oral health problems (cavities, gum disease) than the general population.
- Child with poor motor control—unable to hold toothbrush
- Child with cognitive/motor disability—swallows toothpaste
- Child is orally "defensive"—won't allow toothbrush in mouth
- Child takes meds that are sweetened—promotes decay
- Child takes meds that reduce saliva—promotes decay



MODULE 4 Slides

How Disability is a Barrier to Good Oral Health

- Children who cannot chew or move their tongues properly do not benefit from the natural cleaning action of the tongue, cheek, and lip muscles.
- Children with poor motor coordination such as spinal cord injuries, muscular dystrophy, or cerebral palsy may not be able to clean their own teeth or use the usual brushing and flossing methods.
- Children who need help drinking may drink less fluid than other children, and may not have enough saliva in their mouth to help wash away food particles.
- Some anti-seizure medications may cause swelling or bleeding in the gums.

Special Role of Care Giver

- Adult assistance in daily oral hygiene
- Use fluoride containing toothpaste.
- Avoid/reduce sugary snacks & drinks.
- If the child has a problem grasping the toothbrush, make the toothbrush easier to hold by building up the handle with tape.
- Contact the provider & inform them about the child's disabilities



Oral Preventive Care

- Brush at least twice a day with a soft toothbrush.
- Focus on the area where the tooth meets the gum.
- Use a good quality electric toothbrush for best results.
- Floss/clean between the teeth daily.



Specialized Hygiene Aides



Tongue cleaner



Interdental flossers



Toothbrushes with holders

Role of CDCCs: Children with Special Needs

- CDCCs have to know some minimum information about the child with special needs e.g. age of child, is there a medical diagnosis, does child use wheelchair, can child speak/communicate, what disability does child have (physical and/or mental), what does caregiver have to do for the child
- CDCCs have to be aware of the need of the child
- Discuss with caregiver how CDCC can help during a dental appointment
- Children with special needs should be referred to pediatric dentist

Assessment Tool for CDCCs (to inform dental office at time of making appointment)

All the assessment tools used for any 0-20 year old patients/clients.

+

Age of child

Gender of child

Type/level of disability (physical, behavioral, developmental)

can child communicate	yes	no
does child use wheelchair/need assistance for mobility	yes	no
can child hold and use toothbrush	yes	no
can child follow instructions	yes	no
does child take medication for disability condition (if yes, provide list of medication)	yes	no

After this initial assessment, CDCCs need to follow specific instructions of dental offices.



MODULE 4 Slides

Small Group Activity #1: Children with special needs (30 min)

Small group discussion (10 min) - 5 groups, 5 participants in each group

Case scenario topic:

You meet a pregnant mom who tells you that she has a daughter who has special needs. You have not met the child.

- What tools will you use to assess the daughter's dental needs? So you can communicate with the dental office.
- Which oral health messages will most benefit this family? Why would you select these messages?
- Is there any urgent need of this family?

Report back by each group (15 min, 3 min/group)

Q&A (5 min)

Oral Health Care for Pregnant Women



Importance of Oral Health During Pregnancy

- Pregnancy's unique physiological changes may adversely affect oral health.
- Pregnant woman's oral health affects her own health
- Pregnant woman's oral health affects her baby's health



Link Between Oral Disease and Adverse Pregnancy Outcomes

- Higher risk of cavities due to eating habits.
- Higher risk of gingivitis (60%-75% pregnant women have gingivitis), which may be aggravated by changing hormones during pregnancy.
- Periodontitis is associated with
 - Preterm Birth
 - Low Birth Weight

Source: CDC



Link between Pregnant Woman's Oral Health & Baby's Oral Health

- Most young children acquire caries-causing bacteria from their mothers.
- Women who have a lot of cavity-causing bacteria during pregnancy and after delivery could transmit these bacteria from their mouth to the mouth of their baby.
- Early contact with these bacteria and to other sugars, such as from frequent snacking or taking a bottle to bed, can lead to early childhood cavities and the need for extensive dental care at a young age.

Source: CDC



Why Pregnant Women Don't Seek Dental Care?

- Not understanding that oral health care is an important part of a healthy pregnancy.
- Many believe that poor oral health status during pregnancy is normal.
- Belief that dental procedures might cause miscarriage.
- High cost, uninsured, underinsured
- Source: CDC



MODULE 4 Slides

Dental Visits During Pregnancy

Dental Providers need to partner with Obstetrician & Pediatric Providers to make sure patients (pregnant woman & child) maintains oral health care.

Treatment Tips

First Trimester

- Care should begin early especially if extensive care is needed
- Scheduling visits in the afternoon can avoid morning sickness

Second Trimester

- The ideal time for dental care
- Organogenesis is complete, reducing the risk of any necessary medication exposures
- The fetus is not large, making it easier for mothers to recline in the dental chair for prolonged periods

Third Trimester

- Position women slightly on left side with a towel prop to avoid vena cava compression
- Encourage standing and walking periodically
- Elevating head helps avoid shortness of breath

STFM Smiles4Life

Good Oral Health During and After Pregnancy

- Practice daily oral hygiene
- Eat healthy foods
- Avoid snacking
- Take care of her mouth and her baby's mouth after the baby is born
- See a dentist regularly



Role of CDCCs: Pregnant Women

- Assess anxiety/awareness.
- Provide appropriate anticipatory guidance/counseling. Use motivational interviewing techniques.
- Reassure women that oral health care is safe throughout pregnancy; care does not cause miscarriage.
- Advise women to schedule an appointment with a dentist.
- Provide referral, if needed.
- Counsel women to follow dental office recommendations.



Small Group Activity #2: Pregnant Woman (30 min)

Small group discussion (10 min) - 5 groups, 5 participants in each group

Case scenario topic:
You meet a pregnant mom who tells you that she has a daughter who has special needs. You have not met the child.

- What tools will you use to assess the mom's needs?
- Which oral health messages will most benefit this family? Why would you select these messages?
- Is there any urgent need of this family?

Report back by each group (15 min, 3 min/group)

Q&A (5 min)

Key Takeaways of Module 4

- Children with special needs require a team approach of parents, dentists, and CDCCs.
- Pregnant women need to take care of their teeth and be counseled on how their condition may affect their own health & health of the infant.



DON'T FORGET THE EVALUATION!

MODULE 5

Oral Health Education

Duration: 4 hours 30 minutes

OVERVIEW

This module will describe the importance of oral health education in achieving good oral health. Such as its importance and impact on behavior change, various methods of providing oral health education, various topics about maintaining good oral health for ages 0-20 years, and the roles and responsibilities of CDCCs in providing oral health education.

The participants will also learn the difference between oral health education and Family Oral Health Education (FOHE); FOHE is provided by dental office staff to patients. The philosophy is that if oral health education is provided by both CDCCs and dental offices, more information will be retained by the families leading to better dental health practices of their families. This is based on lesson learned from HTHC i.e. after families got an oral health education from the CDCCs, they were more receptive to the oral health education messages received at dental offices. Dental office staff reported that it was easier to convince families to practice different dental hygiene practices.

LEARNING OBJECTIVES

At the end of this session, the participants will be able to:

1. Describe oral health education – definition, its importance, methods of providing oral health education, topics of good oral health care.
2. Describe the roles and responsibilities of community dental care coordinators' in providing oral health education.
3. Describe basic information about Medi-Cal Dental Program e.g. benefits available through Medi-Cal.

TRAINER

Dental Health Administrator, Staff from Medi-Cal Dental Program

MATERIALS

Common Item for All Modules	
Room for in-person training	Needed
Setting – chairs & tables	Needed
PowerPoint presentation	Needed
Laptop, cord	Needed
Projector, cord, pointer, projector screen	Needed
Flip charts, pens, markers, writing pads, post its	Needed
Video	Optional
Specific Item for This Module	
None	

RESOURCES-HANDOUTS

Common Item for All Modules	
Registration/Sign-in sheet (only for organizers)	Needed
Training packet/binder	Needed
Agenda for the day	Needed
Copy of PowerPoint presentation - total 29 slides <ul style="list-style-type: none"> Oral health education- 10 slides Role of CDCCs- 4 slides Medi-Cal Dental Program- 7 slides Small group activity- 4 slides Other - 4 slides 	Needed
Project flyers, brochure, poster, booklet (English, Spanish, Chinese)	Needed
Dental kits (tooth brush, tooth paste, floss, goal setting tool)	Needed
Module evaluation-satisfaction survey – paper form or survey monkey	Needed
Specific Item for This Module	
None	

AGENDA

	Time (4 hr 30 min)	Activity/Topic
1.	15 min	Welcome, Housekeeping, & Introductions
2.	15 min	Icebreaker
3.	45 min	Oral Health Education 30 min lecture 15 min Q&A
4.	60 min	Small Group Activity-Role Play #1 Scenario 1 Scenario 2
5.	60 min	Medi-Cal Dental Program – overview 45 min lecture 15 min Q&A
6.	60 min	Small Group Activity-Role Play #2 Scenario 3 Scenario 4
7.	15 min	Wrap up-Close & Evaluation of Module 5 min close 5 min evaluation 5 min extra time

Registration, breaks, lunch: these times will be decided by trainer and organizer.

DESCRIPTION OF SESSION ACTIVITIES

1. Welcome, Housekeeping, and Introductions (15 min)

- This section should be used to set the mood and expectations for the training/course. The goal is to spark a commitment from each participant to work towards improving the dental health of children in Alameda County.

- This is the time the trainees will meet their peer dental care coordinators, and staff from organizing agency.
- The facilitator will introduce him/herself, provide an overview of the session and overall training day; give a brief summary of the learning objectives of the session.
- Share housekeeping information i.e. where the restrooms are located, when the break times are, turning off cell phones, inform the participants if/when food/drinks/refreshments may be available.
- Introduce the project/organizing staff (facilitator, notetaker) and trainer/s to the trainees.
- This is the time for the trainees to get to know the relevant Alameda County/project staff.
- The facilitator should ask the participants to introduce themselves (name, organization, role in project. Keep it brief.
- Ask if every participant has signed-in, if everyone has all the handouts for this module.
- Encourage the participants to ask questions during anytime in the training.
- Everyone should use the break times to ask any questions on a one-on-one basis.

2. Icebreaker (15 min)

Trainer can choose icebreaker.

3. Presentation #1: Oral Health Education (45 min)

- This presentation will use PowerPoint presentation; 1-3 minute per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective #1 & 2:
 - Describe oral health education – definition, its importance, methods of providing oral health education, topics of good oral health care, etc.
 - Describe the roles and responsibilities of community dental care coordinators' in providing oral health education.

4. Small Group Activity #1: Role Play (60 min)

The purpose of this session is to provide each CDCC a practical experience of providing oral health education. Half of the CDCCs will play the “role of CDCC” today (6 in 1st Small Group Activity, and 6 in 2nd Small Group Activity). The other half of the CDCCs will practice their ‘CDCC’ role in the next module (Module 6 – Effective Communication).

Break into small groups (10 minutes)

Group size: 25 participants - 6 groups, 4 participants in each group (2 different scenarios will be given to the group). Each group will have one participant be “the CDCC” and the other participants can be caregiver or child.

Role Play in front of entire class (30 min, 5 min/group)

Participants will give feedback (18 min, 3 min/group): immediately after a group finishes their role play. The trainer will give feedback only if any points are not covered by the participants).

Question and Answer/Conclude (2 minutes)

Scenario #1:

A mother brings her 3-year old and newborn. The CDCC notes that the older child has three untreated carious lesions on his upper anterior teeth.

- What will you say to the mother so she changes the feeding practice?
- What advice would you give her to prevent this from getting worse?
- What will you say to a mother so she takes her child to a dentist?

Scenario #2:

You meet a mother who has 12 year and 18-year old sons. Mother tells you her 12-year old son had extensive dental work when he was little and they fear going to the dentist. Her family members brush their teeth once a day with baking soda. The 18-year old says his teeth are perfect. On visual assessment you see extensive discoloration, cavities, etc.

- How will you convince that the 12-year old needs to see a dentist regularly to prevent worse dental problems?
- How will you convince the 18-year old that he also needs to better care for his teeth?
- What will you advice this family to maintain their daily oral hygiene?
- Which oral health messages will most benefit this family? Why would you select these messages?

5. Presentation #2: Medi-Cal Dental Program (60 min)

- This presentation will use PowerPoint presentation; 1-3 minute per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective # 3:
 - Describe some basic information about Medi-Cal Dental Program e.g. benefits available through this program.

6. Small Group Activity #2: Role Play (60 min)

Those who didn't play CDCC role in today's first group will do so during this session.

Break into small groups (10 minutes)

Group size: 25 participants - 6 groups, 4 participants in each group (3 different scenarios will be given). Each group will have one participant be the CDCC and the other participants can be caregiver or child.

Role Play in front of entire class (30 min, 5 min/group)

Participants will give feedback (18 min, 3 min/group): immediately after a group finishes their role play. The trainer will give feedback only if any points are not covered by the participants)

Question and Answer/Conclude (2 minutes)

Scenario #3:

You are tabling at a health fair (or a WIC site). You are meeting families who say they have children but they have never seen a dentist. The mother thinks the children don't have any problems and mother doesn't know where the dentist locations are.

- How will you start the conversation with the mother about oral health education for better oral health?
- How will you convince mother that the family should see a dentist even if no one has any dental problems?

Scenario #4:

Mother with child at health fair. Child is holding a lollipop on one hand while the caretaker is sharing her soda with him. They are very interested in the goody bags you have.

- How will you use your materials to engage and talk with the mother?
- What will be the regular oral care for the child and the family?
- How will you motivate them to see a dentist?

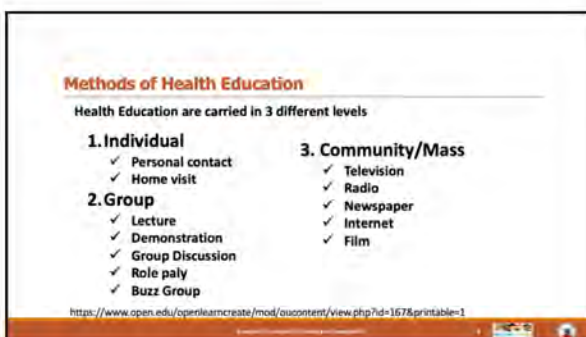
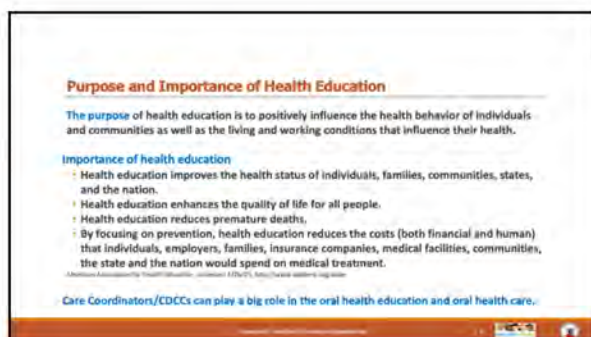
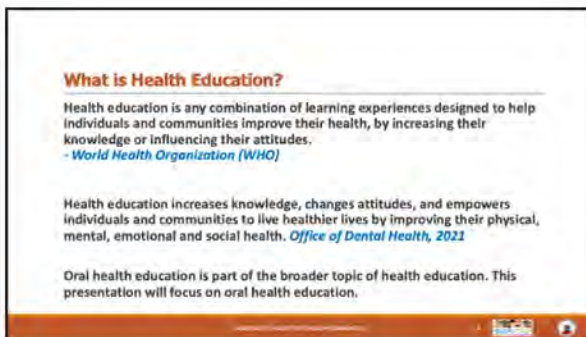
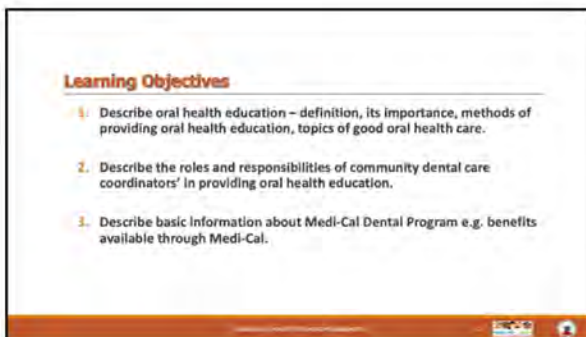
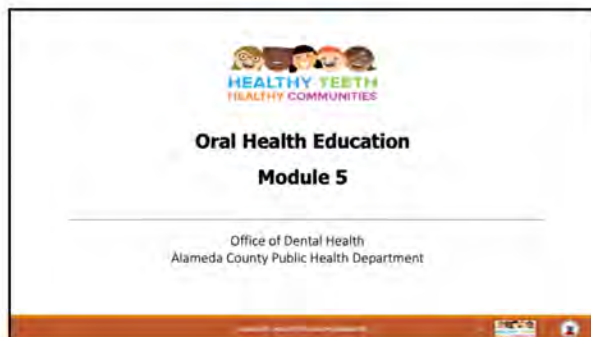
7. Wrap Up-Close and Module Evaluation/Satisfaction Survey (15 min)

- At the end of the module ask the participants: what are the 3-key takeaways of this module.
- Toast the program in all the languages that are spoken by the trainees/participants.
- The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses.
- This session will be evaluated with the satisfaction survey. The facilitator will distribute the Survey to participants and collect the completed surveys (paper form or Survey Monkey) based on learning objectives.



HTHC CDCC Training

MODULE 5 Slides



MODULE 5 Slides

Individual Approach

ADVANTAGE	DISADVANTAGE
Effective 2 way communication	Time consuming
Easier to answer family's specific needs and personal questions	Limited audience
Can be motivational	Could be expensive
Can be done at work place (i.e. doctors office), in the community (i.e. health fair) or in home visits	

Group & Community Approach

ADVANTAGE	DISADVANTAGE
Group	
Can reach large number of audience	Limited 2 way communication in large groups
Effective communication in small groups	Difficult to evaluate if the message motivated the audience
Community/Mass Approach	
Can reach large number of audience rapidly	One way communication
	May need monitoring (i.e. Twitter, Facebook)
	Could be expensive (i.e. Internet cost, TV ad cost)

Methods of Health Education (cont)

1. Formal
 - ✓ Conference
 - ✓ Symposium
 - ✓ Workshop
 - ✓ Seminar
2. Informal
 - ✓ Health Talk
 - ✓ Group Discussion
 - ✓ Brain storming
 - ✓ Role play

Health Education Materials

Health Education is very effective when prepared materials are used.

Types of materials:

1. Printed: clients can take home
 - ✓ Brochures, Flyers, Factsheets, Posters
 - ✓ Flipcharts
 - ✓ Booklets
 - ✓ Cards
2. Visual: Seeing the objects/subjects help learn better
 - ✓ Models (model teeth, model tooth brush, mannequin)
 - ✓ Real objects (tooth brush, tooth paste)
3. Audio-visual: very effective method
 - ✓ Videos, films

Considerations for Material Development

- **Comprehensive and evidence-based**
The materials should be based on data from research on effective approaches for promoting healthy behaviors.
- **Appropriate for adult education**
Clear information with familiar word, common life experiences.
- **Culturally appropriate**
The materials should be culturally sensitive and linguistically appropriate.
- **Flexible**
Care Coordinators may use one or more sets of the materials or may combine them in a way that best addresses their community's unique needs.

Topics of Oral Health Education

(from Modules 2 and 3)

- Daily Oral hygiene
- Diet, nutrition, and eating practices
- Routine dental checkups
- Target Population groups
 - 0-5 years
 - 6-10 years
 - 11-20 years
 - Pregnant women
 - Children with special needs



MODULE 5 Slides

Role of CDCCs

Role of CDCC in Oral Health Education

During first contact with families

- Give oral health education

After enrolling families in program

- Make a follow-up call and give more oral health education

After the dental appointment

- Reinforce if family is maintaining oral hygiene practices, following good diet, nutrition and eating practices, and making routine dental checkups

Reminder call about next appointment (usually 6 months after first appt)

- Reinforce if family is maintaining oral hygiene practices, following good diet, nutrition and eating practices, and making routine dental checkups

Key Points to Consider for Successful Oral Health Education by CDCCs

1. Building awareness about Oral health
2. Motivating the audience for practicing healthy behavior (i.e. brushing/flossing 2 times a day)
3. Influencing the audience to take an action for healthy behavior (i.e. buy floss or make appointment with a dentist)

Sample Script for CDCC

Hi, my name is, I am a Community Dental Care Coordinator at NAME OF ORGANIZATION. We have a new program that helps family take care of their children's dental health including finding a dentist. We offer information and education for families about dental health care. Everyone in your family should have healthy mouth and teeth, no matter how young or old they are.

We have dental care kits and we can show you how you can use it to practice to maintain healthy teeth. We can show you the proper techniques for brushing and flossing.

Show the clients the booklet.

We can make an appointment with a dentist for your child. They can give you more specific preventive dental care. Visit to a dentist is important for healthy mouth and teeth.

Would you like us to find a dentist for you?

Small Group Activity - Role Play #1 (30 min)

Points to consider when providing oral health education:

- Build awareness about oral health
- Motivation to change behavior
- Take actual action for oral care

A mother brings her 3-year old and newborn. The CDCC notes that the older child has three untreated carious lesions on his upper anterior teeth.

- What will you say to the mother so she changes the feeding practice?
- What advice would you give her to prevent this from getting worse?
- What will you say to a mother so she takes her child to a dentist?

Small Group Activity - Role play #2 (30 min)

Points to consider when providing oral health education:

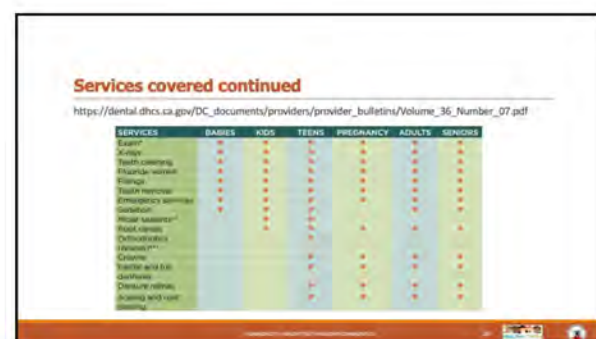
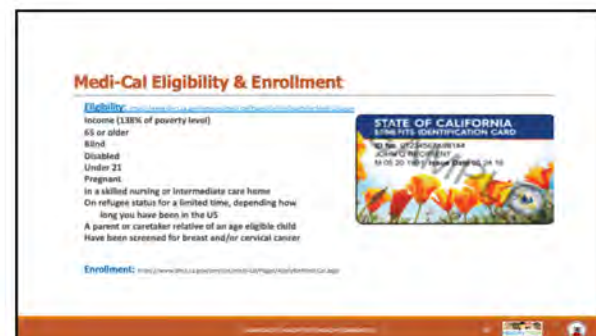
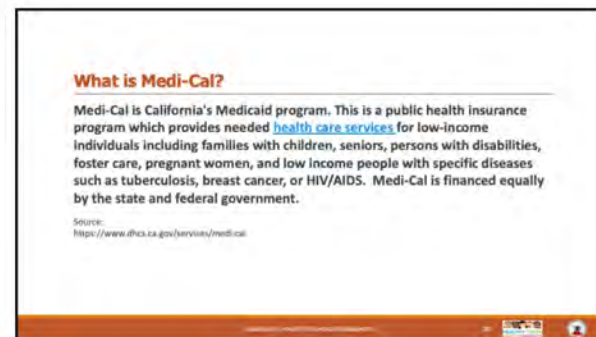
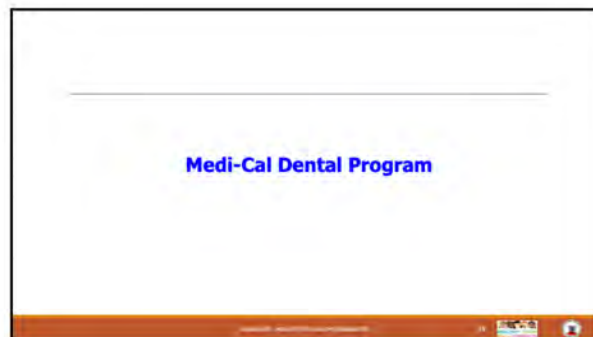
- Build awareness about oral health
- Motivation to change behavior
- Take actual action for oral care

You meet a mother who has 12 year and 18 year old sons. Mother tells you her 12 year old son had extensive dental work when he was little and they fear going to the dentist. Her family members brush their teeth once a day with baking soda. The 18-year old says his teeth are perfect. On visual assessment you see extensive discoloration, cavities, etc.

- How will you convince that the 12 year old needs to see a dentist regularly to prevent worse dental problems?
- How will you convince the 18 year old that he also needs to better care for his teeth?
- What will you advise this family to maintain their daily oral hygiene?
- Which oral health messages will most benefit this family? Why would you select these messages?



MODULE 5 Slides



MODULE 5 Slides

Services and Codes (selected)

https://dental.dhcs.ca.gov/DC_documents/providers/provider_bulletins/Volume_36_Number_07.pdf

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 July 1, 2018 to December 31, 2021	
			%/\$ Increase	SMA + %/\$ Increase
D2394	Resin-based composite – four or more surfaces, posterior	\$60.00	40%	\$84.00
D2710	Crown – resin – based composite (indirect)	\$150.00	40%	\$210.00
D2712	Crown – 3/4 resin-based composite (indirect)	\$150.00	40%	\$210.00
D2721	Crown – resin with predominantly base metal	\$320.00	40%	\$508.00
D2740	Crown – porcelain/ceramic substrate	\$340.00	40%	\$546.00

Small Group Activity - Role play #3 (30 min)

Points to consider when providing oral health education:

- Build awareness about oral health
- Motivation to change behavior
- Take actual action for oral care

You are tabling at a health fair (or a WIC site). You are meeting families who say they have children but they have never seen a dentist. The mother thinks the children don't have any problems and mother doesn't know where the dentist locations are.

- How will you start the conversation with the mother about oral health education for better oral health for her family?
- How will you convince mother that the family should see a dentist even if no one has any dental problems?

Small Group Activity - Role play #4 (30 min)

Points to consider when providing oral health education:

- Build awareness about oral health
- Motivation to change behavior
- Take actual action for oral care

Mother with child at health fair. Child is holding a lollipop on one hand while the caretaker is sharing her soda with him. They are very interested in the goody bags you have.

- How will you use your materials to engage and talk with the mother?
- What will be the regular oral care for the child and the family?
- How will you motivate them to see a dentist?

3 Key Takeaways of Module 5

Oral health education can positively influence health behavior which leads to improved oral health status.

Multiple methods can be used to provide oral health education; individual, group, community, formal/informal.

Medi-Cal Dental Program offers a lot of benefits.

CDCCs need to be prepared to give effective oral health education.



DON'T FORGET THE EVALUATION!



MODULE 6

Effective Communication

Duration: 5 hours

OVERVIEW

This module will discuss the role of effective communication and how that can motivate clients/patients to adopt positive behavioral changes about oral health care. This includes practicing better dental care at home, making routing dental visits, increase scheduling success rates for clients' first dental visit, lower appointment cancellation rate, importance of keeping continuing care visits, etc. This module will discuss communication skills related to establishing rapport, personality styles, and Motivational Interviewing techniques that affect the way clients/patients may give and receive information that affect a good oral health outcome.

LEARNING OBJECTIVES

At the end of this session, the participants will be able to:

1. Describe the importance of effective communication.
2. Describe ways to establish instant and positive rapport.
3. Identify personality styles and how to use them effectively.
4. Describe the importance and value of Motivational Interview technique for effective communication with patients.
5. Explain how CDCCs will use Motivational Interview technique for clients/patients with oral health needs.

TRAINER

Dental Health Administrator, HTHC Care Coordination Manager, HTHC Project Director

MATERIALS

Common Item for All Modules	
Room for in-person training	Needed
Setting – chairs & tables	Needed
PowerPoint presentation	Needed
Laptop, cord	Needed
Projector, cord, pointer, projector screen	Needed
Flip charts, pens, markers, writing pads, post its	Needed
Video	Optional
Specific Item for This Module	
None	

RESOURCES-HANDOUTS

Common Item for All Modules	
Registration/Sign-in sheet (only for organizers)	Needed
Training packet/binder	Needed
Agenda for the day	Needed
Copy of PowerPoint presentation - total 66 slides <ul style="list-style-type: none"> Importance of effective communications - 10 slides Establishing rapport - 14 slides Personality styles - 21 slides Motivational Interview - 13 slides Small group activity - 4 slides Other - 4 slides 	Needed
Module evaluation-satisfaction survey: paper form or survey monkey	Needed
Project flyers, brochure, poster, booklet (English, Spanish, Chinese)	Needed
Dental kits (tooth brush, tooth paste, floss, goal setting tool)	Needed
Specific Item for This Module	
None	

AGENDA

	Time (5 hr)	Activity/Topic
1.	15 min	Welcome, Housekeeping, & Introductions
2.	15 min	Icebreaker
3.	45 min	Effective Communications & Establishing Rapport 30 min lecture 15 min Q&A
4.	60 min	Personality Styles 20 min lecture 25 min role play 15 min Q&A
5.	30 min	Motivational Interview 20 min lecture 10 min Q&A
6.	60 min	Small Group Activity: Role Play #1 Scenario 1 Scenario 2
7.	60 min	Small Group Activity: Role Play #2 Scenario 3 Scenario 4
8.	15 min	Wrap up-Close & Evaluation of Module #6 5 min close 5 min evaluation 5 min extra time

Registration, breaks, lunch: these times will be decided by trainer and organizer.

DESCRIPTION OF SESSION ACTIVITIES

1. Welcome, Housekeeping, and Introductions (15 min)

- This section should be used to set the mood and expectations for the training/course. The goal is to spark a commitment from each participant to work towards improving the dental health of children in Alameda County.
- This is the time the trainees will meet their peer dental care coordinators, and staff from organizing agency.
- The facilitator will introduce him/herself, provide an overview of the session and overall training day; give a brief summary of the learning objectives of the session.
- Share housekeeping information i.e. where the restrooms are located, when the break times are, turning off cell phones, inform the participants if/when food/drinks/refreshments may be available.
- Introduce the project/organizing staff (facilitator, notetaker) and trainer/s to the trainees.
- This is the time for the trainees to get to know the relevant Alameda County/project staff.
- The facilitator should ask the participants to introduce themselves (name, organization, role in project. Keep it brief.
- Ask if every participant has signed-in, if everyone has all the handouts for this module.
- Encourage the participants to ask questions during anytime in the training.
- Everyone should use the break times to ask any questions on a one-on-one basis.

2. Icebreaker (15 min)

Trainer can choose icebreaker.

3. Presentation #1: Effective Communication and Establishing Rapport (45 min)

- This presentation will use PowerPoints; 1-2 minute per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective #1 & 2:
 - Describe the importance of effective communication.
 - Describe ways to establish instant and positive rapport.
- This presentation will describe some techniques to establish instant and positive rapport and trust with patients.

4. Presentation #2: Personality Styles (60 min)

- This presentation will use PowerPoints; 1-3 minute per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective #3:
 - Identify personality styles and how to use them to communicate effectively.
- This presentation will provide information about the four major personality styles so the Community Dental Care Coordinators can understand their own and that of their clients' styles to have better communication, and be more effective in guiding the clients to take charge of their own dental health. Role play scenarios will be used to build some communications skills.

5. Presentation #3: Motivational Interview (30 min)

- This presentation will use PowerPoints; 1-4 minutes per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective #4 & 5:
 - Describe the importance and value of a Motivational Interview technique for effective communication with patients.
 - Describe how CDCCs will use Motivational Interview technique for families with oral health needs.
- The presentation will give information on how a good Motivational Interview can lead clients to self-motivate and practice good home oral hygiene and to seek regular and continuing dental care. The Community Dental Care Coordinators will practice different scenarios to get hands-on experience about using MI techniques.

6. Small Group Activity #1 – Role Play (60 min)

The purpose of this session is to provide each CDCC a practical experience of using Motivational Interviewing techniques for effective communication. Half of the CDCCs who did not participate as “CDCC” in the previous Module 5/Oral Health Education will play the “role of CDCC” today (6 in 1st Small Group Activity, and 6 in 2nd Small Group Activity).

Break into small groups (10 minutes)

Group size: 25 participants - 6 groups, 4 participants in each group (2 different scenarios will be given to the group). Each group will have one participant be “the CDCC” and the other participants can be caregiver or child.

Role Play in front of entire class (30 min, 5 min/group)

Participants will give feedback (18 min, 3 min/group): immediately after a group finishes their role play. The trainer will give feedback only if any points are not covered by the participants.

Question and Answer/Conclude (2 minutes)

Scenario #1

You are tabling at a health fair (or a WIC site). You are meeting families who say they have children but they have never seen a dentist. The mother thinks the children don’t have any problems and mother doesn’t know where the dentist locations are.

How will you talk to the mother so that:

- Use the scaling tool to identify the readiness of clients to use routine dental care.
- Based on the readiness, how will you communicate with client to make positive oral health and lifestyle changes.
- Meet you for the initial dental visit.
- Commit to seeing a dentist.

Scenario #2

You meet a mother who has 12-year and 18-year old sons. Mother tells you her 12-year old son had extensive dental work when he was little and they fear going to the dentist. Her family members brush their teeth once a day with baking soda. The 18-year old says his teeth are perfect. On visual assessment you see extensive discoloration, cavities, etc.

How will you talk to the mother so that:

- Use the scaling tool to identify the readiness of these clients to use routine dental care.
- How will you motivate that their current daily oral hygiene is not enough for good oral health.
- Using MI technique how will you motivate this family to go back to seek dental care again.

7. Small Group Activity #2 – Role Play (60 min)

Those who didn't play CDCC role in today's first group (or in Module 5) will do so during this session.

Break into small groups (10 minutes)

Group size: 25 participants - 6 groups, 4 participants in each group (2 different scenarios will be given to the group). Each group will have one participant be the CDCC and the other participants can be caregiver or child.

Role Play in front of entire class (30 min, 5 min/group)

Participants will give feedback (18 min, 3 min/group): immediately after a group finishes their role play. The trainer will give feedback only if any points are not covered by the participants.

Question and Answer/Conclude (2 minutes)

Scenario #3

Mother with child at health fair. Child is holding a lollipop on one hand while the mother is sharing her soda with him. They are very interested in the goody bags you have.

How will you talk to the mother so that:

- Use the scaling tool to identify the readiness of these clients to use routine dental care.
- How will you communicate with the mother that her child's snacking practice is not good for dental health.
- Using MI technique how will you motivate this family to practice good oral hygiene and how the contents of the goody bag will be helpful.

Scenario #4

Maria is 20 years old and 13 weeks pregnant. She complains that she is very uncomfortable especially after eating and has been vomiting a few times per day. She has been sipping ginger ale and apple juice frequently during the day because she has a dry mouth. She mentions eating

graham crackers many times during the night to help manage the nausea to allow her to sleep. When asked if she has seen a dentist during this pregnancy Maria says no, that she hasn't seen a dentist in five years and that her teeth are more sensitive since she has been pregnant. She is anxious to see a dentist and thinks that the dentist will hurt the baby and her.

How will you talk to this client so that:

- Use the scaling tool to identify the readiness of client to use routine dental care.
- How will you communicate with this client that taking care of teeth are important during pregnancy.
- Using MI technique how will you motivate this client to practice good oral hygiene.


8. Wrap Up-Close and Module Evaluation/Satisfaction Survey (15 min)

- At the end of the module ask the participants: what are the 3-key takeaways of this module.
- Toast the program in all the languages that are spoken by the trainees/participants.
- The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses.
- This session will be evaluated with the satisfaction survey. The facilitator will distribute the Survey to participants and collect the completed surveys (paper form or Survey Monkey) based on learning objectives.



HTHC CDCC Training

MODULE 6 Slides



Effective Communication

Module 6

Office of Dental Health
Alameda County Public Health Department

Learning Objectives

1. Describe the importance of effective communication.
2. Describe ways to establish instant and positive rapport.
3. Identify personality styles and how to use them effectively.
4. Describe the importance and value of Motivational Interview technique for effective communication with patients.
5. Explain how CDCCs will use Motivational Interview technique for clients/patients with oral health needs.

Importance of Effective Communication

Why Effective Communications Skills Are Needed

- Empower you to establish rapport with your clients, teammates, and doctors' offices
- Empower you to guide your clients to positive oral health habits
- Get you desired results to benefit your clients, teammates, and doctor's office




Outcomes of Effective Communication

- Client will make positive oral health & lifestyle changes
- Meet you for the initial dental visit
- Commit to seeing a dentist for treatment
- Show up to the initial and subsequent dental visits
- Follow through on continuing care
- Fill out proper documentation to start referral process

☒ Yes
☐ No

Techniques of Effective Communication

1. Speak clearly with simple message
2. Listen actively but without response
3. Acknowledge (keep in step with the patient)
4. Mirroring/reflection
5. Offer a solution
6. Get feedback from patient
7. Resolve the problem
8. Follow through
9. Establish rapport
10. Motivational Interview



MODULE 6 Slides

Factors for Speaking Clearly

- Speak step by step.
- Use words that are understandable/simple, friendly, and benefits the patient.
- Use softening phrases – they allow you to say what you need to say without offending.
- Use words that exude positive feelings.
- Practice with colleague/supervisor.

Climbing the ladder of communication for more effective communication

Speaks towards promise or commitment:

Can you improve these phrases:

1. I should be on time to meet you tomorrow.
2. Maybe I can make a dentist appointment for you.
3. I really would love to help you.
4. I will try to take care of your kids.
5. I promise to call you six months from now to follow up with your continuing care.

I _____ to marry you



Use words that are understandable, friendly, and benefits the patient.

- Prophylaxis?
- Amalgam?
- Endodontic procedure?

WORDS AND PHRASES CAN MAKE A DIFFERENCE	
The words you choose in expressing yourself can affect other people's understanding and opinion of your personality. All staff should be aware of this and be accurately quoted and described. Write up the following:	
AS THEY...	INSTEAD OF THIS...
Disappoint some	Worry them
Formulate some	Operate
Characterise some	Private with
My actions	My job
Amaze in character	Amaze
Disappointfully	Remind
It is well a patient, not a help you	More caring
Strongly, occasionally	Childish
All extended parties	Not old parties
How do you find about this	How do you find this
At the edge of the lifting	Approach in taking
For	Give to
Second	Cost
Unhappy state	Not unpleasant
Enjoy your month	Enjoy

SOFTENING PHRASES

Following silence "culture" can be taught, teaching us to tell what needs to be said without offending.

1. *Let's meet again, this time, you say. You say the old girl's coming.*
2. *I love Jane, you say, with a smile.*
3. *For my sake, what if you stand it?* (regretting illness in another's viewpoint)
4. *Control me if I'm strong, he says... (told you to control your desire for the drug, but the other person the opportunity to disagree)*
5. *I hope this doesn't offend you.* (I hope you go to bed)
6. *I just see how fast that wall.* (What I meant to say, but I was too late to tell you that you can't see how fast the wall shifts the painter)
7. *Did I promise you, will this... (later agreement or permission)*
8. *You may disagree with this, but...*
9. *Yes, again, indeed, however.*
10. *What do you think?*
How do you feel about this?
What are thoughts on...
11. *Agree with someone, whereas, you can.*
12. *Use, realize, sometimes after.*

Use **softening phrases** — they allow you to say what you need to say without offending.

Others will react to you based on your words, actions, and feelings.

Exude positive feelings!

1. Name five positive feelings you are experiencing now
2. Name five negative feelings you are experiencing now
3. What can you do to change from negative to positive?

[illegible]

What to do	What not to do
Advocate equal relationship	Dominate the discussion
Guide	Prescribe
Evoke intrinsic motivation and confidence	Tell the client why and how to change
Create an equal and acceptable atmosphere	Focus on behavior change at the cost of empathy
Actively listen and encourage change talk	Convince and hand down expertise knowledge/insight

MODULE 6 Slides

Establishing Rapport & Trust

Tips for Establishing Rapport and Trust

- Make eye contact
- Use the person's name over and over
- Smile and a firm handshake
- Stand or sit at the person's eye level
- Speak about common interests
- Focus the conversation on person's needs



Tips for Establishing Rapport and Trust (continued)

- Do something nice without expecting something in return – random act of kindness
- Can you share with us your random act of kindness?



Tips for Establishing Rapport and Trust (continued)

- Put yourself in that person's shoes
- Look at life from the other person's point of view
- To feel what it's like to be pregnant, wear a sympathy pillow



Tips for Establishing Rapport and Trust (continued)

- Speak and act to the other person's benefit
- People don't care how much you know, until you show how much you care



What Would You Say?

You are parked legally in the street (blue BMW), and upon returning to your vehicle, you find a driver idling his minivan, double parked and preventing you from pulling out of the space?



MODULE 6 Slides

What Would You Say?

- ☹️ Move
- ☹️ Please Move
- ☹️ You are blocking my way, please move your car
- ☹️ Move, you #####!
- ☹️ You are illegally double parked and I will call the cops if you don't move!



Speak to the Other Person's Benefit! (WIIFM)

- WIIFM? (What's in it for me?)
- We tend to be selfish and ask others to do what benefits us, but not them
- "Move, Please move, You are blocking me, I will call the cops" are selfish responses and can be insulting or threatening to the other person



What Would You Say? Try this instead

- 😊 Smile
- 😊 Hi, let me move my car so you can have this space
- 😊 Smile



Speaking to Other Person's Benefit

- "Let me move my car so you can have the space" is unselfish and benefits the other person, without threat and insult
- How can the other person say no to this approach?
- Communicate benefits, not facts



But What If The Client/Patient Has An Objection???

What are the FOUR major objections clients'patients use to avoid dental visits?



Four Major Objections to Dental Visits

Money/insurance



Time



Fear



Lack of perceived need (trust)



MODULE 6 Slides

Overcome the Objections!

Example

CDCC: Maria, people usually avoid going to the dentist because of money, lack of time, concern about comfort, or think it is not needed. Do any of that apply to you?

Maria: Yes, I am concerned about (money/lack of time/comfort/necessity)

CDCC: Thank you Maria for sharing that with me. If I can help you overcome your concern

about (money/lack of time/comfort/necessity), then will you feel comfortable to move forward so I can make the appointment for you?

Overcome each objection until patient is comfortable to move forward.

The person who asks the right questions already has the answers

Follow a statement with a question:

- How do you feel about that?
- Is that comfortable for you?
- What questions can I answer for you before we schedule the treatment?



Personality Styles

Looking At Life From The Other Person's Point of View

- Wouldn't it be great to be able to read another person's mind as you are talking to this person?
- You can figure out this person's likes and dislikes, what motivates this person, and what you can say or do to make this person like you, or to have the person do what you want him to do!



Looking At Life From The Other Person's Point of View

You can learn a lot more about the other person's thought processes by learning about your own, and his PERSONALITY TYPE (STYLE)

Psychologists have determined that there are 4 major personality types

Most of us are a blend of 2 or 3 personality types, with one dominant type



Personality Types

- When stressed, we always revert back to our dominant type
- Once you learn the personality types, you can ALTER your style to fit the situation
- You can identify major personality types by subtle clues: dress type, speech pattern, actions, handwriting
- You can easily predict what the person will likely say or to do next



MODULE 6 Slides

Understand & Use Personality Types To:

- Establish instant rapport with a new or existing client?
- Get the client to say "Yes!" to your treatment recommendations?
- Get the client to show up on time for dental appointments?
- Get the client to refer other patients to you?
- Have a happy, cohesive team at your office?
- Have a successful motivational interview?



Director Fast Task Oriented	Director... (Driver) <ul style="list-style-type: none"> Fast, task oriented Likes facts, not opinions Businesslike Likes to be quick and to the point Wants results, decisive Dominating, competitive Get it done at any cost 	Socializer (Party Animal) <ul style="list-style-type: none"> Fast, people person Likes status, fashionable appearance Fast, emotional, spontaneous Likes relationship, self Overcommitted, not punctual Life of the party 	Socializer Fast People Oriented
Thinker Slow Task Oriented	Analytical... (Thinker) <ul style="list-style-type: none"> Slow, task oriented Likes efficiency, organization Systematic, likes details and progress Needs facts and proof Quiet and likes to be alone Accurate but asks for clarification often 	Relator (Moderator) <ul style="list-style-type: none"> Slow, people oriented Cares how others feel Resist change Witty-sassy Informal dress and demeanor Nonconfrontational Follower, not leader 	Relator Slow People Oriented

Driver (Director, Type A)

Name one director you may know!

1	2	3
4	5	6
7	8	9

Director... (Driver)

- Fast, task oriented
- Likes facts, not opinions
- Businesslike
- Likes to be quick and to the point
- Wants results, decisive
- Dominating, competitive
- Get it done at any cost

Socializer (Life of the party)

Name one socializer you may know!

1	2	3
4	5	6
7	8	9

Socializer (Party Animal)

- Fast, people person
- Likes status, fashionable appearance
- Fast, emotional, spontaneous
- Likes relationship, self
- Overcommitted, not punctual
- Life of the party

Analytical (Thinker)

Name one analytical you may know!

1	2	3
4	5	6
7	8	9

Analytical... (Thinker)

- Slow, task oriented
- Likes efficiency, organization
- Systematic, likes details and progress
- Needs facts and proof
- Quiet and likes to be alone
- Accurate but asks for clarification often

Relator (Amiable, Moderator)

Name one relator you may know!

1	2	3
4	5	6
7	8	9

Relator (Moderator)

- Slow, people oriented
- Cares how others feel
- Resist change
- Witty-sassy
- Informal dress and demeanor
- Nonconfrontational
- Follower, not leader

MODULE 6 Slides

Group Exercise!

Get into your team based on your personality style: Director, Socializer, Analytical, Relator

Together with your teammates, draw your logo for your personality group in the next 5 minutes!

LOGO EXERCISE: Please work in a group and draw your dominant personality type's logo. Use of creativity and colors are welcomed!

DIRECTOR SOCIALIZER RELATOR ANALYTICAL

LOGO EXERCISE: Please work in a group and draw your dominant personality type's logo. Use of creativity and colors are welcomed!

DIRECTOR SOCIALIZER RELATOR ANALYTICAL

LOGO EXERCISE: Please work in a group and draw your dominant personality type's logo. Use of creativity and colors are welcomed!

DIRECTOR SOCIALIZER RELATOR ANALYTICAL

LOGO EXERCISE: Please work in a group and draw your dominant personality type's logo. Use of creativity and colors are welcomed!

DIRECTOR SOCIALIZER RELATOR ANALYTICAL

Which personality type are you?

Using Communication Styles for Different Personality Types

How do you speak to a	What would you say to a
1. Director	1. Director
2. Socializer	2. Socializer
3. Analytical	3. Analytical
4. Relator	4. Relator

MODULE 6 Slides

Using Communication Styles (e.g. Director)

How do you speak to a	What would you say to a
1. Director: quickly and to the point	1. Director: We need to appoint your son now
2. Socializer: about benefits of appearance, status	2. Socializer: the cavity looks so horrible on your son, lets get a dentist to fix that
3. Analytical: with facts, figures	3. Analytical: here are the three pamphlets explaining why sealants are effective
4. Relator: emphasize how others will benefit/suffer as a result of action/inaction	4. Relator: I am sure your husband will appreciate having your son free of cavities

Using Communication Styles (e.g. Socializer)

How do you speak to a	What would you say to a
1. Director: quickly and to the point	1. Director: We need to appoint your son now
2. Socializer: about benefits of appearance, status	2. Socializer: the cavity looks so horrible on your son, lets get a dentist to fix that
3. Analytical: with facts, figures	3. Analytical: here are the three pamphlets explaining why sealants are effective
4. Relator: emphasize how others will benefit/suffer as a result of action/inaction	4. Relator: I am sure your husband will appreciate having your son free of cavities

Using Communication Styles (e.g. Analytical)

How do you speak to a	What would you say to a
1. Director: quickly and to the point	1. Director: We need to appoint your son now
2. Socializer: about benefits of appearance, status	2. Socializer: the cavity looks so horrible on your son, lets get a dentist to fix that
3. Analytical: with facts, figures	3. Analytical: here are the three pamphlets explaining why sealants are effective
4. Relator: emphasize how others will benefit/suffer as a result of action/inaction	4. Relator: I am sure your husband will appreciate having your son free of cavities

Using Communication Styles (e.g. Relator)


How do you speak to a	What would you say to a
1. Director: quickly and to the point	1. Director: We need to appoint your son now
2. Socializer: about benefits of appearance, status	2. Socializer: the cavity looks so horrible on your son, lets get a dentist to fix that
3. Analytical: with facts, figures	3. Analytical: here are the three pamphlets explaining why sealants are effective
4. Relator: emphasize how others will benefit/suffer as a result of action/inaction	4. Relator: I am sure your husband will appreciate having your son free of cavities

Motivational Interview

Motivational Interview

Motivational interviewing changes the healthcare worker/consumer interaction from one of advice-giving to active and **reflective listening**.

The goal is to help the person believe in the possibility of change, so they can develop healthy behaviors.



MODULE 6 Slides

Motivational Interviewing Skills

Motivational Interviewing uses four key communication skills that support and strengthen the process of eliciting change talk, also known as OARS:

- Open-ended questions
- Affirming
- Reflective listening
- Summarizing



Ask Open Ended Questions

INSTEAD OF GIVING ADVICE OR INFORMATION, ASK A QUESTION INSTEAD

Ask open ended questions:

- Your teeth staining is more noticeable since the last visit. What do you make of that?
- If you want to eat healthier, what would you change?
- What do you think is a reasonable time frame to stop smoking?

WHAT WOULD YOU ASK A CLIENT WHO SNACKS ON SUGARY FOODS?



Ask Open Ended Questions

More open ended questions:

- How can I help you with ____?
- Help me understand ____?
- How would you like things to be different?
- What are the good things about ____ and what are the less good things about it?
- When would you be most likely to ____?
- What do you think you will lose if you give up ____?
- What have you tried before to make a change?
- What do you want to do next?

What would you ask a client whose child is crying due to dental pain?



Affirmation

"I HEAR YOU AND I APPRECIATE YOU"

- "I appreciate that you are willing to meet with me today."
- You are clearly a very resourceful person.
- You handled yourself really well in that situation.
- That's a good suggestion.
- If I were in your shoes, I don't know if I could have managed nearly so well.
- I've enjoyed talking with you today.

WHAT WOULD YOU SAY TO A TEENAGER WHO SAYS SHE WANTS TO REMOVE HER PIERCINGS



Reflective Listening

BUILDS TRUST AND MOTIVATION

- Repeat or rephrasing
- Paraphrase
- Reflection of feeling
- So you feel...
- It sounds like you...
- You're wondering if...

HOW WOULD YOU REFLECT TO YOUR CLIENT WHO SAYS SHE NEEDS TO GO TO THE DENTIST REGULARLY?



Reflective Listening (continued)

What I hear you say is...

When we repeat what the client has told us in our own words and in the form of a statement rather than a question, we encourage them to continue talking. The most crucial benefit of reflective listening is that it helps to build engagement with the client, particularly when he or she is upset or angry as it can help them to calm down and feel understood.

One of the most **sincere** forms of **respect** is *actually listening* to what **another** has to say.

Byron K. Jones

MODULE 6 Slides

Summarizing

ENSURES CLEAR COMMUNICATION AND PREPARES TOWARDS CHANGE

- Let me see if I understand so far...
- Here is what I've heard. Tell me if I've missed anything.
- If that's accurate, what other points are there to consider?
- Anything you want to add or correct?

HOW WOULD YOU SUMMARIZE TO A PATIENT MOTIVATED TO HAVE BETTER HOME HYGIENE



Summarizing- Elicit change talk

AFTER SUMMARIZING, ELICIT WAYS FOR PATIENT TO CHANGE BEHAVIOR

HOW DO YOU ELICIT CHANGE AFTER A PATIENT HAS AGREED TO FINALLY SEE A DENTIST FOR THE FIRST TIME?

Elicit change talk by asking for hopes and values:

- What are some of the things you wish to move toward in your life?
- When you think about the future, what are some things you would like to have in it?
- When you were a child, what did you dream about doing with your life? How about now?
- If we were to be successful in our work together, what would that look like?



Assess the Readiness of Families to Seek Dental Care

Tailor the Discussion Based on Readiness

Not Ready 0-3	Unsure 4-6	Ready 7-10
<ul style="list-style-type: none"> Raise Awareness Elicit Change Talk Advise and Encourage 	<ul style="list-style-type: none"> Evaluate Ambivalence Elicit Change Talk Build Readiness 	<ul style="list-style-type: none"> Strengthen Commitment Elicit Change Talk negotiate a Plan

Use the Scale in Change Talk/Motivating Clients

CDCC will assess the scale: 0 to 10

- If client's scale is 7-10: make appointment immediately
- If client's scale is 0-6: ask the client more questions to understand their reluctance about going to the dentist

Motivational Interview on Smoking Cessation YouTube Video



Role of CDCC

- Use effective communication skills/methods to build rapport with clients or their families.
- Identify the personality styles of clients or their families for better outcome of the communication.
- Use the 4 skills of MI whenever CDCCs talk to any clients or their families.
- Use the scaling tool to identify clients who may be easier to motivate to use routine dental care

MODULE 6 Slides

Small Group Activity - Role Play #1 (30 min)

Points to consider when conducting motivational interview:

- Open-ended questions
- Affirming
- Reflective listening
- Summarizing

You are tabling at a health fair (or a WIC site). You are meeting families who say they have children but they have never seen a dentist. The mother thinks the children don't have any problems and mother doesn't know where the dentist locations are.

- How will you talk to the mother so that
 - Use the scaling tool to identify the readiness of clients to use routine dental care
- Based on the readiness, how will you communicate with client to make positive oral health and lifestyle changes
- Meet you for the initial dental visit
- Commit to seeing a dentist

Small Group Activity - Role Play #2 (30 min)

Points to consider when conducting motivational interview:

- Open-ended questions
- Affirming
- Reflective listening
- Summarizing

You meet a mother who has 12 year and 18 year old sons. Mother tells you her 12 year old son had extensive dental work when he was little and they fear going to the dentist. Her family members brush their teeth once a day with baking soda. The 18-year old says his teeth are perfect. On visual assessment you see extensive discoloration, cavities, etc.

- How will you talk to the mother so that
 - Use the scaling tool to identify the readiness of clients to use routine dental care
- How will you motivate that current daily oral hygiene is not enough for good oral health
- Using MI technique how will you motivate this family to go back to seek dental care again

Small Group Activity - Role Play #3 (30 min)

Points to consider when conducting motivational interview:

- Open-ended questions
- Affirming
- Reflective listening
- Summarizing

Mother with child at health fair. Child is holding a lollipop on one hand while the mother is sharing her soda with him. They are very interested in the goody bags you have.

- How will you talk to the mother so that
 - Use the scaling tool to identify the readiness of clients to use routine dental care
- How will you communicate with the mother that her child's snacking practice is not good for dental health
- Using MI technique how will you motivate this family to practice good oral hygiene and how the contents of the goody bag will be helpful

Small Group Activity - Role Play #4 (30 min)

Points to consider when conducting motivational interview:

- Open-ended questions
- Affirming
- Reflective listening
- Summarizing

Maria is 20 years old and 13 weeks pregnant. She complains that she is very uncomfortable especially after eating and has been vomiting a few times per day. She has been sipping ginger ale and apple juice frequently during the day because she has a dry mouth. She mentions eating graham crackers many times during the night to help manage the nausea to allow her to sleep. When asked if she has seen a dentist during this pregnancy Maria says no, that she hasn't seen a dentist in five years and that her teeth are more sensitive since she has been pregnant. She is anxious to see a dentist and thinks that the dentist will hurt the baby and her.

- How will you talk to this client so that
 - Use the scaling tool to identify the readiness of client to use routine dental care
- How will you communicate with this client that taking care of teeth are important during pregnancy
- Using MI technique how will you motivate this client to practice good oral hygiene

3 Key Takeaways

1. Effective communications is essential for dental care coordination
2. Establishing rapport and trust is essential in good communication
3. Understanding personality styles and using motivational interview techniques can be used to have effective communication with clients



DON'T FORGET THE EVALUATION!



MODULE 7

HIPAA, PHI, Privacy, Confidentiality and Security

Duration: 2 hours 30 minutes

OVERVIEW

This module will discuss the privacy and confidentiality issues that need to be observed and maintained when working with client's/patients/Medi-Cal Dental Program beneficiaries. This includes discussion of the roles and responsibilities and the code of conduct of the Community Dental Care Coordinators (CDCC) and their respective agencies. This module will review Protected Health Information (PHI) and Health Insurance Portability and Accountability Act (HIPAA). This module will discuss the regulatory implications of not maintaining PHI or following HIPAA. This module will review how to avoid, detect, correct, and report HIPAA related issues.

LEARNING OBJECTIVES

At the end of this session, the participants will be able to:

1. Describe HIPAA and PHI.
2. Describe how to comply with HIPAA requirements.
3. Describe how to avoid, detect, and report breach of HIPAA.
4. Describe the roles and responsibilities and code of conduct of community dental care coordinators and their respective agencies.

TRAINER

Consultant, HTHC Project Director, HTHC Care Coordination Manager

MATERIALS

Common Item for All Modules	
Room for in-person training	Needed
Setting – chairs & tables	Needed
PowerPoint presentation	Needed
Laptop, cord	Needed
Projector, cord, pointer, projector screen	Needed
Flip charts, pens, markers, writing pads, post its	Needed
Video	Optional
Specific Item for This Module	
None	

RESOURCES-HANDOUTS

Common Item for All Modules	
Registration/Sign-in sheet (only for organizers)	Needed
Training packet/binder	Needed
Agenda for the day	Needed
Copy of PowerPoint presentation - total 33 slides <ul style="list-style-type: none"> o HIPAA, privacy, confidentiality - 19 slides o Roles of CDCCs - 10 slides o Other - 4 slides 	Needed
Project flyers, brochure, poster, booklet (English, Spanish, Chinese)	Needed
Dental kits (tooth brush, tooth paste, floss, goal setting tool)	Needed
Module evaluation-satisfaction survey – paper form or survey monkey	Needed
Specific Item for This Module	
None	

AGENDA

	Time (2 hr 30 min)	Activity/Topic
1.	15 min	Welcome, Housekeeping, & Introductions
2.	5 min	Icebreaker
3.	45 min	HIPAA: General Rules-Regulations 30 min lecture 15 min Q&A
4.	45 min	Roles & Responsibilities of CDCCs 30 min lecture 15 min Q&A
5.	30 min	Small Group Activity
6.	10 min	Wrap up/Close & Evaluation of Module 5 min close; 5 min evaluation; 5 min extra time

Registration, breaks, lunch: these times will be decided by trainer and organizer.

DESCRIPTION OF SESSION ACTIVITIES

1. Welcome, Housekeeping, and Introductions (15 min)

- This section should be used to set the mood and expectations for the training/course. The goal is to spark a commitment from each participant to work towards improving the dental health of children in Alameda County.
- This is the time the trainees will meet their peer dental care coordinators, and staff from organizing agency.
- The facilitator will introduce him/herself, provide an overview of the session and overall training day; give a brief summary of the learning objectives of the session.

- Share housekeeping information i.e. where the restrooms are located, when the break times are, turning off cell phones, inform the participants if/when food/drinks/refreshments may be available.
- Introduce the project/organizing staff (facilitator, notetaker) and trainer/s to the trainees.
- This is the time for the trainees to get to know the relevant Alameda County/project staff.
- The facilitator should ask the participants to introduce themselves (name, organization, role in project. Keep it brief.
- Ask if every participant has signed-in, if everyone has all the handouts for this module.
- Encourage the participants to ask questions during anytime in the training.
- Everyone should use the break times to ask any questions on a one-on-one basis.

2. Icebreaker (5 min)

Trainer can choose icebreaker.

3. Presentation #1: HIPAA - General Rules & Regulations (45 min)

- This presentation will use PowerPoints; 1-3 minute per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective # 1, 2 & 3:
 - Describe HIPAA and PHI.
 - Describe how to comply with HIPAA requirements.
 - Describe how to avoid, detect, and report breach of HIPAA.

4. Presentation #2: Roles & Responsibilities of CDCCs (45 min)

- This presentation will use PowerPoints; 1-3 minute per slide, some slides may take more or less time. The 'scenario' slides will take at least 5 minutes per slide.
- This presentation will provide information related to learning objective # 4:
 - Describe the roles and responsibilities and code of conduct of community dental care coordinators and their respective agencies.

5. Small Group Activity (30 min)

Small Group Discussion (20 minutes)

Group size: 5 groups, 5 participants in each group

Question to ask each other:

- a) In addition to the scenarios presented on the PowerPoints what other scenarios related to today's topic have you ever experienced and how did you deal with it?
- b) Based on today's training, what will the HTHC CDCCs do similarly and differently for their clients?

Report back by each group (7 min, 1 min/group)

Each group says what they will do for their HTHC clients.

Question and Answer/Conclude (3 minutes)

6. Wrap Up-Close and Module Evaluation/Satisfaction Survey (10 min)

- At the end of the module ask the participants: what are the 3-key takeaways of this module.
- Toast the program in all the languages that are spoken by the trainees/participants.
- The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses.
- This session will be evaluated with the satisfaction survey. The facilitator will distribute the Survey to participants and collect the completed surveys (paper form or Survey Monkey) based on learning objectives.



HTHC Outreach materials

MODULE 7 Slides



HIPAA, PHI Privacy, Confidentiality, Security Module 7

Office of Dental Health
Alameda County Public Health Department

Learning Objectives

1. Describe HIPAA and PHI.
2. Describe how to comply with HIPAA requirements.
3. Describe how to avoid, detect, and report breach of HIPAA.
4. Describe the roles and responsibilities and code of conduct of community dental care coordinators and their respective agencies.


Why Care about Privacy, Confidentiality ?

Ethical reasons

Regulatory reasons:

- Federal
- State
- County
- Parent agency

HIPAA: Health Insurance Portability and Accountability Act



Federal law, 1996

To improve efficiency & effectiveness of health care system
<https://www.hhs.gov/hipaa/for-professionals/index.html>

HIPAA Rules

- Privacy Rule
- Security Rule
- Enforcement Rule
- Omnibus rule
 - HITECH Act
 - Breach Notification Rule

HIPAA Privacy Rule

The HIPAA Privacy Rule establishes national standards to protect individuals' medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The Rule also gives patients rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.

MODULE 7 Slides

HIPAA Security Rule

The HIPAA Security Rule establishes national standards to protect individuals' electronic personal health information that is created, received, used, or maintained by a covered entity. The Security Rule requires appropriate administrative, physical and technical safeguards to ensure the confidentiality, integrity, and security of electronic protected health information.

HIPAA Enforcement Rule

- ✓ Contains provisions relating to compliance and investigations, the imposition of civil money penalties for violations of the HIPAA Administrative Simplification Rules, and procedures for hearings.
- ✓ The HIPAA Enforcement Rule is codified at 45 CFR Part 160, Subparts C, D, and E.

Breach Notification Rule

A breach is, generally, an impermissible use or disclosure under the Privacy Rule that compromises the security or privacy of the protected health information. An impermissible use or disclosure of protected health information is presumed to be a breach unless the covered entity or business associate, as applicable, demonstrates that there is a low probability that the protected health information has been compromised based on a risk assessment of at least the following factors:

- The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
- The unauthorized person who used the protected health information or to whom the disclosure was made;
- Whether the protected health information was actually acquired or viewed; and
- The extent to which the risk to the protected health information has been mitigated.

HIPAA and Care Coordination

HIPAA Privacy Rule could be modified to promote coordinated, value-based health care.

Information-sharing for treatment & care coordination.

Facilitating parental involvement in care.

Addressing the opioid crisis and serious mental illness.

Accounting for disclosures of PHI for treatment, payment, and health care operations as required by the HITECH Act.

Regulations: Federal, California, Alameda County

- Federal: HIPAA
- CA: which ones comply with HIPAA?
- Alameda: which ones comply with CA laws?
which ones comply with HIPAA?

Consequences of Non Compliance

Could result in civil and criminal liability, sanctions, fines, penalties, disciplinary action.



MODULE 7 Slides

Protected Health Information (PHI)

- Information that can be used to identify an individual
- Past, present, or future physical or mental health condition (dental for this project/program)
- Personal identifiers

PHI Examples

- Names
- Geographic info: street address, city, county, zip codes
- Birth date, admission/discharge date, date of death
- Telephone numbers, e-mail addresses
- Social Security numbers
- Medical record numbers

Where is PHI located?

Electronic format

- Information systems: e.g. electronic medical records (EMRs), CCMS for this project
- Internet and intranet
- E-mail, financial and billing records, prescriptions
- Computer screens
- Laptops and desktop hard drives
- Electronic devices (phones, iPads, USB drives) - texts

Paper format

- Client charts, forms and prescription labels, faxes, notes

Oral format

- In person, on the phone, voicemail

HIPAA Compliance Plan

- Organization level: written procedures, policies, standards of conduct - comply with all applicable federal, state, local and organizational regulations;
- Training and education of employees;
- Effective lines of communication between the Privacy Officer(s) and employees;
- Monitoring & auditing – internal.

Monitoring

- Risk assessments & correction
- Oversight activities
- Investigations/audits
- Plan of correction
- Due diligence

Administrative Safeguards

Restricted Access to PHI. Only employees who need to know.

- employee will sign a Privacy/Security Acknowledgment form before accessing any PHI (electronic, paper, etc.).
- If employee leaves job, terminate his/her access.
- Managers/supervisors need to review and approve regularly who has access or who does not

MODULE 7 Slides

Physical Safeguards: Secure Workplace Habits Protect PHI

- Lock up or cover PHI documents when you are out of the office or away from your desk to prevent unauthorized viewing.
- You must have your supervisor's permission to copy, email or transport PHI.
- Recycle/trash PHI documents in locked/secure receptacle! Or Use cross-cut shredder or dispose.
- Emails with PHI must be encrypted – send and receive.
- Faxes with PHI must be done through secure fax numbers. Fax machine must be in secluded/secure location.
- When CDCCs work in the field, any documents with PHI should be in a lock box.

Rules for Releasing PHI

Clients have the right to have their PHI protected.

That's why we follow these procedures:

- Release only the minimum amount necessary
- Release only to individuals who have a right to access that information
- a HIPAA authorization form must be completed, and must verify the identity and authority of the individual who requests the information
- We cannot give out information over the phone to the client or their Personal Representative unless we are certain the client has allowed it – Check for restrictions

Your "Due Diligence"...

- The effort made by an ordinarily prudent or reasonable party to avoid harm to another, taking the circumstances into account.
- refers to the level of judgment, care, prudence, determination, and activity that a person would reasonably be expected to do under similar circumstances.

Roles & Responsibilities of CDCCs

- Be informed about the regulations.
- Maintain patient confidentiality and privacy.
- Protect records and documents: covered, locked.
- Communicating with clients: phone, text, email (encrypted), fax.
- Since CDCCs will always carry PHI, so they have to be extra cautious about maintaining the confidentiality of client's PHI.
- If there is any breach, CDCCs should immediately report it to their Supervisor and/or Privacy officer of their respective organization.



MODULE 7 Slides

Who to Report to in case of breach of HIPAA?

Supervisor/other management staff in the chain-of-command

Your agency's designated "Privacy Officer"

e.g.
Alameda County Public Health Department
Anaa Reese at (510) 208-5909

Brainstorm

Scenario 1:

A CDCC left his/her work iPad/laptop and papers in the car outside his/her home. Last night, the car was broken into and device stolen

- what should s/he have done?
- what should s/he do now?

Scenario 2

One CDCC is having trouble communicating with a client. The client is more comfortable speaking in a language that the CDCC does not speak. They ask another CDCC to help them communicate with the family.

- Can the second CDCC go into the database and look up contact information for the family?
- What is the role of the initial CDCC?

Scenario 3

CDCC and dental providers may send client information to each other with secure fax. This information contains the client's name, age, parent's contact info, CDCC or a dental office staff gets a call from an individual who reports that they received a confidential fax in error.

- What should CDCC do?

Scenario 4

A CDCC sends unencrypted emails containing PHI to private dental office because they don't have encrypted emails in their office... what should be the CDCC done?

Scenario 5

A CDCC leaves their tablet/computer and work satchel with papers on BART. S/he remembers after getting outside the station.


- what should s/he do?



MODULE 7 Slides

Scenario 6

A client is seen by a new CDCC.
The CDCC does not have their own login yet.
Should the supervisor share their own User Name & Password so the new CDCC can access the client's electronic records?



Key Takeaways

- ✓ Privacy & confidentiality: maintain for both clients & colleagues
- ✓ Maintenance: individual, team, organizational effort
- ✓ Compliance of regulations: federal, state, county, agency level
- ✓ Reporting: immediately
- ✓ Consequences: lawsuits



thank you!

DON'T FORGET THE EVALUATION!

MODULE 8

Principles of Dental Care Coordination

Duration: 3 hours

OVERVIEW

This module will discuss the principles and applied theories related to dental care coordination. This module will also discuss the roles and responsibilities of the community dental care coordinators and their respective agencies to reach Medi-Cal beneficiaries (e.g. families with children aged 0-20 years) through outreach/inreach/referral, scheduling appointments, accompanying clients to appointments, follow-up, etc.

LEARNING OBJECTIVES

At the end of this session, the participants will be able to:

1. Describe the various definitions of dental care coordination.
2. Describe the 8 steps of dental care coordination.
3. Describe the barriers to dental care coordination.

TRAINER

HTHC Project Director, HTHC Care Coordination Manager, Dental Health Administrator

MATERIALS

Common Item for All Modules	
Room for in-person training	Needed
Setting – chairs & tables	Needed
PowerPoint presentation	Needed
Laptop, cord	Needed
Projector, cord, pointer, projector screen	Needed
Flip charts, pens, markers, writing pads, post its	Needed
Video	Optional
Specific Item for This Module	
None	

RESOURCES-HANDOUTS

Common Item for All Modules	
Registration/Sign-in sheet (only for organizers)	Needed
Training packet/binder	Needed
Agenda for the day	Needed
Copy of PowerPoint presentation - total 33 slides <ul style="list-style-type: none"> o Dental care coordination - 20 slides o Barriers to dental care coordination - 7 slides o Other - 4 slides o Small group activity - 2 slides 	Needed
Project flyers, brochure, poster, booklet (English, Spanish, Chinese)	Needed
Dental kits (tooth brush, tooth paste, floss, goal setting tool)	Needed
Module evaluation-satisfaction survey – paper form or survey monkey	Needed
Specific Item for This Module	
Dental Care Coordination Tools/Forms <ul style="list-style-type: none"> Form 1 Outreach/inreach planning tool Form 2 Outreach/inreach parent sign-in sheet Form 3 Anticipatory guidance Form 4 Goal setting – oral/dental health behavior Form 5 Client consent form: English + 7 languages Form 6 Care planning tool Form 7 Periodicity table Form 8 Urgency of care Form 9 Oral health/caries risk assessment Form 10 Barriers to dental care (optional) Form 11 Social determinants of health (optional) Form 12 Dental Encounter Form: English + 7 languages Form 13 Client data collection form Form 14 CDCC monthly report 	Needed

AGENDA

	Time (3 hr)	Activity/Topic
1.	10 min	Welcome, Housekeeping, & Introductions
2.	5 min	Icebreaker
3.	60 min	Dental Care Coordination – Definitions & 8 Steps 45 min lecture 15 min Q&A
4.	30 min	Small Group Activity #1: Outreach/Inreach
5.	30 min	Barriers to Dental Care Coordination 20 min lecture 10 min Q&A
6.	30 min	Small Group Activity #2: Barriers
7.	15 min	Wrap up-Close & Evaluation of Module 5 min close; 5 min evaluation; 5 min extra time

Registration, breaks, lunch: these times will be decided by trainer and organizer.

DESCRIPTION OF SESSION ACTIVITIES

1. Welcome, Housekeeping, and Introductions (10 min)

- This section should be used to set the mood and expectations for the training/course. The goal is to spark a commitment from each participant to work towards improving the dental health of children in Alameda County.
- This is the time the trainees will meet their peer dental care coordinators, and staff from organizing agency.
- The facilitator will introduce him/herself, provide an overview of the session and overall training day; give a brief summary of the learning objectives of the session.
- Share housekeeping information i.e. where the restrooms are located, when the break times are, turning off cell phones, inform the participants if/when food/drinks/refreshments may be available.
- Introduce the project/organizing staff (facilitator, notetaker) and trainer/s to the trainees.
- This is the time for the trainees to get to know the relevant Alameda County/project staff.
- The facilitator should ask the participants to introduce themselves (name, organization, role in project. Keep it brief.
- Ask if every participant has signed-in, if everyone has all the handouts for this module.
- Encourage the participants to ask questions during anytime in the training.
- Everyone should use the break times to ask any questions on a one-on-one basis.

2. Icebreaker (5 min)

Trainer can choose icebreaker.

3. Presentation #1: Dental Care Coordination – Definitions and 8 Steps (60 min)

- This presentation will use PowerPoints; 1-3 minute per slide, some slides may take more or less time. Some of the topics are repeated from Module 1.
- This presentation will provide information related to learning objective # 1 & 2:
 - Describe the various definitions of dental care coordination.
 - Describe the 8 steps of dental care coordination.
- This module will discuss the roles and responsibilities of the dental care coordinators and their respective agencies.
- This presentation will review the key job responsibilities of a Community Dental Care Coordinator:
 - ✓ Conduct outreach and in-reach to find families with children who are on Medi-Cal or Medi-Cal eligible.
 - ✓ Educate families about oral health.
 - ✓ Educate families about using Medi-Cal dental services.
 - ✓ Assist families with dental appointments e.g.
 - scheduling and showing up
 - accompany clients to 1st appointments
 - conduct follow-up calls
 - ✓ Establish and maintain a good working relationship with dental providers and dental provider office staff.

- ✓ Collect and enter data in the HTHC online database.
 - ✓ Attend project trainings-meetings as scheduled.
- This presentation will discuss the definitions of dental care coordination, its core values, and the steps involved.

Definition of Dental Care Coordination

Dental Care Coordination is a family-centered, assessment-driven, and team-based activity designed to meet the needs of families (with children-youth) while enhancing the family's ability to navigate the health and social service system, and access dental health and other services and resources.

Core Values of Dental Care Coordination

- Early intervention: Dental Care Coordination is based on the fundamental principle that appropriate early intervention for preventive services can increase a child's potential throughout his or her life.
- Family centered: Empowers the family by enhancing family strength for self-advocacy. Every family and child has strengths. Care Coordinators will highlight the areas where a family is already doing well and help them build on their successes. Focuses on children's safety and needs within the context of their families and communities.
- Flexible: The Community Dental Care Coordinators need to be flexible to accommodate the family's needs.
- Relationship based: Community Dental Care Coordinators develop relationships with families and providers by working collaboratively and respectfully together.
- Warm hand-off: Community Dental Care Coordinators will ensure that families are introduced to dental office staff in such a way that a dental home is established for the families (which might include accompanying the client to the dental office).

8 Steps of Dental Care Coordination

1. Initial contact – connection with clients via outreach, inreach, referral, etc.
2. Enrollment of client in program (i.e. sign consent form)
3. Set up appointment with dental offices
4. Remind client about appointment
5. Accompany client to 1st dental appointment
6. Follow-up after dental appointment – with dental office and client
7. Continuity of care – make preventive care appointment 6 months to 1 year later
8. Visit dental offices at least twice a month to build relationship with dental office staff and collect data.

Other Definitions

Community Health Worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social

services and the community to facilitate access to services and improve the quality and cultural competence of service delivery (American Public Health Association, 2020).

Case Management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes. The role of the case manager is broader than health care (Case Management Society of America, 2020).

Patient Navigator is a person who helps guide a patient through the healthcare system (National Cancer Institute, 2020).

Care Coordination involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care (Agency for Health Research & Quality, 2018).

4. Small Group Activity #1: Outreach/Inreach/Referral (30 min)

Small Group Discussion (15 minutes)

Group size: 5 groups, 5 participants in each group. Half the participants will focus on outreach and half the participants will focus on inreach.

Question to ask each other:

- What type of outreach/inreach/referral have you ever done? What was that method/process like? How is that similar or different from HTHC outreach-inreach method/process. (Think of a particularly good experience).
- What do you consider to be good outreach/good inreach?
- Based on today's training, what will the dental care coordinators do similarly and differently for their clients?
- Do you have any concerns about conducting outreach/inreach/referral?

Report back by each group (10 min, 2 min/group)

- Each group says what they will do for their HTHC clients.

Question and Answer/Conclude (5 minutes)

5. Presentation #2: Barriers to Dental Care Coordination (30 min)

- This presentation will use PowerPoints; 1-3 minute per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective #3:
 - Describe the barriers to dental care coordination.
- This module will discuss the roles and responsibilities of the dental care coordinators and their respective agencies in addressing the barriers to dental care and social determinants of health.

6. Small group activity #2: Barriers to Dental Care Coordination (30 min)

Small Group Discussion (15 minutes)

Group size: 5 groups, 5 participants in each group

Question to ask each other:

1. Review the two barrier tools.
2. Consider the following questions related to the barriers in the barrier tools:
 - How are these a barrier to dental care?
 - How does this barrier/s affect the dental health of your community?
 - Do these barriers disproportionately impact a specific population in Alameda County?

Report back by each group (10 min, 2 min/group)

Each group says what they will do for their HTHC clients.

Question and Answer/Conclude (5 minutes)


7. Wrap Up-Close and Module Evaluation/Satisfaction Survey (15 min)

- At the end of the module ask the participants: what are the 3-key takeaways of this module.
- Toast the program in all the languages that are spoken by the trainees/participants.
- The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses.
- This session will be evaluated with the satisfaction survey. The facilitator will distribute the Survey to participants and collect the completed surveys (paper form or Survey Monkey) based on learning objectives.



HTHC CDCC Training

MODULE 8 Slides


Principles of Dental Care Coordination
Module 8


 Office of Dental Health
 Alameda County Public Health Department

Learning Objectives

1. To describe the various definitions of dental care coordination.
2. To describe the 8 steps of dental care coordination.
3. To describe the barriers to dental care coordination.

Group Agreement

- Respect for all – colleagues and clients
- Non-judgmental
- Step up, step back
- Confidentiality
- Patience
- Listen
- Be kind
- Self care




CULTURAL Sensibility = polite/accepting
 Ask Respectful Questions
 Halt Your Assumptions of Others
 Seek Understanding first judgement
 Be Kinder than Necessary
 Celebrate Differences

Importance of Dental Care Coordination in Dental Public Health

- Find families who are hard to reach and don't have access to dental care
- Find families who are in a medical system but has never accessed dental care
- Address the lack of information and/or understanding of need for good dental health
 - Give oral health education
 - Provide information on the insurance/cost/affordability to access dental care
 - Link families to dental offices for care
- Help families to navigate the complicated dental care system (take to care coordination)
- Address barriers related to access to dental care (take to care coordination)
 - Remove/reduce language/cultural barriers

Definition of Dental Care Coordination

Dental Care Coordination is a family-centered, assessment-driven, team-based activity designed to meet the needs of families with children/youth while enhancing the family's ability to navigate the health and social service system, and access dental health services and resources. *Office of Dental Health*

MODULE 8 Slides

Other Definitions

Community Health Worker: is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. *American Public Health Association*

Case Management: A collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes. The role of the case manager is broader than health care. *Case Management Society of America*

Patient Navigator: A person who helps guide a patient through the healthcare system. *National Cancer Institute*

Care Coordination: Care coordination involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care. *Agency for Health Research & Quality*

Core Values of Dental Care Coordination

- **Early intervention:** Dental Care Coordination is based on the fundamental principle that appropriate early intervention for preventive services can increase a child's potential throughout his or her life.
- **Family centered:** Empowers the family by enhancing family strength for self advocacy. Every family and child has strengths. Care Coordinators will highlight the areas where a family is already doing well, and help them build on their successes. Focuses on children's safety and needs within the context of their families and communities.
- **Flexible:** The Care Coordinators need to be flexible to accommodate the family's needs.
- **Relationship based:** Care Coordinators develop relationships with families and providers by working collaboratively and respectfully together.
- **Warm hand-off:** Care coordinators will ensure that families are introduced to dental office staff in such a way that a dental home is established for the families (which might include accompanying the client to the dental office).

8 Steps of Dental Care Coordination

1. Initial contact – connection with clients via **outreach, inreach, referral, etc.**
2. Enrollment of client in program (i.e. sign consent form, needs assessment)
3. Set up appointment with dental offices
4. Remind client about appointment
5. Accompany client to 1st dental appointment
6. Follow-up after dental appointment – with dental office and client
7. Continuity of care – make preventive care appointment 6 months to 1 year later
8. Visit dental offices at least twice a month to build relationship with dental office staff

Data collection and data entry is required in all steps.



Definition of Outreach & Inreach

Outreach is the activity of providing services to any population who live in the community and do not access services from the CDCC's organization. *Office of Dental Health*

Inreach is the activity of providing services to any population who receive services from the CDCC's organization but may not be using all the available services. *Office of Dental Health*

Understanding the Inreach Population

- ✓ Families already receiving some services in health center's/clinic's system/public health programs
- ✓ Families already a little bit familiar about the medical care system. They are already motivated to take care of their health. So, it will be easier to convince them.
- ✓ Interaction – first time may be virtual

Inreach is a new concept and access to care can be increased through inreach.

MODULE 8 Slides

Outreach vs. Inreach		
	Outreach	Inreach
Location	always outside organization	always within organization
Client interaction	Always in-person	In-person + virtual
Client contact information	not available before outreach	available before inreach
Time needed	time consuming	less time consuming
Effort needed to motivate people	Takes more time to convince people to accept new services	Easy to motivate to receive new services
Planning	requires comprehensive planning	Requires less planning
Community Partnerships	More effective in reaching large numbers of people	Not needed
Travel time	Has to be included	Not needed
Permission to contact	Usually not needed	Needed from respective internal departments

Outreach & Inreach: Common Considerations	
Teamwork, group agreement	✓
Relationships – clients, colleagues, dental office staff	✓
Collaborations – colleagues, community	✓
Cultural sensitivity/humility	✓
Trust	✓
Flexibility & patience	✓
Privacy, Confidentiality, HIPAA	✓
Safety: yours, client's	✓
Know the communities: unique needs, preferences	✓
Know the settings	✓
Plan, prepare	✓
Data & evaluation	✓

Planning for Outreach and Inreach
<p>Identify target population: race/ethnicity, language, etc.</p> <p>Identify target location: zipcode, low income area, low access to providers, etc.</p> <p>Identify target place: faith based organization, health fair, WIC, housing facilities, etc.</p> <p>Identify target type: group, individual, or both</p> <p>Identify type of interaction: in-person, powerpoint presentation, flyers, etc.</p> <p>Identify tools/resources needed: tracking forms (group, individual), assessment form, consent form, dental care kit, flyers/brochures/booklets</p> <p>Identify and practice common language (i.e. talking points/elevator speech) around: organization, HTHC, consent, data, etc.</p> <p>Identify team members/partners/contact persons</p> <p>Review organizational field safety protocols</p> <p>Maintain client privacy and confidentiality</p> <p>Coordinate/discuss with respective supervisors</p>

Where to do Outreach and Inreach: activity
<ul style="list-style-type: none"> Ask the participants to brainstorm You have 10 minutes to come up with as many ideas as possible

Where to do Outreach and Inreach: answer	
Outreach	Inreach (within CDCC's organization)
Health fairs	Different departments within organization
Housing complexes	Different departments within FQHCs (pediatrics, internal medicine, gynecology, behavioral, ER, etc.)
WIC sites	
School districts	
Schools	

Services Provided in Outreach and Inreach
<ul style="list-style-type: none"> Provide oral health education Provide information on the insurance/cost/affordability to access dental care Provide information about available dental health services Provide information about other resources available to families from Alameda County/Respective Organization Link families to dental offices for care Provide incentives e.g. dental care kits

MODULE 8 Slides

For Effective Outcome – What to Do

- Use effective communication skills such as Motivational Interviewing techniques
- Collect data
- Evaluate activity

Small Group Activity: Understanding the Population (15 min)

1. Break into pairs and answer the questions (5 min).
 - who are you trying to reach?
 - cultural background, language spoken
 - dental health knowledge/needs
2. Come back as a group.
3. Debrief/share some ideas (10 min, 5 min each for outreach and inreach).
4. Half the participants will focus on outreach and half will focus on inreach populations.

General Dental Office Roles



Tools for CDCCs

Dental Care Coordinator	Tools
Initial contact	F1 Outreach/inreach planning tool (group, individual) F2 Outreach/inreach parent sign-in sheet F3 Anticipatory guidance F4 Goal setting – oral/dental health behavior
Enrollment in program	F5 Consent form F6 Care planning tool F7 Periodicity table F8 Urgency of care F9 Caries risk assessment F10 Checklist for barriers to dental care (optional) F11 Social determinants of health needs (optional)
Set up dental appointment	F12 Dental Encounter form
Reporting tools	F13 Client data collection form F14 CDCC monthly report

Small Group Activity #1

Dental Care Coordination - Outreach/Inreach (30 min)

Small Group Discussion (15 minutes)

Group size:

- 3 groups, 5 participants in each group. Half the participants will focus on outreach and half the participants will focus on inreach.

Question to ask each other:

- What type of outreach/inreach have you ever done? What was that method/process like? How is that similar or different from HTHC outreach-inreach method/process. (Think of a particularly good experience).
- What do you consider to be good outreach?
- Based on today's training, what will the dental care coordinators do similarly and differently for their clients?
- Do you have any concerns about conducting outreach/inreach?

Report back by each group (10 min, 2 min/group)

Each group says what they will do for their HTHC clients

Q&A/Conclude (5 minutes)

Barriers to Dental Care Coordination

MODULE 8 Slides

Primary and Secondary Roles for CDCCs

Primary role:

Initiate early intervention for dental care i.e. care coordination.
CDCCs will help establish dental home for families.

Secondary role:

Assist families to remove barriers to care by connecting them with available resources (so that they can access dental services).

Examples of Challenges and Barriers

- Navigating multiple systems
 - Health insurance - covers dental
 - Dental service locations
- Low dental health literacy - provide health education/simple printed resources
- Cultural beliefs - provide health education/simple printed resources
- Language barriers - interpreter/translation services/resources
- Lack of transportation - Medi-Cal vouchers
- Other health/behavioral conditions -
- Social determinants of health and well-being
 - Economic hardship - multiple jobs (lack of time for caregiver to go to a dentist)
 - Unstable housing - families are transient
- Safety/community violence

PSD
Assessment Tool for Barriers to Dental Care
CDCCs will use the following questions to the client:

Question	Yes	No
1. Do you have a dental home?		
2. Do you have a dentist?		
3. Do you have a place to go for dental care?		
4. Do you have a way to get to the dentist?		
5. Do you have a way to pay for dental care?		
6. Do you have a way to understand what the dentist says?		
7. Do you have a way to understand what the dentist says?		
8. Do you have a way to understand what the dentist says?		
9. Do you have a way to understand what the dentist says?		
10. Do you have a way to understand what the dentist says?		
11. Do you have a way to understand what the dentist says?		
12. Do you have a way to understand what the dentist says?		
13. Do you have a way to understand what the dentist says?		
14. Do you have a way to understand what the dentist says?		
15. Do you have a way to understand what the dentist says?		
16. Do you have a way to understand what the dentist says?		
17. Do you have a way to understand what the dentist says?		
18. Do you have a way to understand what the dentist says?		
19. Do you have a way to understand what the dentist says?		
20. Do you have a way to understand what the dentist says?		

PSD
Assessment Tool for Social Determinants of Health

Question	Yes	No
1. Do you have a stable home?		
2. Do you have a way to pay for housing?		
3. Do you have a way to pay for housing?		
4. Do you have a way to pay for housing?		
5. Do you have a way to pay for housing?		
6. Do you have a way to pay for housing?		
7. Do you have a way to pay for housing?		
8. Do you have a way to pay for housing?		
9. Do you have a way to pay for housing?		
10. Do you have a way to pay for housing?		
11. Do you have a way to pay for housing?		
12. Do you have a way to pay for housing?		
13. Do you have a way to pay for housing?		
14. Do you have a way to pay for housing?		
15. Do you have a way to pay for housing?		
16. Do you have a way to pay for housing?		
17. Do you have a way to pay for housing?		
18. Do you have a way to pay for housing?		
19. Do you have a way to pay for housing?		
20. Do you have a way to pay for housing?		

Alameda County Resources (selected)

Alameda County Office of Dental Health

<https://dental.alameda.org/about/>

Resource for Uninsured Alameda County Residents

<http://dental.alameda.org/>

Alameda County Shelter Listings

<https://www.alamedahealthcare.org/communities/communities/index.html>

Alameda County Social Services Agency

<https://www.alamedahealthcare.org/communities/communities/index.html>

Alameda County CHDP Community Resources

<https://dental.alameda.org/communities/communities/index.html>

Alameda County Housing & Community Development Department

<http://www.alamedahealthcare.org/communities/communities/index.html>

Self Care for the Care Coordinator

- Care coordination can be very rewarding, but it also can be very stressful for the Care Coordinator.
- CDCCs should always work on enhancing their skills and knowledge.
- Boundaries - Being so closely involved with families, it is important to bring a level of self awareness to the work.
- Appreciate success at any levels, celebrate any small improvement in the lives of the families.
- **Burn out** - If the work feels overly stressful, take some quiet time and engage in calming activities (such as taking a walk or meditating). Reach out to supervisor for help.

MODULE 8 Slides

Small Group Activity #2

Barriers to Dental Care Coordination (30 min)

Small Group Discussion (15 minutes)
 Group size: 5 groups, 5 participants in each group
 Question to ask each other:

1. Review the two barrier tools.
2. Consider the following questions related to the barriers in the barrier tools:
 - How are these a barrier to dental care?
 - How does this barrier/s affect the dental health of your community?
 - Do these barriers disproportionately impact a specific population in Alameda County?

Report back by each group (10 min, 2 min/group)
 Each group says what they will do for their HTHC clients

Q&A/Conclude (5 minutes)

Key Takeaways of Module #8

- ✓ Dental Care coordination is needed to increase access to and utilization of dental care.
- ✓ Increasing client's (community or family or individual) access to dental care depends on:
 - Good outreach/teach
 - Good dental care coordination
- ✓ It is all about relationships =
 - relation with clients +
 - relation with dental offices +
 - relation with other CDCCs/colleagues/partners



thank you!

DON'T FORGET THE EVALUATION!

MODULE 9

Protocols and Tools of Dental Care Coordination

Duration: 5 hours

OVERVIEW

This is the dental care coordination skill building module. This module will discuss the protocols and tools needed to conduct effective dental care coordination for families with children ages 0-20 years as well as work with dental offices. This module will provide practical tools related to planning outreach/inreach, enrollment/consent form, anticipatory guidance, goal setting, caries risk assessment, periodicity of examination, urgency of care determination, barriers to dental care, barriers related to social determinants of health, care planning, monthly reporting, collecting client data, etc. This module will explain these tools which are very important for preparing the Community Dental Care Coordinators (CDCCs) with appropriate skills to actually do the dental care coordination in the field.

During this module there will be emphasis on “small group activity – role play”. The module will highlight the experiences of the field workers, let them talk about their experiences and get ownership, rather than instructors giving theoretical information all the time. This is when the CDCCs will come to an “aha” moment that they have already done similar things; they just need to do some adjustments and tweaking because this is “dental care coordination”.

LEARNING OBJECTIVES

At the end of this session, the participants will be able to:

1. Describe the protocols and tools needed for dental care coordination with families.
2. Describe the protocols and tools needed to develop an effective working relationship with dental offices.

TRAINER

HTHC Project Director, HTHC Care Coordination Manager, Dental Health Administrator

MATERIALS

Common Item for All Modules	
Room for in-person training	Needed
Setting – chairs & tables	Needed
PowerPoint presentation	Needed
Laptop, cord	Needed
Projector, cord, pointer, projector screen	Needed
Flip charts, pens, markers, writing pads, post its	Needed
Video	Optional
Specific Item for This Module	
None	

RESOURCES-HANDOUTS

Common Item for All Modules	
Registration/Sign-in sheet (only for organizers)	Needed
Training packet/binder	Needed
Agenda for the day	Needed
Copy of PowerPoint presentation - 34 slides <ul style="list-style-type: none"> Step 1 & 2 - 16 slides Step 3 to 8 - 8 slides Small group activity - 3 slides Other - 7 slides 	Needed
Project flyers, brochure, poster, booklet (English, Spanish, Chinese)	Needed
Dental kits (tooth brush, tooth paste, floss, goal setting tool)	Needed
Module evaluation-satisfaction survey – paper form or survey monkey	Needed
Specific Item for This Module	
Dental Care Coordination Tools/Forms <ul style="list-style-type: none"> Form 1 Outreach/inreach planning tool Form 2 Outreach/inreach parent sign-in sheet Form 3 Anticipatory guidance Form 4 Goal setting – oral/dental health behavior Form 5 Client consent form: English + 7 languages Form 6 Care planning tool Form 7 Periodicity table Form 8 Urgency of care Form 9 Oral health/caries risk assessment Form 10 Barriers to dental care (optional) Form 11 Social determinants of health (optional) Form 12 Dental Encounter Form: English + 7 languages Form 13 Client data collection form Form 14 CDCC monthly report Protocol booklets <ul style="list-style-type: none"> General Dental office 	Needed

AGENDA

	Time (5 hr)	Activity/Topic
1.	15 min	Welcome, Housekeeping & Introductions
2.	15 min	Icebreaker
3.	90 min	Dental Care Coordination: Step 1 and 2 70 min lecture 20 min Q&A
4.	30 min	Small Group Activity – Role Play #1
5.	75 min	Dental Care Coordination: Step 3 - 8 60 min lecture 15 min Q&A
6.	30 min	Small Group Activity – Role Play #2
7.	30 min	Small Group Activity – Role Play #3
8.	15 min	Wrap up-Close & Evaluation of module 5 min close; 5 min evaluation; 5 min extra time

Registration, breaks, lunch: these times will be decided by trainer and organizer.

DESCRIPTION OF SESSION ACTIVITIES

1. Welcome, Housekeeping, and Introductions (15 min)

- This section should be used to set the mood and expectations for the training/course. The goal is to spark a commitment from each participant to work towards improving the dental health of children in Alameda County.
- This is the time the trainees will meet their peer dental care coordinators, and staff from organizing agency.
- The facilitator will introduce him/herself, provide an overview of the session and overall training day; give a brief summary of the learning objectives of the session.
- Share housekeeping information i.e. where the restrooms are located, when the break times are, turning off cell phones, inform the participants if/when food/drinks/refreshments may be available.
- Introduce the project/organizing staff (facilitator, notetaker) and trainer/s to the trainees.
- This is the time for the trainees to get to know the relevant Alameda County/project staff.
- The facilitator should ask the participants to introduce themselves (name, organization, role in project. Keep it brief.
- Ask if every participant has signed-in, if everyone has all the handouts for this module.
- Encourage the participants to ask questions during anytime in the training.
- Everyone should use the break times to ask any questions on a one-on-one basis.

2. Icebreaker (15 min)

Trainer can choose icebreaker.

3. Presentation #1: Dental Care Coordination – Step 1 and 2 (90 min)

- This presentation will use PowerPoints; 1-5 minute per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective # 1:
 - Describe and discuss the protocols and tools needed for dental care coordination with families (Step 1 & 2).

4. Small Group Activity #1 (30 min):

Case Scenario/Role Play (15 minutes)

Group size: 5 groups, 5 participants in each group

Case Scenario Topic:

A mother brings her 3-year old and newborn to a health fair. Mom mentions that toddler has three upper discolored baby teeth. Mom thinks its too soon to see a dentist. After you take a visual you realize that those are anterior carious lesions. Tasks for CDCCs:

- Use assessment tools.
- Motivate mother to make dental appointment.
- What feeding practice might be contributing to these lesions?
- What advice would you give her to mitigate this risk factor?
- What do you suspect the caries risk status for the newborn might be?
- What advice would you give the Mom regarding the oral health care for her newborn child and the three year old?

Report back by each group (10 min, 2 min/group)

Each group says what they have learnt.

Question and Answer/Conclude (5 minutes)

5. Presentation #2: Dental Care Coordination – Step 3,4,5,6,7,8 (75 min)

- This presentation will use PowerPoints; 1-5 minute per slide, some slides may take more or less time.
- This presentation will provide information related to learning objectives # 1 & 2:
 - Describe the protocols and tools needed for dental care coordination with families (Steps 3 to 7).
 - Describe the protocols and tools needed to develop an effective working relationship with dental offices (Step 8).

6. Small Group Activity #2 (30 min)

Case Scenario/Role Play (15 minutes)

Group size: 5 groups, 5 participants in each group

Case Scenario Topic:

You meet a mother who has a 12-year old son and a 3-year old daughter. Mother tells you her son had extensive dental work when he was little and they fear going to the dentist. Her family members brush their teeth once a day with baking soda. Daughter has never seen a dentist. Mother tells you her daughter is a very picky eater; she cries if the food is too hot, cold, or sweet.

Tasks for CDCCs:

- Identify problem/issue for each child with assessment tools.
- Advice mother for each child.
- Motivate mother to make and take her children to a dental appointment.
- Which dental office should they be referred to?
- What is the daughter's caries risk status?
- How would you approach the mother to discuss her daughter's oral health needs?

Report back by each group (10 min, 2 min/group)

Each group says what they have learnt.

Question and Answer/Conclude (5 minutes)

7. Small Group Activity #3 (30 min)

Case Scenario/Role Play (15 minutes)

Group size: 5 groups, 5 participants in each group

Case Scenario:

Using the previous Case Scenario #2, you had referred the family to the dentist and appointment was kept. Now you are communicating with the dental office and the family – this includes before, during, and after the client's visit to the dentist. Tasks for CDCCs:

- How would you ask the family what their dental office visit experience was like?
- How would you reinforce the importance of keeping the next dental visit?
- How to bring up the oral health education topics to reinforce practicing the habits?
- How would you communicate with the dental office if you have a clarifying question?

Report back by each group (10 min, 2 min/group)


Each group says what they have learnt.

Question and Answer/Conclude (5 minutes)

8. Wrap Up-Close and Module Evaluation/Satisfaction Survey (15 min)

- At the end of the module ask the participants: what are the 3-key takeaways of this module.
- Toast the program in all the languages that are spoken by the trainees/participants.
- The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses.
- This session will be evaluated with the satisfaction survey. The facilitator will distribute the Survey to participants and collect the completed surveys (paper form or Survey Monkey) based on learning objectives.

MODULE 9 Slides



Protocols and Tools of Dental Care Coordination

Module 9

Office of Dental Health
Alameda County Public Health Department

Learning Objectives

1. Describe the protocols and tools needed for dental care coordination with families.
2. Describe the protocols and tools needed to develop an effective working relationship with dental offices.

Common Considerations

- ✓ Safety, liability, confidentiality, HIPAA
- ✓ Preparatory/planning activities
- ✓ Provide dental health education (to families with children)
 - ✓ Develop/collect dental health education materials
 - ✓ Develop/collect dental health related resources
 - ✓ Talking points – 2 min, 10 min, or 15 min
- ✓ Data collection and data entry
 - ✓ paper forms, or google doc, or database (online/Access/Excel)
- ✓ Utilize existing organizational/partner resources

8 Steps of Dental Care Coordination

1. Initial contact – connection with clients via outreach, inreach, referral, etc.
2. Enrollment of client in program (i.e. sign consent form, needs assessment)
3. Set up appointment with dental offices
4. Remind client about appointment
5. Accompany client to 1st dental appointment
6. Follow-up after dental appointment – with dental office and client
7. Continuity of care – make preventive care appointment 6 months to 1 year later
8. Visit dental offices at least twice a month to build relationship with dental office staff and collect data.

Tools for CDCCs

Dental Care Coordination	Tool
Initial contact	F1 Outreach/inreach planning tool (groups, individual) F2 Outreach/inreach parent sign-in sheet F3 Anticipatory guidance F4 Goal setting – oral/dental health behavior
Enrollment in program	F5 Consent form F6 Care planning tool F7 Periodicity table F8 Urgency of care F9 Oral health/caries risk assessment F10 Checklist for barriers to dental care (optional) F11 Social Determinants of Health needs (optional)
Set up dental appointment	F12 Dental Encounter Form
Reporting tools	F13 Client data collection form F14 CDCC monthly report

Step 1: Initial Contact

How will you prepare for outreach/inreach, how will you recruit, and how will you maintain your network database?

Pre outreach/inreach:

- ✓ Organizing/planning activities
 - 1. Outreach/inreach strategies (e.g. will you target family or school children or school personnel, and if so, how will you reach them?)
 - 2. Use F1 outreach/inreach planning tool (group, individual)
 - 3. Develop/collect dental health education materials
 - 4. Develop/collect dental health related resources
 - 5. Talking points – 2 min, 10 min, or 15 min
 - 6. Enter your outreach/inreach plan in shared calendar (e.g. Outlook, iCal, etc.)

During outreach/inreach:

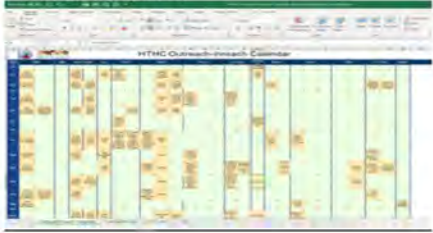
- ✓ Needs assessment – current oral health practice
- ✓ Provide dental health education (use F3 anticipatory guidance, F4 goal setting)
- ✓ Introduce health education materials (dental kit, literature)
- ✓ Use any other existing organizational/partner resources if needed
- ✓ F2 Outreach/inreach parent sign-in sheet

After outreach/inreach:

- ✓ Collect data and enter data (F13 paper forms, google doc, or database/online/Access/Excel)

MODULE 9 Slides

HTHC Outreach-Inreach Events Online Calendar
(post info before going to event)



Google Doc/
Google
sheets with
privileged
login
htnchedulin@gmail.com

CDCC Outreach/Inreach Planning Tool



CDCC's working with HTHC/Health Centers will find out if their agency is accepting new dental patients, aged 0-20, and if they do what kind of services do new patients have to go through (i.e., immunizations, registration, etc.).

17th August, Dec 10, 2017

Patient/Parent Contact Information Sign-in Sheet
Please Print in Block Letters
Location (Address) _____
Date/Time _____

Name of D.C.C. _____


Name of Patient/Parent	Address of Patient/Parent	City/State/Zip	Phone Number	Insurance	Referral Source

Anticipatory Guidance Counseling checklist

- ☐ Brush (how often, how long, amt. of toothpaste, toothpaste with fluoride, no rinsing with water, soft brush, most important time to brush is before sleeping)
- ☐ Floss
- ☐ Bottle/sippy cup use/sugar sweetened beverages- rinse with water after sugar sweetened beverages/snacks before brushing
- ☐ Caries are communicable
- ☐ Snacking frequency
- ☐ Healthy foods
- ☐ Injury prevention
- ☐ Sealants
- ☐ Fluoride: systemic source _____
- ☐ Other _____

Self Management Goal:

Oral Health Self-Management Skills for Patients/Parents



Together we can keep our smiles bright and healthy!



MODULE 9 Slides

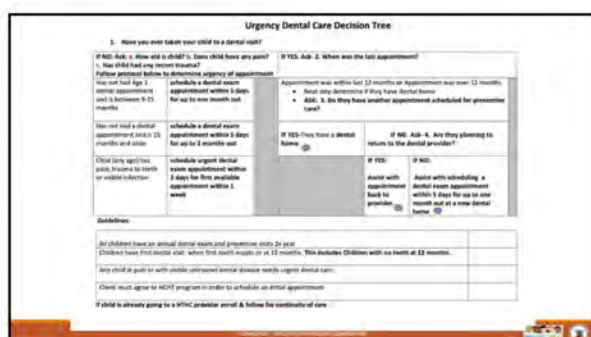
Step 2: Enrollment

- ✓ Enrollment can start in step 1
- ✓ Setup meeting with individual families with children 0-20 years
- ✓ Enroll children into HTHC (sign FS consent form)
- ✓ Needs assessment using the following forms
 - F7 Periodicity table
 - F8 Urgency of care
 - F9 Caries risk assessment
 - F10 Checklist for barriers to dental care (optional)
 - F11 Social service needs (optional)
 - F6 Care planning tool

 <p>Ministry of Health, Republic of Vietnam (MOH)</p>	 <p>Ministry of Health, Republic of Vietnam (MOH)</p>	
<p>Investigator Information</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>Research Institution</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>Patient Consent Form</p> <p>Available in:</p> <ul style="list-style-type: none"> English Arabic Farsi Chinese simplified Chinese traditional Spanish Tagalog Vietnamese

Dental Needs Assessment: Tools

- Urgency of care
- Carries risk assessment (higher need in younger children)
- Anticipatory guidance/counselling
- Goal setting – oral/dental health behavior
- Periodicity table
- Barriers to dental care (optional)
- Social service needs (optional)

[illegible]

Recommendations for Pediatric Oral Health Care					
Clinical guideline on periodicity of examination, preventive dental services, anticipatory guidance, and oral treatment for children					
	6-12 months	12-24 months	1-6 years	6-12 years	>12 years
	Annually	Annually	Annually	Annually	Annually
Clinical oral examination ^a	X	X	X	X	X
Assess oral growth and development ^a	X	X	X	X	X
Caries-risk assessment ^a	X	X	X	X	X
Prophylaxis and topical fluoride treatment ^a	X	X	X	X	X
Fluoride supplementation ^{a,b}	X	X	X	X	X
Anticipatory guidance ^a	X	X	X	X	X
Oral hygiene counseling for parents, guardians, and/or caregivers ^a	X	X	X	X	X
Oral hygiene counseling to patient			X	X	X
Dietary counseling ^a	X	X	X	X	X
Injury prevention counseling ^a	X	X	X	X	X
Counseling for nonnutritive habits ^a	X	X	X	X	X
Substance abuse counseling				X	X
Counseling for tobacco and alcohol use				X	X
Radiographic assessment ^a			X	X	X
Treatment of dental disease: injury	X	X	X	X	X
Assessment and treatment of developing malocclusion				X	X
Pain and sensory reactivity ^a			X	X	X
Assessment and/or removal of third molar					X
Referral for regular and periodic dental care					X

MODULE 9 Slides

Small Group Activity: Case Scenario/Role Play #1

A mother brings her 3 year old and newborn to a health fair. Mom mentions that toddler has three upper discolored baby teeth. Mom thinks its too soon to see a dentist. After you take a visual you realize that those are anterior carious lesions.

Tasks for CDCC:

- Use assessment tools.
- Motivate mother to make dental appointment.
- What feeding practice might be contributing to these lesions?
- What advice would you give her to mitigate this risk factor?
- What do you suspect the caries risk status for the newborn might be?
- What advice would you give the Mom regarding the oral health care for her newborn child and the three year old?

Step 3, 4, and 5

Step 3: Set up first dental appointment with dental offices
Find a dental office/home for the client

Step 4: Remind client/family about the appointment (call, email, text)
At least twice (24-48 hours before, day of appointment in the morning)

Step 5: Accompany client/family to the 1st dental appointment
CDCC will meet the client at the dental office

Collect data and enter data (F13 paper forms, google doc, or database/online/Access/Excel)

Dental Appointment Process

Select date and time of appointment based on client's preferences and appointment slots given by dental providers

Confirm office location, phone numbers, date and time of appointment with office and family

Review items family needs to bring to appointment

Review what to expect at appointment

Stress importance of showing up on time to the appointment

Determine follow up next steps

Assess transportation needs

Assess childcare needs

MODULE 9 Slides

Dental Encounter Form
Available in:
• English, Arabic, Farsi, Chinese simplified, Chinese traditional, Spanish, Tagalog, Vietnamese

Filled by Assisting CDCC

Filled by Dental Provider office staff

Step 6 and 7:

Step 6: Follow-up with families/client after dental appointment

- Capstone dental appointment kept
- Experiences of family at dental office
- Dental treatment plan
- Date/time of next follow-up appointments
- Reschedule next dental appointment

Follow-up with dental offices after client's dental appointment

- Collect Dental Encounter Form

Step 7: Continuity of care

- Setup preventive care appointments 6 months to 1 year later

Protocols for Care Coordination by Community Dental Care Coordinators

Step 8:

Step 8: Visit dental offices at least twice a month to build relationship with dental office staff and collect data.



Dental Provider Office Protocol for CDCCs

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MODULE 9 Slides

Small Group Activity: Case Scenario/Role Play #2

You meet a mother who has a 12-year old son and a 3-year old daughter. Mother tells you her son had extensive dental work when he was little and they fear going to the dentist. Her family members brush their teeth once a day with baking soda. Daughter has never seen a dentist. Mother tells you her daughter is a very picky eater; she cries if the food is too hot, cold, or sweet.

Tasks for CDCC:

- Identify problem/issue for each child with assessment tools.
- Advise mother for each child.
- Motivate mother to make and take her children to a dental appointment.
- Which dental office should they be referred to?
- What is the daughter's caries risk status?
- How would you approach the mother to discuss her daughter's oral health needs?

Small Group Activity: Case Scenario/Role Play #3

Using the previous Case Scenario #2, you had referred the family to the dentist and appointment was kept. Now you are communicating with the dental office and the family – this includes before, during, and after the client's visit to the dentist.

Tasks for CDCC:

- How would you ask the family what their dental office visit experience was like?
- How would you reinforce the importance of keeping the next dental visit?
- How to bring up the oral health education topics to reinforce practicing the habits?
- How would you communicate with the dental office if you have a clarifying question?

Key Takeaways

- ✓ CDCCs will assess the dental needs of children. They will not diagnose. Diagnosis will be done by dental offices.
- ✓ Any emergency: families should call 911
- ✓ Successful dental care coordination = good relation with families
 - ✦ good relation with dental offices
 - ✦ good relation with other CDCCs



DON'T FORGET THE EVALUATION

MODULE 10

Data Collection, Data Entry, and Reporting

Duration: 4 hours

OVERVIEW

This module will discuss the roles and responsibilities of the Community Dental Care Coordinators and their respective agencies in data collection, data entry, and reporting in the context of dental care coordination. This session is very critical as it will also give introduction to the live database, the Care Coordination Management System (CCMS). This will be an introductory session to the database and will give the participants some preliminary idea about the online cloud-based database and how to enter data in such a live database. This module will provide in-person hands-on training sessions about the “live CCMS”, covering the logic and structure of the database, and actual data entry.

LEARNING OBJECTIVES

At the end of this session, the participants will be able to:

1. Describe the importance of data collection in dental care coordination.
2. Describe the types of data collection and data entry – what and how.
3. Describe how to correct the errors related to data collection and data entry.
4. Describe the reporting requirements for the project.
5. Practice entering data on the live database.

TRAINER

HTHC Epidemiologist, HTHC Project Director, HTHC Care Coordination Manager

MATERIALS

Common Item for All Modules	
Room for in-person training	Needed
Setting – chairs & tables	Needed
PowerPoint presentation	Needed
Laptop, cord	Needed
Projector, cord, pointer, projector screen	Needed
Flip charts, pens, markers, writing pads, post its	Needed
Video	Optional
Specific Item for This Module	
None	

RESOURCES-HANDOUTS

Common Item for All Modules	
Registration/Sign-in sheet (only for organizers)	Needed
Training packet/binder	Needed
Agenda for the day	Needed
Copy of PowerPoint presentation - total 44 slides <ul style="list-style-type: none"> o Data collection, entry, reporting - 38 slides o Small group activity - 2 slides o Other - 4 slides 	Needed
Project flyers, brochure, poster, booklet (English, Spanish, Chinese)	Needed
Dental kits (tooth brush, tooth paste, floss, goal setting tool)	Needed
Module evaluation-satisfaction survey – paper form or survey monkey	Needed
Specific Item for This Module	
CCMS/Database User Manual, iPad or Laptop	Needed

AGENDA

	Time (4 hr)	Activity/Topic
1.	10 min	Welcome, Housekeeping, & Introductions
2.	5 min	Icebreaker
3.	90 min	Data Collection, Data Entry, and Reporting 75 min lecture 15 min Q&A
4.	30 min	Small Group Activity #1: group discussion about data
5.	90 min	Small Group Activity #2: practice data entry
6.	15 min	Wrap up-Close & Evaluation of Module 5 min close; 5 min evaluation; 5 min extra time

Registration, breaks, lunch: these times will be decided by trainer and organizer.

DESCRIPTION OF SESSION ACTIVITIES

1. Welcome, Housekeeping, and Introductions (10 min)

- This section should be used to set the mood and expectations for the training/course. The goal is to spark a commitment from each participant to work towards improving the dental health of children in Alameda County.
- This is the time the trainees will meet their peer dental care coordinators, and staff from organizing agency.
- The facilitator will introduce him/herself, provide an overview of the session and overall training day; give a brief summary of the learning objectives of the session.

- Share housekeeping information i.e. where the restrooms are located, when the break times are, turning off cell phones, inform the participants if/when food/drinks/refreshments may be available.
- Introduce the project/organizing staff (facilitator, notetaker) and trainer/s to the trainees.
- This is the time for the trainees to get to know the relevant Alameda County/project staff.
- The facilitator should ask the participants to introduce themselves (name, organization, role in project. Keep it brief.
- Ask if every participant has signed-in, if everyone has all the handouts for this module.
- Encourage the participants to ask questions during anytime in the training.
- Everyone should use the break times to ask any questions on a one-on-one basis.

2. Icebreaker (5 min)

Trainer can choose icebreaker.

3. Presentation #1: Data Collection, Data Entry, and Reporting (90 min)

- This module will use PowerPoint presentation, 1-5 minute per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective #1, 2, 3, & 4:
 - Describe the importance of data collection in dental care coordination.
 - Describe the types of data collection and data entry – what and how.
 - Describe how to correct the errors related to data collection and data entry.
 - Describe the reporting requirements for the project.

4. Small Group Activity #1 (30 min)

Small Group Discussion (15 minutes)

Group size: 5 groups, 5 participants in each group

Question to ask each other:

- a) What type of data have you ever collected? What was that process like? How is that similar or different from HTHC dental care coordination related data collection, data entry, and overall reporting.
- b) Based on today's training, what will the Community Dental Care Coordinators do similarly or differently?

Report back by each group (10 min, 2 min/group)

Each group says what they will do for their HTHC clients

Question and Answer/Conclude (5 minutes)

5. Small Group Activity #2: Enter Data on Live Database (90 min)

- This section will be a practice session for data entry with iPad (23 CDCCs had iPads) or laptop.
- Trainer will pick 3-5 volunteers, then these volunteers will enter data (mock data) one person at a time, and all the other participants will watch and learn by watching the volunteers. Each volunteer will enter data for a specific section in the database.
- The participants will use all the paper tools/forms to enter the data in the database.

- The participants will be given instructions on how to setup their database username and password, which page to open first, etc.
- If participants face any problems, then trainer will problem solve for them.
- Trainer will review the CCMS database User Manual with CDCCs.
- At the end of the session, the trainer will have to evaluate if participants have learned enough to enter data on their own, or whether they will need further training.


6. Wrap Up-Close and Module Evaluation/Satisfaction Survey (15 min)

- At the end of the module ask the participants: what are the 3-key takeaways of this module.
- Toast the program in all the languages that are spoken by the trainees/participants.
- The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses.
- This session will be evaluated with the satisfaction survey. The facilitator will distribute the Survey to participants and collect the completed surveys (paper form or Survey Monkey) based on learning objectives.
- After CCMS trainings, participants will be surveyed about their understanding, confidence and satisfaction with using the live database.
- At the end of the session ask the participants: what are the 3-key take-aways of this session. Prepare those 3-key take-aways in the last PowerPoint slide.
- After the end of the training the trainer will evaluate if participants will need how much more training (i.e. one on one, or more)



Left and Bottom Right: HTHC Annual Summit 2018
Top Right: CDCC training

MODULE 10 Slides



Data Collection, Data Entry, and Reporting

Module 10

Office of Dental Health
Alameda County Public Health Department

Learning Objectives

1. To describe the importance of data collection in dental care coordination.
2. To describe the types of data collection and data entry – what and how.
3. To describe how to correct the errors related to data collection and data entry.
4. To describe the reporting requirements for the project.
5. Practice entering data on the live database.

Importance of Data in Dental Care Coordination

Why We Need Data

- ✓ For operations and quality assurance (monitoring & evaluation)
 - Understand if our efforts are working or not
 - Understand which efforts are working well and which are not
 - If something is working well – how can we sustain/scale it up
 - If something is not working well – then what programmatic changes can we make to improve quality of care (or data)
- ✓ Report to supervisors, funders
- ✓ Systems change – funders, policymakers

Why We Need Data (continued)

Grant related reasons

- HTHC grant requires data collection and data reporting.
- Each CDCC has their own targets that require timely data collection.
- The targets are related to dental care coordination work of the CDCCs.
- The HTHC funder requires quarterly and annual reports.
- Data had to be complete and correct

Need Data for Operations & Quality Assurance

- HTHC will monitor program effectiveness on an ongoing basis
 - e.g. are dental appointments being made
 - e.g. are CDCCs achieving their monthly/annual target numbers
- Understand if HTHC efforts are working or not
 - e.g. are CDCCs able to make dental appointments for 0-5 year olds, because this age group was a priority for HTHC project
 - e.g. are clients showing up at dental appointments
 - e.g. are clients coming from all over the County because this was a county-wide program
 - e.g. are we getting clients from the tri-valley area
- Understand which HTHC efforts are working well and which are not
 - e.g. FQHC CDCCs were making more dental appointments than non-FQHC CDCCs

MODULE 10 Slides

Need Data for Operations & Quality Assurance (cont)....

- If something is working well – how can we sustain/scale it up
e.g. monthly dental appointment targets were made, so keep doing it
- If something is not working well – then what programmatic changes can we make to improve quality of care (or data)
e.g. "FOHE provided – Yes/No" info was not entered in DEF regularly. So, HTHC staff contacted dental office staff to complete that information.
- Data quality maintained
e.g. if appointment date was missing in DEF, then it was corrected by CDCC
- Report to project staff
e.g. monthly, quarterly, and annual reports with specific target numbers achieved

Performance Benchmarks for CDCCs

Children on Medi-Cal Dental Program	Per CDCC (monthly) 1 FTE	Per CDCC (Annual)	All 25 CDCCs (Annual)	Project Total (3.5 Years)
Contact families thru outreach/inreach	50	600	15,000	52,500
Care coordination/make appointment	23	276	6,900	24,150
Received dental care (65% Show Rate for appt)	15	179	4,475	15,663
Continuity of care (start after 6 months)	10	116	2,900	8,700

Data Collection

Types of Data Collected

Demographic information of clients (e.g. age, race/ethnicity, residential zip code, residential city).

Dental appointments made and kept with dental offices (e.g. all appointment dates, 1st appointment dates, continuity of care).

Events organized by CDCCs (e.g. outreach, in-reach).

Health education given to families with children (by CDCCs, by dental offices).

Dental provider information (e.g. service location name, zipcode and city; services provided: preventive, restorative, some service codes for exams), etc.

Where will the data come from? & How will dental care coordinators collect the data?

Contact Families

- F1 Outreach/inreach planning form
- F2 Outreach/inreach parent sign-in sheet

Enrollment

- F4 Consent form
- F13 Client data collection form

Schedule dental appointment (all appointments & continuity of care)

- F8 Dental Encounter Form – dental appointments information, selected services

CDCCs will enter data from the paper forms in the database.
CDCCs can also enter data directly in the database with their iPads.
CDCCs can upload media files with iPads into the database e.g. consent form, Dental Encounter Forms.

Data Privacy & Security

- PHI information cannot be entered in database if consent form is not signed.
- CDCCs have to maintain privacy and security of collected data forms during field work. Carry such forms with full security measures in place
e.g. use lock box, laptop must have password and be with CDCC all the time, etc.


MODULE 10 Slides

F1. CDC Planning Tool for Outreach/Research					
Research			Outreach		
Identify & Establish Client			Identify & Establish Client		
Where (agency, site)	How (in person, self- mail)	When/Duration (frequency, dates)	Where (agency, site)	How (in person, self- mail)	When/Duration (frequency, dates)
Alameda County Health Services	Telephone RMC	10/21/11, 10/22/11	Alameda County Health Services	In person	8/23/11, 10/26/11
Alameda County Health Services	Alameda County Health Services	In person, personal presentation participant list	Alameda County Health Services	Outreach Coordinator	10/23/11, 10/26/11

Notes:
 (CDC) working with "CDC/Health Connect and find out if their agency is soliciting new dental patients age 0-25, and if they do social kind of services the new patients have to go through) (i.e. youth/teen/young adults, etc.)

[illegible]

HTHC Online Calendar: Outreach-Inreach Events



Google Doc/
Google
sheets with
privileged
login
[hthscheduling
g@gmail.com](mailto:hthscheduling@gmail.com)

[illegible][illegible][illegible]

MODULE 10 Slides

Data Entry


(online cloud-based database, or Access, or Excel)

This section will discuss the online cloud-based database i.e. CCMS.

However, the first six months of the project HTHC used paper data collection tools and entered the data in Access database. This was done as the online database was not ready.

Database: Care Coordination Management System (CCMS)

- Cloud-based, live
- URL: <https://alamedaccms.dentaldatamanager.com>




CCMS: Features and Functions




5 main features & functions

CCMS: HIPAA Compliance



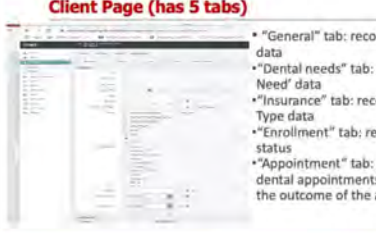
- CCMS is fully HIPAA compliant
- All staff who has access CCMS have their own log-in credentials
- Only strong passwords are allowed to be used
- CCMS automatically enforces password changes periodically
- CCMS is fully partitioned (each agency has access to only their own clients' information)

CCMS: User's Page



- User's page stores the individual attributes and information of:
 - Partner agencies
 - Staff
 - Providers
 - Dental service locations

Client Page (has 5 tabs)



- "General" tab: record client demographic data
- "Dental needs" tab: record client "Urgency of Need" data
- "Insurance" tab: record client Insurance ID & Type data
- "Enrollment" tab: record clients' Enrollment status
- "Appointment" tab: summarizes the no. of dental appointments a client has had with the outcome of the appointment

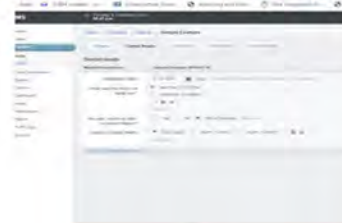
MODULE 10 Slides

Client Page: e.g. General tab



- In "General" tab of the client's page, we collect information about
 - Name
 - DOB
 - Primary language
 - Race/ethnicity
 - Case status

Client page: Dental Needs tab



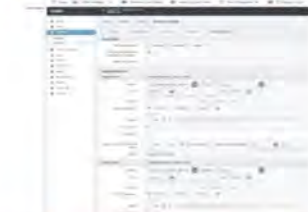
- In "Dental Needs" tab of the client's page, we collect information about the dental urgency of the child

Client Page: "Insurance" Tab



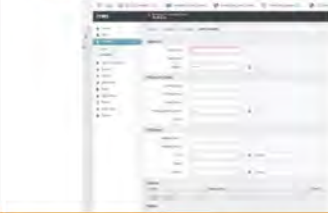
- In "Insurance" tab of the client's page, we collect information about the insurance id and type of the child

Client page: "Appointment" tab



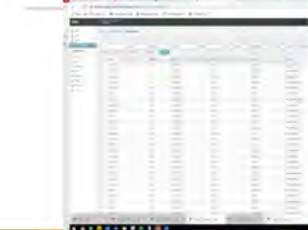
- The "Appointment" tab of the client's page, will display the number of appointments scheduled with outcome of the appointment

Adding a new contact/guardian



- Here we document the guardian information of a child with contact information
- A single client/child can be linked multiple guardians and vice versa
- Siblings have their own record linked to their guardians

Care Coordination- Appointments List



- This page shows the list of dental appointments
- This page has slicer which allow the list to be filtered by
 - Partner Agency
 - CDC
 - Dental service location
 - Dentist
 - Month & year of appointment & more
- The page also key word searching capability
- This makes navigation between records efficient

MODULE 10 Slides

Appointment Page: General tab

- The general tab of "Appointment" page contains
 - Appointment date & time
 - Dental service location
 - Visit number
 - Phase of treatment
 - Outcome of the appointment

Appointment Page: Dental Encounter tab

- This tab contains fields to document
- If Family Oral Health Education (FOHE) done
 - If incentive is paid for the provider for conducting FOHE
 - Dental Procedures (Clinical oral evaluations, preventive services, space maintenance services with a dropdown list of CDT codes)
 - Checkboxes for secondary/restorative and tertiary treatment
 - Scanned copies of completed Dental Encounter Forms (DEFs) are uploaded here for future reference

Notifications

- CCMS automatically generates reminders based on specific built-in algorithms.
- The notification page serves as inbox storage for reminders sent by CCMS.
- Here are some examples of automatically generated reminders by CCMS:
 - Reminders about upcoming appointment
 - Reminders about incomplete records
 - Reminders about six months recall/continuity of care appointment

How to Avoid Data Errors

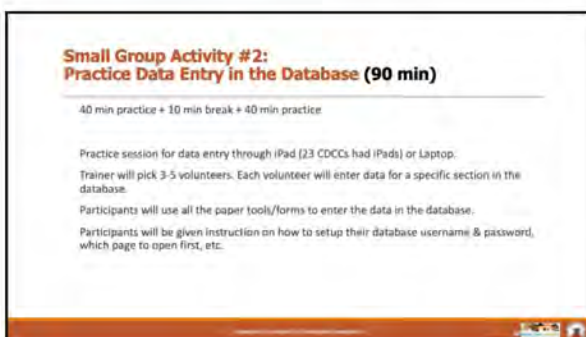
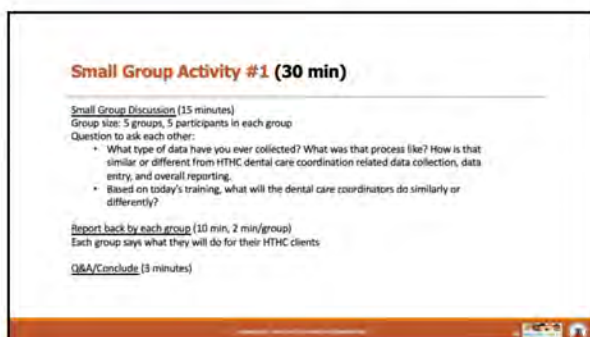
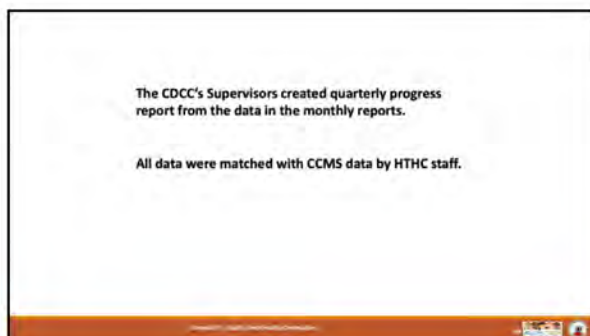
General Considerations

- Data needs to be clean and complete (both during collection and entering)
- Data are not considered valid if incomplete; if data are not valid then they cannot be counted.
- In order to prevent data errors some quality checks are done:
- When CDCC enters data, they have to make sure data are complete
 - Data will be verified by project staff, if error needs to be corrected they will inform CDCCs.
- 2 quality assurance measures will be undertaken:
- Ongoing monitoring
 - Site visit for data audit

Some Examples of Errors

- Client name: should match consent form & CCMS database
- Date of birth of client: cannot be the same as date of 1st dental appointment
- FOHE provided: information should match on DEF & database
- Missing data:
- Uploaded consent form or DEF
 - CDCC's name & agency associated with client
 - Name of client
 - Date of birth of client
 - Medi-Cal insurance ID
 - Dental visit number
 - Was FOHE provided
 - Name of rendering dental provider

MODULE 10 Slides



MODULE 10 Slides

Key Takeaways

- ✓ Data collection is very important for program operations & quality assurance.
- ✓ Data needs to be collected on several items including demographic information.
- ✓ Data collected should be clean & complete.
- ✓ Data collection can be paper light or paperless.
- ✓ Reporting is essential for any project/program.



thank you!

DON'T FORGET THE EVALUATION!

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APPENDIX 1

EVALUATION/SATISFACTION SURVEY OF MODULE

Date of training:							
Module #							
Name/s of Trainer/s:							
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total	Total
Participation and interaction were encouraged.							
The content was well-organized and easy to follow							
This training experience will be useful in my work.							
The training objectives were met.							
The time allotted for the training was sufficient.							

APPENDIX 2

SIGN-IN SHEET



Meeting Name:
Facilitated by:
Recorded by:
Location:
Date/Time:



MEETING SIGN-IN SHEET

Name	Signature	Title	Organization	Phone Number	Email Address	Non-county
Supervisors						
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
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APPENDIX 3

DENTAL PUBLIC HEALTH

Traditionally, dental care providers offer dental disease related services to their patients. Dental Public Health (DPH) is an emerging field. In our experience, we learned that many dentists think treating underprivileged patient is doing dental public health work. This misunderstanding about Dental Public Health needs to be addressed and corrected. DPH functions cannot be performed without dental care professionals. So, it is important to explain Dental Public Health clearly. It is also important to explain the 3 core public health functions and 10 essential public health services so that the Community Dental Care Coordinators who would like to work in the DPH field can perform their responsibilities efficiently and effectively.

DPH focuses on the following:

1. DPH focuses on improving oral health care for the population instead of individual patient.
2. DPH focuses on preventive oral health care more than treatment.
3. Preventive oral health care means reducing preventable dental diseases/conditions (e.g. caries, gum disease, etc.) for people of all ages (children, adults, seniors) through oral hygiene practices, diet-nutrition-eating practices, and regular check-up by dental professionals.

Competencies of Dental Public Health Professionals

1. Assess oral health status of a community/population.
2. Plan oral health programs for populations.
3. Select interventions and strategies for the prevention and control of oral diseases.
4. Develop and implement oral health promotion and education strategies.
5. Implement, manage, and develop resources for oral health programs for populations.
6. Evaluate and monitor oral health care delivery systems.
7. Design and administer surveillance systems to monitor oral health.
8. Advocate and develop oral health policies.
9. Develop appropriate workforce to address oral health need of the population.

How it can be achieved?

In Module 1 we explained the 10 ESSENTIAL PUBLIC HEALTH SERVICES (EPHS) which provide guidelines to protect and promote the health of all people in all communities. The California Department of Public Health (CDPH) took dental public health as a priority and expanded DPH programs in all counties in the State. CDPH is requiring every county to develop a multi-year Community Oral Health Improvement Plan (COHIP). For developing a COHIP the Oral Health programs will require the knowledge and understanding of the 10 essential services.

In 1988, the Institute of Medicine (IOM) identified the 3 core functions and 10 essential services in its study *The Future of Public Health*. EPHS framework was [originally released in 1994](#) and

more recently revised and released on September 9, 2020 by the [Public Health National Center for Innovations](#) (PHNCI) and the [de Beaumont Foundation](#), who convened a task force of public health experts, leaders, and practitioners and engaged the public health community in activities to inform the changes. The revised version is intended to bring the framework in line with current and future public health practices.

To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers are mostly socio-economic that include poverty, racism, gender discrimination, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health.

Core Public Health Functions:

- **Assessment:** Regular collection and dissemination of data on health status and community health needs utilizing epidemiologic principles and surveillance systems.
- **Policy Development:** Use of scientific knowledge and data in decision-making affecting the public's health and to establish goals.
- **Assurance:** Implementing the appropriate programs to achieve desired goals.



10 ESSENTIAL PUBLIC HEALTH SERVICES:

- #1 Assess and monitor population health status, factors that influence health, and community needs and assets
- #2 Investigate, diagnose, and address health problems and hazards affecting the population
- #3 Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
- #4 Strengthen, support, and mobilize communities and partnerships to improve health
- #5 Create, champion, and implement policies, plans, and laws that impact health
- #6 Utilize legal and regulatory actions designed to improve and protect the public's health
- #7 Assure an effective system that enables equitable access to the individual services and care needed to be healthy
- #8 Build and support a diverse and skilled public health workforce
- #9 Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
- #10 Build and maintain a strong organizational infrastructure for public health

For improving the health outcome of a population, public health programs should develop a Community Health Improvement Plan (CHIP); in order to develop the CHIP, a Community Health Assessment (CHA) is required. In case of oral health care, a Community Oral Health Assessment would identify the oral health care needs of a community and based on that a Community Oral Health Improvement Plan could be developed. These 2 actions fall under the core function **Assessment** and **#1 and #2** of the EPHS.

When a DPH program aligns their work with the EPHS, the programs become stronger and successful. Programs are able to make system changes and able to improve the population oral health status.

Trainers can explain all the EPHS and show how dental care providers can participate in this system. For example, improving access to care through dental care coordination and partnership.

Appendix 4

GLOSSARY

ACPHD	Alameda County Public Health Department
ART	Atraumatic Restorative Treatment
CAMBRA	Caries Management by Risk Assessment
CDCC	Community Dental Care Coordinator
CHS	Community Health Services
COP	Community of Practice
DHCS	Department of Health Care Services
DPH	Dental Public Health
DTI	Dental Transformation Initiative
HTHC	Healthy Teeth Healthy Communities
FOHE	Family Oral Health Education
ITR	Interim Therapeutic Restorations
LDPP	Local Dental Pilot Program
ODH	Office of Dental Health
MI	Motivational Interviewing
SDF	Silver Diamine Fluoride

APPENDIX 5

FORMS



Form 1: CDCC Planning Tool for Outreach/Inreach

	In-reach (agency's existing clients)			Outreach (agency's new clients)		
	Where (which site)	How (in-person, tel, eml)	When/Timeline	Where (which site)	How (in-person, tel, eml)	When/Timeline
Alameda County ODH	Fremont WIC	In-person	1/25/21, 9:00- 4:00	Alameda Health Fair	In-person	6/30/21, 12:00- 5:00
Asian Health Services	8 th Street Clinic	in-person, internal pediatric patient list	Every week Mondays	Oakland Chinatown	in-person	2/23/21, 12:00- 5:00

Note:

CDCCs working with FQHCs/Health Centers will find out if their agency is accepting new dental patients age 0-20, and if they do what kind of process do new clients have to go through (i.e. enrollment/registration, papers, etc.)



Form 2: Patient/Parent Contact Information Sign-in Sheet
(Group Form for Outreach/Inreach)

Location (address): _____

Date/Time: _____

Name of CDCC: _____

Are you a resident of Alameda County? Yes/ No ¿Eres residente del condado de alameda? Si / No	Name of Parent/Guardian Nombre del padre o Guardian	Children's age (0-20) Edades de los niños (0-20)	Do you have concerns about your child's teeth? ¿Tiene preocupación acerca de las dientes de su niño?	Do you have 1 M edi-Cal? Yes/ No / Don't know Tiene Uds. Medi- Cal? Si / No/ No se	Telephone Telefono	Best time to call El mejor tiempo para lla.mar





Form 3: Anticipatory Guidance Counseling Checklist





- ☐ Brush (how often, how long, amt. of toothpaste, toothpaste with fluoride, no rinsing with water, soft brush, most important time to brush is before sleeping)
- ☐ Floss
- ☐ Bottle/sippy cup use/sugar sweetened beverages- rinse with water after sugar sweetened beverages/snacks before brushing
- ☐ Caries are communicable
- ☐ Snacking frequency
- ☐ Healthy foods
- ☐ Injury prevention
- ☐ Sealants
- ☐ Fluoride: systemic source _____
- ☐ Other _____

Self Management Goal:

Form 4: Goal Setting Tool

Oral Health Self Management Goals for Parents/Caregivers

Patient Name _____ DOB _____

 <p>Regular dental visits for child</p>	 <p>Dental treatment for family</p>	 <p>Brush twice a day</p>	 <p>Brush with fluoride toothpaste</p>
 <p>Wean off bottle (no bottles for sleeping)</p>	 <p>Less or no juice</p>	 <p>Only water in sippy cups</p>	 <p>Drink tap water</p>
 <p>Healthy snacks</p>	 <p>Less or no junk food and candy</p>	 <p>No soda</p>	 <p>Use xylitol gum, spray, gel, or dissolving tablets</p>
<p>Important: The last thing that touches your child's teeth before bedtime is the toothbrush.</p>			

Self Management Goals: 1) _____
 2) _____
 3) _____

On a scale of 1-10, how confident are you that you can accomplish these goals? 1 2 3 4 5 6 7 8 9 10

Parent/Caregiver Signature: _____

Practitioner Signature: _____

Adapted from Ramos-Gomez F, Ng MW. Into the future: keeping healthy teeth caries free: pediatric CAMBRA protocols. *J Calif Dent Assoc.* 2011 Oct;39(10):723-33. Visit www.aap.org/oralhealth for more information on children's oral health.

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Bright Futures.
prevention and health promotion for infants,
children, adolescents, and their families™

National **Interprofessional Initiative**
on Oral Health

*engaging clinicians
eradicating dental disease*



Form 5: Client Consent Form

Healthy Teeth, Healthy Communities (HTHC)



INFORMED CONSENT

Purpose

You are invited to join Healthy Teeth, Healthy Communities (HTHC). This program helps children ages 0 through 20 who are eligible for Medi-Cal in Alameda County to get dental services. HTHC is run by the Alameda County Public Health Department (ACPHD) and its partners.

This form explains the HTHC program, and provides a space for you to give your *informed consent* to participate. Please read it carefully, and feel free to ask any questions.

What Will Happen

If you join the HTHC program, you will work with a community dental care coordinator (CDCC). The CDCC will help you to get dental care for your child. They will ask you about your family, dental care needs, and best ways to reach you. They can make a dental appointment for you, and keep in touch to give you information and reminders.

If you give your consent on this form, the CDCC will record your information into a secure computer system. The computer system will comply with a law designed to help keep medical information private, the *Health Insurance Portability and Accountability Act (HIPAA)*.

Risks

There is a small chance that your identity will be disclosed. Our program will work hard to keep your identity private at all times. Only a few people will have access to the *restricted* information in the HTHC computer system.

Benefits

HTHC may directly benefit you and your child by helping you get dental care or other services. The information you share will help us make sure the program is working to improve children's dental health.

Confidentiality

HTHC will make every effort to keep your information private. We will not reveal your identity in reports, conferences or publications.

Other partners, such as the University of California San Francisco or state or federal officials, may request the information that you give us in order to confirm the reports were conducted appropriately and to learn about the performance of the Healthy Teeth Healthy Communities program overall. We will only share information about you that is essential for these tasks or if required by law or policy.



Form 5: Client Consent Form (cont.)

Healthy Teeth, Healthy Communities (HTHC)



Voluntary Participation

Your participation in this project is completely voluntary. You may decide to withdraw at any time. If you withdraw, you may ask us to remove your information from our computer system. If you withdraw, you will still be able to receive services from your dentist or dental office.

Contact Information

Please contact the Alameda County Public Health Department with any questions, or comments about HTHC and your rights as a participant at Suhaila.Khan@acgov.org, 510-208-5953.

Authorizations

I have read and understand this information. I am the CLIENT or am authorized to act on behalf of the CLIENT to sign this document, which verifies consent to the above-stated terms. I acknowledge that I have a right to receive a copy of this completed form and that one will be provided to me after I complete this form.

Name of Client: _____

Signature of Client: _____

Name of Parent, Guardian or Legal Representative: _____

Signature of Parent, Guardian or Legal Representative: _____

Date: _____

Consent to Be Contacted by a CDCC for communication purposes (Check All that Apply):

☐ By Phone Call

☐ By Text Message

☐ By E-mail

☐ Ok to leave a voice mail

Copy of consent provided to Client or Legal Representative: ☐



Form 6: Care Planning Tool



Client Information	Date _____ Client ID _____ Client Name _____ Age _____ Phone _____ Care Coordinator's Name _____ Client Contact Source: Outreach/Inreach/Referral
Needs Assessed	_____ _____ _____ _____
Describe what needs to be done: Goal: When: Where:	Care Coordinator will do: _____ _____ _____ _____ Client will do: _____ _____ _____ _____
Progress/Follow-up status	Date: _____ _____ _____ _____

Signature of the Care Coordinator _____

Form 7: Periodicity Table

Recommendations for Pediatric Oral Health Care

Clinical guideline on periodicity of examination, preventive dental services, anticipatory guidance, and oral treatment for children

	6-12 months	12-24 months Annually	2-6 years Annually	6-12 years Annually	≥12 years Annually
Clinical oral examination ¹	X	X	X	X	X
Assess oral growth and development ²	X	X	X	X	X
Caries-risk assessment ³	X	X	X	X	X
Prophylaxis & topical fluoride treatment ⁴		X	X	X	X
Fluoride supplementation ^{5,6}	X	X	X	X	X
Anticipatory guidance ⁷	X	X	X	X	X
Oral hygiene counseling for parents, guardians, and/or caregivers ⁸	X	X	X	X	
Oral hygiene counseling to patient			X	X	X
Dietary counseling ⁹	X	X	X	X	X
Injury prevention counseling ¹⁰	X	X	X	X	X
Counseling for nonnutritive habits ¹¹	X	X	X	X	X
Substance abuse counseling				X	X
Counseling for intraoral and perioral piercing				X	X
Radiographic assessment ¹²			X	X	X
Treatment of dental disease/injury	X	X	X	X	X
Assessment and treatment of developing malocclusion			X	X	X
Pit and fissure sealants ¹³			X	X	X
Assessment and/or removal of third molars					X
Referral for regular and periodic dental care					X

- At the first sign of tooth eruption by the primary care provider and with each subsequent visit to determine if the child needs a referral to a dental provider. Dental examinations by a qualified dental provider should begin between the ages of two and three (unless otherwise indicated) and once yearly thereafter.
- By clinical examination.
- As per AAPD "Policy on the use of a caries-risk assessment tool (CAT) for infants, children, and adolescents."
- Especially for children at high risk for caries and periodontal disease. Additionally, children should be seen for prophylaxis once every 184 days.
- As per AAPD and American Dental Association guidelines and the water source.
- Up to at least 16 years.
- Appropriate discussion and counseling should be an integral part of each visit for care.
- Initially, responsibility of parent; as child develops, jointly with parents; then, when indicated, only child.
- At every appointment, discuss the role of refined carbohydrates, frequency of snacking.
- Initially play objects, pacifiers, car seats; then when learning to walk, sports and routine playing.
- At first discuss the need for additional sucking: digits vs. pacifiers; then the need to wean from the habit before malocclusion or skeletal dysplasia occurs. For school-aged children and adolescent patients, counsel regarding any existing habits such as fingernail biting, clenching, or bruxism.
- As per the AAPD "Clinical guideline on prescribing dental radiographs."
- For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and/or fissures; placed as soon as possible after eruption.

Form 7: Periodicity Table (cont.)

GUIDELINE OBJECTIVE(S): To help practitioners make clinical decisions concerning preventive oral health care for healthy infants, children, and adolescents.

EVIDENCE SUPPORTING THE RECOMMENDATIONS

All oral health policies and clinical guidelines are based on 2 sources of evidence: (1) the scientific literature; and (2) experts in the field.

POTENTIAL BENEFITS

- Appropriate management of infant, child, and adolescent oral health needs.
- Major benefits of early intervention, in addition to assessment of risk status, include analysis of fluoride exposure and feeding practices as well as oral hygiene counseling. The early dental visit should be seen as the foundation upon which a lifetime of preventive education and oral health care can be built.

QUALIFYING STATEMENTS

- The Oklahoma Health Care Authority Dental Advisory Committee on Periodicity (DACP) intends this guideline to help practitioners make clinical decisions concerning preventive oral health care for infants, children, and adolescents. Because each child is unique, these recommendations are designed for the care of children who have no contributory medical conditions and who are developing normally. These recommendations will need to be modified for children with special health care needs or if disease or trauma manifests variations from the normal.
- The AAPD and DACP emphasizes the importance of very early professional intervention and the continuity of care based on the individualized needs of the child.

ADAPTATION: The guideline was adapted from another source, the American Academy of Pediatric Dentistry.



Form 8: Urgency of Care

Urgency Dental Care Decision Tree

1. Have you ever taken your child to a dental visit?













If NO: Ask: a. How old is child? b. Does child have any pain? c. Has child had any recent trauma? Follow protocol below to determine urgency of appointment		If YES: Ask- 2. When was the last appointment?	
Has not had Age 1 dental appointment and is between 9-15 months	schedule a dental exam appointment within 5 days for up to one month out	Appointment was within last 12 months or Appointment was over 12 months • Next step determine if they have dental home • ASK: 3. Do they have another appointment scheduled for preventive care?	
Has not had a dental appointment and is 15 months and older	schedule a dental exam appointment within 5 days for up to 2 months out	IF YES-They have a dental home.	IF NO: Ask- 4. Are they planning to return to the dental provider?
Child (any age) has pain, trauma to teeth or visible infection	schedule urgent dental exam appointment within 2 days for first available appointment within 1 week	IF YES: Assist with appointment back to provider.	IF NO: Assist with scheduling a dental exam appointment within 5 days for up to one month out at a new dental home

Guidelines:

All children have an annual dental exam and preventive visits 2x year	
Children have first dental visit- when first tooth erupts or at 12 months. This includes Children with no teeth at 12 months.	
Any child in pain or with visible untreated dental disease needs urgent dental care.	
Client must agree to HCHT program in order to schedule an initial appointment	

If child is already going to a HTHC provider enroll & follow for continuity of care

Form 8: Urgency of Care (cont.)

Non-Urgent Dental Need	CLASS I: NO VISIBLE DENTAL PROBLEM No problem visualized. Annual referrals recommended beginning at one (1) year of age	  Appears Healthy needs routine referral
	CLASS II: MILD DENTAL PROBLEMS Small carious lesions, decalcifications and/or gingivitis. The patient is asymptomatic. Condition is not urgent, yet requires a dental referral.	   Small Carious Lesion Small Carious Lesions Mild Gingivitis
Urgent	CLASS III: SEVERE DENTAL PROBLEMS Large carious lesions, abscess, extensive gingivitis, or history of pain. Need for dental care is urgent – conditions can progress rapidly to an emergency. (If abscess suspected see dentist without delay.)	   Extensive Gingivitis Early Childhood Caries Large Carious Lesion
	CLASS IV: EMERGENCY DENTAL TREATMENT REQUIRED Acute injury, oral infection, or other painful condition. An immediate dental referral is indicated.	    Cellulitis/swelling/fever Abscess Extensive Gingivitis Acute injury
Age-Based Timeline For Dental Referral	If no exam in past year make dental appointment within week. Children have first dental visit- when first tooth erupts or at 12 months. This includes Children with no teeth at 12 months.	Every three (3) months for children with documented special health care needs when medical or oral condition can be affected; and for other children at high risk for dental caries. Every six (6) months for maintenance of oral health <small>Modified from: The American Dental Association's "Classification of Treatment Needs" is a tool for referring children for dental services. Rose Clifford, RDH, BS, San Francisco Dept. of Public Health with Gayle Duke, RDH, MS, Dental Hygienist Consultant & California CHDP Dental Subcommittee 03/28/16</small>



Form 9: Oral Health/Caries Risk Assessment


















Oral Health Risk Assessment Tool

The American Academy of Pediatrics (AAP) has developed this tool to aid in the implementation of oral health risk assessment during health supervision visits. This tool has been subsequently reviewed and endorsed by the National Interprofessional Initiative on Oral Health.

Instructions for Use

This tool is intended for documenting caries risk of the child, however, two risk factors are based on the mother or primary caregiver's oral health. All other factors and findings should be documented based on the child.

The child is at an absolute high risk for caries if any risk factors or clinical findings, marked with a  sign, are documented yes. In the absence of  risk factors or clinical findings, the clinician may determine the child is at high risk of caries based on one or more positive responses to other risk factors or clinical findings. Answering yes to protective factors should be taken into account with risk factors/clinical findings in determining low versus high risk.

Patient Name: _____ Date of Birth: _____ Date: _____		
Visit: <input type="checkbox"/> 6 month <input type="checkbox"/> 9 month <input type="checkbox"/> 12 month <input type="checkbox"/> 15 month <input type="checkbox"/> 18 month <input type="checkbox"/> 24 month <input type="checkbox"/> 30 month <input type="checkbox"/> 3 year <input type="checkbox"/> 4 year <input type="checkbox"/> 5 year <input type="checkbox"/> 6 year <input type="checkbox"/> Other _____		
RISK FACTORS	PROTECTIVE FACTORS	CLINICAL FINDINGS
 Mother or primary caregiver had active decay in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No  Mother or primary caregiver does not have a dentist <input type="checkbox"/> Yes <input type="checkbox"/> No  Continual bottle/sippy cup use with fluid other than water <input type="checkbox"/> Yes <input type="checkbox"/> No  Frequent snacking <input type="checkbox"/> Yes <input type="checkbox"/> No  Special health care needs <input type="checkbox"/> Yes <input type="checkbox"/> No  Medicaid eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	 Existing dental home <input type="checkbox"/> Yes <input type="checkbox"/> No  Drinks fluoridated water or takes fluoride supplements <input type="checkbox"/> Yes <input type="checkbox"/> No  Fluoride varnish in the last 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No  Has teeth brushed twice daily <input type="checkbox"/> Yes <input type="checkbox"/> No	 White spots or visible decalcifications in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No  Obvious decay <input type="checkbox"/> Yes <input type="checkbox"/> No  Restorations (fillings) present <input type="checkbox"/> Yes <input type="checkbox"/> No  Visible plaque accumulation <input type="checkbox"/> Yes <input type="checkbox"/> No  Gingivitis (swollen/bleeding gums) <input type="checkbox"/> Yes <input type="checkbox"/> No  Teeth present <input type="checkbox"/> Yes <input type="checkbox"/> No  Healthy teeth <input type="checkbox"/> Yes <input type="checkbox"/> No
ASSESSMENT/PLAN		
Caries Risk: <input type="checkbox"/> Low <input type="checkbox"/> High Completed: <input type="checkbox"/> Anticipatory Guidance <input type="checkbox"/> Fluoride Varnish <input type="checkbox"/> Dental Referral	Self Management Goals: <input type="checkbox"/> Regular dental visits <input type="checkbox"/> Wean off bottle <input type="checkbox"/> Healthy snacks <input type="checkbox"/> Dental treatment for parents <input type="checkbox"/> Less/No juice <input type="checkbox"/> Less/No junk food or candy <input type="checkbox"/> Brush twice daily <input type="checkbox"/> Only water in sippy cup <input type="checkbox"/> No soda <input type="checkbox"/> Use fluoride toothpaste <input type="checkbox"/> Drink tap water <input type="checkbox"/> Xylitol	

Treatment of High Risk Children

If appropriate, high-risk children should receive professionally applied fluoride varnish and have their teeth brushed twice daily with an age-appropriate amount of fluoridated toothpaste. Referral to a pediatric dentist or a dentist comfortable caring for children should be made with follow-up to ensure that the child is being cared for in the dental home.

Adapted from Ramos-Gomez FJ, Crystal YO, Ng MW, Orla JJ, Featherstone JD. Pediatric dental care: prevention and management protocols based on caries risk assessment. J Calif Dent Assoc. 2010;38(10):746-761. American Academy of Pediatrics Section on Pediatric Dentistry and Oral Health. Preventive oral health intervention for pediatricians. Pediatrics. 2003; 112(6):1367-1394, and American Academy of Pediatrics Section of Pediatric Dentistry. Oral health risk assessment timing and establishment of the dental home. Pediatrics. 2003;111(5):1113-1116.

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National Interprofessional Initiative
on Oral Health engaging providers
reducing oral disease



ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

Form 9: Oral Health/Caries Risk Assessment (cont.)

Oral Health Risk Assessment Tool Guidance

Timing of Risk Assessment

The Bright Futures/AAP "Recommendations for Preventive Pediatric Health Care," (ie, Periodicity Schedule) recommends all children receive a risk assessment at the 6- and 9-month visits. For the 12-, 18-, 24-, 30-month, and the 3- and 6-year visits, risk assessment should continue if a dental home has not been established. View the Bright Futures/AAP Periodicity Schedule—http://brightfutures.aap.org/clinical_practice.html.

Risk Factors

⚠ Maternal Oral Health

Studies have shown that children with mothers or primary caregivers who have had active decay in the past 12 months are at greater risk to develop caries. **This child is high risk.**

Maternal Access to Dental Care

Studies have shown that children with mothers or primary caregivers who do not have a regular source of dental care are at a greater risk to develop caries. A follow-up question may be if the child has a dentist.

Continual Bottle/Sippy Cup Use

Children who drink juice, soda, and other liquids that are not water, from a bottle or sippy cup continually throughout the day or at night are at an increased risk of caries. The frequent intake of sugar does not allow for the acid it produces to be neutralized or washed away by saliva. Parents of children with this risk factor need to be counseled on how to reduce the frequency of sugar-containing beverages in the child's diet.

Frequent Snacking

Children who snack frequently are at an increased risk of caries. The frequent intake of sugar/refined carbohydrates does not allow for the acid it produces to be neutralized or washed away by saliva. Parents of children with this risk factor need to be counseled on how to reduce frequent snacking and choose healthy snacks such as cheese, vegetables, and fruit.

Special Health Care Needs

Children with special health care needs are at an increased risk for caries due to their diet, xerostomia (dryness of the mouth, sometimes due to asthma or allergy medication use), difficulty performing oral hygiene, seizures, gastroesophageal reflux disease and vomiting, attention deficit hyperactivity disorder, and gingival hyperplasia or overcrowding of teeth. Premature babies also may experience enamel hypoplasia.

Protective Factors

Dental Home

According to the American Academy of Pediatric Dentistry (AAPD), the dental home is oral health care for the child that is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist. The AAP and the AAPD recommend that a dental home be established by age 1. Communication between the dental and medical homes should be ongoing to appropriately coordinate care for the child. If a dental home is not available, the primary care clinician should continue to do oral health risk assessment at every well-child visit.

Fluoridated Water/Supplements

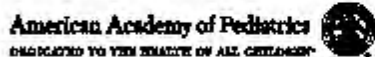
Drinking fluoridated water provides a child with systemic and topical fluoride exposure, a proven caries reduction intervention. Fluoride supplements may be prescribed by the primary care clinician or dentist if needed. View fluoride resources on the Oral Health Practice Tools Web Page <http://aap.org/oralhealth/PracticeTools.html>.

Fluoride Varnish in the Last 6 Months

Applying fluoride varnish provides a child with highly concentrated fluoride to protect against caries. Fluoride varnish may be professionally applied and is now recommended by the United States Preventive Services Task Force as a preventive service in the primary care setting for all children through age 5 <http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/dental-caries-in-children-from-birth-through-age-5-years-screening>. For online fluoride varnish training, access the Caries Risk Assessment, Fluoride Varnish, and Counseling Module in the Smiles for Life National Oral Health Curriculum, www.smilesforlife.org/oralhealth.org.

Tooth Brushing and Oral Hygiene

Primary care clinicians can reinforce good oral hygiene by teaching parents and children simple practices. Infants should have their mouths cleaned after feedings with a wet soft washcloth. Once teeth erupt it is recommended that children have their teeth brushed twice a day. For children under the age of 3 (until 3rd birthday) it is appropriate to recommend brushing with a smear (grain of rice amount) of fluoridated toothpaste twice per day. Children 3 years of age and older should use a pea-sized amount of fluoridated toothpaste twice a day. View the AAP Clinical Report on the use of fluoride in the primary care setting for more information <http://pediatrics.aappublications.org/content/early/2014/08/19/peds.2014-1699>.



Clinical Findings

Form 9: Oral Health/Caries Risk Assessment (cont.)



⚠ White Spots/Decalcifications

This child is high risk.

White spot decalcifications present—immediately place the child in the high-risk category.



⚠ Obvious Decay

This child is high risk.

Obvious decay present—immediately place the child in the high-risk category.



⚠ Restorations (Fillings) Present

This child is high risk.

Restorations (Fillings) present—immediately place the child in the high-risk category.



Visible Plaque Accumulation

Plaque is the soft and sticky substance that accumulates on the teeth from food debris and bacteria. Primary care clinicians can teach parents how to remove plaque from the child's teeth by brushing and flossing.



Gingivitis

Gingivitis is the inflammation of the gums. Primary care clinicians can teach parents good oral hygiene skills to reduce the inflammation.



Healthy Teeth

Children with healthy teeth have no signs of early childhood caries and no other clinical findings. They are also experiencing normal tooth and mouth development and spacing.

For more information about the AAP's oral health activities email oralhealth@aap.org or visit www.aap.org/oralhealth.

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Form 10

Assessment Tool for Barriers to Dental Care

CDCC will ask the following questions to the clients.

What are the reasons you did not take child for dental care ? (select all that apply)	
Knowledge and Beliefs	
I do not know where to go	<input type="checkbox"/>
My child is too young to see a dentist	<input type="checkbox"/>
I do not believe dental care is important	<input type="checkbox"/>
I am (we are) anxious or fearful	<input type="checkbox"/>
Language/Culture	
Providers do not speak our language	<input type="checkbox"/>
Providers do not understand our culture	<input type="checkbox"/>
Practical Concerns (logistics)	
I cannot pay for it (cost)	<input type="checkbox"/>
Dates and times are not convenient	<input type="checkbox"/>
I cannot take time off work	<input type="checkbox"/>
I do not have transportation	<input type="checkbox"/>
The wait for an appointment is too long	<input type="checkbox"/>
Dentist Availability	
I do not know of any dentists who accept Medi-Cal	<input type="checkbox"/>
I do not know of any dentists who will see young children	<input type="checkbox"/>
Prior Negative Experiences	
The time in the waiting room is too long	<input type="checkbox"/>
I do not like how they treat my family	<input type="checkbox"/>
Other	
Is anything else making it hard for you to make or keep your dental appointments? Please specify.	<input type="checkbox"/>



Form 11

Assessment Tool for Social Determinants of Health

Social Determinants of Health (SDoH)		Community resource examples
1. Do you (and/or your partner) have a job right now? Yes/ No	<input type="checkbox"/> Yes <input type="checkbox"/> No	- Catholic Charities - Upwardly Global - Berkeley Adult School
2. Are you concerned that the job is at risk for any reason? Yes/No	<input type="checkbox"/> Yes <input type="checkbox"/> No	- CA Labor and Workforce Development
3. Sometimes people find that their income does not quite cover their living costs. In the last 12 months would you say you were worried or stressed about having enough money to pay for your		
3.1 Rent/ mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.2 Food	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.3 Clothing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.4 Utilities (water or electricity)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.5 Child Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.6 Medicine or any health care (medical, dental, mental, vision)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.7 Transportation expenses, such as parking, make it difficult to get to the doctor or dentist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.8 Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.9 Other (please write)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Are you receiving WIC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	- AC WIC Program Davis Street Family Center
5. Are you worried that your current housing situation is unhealthy for you or your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Are you worried about losing your current housing situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	- Justa Causa Legal Aid (East Bay Community Law Center)
7. Are you concerned about your child's learning, behavior or development?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Has your child ever missed school because of dental-related problems (pain, infection)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. What is the highest level of school that you have finished?	<input type="checkbox"/> Less than a high school <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> More than high school <input type="checkbox"/> I choose not to answer	

Form 12: Dental Encounter Form



HTHC Encounter Form

Date of Appointment _____
 Time of Appointment _____
 CDCC Name _____
 CDCC Agency _____
 Lead CDCC _____

General Information

First Name _____ Last Name _____ Language _____

Parent Name _____ Telephone number _____

Visit number _____ Phase of treatment: ☐ Primary ☐ Secondary ☐ Tertiary ☐ D9430

DOB _____ CCMS ID of the child _____

Insurance ID _____ Insurance type ☐ Medi-Cal ☐ Health Pac

Dental Service Address _____

Name of Rendering Dental Provider _____

Did the client show up? ☐ Yes ☐ No Was FOHE provided? ☐ Yes ☐ No

Caries Risk: (Check one) ☐ Low (no disease; no risk factors) ☐ Moderate (presence of a risk factor; no disease) ☐ High (presence of disease; recent disease experience; presence of multi-risk factors)

Next appointment (Dental Provider Please complete)

Next appointment scheduled? ☐ Yes ☐ No

Next appointment: Date _____ Time _____ Length _____

Phase of treatment for the next appointment: ☐ Primary ☐ Secondary ☐ Tertiary care

Instructions to CDCC: _____

How many appointments are needed? _____

Was a referral made? ☐ Yes ☐ No (Dr. _____ Reason _____)

Services Provided Today (Please choose all Care Phases that apply)

Care Phase: Primary

(Preventive Services and Clinical Oral Evaluation) check specific code of preventive/exam procedures done today

List of services by category

Clinical oral evaluations:

- ☐ D0120
☐ D0150
☐ D0145

Preventive Services:

- ☐ D1120- Dental Prophylaxis
☐ D1206- Topical Fluoride Varnish
☐ D1208- Topical Fluoride
☐ D1351- Sealant
☐ D1352- Preventive Resin
☐ D1354- Silver Diamine Fluoride

Space Maintenance (Preventive Services):

- ☐ D1510, D1515, D1520, D1525, D1550, D1555
☐ X-rays Taken Today
☐ No Primary Services Today

Care Phase: Secondary (Restorative or any other procedure in Treatment Categories defined at bottom of this form)

Were any treatment procedures done today? ☐ Yes ☐ No

Care Phase: Tertiary (Emergency or Operating Room, or Specialist Care).

Was Tertiary treatment done today? ☐ Yes ☐ No

Secondary Care Phase DEFINITION: Any procedures occurring in the following Treatment categories:

D2000-D2999, D3000-D3999, D4000-D4999, D5000-D5999, D6000-D6999, D7000-D7999, D8000-D8999 Restorative, Endodontics,

Periodontics, Prosthodontics, Maxillofacial Prosthetics, Implant Services, Prosthodontics, Oral and Maxillofacial Surgery, Orthodontics. **Tertiary Care Phase**

DEFINITION: Specialized, highly technical level dental procedures provided in a Specialty Office or hospital setting by a licensed dental specialty such as, Endodontist, Oral Surgeon, Pediatric Dentist, or Orthodontist

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Form 13: Client Data Collection Form



Healthy Teeth Healthy Communities Client Data Collection Paper Form

CCHC name		Date data entry began
Family contact information		
First name (primary guardian)		Last name (primary guardian)
Guardian's relationship to child		
First name (child/client)		Last name (child/client)
Date of birth of the (child/client)		
Phone: mobile	Phone: home	Phone: other
City	Street address	Zip code
Email address		
Primary language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese <input type="checkbox"/> Other (write-in)		
Race/ethnicity <input type="checkbox"/> African-American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> (White) <input type="checkbox"/> Other (write-in)		
Dental Needs		
When was the child's last dental visit?		<input type="checkbox"/> Within last 12 months (Child has a dental home) <input type="checkbox"/> More than 12 months ago (Child Does NOT have a dental home)
Any pain, trauma to teeth or visible infection?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Urgency of dental needs		<input type="checkbox"/> Non-Urgent <input type="checkbox"/> Urgent (Class 3) <input type="checkbox"/> Urgent (Class 4: Emergency)
Insurance Status/HIT Referral		
Insurance Type		<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Other <input type="checkbox"/> Health Pac <input type="checkbox"/> None
Insurance ID Number		
Verified in Medi-Cal?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the child been referred to a Health Insurance Technician for enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did the client acquire new health insurance/Medi-Cal?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: (Date of Enrollment)
Enrollment		
Did the family sign consent?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Enrollment Status		<input type="checkbox"/> Enrolled <input type="checkbox"/> Enrollment Pending
Dental Appointment Made for Child		
Date of dental appointment		
Name of dental provider		Location
Appointment Status & Troubleshooting		
Did the client show up for the appointment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If didn't show for the dental appointment, what was the reason?		<input type="checkbox"/> Scheduling conflict <input type="checkbox"/> Other (Write in) <input type="checkbox"/> Transportation problem
Encounter form given to dental provider?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Encounter form received back from dental provider?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Make-Up Dental Appointment		
Date of dental appointment		
Name of dental provider		Location
Notes		



Form 14: HTHC Monthly Progress Report of CDCCs		
Reporting Period: Month, Year		
 	Name of Organization	
	Total	CDCC 1 (Name of CDCC)
No. of events organized/attended		
total		
in-reach		
outreach		
No. of people attended the events		
total		
in-reach		
outreach		
No. of individual people CDCCs talked to at the events		
total		
in-reach		
outreach		
No. of families contacted (600/year/CDCC or 50/month/CDCC)		
total		
in-reach		
outreach		
No. of consent forms signed by families		
total		
in-reach		
outreach		
No. of families given health education		
total		
in-reach		
outreach		
No. of dentist appointments scheduled for children/youth (276/year/CDCC or 23/month/CDCC)		
total		
for own agency		
for different HTHC agency		
No. of children/youth who showed up for dentist appointment (179/year/CDCC or 15/month/CDCC)		
No. of children in continuity of care (116/year/CDCC or 10/month/CDCC)		
total		



Top Left: CDCC meeting
 Top Right and Bottom Left: HTHC CDCCs
 Bottom Right: HTHC partner serving client