



## Driving Enrollment by Highlighting Dental Coverage

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### Connecting Kids to Coverage National Campaign

#### Webinar Transcript February 24, 2016

**Erin Seidler:** Good afternoon everyone. Welcome to the Connecting Kids to Coverage Driving Enrollment by Highlighting Dental Coverage webinar. I'm Erin Seidler, and I work closely with the Connecting Kids to Coverage team. As you know, it's National Children's Dental Health Month, and we're pleased to provide you with resources to actively take part in connecting families to dental health services. We've had over 300 people sign up for this webinar today, so we are excited to share our oral health resources and let our speakers present their strategies for helping children maintain healthy smiles. Laurie Norris, Senior Policy Advisor and Coordinator at CMS Oral Health Initiative will walk us through the agenda and get us started. Laurie?

**Laurie Norris:** Thank you Erin, and welcome everyone. We're really super pleased that you could join us for this webinar today. Just as a reminder, children enrolled in Medicaid or CHIP have access to comprehensive oral health services including checkups, x-rays, fluoride treatments, dental sealants, fillings, and lots more. Our experience has shown that raising awareness about these benefits can help support your outreach efforts and motivate parents to enroll their children in Medicaid or CHIP. Our speakers today will give you an overview of quite a variety of resources that you can use to educate families about dental health and about the availability of dental coverage in Medicaid and CHIP. We'll also be talking about how you can pair dental coverage and Medicaid and CHIP enrollment to increase both. More kids get dental coverage and more kids get dental care. You will also hear about some creative strategies that community based organizations have used, and one of those involves the Tooth Fairy. So stay tuned for that. At the very end, I will give you information about a number of resources that are available to you from CMS. Next slide. We wanted to start off by hearing from you. We have a poll question that we would like you to respond to. Have you incorporated oral health messaging into your outreach and enrollment efforts? So if you could select one of the two choices here, just by clicking on the radio button on your screen. Okay, let's close the poll and see - terrific! So we're just about split down the middle. 48% of you have already incorporated oral health messaging. So today's webinar will be a reminder and validation for you in terms of what you have already been



doing and hopefully you'll get some good new ideas. But 52% of you haven't done it yet, so you are in the right place to learn how to get started with that and how that can pay off for you. Next slide please. So I just wanted to spend a couple of minutes familiarizing you with efforts ongoing at CMS to improve children's oral health. This first slide is just a reminder about how tooth decay can really be a serious condition for children, especially low income children. 80% of the disease is in 20% of the children, and the 20% of the children that have 80% of the disease tend to be low income kids, the kids we are trying to reach. You may not be aware that it is a bacteria based disease. It is transmissible. You catch it from someone, and usually babies and very young children catch it from their caregivers or from their siblings that already have it. It is most serious when it develops at an early age, before age three. Most children, over half, have had at least one cavity by age five. But for low income children, the percentage tends to be much higher. Once you have it, it can last a lifetime. It does have consequences; it causes pain, interference with development in eating and other serious infections as well as interference with learning and other issues. It can also be very expensive. Children sometimes need to go to the operating room, especially when they are very young, to get their tooth decay treated, and that can cost between \$9,000 and \$15,000 per episode. But the good news is, this disease is almost entirely preventable. That is what we are focusing on at CMS right now. Next slide please. This will give you a sense of how many, what proportion of children enrolled in Medicaid receive a dental service and how that has been trending over the last 15 years. Here we have data from 2000 through 2014. The top line, the blue line, represents what proportion of kids are getting any dental service in the measurement year. Prevention is represented in the red line and treatment services is represented in the green line. As you can see, there has been steady progress, but there is still a lot of room for improvement. We're still reaching only half of our children who are enrolled. Next slide please. Many times, folks out in the states really like to know, how is my state doing? So this slide shows you on a state by state basis what proportion of children are getting a preventive dental service. This is our most recent data that we have available from 2014. The red line in the middle is our national average, which is 45%. Our high performers are over on the left. You can see that Vermont and Connecticut, Washington State, those are doing a pretty good job at reaching close to two-thirds of their kids. On the other hand, on the right hand side you see our really low performers, for example Wisconsin, Florida and North Dakota still are not even reaching 30% of their kids. Next slide. We have an Oral Health Initiative going on right now, and it has been,



we launched it in 2011. It has set a goal for every single state to improve by 10 percentage points, not 10% but 10 percentage points, the proportion of kids that get a preventive dental service. This will give you a sense of the improvement rate going on in your state. I see my green lines have migrated a little bit south here. The five year goal is supposed to be up at the 10 percentage point mark and the four year goal at the 8 percentage point mark. In any event, you can see that only a few states up on the left hand side are really making strong improvements. Unfortunately, we do also have some states over on the right hand side who have been going backwards, they have been losing ground. We are working very concertededly, especially with our lower performing states, to help support their improvement. Next slide. I mentioned we have an Oral Health Initiative going on to improve by 10 percentage points the proportion of kids who get a preventive dental service. Originally that Oral Health Initiative was set to expire in 2015, and we were hoping that everybody would reach their goal by then. But as you've just seen, very few states have reached their goal. So just last month we announced an extension of the Oral Health Initiative for three more years to 2018. I think this is important for you all to know, because states are going to continue to put effort and energy into reaching more kids over the next three years and improving the percentage of kids that get to the dentist. That is my framing. Next we'll turn to our other presenters. Next slide please. Our first presenter is Jane Grover. She is the Director of the Council on Access Prevention and Interprofessional Relations with the American Dental Association. We're really pleased to have her here today. Jane?

Jane Grover: Thank you very much. Again, I am very grateful to be here today. I've been with the American Dental Association approximately three years, and before that my professional background is being a dental director and a clinician at an FQHC in the Midwest for twelve years. My dental background and public health degree are from Michigan. Next slide please. So I'm very happy to give an overview of ADA campaigns that provide education to families on the importance of oral health. We've got several key initiatives designed by the ADA which support outreach to families for access to oral health services. I'm going to focus on some of the more prominent ones, which are overseen by our communications team and our CAPIR, Council on Access Prevention and Interprofessional Relations, which is within the Division of Government Affairs. We're also going to talk about our Action for Dental Health Campaign, which is a series of initiatives which show dentists making a difference in their communities. Next slide please. The



Age 1 dental visit is a key message that is not only supported by the ADA House of Delegates but represents an aspect of Interprofessional Relations of the Council on Access Prevention and Interprofessional Relations. This message is also supported by the American Academy of Pediatrics and the American Association of Pediatric Dentistry. Next slide please. In 2012, the Ad Council and Partnership for Healthy Mouths Healthy Lives, a coalition of 36 organizations and the ADA, launched the first ever joint public service campaign to address children's oral health. The campaign targets parents and caregivers of children under the age of 12 with an emphasis on low income, African-American and Hispanic populations due to the disproportionate level of dental disease suffered by these populations. The ADA House of Delegates has strongly supported this campaign with funding approval through the association's operating budget. The campaign's objectives, based on research conducted by the Ad Council, is to educate the target audience about the importance of a healthy mouth and motivate them to take the steps that help their children achieve a healthy mouth. The call to action is to brush two minutes, twice per day, or 2MIN2X. This comprehensive, integrated campaign includes television, billboards, social media, radio, and online content. Phase 1 of the campaign was from 2012 to 2014, with a press conference and public service announcements delivered to 33,000 media outlets. In 2014, the Children's Oral Health PSA received the Ad Council's top creative award of the year, the Gold Bell for Creative Excellence, selected from PSAs developed by 40 volunteer agencies that year. Engagement measures show website analytics and social media metrics. 2016 metrics show 2.8 million visits to the campaign website, 2MIN2X, with 34,000 Facebook followers and 295,000 video views. 2013 and 2015 partnerships with Scholastic Publishing resulted in children's oral health material reaching 190,000 teachers and 5.7 million families, with a 19% increase in awareness, from 53% to 71% among Spanish speaking parents. Next slide please. National Children's Dental Health Month has served as the premiere health awareness campaign each February since 1949. This observance has helped promote oral health education to children, parents, caregivers and educators, empowering people to be good stewards and advocates for their own oral health. National Children's Dental Health Month, or NCDHM as we call it, is an extremely popular oral health education campaign as evidenced by the high volume of posters and materials that have been distributed over the years. In the past three years alone, 648,750 posters have been distributed. For 2016, 75,000 posters were ordered, with 60,000 English language posters claimed by the middle of November 2015. The oral health messages reach millions of people in communities across the



country, and at numerous armed services bases. Posters are distributed to dentists, members, and other health provider agencies at no charge. Posters are also sent to Head Start programs, elementary, middle and high schools, health departments, community clinics, museum exhibits, patient reception rooms, childcare centers, and dental education institutions. In addition to the posters, National Children's Dental Health Month activities include coloring and essay contests, dental screenings, health fairs and presentations done by local team members. To ensure appropriate health literacy considerations, the CAPIR National Advisory on Health Literacy in Dentistry reviews all of the NCDHM materials. Next slide. Give Kids A Smile is an ADA designed campaign which has enjoyed many years of success since it began in 2002. More than 1,500 GKAS events have been held this year alone throughout the country, providing dental services to more than 300,000 underserved patients. Since the program began, more than 5 million children have received care through Give Kids A Smile day activities. Next slide please. This is just one example of dental school engagement and support for Give Kids A Smile activities. Virtually every dental school in the country participates in at least one Give Kids A Smile Day activity. Next slide please. The Health Policy Institute, led by Dr. Marko Vujicic, compiles comprehensive analyses of the key aspects of the oral healthcare system and provides reports that help inform policy decisions. Their latest publication, a state by state analysis, shows tremendous gains being achieved in access to care for Medicaid children. Between the years of 2000 and 2013, all but one state saw an increase in the percentage of Medicaid children who had at least one dental visit within the past year. In fact, Texas Medicaid children are actually more likely to visit a dentist than their privately insured counterparts. This points to the need for policymakers to continue implementing evidence based reforms in Medicaid since the states with the largest gains in access to dental care among Medicaid children, Texas, Connecticut and Maryland, implemented multi-pronged reforms that actually worked. These reforms include provider and beneficiary outreach, improvement in reimbursement strategies, and the streamlining of administrative procedures. To engage dental providers in the Medicaid program, the ADA Medicaid Initiative and the Action for Dental Health has provided boot camps around the country for dentists. These sessions give perspective on medical necessity and documentation as well as overall program compliance. There has also been a free online CE program developed and currently online for dentists discussing the topics of Medicaid participation and program compliance. I want to report that since it has been up in the last two weeks over 300 dentists have taken that CE course. Next



slide please. The Dental Quality Alliance provides key insights as the improvement in the areas of outreach and enrollment is achieved by ensuring high quality in the measurement of specific areas such as prevention. The DQA represents the dental community coming together to define quality in the context of population health. These measures represent a standardized way to prove that Medicaid is providing high quality care, and we look forward to collaborating on the development of the Access Monitoring Review Plans to ensure they are appropriate for pediatric dental services. Next slide please. The American Dental Association collaborated with the American College of Obstetrics and Gynecology as well as the National Maternal and Child Resource Center on a national consensus statement regarding the importance of oral health during pregnancy. This statement reflects the commitment shown by the ADA for this special population. The 2015 ADA House of Delegates intensified this commitment by adopting two resolutions promoting oral health services throughout all nine months of pregnancy. Next slide. The Action for Dental Health is a campaign of eight initiatives which was introduced in 2013. Since then, four priorities have emerged within these initiatives that have special relevance to ADA and its members. These initiatives are Medicaid, emergency room referral, community water fluoridation, and the Community Dental Health Coordinator program. The CDHC program is an ADA developed educational training program which partners a community health worker curriculum with a dental assisting or dental hygiene curriculum to maximize outreach for dental services to vulnerable populations. Currently, there are 37 CDHCs in 8 states, with another 58 students in the educational pipeline. These professionals engage in community based oral health promotion and outreach to connect people to care. Next slide please. I appreciate the opportunity to participate in this webinar and present the activities of the ADA regarding oral health promotion and access to dental care strategies. Please contact me if you have any questions. Pictured here we have three of our CDHCs in the great state of New Mexico. Thank you very much.

**Laurie Norris:** Thank you Jane. It's wonderful to hear about everything the American Dental Association is doing to encourage people to get the dental care they need. I'm hoping that our listeners noticed that there are lots and lots of activities underway. Every state has a chapter of the American Dental Association and their own state Dental Association that would be a good contact for you and a good partner in hooking up to connect kids to coverage through dental care. Our next speaker, next slide please, is Matt Jacob. Matt is the Director of Communications and Outreach at the



Children's Dental Health Project, which is a national organization supporting children's oral health. Matt?

**Matt Jacob:** Thanks Laurie. I'm really pleased to be with all of you today, and my thanks to CMS for asking me to participate. Next slide please. I want to give you a little bit of a test drive, I guess that's the best term for it, for a web portal that we launched this month called End Cavities. It's a website that is really aimed at people like all of you. I think you're the perfect subset of people we're trying to reach, people at the local level, state level who are working to help parents and caregivers learn more about coverage, get people signed up, connect them with the appropriate people, try and help them with access to care. And so state and local health and children's advocates are really a prime audience for this website, which is really not aimed directly at parents, it's really aimed more at medical and dental professionals and health and children's advocates that work with them and interface with them and hopefully advocate for them. Next slide please. This is a happy photograph, but this is not a happy time to be number one. Tooth decay is the number one chronic disease of childhood, and that is something we can't be happy about. Normally, being number one is something to cheer about. This is not. And the main reason is because this is a preventable disease, as Jane noted. So we've got a lot of work to do, and hopefully together we can help do it. We want to keep kids cavity free. And this site, I should mention, focuses on preschool age kids, so children from birth through age 5. My apologies for the fire department that is saying hello to everybody out there. We are really aiming at changing the conversation here, because we want parents and caregivers to understand that they actually have a lot more control over whether their infants and toddlers and young kids get cavities than they may think. There have been surveys in recent years, and we did one just in December, which found that roughly 43% of adults felt that they had little or no control over whether they get a cavity. And we've really got to build some understanding and work with them to understand that there are steps they can take, both for their own mouths and for the mouths of their children to keep their mouths and teeth healthy. Next slide please. Some of the resources you can find on [endcavities.org](http://endcavities.org) are talking points on early childhood cavities, some fact sheets on different issues. We have multiple infographics that I think you might find very useful. There are videos, brief videos, less than a minute each, that talk about some of the key issues involved. And there is a tip sheet for media outreach. I'm going to go ahead and call out several of these, I don't really have the time to walk you through every single one of



them. But I want to highlight some that I think could be of particular use to all of you as you go about the work that you do. Next slide please. So first and foremost the talking points. And again, this is not aimed at, this is not something that you would hand off to a parent or family member. This is really for you. Some of you may already know many of these points, you may be very well versed in the incidence of tooth decay and the effects it has on children and families. But this is kind of a one stop shopping. It's a two page document, front and back, that just walks you through the key messages that stand out, that this is the number one chronic disease, that it has significant consequences for a child's health and wellness. That cavities are costly, both for families and for states and Medicaid and CHIP, so we really want to do what we can to prevent disease because it's not only good for the pocketbook, it's very good for children and families. And we also make the point on this Talking Points document that dental coverage is so important. That really is the foundation, it opens the door to the services that kids need to stay healthy. Next slide please. We have some infographics to share. This is one that is really aimed at demonstrating all of the different elements that need to be playing roles, that are important roles to help keep a child cavity free in their early years. Obviously, at the center of it is families, and we highlighted families for that very reason. There are practical steps that moms and dads and aunts and uncles can take to keep their kids free of tooth decay, some habits at home. We know that that's a very important thing. So we really wanted to make this really reverberate and build out from the family. There are so many key elements to that. We think of dental care and we think of dentists, and dentists are very, very important people in ensuring that kids stay healthy. But there are other people that can play roles too, and we enumerate some of them on this infographic. Pediatricians and other medical professionals, Head Start staff, different community organizations that help provide wraparound services. Having a community water system that is fluoridated. Electronic health records. There are so many different elements, we wanted to give people a sense of this. And I do want to call out OB-GYNs, because we know there is evidence showing through research they have found that the oral health status of a pregnant woman shapes her newborn's oral health, the risk of tooth decay. We believe that prevention actually starts with pregnancy and making sure we keep women healthy during that period of time and that their teeth and their gums are healthy. Next slide please. There are different versions of this, so depending on your state or your community or the population you are reaching out to or acting as a liaison with, we have different versions. If you go to [endcavities.org](http://endcavities.org) you can access either one of





these. There is another infographic I won't show you at this moment, but I just wanted to make sure you understood there were different versions. Next slide please. We want to encourage you to reach out and do something that may seem scary to some of you, but we think it's worth doing. And that is to reach out to a local editor of a newspaper, it might be a daily paper, it might be a weekly newspaper, it might be a public NPR or radio station or affiliate in your area. A lot of radio stations have public affairs programming. They are constantly looking for new topics, and they want to be in sync with what is going on in the community. And so this story looks and sounds very different at the local level, and I think there is a story to be told. Think about this, because not only can you use and borrow and adapt any of the language on End Cavities to write letters to the editor or commentary pieces that are submitted to a newspaper or for your blogs or eNewsletters. There is also a document, 5 Tips, and it's located on the It's News page. It has some tips that can really help you think through, okay, how would I reach out to a local reporter once I have their email address. What do I say and how do I develop a pitch message. There is a sample message in there if you want to raise the issue. So sometimes there is that direct contact that you make to try to raise awareness about the importance of dental coverage and coverage overall. But sometimes if we can get stories in the media, they help to reinforce that message. That is why we suggest this. Next slide please. Of course, I think the statistic that I believe Laurie alluded to at the very beginning of the webinar is certainly one to share as well. If you are talking to a reporter about the importance of coverage and what you're finding as you encourage people to sign up, some of the confusion that may be out there and so on. But let them know that two-thirds of parents pointed to dental care as being one of the main reasons why they were seeking or signing up for Medicaid or CHIP. Next slide please. Then I want to encourage all of you to use social media. Many of you work for organizations or nonprofits that don't have a lot of money laying around somewhere to run advertising campaigns or do a lot of the things that other organizations or corporations or other companies might be able to do. You really have to make every dollar count. One of the things we find with Twitter and Facebook in getting the message out and sharing online resources is that it is a real help in that regard. We certainly encourage you to use social media, and I think many of you know there is the hashtag #Enroll365 that is out there that if you include that somewhere in your message you can make sure that people find your comment or your tweet. From time to time, we are constantly looking at calendar dates and activities and ways to leverage our relationships with different organizations and stakeholders to have social



media events. So for example, April is National Minority Health Month, and I suspect we will be involved in one or more activities that month on Twitter or Facebook. So if you are interested in being a part of that, helping promote the importance of dental coverage through Medicaid or CHIP, please let me know. My email address is right there. Next slide. Once again, I want to thank everybody for taking time out of your busy days to hear about what's going on. One final sign off is, any of you who have an eNewsletter or blog or anything and you'd like to put some content up there about End Cavities, we have some sample language that I can share with you. So there's my email address, just reach out to me and let me know if you'd like something for an eNewsletter or other activity that you've got going and we can get that to you so you don't have to spend the time trying to write it yourself. Thanks again, Laurie.

**Laurie Norris:** Great, thank you Matt. Some really great resources you've shared with us today, and I want to underline once again that 68% statistic you shared with us. Many of you may not realize that one of the strongest selling points for the product you are trying to sell to parents, I kind of think of it that way sometimes, that you're trying to sell parents on signing their kids up for this coverage. One of your strongest selling points is that it does include comprehensive dental coverage. So we hope that you take advantage of that in your messaging, and Matt shared a lot of ideas with you as well as some very concrete resources that you can use to do that. Next slide please. Our next speaker is Debbie Bickford, and Debbie is Project Director for Coverage for Kids in the Karuk Tribe in California. Turning the mic over to you, Debbie.

**Debbie Bickford:** Thank you, Laurie. Good afternoon. As you can see, my name is Debbie Bickford, and I am representing the Karuk Tribe as Project Director of the Coverage for Kids campaign. The Karuk Tribal Health Program operates three health clinics that are open to all residents and visitors of the Mid-Klamath River community. And whether you're traveling north on Highways 1 or 5, once you hit Highway 96, how shall I put it, you are two hours past nowhere. So you know that our resources are limited. Before I get started, I'd like to give credit where credit is due. A lot of these ideas that we've used have come from the InsureKids.gov website, specifically the game plan and Make A Kid Smile. Then we just tweaked everything to fit our needs, and we often collaborate with Family Resource Center and with CNAP Programs. Next slide please. Are you working hard but still getting the same old results? Being told, we don't need your help, we have tribal insurance, we're already covered, I don't want anything from



the government, my tribe takes care of me. Well, the fact is children still need regular dental care to maintain healthy teeth, and dental insurance is the most cost effective way to obtain annual checkups and regular dental care. There is a shortage of dental professionals in the rural native community, and a good percentage of those who need that dental care the most are the ones who do not respond to outreach efforts. Next slide please. So I say it's time to think outside of the box. One of the best resources here is to talk to teachers and administrators to help you zero in on what the needs of the community are. Here is a specific case. The child is not allowed to attend afterschool activities because of behavior problems and is constantly being sent to the office because of those behavior problems, but also because his teeth hurt. Parent claims that he has Medi-Cal, but he doesn't take him to the dentist because they don't have a car or whatever other excuse he comes up with. Solution: We planned a one day soccer event that I knew that specific child would like to attend. The registration form required a copy of the insurance or Medi-Cal card be attached to the application. That parent did sign him up for Medi-Cal prior to the event so he could play, and he has now been to the dentist. So think for a moment, what would work in your local schools? Next slide please. Again, thinking outside of the box. One day when I was visiting a school, I noticed on a regular basis a specific child was always hungry and anytime there was food she was interested. However, when she ate, she winced, even though she never complained, and to me it appeared she needed to see a dentist. The solution? We developed the Healthy Food Recipe Contest. This contest consisted of a team made up of a child and an adult of choice. If their recipe is selected, the cafeteria will prepare in advance for a family night event. That team will demonstrate to the audience how to prepare that healthy dish. It was served with a salad bar and ice water to drink with no dessert. The admission will be proof of insurance or Medi-Cal gets the whole family in free of charge. In our town, food is a big deal. Next slide please. However, our favorite outreach event is Make a Kid Smile Day with the Tooth Fairy at the Siskiyou County Fair. We are lucky enough to be able to offer dental services at each of our clinics. If your tribe or clinic does not offer dental services you will need to knock on some doors and meet those local dentists offices and clinics. Remind them it is free advertising and it is a great way to welcome new patients. So on our event, the purpose was to promote free dental checkups before school started and sign families up for Medi-Cal. The Tooth Fairy got lots of attention. We allowed families to take pictures with the Tooth Fairy, and our Tooth Fairy came dressed with a cute little leotard and tutu with pretty wings and a tiara. The kids' mouths dropped. They were



so excited. Next slide please. The manning of this booth needs to be somewhat outgoing and able to reach out to people as they walk by. So you need a person who is actually signing people up, scheduling them, in addition to the Tooth Fairy, although she can be of help. When traffic was slow, our Tooth Fairy actually took a basket with our handout. We had little tooth necklaces where they are plastic and they open up so when the child's tooth is loose and falls out they put it in the little necklace and carry it so they don't lose it before they go home. We gave out little wind up chomping teeth and dental timers and all kinds of things. So the Tooth Fairy took some of those out and encouraged families to stop by our booth and invited them to sign up for a free drawing for a youth portable basketball hoop, which got a lot of attention also. Once captive, we set appointments, handed them a reminder card with a promise to call and remind them the night before or morning of the appointment. since we were at the fair from Wednesday through Sunday and the appointments were for the Monday after the fair. We were able to fill 60 slots in our Yreka clinic, the same town as the fair. Of these 60, there were 8 no shows, most without phones for us to call and remind them. We signed up 6 children for Medi-Cal. It doesn't seem like much, but it is 10% of the crowd that we wrangled in. Next slide please. As with all projects, it is necessary to develop a work plan with deadlines. I always start by brainstorming all the things I need to accomplish as well as all the materials I need to order. Then I schedule according to what must be done immediately, such as requesting a check and submitting the application, as well as ordering all the handouts. By the way, you can order a gross of Tooth Fairy necklaces for \$7.50. That's very inexpensive. Be sure to also check out RetailMeNot.com for promotions that offer free delivery or discounts to your order. Always order one month in advance to allow time for back orders, and always check the clearance items first. You can also check with dentists' offices who will be participating with you. They may have some toothbrushes, timers, etc. that they can donate to the cause. Children love handouts. Here is a sample, next slide please. Here is a simple schedule module that I also made from an Excel spreadsheet. We scheduled one child for 30 minutes with four rooms available. When there were multiple children from one family who needed to be scheduled together, we color coded so there would be less confusion if there was a no show or a walk in. And we had both. White indicated that there was a single child. And we actually had a teen mom come in with her three year old, so we got two for the price of one. Next slide please. Here are a few tips to remember. Be patient. Don't take it personally. Have fun. Do something a little different. No two children or sets of parents are alike. Be flexible with your schedule. If



you do what you've always done, you will continue to get the same results. And remember, you are doing it for the children. Next slide please. Thank you for your time. I'm more than happy to share any information should anyone want copies of the schedule, the task list, etc. And feel free to email me or call me, I'd love to help you. Thank you very much.

**Laurie Norris:** Thank you Debbie. Those were just some amazing stories you shared, and such great creativity going on out in your part of the world. Thank you for sharing all those approaches with us. It is especially exciting that it came with a real live Tooth Fairy. And thanks for the picture of the real live Tooth Fairy, that was a special treat. Okay. Just a reminder that if you have questions as we're going along, please go ahead and enter them into the question box and we'll get to those questions in just a couple more minutes. I wanted to close out the presentations today by reminding you about the variety of free resources that are available to you through the Connecting Kids to Coverage Campaign in addition to all these resources that have been shared from our other presenters. We have print materials, templates, social media content, customizable materials as well. They are all available in our online resource library. Next slide. One item is our Think Teeth oral health education materials. You can see some of them here, this isn't all the ones we have available. They are posters as well as tear pads. They are available in bulk and in both English and Spanish. There are three versions of them. One is focused on little kids, that's the one you see with the toddler on the left. One is focused on pregnant women, and another one which you'll see the image of in a moment is focused on older kids. So these are available for free, and we've given you the link here where you can order them. It takes about two to three weeks to get them, so you need to plan in advance. And the idea is these are for parents and families. They can be used by any kind of community-based organization and also by physicians to hand out to their patients. Next slide. They are also customizable. So here is the one that is focused on older kids. You can take them as is for free, or you can customize them with your organization's logo or contact information. Again, we've provided you with the link. The one little wrinkle that I want to make you aware of is that if you do decide to customize them, you will get a pdf of the customized materials, which then you will be responsible for printing or paying to have printed. Next slide please. We also have on the Oral Health section of our website various template materials. We have web banners and buttons that you can use on your website. We have social media graphics. We have language for Facebook and Twitter posts. And we have sample copy for you to use if you have newsletters or



blogs, we've got it all written for you and you can just cut and paste. There is the link for where you can find those materials online. Next slide. We've also produced a one page flyer that is intended for parents of children with special health care needs. Finding a dentist who is the appropriate type of caregiver for a child with special health care needs can be a challenge. Every child has their individual needs, and not every dentist is prepared to meet those individual needs. So this flyer walks a parent through how to locate a dentist in their community and how to call in advance before making an appointment and how to walk through some questions to try to determine whether this dentist is the right one for your child. Next slide please. All of our outreach videos and previous webinars, there is a monthly webinar with this campaign, and all of the recordings of those webinars are available in the resource center on the Insure Kids Now website. The recording of this webinar will also be added to that resource. In addition, we have an outreach video library. These are very short videos that showcase a variety of outreach and enrollment promising practices from groups around the country. For instance, this photo that you are seeing right here is from the video where we partnered with the organization called Public Citizens for Children and Youth in Philadelphia. They have a Kids Smiles program there, and we worked with them to create a video to show how organizations can help enroll eligible children in Medicaid and CHIP while bringing them in for free dental services, similar to what Debbie also described. So check out those videos. Next slide please. In addition, we offer you a dentist locator. This is a really cool tool. Find a dentist for your kid. This is a national tool that has the name and address and phone number of every dentist in the country who accepts Medicaid and CHIP. On the left, what you see is a little widget that anybody can download and post on their website. It's a shortcut way into the tool. All you need to do is say what your state is and then what your Medicaid plan is that your kid is enrolled in and what your zip code is. Then click search and you will get a whole list of dentists that accept that plan and that are in your community. On the Insure Kids Now website, there is a more expanded consumer interface which is what you see on the right, where you can specify different details including such things as whether your child has a special health care need or whether you prefer a language other than English to be available in the office where you take your child. So this is a terrific tool. It is maintained by the federal government. States are required to update the information in it at least once every three months. We're really proud of the quality of the information in there and encourage you to get the word out about it in your communities and to use it yourself. Next slide please. There are several ways you can stay up to date with the



latest Medicaid and CHIP outreach strategies and stay connected to the Connecting Kids to Coverage Campaign. You can sign up for our campaign eNewsletter. They are distributed by email throughout the year, and they provide updates on campaign activities. We also want to hear from you, so if you have questions for us or you want to share an outreach or an enrollment story, anything that you want to share with us we really want to hear about it. So here is our email inbox, [ConnectingKids@cms.hhs.gov](mailto:ConnectingKids@cms.hhs.gov). Please send us a message. Next slide please. To expand your outreach, you can connect with our campaign's social media. If you follow @IKNGov on Twitter, that is where we share our campaign updates and our new resources, and you can share those across your social media channels. And don't forget, as Matt mentioned to you, that you can tag all of your posts using #Enroll365, #Medicaid, #CHIP, and #ThinkTeeth. Those are all hashtags that will help us track what is going on in social media and help get the word out more broadly. Next slide please. We've arrived at the question and answer portion. We can see that there are a whole bunch of questions that have been entered in. I am going to turn the mic back over to Erin to facilitate our Q&A session. Erin?

**Erin Seidler:** Thank you so much Laurie and thank you to the other speakers for the great content you've provided today. We've got several questions here from you all, thank you so much for submitting those questions. The first question I'll really open up to all the folks on the line for any best practices that they may have. The question is, although I know this webinar is focused on dental health access for children, we know that parents are also likely to enroll, and if the parents also enroll what resources are there to persuade not just the children for oral health but also the adults as well? So any best practices you might have on getting the entire family access to dental care.

**Laurie Norris:** This is Laurie. I should jump in and just provide a little bit of context that Medicaid, whether Medicaid covers dental services for adults varies by state. It is a state decision, unlike for dental care for kids, states are required to cover dental care for kids. But states, it's optional for states to cover dental care for adults. So one thing that would be important for you to understand before you take a step in this direction is what type of dental care is covered for adults in your state. That information is available, and I can share a link with Erin to send out to all of today's webinar attendees so you have a quick reference to see what is covered in your state. Then once you know that, I think you'll understand whether you should go ahead and make this a central part of your campaign. If your state Medicaid agency



does cover dental care for adults, I think it's a terrific idea. There have been studies that have shown that if adults have coverage children are more likely to get care and vice versa. And then the one resource I have to offer you is the Think Teeth tear pad for pregnant women. That would be one way to connect with a slice of the adult population. Many pregnant women have older children, and so that would be a way into the conversation for those folks. Anyone else have pointers to offer?

**Jane Grover:** This is Jane Grover, and those are great comments and suggestions Laurie. Coming from the Health Center world and also knowing that ADA initiatives, many state dental associations can serve as resources for people who are looking for family-centric care, and they can also connect you with primary care associations and community health centers that have a variety of opportunities for family-centric care. And you are absolutely correct, when the parents are getting care the children also get care. So there are some wonderful models out there that are really working.

**Erin Seidler:** Great, thank you to you both. Our next question is asking about infographics. What's the difference between infographics and maybe other social media tools, and I'll expand on that question a little bit and ask folks to share best practices in using infographics. Matt, I know this was a specific part of your presentation, so you may want to jump in here.

**Matt Jacob:** Sure. Infographics are a very popular item on social media. For example, on Twitter they are a common hashtag, a lot of people will put a hashtag right in front of the word infographic because they know there are a number of people out there who are actively searching for infographics, either based on the topic or just to see how people are creating visualizations of data and other facts. It is, there is some evidence that it does improve engagement, that if you promise to share either through an attachment or you display in your message on Twitter or Facebook an infographic that it makes people more likely to click and open it up and to just stop and read. I think that encourages people to use them in that way, to promote them and share them through social media. I think that is one thing I would say. And you may even be aware of this already, but there are actually some tools online, there is one piece of software called Piktochart, I'm not connected to them in any way, full disclosure, and there are other sites as well that are actually getting a little better, they still don't look quite as sophisticated as working with a full-fledged designer, but allowing people to create their own infographics. So it's become quite a thing.





**Erin Seidler:** Great, thank you Matt. And in that same vein, we had a question if these materials from each of the organizations are available in other languages.

**Jane Grover:** We know, at ADA we have several resources that are in Spanish, and those are available to the public.

**Laurie Norris:** And the Think Teeth materials are available in both English and Spanish, but unfortunately not in other languages.

**Matt Jacob:** I can't say that we have materials right now on End Cavities that are in Spanish. Part of that, a little bit of that is that they weren't designed so much as a consumer targeted outreach, but working more with stakeholders. But we do recognize that there are stakeholders out there that would like to see them in different languages. We are exploring an adaptation of some of them to Spanish, so please stay tuned, that may be coming.

**Erin Seidler:** Great, thank you all. We had a question about the type of care that we should be talking about when doing this outreach. Specifically, when targeting children, should the focus be on promoting comprehensive care or preventative care to them.

**Jane Grover:** That's a great question.

**Laurie Norris:** Go ahead, Jane.

**Jane Grover:** Well, I was going to say that of course the ultimate goal is that children have a dental home, and many times the conversation may begin with prevention information. Again, the age one dental visit is a prime example of that. The fact is, you can't just rely on preventive services alone because we know we have children that have some very urgent needs. So it is advantageous for them to have a dental home so that treatment plans can be tracked to completion so that children that have needs and unrestored decay can get comprehensive care. But many times the lead in the conversation will start with preventive care because I'm sure everyone on the webinar may agree that we don't have as much conversation in our society about oral health as we do about some other aspects of health, and we know that oral health is integral to overall health. So we've got some opportunities to capitalize on, and the conversation generally begins with prevention.



**Laurie Norris:** I would mostly agree with what you just said Jane. I think to the extent that you are organizing events that talk about oral health and seek to educate the community about oral health, you should definitely focus on prevention, because so many families are not aware that really their children's oral health is in many ways in their hands. What the oral care that is happening at home, whether they are drinking fluoridated water, how they are spacing the sugar intake for their children. There is so much that families can do at home to protect their children's oral health. There is a huge educational piece that goes on there. On the other hand, if your goal is to interest a parent in signing up for Medicaid or CHIP so that their child has insurance, they may be most interested in the sort of immediate frame in getting dental coverage because they know their child has a dental issue, and that they have been putting off taking their child to the dentist because they don't have coverage. So I think it depends on the setting and what you are trying to accomplish. But I think very often parents would be grabbed by the idea that, oh, I know my kid needs dental care, I feel like a bad parent because I haven't been getting them to the dentist, here is a way that I can accomplish that.

**Erin Seidler:** Great. And as a follow up question to that, I think, we asked specifically about the type of care, but also what age should parents be prioritizing dental health for children as you're looking to reach those target audiences.

**Laurie Norris:** Jane, I'll let you have that one.

**Jane Grover:** Sure. You know, when the first teeth start erupting in the mouth, we have partnered with the American Academy of Pediatric Dentistry and also the American Academy of Pediatrics for the Age 1 dental exam, the Age 1 dental visit. The opportunities can really start with pregnant women to talk about oral health before the baby arrives. And we also, through Interprofessional Relations and CAPIR want to engage physicians to have this conversation with patients so that that oral health message is being supported from the medical world as well. Laurie, I know you've got some comments on that too.

**Laurie Norris:** Yes, absolutely. A lot of the work that we do here at CMS is to raise the level of participation by pediatricians. Children go to the pediatrician so much more often than they go to the dentist, both for well child checkups as well as for sick care visits. So we think that the pediatrician's office is a very important place for parents to get educated about the importance of oral health from the very earliest ages, from those



very first baby visits and on through early childhood. As I mentioned in one of my slides, if the disease gets established in a child's mouth at an early age, under 3, it is likely to be a lifelong problem. So I would vote for emphasizing the importance of prevention and getting that dental home established in those very earliest ages. Very often we think about partnering with schools as a great place to reach children, and it is a great place to reach kids. But usually by the time we can reach them there they are already like five years old. So we need to be thinking creatively about how to partner with daycare centers, WIC. WIC programs are a fabulous place to reach mothers and very young children with the oral health message, to get that message out at the very earliest ages.

**Erin Seidler:** Great, thank you to you both. And I think we'll just end here with one last question. And Debbie, I think this question might make sense for you but of course I want everyone to jump in here. The question was, what has been your biggest barrier to enrolling in oral health that you have heard from people, and getting access to oral health care? How have you solved that? You know, I think, Debbie, you had some really creative strategies. What have you heard from folks on the ground about why they haven't been able to get children access to oral health care? And what have you done to get them that access?

**Debbie Bickford:** Well, I had one father, a single father, who did not have custody of his children but they were the most important thing to him. And this is for Medi-Cal, not necessarily dental only. But he refused to apply for anything, he didn't want the government to know anything. And so I convinced him to meet with me, and I told him that at any time we could stop the process and delete the application, because I do everything online. I told him I only put in information that is required, I don't put anything else in there, and any time I will stop. And when we were done, he goes, that's it? I said, that's it. He said, I've been fighting this for all these years. But the way I got him in was, well, from what I hear you saying, your children are the most important thing to you in the world. And you can't take care of those children until you take care of yourself. So let's get your needs met so you can be the father you want. So that's how I got him in. And it wasn't for dental reasons, it was for other reasons. But I use kind of that perspective as I meet one on one with families, when they are hesitant to sign up for anything. The unknown frightens everyone, so making sure they understand they are the most important person to me at the time I am talking to them, and that we'll stop at any time, and I'll help them through the whole process, I am able to sign up those who are hesitant.



**Erin Seidler:** That was really a wonderful message.

**Debbie Bickford:** I don't know if that answers your question, but that's how I handle it. And with dental, it's usually just a matter of the families being lazy, or there not being enough dentists. We provided free dental checkups for all of the elementary schools, and at the two larger ones I work with, there are almost a thousand children between the two schools. When we did the free checkups, it was discovered that there were 150 emergency cases for dental alone, and there were no dentists to see them. Parents were having to take the children to the emergency room to get antibiotics and painkillers. I actually went to the school one day and sat and helped one or two families get Medi-Cal signed up so that they could go to the dentist when they could actually get an appointment. Fortunately, one of the local hospitals opened up a dental unit, so the pressure is off a little bit.

**Laurie Norris:** This is Laurie. Thank you for those stories. It's heart wrenching sometimes the difficulties families face. And I just wanted to remind you that after a family gets coverage sometimes it is a challenge to find a dentist who accepts their Medical or CHIP coverage. And that's why our dentist locator can be so very helpful. The other thing I wanted to make sure you all are aware of is, states have an obligation under Medicaid law to assure access to non-emergency transportation services. So if you have a family that cannot get to a dentist, either because the dentist is across town and they don't have a car, or say the dentist is in the next town over because there is no participating dentist in your town. The Medicaid agency will have some process in place to arrange for transportation and to pay for that transportation if the parent and child or children need transportation to the dentist, if that is a barrier for them.

**Erin Seidler:** Great. Thank you so much to everyone for the questions, your participation, and to our speakers for the fantastic content today. We will be following up with a lot of these resources that were mentioned on the call today through our eNewsletter, and also this webinar will be posted to the InsureKidsNow.gov website. If you do have any questions, please feel free to connect again with the campaign at [connectingkids@cms.hhs.gov](mailto:connectingkids@cms.hhs.gov). Thank you again and have a great afternoon.