Kids Get Care: Integrating Preventive Dental and Medical Care Using a Public Health Case Management Model

Kirsten H. Wysen, M.H.S.A.; Patricia M. Hennessy, M.P.A.; Martin I. Lieberman, D.D.S.; Tracy E. Garland, M.U.P.; Susan M. Johnson

Abstract: Kids Get Care is a public health-based program in the Seattle area designed to ensure that low-income children, regardless of insurance status, receive early integrated preventive medical, dental, and developmental health services through attachment to medical and dental homes (the usual sources of medical or dental care). The oral health component of the program focuses on cross-training medical and dental providers, providing partner medical clinics with a case manager, and educating staff in nearby community-based organizations about how to identify incipient dental disease and possible early childhood developmental delays. The program identifies a local, well-respected dentist to champion the delivery of oral health screening within a medical clinic and to provide oral health training to medical clinic staff. The program works with community agencies to educate families on the importance of healthy baby teeth, routine dental care beginning at age one, and general prevention. In its first year, the program trained 355 community staff and 184 primary care providers on how to conduct an oral health assessment. These staff and providers screened more than 5,500 children for oral health problems. One medical clinic more than doubled the number of fluoride varnishes it provided, increasing from 80 to 167 during a nine-month pilot phase. Other outcome studies are in progress.

Ms. Wysen is a Policy Analyst at Public Health-Seattle & King County; Ms. Hennessy is the Oral Health Program Coordinator for the Kids Get Care and Access to Baby and Child Dentistry programs at Public Health-Seattle & King County; Dr. Lieberman is the Dental Director at the Puget Sound Neighborhood Health Centers; Ms. Garland is the President and Chief Executive Officer of the Washington Dental Service Foundation; and Ms. Johnson is the Director of the King County Health Action Plan at Public Health-Seattle & King County. Direct correspondence and requests for reprints to Patricia Hennessy, 999 Third Ave., Suite 1200, Seattle, WA 98104; 206-205-4017 phone; 206-296-0166 fax; patricia.hennesy@metrokc.gov.

"Kids Get Care" is a public health department-sponsored program in Seattle and the surrounding King County area that links low-income children from birth to five years with needed medical, dental, developmental, and mental health services using a case management model.' The program promotes the delivery of preventive services and the early identification of oral and physical disease among young children. It includes oral health training for medical practitioners and training on medical access issues for dental providers. It provides participating medical clinics with a case manager, and it conducts health education sessions with staff in nearby community agencies, such as childcare centers, on oral health and developmental indicators.

In this article, we outline the rationale for the Kids Get Care case management model and describe key features of the program that developed as a public-private partnership to provide comprehensive preventive services to young, low-income children. Preliminary data from one participating community health clinic demonstrated that more oral health and well child services were provided after program implementation. We also provide estimates of cost savings from preventive dental services and highlight elements of the program that could be replicated in other communities.

Background to and Development of the Kids Get Care Program

In 2000, the Surgeon General's report on oral health documented disparities in oral health and access to dental care among vulnerable populations.[2] While most children in the United States have healthy teeth, a smaller share suffers disproportionately. Eighty percent of tooth decay is experienced by 25 percent of children.[3] Poor children are three times as likely as children in higher income families to have a dental need that is unmet.4 Black and Hispanic children of all incomes are more likely than white children to live with untreated decayed teeth.[5] Fewer than 20 percent of children with Medicaid coverage receive preventive dental services.[6] The lack of access to dental remedies causes significant problems for these children and their families. Toddlers with chronically poor oral health have shown diminished growth compared to their peers.[7] Dental-related illnesses cause U.S. children to miss more than 51 million hours of school per year.[8] The Surgeon General's report emphasizes that oral health is integral to general health and is especially amenable to preventive strategies since safe and effective disease prevention measures are well established.[2]

Similar to national data, results from a Washington State oral health survey demonstrate unmet dental needs particularly among children from low- income and minority families.[5] In the Seattle, King County area, data show the following:

- Half of all children in King County do not receive regular oral health care.
- One out of seven early elementary school students has untreated decay.[9]
- Only 26 percent of 53,000 Medicaid children under six in King County in 2002 saw a dentist.
- Less than 5 percent of Medicaid infants and toddlers in King County have seen a dentist,[10] despite the American Academy of Pediatrics recommendation that children potentially at risk have their first visit to the dentist as early as six months of age.[11]

King County comprises an area of 2,128 square miles and is home to 29 percent of the Washington State population, or 1.7 million people. Seattle, with a population of 540,900, is the largest city in King County, but the jurisdiction encompasses seven other cities, extensive suburban areas, and rural regions in the foothills of the Cascade Mountains. King County is more ethnically diverse than the rest of Washington State and continues to grow more so. Much of the population's diversity comes from new arrivals to the United States, and diversity is greater among young people. While 20 percent of the county's overall population is non-white, 35 percent of children are ethnic minorities. From 1990 to 2000, the county population grew by 12 percent, with greater growth from immigrant populations than from U.S. residents.[12] In 2003, public health clinics used interpreters for more than 50,000 encounters in twelve different languages,'3 and Seattle schools translated informational materials into twenty-one languages.[14]

Public Health-Seattle & King County, the eighth largest metropolitan health department in the United States, organized a coalition of some thirty public and private health care system leaders in 1996 to monitor worsening health trends and health system indicators: The coalition is named the King County Health Action Plan (KCHAP).[15] The KCHAP's mission is to implement innovative collaborative projects that address system change and worsening health trends affecting vulnerable populations. Documentation of children's oral health needs in King County motivated the expansion in 2002 of the oral health activities of the Kids Get Care program.

Kids Get Care eliminates insurance status as the entrée to care for low-income children in seven neighborhoods in King County. Instead, the program provides services at participating community health centers and pediatric practices first. After the health care visit, a case manager works with the family to establish eligibility for public coverage. The adoption of a "services first" approach was motivated by concerns with local efforts in 2000 and 2001 to enroll children in Medicaid and a state-subsidized health coverage program, the Basic Health Plan. A two-year effort to identify and enroll eligible children in Medicaid and Basic Health cost $418 per newly enrolled child,[16] with no resulting knowledge of whether the child had received health care services. By contrast, Kids Get Care was designed to attach a child immediately to a medical and dental "home"[11,17] (or usual source of care) for regular ongoing primary health and dental care.

The designers of the Kids Get Care program believed that an assertive case management model could increase access to comprehensive preventive services for low-income children who were currently underutilizing preventive medical and dental services. The Medicaid program has supported the use of case managers to enable improved access to care by allowing payment for case manager services in the Early, Periodic, Screening, Diagnostic, and Treatment (EPSDT) legislation passed in 1989.[18] More recently, the North Carolina Community Care program has demonstrated the value of using case managers for Low-income families to increase access to primary care services while lowering hospital admission rates for children.[19] Case management models also have been used to increase the delivery of primary care services and reduce hospital utilization among groups of children with specific chronic health conditions, such as asthma and diabetes.[20,21]

By delivering comprehensive preventive services for children, including medical, dental, developmental, and mental health care, Kids Get Care provides a holistic strategy to promote prevention. Starting in community health centers with co-located dental health clinics, the program simultaneously addresses medical and dental needs, as it is often the same group of children who are at risk for disparities in multiple areas. This model is consistent with the Surgeon General's emphasis on oral-systemic health interactions and his report's recommendation for integration of oral and general health services.[2]

A grant from the U.S. Health Resources and Services Administration Healthy Communities Access Program in September 2001 initially funded the Kids Get Care program. In January 2002, the KCHAP was awarded a grant from the Washington Dental Service Foundation (WDSF) to amplify oral health activities. The WDSF grant enabled Kids Get Care to. expand its oral health component through collaboration with the Access to Baby and Child Dentistry (ABCD) safety net of dental providers serving low- income infants and young children.[22] In July 2003, the KCHAP was awarded an additional WDSF grant to implement an ABCD program in King County to provide additional capacity for dental care for Medicaid-eligible children up to the age of six. The ABCD program is a partnership among local health departments, local

dental societies, the University of Washington, the WDSF, and the Medical Assistance Administration (the Medicaid agency). Practicing community dentists are trained to provide care for Medicaid infants and young children. In return, private sector dentists receive a slightly enhanced reimbursement rate for services provided.[23] Outreach services provided by the public health department help families attain needed services, minimize no- show rates, and make sure that the dental offices receive billing and administrative support.

The Kids Get Care Program

The Kids Get Care oral health program objectives are:

1. to attach children to a regular source of medical and dental care;
2. to increase the number of children who are up-to-date with well child visits;
3. to increase oral health screenings and fluoride varnishes provided by primary care physicians and staff;
4. to increase the number of children who receive an oral health screening by their first birthday; and
5. to train community staff members to provide oral health and developmental surveillance and linkages to medical and dental homes (a usual, continuous source of care).

Key components of the Kids Get Care model are case management, integration of dental and medical services, and community education and outreach.

Case Management

Children identified with oral, physical, mental, or developmental concerns are referred by community agency staff to case managers in medical clinics who link them to needed services. After the child has received services, the family is assisted in obtaining medical or dental coverage. The case manager facilitates the first appointments, helps establish eligibility for public health coverage programs, ensures follow-up, and helps troubleshoot other barriers to care. The case manager provides additional administrative resources to participating clinics. He or she uses quality improvement techniques to identify and improve clinic operation issues so that more well-child visits can be provided.24 The case manager also helps high-need patients obtain referrals to specialty or hospital care if the child's condition is beyond the treatment capacity of public dental clinics or ABCD dentists.

Provider Training

To increase provider capacity, Kids Get Care organizes training for medical and dental practitioners. A dentist trains medical staff at participating clinics to screen for and identify oral health problems, apply fluoride varnishes, and refer children to a co-located dental clinic or a participating ABCD dentist, as appropriate. Any child identified as high risk by oral health screenings is referred to the case manager for follow-up and assistance in securing a dental visit. To assist medical practitioners in oral health screening, a checklist is provided that includes clinical information about early warning signs for oral health problems.[25] The checklist follows a format similar to Medicaid EPSDT provider checklists used in Washington State.

A Kids Get Care dental hygienist reinforces the oral health training provided to medical staff by working in the medical clinic for the first few days that oral health screenings are delivered. The hygienist provides information and support to the medical staff when they perform their first oral health screenings and fluoride varnishes and helps the staff integrate these dental services into regular well child visits.

Participating dentists and their staff receive ABCD training on the latest techniques in providing dental services to young children and oral health education to parents. In addition, physicians train general dentists and their staffs in participating clinics to ask patients: 1) if they have a regular medical doctor, 2) when their last well child visit occurred, and 3) if the child is up-to-date with immunizations. Additional training modules are being developed for dentists and dental staff to screen for developmental delays and physical complaints.

This approach of using peer professionals (physicians and dentists) to train each other has been successful at the Kids Get Care sites because the trainer is able to answer clinical questions that arise during the training sessions. It also creates opportunities for physicians and dentists to talk to each other about how poor oral health impacts a child's overall wellness and then together generate creative preventive solutions.

Community Outreach

A public health nurse carries out community education activities. She provides training sessions in the communities surrounding the clinics on the importance of preventive services, developmental milestones, and oral health indicators.[25] The public health nurse trains staff in various community-based organizations who work with young children

and their families. For example, the Kids Get Care public health nurse has conducted training sessions for staff at child care centers, homeless shelters, Child Protective Services, refugee resettlement agencies, maternity support services, interpreters, family courts, special education program, and Women, Infants, and Children (WIC) centers. When community workers identify children with possible health problems, they discuss their concerns with parents and assist in making referrals to a nearby Kids Get Care case manager if the family does not have a regular physician or dentist.

A summary of the roles and responsibilities of the physicians, dentists, dental hygienist, case manager, public health nurse, and community agency staff involved with Kids Get Care is outlined in Table 1.

Participating Clinical Sites

The Kids Get Care program is operational in seven sites throughout King County. These sites deliver various combinations of medical, dental, and mental health services (see Table 2). The sites are situated within Seattle and in southern and eastern areas of King County that have experienced growth in low-income and immigrant residents. Four of the seven sites are federally qualified health centers; one is a private, nonprofit organization; one is a private physician practice serving many low-income families; and one is a government-run public health clinic.

In the community health centers with co-located services, medical and dental practitioners provide the cross training. In the private practice physician group, a case manager works in four physicians' offices and makes dental referrals to ABCD dentists.

Results

The Kids Get Care program has increased the number of oral health services provided in a medical clinic, improved well child visit rates, expanded local dental capacity, and trained community agency staff.

Before the program was in place, one community health center reported that approximately eighty fluoride varnishes were provided in the medical clinic during the nine-month period from October 2001 to July 2002 (this figure may slightly underrepresent the number of fluoride varnishes conducted in the baseline period because of coding problems). This clinic began implementing Kids Get Care oral health activities in October 2002. Between October 2002 and July 2003, the clinic documented 167 fluoride varnishes delivered, a 109 percent increase. At this facility, 181 children aged six and under were seen at both the dental and medical clinics from October 2001 to July 2002, and 318 were seen between October 2002 and July 2003, a 76 percent increase. The number of zero- to two-year-olds seen by both clinics increased from sixty to 125 (a 108 percent increase) from the first to the second year.

Table 1. Kids Get Care service integration and professional roles

Types of professional	Direct service	Education/training	Case management
Case manager	Family education	Assists clinic staff in use of quality improvement for operational issues, e.g., clinic flow issues Supports administrative changes to integrate medical and dental clinics	Matches children with medical or dental providers Ensures children make appointments Addresses other barriers to care Checks on follow-up Refers to specialists if necessary Refers children with mental health needs to mental health professionals
Physician	Medical, developmental, and mental services Oral health screening Fluoride varnish Family education	Trains dentists and dental staff	Refers children with oral disease to case manager who ensures a timely dental visit occurs.
Dentist	Dental services Screening for immunizations and source of well child care Family education	Trains physicians and medical staff	Refers children with medical/developmental problems to case manager for medical appointments
Public health nurse	Family education	Trains community agency staff	
Community agency staff	Family education Identification of at-risk children	Train other community agency staff to be "wise watchers"	Refers children to case manager for medical or dental appointments

The medical component of the Kids Get Care program has been in place at three medical clinic sites since September 2001. These three community health centers have increased the average rate of two- year-old children up-to-date with well child visits from 53 percent in September 2001 to 75 percent in July 2003.

During the first year of implementation, the dentists providing training in the Kids Get Care Oral Health program educated 184 primary care physicians and staff on how to conduct oral health screening exams and assessment and how to apply fluoride varnishes. From July 1, 2003 to December31, 2003, forty private dentists and their staffs signed up to participate in the ABCD program, and more than 4,000 Medicaid children have been enrolled in that program.

The public health nurse trained 355 staff in community-based organizations on how to identify possible incipient caries (primarily by observing white or brown spots on teeth) and how to disseminate oral health promotion techniques. These trained community staff in turn have screened about 5,500 children for oral health problems and assisted with linkages to oral health services.

Kids Get Care worked with the Washington Dental Service Foundation to carry out a simulation model comparing the costs of providing fluoride varnishes to Medicaid children under six during their well child visits with the costs of the current practice of providing only a minimal number of fluoride varnishes and paying for the ensuing caries treatments. If all the Medicaid children under six in King County received fluoride varnishes during their well child visits, the estimated cost savings per year from prevented cavities could be approximately $0.3 million dollars ($1.4 vs. $1.7 million),[26] based on an estimated cavity reduction of 69 percent.[27] Even with a lower estimate of efficacy, significant cost savings would be achieved; that could offset the modest costs of a case manager and public health nurse shared among several clinics.

Discussion

With the Kids Get Care program, we have seen early improvements in the rates of oral and medical services delivered to young at-risk children. The oral health component of the program almost doubled the number of young children receiving integrated medical and dental services at one clinic site in the first year of implementation.

To accomplish these improvements, Kids Get Care challenged the usual assumption that establishing eligibility for medical or dental insurance must be the first step in obtaining services. In this program, the need for services is identified first, the child is referred to a regular source of medical or dental care, and a case manager ensures that services are provided to the child in a timely manner. After the medical or dental home is established and the first services are delivered, insurance eligibility is determined. We believe this approach makes better use of scarce resources than devoting time and money to marketing the availability of health coverage and requiring families to undergo a sometimes lengthy application and eligibility determination process before any services are provided.

From our HRSA grant we were able to provide participating clinics with $10,000 to $25,000 per year to help offset the costs of treating children who did not qualify for any health or dental insurance. The participating clinics estimated that these funds paid for a quarter to a third of their uncompensated care costs associated with new uninsured children referred to the clinic through Kids Get Care outreach.[28] Because most of our partnering medical providers are community health centers, which receive federal funds to help pay for the costs of treating uninsured patients,[29] they were able to continue to participate in Kids Get Care. The lack of availability of a source of funds to offset the costs of caring for uninsured children may be an obstacle to replicating this program without initial grant funding or outside of federally qualified health centers.

Treating the Whole Child

Kids Get Care uses an integrated approach to providing medical, dental, mental, and developmental preventive services to children. This child-centered strategy can better serve the family, although it calls upon the physician and medical staff to continue to add to activities included in a well child visit. We faced initial resistance among physicians to adding yet another element to the well child visit. One dentist trainer created converts among the medical staff by emphasizing that the goal was to reduce pain for the child and that the impetus to carry out oral health screenings was not a mandate from the dental clinic but rather was for the health and well-being of the child. At a subsequent training session, the focus of the discussion shifted to discussing the same medical staffs' questions about what strategies they could use to get their patients to use dental floss on a regular basis.[30]

Table 2. Locations, services, and organization types of medical and dental clinics participating in Kids Get Care

Kids Get Care site	Services	Location	Type of organization
1	Medical Dental Mental health	Seattle	Nonprofit organization
2	Medical Dental Mental health	West Seattle	FQHC*
3	Medical Dental Mental health	South King County	FQHC*
4	Medical Mental health	South King County	FQHC*
5	Medical Dental	South King County	Private practice physicians Private dentists (ABCD)
6	Medical Dental Mental health	East King County	Public health clinic

*FQHCs are federally qualified health centers that receive federal funds to provide health care in medically underserved areas.

Re-Engineering Primary Care Delivery

The Kids Get Care case managers help clinics implement quality improvement techniques, which ensure that children stay up-to-date with well child checks and improve linkages between the medical and dental clinics. Implementing quality improvement practices in the clinic operations can achieve significant increases in clinic efficiency and provider productivity.[31] By providing a modest increase in the administrative resources available to the clinic, in the form of the case manager, the Kids Get Care approach has led to important increases in health prevention process measures without increasing the number of medical staff. Three participating clinics achieved a 41 percent increase in the rate of two year-olds up-to-date with well child checks over a two-year period. The innovations discovered by the clinics have energized the staff as well. As one dental director at a partner clinic remarked, "Before our involvement in Kids Get Care, I probably would not have thought about sending a family to the medical clinic. The gift of this program is that it creates opportunities for doctors and dentists to talk to each other about how poor oral health impacts a child's overall wellness and then together to generate positive and preventive solutions."[32]

In addition to the estimated savings from providing more fluoride varnishes to young children and fewer caries treatments, Kids Get Care draws attention to research that shows that children who are up- to-date with well child visits are less likely to be admitted for avoidable hospitalizations (48 percent less likely among 113,000 children in California).33 Since Kids Get Care has increased the number of two-year olds up-to-date with well child visits, we project that there may be a decrease in avoidable hospitalizations among those children. Our cost savings projections do not use the same methodology as rigorous cost- effectiveness studies. However, they highlight the potential savings from redirecting the health system toward greater use of prevention and primary care services with the goals of improving health and reducing spending on potentially unnecessary and expensive interventions. These findings were presented to the Washington State Board of Health, which subsequently passed a motion recommending that state agencies use incentives to ensure that children receive preventive health services.[34]

In addition, we have reached out to numerous organizations that work with underserved children and families in King County by using public health nurses to conduct community education with staff in child care centers, WIC sites, homeless shelters, and interpreter services agencies. We have linked many aspects of the public and private health delivery system to improve access to services in the neighborhoods surrounding our seven sites. The Kids Get Care sites are located in lower income areas with documented high needs for health services.[35] Our intention in choosing those sites was to work toward reducing disparities in health outcomes.

Limitations and Implications

Kids Get Care was implemented as a demonstration project, not as a research project. Only six to twelve months of preliminary data are available from the oral health program. To date, evaluation efforts have focused on process measures of training sessions and services delivered, but the data are not extensive and data were not collected from control groups. The increases we have measured in well child and early dental services may be due to other trends occurring in the Seattle region. We are continuing to pursue more formal evaluation strategies and plan to use control groups in the next expansions. In addition, although we have targeted populations with demonstrated health disparities and we have early findings that support improved access to care, further studies are needed to correlate receipt of appropriate health services with measurable reductions in pediatric oral health outcomes.

Kids Get Care offers a flexible model based on specific principles that can be modified to fit different organization types and different communities. The principles are:

- Focus resources on delivering services rather than establishing eligibility for programs;
- Treat the whole child, not specific body parts;.
- Provide modest additional resource to the primary care setting, in the form of a case manager;
- Use quality improvement principles to improve clinic administration and the operations involved in integrating medical and dental services;
- Cross train medical and dental professionals to expand access to services; and
- Collaborate with community staff who interact with the target population on a daily basis.

Because the model has been shown to be effective and is based on specific principles that offer flexibility in implementation, we are optimistic about continued dissemination. To date, six other counties in Washington State have approached us with interest in the adopting the model. Kids Get Care also is seeking grant funding to implement the program in a rural location to assess what changes may need to be made to operate in that setting.

Conclusions

As in many urban areas,[36] too many children in King County face severe and chronic oral health needs. Working together over months and years, a coalition of public health, foundation, medical and dental professionals, and community leaders initiated the community-based model of Kids Get Care. Members of the coalition offered moral, financial, and logistic support to the program at key moments throughout its evolution to ensure success. Only in operating together in a public-private partnership were we able to implement this innovative program. We are working still to expand it and to effect policy changes that support improved preventive services for young children in our state.

The Kids Get Care oral health program demonstrates that a metropolitan public health department, community health centers, private sector providers, dental society, and local foundation can collaborate successfully to improve access to physical and oral health services for low-income children using a medical-dental model. We believe it has laid a foundation for a continuing public-private infrastructure to deliver preventive physical and oral health services to low-income children in King County. This project aims to ensure that all targeted children have medical and dental homes or regular ongoing sources of medical and dental care. By bringing children into regular sources of primary care at an early age, we increase the likelihood of prevention and health promotion services reaching these vulnerable children and families.

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