Dental Care Access Ohio 2000

Mark D. Siegal

Objectives: To coordinate planning and policy development in order to improve access to dental care for Ohio's vulnerable populations, particularly those served by Medicaid and CHIP.

Methods: The Ohio Department of Health addressed its objective through a three-pronged approach targeting: 1) state level policy, 2) community infrastructure, and 3) school-based/school-linked oral health program infrastructure. The latter two were steering committees for grants from HRSA and the CDC , respectively. Each committee was charged with developing a strategic plan by June 2000. In addition, the state department of health and the Medicaid program collaborated on a joint report on access to dental care, using data from a statewide, county-specific oral health screening survey, a large-scale telephone interview survey and from Medicaid claims. The information in this report, the release of which was timed to coincide with that of the Surgeon General's Report on Oral Health, was used by the three committees.

Results: Currently, the work of the committees is in its early stages. By the time the Surgeon General's Conference, the strategic plans will be in their final stages and the joint report on access to care will be available for distribution. The timing of the presentation of the state level policy recommendation will coincide with the early stages of the state's biennial budgeting process.

Conclusions and Recommendations: It is too early evaluation the process and to draw conclusions. By the time of the Conference, recommendations and conclusions will be available. The presentation will cover both the process and the resulting products.

Ohio's Joint Report on Access to Dental Care

Carrie Farguhar

Objectives: To report on the oral health status, dental care resources and accessibility of dental care for Ohioans, particularly the low-income population.

Methods: The Ohio Department of Health collaborated with the Ohio Department of Human Service's Medicaid Program to compile a Joint Report on Access to Dental Care in Ohio. Data for the report were collected from, 1) a statewide, county-specific oral health screening survey of first through third grade students in 336 elementary schools: 2) an analysis of Medicaid fee-for-service program utilization data,- and 3) dental care access data collected through surveys of dentists, dental safety nets, consumers and school nurses. The report, to be released the same time as the Surgeon General's Report on Access to Oral Health, will evaluate access to dental care in Ohio and identify barriers and make recommendations for improving access. The report will contain profiles of each of Ohio's 88 counties. The profiles will include the oral health status, oral health resources (e.g., number of primary care dentists, Medicaid providers and dental safety net programs) and other related information (e.g. fluoridation status of community water supplies) for each county. The report will be used by the committees that comprise Dental Care Access Ohio 2000 and are charged with coordinating planning and policy development to improve access to dental care for Ohio's vulnerable populations.

Results: At This point in time, the data have been collected and the analysis is underway. By the time of the Surgeon General's Conference on Children and oral Health, the report on access to care will be printed.

Conclusions and Recommendations: At this time, it is too early to evaluate the process and draw conclusions. By the time of the Surgeon General:s Conference, the conclusions and recommendations will be available.

Florida Oral Health Partnership for Low Income Children

Frank J. Courts and Thomas Floyd, University of Florida, College of Dentistry

For the past two years, leaders in Florida=s oral health community have sought to develop and implement a dental health plan under the Title XXI program. A Statewide Dental Coordinating Council, that included County Public Health Departments, the Florida Dental Association, state AHCA and Medicaid offices, and the university communities, was created for this purpose. The objective of this council was to AImprove oral health of low-income populations through coordinated, integrated efforts of the public and private sectors@. A novel program was developed to provide oral health coverage to Title XXI children and adolescents not covered by Medicaid. The decision not to use Medicaid as program administrator was based on low utilization and poor provider support for the Medicaid system. The new program was based on the direct assignment model and had the characteristics of a fixed annual cost (stop-loss insurance), non-capitated reimbursement, and a potentially broad provider base. Initial legislative efforts to fund this program were not successful. Obstacles included resistance from Florida=s KIDCARE proponents due to increase program co-payments, opposition to another Agive away program@, dental practitioner resistance to a low reimbursement program, and a poor understanding by all groups of the direct assignment insurance model.

Conclusions: Policy makers do not yet see oral health care as a critical component of child health. The partnership of oral health advocates alone is not sufficient to cause meaningful change. A sustained effort is also critical.

Cavity Free Kids: Community Support through the Washington Dental Service Foundation

N. Waddell, D. Riter, M. del Aguila
Washington Dental Service

Washington Dental Service and Washington Dental Service Foundation (WDSF) have played key roles over the years in expanding access to dental care for children and promoting prevention in our state. Since 1985, WDSF has contributed more than $7 million to community projects, education and research activities.

In 1998, MMSF allocated $1.5 million to launch the Cavity Free Kids program (CFK), which seeks to eliminate tooth decay in children from infancy through elementary school age. The program initially targets a region underserved by dental providers that includes migrant and settled farm workers, a large Native American reservation, and 70,000 Medicaid children under age 20.

CFK focuses on prevention, education, access and community development. Initiatives include: local funding for two ABCD programs; seminars for physicians on early childhood caries; oral health education in settings such as summer camps; and funding for fluoridation in two city water systems. Partnerships include public and private support and links with dental and nondental agencies and coalitions. Developing community capacity for sustainable action on oral health issues is a major component of the CFK strategy.

Evaluation of the CFK program includes baseline and follow-up measures from clients, providers and community agencies. The patient evaluation was conducted by caseworkers in local WIC offices. Dentists reported on attitudes and practices regarding treatment of children and Medicaid patients. Community service organizations assessed interagency collaboration and integration of oral health services with medical services. Baseline results will be presented during this session.

COALITION BUILDING TO SOLVE SOUTH CAROLINA'S CHILDREN'S ORAL HEALTH CRISIS

C. Ginsberg

This presentation will demonstrate ways in which South Carolina is addressing oral health needs of the children of South Carolina, including children with special health care needs through coalition building. Poor oral health among South Carolina children is a problem of crisis proportions. Some 330,000 Medicaid eligible children require dental education and professional care that is often not available. For children with special health care needs, the situation is even more critical. Often families who have children with special health care needs are so overwhelmed with other medical needs that dental needs are overlooked. The goals of the coalition composed of professional associations, child advocacy organizations, social service agencies, education representatives, and coordinators from the Governor's Office are to improve access to dental treatment for all children, increase provider knowledge of Medicaid, caring for children with special health care needs, and increased parent/child knowledge of the importance of dental health. Towards attaining these goals, the SC General Assembly passed initial funding for a new Dental Medicaid Program which provides reimbursement at the 75th percentile of the UCR charged and 5% of the total funding is targeted for increased reimbursement for treatment of children with special needs. The coalition has conducted eight training sessions for dentists throughout South Carolina and grants have been obtained from the CDC and HRSA to improve knowledge and access to dental care.

Healthy Smiles for Wisconsin: Putting Teeth into School Health Programs

David F. Gundersen, MPH

The *Healthy Smiles for Wisconsin* initiative is a statewide effort to improve the oral health of Wisconsin children through school and community partnerships. Wisconsin received a one-year planning grant from the CDC Division of Oral Health, and is beginning the first year of a three-year implementation grant. In 1999, the *Healthy Smiles* initiative had two goals: (1) Develop a statewide plan for working with schools and communities to increase access to oral health education, prevention, and treatment services for school-aged children; and (2) develop a plan for incorporating school-based and school-linked strategies into dental hygiene education programs. A statewide coalition utilized three methods to develop plans for improving youth oral health surveillance, dental sealants and oral health education: (1) Five statewide forums were held; (2) Workgroups were convened to develop plans and resources to address each issue; and (3) Surveys of school districts, individual schools, and dental hygiene education programs were conducted to determine the extent of school-based and school-linked oral health activity. Outcomes include (1) the participation of over 500 oral health, education, and youth advocates at five forums; (2) the completion of the Healthy Smiles for Wisconsin, 1999 Wisconsin School District Survey, the 1999 Wisconsin Schools Oral Health Program Profile, and the 1999 Wisconsin Dental Hygiene Education Profile; (3) the development of the Wisconsin Youth Oral Health Data Collection Plan (WYOHDCP); (4) the development of the Seal a Smile Planning Guide and Dental Sealant Portfolio; and (5) the development of an Oral Health Education Strategies Guide.

COMMUNITY BASED ORAL HEALTH NEEDS ASSESSMENT AND PLANNING (OHNAP) GRANTS: A FOUNDATION FOR THE DEVELOPMENT OF ORAL HEALTH PROGRAMS FOR CHILDREN.

Lewis N. Lampiris, DDS, MPH, Illinois Department of Public Health, Division of Oral Health; Julie Ann Janssen, RDH, MA, Illinois Department of Public Health, Division of Oral Health; Bao Nguyen, PhD, Illinois Department of Public Health, Office of Health and Wellness

Objectives: The goal of the Illinois Department of Public Health=s (IDPH) OHNAP grant program is to enable Illinois communities to determine oral health status, develop comprehensive oral health plans, and build capacity around oral health issues. The grant requires the development of consensus among a broad section of community stakeholders, including but not limited to representatives from public health, dentistry, medicine, business, and key decision makers. **Methods:** Competitive funding is provided to local health departments (LHDs) throughout Illinois by the IDPH (through HRSA=s MCH Block Grant). Grantees are required to utilize a modified version of the Association of State and Territorial Directors Seven Step Model for the Assessment of Oral Health Needs. Training and technical assistance are provided to grantees by IDPH staff. Grantees are required to: (1) identify partners; (2)determine goals and resources; (3)collect and analyze data; (4) develop and prioritize programs; (5) evaluate the process. **Results:** Thirty-seven LHDs representing 47 counties have completed OHNAPs to date (SFY 97, 98, 99). Data for SFY=s 97 and 98 have been collected and analyzed. The top five priorities identified include the need for local: (1) access to oral health care **B** 91%; (2) development of dental sealant programs **B** 51%; (3) oral health education programs **B** 48%; (4) early childhood caries intervention programs **B** 37%; and (5) fluoride status improvement **B** 21%. **Conclusions**: Through the OHNAP, communities that did not have local support for oral health programs, garnered such; others have strengthened existing oral health programs. More importantly, a majority of communities that have completed an OHNAP have banded together to form a statewide coalition focusing on Access to Oral Health Care.

THE IFLOSS COALITION: ACCESS TO ORAL HEALTH CARE IN ILLINOIS

Raymond Cooke, BBA, MPH, Springfield City Health Department; Kent Tarro, RD, MS, Macoupin County Health Department; Julie Ann Janssen, RDH, MA, Illinois Department of Public Health

Objectives: The IFLOSS Coalition is an emerging private-public partnership addressing access to oral health care in Illinois. The IFLOSS Coalition is finding solutions to access through public facilities, private providers and Medicaid reform. **Methods:** Formed by concerned communities in November 1998, the IFLOSS Coalition established three workgroups: Reimbursement, Clinics, and Marketing & Data. The Coalition is lead by two public health administrators, a unique and successful aspect to an oral health collaborative. Meeting quarterly, the coalition developed a strategic plan and is actively implementing interventions to overcome barriers to oral health access. **Results:** The IFLOSS Coalition continues to grow and flourish, gaining new and influential partners such as local and state agencies, organized dentistry and dental hygiene, and child advocacy groups. The IFLOSS has distributed recommendations for positive change to the Governor, legislative leaders and key state agencies. To date IFLOSS has been instrumental in raising Medicaid rates, restoring adult Medicaid benefits, simplifying Medicaid billing procedure and paperwork, and expediting payment. The Coalition continues discussions with policy-makers to raise clinic start-up grant awards, improve Medicaid coverage for most needed services, develop a statewide oral health surveillance system, etc. An oral health education and awareness marketing plan is currently under development and a Clinic Development Manual is being compiled to assist communities with local access improvement efforts. Success will continue to be measured and evaluated by monitoring the number of community clinics developed across the state and reforms made through state government agencies and regulations that provide improved access.

Strategic Philanthropy: Oral Health Initiatives made possible by Washington Dental Service and Washington Dental Service Foundation

T. Peterson*, D. Riter, N. Waddell, S. Pickard, T. Anthony, J. Marrapodi

Washington Dental Service (WDS) and its Foundation are passionate about improving Washington's oral health. WDS, a non-profit company, provides dental benefits to over 1.4 million people. With over 2,800 participating dentists, we are the largest dental benefits in the state and are a founding member of the Delta Dental Plans Association. The corporation commits $3.5 million annually to improve oral health through prevention, advocacy and access.

The key to sustaining these advocacy efforts is partnering with local organizations, both dental and non-dental. Serving as a catalyst for local action, we have supported community-based efforts to fluoridate city water supplies, expand dental provider capacity and promote oral health messages for consumer activists.

Washington Dental Service teamed up with 20 organizations to develop a website on fluoridation with maps and information for consumers and providers (www.fluorideworks.org). WDS also provides technical assistance to communities organizing fluoride campaigns; the Foundation provided $400,000 for fluoridation equipment in the cities of Pasco and Yakima.

WDS Foundation's loan repayment program incentivizes private practice dentists to treat Medicaid clients in underserved areas. The SmileMobile, a dental office on wheels, treats children of limited income in partnership with volunteer dental professionals and community agencies and coalitions. The Resource Center for Oral Health promotes innovative dental disease prevention strategies to community organizations, schools and medical/dental facilities.

The evaluation of these programs addresses oral health improvements and corporate benefits. The results from baseline measures from stakeholders such as providers, patients and community organizations will be presented.

Hospital Leadership to Provide Dental Care, Education and Advocacy

Monica Teutsch

The Graham Children's Health Center's Dental Program of Mission St. Joseph's Hospital raised awareness of the importance of dental health in ten rural counties served by its two mobile dental clinics, (both known as "the ToothBus.") The primary focus, comprehensive dental care, brings both preventive and restorative care to an average of 400 low/no income children/year at 26 elementary schools (1,600 encounters). Very young children unable to cooperate with outpatient care are treated under general anesthesia in the operating room of the tertiary care hospital. Three hundred children with no other recourse were referred from all over Western North Carolina and will have been treated by the Children's Dental program in CY 1999.

Rather than be frustrated that resources did not exist to care for children, our non profit hospital found a solution. They created a collaboration with public schools, public health and the private dental community that works to improve a child's self-esteem, general health and school performance. Data will be presented on defining scope of service, maintaining collaboration, the demographic profile of our patient population, and on "spin off" activities.

As a "new voice", we spearheaded many successful efforts that have positively impacted oral health: the convening of a statewide Task force that we collaborated to assure inclusion of comprehensive dental care in state CHIP coverage; the increase in Medicaid reimbursement for 40 common procedures, the expansion of Medicaid coverage to include Fluoride Varnish applied by physicians; and the initiation of a model for community dental education using "lay" dental resource persons.

Healthy Teeth for Kansans

M.K. Moore

Healthy Teeth for Kansans is a statewide oral health initiative launched in October, 1998 by United Methodist Health Ministry Fund, a hospital conversion foundation. Three initial strategies are 1) grants to support community-based sealant projects, 2) grants to support start-up of community water system fluoridation, and 3) a Medicaid access study and follow-up policy conferences. A communications strategy and development of community fluoridation education resources supports the grantmaking. Advice and leadership for the Initiative comes from a 15-member Dental Health Initiative Advisory Committee which involves key statewide oral health groups who participate in various supportive ways in the overall Initiative. $1.25 million was committed for start-up of the Initiative.

During its first year, the Initiative has enjoyed some success with 25 sealant projects, 7 approved fluoridation projects covering 33,000 consumers and Medicaid access policy ideas developed and disseminated. The presentation objectives will be 1) to explain how successful and important work can occur in the oral health field through organization of a statewide, collaborative effort; 2) to provide lessons learned from the three first strategies (both successes and problems); and 3) to share ideas about overcoming the lack of general public and policy maker awareness of oral health issues. The presentation will de-emphasize specifics of this particular initiative and emphasize general learnings for possible application in other oral health collaborative settings.

COMMUNITY COALITIONS AND SYSTEMS DEVELOPMENT MODEL

B. Hines, D. White

Problem: The lack of access to preventive and restorative oral heath care services for the low income and at risk Maternal and Child Health population in Washington State is at crisis levels. Even though Medicaid reimbursement for dental services for children has been raised recently, dentists are still not treating significantly more Medicaid eligible clients. It is known that the barriers to access and prevention are complex and not simply financial. As decision-making for policy development shifts from federal to state to local levels, communities are assessing their own needs and learning to address them with appropriate solutions. This project will facilitate the creation of community-based coalitions and a systems development model and guidelines for use by communities.

Goals and objectives: The major goals of the project are to: 1) recognize and prevent dental disease as an infectious and communicable disease, 2) increase access to dental care for low income and at risk populations and 3) assure integration of oral health services with maternal, infant and children's health services planning at state and local levels.

Objectives: 1) By September 30, 1997, the MCH Oral Health Program will work with the Washington State Oral Health Coalition and other agencies to establish a foundation for the creation of new systems for delivering preventive dental care in communities. 2) By September 30, 1998, the MCH Oral Health Program in coordination with the WSOHC will develop five pilots and produce written guidelines for community coalition building and systems of service delivery. 3) By September 30, 1999, MCH Oral Health in coordination with the WSOHC will reassess oral health status of children as part of a five-year- follow-up to the Smile Survey and expand the network of community coalitions utilizing the guidelines. 4) By September 30, 2000, MCH Oral Health in coordination with the WSOHC will develop the project as a model for national distribution and evaluate the project.

Methodology: The Community Coalitions and Systems Development Model Project will coordinate through an advisory committee as well as the Washington State Oral Health Coalition to create a model and guidelines for communities to use to create local coalitions and to develop new systems for delivering oral health services. A Community Organizer and writer will be hired to facilitate this process. Networking and partnerships will be encouraged through communication linkages and statewide conferences. The model will be published and offered to NCEMCH Clearinghouse for distribution.

Evaluation: Baseline data will be established from existing information including the Washington State Smile Survey, which assessed the oral health status of children and data from Medicaid on utilization of services. A five-year follow-up survey of oral health status will be conducted in 1999. Service delivery data will be gathered and analyzed as well as information gathered from surveying communities where coalitions have been established through the project. The final evaluation will be reported in 2000.

M.E. Foley

In November of 1998, the Massachusetts Legislature established a Special Commission to study and report on the multiple aspects of oral health among Massachusetts residents. Facilitated by the Massachusetts Department of Public Health, a public-private, community-based partnership formed with representatives from area dental schools, community health centers, dental specialties, professional organizations, a dental insurance company and advocacy groups. In addition to the Special Commission and its monthly meetings, communication for public input was obtained via six statewide community hearings. An oral health questionnaire was also distributed to multiple community groups for additional feedback on community dental issues. The Special Commission reported that the oral health status of residents in Massachusetts is variable. In addition, access to oral health care among Medicaid recipients, low income and minority children is as major a problem. As a result of the Commission, recommendations were developed to provide the framework needed to resolve these problems. In addition, the Commission recommended that the state's prevention and treatment programs be enhanced, as well as a statewide assessment program be developed. A significant result of the Special Commission was the creation of a strong public-private partnership. This oral health alliance will be maintained and expanded to involve local community providers, leaders and advocates. We believe community partnerships are necessary as Massachusetts strives to eliminate oral health disparities in the next decade.
oral health needs.