

National Oral Health Conference

The Minnesota Story: Successful Partnerships for School and Head Start-based Dental Care



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Children's Dental Services

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Contents

- I. Children's Dental Services: The Importance of Partnerships & Process**
 - A. Identify needs
 - B. Create partnerships (for community support & sustainable funding)
 - C. Establish effective protocols and process

- II. Collaborative Practice Hygienists**
 - A. Definition
 - B. Research/clinical best practice
 - C. Examples of effective use in a clinical setting

- III. Smiles Across Minnesota**

Children's Dental Services

Since 1919, Children's Dental Services has been dedicated to improving the dental health of children from families with low income by providing accessible treatment and education to diverse communities of Minnesota.



Children's Dental Services



- An independent, non-profit
- Main clinic and over 100+ sites

2009

- 20,153 patients
32,405 visits
52,599 procedures
- Average cost of comprehensive dental care \$198.42 per patient.
- Value of services per patient \$248.50
- Total value of free and low cost dental care provided in 2009 was over \$5 million dollars

Children's Dental Services



Nine decades of experience in delivering quality dental care to low-income children and pregnant women throughout Minnesota.

Children's Dental Services

Pioneered two landmark initiatives for improving dental care delivery for children

- First provider in the nation to offer on-site dental care to Head Start children
- Expanded on-site and mobile dental care to a variety of community sites (i.e., libraries, recreation centers, and more)

Culturally Diverse Staff



- 22 countries, 16 languages
- Full range of culturally competent care to bilingual and multi-lingual families

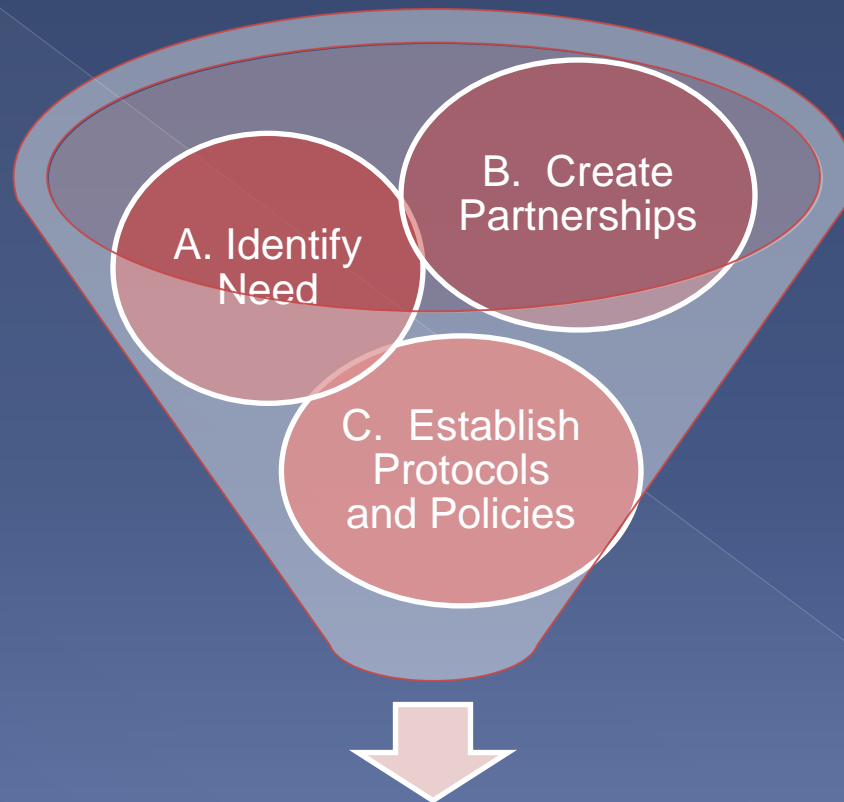


Pew* Scores Minnesota a “C”

We met only 4 out of 8 policy bench marks addressing children’s oral health

Met	Not Met
MN does not require a prior dentists exam before a hygienist sees a child in a school sealant program	<u>Does Not</u> have sealant programs in place in 25% of high-risk schools
MN provides optimally fluoridated water to 98.7% of population	<u>Does Not</u> pay dentists who serve Medicaid-enrolled children at least the national average of Medicaid rates as a percentage of the dentist median retail fees. MN: 42.9% National: 60.5%
MN Medicaid program reimburses medical care providers for preventive dental health services	<u>Does Not</u> meet or exceed the national average of children ages 1 to 8 on Medicaid receiving dental services
MN authorized a new primary care dental provider in 2009	<u>Does Not</u> submit BSS data to the National Oral Health Surveillance System

Process for Successful Program



An effective and sustainable
school-based program

A. Identify Need

Head Start children are more likely to have unmet dental needs

- Nearly 30% of preschoolers living in poverty have decayed teeth
- Nearly 80% of decayed teeth go untreated

Low-income children are more likely to have unmet dental needs

- Economically disadvantaged children are generally covered by public programs
- They are 2 to 4 times more likely to have untreated primary tooth decay

A. Identify Need

U.S. Children

- 23 million U.S. children have no dental coverage – making them 3x less likely to receive dental care.
- Tooth decay is the most common childhood disease. – occurs 5x more often than asthma and 7x more often than hay fever.

Minnesota children

- 2003: 391,000 children under age 21 were enrolled in Medicaid and only 126,000 received a dental visit.
- Of these children, only 20% received sealants on their permanent molars.

A. Identify Need (cont'd)

School Readiness



- An invitation – numerous calls from schools school districts and community sites each year
- High % of students on free and reduced lunch
- School superintendent, principal and nurse interest

A. Identify Need (cont'd)

Data



- Minnesota Department of Health - Basic Screening Survey (BSS)

B. Create Partnerships

Community Stakeholder Meetings

- Convey the importance and discuss the benefits of school-based oral health care programs
- Review program protocols and logistics to alleviate any potential concerns

Provision of Care

- Provide clinically-indicated , conservative/preservative care
- Combine treatment with education and referrals

Create and Sustain Partnerships

- For a successful & sustainable school-based dental program, strong partnerships must be created and ongoingly maintained

B. Create Partnerships (cont'd)

Schools & Superintendants

- An invitation from a school or school district
- Superintendant acts as a critical spokesperson within the larger community, families, local funders and media.



Duluth superintendent Keith Dixon
with the first **Smiles Across
Minnesota Duluth** patient

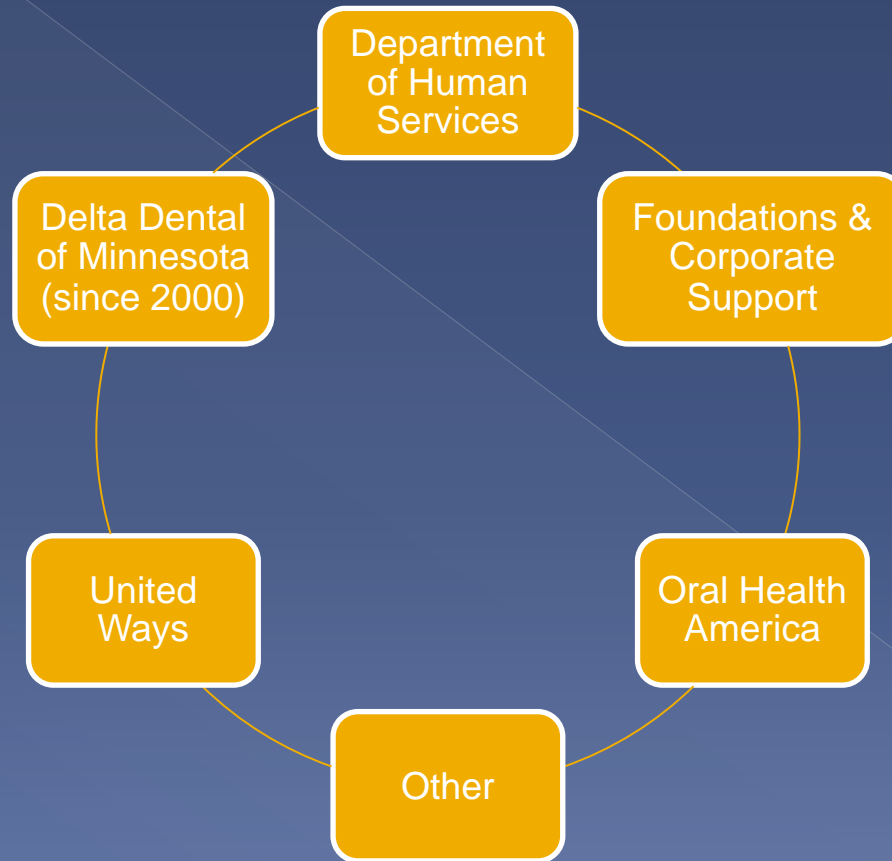
B. Create Partnerships (cont'd)

Dental Community

- ✓ **Dental Workforce**
Hire Local
- ✓ **Dentists**
Garner support
- ✓ **Referral Network**
Establish for restorative care needs

B. Create Partnerships (cont'd)

Sustainable Funding



B. Create Partnerships (cont'd)

United Way

- Presentation to 11 Statewide United Way Chapters
- **Greater Twin Cities United Way**
Bright Smiles: provides funding as well as strong legislative advocacy for effective and increased public policy
- **United Way of Greater Duluth**
Provides substantial funding and community efforts, including fundraising, media, parent education & public outreach
- **United Way of Northeastern Minnesota**
- **United Way of Central Minnesota**

B. Create Partnerships (cont'd)

Government & Local Leaders

- ⦿ Minnesota Department of Human Services
- ⦿ Minnesota Department of Health
- ⦿ Legislators and Mayors

B. Create Partnerships (cont'd)

MN Oral Health Coalition

HRSA (2009-2011) Workforce Innovation w/ Office of Rural Health & Primary Care	Centers for Disease Control (2008-2013) National Center for Chronic Disease Prevention & Health Promotion
<p>\$462,000 per year for 3 years</p>	<p>\$270,000 Year 1 \$330,000 Year 2+</p>
<p>To develop and publish a five year surveillance plan. To support the collection of primary data on specific at-risk population groups.</p> <p>Subcontractors:</p> <ul style="list-style-type: none"> • Smiles Across Minnesota (w/ Delta Dental of MN) • Children's Dental Services • U of M School of Dentistry • Area Health Education Center • Normandale Community College • MnSCU 	<p>To assist state health department to establish, strengthen, and enhance the infrastructure and capacity of states to plan, implement, an evaluate population-based oral disease prevention and promotion.</p> <p>3 Workgroups</p> <ul style="list-style-type: none"> ▪ Access ▪ Workforce ▪ Prevention = <p>A future state oral health plan</p>

B. Create Partnerships (cont'd)

Additional Community Support

- ⦿ Public health community
- ⦿ Libraries & recreational centers
- ⦿ Churches
- ⦿ Homeless shelters
- ⦿ Juvenile detention centers
- ⦿ Public housing

B. Create Partnerships (cont'd)

In-kind and Human Resource

- Equipment donation
- Volunteers (Staff come from the communities served and provide clinical care, research, education, outreach, and other support to the program)
- Dental students and interns
- Faculty (Local colleges and universities)

B: Partnerships: An Example

Project Homeless Connect

Children's Dental Services provides a full range of dental services to *Project Homeless Connect*

Sites: Minneapolis, St. Paul, Mille Lacs, Isanti, Duluth, Carlton County, and Faribault.

Benefits

- Improves access to services for people experiencing homelessness
- Engages with and maintains an active, involved volunteer base that consists of local businesses, nonprofits, and individual community members
- Shares best practices with the homeless service provider community.
- Partners with the private sector, corporations, and foundations to expand service capacity and funds.

B. Partnerships: An Example

School Health Resource Center

- Provide free health, dental and mental health care for all children in the school, district, and community.
- Partnerships and collaborators include:
 - › Family & Children's Services
 - › Psychology Associates
 - › Center for Victims of Torture (CVT)
 - › Hospital Services
 - › Teen Annex Clinic
 - › **Children's Dental Services**
 - › Immunization and WIC Clinics
 - › Insurance Providers
 - › Big Brothers Big Sisters
 - › Life Coaches

B. Partnerships: Head Start

#1 Concern

- During the 1990's, Head Start chapters nationwide reported access to dental care as their #1 health concern.

90-Day

- Head Start children are required to have a dental exam within 90 days of enrollment.

Shortage

- A shortage of dentists in remote and rural locations are able and willing to see Head Start children for their required exams.

B. Partnerships: Head Start

Minnesota Waiver

Collaborative Practice

- “ A dental hygienist licensed under this chapter may be employed or retained by a health care facility, program or non-profit organization to perform dental hygiene services without the patient first being examined by a licensed dentist”.

BSS

- Specific to Minnesota Head Start, hygienists will provide education and preventive services and conduct the Basic Screening Survey. This assessment and triage approach through collaborative practice meets Department of Human Services dental examination standards.

C. Establish Protocols and Policies

Components

- Effective and proven model
- Does not duplicate
- Collaborative
- Local community leaders and media
- Evidence-based, clinically indicated care (maximum impact relative to expenditure)
- Established measurement and evaluation methods
- Equipment Plan (purchase vs. rental, permanent vs. mobile)

C. Establish Protocols and Policies (cont'd)

Service Delivery Processes

- Parental consent - annual
- Uninsured children
- Locations and the anticipated number of children
- Assurance from organization(s) and contact(s)
- Clinical care protocols
- Follow-up and referrals
- Eligibility
- Billing
- Evaluation (SEALS)

C. Establish Protocols and Policies (cont'd)

Administrative systems should include:

- HIPPA
- Malpractice insurance
- Continuing education to maintain licensure
- Health, vacation, and long-term disability
- Calibrate for Basic Screening Survey
- Scheduling Assistance
- Order Supplies/Mailing supplies
- Mileage reimbursement

II. Collaborative Practice Agreements



“A written document drafted between a licensed dentist and dental hygienist. The agreement outlines the parameters of care and services that may be provided by the collaborative practice dental hygienist and without a dentist’s diagnosis and treatment plan”.

-Minnesota Statute 150A.10

II. Collaborative Practice Agreements

On the ground...

“The use of collaborative practice and the Basic Screening Survey in the field of dental hygiene has proven to be invaluable when it come to providing access to care and aiding Head Start children in meeting the federal statues of completing dental exams.

Having collaborative practice hygienists in remote and rural locations, such as at Children’s Dental Services’ Smiles Across Minnesota sites have allowed children in schools and Head Start to have access to preventive services that they may have otherwise never had.”

Elizabeth Branca R.D.H.
Faculty, University of Minnesota



III. Smiles Across Minnesota



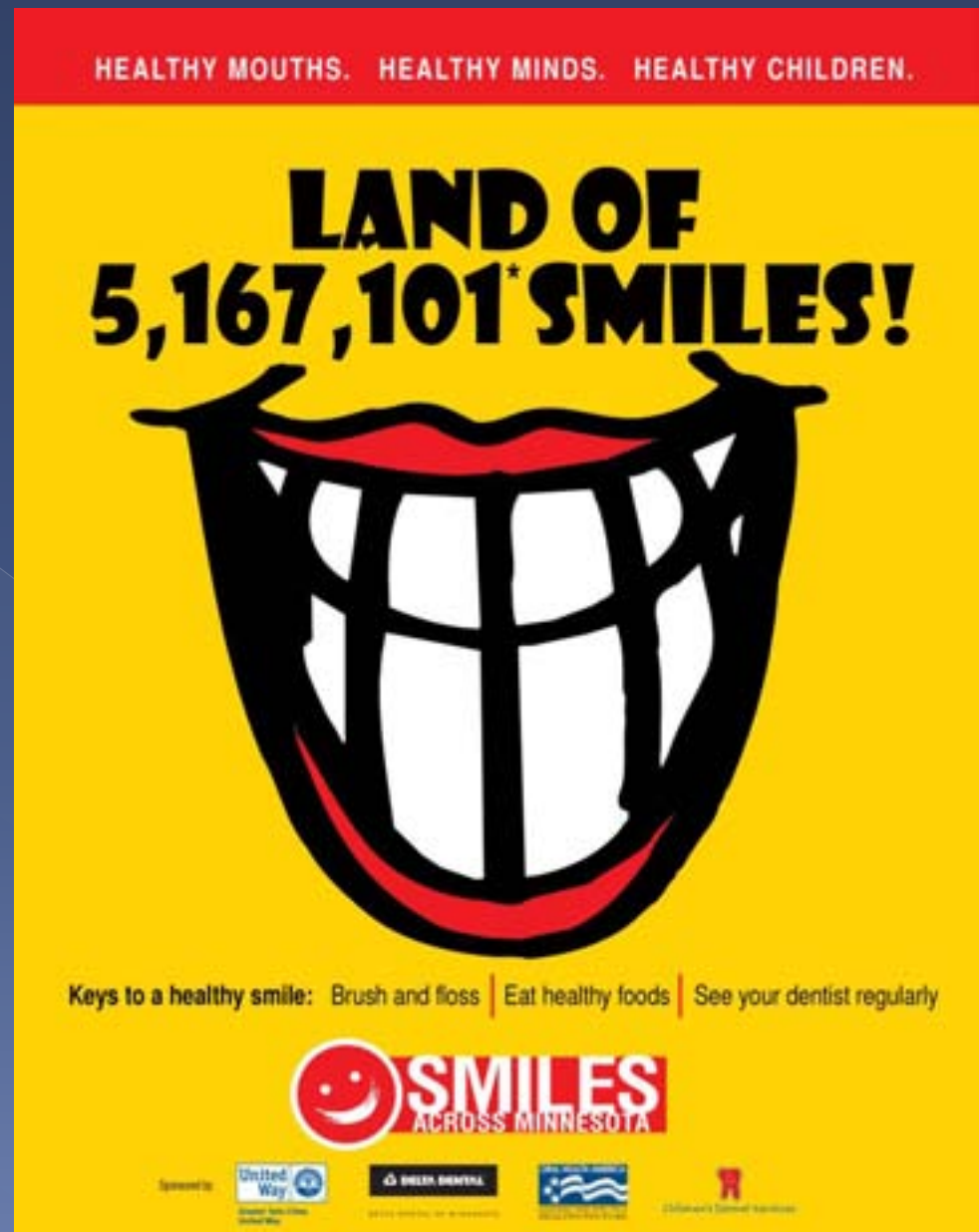
Sarah Wovcha, Co-chair
Executive Director
Children's Dental Services



Ann Johnson, Co-chair
Director of Community Affairs
Delta Dental of Minnesota

History

- 2005: Oral Health America expanded its successful *Smiles Across America* program to Minnesota
- Minneapolis and St. Paul w/Children's Dental Services
- 2006: **Smiles Across Minnesota** Advisory Committee formed



Smiles Across Minnesota



A statewide, school and community-based initiative promoting evidence-based oral health prevention for uninsured and underinsured Minnesota children utilizing local providers.

Uninsured Minnesotans in 2009



480,000 of MN residents lack health insurance — 9.1%

An increase from 7.2% in 2007

29% of MN residents covered by public insurance programs an increase of 25% in 2007

Minorities are more likely to lack health coverage:

- 30% of Latinos
- 16 % of blacks
- 19 % American Indians
- Asian residents carry insurance at roughly the same rate as whites

Who Are We?

Volunteers dedicated to addressing cost-effective, primary and secondary dental health prevention for all Minnesota through the promotion of school- and community-based dental care.



Advisory Committee

CO-CHAIRS

Ann Johnson, MA
Delta Dental of Minnesota

Sarah Wovcha, JD, MPH
Children's Dental Services

MEMBERS

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3M ESPE Dental Products

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United Way of Greater Duluth

Ann Rogers
Delta Dental of Minnesota

Jeanne Strand
GC America

Shelley Valentini
United Way of Northeastern Minnesota

Kathy Zwieg, CDA, RDA
Oral Health America, Executive Committee, At-Large

Mission & Goals

- To ensure every Minnesota child has a healthy smile
- To promote and establish school-based, school-linked, and community-based preventive dental care for uninsured and underinsured Minnesota children



Desired Outcomes

- Reduction in dental disease
- Increased # of school- and community-based access points
- Increased healthy behaviors
- Increased preventive services & education
- Increased public awareness



Collaborative Practice

Promotes the use of collaborative practice agreements – as an effective solution to increasing access, providing preventive dental care and removing significant barriers



The Program

- Delivers portable, preventive dental care on-site within schools, community sites and Head Start centers to children ages 3 to 18.
- Services include cleanings, fluoride treatments, oral health education and sealants.



Smiles Across Minnesota Sites

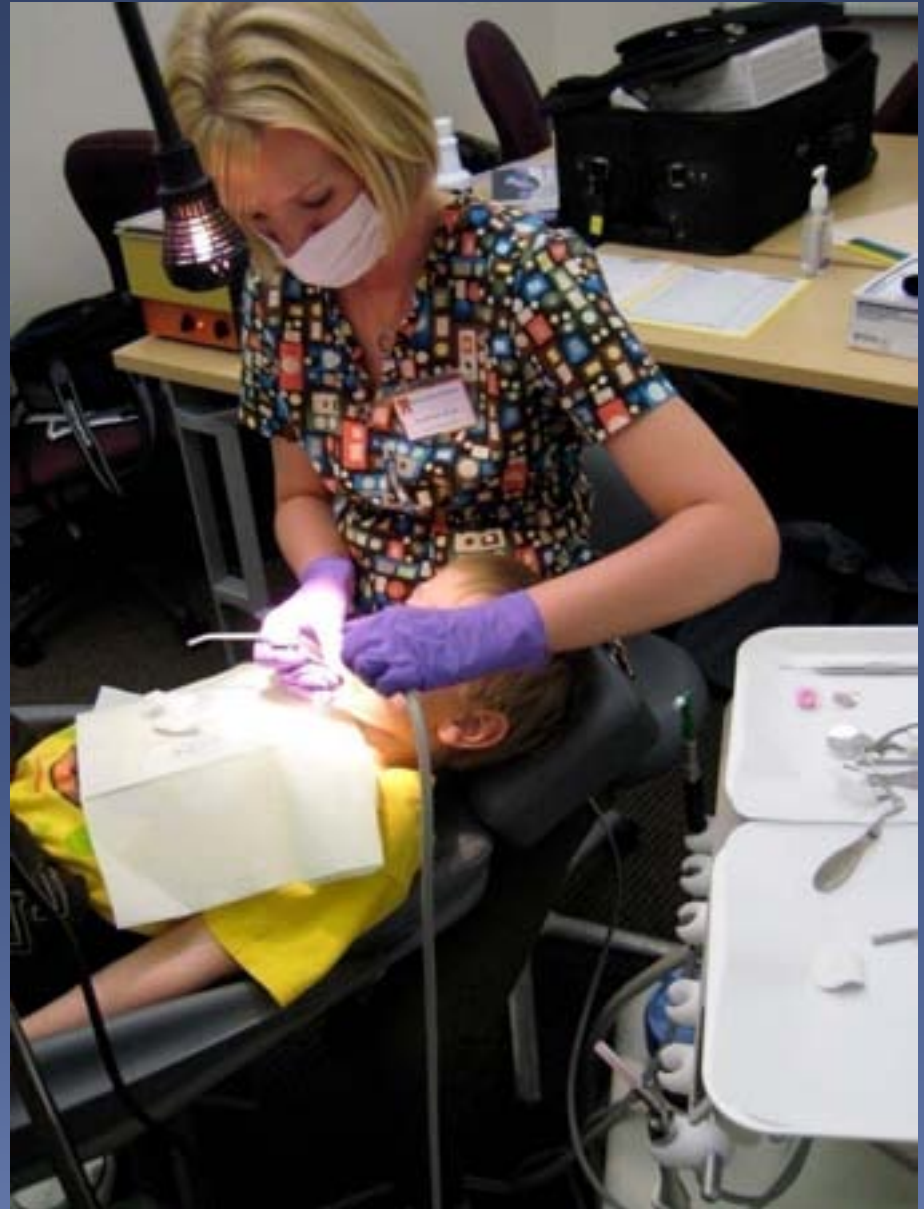
8 Minnesota SITES

- Twin Cities:
 - › Minneapolis and St. Paul
- Duluth
- Mankato
- St. Cloud
- Rochester
- Iron Range
- International Falls (2010)



ST. CLOUD

Stephanie Hern, Children's Dental Services, dental hygienist, provides preventive care to a patient in the St. Cloud, Minnesota School District. The school district provides in-kind office space, health support, and community liaisons.



TWIN CITIES



Dr. Phuong Do, Children's Dental Services provides restorative dental care at a Minneapolis Head Start site.

CHILDREN SERVED

In 2009, the estimated number of uninsured children that received preventive dental care through Smiles Across Minnesota initiatives: **15,000**

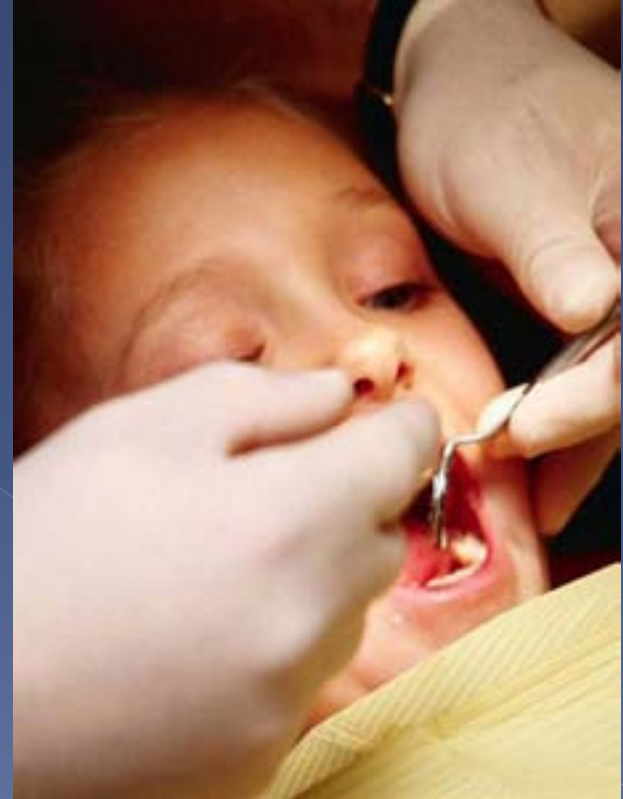


Benefits of School-based Care

- ✓ School-based care reduces dental decay by 60%
- ✓ Supports the school environment by helping children stay in school and by identifying and addressing health problems that may interfere in the learning process
- ✓ Supports families by allowing parents to stay at work
- ✓ Saves money by keeping children out of hospitals and emergency rooms
- ✓ Teaches students to be better health care consumers
- ✓ Strengthens the connection between the community and the school

How Does the Program Work?

- Consent forms
- On-site eligibility
- Schedule
- Screen & oral health care
- Dental health education
- Follow-up & referral



Minnesota Sponsors



Over \$250,000 plus in-kind donations and administrative support

Additional Sponsors:

Greater Twin Cities United Way

United Way of Greater Duluth

United Way of Northeastern Minnesota

U.S. Steel

Hibbing Taconite

Northland Foundation

Generations Health Care Initiatives

St. Louis County Public Health

Smiles Across Minnesota...

...Thanks **Oral Health America** and its National Sponsors of the **Smiles Across America** program

- ⦿ Trident
- ⦿ Ronald McDonald House Charities
- ⦿ Patterson Foundation
- ⦿ Aetna Dental
- ⦿ DENTSPLY International
- ⦿ 3M ESPE
- ⦿ Pulpdent
- ⦿ Sunstar Americas
- ⦿ Delta Dental of Minnesota
- ⦿ Northeast Delta Dental
- ⦿ Greater Twin Cities United Way
- ⦿ George M. Eisenberg Foundation for Charities
- ⦿ Maine Community Foundation
- ⦿ Stephen & Tabitha King Foundation

Moving Forward

- Partner with the Minnesota Department of Health to expand care in rural sites
- Proposed 2010 Workshop on “How to Build a Successful AND Sustainable School-based Preventive Dental Care Program”



Smiles Across Minnesota



For more information:

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Thank You!

