

# National Oral Health Conference

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



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Executive Director  
Children's Dental Services  
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# 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”

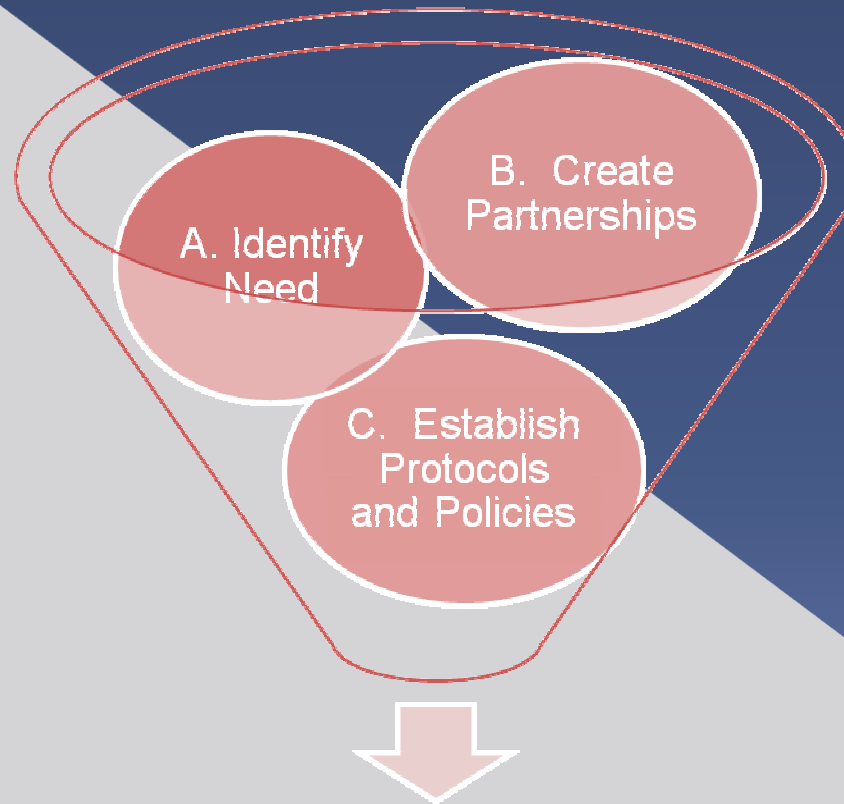
Met 4 out of 8 policy bench marks addressing children’s oral health

Met	Not Met
MN does not require a prior dentist 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: <b>42.9%</b> National: <b>60.5%</b>
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

“The Cost of Delay: State Dental Policies Fail One in Five Children”  
 The Pew Center of the States and The Pew Children’s Dental Campaign

February 2010

# Process for Successful Program



An effective and sustainable  
school-based program

# 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

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

## School Readiness



- Invitation – numerous inquiries from individual schools, school districts and community sites each year
- School superintendent, principal and nurses support
- High percentage of students on free and reduced lunch

# A. Identify Need

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

- Regularly communicate the program's impact to key supporters and partners

## B. Create Partnerships 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

## Dental Community

- ✓ **Dental Workforce**

Hire Local

- ✓ **Dentists**

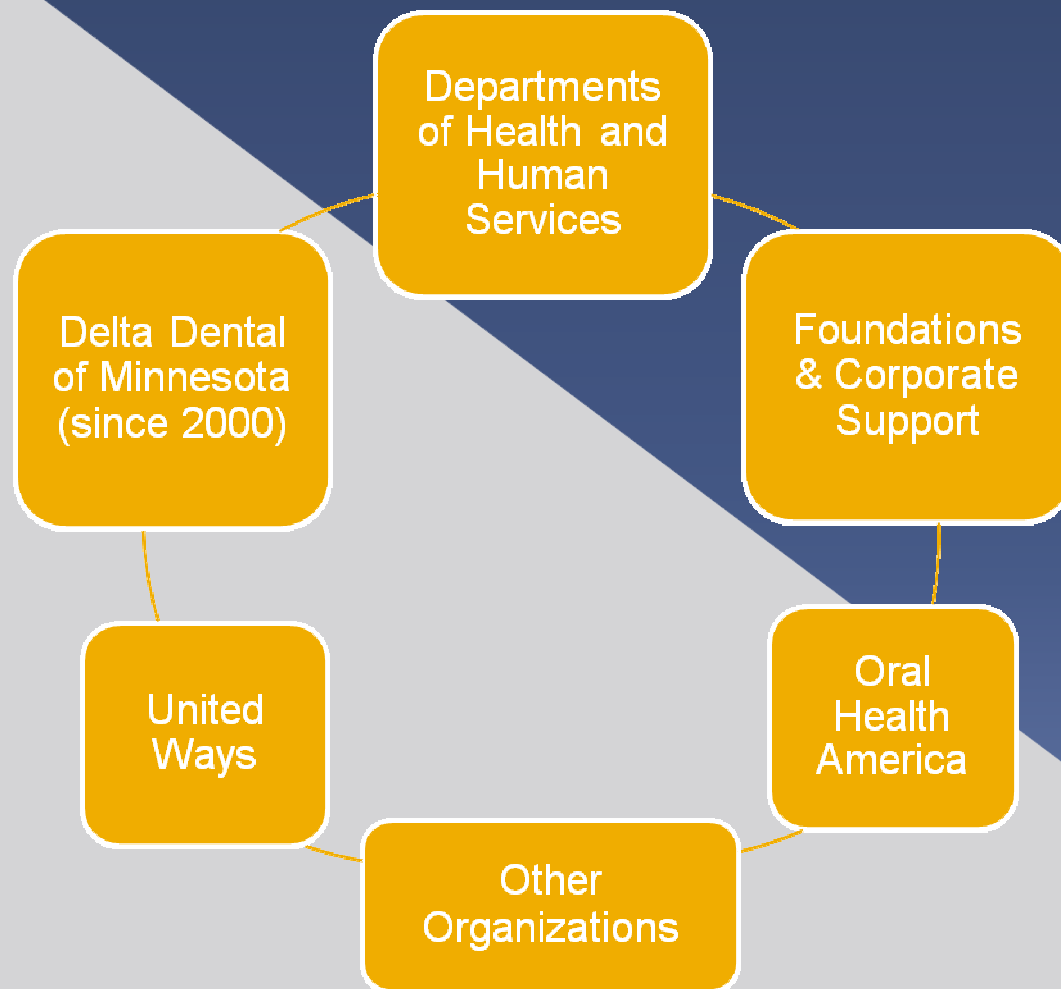
Garner support

- ✓ **Referral Network**

Establish for restorative care needs

# B. Create Partnerships

## Sustainable Funding



# B. Create Partnerships

## 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

### Government & Local Leaders

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

# B. Create Partnerships

## MN Oral Health Coalition

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

# B. Create Partnerships

## Additional Community Support

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

## B. Create Partnerships

### In-kind and Human Resource

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

# B: Partnerships

## Project Homeless Connect Example

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

## School Health Resource Center Example

- 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”.

### Basic Screening Survey

- 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

- Utilize an 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

### Service Delivery

- 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

### Administrative systems:

- HIPPA
- Malpractice insurance
- Continuing education to maintain licensure
- Benefits: health, vacation, and long-term disability
- Basic Screening Survey calibration
- Scheduling assistance
- Ordering and mailing supplies
- Mileage reimbursement

# Collaborative Practice Agreement



“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*

# Collaborative Practice Agreement

## 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



## II. 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 with Children's Dental Services
- 2006: *Smiles Across Minnesota* Advisory Committee formed



HEALTHY MOUTHS. HEALTHY MINDS. HEALTHY CHILDREN.

# LAND OF 5,167,101\* SMILES!

Keys to a healthy smile: Brush and floss | Eat healthy foods | See your dentist regularly

Sponsored by: United Way Greater Twin Cities United Way | DELTA DENTAL | ORAL HEALTH AMERICA BRINGING HEALTHY MOUTHS TO LIFE | Children's Dental Services

The graphic is a large, stylized black outline of a smiling mouth with red lips. Inside the mouth, there is a white grid pattern representing teeth. The entire graphic is set against a yellow background.

# 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.



The advertisement features a photograph of five diverse children smiling. Below the photo is the 'SMILES ACROSS MINNESOTA' logo, which includes a red smile icon and the tagline 'Ensuring every child has a healthy smile.' The text 'IRON RANGE' is positioned below the logo. A large red banner contains the text 'Dental Services Available at Your Child's School.' Below this banner, the phrase 'BROUGHT TO YOU BY:' is followed by logos for United Way of Northeastern MN, Children's Dental Services, and DELTA DENTAL. At the bottom, logos for ORAL HEALTH AMERICA and SMILES ACROSS AMERICA are shown, with the text 'VRMC FOUNDATION AND NORTHLAND FOUNDATION' centered below them.

**SMILES**  
ACROSS MINNESOTA  
Ensuring every child has a healthy smile.  
IRON RANGE

**Dental Services Available at Your Child's School.**

BROUGHT TO YOU BY:

United Way of Northeastern MN  
Children's Dental Services  
DELTA DENTAL  
DELTA DENTAL OF MINNESOTA

ORAL HEALTH AMERICA  
LEADING THE WAY TO A HEALTHY FUTURE

SMILES ACROSS AMERICA

VRMC FOUNDATION AND NORTHLAND FOUNDATION

# Uninsured Minnesotans in 2009



**480,000 of Minnesota 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

**Steve Bonfig**  
3M ESPE Dental Products

**Colleen Brickle RDH, EdD**  
Normandale Community College

**Carol Ferrazo, RDH**  
Minnesota Dental Hygienists Association

**Peggy Huot-Hanson**  
Suburban Ramsey Family Collaborative

**Gayle Kelly**  
Minnesota Head Start Association

**Ellen Neunfeld RDH, BS**  
3M ESPE Dental Products

## MEMBERS (continued)

**Merry Jo Thoele, RDH**  
Minnesota Department of Health

**Representative**  
Greater Twin Cities United Way

**Patti Peterson, RDH**  
Minnesota Dental Hygienists Association

**Paula Reed**  
United Way of Greater Duluth

**Ann Rogers**  
Delta Dental of Minnesota

**Jeanne Strand**  
GC America

**Shelley Valentini**  
United Way of Northeastern Minnesota

**Kathy Zwieg, RDA**  
Oral Health America, Executive Committee

# 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
- Increase number 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 Funded 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.

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 Program: **15,000**



# Benefits of 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
- ✓ 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



DELTA DENTAL OF MINNESOTA

Over \$300,000 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
- George M. Eisenberg Foundation for Charities
- Maine Community Foundation
- Stephen & Tabitha King Foundation

# Moving Forward

- Partner with the Minnesota Department of Health to expand its sealant program to rural Minnesota 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!

