## ST. ELIZABETH ANN SETON Dental Clinic

Dental Care That Changes Lives



#### **History of Seton Dental Clinic**

- Several community partners came together to open a free urgent care clinic in 2000 in response to community need.
- Operated in donated space in a leaky basement
- School based program added in 2001
- Staffed only by volunteer dentists at first; fund raising allowed for paid staff to be added later
- By 2005 CSM was the only fully engaged remaining partner



#### Why would a Health Care System want to Operate a Community Dental Clinic?

- Mission to serve the most vulnerable in the community
- Emergency Departments overwhelmed with patients needing dental care
- Legislation requiring reporting of community benefits



# Why would a Community Dental Clinic want to be part of a Healthcare System?

- Operational support (Human Resources, Information Systems, Biomedical Engineering, etc...)
- Access to low cost supplies and capitol equipment
- High standards of care/quality
- Fiscal agent for administration of grants
- Fringe benefits attract quality employees
- Fund raising capacity/sustainability



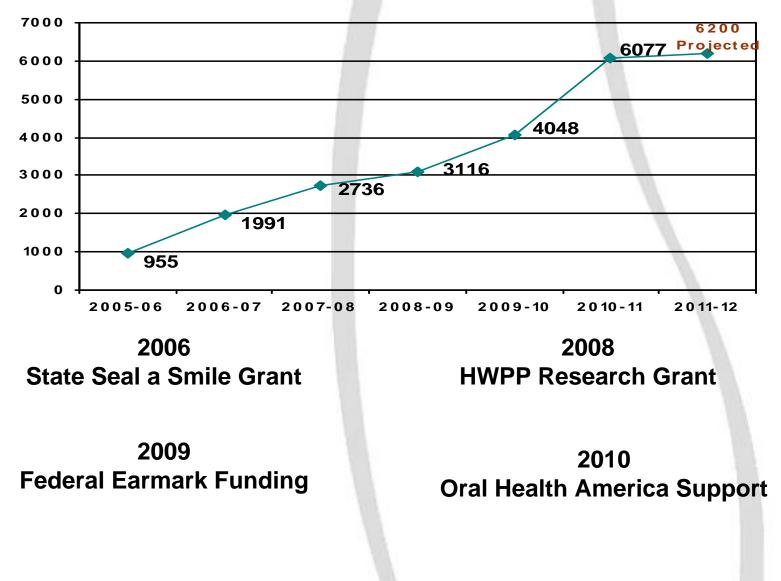
#### Where the Clinic is Today

- State of the art new facility in 2009
- Healthy mix of paid staff, volunteers and students
- \$1.8 million operating budget supported by sustainable funding stream
- Provides over \$2 million of free urgent & restorative care annually
- Home of the highly successful Smart Smiles schoolbased oral health program



# School-based Program: the Smart Smiles video

# Smart Smiles Program Growth 2005-Present



#### **Smart Smiles Program Challenges**

- Tried a "time saving" new product with disastrous results; poor sealant retention
- Low participation rates at individual schools
- Cost and complexity of program administration as growth occurs

#### **Partnerships: Lifeblood of the Program**

Partner name	Immediate Benefit	Broad-sweep Benefit	
Milwaukee Public Schools	Access to children	Reliable host sites for continuity of the program	
Wisconsin Seal-a-Smile	Operational funding	Outcomes data from	
		CDC database "SEALs"	
DentaQuest	Sponsor one school	Connection to dental	
		insurance industry	
"Making Milwaukee	Enabled the	Gained experience in	
Smile" research project	development of the Oral Health Advocate role	research partnerships	
Oral Health America	Oral Health Advocate	Program credibility within	
	funding	the dental world	
United Way	Operational funding	Program credibility with	
		general public	

# **Connecting the dots**

#### Matt Crespin, MPH, RDH Associate Director Children's Health Alliance of Wisconsin

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# **Strategic Partnerships**

- Wisconsin Seal-A-Smile
  - -State/National
- Making Milwaukee Smile
  Local

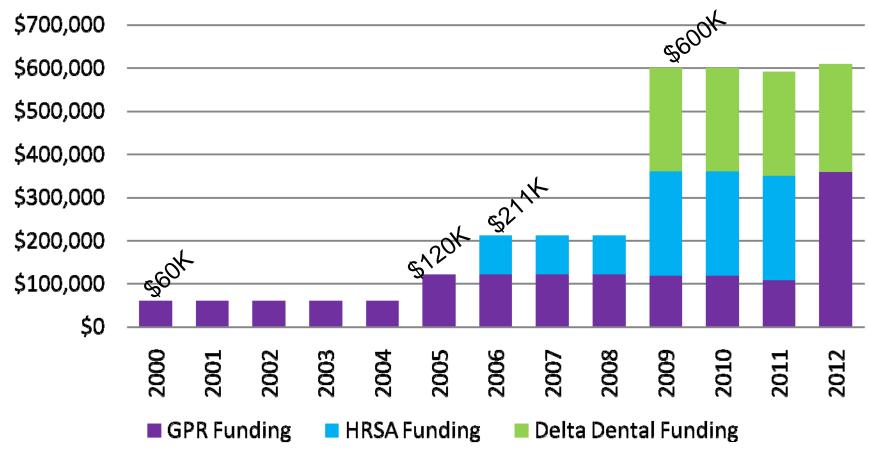
# **WI-SAS Program Overview**

- Program administered collaboratively by Children's Health Alliance of Wisconsin and WI Division of Public Health
- Mini-grants awarded annually for funding
- Provide grant administration and TA

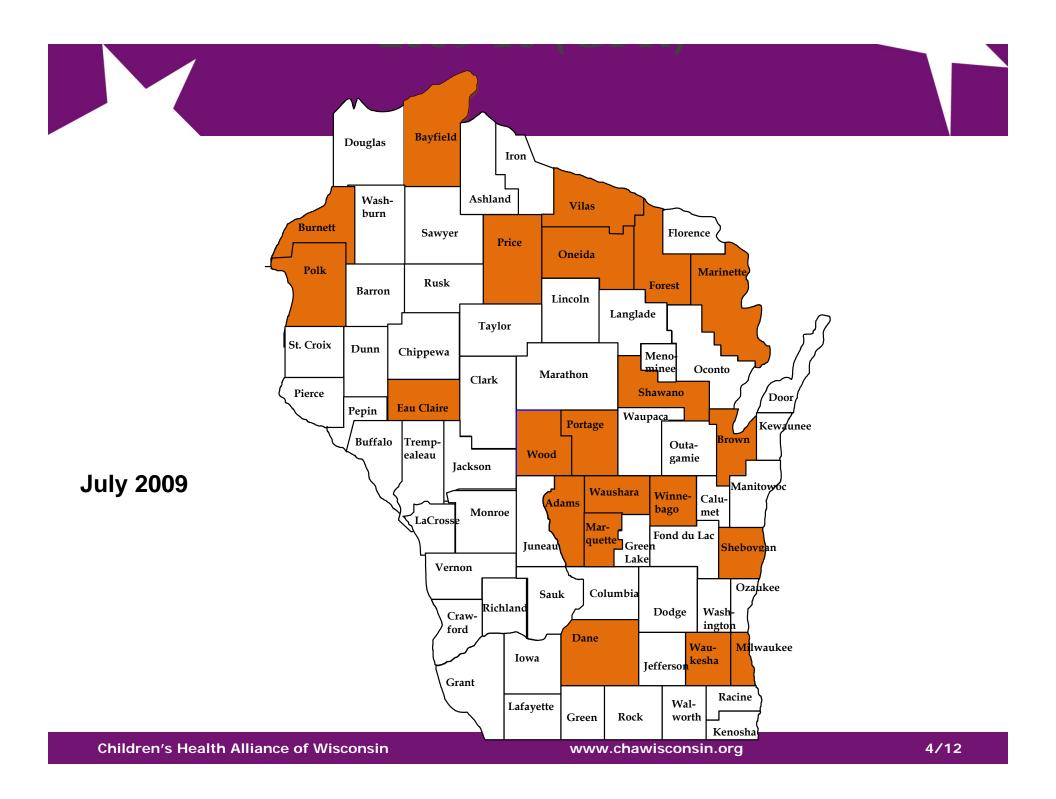
# **Program Overview**

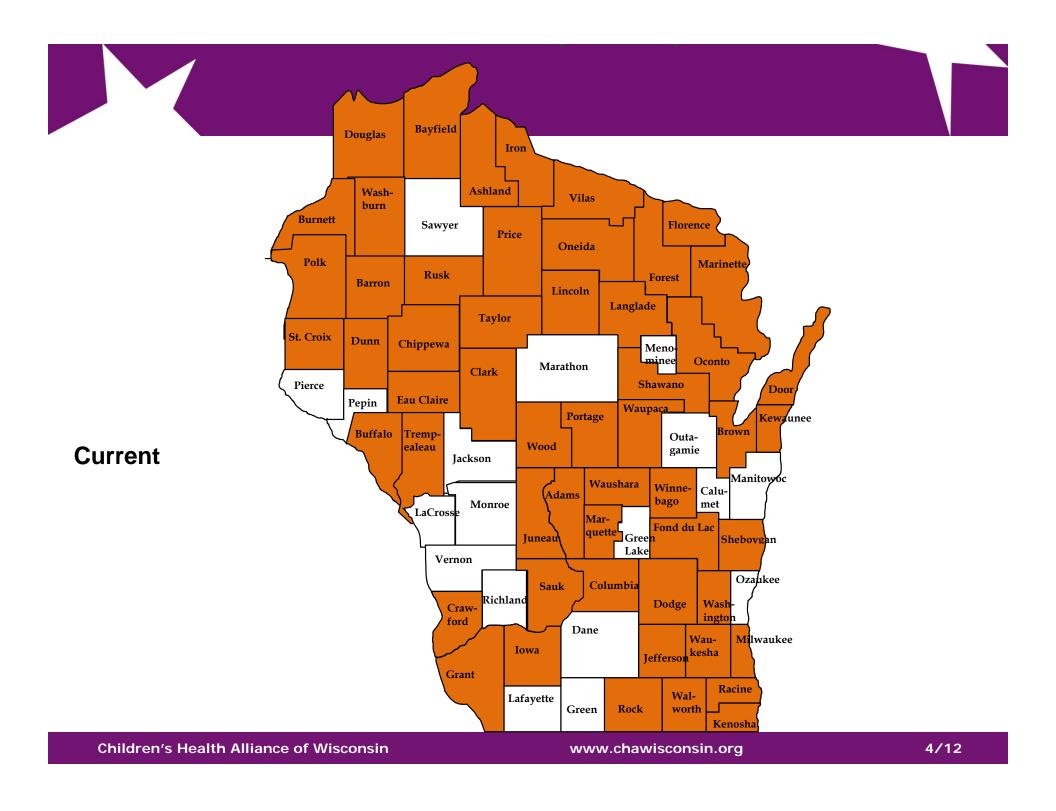
- Individualized approach
- Best practices/Evidence-based practices
- Targeting schools with FRL > 35%
- Medicaid billing

#### Wisconsin SAS Funding 2000-2012

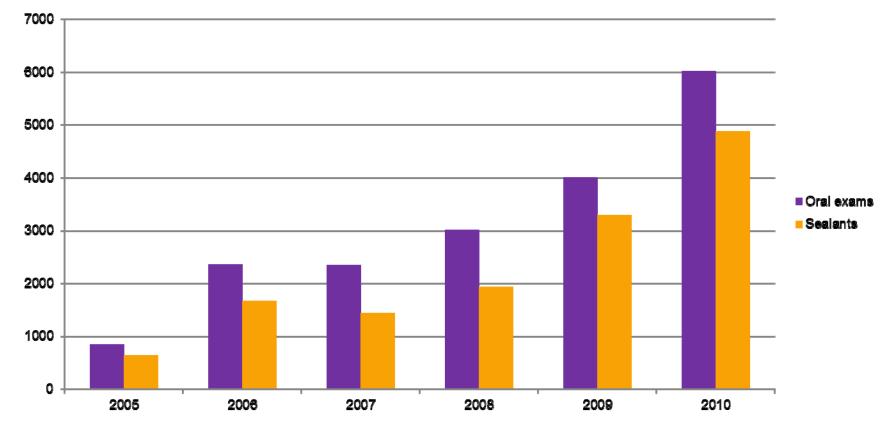


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#### Localized Expansion – Smart Smiles



Children's Health Alliance of Wisconsin

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# Making Milwaukee Smile



# Key to success

- Leveraged state/federal funding to increase private funding.
- Local funding/in-kind services.
- Shared responsibilities.
- Mutual goals and understanding.
- Find common ground.

## Thank you

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National Association of School Nurses

## Empowering School Nurses to Change Oral Health Perceptions

→ Goal: Provide school nurses with oral health resources

Presented by:

**Martha Dewey Bergren** 

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## Student Oral Health and Need

- -Top 3 oral health issues:
  - toothache (89.6%)
  - cavity or tooth decay (78.2%)
  - general oral pain (75.2%)
- Information access not a problem, <u>but</u> only 26.3% reported set oral health curriculum

# Student Oral Health and Need

- In low income schools more severe issues
  - jaw abscesses
  - facial swelling
  - -7 to 14 issues
  - more students who avoid smiling / laughing
  - Less often almost twice as many issues treated to completion

<sup>1</sup> Low income schools are defined as those with over 40% of students In the free/reduced lunch program

## Preparedness

- Over half <u>not</u> well prepared by nursing programs or continuing education
   – No education on oral health topics (67.2%)
- Over three-quarters (75.0%) felt prepared to teach various topics
  - Except locating & paying for dental care (48.3%)

#### Recommendations for Resource Development

- NASN School Nurse Oral Health Advisory Panel
- National Oral Health Expert Panel
  - voluminous amount of resources shared
  - Inter-professional contacts established, current relationships strengthened

Recommendations for Resource Development

#### National Oral Health Expert Panel (cont.)

- Identified Gaps in materials
  - Piercings
  - Orthodontic issues
  - Access to providers for low income youth
  - Special needs students

#### Stakeholders

- 71% of wellness committees have *no* dental representative
- NASN Oral Health Forum: multidisciplinary venue to share programs, tools & information to promote school oral health efforts

#### NASN Oral Health Website

#### - Oral Health materials School Nurses

- Role / Background
- Specific content: Screenings, varnish, school based dental care, referral/access

#### - Oral Health Materials

- Parents
- Teachers
- Students
- Community



Search

Thursday, March 01, 2012 | T T T

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#### Linking School Nurses to Health and Wellness Resources

Discomfort and self consciousness caused by oral health disease interferes with students' ability to learn.

Home	Teach	Learn	Locate Care	Special Needs	Tools & Resources	

Connect	School nurses report students seek their help for a wide range of oral health issues including dental caries, tooth and oral pain, jaw	News
Oral Health Forum Guest Book Facebook Group Self-Assessment Tune-in to NASN Radio	abscesses, orthodontic concerns, and problems with oral piercings. Forty percent of school nurses report they encounter students who avoid smiling or laughing because of oral health problems. Schools and school nurses can play a major role in enhancing students' and families' oral health. School nurses coordinate oral health education for students, parents and school staff. They are a resource for teachers for oral health curricula. School nurses conduct or	Take the NASN Quick Poll about Oral Health 2/20/2012 7:45:18 PM Read More
About Us	facilitate oral health screenings and dental caries prevention programs. School nurses also assist families in locating and accessing treatment for oral health disease or dental injuries.	CDC stats on the significan effect of floridation on tooth decay
	Since school nurses address a wide range of health concerns in large student populations in addition to oral health, a one stop location	2/5/2012 6:25:29 PM Read More

for oral health teaching resources, continuing education resources, and for locating partners and protocols for prevention and treatment programs was needed.

Help Plan an Oral Health Webinar for School Nurses 2/5/2012 6:24:09 PM Read More..

#### NASN Oral Health Website

- Self Assessment quiz
- TEACH
- LEARN
- LOCATE CARE
- SPECIAL NEEDS
- TOOLS & RESOURCES

# Milwaukee Public Schools

# School Health Opportunities and Challenges 2011-2012

M. Kathleen Murphy, DNP, RN, FNP-BC

#### School Health Services Timeline

#### 2001-2004

- Identify, define and articulate student health needs to the community.
- Invest in data collection infrastructure to track student health needs, school nurse interventions and attendance impact.

#### 2003-2005

 Align student health needs with evidence based interventions to reduce or eliminate health related barriers to learning.

#### 2004-2007

- Build budget and organizational capacity for school nurse workforce.
- Standardization of work practices and processes.

#### 2007-2011

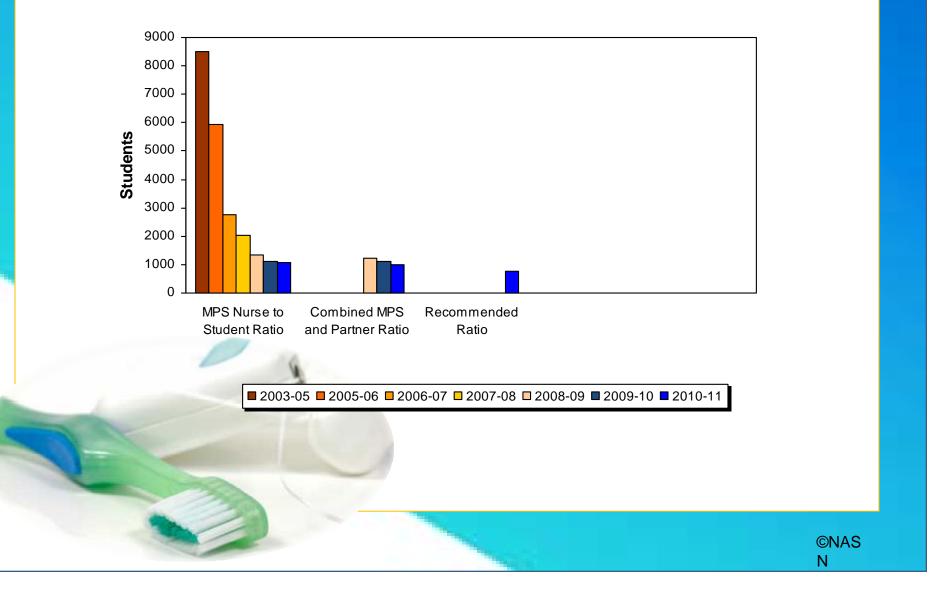
- Recruit, retain and develop nurse leaders for all schools
- Evaluate and disseminate school nurse impact on student health, teaching and learning.

#### 2009-2011

 Convene Core Health Services Team to align all health and health related student and family services.

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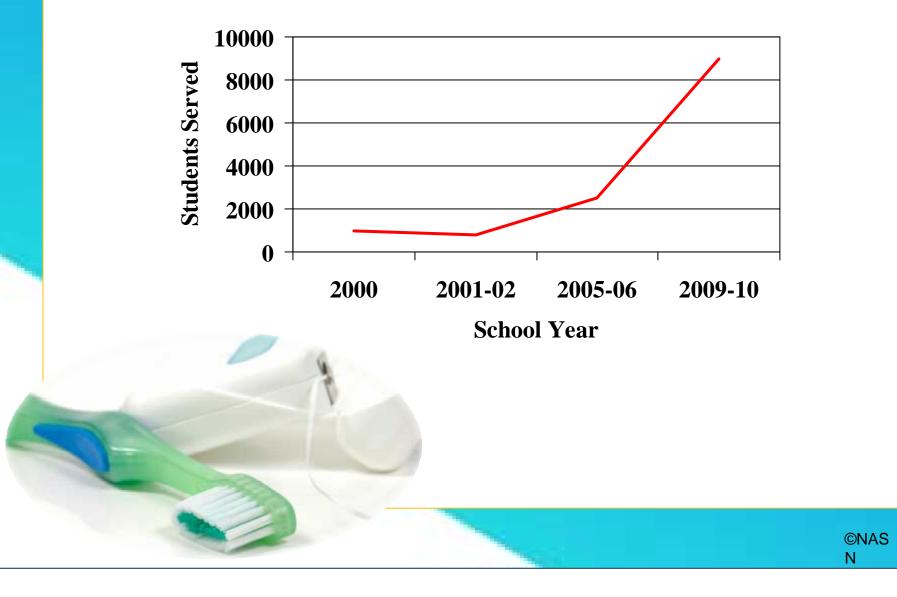
#### 2003-2011 School Nurse to Student Ratios



#### Student Health Outcomes

- Improved immunization compliance
- Increased vision screening and follow-up
- Increased oral health prevention programming and follow-up
- Improved return to class rate

#### **Oral Health Prevention Programs**





# St. Elizabeth Ann Seton **Dental Clinic**

#### **Enlightened Self Interest**



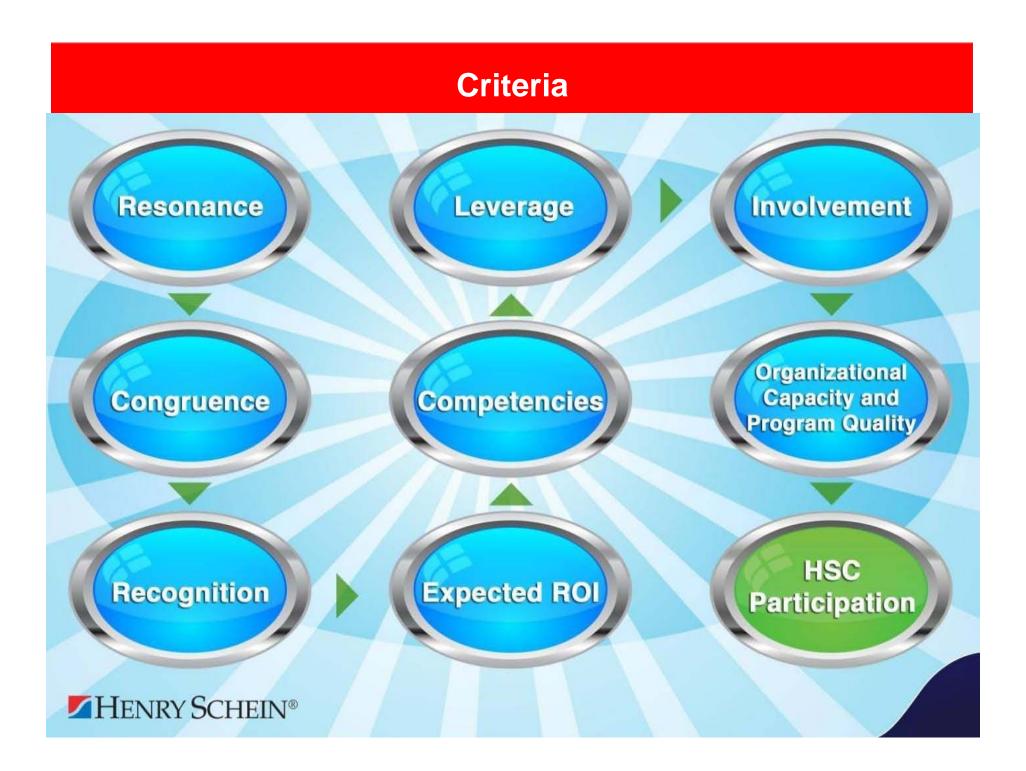
"Doing Well by Doing Good"

Benjamin Franklin

"The essential test that should guide Corporate Social Responsibility is not whether a cause is worthy but whether it presents an opportunity to create shared value – that is, a meaningful benefit for society that is also valuable to the business."

Michael E. Porter and Mark R. Kramer, "Strategy and Society: The Link Between Competitive Advantage and Corporate Social Responsibility," <u>Harvard Business Review</u>





#### Why we chose St. Elizabeth Ann Seton

- It has a quality leadership team in place with proven standards and capacity.
- Resonated with other local organizations that we support (GMDA, Dental Schools)
- They had other outside resources and funding to partner with.
- It was scalable as evident with their Smart Smiles Program. We recognized that they/HSD could reach so many more people in need with the right help.



#### What Henry Schien Helped With

- Software Dentrix system
- Digital sensors and Pan
- Computers and hardware
- Integration



