Maximizing Connections that Impact Oral Health Status

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Heartland Health Outreach,
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Chicago, IL
OHF is a community-centered initiative committed to improving oral health programs and services for all Chicago residents through:

– Education
– Assessment
– Policy and program development
– Collaboration
VISION
Oral health is essential to lifelong health and wellbeing.

GOAL
Eradicate dental disease in children
TARGET
With the closing of disparity gaps, 85% of children reach age 5 without a cavity

GOAL
Incorporate oral health into the primary education system
TARGET
The 10 largest school districts have incorporated oral health into their systems

GOAL
Include an adult dental benefit in publicly funded health coverage
TARGET
At least 30 states have an extensive Medicaid adult dental benefit

GOAL
Build a comprehensive national oral health measurement system
TARGET
A national and state-based oral health measurement system is in place

GOAL
Integrate oral health into person-centered healthcare
TARGET
Oral health is integrated into at least 50% of emerging person-centered care models

GOAL
Improve the public perception of the value of oral health to overall health
TARGET
Oral health is increasingly included in health dialogue and public policy
Oral Health Incorporated into Primary Education

• Classroom oral health information and community resources that engage and support families
• Oral health screening
• Application of dental sealants and fluoride varnish by dental professionals
• Engagement of community dental providers
• A robust referral mechanism for continuous care
• Collection of data that relates school performance and attendance to oral health status
Chicago Public School System

- **Third largest** school district in the nation
  - Almost 400,000 students
  - 80% Economically Disadvantaged Students
  - Race/Ethnicity:
    - 38% African American
    - 46% Latinos
    - 10% White

http://cps.edu/About_CPS/At-a-glance/Pages/Stats_and_facts.aspx
Chicago Department of Public Health (CDPH)

School Based Oral Health (SBOH) Program
All CPS students with a signed consent form receive OH services (fluoride, dental cleaning, sealants, screening) at school and are given an OH score:

1. Good oral health
2. 1-5 caries; not urgent
3. Urgent: 5+ caries/pain/infection

Overall Goal: Improve OH outcomes
Table 1. Programmatic Reach and Utilization of the Chicago Department of Public Health School Based Oral Health Program by school year: 2008-2015

<table>
<thead>
<tr>
<th>School Year</th>
<th>Number of Schools Participating</th>
<th>Total Number Eligible Students*</th>
<th>Number of Students Participating*</th>
<th>Percentage of Students Participating</th>
<th>Number of Students with Non-Urgent Referrals ** (OH Score: 2)</th>
<th>Number of Students with Urgent Referrals ** (OH Score: 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007-2008</td>
<td>481</td>
<td>408,601</td>
<td>50,234</td>
<td>12.3%</td>
<td>10,918</td>
<td>6,362</td>
</tr>
<tr>
<td>2008-2009</td>
<td>457</td>
<td>407,955</td>
<td>52,808</td>
<td>12.9%</td>
<td>17,392</td>
<td>7,408</td>
</tr>
<tr>
<td>2009-2010</td>
<td>491</td>
<td>409,279</td>
<td>93,646</td>
<td>22.9%</td>
<td>25,452</td>
<td>8,558</td>
</tr>
<tr>
<td>2010-2011</td>
<td>487</td>
<td>402,681</td>
<td>96,306</td>
<td>23.9%</td>
<td>32,354</td>
<td>8,222</td>
</tr>
<tr>
<td>2011-2012</td>
<td>504</td>
<td>404,151</td>
<td>113,126</td>
<td>28.0%</td>
<td>35,214</td>
<td>6,778</td>
</tr>
<tr>
<td>2012-2013</td>
<td>595</td>
<td>403,461</td>
<td>121,479</td>
<td>30.1%</td>
<td>38,133</td>
<td>7,558</td>
</tr>
<tr>
<td>2013-2014</td>
<td>581</td>
<td>400,545</td>
<td>113,766</td>
<td>28.4%</td>
<td>37,106</td>
<td>6,737</td>
</tr>
<tr>
<td>2014-2015</td>
<td>547</td>
<td>396,683</td>
<td>115,238</td>
<td>29.0%</td>
<td>36,049</td>
<td>7,168</td>
</tr>
</tbody>
</table>

*Data from http://cps.edu/SchoolData/Pages/SchoolData.aspx on 1/28/16.

**Program data provided to the Oral Health Forum by Mary Pat Burgess RDH, MBA, Program Director, School-Based Oral Health Program.
Every year, OHF Oral Health (OH) Educators visit CPS classrooms to provide OH education and send written information and screening consent forms home to parents/caregivers (~20,000 students)

Goals:
- Increase OH knowledge
- Increase number of consent forms by 10%

Inform Parents/Caregivers
Parents/caregivers receive a letter confirming the OH screening and informing them of the results.

Screening & Prevention
All CPS students with a signed consent form receive OH services (fluoride, dental cleaning, sealants, screening) at school and are given an OH score:

1. Good oral health
2. 1-5 caries; not urgent
3. Urgent: 5+ caries/pain/infection

All icons Creative Commons from The Noun Project. Created by Yi Chen (inform parents), Tommy Kuntze (families' needs), Luis Prado (help families), Alex Auda Samora (community dental provider); others are public domain.

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Exhibit PDENT-CH.3. Geographic Variation in the Use of Preventive Dental Services, FFY 2014 (n = 51 states)


Notes: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

To view state-specific data for this measure, please see Table PDENT-CH at

Exhibit TDENT-CH.3. Geographic Variation in the Use of Dental Treatment Services, FFY 2014 (n = 51 states)

Notes: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.
Establishing a **Continuity of Care Plan**: Challenges

**Percentage of Dentists Participating in Medicaid for Child Dental Services in 2014**

- **30%**: Illinois
- **42%**: U.S.

**20%**

*OF ILLINOIS MEDICAID CHILDREN 6 THROUGH 14 YEARS OLD RECEIVED A SEALANT ON A PERMANENT MOLAR IN 2013, COMPARED TO 14% NATIONALLY*
Oral Health Education

Every year, OHF Oral Health (OH) Educators visit CPS classrooms to provide OH education and send written information and screening consent forms home to parents/caregivers (~20,000 students)

Screening & Prevention

All CPS students with a signed consent form receive OH services (fluoride, dental cleaning, sealants, screening) at school and are given an OH score:

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Case Management Pilot

For all students with an OH score of 3, a case manager will:
- Identify & address families' needs for additional information & resources
- Help families overcome barriers to accessing needed OH treatment
- Work with community dental providers to ensure that children receive timely treatment (~800 students)

Inform Parents/Caregivers

Parents/caregivers receive a letter confirming the OH screening and informing them of the results.

Goal: 100% of parents and caregivers are informed about OH status

Goal: 100% of students to find a dental home

Goal: 100% of parents and caregivers are informed about OH status

NEW

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CASE MANAGEMENT PILOT

School Year 2014-2015 (Year 3)
Designing the Program

• Target children in Chicago more affected by urgent dental needs
  – Zip codes 60629 & 60632 (>800 children)

• Pilot Project Objectives
  – Address urgent care - immediate need
  – Connect children with community provider for routine and on-going care - dental home
  – Expand reach of program by providing prevention, education, importance of self-care and information about the school based oral health program

• Pilot project
  – Understanding of why disparities exist; risk factors
  – Use of limited resources ($)
  – Document effectiveness of the Model
  – Replicate the Model
Environmental Scan

- **45 schools** in 14.4 mi$^2$ area
  - 39 schools currently participating in SBOHP
- **1 Hospital**
  - No oral health facilities
- **7 Federally Qualified Health Center Sites**
  - No oral health facilities
- **2 School Based Health Centers**
  - No oral health facilities
- **55 community dental offices**
  - 16 Don’t take Medicaid
  - Others limited capacity for Medicaid patients
Learning from the Data

• Demographics of children with urgent needs:
  o 97% Latino children
  o 95% Economically Disadvantaged Families
  o Most parents do not speak English

• 39 schools assigned to OHF’s Case Managers
  o 2 case managers - 2 bilingual CM

• 50% of children with urgent dental needs in 3 schools

• High number of children with non-urgent dental treatment needs in the same 3 schools

• Community dental providers largest source of dental care

Essential to building relationship with community organizations & providers
Health Equity Approach

[Diagram showing the difference between equality and equity]

Equality doesn't mean Equity
Establishing a **Continuity of Care Plan**

Oral Health Champion Program Approaches:

- Teachers and School Staff
- Parents and Students
- Community Dental Providers
Oral Health Champion Program

- Each school self selected 1-2 Oral Health Champions and provided a Mini-grant $2,000 to principals
- Intense and sustained efforts with parents & students in 3 highly affected schools
- Oral Health Awareness Campaign (year-long)
- Access to a variety of school meetings:
  - Institute day (teachers)
  - Parents’ Breakfast
  - Education for children
- On-site services through Dental Van
Establishing a **Continuity of Care** Plan:

✔ Teachers and School Staff
Establishing a Continuity of Care Plan:

✓ Parents and Younger Siblings
Barriers to Care Identified by Parents

• Don’t have a **dentist**
• Limited **appointment times**; schedule does not work for family
• **Insurance** changes
• No dental insurance
• Community dentist may not take **referrals** from school-based providers because of billing confusion
Establishing a Continuity of Care Plan:

 ✓ Community Provider Listening Session
Community Provider Outreach

• Organized by OHF and a Community Dental Leader
• Hosted by a Community Dental Provider
• 13 dental offices were represented
• Representatives from two major Illinois dental insurance plans
• Advocacy with providers for reasonable reimbursement that meet costs
Community Provider Concerns

• **Education to parents:**
  – Length of dental appointments
  – Effective prevention practices at home
  – High risk behaviors by parents AND children (snacking, sugar sweetened beverages)
  – How to self-advocate and be a good patient

• **Provider difficulties:**
  – Frustration with paperwork and processes
  – Referring patients when specialty care is needed
  – Reimbursement rate differences between treatment and prevention
Maximizing Connections

Children’s Oral Health

Community Providers

School Based Oral Health

Families

Physical Environment

School Personnel and Teachers

Data
Maximizing Connections

- Working with parents to eliminate obstacles one by one
- Educating parents on prevention and risk elimination
- Writing grants to fund treatment services for uninsured children
- Educating a major MCO that current reimbursement level for treatment limits community treatment capacity and provider network
- Incorporating access to treatment measure in Healthy Chicago 2.0 (City Strategic Plan)
Maximizing Connections

- Sharing program outcomes and highlighting successful partnerships at local, regional and national meetings (APHA, AAP, ASTDD, etc.)
- Working with professional schools to expand capacity of CM and to refer special cases
- Working with professional dental societies to advocate for better understanding and funding of the oral health program under Medicaid
- Currently evaluating changes in oral health status as measure of success
- In the process of evaluating claims data as a proxy measure for dental home
Partners

• Chicago Dental Society
• Illinois State Dental Society
• American Dental Association
• Illinois Department of Public Health
• UIC Department of Pediatric Dentistry
• Prairie State College, Dental Hygiene Program
• Malcom X College, Dental Hygiene Program
• Community Dental Providers
• Federally Qualified Health Centers
• Mobile Care Chicago
• Norwegian Hospital Dental Van
• Oral Health America
Our Thanks...

The Case Management component of this project would not be possible without the active, problem solving collaboration of the:

Chicago Department of Public Health

Chicago Public Schools
Our Thanks...

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The Oral Health Forum