

# Promoting Access to Oral Health Care through Public-Private Partnerships: Roles for State Oral Health Programs and Oral Health Coalitions

## Purpose

This report will highlight four examples of public-private partnerships and their community programs. The programs are designed to highlight sustainable models that address access to care and health literacy, inform policymakers and other stakeholders and raise awareness of the importance of oral health in the total health picture. These examples, while different in approach, structure and leadership, have all succeeded in forming a convergence of interests around a defined public health issue. They illustrate how a sustainable solution can be constructed on combined business and community needs. They create value for the diverse sectors participating in the partnership and provide the benefit of operating a program within economies of scale, e.g., joint fundraising, purchasing advantages, marketing and outreach. Corporate partners have the opportunity to experience social benefits for their employees and leadership and to tell their story of support for a greater good. Public partners, including state oral health programs (SOHP) and oral health coalitions, take advantage of leveraging private capabilities and relationships to maximize the impact of the partnership on their programs and local communities.



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## Introduction

Public-private partnerships are America's unique contribution to developing a framework that addresses disparities in the healthcare delivery and access to care in communities around the nation. These partnerships blend political, economic and social forces to raise awareness of the oral health needs of underserved populations and to provide inspiration for a public consciousness. Effective public-private partnerships operate on a system of shared values, purpose and accountability. Their combined efforts produce an impact that is greater than the sum of the individual parts. "The 2000 Surgeon General's Report"<sup>1</sup> and the subsequent "Call to Action"<sup>2</sup> emphasized the importance of public-private partnerships in improving the oral health of the underserved populations. "The collective and complementary talents of public health agencies, private industry, social services organizations, educators, health care providers, researchers, the media, community leaders, voluntary health organizations, consumer groups and concerned citizens are vital if America is not just to reduce but to eliminate health disparities."

## Give Kids A Smile® (GKAS)

In February 2002, a few community-oriented dental professionals and a multitude of volunteers and supporters in St. Louis, Missouri launched the first Give Kids A Smile (GKAS) event. They provided underserved children free, comprehensive dental care including examinations, professional cleanings, fluoride treatments, sealants, restorations, oral surgery and x-rays. Give Kids A Smile – St. Louis is a not-for-profit organization that strives to eliminate dental disease for the millions of children who cannot sleep, eat properly, pay attention in school or simply smile without embarrassment. Following the success of the St. Louis program, the American Dental Association (ADA) recognized the potential for GKAS programs to raise the visibility of the huge unmet dental needs of children throughout the United States. The ADA adopted the GKAS concept and established a national clinic day in February where 45,000 volunteers work to provide oral care services to nearly 450,000 children each year.



The ADA's role in the national GKAS project has expanded each year with the growth of the programs and the focus on establishing a continuum of care network. The ADA continues to function as an umbrella for the numerous charitable education, screening, prevention and comprehensive treatment programs already in existence by having as many as possible occur throughout the year under the same brand. The campaign provides a framework for identifying, cataloging and recognizing the many access to care activities that take place throughout the year and serving as a repository for program data and evaluation.

Resources such as the ADA GKAS Program Planning Toolbox, available on the ADA website, provide guidance to organizations during the early planning and later growth stages of their GKAS programs. The ADA Foundation provides grant opportunities for GKAS programs when funding is available. The national program would not be possible without the three Corporate Sponsors: Henry Schein, Colgate and DEXIS, who provide more than \$1 million in product support and services.

The goal of all GKAS projects is to provide oral health education and to start children on a preventive program while identifying a sustainable dental home. While programs such as GKAS are not a cure-all for the unmet dental needs of America's children, they do afford an opportunity to raise awareness among the public, policymakers and community stakeholders to the need for early and ongoing prevention, adequate treatment reimbursement, education and policy changes. The importance of this program lies in its underscoring the need for oral health advocacy, education and treatment for underserved children across our country. The program has evolved from an event that occurred on a single day in February to one that encompasses community-based projects occurring multiple times throughout the year, with planning and ongoing follow-up.

The array of local programs operating under the ADA GKAS umbrella provides many opportunities for the public health dental community, including state and local government employees, safety net providers, school nurses and coalition members, to partner with a new or existing GKAS project. Public health professionals, especially those who work in state oral health programs, bring skills, expertise and resources that enable program success. This allows them to assume lead roles in planning events, providing community networking, case management and care, follow-up assistance, data collection and analysis, cultural competency training, help in identifying specific populations needing care, insuring a process is in place to determine program eligibility and enrolling children in ongoing dental insurance programs and evaluating the program.

#### **Examples of State Oral Health Program and Coalition Members' Involvement in GKAS Activities**

In North Dakota, the sealant staff from the SOHP works in partnership with the single dental hygiene school in the state by coordinating academic and safety-net communities in bringing comprehensive care to underserved children. It also raises awareness to unmet oral health needs and the role of the SOHP in meeting those needs.

The Georgia SOHP works at the district levels to provide mobile units for the delivery of care. This ongoing partnership includes the Georgia Dental Association, United Concordia Insurance and the state and county departments of health.

In Mississippi, the SOHP and the Delta Oral Health Project work with nurses and nutritionists to collect oral health status and height/weight data used to support research projects and oral health surveillance. The Tomorrow's Dental Office Today (TDOT) mobile van is used for a large scale GKAS project held in one location involving multiple partners. The TDOT van program was created by Henry Schein, the ADA and multiple dental manufacturing companies at the request of the MS Department of Health in response to the devastation by hurricane Katrina, and continues to be used today.

For almost 10 years in North Carolina, GKAS has served as a vehicle for collaboration between the North Carolina Dental Society and the North Carolina Oral Health Section (NCOHS). During the spring of 2010, oral health services were provided to 15,544 children across the state. The NCOHS state-funded, local public health dental hygienists take a lead role in the planning and implementation of the events. Their responsibilities range from identifying eligible children, performing screenings, coordinating follow up care and media coverage, arranging transportation and promoting the event among schools, caregivers and private dental offices.

## Smiles Across America (SAA)

Oral Health America's (OHA) Smiles Across America (SAA) program links local governments, businesses and funders with care providers and schools to help reduce oral disease. SAA offers resources and technical assistance to help communities build infrastructure for school oral health services, particularly those that provide dental sealants and education. The program supports services to more than 350,000 underserved and uninsured children annually and helps communities respond to the critical need for oral disease prevention and oral health promotion.



Launched in partnership with public schools and community oral health providers in 2004, SAA has awarded more than \$2.2 million in grant support to programs in 19 treatment sites throughout the country. SAA funding for oral disease prevention services to uninsured and underinsured children allows communities to leverage additional resources and expand programs. The program includes communications and marketing strategies to underscore the message that oral health is critical to overall health.

In addition to grant support, the SAA Product Donation Project brings together leading corporations and charitable dental facilities throughout the country. Through this program, OHA champions the local and regional dental health efforts of hundreds of care providers by contributing essential material resources—dental care products, supplies and equipment. The SAA Product Donation Program has helped SAA partners save \$1 million in oral disease prevention supplies.

The public health community, state oral health programs and coalitions as well as nonprofit children's treatment centers have been integral to the SAA vision and success. Several of the SAA sites are partners with their SOHPs providing school-based sealants and increasing health literacy among in communities. State dental directors provide advice and guidance during the SAA site selection process and are encouraged to remain part of SAA and the SAA product donation program. OHA encourages their SAA partners to be active supporters and advocates for their SOHPs.

### Examples of Collaboration with State Oral Health Programs or Coalitions

Smiles Across America has funded program partners in 15 U.S. states and the District of Columbia. Partners include Wisconsin, California, Colorado, Illinois, Florida, Maine, Minnesota, Nevada, Arizona, New York, Ohio, Pennsylvania, Texas, Washington DC, Kansas, Massachusetts and West Virginia. Each program partner is unique in the work they do under the SAA grant and the size and scope of their funded programs.

## Missions of Mercy (MOM)

Missions of Mercy (MOM) is an access to care program that provides free dental treatment for underserved populations of all ages throughout the U.S. The purpose of a MOM event is to combine the donated services of oral health professionals with lay volunteers to provide free dental care and education to members of the community who lack the resources and opportunities to find regular dental care. The services are always free and usually offered over a two-day period. The focus is on people of all ages, from infants to older adults.

The goals of a MOM event extend beyond free dental care. A successful MOM event will also provide education on the importance of good daily oral care, a healthy diet, routine preventive care, tobacco use prevention and cessation, and the link between good oral health and overall health. The event and attendant publicity strives to raise public awareness of the increasing difficulty low-income adults face in accessing critical dental care and challenges the public, policymakers, elected officials and healthcare professionals (private and public) to work together to reduce oral diseases and provide the means to good dental care for all residents of a state, regardless of income or age. A referral network is established to ensure opportunities for follow-up care for those without a dental home.



Dr. Terry Dickinson, Executive Director of the Virginia Dental Association, launched the MOM Project in 2000. Since then a national MOM effort has been created under the America's Dentists Care Foundation and become a national model for dental outreach programs. To date, the combined total of all state events exceeds 125,000 patients and \$60,000,000 in patient care. In 2012 MOM projects will be held in 25 states.

Planning and implementing an event the magnitude of MOM requires a structured process with a set of policies and procedures representing best practices. The organization and administration falls under the auspices of each state dental association (society) and its foundation. Each state MOM committee (task force) works in partnership with America's Dentists Care Foundation, a non-profit dedicated to providing all the equipment necessary for a MOM event as well as technical support and expertise to the state organizers. The state dental association foundation oversees all fundraising, budget issues, publicity and media planning.

A two-day MOM event will serve 1,500-2,000 people using 1,000-1,400 volunteers. The volunteer opportunities and needs are varied and extensive, enabling members of the public and professionals to work together. Volunteers include dental professionals and staff, physicians and nurses, lab and x-ray technicians, EMTs, pharmacists, and students. Several hundred lay volunteers are necessary to help with data entry, patient registration and escorts, translation, volunteer registration, set-up and take-down, food service, child care, security, entertainment and education. State oral health program staff and coalition members can play important roles in assuring the success of larger MOM events by participating on the planning task force and during the clinic days, and providing expertise and resources for the follow-up data collection and analysis and the referral network.

### **Examples of State Oral Health Program Collaboration with MOM**

Arkansas has held five MOM events, each serving about 1,800 patients and using more than 800 volunteers. The entire staff of the Arkansas Office of Oral Health (OOH) and many members of the Arkansas Oral Health Coalition give their time and expertise to make the events a success. The state dental director serves as the lead in securing grants and coordinating use of CDC funding to promote the importance of fluoridation during the clinic. OOH also loans its portable dental equipment for use in sealant applications during the event.

The New Mexico Oral Health Advisory Council and the staff from the Office of Oral Health participate as volunteers serving in dental and non-dental roles. They also aide in securing follow-up care for those needing additional treatment.

The MOM program in Oklahoma credits its success to strong collaboration among the OK State Department of Health, OK Dental Association, Delta Dental of Oklahoma, OK University College of Dentistry and numerous donors supplying in-kind support.

The Virginia Department of Health (VDH) Dental Program has collaborated with the Virginia Dental Association (VDA) to support the MOM program since its inception in 2003. A long-standing collaboration with the VDH, VDA and the U.S. Navy has allowed military dental vans to be used during some MOM events. VDH vans have also been used at multiple sites. Recently, Virginia's Oral Health Workforce Grant funds have been used to increase services at three MOM sites. Funding supported the addition of 10 dental students and staff to provide treatment and to collect data regarding participants' dental and medical health status, and to develop a denture program to provide a means for patients to receive dentures after the MOM events.

The Nebraska Department of Oral Health and Dentistry (OODH) participated for the first time in the 2011 Nebraska Mission of Mercy event. In a cooperative effort with the NE Office of Health Disparities and Health Equity, OODH supported 50 peer-trained Lay Health Ambassadors (LHA) who represented a wide spectrum of ethnic groups and nationalities. The LHA provided oral health education to parents and children in the waiting area and distributed age-appropriate oral health supplies and educational cards and pamphlets. Realizing that the barriers to oral care continue long after the end of a MOM event, many of the LHAs are conducting educational outreach events in their faith communities and community service programs such as WIC and Head Start.

## Special Olympics International/ Special Olympics Special Smiles™ (SOI/SOSS)

Created in 1993, the Special Olympics Special Smiles™ program is a dental screening, education and referral program operating under the auspices of Special Olympics International. Now one of the leading components of the Special Olympics Healthy Athletes initiative, dental volunteers around the world participate to promote the mission of Special Smiles: to increase access to care for Special Olympics athletes, as well as all people with intellectual disabilities. At a Special Smiles screening, Special Olympics athletes are provided with the following: oral hygiene and nutrition education; "goody bag" containing toothbrush, toothpaste and floss, educational pamphlets; list of dentists/clinics in the area who will treat persons with special needs (should they have difficulty finding a dentist); free mouth guards (at most locations) for athletes competing in contact or high-risk sports; fluoride varnish applications (at some locations) for all athletes who are screened.



Clinical supplies for the screenings and products for the "goody bags" are supplied or paid for by Special Smiles Partners. These partners include Colgate, Patterson Dental Supply, Wrigley, PulpDent Corporation, AGD Foundation, and Paragon International. Additional product and supply support is received on state and local levels.

Data are collected for each athlete who receives a dental screening and are aggregated for analysis. This generates a snapshot of the oral health of a sample of the hundreds of thousands of Special Olympics athletes around the world. These data are used to encourage more dental schools to increase the special needs instruction they offer, and to demonstrate to governments at all levels that access to oral health providers for this population must be increased.

One of the primary objectives of Special Smiles is to increase the number of dental professionals who will serve people with intellectual disabilities in their practices and clinics. This is accomplished by encouraging dental students and dental hygiene students, as well as dentists, dental hygienists, dental assistants and non-professional volunteers to participate at Special Smiles events. Special Smiles offers AGD recognized Continuing Education credits in exchange for their participation.

Serving as a Special Smiles volunteer during the designated screening and education events held during Special Olympics Games and working with state and local committees on the planning process enables staff of state oral health programs and members of oral health coalitions to share a focus on preventing, controlling and reducing oral diseases and conditions while promoting healthy behaviors.

## Examples of State Oral Health Program Staff and Coalition Members

### Volunteering at SOSS Events

In Louisiana, the public health volunteers work with LSU dental students to provide patient education and to secure data from the SOSS screening forms.

The state dental director in Delaware serves as the SOSS clinical director and coordinates the recruiting and scheduling of volunteer dentists and hygienists.

In Wisconsin the state dental director works as the SOSS clinical director. The Wisconsin Oral Health Office is part of the team that leads the coordination of care between MOM and Special Olympics Special Smiles athletes. Specific chairs are dedicated to those athletes who, when previously screened, were found in need of urgent oral health care. This model is part of a national initiative between MOM and Special Olympics.

In Georgia, individuals on the SOHP staff and oral health coalition volunteer as members of the SOSS planning committee and clinical team, providing screenings, fluoride varnish and sealants. A mobile van provided by a health district is used for sealant applications. In addition, a member of the SOHP staff oversees the collection of sealant data for the CDC SEALS program.

## References

1. NIDCR, NIH, Oral Health in America: A Report of the Surgeon General. Accessed on Sept 16, 2011 at <http://www.nidcr.nih.gov/datastatistics/surgeongeneral/report/executivesummary.htm>
2. USDHHS. Office of the Surgeon General. National Call to Action to Promote Oral Health. Accessed on Sept 16, 2011 at <http://www.surgeongeneral.gov/topics/oralhealth/nationalcalltoaction.html>

## Resources

Give Kids a Smile: <http://www.ada.org/givekidsasmile.aspx>

Smiles Across America: <http://www.oralhealthamerica.org/smiles.html> For more information on the SAA activities and opportunities in individual states, contact Melissa Hoebbel at [melissa@oralhealthamerica.org](mailto:melissa@oralhealthamerica.org).

Missions of Mercy: <http://www.adcfmom.org/>

Special Olympics Special Smiles: [http://www.specialolympics.org/healthy\\_athletes\\_resources.aspx](http://www.specialolympics.org/healthy_athletes_resources.aspx) (scroll down to Special Smiles)

ASTDD Mobile-Portable Dental Manual: <http://www.mobile-portabledentalmanual.com>