



# Dental Public Health Activities & Practices

**Practice Number:** 25005  
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<b>SECTION I: PRACTICE OVERVIEW</b>		
<b>Name of the Dental Public Health Activity:</b> <b style="color: blue;">Community Oral Health Collaboration</b>		
<b>Public Health Functions:</b> Policy Development – Collaboration and Partnership for Planning and Integration Assurance – Population-based Interventions Assurance – Building Linkages and Partnerships for Interventions Assurance – Building State and Community Capacity for Interventions Assurance – Access to Care and Health System Interventions		
<b>Healthy People 2010 Objectives:</b> 21-1 Reduce dental caries experience in children 21-2 Reduce untreated dental decay in children and adults 21-8 Increase sealants for 8 year-olds' first molars & 14 year-olds' first & second molars 21-10 Increase utilization of oral health system 21-12 Increase preventive dental services for low-income children and adolescents		
<b>State:</b> Michigan	<b>Federal Region:</b> Midwest Region V	<b>Key Words for Searches:</b> Collaboration, partnership, access to care, dental care services, dental treatment program, school oral health program, children's oral health, integration
<b>Abstract:</b> <p>School-based/school-linked prevention programs are effective in reducing dental decay. Delivering dental sealants to children from low-income families in a school setting is a cost-effective strategy for reducing disparities. Uninsured, underinsured and Medicaid children often have do not receive the needed restorative dental care identified through school-based/school-linked dental sealant programs. The Michigan Department of Community Health (MDCH) Oral Health Program, the Children's Tooth Fairy Foundation (CTFF), and the University of Detroit Mercy (UDM) School of Dentistry have established a community oral health collaboration to provide dental care for children identified with unmet dental needs in school-based/school-linked prevention programs. In four Michigan counties located in the Greater Detroit area, CTFF provides children with unmet dental needs with comprehensive dental care at no cost to the families. The MDCH Oral Health Program's <i>SMILE! Michigan</i> school-based/school-linked dental sealant program refers children who reside in these counties to the UDM School of Dentistry for dental care services. CTFF covers the cost for dental treatment (approximately \$10,000 per year). CTFF holds annual fundraising events to support this collaboration. The collaboration is making a difference in the quality of life for the children receiving dental care (e.g., reduce suffering from dental pain/infection and restore teeth for function and self-esteem). Each member of the collaboration (the MDCH, CTFF and UDM) contributes essential elements to make the program successful (funding, care coordination/referral, and dental services). Efforts are continuing to build infrastructure, expand a network of dental providers, and raise funding to increase the collaboration's capacity to assist more children in establishing a dental home and provide them with needed dental care.</p>		
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## SECTION II: PRACTICE DESCRIPTION

### History of the Practice:

In Michigan, for-profit mobile dental programs receive over a million dollars annually from Medicaid to provide preventive services in Detroit's schools. Yet, these for-profit mobile dental programs do not establish a dental home for the children treated in these programs. A dental home should provide coordinated and family-centered care based on assessment of risk factors and appropriate management of dental disease.

The Michigan Department of Community Health (MDCH) Oral Health Program, The Children's Tooth Fairy Foundation (CTFF), and the University of Detroit (UDM) Mercy School of Dentistry have missions that include outreach to underserved populations. A collaboration between the three members has a good fit:

- The MDCH Oral Health Program's school-based/school-linked dental sealant program recognizes that children should have comprehensive dental care. The dental sealant program routinely identifies children with unmet dental treatment needs.
- CTFF is committed to assisting uninsured, underinsured and Medicaid children (referred as "children of need" by CTFF) to establish a dental home and receive regular dental care. CTFF wants children of need to have access to a dentist and receive comprehensive care. CTFF also educates parents and guardians to help achieve good oral health for their children.
- Students of the UDM School of Dentistry will benefit from additional training experience in treating children. UDM is a major Medicaid dental provider since Michigan's Medicaid reimbursement fees are among the lowest in the nation and few private dentists in the state are willing to provide services for Medicaid children.

Through this collaboration, more children have access to oral health services that include oral health education, prevention, and restorative care.

### Justification of the Practice:

School-based/school-linked dental sealant programs are effective in reducing dental decay<sup>1</sup>. Delivering sealants to school children from low-income families is a cost-effective strategy for reducing disparities<sup>2</sup>. The element that is often missing in school-based/school-linked dental sealant programs is the policy, strategy and services to ensure children with unmet dental treatment needs receive professional dental care. Uninsured, underinsured and Medicaid children often do not receive the needed restorative dental care identified through school-based/school-linked dental sealant programs.

In Michigan, approximately 30% of Medicaid children visited the dentist and 28% visited the dentist for preventive care<sup>3</sup>. Shortages of Medicaid dental providers, low Medicaid reimbursement rates, and other care delivery system barriers contribute to access to dental care problems in the state.

Another concern in Michigan is the delivery of preventive services provided through unregulated for-profit mobile dental companies that operate many school-linked prevention programs. Recent Michigan studies show that children, who received prevention-only care from for-profit mobile programs, were found to have higher or the same dental decay rates as children who received no preventive dental services<sup>4,5</sup>.

Preventive and restorative dental care services are essential to achieving and maintaining oral health. To reduce and control dental decay, effective and efficient delivery of proven preventive therapies is needed. Dental sealant programs provide additional benefits when they are linked to programs that ensure access to dental care<sup>7,8</sup>. Without comprehensive dental care and the establishment of a dental home, coordinated and family-centered dental care remains elusive<sup>8</sup>. Children who have a dental home are more likely to receive appropriate preventive and routine oral health care.

## Inputs, Activities, Outputs and Outcomes of the Practice:

The MDCH Oral Health Program, CTFF, and the UDM School of Dentistry have programs and services to improve the oral health of children, families and communities:

- The MDCH Oral Health Program administers *SMILE! Michigan*, a statewide dental sealant program. The Oral Health Program offers grants to non-profit organizations, community clinics, dental/dental hygiene schools, and professional associations to support the development and/or expansion of school-based/school-linked dental sealant programs. Eligible schools must have at least 50 percent of the student population participating in federal or state free and reduced meal programs. The dental sealant programs identify children requiring professional dental care (e.g., untreated dental decay and dental infection). Each school is encouraged to utilize a patient advocate, school nurse, or oral health coordinator to assist parents/guardians in navigating through the oral health care system, find transportation to the dental office, coach the parent/guardian to keep all dental appointments, and track the dental services received by the child.
- CTFF provides preventative, basic and comprehensive dental care to children with unmet dental needs in Wayne, Washtenaw, Macomb and Oakland Counties (located in the Detroit Greater Area) at no cost to their families. The foundation has developed a network of dentists to provide reduced cost and reimburses the cost of dental care services for children, including children needing extensive dental treatment or surgery. In addition, CTFF offers parents and guardians workshops with dental hygienists, medical care practitioners and nutritionists to teach them how to be partners in achieving oral health for their children.
- The UDM School of Dentistry is committed to providing quality dental care to patients and to serving as a source of information and education to the community. The School of Dentistry's vision is to be an indispensable resource for meeting oral health care and educational needs of Southeast Michigan, and to establish effective community and professional collaborations. Annually, the UDM's Dental Clinic provides about 73,000 treatment procedures to 8,000 patients.

In 2008, the MDCH Oral Health Program, CTFF, and the UDM School of Dentistry formed a community oral health collaboration. CTFF has provided a letter to schools and to the two health agencies that regulate health services within the inner city Detroit to authorize utilization of the foundation's funding for dental services for the children identified by the dental sealant program. The *SMILE! Michigan* dental sealant program directly refers children, who reside in the four counties supported by CTFF, to the UDM School of Dentistry for restorative dental services. The School of Dentistry treats the CTFF children and CTFF reimburses UDM for services. The dental students gain valuable experience in treating young patients. The collaboration contributes resources and services to make the program successful: identification/referral of children with unmet dental care needs (MDCH Oral Health Program), funding (CTFF), and dental care services (UMD School of Dentistry).

Typically, a parent/guardian brings the child to the UDM Dental School and identifies him/her as a CTFF child. The faculty and students at UDM complete a comprehensive assessment and treatment plan. Emergency dental treatment is provided first. Both the assigned UDM dental student and the school patient care coordinator encourage the parent/guardian to keep all dental appointments in order to complete dental treatment for the child. Both the parent/guardian and child receive oral health education.

UDM is established as a dental home for the child. UDM is located in downtown inner city Detroit, making it ideal as a dental home within walking distance of the bus line, regardless of where the child lives within Detroit. The parent/guardian is not charge for any dental services received by the CTFF child. CTFF covers comprehensive dental treatment including preventive visits to the dentist twice a year.

The community oral health collaboration has extended services to children at a Salvation Army homeless shelter. Many times, the collaboration provided a first-time visit for dental care for the children. CTFF also conducted oral health workshops for the parents/guardians at the shelter. When the families move from the shelter, they can still maintain the UDM dental home for their children.

A tracking system is in place that allows UDM to provide CTFF with a list of children treated and the dental services provided. In the past year, more than 100 children received dental exams, prophylaxis, fluoride varnish, dental sealants, restorations, extractions, and stainless steel crowns. The average treatment cost per child was \$97.30. Over 90% of the children receiving care are

referred through the *SMILE! Michigan* dental sealant program. Program data shows that many children are returning for follow-up/recall appointments. Additional children have been referred to the Children's Hospital Pediatric Residency Program and to private dentists for treatment requiring hospitalization or special patient management.

The numbers of patients seen have been limited the first year. This was intentional to pilot test the oral health collaboration. CTFF needed to ensure that fundraising will cover the demand of dental services of participating children and that the arrangement with UDM would be mutually satisfactory. CTFF is expanding the program to serve more children, will be enlisting additional private practitioners particularly specialists, and will arrange with the University of Michigan School of Dentistry to provide dental services outside the geographic area of UDM.

CTFF holds fundraisers throughout the year. At least 2 major CTFF fundraisers are held each year to raise monies for program operation. In addition, grant proposals are prepared for additional resources to expand program operation. Paula Tutman, the Founder of CTFF, is an energetic, television personality with a passion for improving children's oral health. With her leadership, it is anticipated that the CTFF will continue to grow.

UDM conducts evaluations of parents/guardians following treatment of their children and have received positive feedback. Parents/guardians have reported barriers that prevented their children from receiving dental care in the past (included transportation problems and inability to navigate through the health care delivery system). The most prominent need reported was to have extended clinic hours during evenings or weekends to accommodate working parents/guardians. CTFF and UDM are in discussion about extending clinic hours.

*SMILE! Michigan* grantees have collected case stories showing the benefits of community oral health collaboration in delivering dental care for children:

- A child with cerebral palsy was experiencing severe dental pain. The mother requested services after her son brought home a flier describing the availability of oral health services. The program helped set up an appointment with Children's Hospital of Michigan Department of Developmental Dentistry Specialists, transportation was provided, and the child completed her dental treatment. The child has established a dental home.
- A special education child had a strong phobic reaction to dental care and refused to open his mouth. The UDM providers were able to manage the child for a visual assessment and observed severe dental decay. The child was referred and scheduled at Children's Hospital of Michigan due to his behavioral issues. After a series of appointment, the child completed his dental treatment.
- A child presented with a severe lisp. After removing the bridge of calculus from his teeth, the child no longer had the lisp.
- One of the Henry Ford Hospital System (HFHS) school-based health centers serves a large population from Bangladesh. Many Bengali children have never visited a dentist, do not practice any personal oral health care, and have a diet that increases their risk for dental decay. The oral health collaboration provided the children with needed dental care to achieve oral health.

The collaboration celebrated its two year anniversary in 2009. Efforts continue in building infrastructure, enlisting more dental providers, and fundraising to increase the capacity of the oral health collaboration to help more children establish dental homes and receive dental care.

#### **Budget Estimates and Formulas of the Practice:**

The annual operating budget is for this program is \$16,000 for a .25 administrative assistant and \$10,000 for dental services for children.

#### **Lessons Learned and/or Plans for Improvement:**

- UDM School of Dentistry observed that CTFF children have high no-show rates. Strategies and actions are needed to reduce no-show rates. An analysis of this problem showed contributing factors that include the following:
  - At least five for-profit mobile dental companies operate within the Detroit public school system. These companies promise to deliver comprehensive care to the children. Yet in

a given school, only about 10% of the children received preventive services and restorative services are seldom provided.<sup>5</sup> Parents/guardians are provided with a false sense that no further care is needed and/or are confused thinking their children received comprehensive care.<sup>5</sup>

- Difficult economic times have resulted in 40 Detroit schools closing in 2008-2009 and a large turnover of school administrators, teachers and staff. Previous CTFF linkages with school officials and school nurses to coordinate dental care have been compromised with school closings and staff lay-offs.
- Starting August 2009, CTFF will be implementing the following:
  - Provide specific vouchers for care which will clearly list CTFF and UDM contact information.
  - Provide a limited amount of vouchers to the school nurses to increase the value of dental services for families.
  - Apply for grants to support additional hours for the CTFF administrative assistant to serve as a patient advocate, educate the parent/guardian to reduce no-shows, and remove barriers that prevent the children from keeping their dental appointments.
- Many CTFF children seeking dental care at UDM School of Dentistry are eligible for Medicaid. UDM assists in enrolling the children, which transfers coverage of treatment costs from CTFF to Medicaid.
- For many CTFF children, this collaborative program provides the first opportunity to see a dentist; these first visits often show a backlog of untreated and severe dental decay and behavioral problems. At times, the dental school must refer these children to specialists for management. It became apparent that CTFF needed to enlist pediatric dentists and the pediatric residency program at Detroit Children's Hospital for specialized dental services.

#### Available Information Resources:

Michigan Department of Community Health (MDCH) Oral Health Program

[http://www.michigan.gov/mdch/0,1607,7-132-2942\\_4911\\_4912\\_6226---,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2942_4911_4912_6226---,00.html)

Paula L. Tutman's Children's Tooth Fairy Foundation (CTFF)

<http://childrenstoothfairyfoundation.com>

University of Detroit Mercy (UDM) School of Dentistry

<http://dental.udmercy.edu/>

*SMILE!* Michigan Dental Sealant Fact Sheet

[http://www.michigan.gov/documents/mdch/Sealant\\_Fact\\_Sheet\\_Professionals\\_218180\\_7.pdf](http://www.michigan.gov/documents/mdch/Sealant_Fact_Sheet_Professionals_218180_7.pdf)

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2. CDC. Oral Health: Preventing Cavities, Gum Disease, and Tooth Loss: At-a-Glance 2009. Updated 12/17/09. Available from: <http://www.cdc.gov/chronicdisease/resources/publications/AAG/doh.htm>.
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7. Impact of Targeted, School-Based Dental Sealant Programs in Reducing Racial and Economic Disparities in Sealant Prevalence Among Schoolchildren – Ohio, 1998-1999. MMWR, August 31, 2001/50(34):736-8
8. American Academy of Pediatric Dentistry. Policy on the Dental Home, 2004. Available from: [http://www.aapd.org/media/Policies\\_Guidelines/P\\_DentalHome.pdf](http://www.aapd.org/media/Policies_Guidelines/P_DentalHome.pdf).

## SECTION III: PRACTICE EVALUATION INFORMATION

### **Impact/Effectiveness**

*How has the practice demonstrated impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence, outcomes of the practice and/or evaluation results)?*

The community oral health collaboration is able to provide children with unmet dental treatment needs, identified through the school-based/school-linked dental sealant programs, with professional dental care at no cost to their families. Each member of the collaboration (the MDCH Oral Health Program, CTFF, and UDM School of Dentistry) contributes an essential component to the program (funding, care coordination/referral, and dental services). The UDM School of Dentistry, located in downtown Detroit and on a bus line, has shown to be a sustainable dental home for the referred CTFF children; children are returning to UDM for recall visits.

### **Efficiency**

*How has the practice demonstrated cost and resource efficiency where expenses are appropriate to benefits? How has the practice demonstrated realistic and reasonable staffing and time requirements? Provide unit cost analysis or cost-benefit analysis if appropriate.*

The community oral health collaboration pools the resources of three partners (the state health department, a foundation, and a dental school) and leverages off of the partners' programs and services to provide a solution for children participating in a school-based/school-linked dental sealant program to obtain needed dental care.

### **Demonstrated Sustainability**

*How has the practice showed sustainable benefits and/or how has the practice been sustainable within populations/communities and between states/territories? What mechanisms have been built into the practice to assure sustainability?*

Although the community oral health collaboration between MDCH Oral Health Program, CTFF, and UDM School of Dentistry has only been established since 2008, the commitment of each partner is strong. MDCH Oral Health Program requires their *Smile! Michigan* grantees to provide a detailed plan for referral of children needing dental treatment in the established oral care delivery system. CTFF's Founder, a TV news personality, is able to utilize media coverage and celebrities for fundraising. The UDM School of Dentistry is committed to providing low-cost dental care to families in metro Detroit.

### **Collaboration/Integration**

*How has the practice built effective partnerships/collaborations among various organizations and integrated oral health with other health projects and issues? What are the traditional, non-traditional, public and private partnerships/collaborations established by the practice for integration, effectiveness, efficiency and sustainability?*

The oral health collaboration started with the partnerships between the MDCH Oral Health Program, CTFF, and UDM School of Dentistry. The collaboration is growing with additional partners. The Children's Hospital of Detroit's pediatric residency program has been enlisted to provide services for children that require dental service beyond what the UDM students can provide. Private dentists are signed up as providers for CTFF children accepting reduced or no payment from CTFF.

### **Objectives/Rationale**

*How has the practice addressed HP 2010 objectives, met the National Call to Action to Promote Oral Health, and/or built basic infrastructure and capacity for state/territorial/community oral health programs?*

The community oral health collaboration addresses Healthy People 2010 oral health objectives to reduce dental caries experience in children, reduce untreated dental decay in children, increase

sealants for 8 year-olds' first molars & 14 year-olds' first & second molars, increase utilization of oral health system, and increase preventive dental services for low-income children and adolescents.

### **Extent of Use Among States**

*Describe the extent of the practice or aspects of the practice used in other states.*

Many states have school-based/school linked dental sealant programs. These programs recognize the challenge of obtaining comprehensive dental treatment for children identified with untreated dental decay and other dental problems, especially children from low-income families who do not have dental insurance or the financial resources for professional dental services. Establishing an oral health collaboration could combine community assets and resources to provide dental care for children in need. It is not know how many school-based/school linked dental sealant programs include a focus in establishing a dental home and in coordinating care for children in need of dental treatment.