



Dental Public Health Activities & Practices

Practice Number: 35006
Submitted By: New York State Dept. of Health, Bureau of Dental Health
Submission Date: February 2006
Last Updated: February 2006

SECTION I: PRACTICE OVERVIEW

Name of the Dental Public Health Activity:

New York State's Innovative Dental Service Delivery Models Program

Public Health Functions:

Assurance – Building State and Community Capacity for Interventions
 Assurance – Access to Care and Health System Interventions

Healthy People 2010 Objectives:

- 21-2 Reduce untreated dental decay in children and adults
- 21-10 Increase utilization of oral health system
- 21-12 Increase preventive dental services for low-income children and adolescents
- 21-13 Increase number of school-based health center with oral health component
- 21-14 Increase community health centers & local health departments with oral health component

State:

New York

Federal Region:

Northeast
Region II

Key Words for Searches:

Access to care, dental service delivery, community grants

Abstract:

New York State Department of Health, Bureau of Dental Health established a grant "Innovative Dental Health Service Delivery Models" in 2002 to fund communities in designing and testing innovative solutions to improve access to oral health care for residents in geographically isolated and/or health manpower shortage areas. Eight projects were awarded. Seven projects provided service delivery that included establishing mobile dental vans, school-based clinics and fixed clinics, providing dental case management services, and recruiting and training of dentists. One project established a Technical Assistance Center to assist communities in implementing innovative solutions. The Innovative Dental Services Projects were established to address the gaps and barriers to unserved/underserved populations in hard-to-reach areas. The funded projects responded to the decline in dentistry professionals particularly in rural areas of New York State by assisting in the recruitment of dental health professionals in geographic areas where there is an insufficient supply of providers and by expanding opportunities for collaboration and outreach. Over \$900,000 has been awarded to support the projects. Currently, the funded projects are in their third year of the 3-year funding cycle, which will end in June 2006. Major accomplishments achieved by the Innovative Service Projects include establishment of: mobile dental vans and use of portable equipment in delivering dental services, fixed clinics with links to school-based services, dental case management, education and outreach services, and community partnerships to identify and address oral health issues. In order to continue and expand the progress of innovative services, the Dental Health Bureau is in the process of developing plans to issue a new Request for Applications.

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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

A report released by the Surgeon General titled Oral Health in America found profound disparities in the oral health status between the poor and non-poor. Persons with a greater burden of dental diseases include those with low income and lacking an adequate education, as well as those who do not utilize oral health services or have special health care needs. It is likely that a lack of transportation, geographic proximity to a provider, availability of dental care and flexibility in getting time off from work contribute to these disparities. The Face of the Child: Surgeon General's Workshop and Conference on Children and Oral health urged promotion of innovative service delivery initiatives to address the needs of difficult to reach populations. In response, New York State developed the **Innovative Dental Service Delivery Models Program** to fund efforts to improve access to oral health care for residents in geographically isolated and/or shortages of oral health professions.

Justification of the Practice:

Oral diseases, although preventable, affect a majority of the New York state's children and almost all adults. In New York, strategies such as the use of mobile vans and portable equipment had already been developed to reduce barriers to dental care.

New York State has programs delivering dental care services use mobile vans. These programs include University of Rochester, Glens Falls Hospital, Children's Aid Society, schools of dentistry at Buffalo, Columbia and New York University, and PRASAD Project (Philanthropic Relief Altruistic Services and Development) in Sullivan County. The University of Rochester's Eastman Dental Center Smilemobile program has been involved in the delivery of dental services in schools in Western New York since the 1970's. This program was recognized at the recent Surgeon General's Conference on Children and Oral Health as one of the five "success stories" on community collaboration and dental health in the United States. The Smilemobile program has shown measurable improvement in oral health among the participants. Most of the participating children had completed all necessary dental treatments in the shortest amount of time, with minimum loss of time from classes, no loss of parent's time from work, and no additional transportation costs.

Many programs also used portable dental equipment to provide dental services in congregate settings such as schools, Head-Start Centers, and nursing homes. In 1988, the New York City Department of Health switched from fixed facilities to using portable dental equipment in the school-based dental program. This offered several advantages. First, portable equipment could be situated in areas of high need thus allowing effective targeting of the program. Second, the modern equipment allowed for the expansion of services. Finally, the cost of a portable clinic was projected as being one-fourth the cost of constructing a fixed clinic. A review after six years of implementation of the program showed that the outcome was equivalent in terms of productivity and quality of care when compared to a conventional dental delivery system. More importantly, these programs targeting schools with children at high risk for dental diseases had produced superior outcomes and significantly more treatment for children.

Unlike fixed facilities, mobile vans and portable equipment provide the flexibility to set up programs in different locations and move to new locations easily from year to year. Further, it eliminates a parent's need to take time off from work, travel time and broken appointments. However, projects must carefully weigh the advantages and disadvantages of these approaches with respect to community support, staffing patterns, long-term viability, and efficient use of the equipment/vehicle throughout the year and maintenance cost. To successfully implement these strategies, these projects require partnerships with local health and social service agencies, schools, Head-Start Centers, WIC programs, homeless shelters, private practitioners, and local foundations. The reasons for failure of mobile dental vans and other types of non-traditional delivery systems include: lack of community support, excessive or inappropriate investment in equipment, lack of providers to staff the system adequately, failure to offer sufficient range of services and obtain reimbursement, and failure to organize a logistical support system.

The New York State Department of Health supports the tenet that all persons are entitled to dental health preventive measures, adequate self-care, and access to professional care. It is recognized that a collaborative approach is needed to ensure continued progress in oral health including community-based health promotion and disease prevention programs and available professional services. Further, partnership with local health units, community-based organizations, health care providers, and other state agencies has the potential for designing programs to suit the needs of the community. New York State's Innovative Dental Service Delivery Models Program is meant to promote such partnerships and collaborations.

Inputs, Activities, Outputs and Outcomes of the Practice:

Request for Applications for Developing Innovative Solutions to Improve Dental Access

In 2002, the Dental Health Bureau developed a Request for Applications (RFA) – “Improving Access and Service Delivery for Children and Youth” – Component B. The RFA is meant to support communities in designing and testing innovative solutions to improve access to oral health care for residents in geographically isolated and/or health manpower shortage areas.

The objectives of this RFA were to:

- Establish or expand innovative service delivery models for providing dental care to underserved populations in geographically isolated and/or health manpower shortage areas;
- Develop case management models to address the needs of difficult to reach populations; and
- Develop partnerships and local coalitions to support and sustain program activities.

In addition, the RFA also provided funding to establish a center for providing technical assistance to communities interested in developing innovative service delivery models and improve the quality of existing programs.

The RFA was issued to not-for-profit agencies such as county health departments, public health nursing services, facilities licensed under Article 28 of the New York State Public Health Law as a diagnostic and treatment center or a hospital, Neighborhood Health Centers, dental school and other providers of health care services in New York State who are currently delivering or coordinating health services in underserved areas. Applicants could request up to \$250,000 to initiate a new project or \$100,000 to expand an existing program in a high need area. Applicants can also request up to \$150,000 to establish a Technical Assistance Center (TAC) to assist communities in implementing innovative solutions. Funding for the RFA to support the innovative projects and the TAC was made available through the Maternal and Child Health Services Block Grant.

The RFA included a question and answer phase where prospective applicants were provided the opportunity to submit written technical questions to help them prepare their application. The Bureau of Dental Health reviewed each question and provided a written response.

For the RFA, the New York State Department of Health, Bureau of Dental Health received twenty-three applications for Service Delivery requesting a total of \$4,357,502 and two applications for establishing a Technical Assistance Center requesting a total of \$299,826.

Evaluation of the Applications

The Dental Health Bureau developed criteria for evaluating the Innovative Dental Services Delivery Models applications. The criteria were used in developing an evaluation tool to score each application.

Review teams were established and included the Department of Health staff. The Dental Health Bureau conducted an orientation for the review teams which provided a brief overview of the RFA, focusing in on the background, key program concepts and the requirements for the applicants to include in the applications. Team members were trained to complete the review process. Packets of information are distributed to all of the reviewers which include the following information:

- Program summary/Fact sheet
- Background information
- RFA
- Questions and Answers document
- Review process timetable
- Review tool

- Review tool guidance reference sheet
- Conflict of Interest Disclosure Form

Awarded Projects

A total of eight (8) projects were funded (see Table 1) to establish and/or enhance dental services in areas of New York State where children exhibit substantial risk for dental health problems because of lack of dental services. The contract period for the 8 projects is for three years and will end on June 20, 2006.

Table 1 Projects Funded by the Innovative Dental Service Models Program			
Applicant	Region	County	Amount
Service Delivery			
Tompkins County Health Department ⇒Case management	Central	Tompkins	\$32,109
Broome County Health Department/Lourdes Hospital of Binghamton ⇒Case management, mobile van & a fixed clinic	Central	Broome	\$183,551
Whitney M. Young Jr. Health Center, Inc. ⇒Case management, recruitment & training of dentists, and school-based programs	Northeast	Capital District	\$185,100
Oak Orchard Community Health Center ⇒Mobile van	Western	Orleans	\$88,918
Otsego Public Health Partnership/Bassett Hospital ⇒Education program	Northeast	Otsego	\$5,131
Onondaga County Health Department ⇒Dental Call Center, case management, training of dental staff	Central	Onondaga	\$110,641
Carthage Area Hospital ⇒Fixed site, mobile van or portable equipment, case management	Central	Jefferson	\$162,627
Technical Assistance Center			
Rochester Primary Care Network	–	–	\$150,000

The funded projects aim to enhance the availability of services to primarily children and mothers in high need areas by:

- Establishing or expanding innovative service delivery models for providing care to underserved populations in geographically isolated and/or health manpower shortage areas, including case management models to address the needs of difficult-to-reach populations;
- Identifying locations to be served with an adequate population-base to support the program;
- Designing promotional campaigns appropriate to the community that will identify the services, delivery methods and follow-up care;
- Developing protocols, record keeping system, billing systems and procedures to facilitate communications;

- Assuring adequate staffing patterns, training, and logistical support systems; and
- Developing partnerships and local coalitions to support and sustain program activities.

Project Reports

Each grantee for the service projects and the Technical Assistance Center submitted quarterly reports which summarize the services that were provided and the progress towards their work plan objectives. Since each of the projects define their own work plan objectives, the data reported is specific to each project and consists of a narrative format. All grantees report on the progress of their project's objectives. In addition, each project reports on the following program measures every quarter:

- Total # of visits
- Number of children served (unduplicated count)
- Percentage of children in school enrolled
- Number of screenings per quarter
- Number of children receiving prophylaxis per quarter
- Number of teeth sealed per quarter as proof of number of kids treated
- Number of dentist newly recruited as Medicaid providers
- Number of patients with Medicaid receiving dental services
- Number of case management contacts
- Attendance at training sections
- Number & percentage of schools served

Performance and Accomplishments

The 7 funded projects for Service Delivery have demonstrated major accomplishments in the area of innovative services related to:

- Establishment of mobile dental vans, school-based clinics, and fixed clinics, as well as purchasing of portable dental equipment;
- Establishment of dental case management services;
- Recruitment and training of dentists; and
- Educational programs.

The projects' accomplishments to date included:

- Oak Orchard Community Health Center has purchased a mobile van that is being used to deliver services to hard-to-reach and underserved populations in Western New York, including migrants and seasonal farmworkers and their families.
- Tioga County has established their mobile dental program in 22 schools.
- A state-of-the-art fixed clinic was established in Carthage, with links to school-based services in Harrisville and Edwards-Knox.
- Broome County Health Department worked with Lourdes Hospital to establish a fixed-site clinic that is also providing dental case management services.
- Whitney M. Young Health Center of Albany has established a total of 22 school-based dental sites in Albany, Cohoes, Troy and Rensselaer.
- Onondaga County has established linkages with providers in the community, and assisted providers to enroll in the Medicaid and PHC Programs. Use of dental case management has increased appointment compliance and provider satisfaction.
- Tompkins County has established dental case management services.

The one project funded for establishing a Technical Assistance Center at the Rochester Primary Care Network has assisted communities in:

- Designing mobile vans and the use of portable equipment in delivering services for use in rural and urban settings, and identifying and mobilizing effective strategies to suit community needs;
- Assisting with recruitment of staff to underserved areas;
- Training staff to work in these settings and provide opportunities for enhancing competency;
- Developing operating procedures, record keeping, database systems, billing procedures, and guidelines for clinical procedures;
- Integrating dental services into existing medical and other health programs;
- Developing procedures to ensure coordination of services and communication among various groups (schools, after-school programs, WIC, Head Start, private practitioners, homeless shelters);
- Establishing community partnerships involving parents, consumers, providers and public agencies for identifying and addressing problems (all sites);

- Initiating partnerships with other organizations and convening local coalitions for securing support (e.g., regional perinatal networks);
- Assisting DOH with oral health surveillance (2004 and 2005); and
- Evaluating the outcome of the program activities including methods to provide feedback for program improvement (ongoing).

Evaluation showed that the dental case management projects are very effective in increasing the number of Medicaid and other low-income individuals in accessing dental care. In addition, the case management projects have been very effective in lowering the “no-show” rate.

The innovative models developed by the funded projects have been shared with the communities through various presentations, workshops and forums that the Dental Health Bureau conducts statewide. The Technical Assistance Center has distributed information on the funded projects and their practices to improve oral health. The Innovative Dental Service Delivery Models Program is also documented in the Oral Health Plan for New York State, which is being distributed throughout the state.

Sustainability

Current Innovative Dental Services grantees were informed in the first round of funding that they need to be self-sufficient at the end of the three-year grant. This will likely be the case for the contractors with projects that established new services sites and are generating revenue. However, for the contractors who established dental case management/care coordination projects, their projects have no other funding sources. The Dental Health Bureau will be evaluating how to sustain these successful projects.

To continue the progress of this initiative, the Dental Bureau is requesting approval from Division and Center to develop another RFA to promote innovative solution for addressing oral health problems in women and children.

Budget Estimates and Formulas of the Practice:

A total of approximately \$918, 000 was awarded to the 8 projects: \$768,000 for the Service Delivery projects and \$150,000 for establishing a Technical Assistance Center. Funds for the Innovative Projects were provided through New York State’s Maternal and Child Health Services Block Grant.

Lessons Learned and/or Plans for Improvement:

One of the most important and significant lessons learned by this initiative is the success in giving communities the opportunity to develop and implement services, programs and partnerships that test new strategies for improving oral health that are specific to their own community and its circumstances. The Innovative Dental Service Delivery Models Program allowed each of the projects to be creative in designing activities that would enhance the availability of oral health services in high need areas of New York State. Such accomplishments of dental case management, mobile vans, fixed clinics, linkages with school-based centers, promotional campaigns and developing coalitions and partnerships were very effective solutions to improve access to oral health care for residents in geographically isolated and/or health manpower shortage areas.

Available Information Resources:

The Innovative Projects have shared their experiences and achievements with each other as well as with other interested organizations. Several poster sessions and informational meetings have been held. For more information, contact the Innovative Dental Service Delivery Models Program, Bureau of Dental Health, New York State Department of Health.

The New York State Oral Health Technical Assistance Center at the Rochester Primary Care Network provides resources and materials on developing innovative service delivery models. Visit their Website at www.oralhealthTAC.org.

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 Innovative Dental Service Delivery Models Program's funded projects have achieved many accomplishments that enhanced dental services to underserved populations in high need areas. These accomplishments include establishing mobile dental vans, school-based clinics and fixed clinics, as well as providing dental case management services, and recruiting and training of dentists. Through the support of the Technical Assistance Center, the funded projects were able to develop an infrastructure to support the various systems that they developed to address the dental care access needs of their communities.

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.

Many of the funded projects have successfully established partnership with other organizations and have developed local collaboration for securing support and integrating dental care services into existing medical or other health programs in the community. Some of the models have developed logistical support systems to assure staffing and training.

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?

To continue the progress of this initiative, the Dental Bureau is requesting approval from Division and Center to develop a RFA to promote innovative solution for addressing oral health problems in women and children. The existing eight contractors will have the opportunity to compete and continue the services at a lower level of funding, after their 3-year funding cycle ends from the first RFA.

The Technical Assistance Center has provided advice and recommendations for sustainability which has included:

- Reduced expenses, administrative costs and salaries
- Maximized production by incorporating cost-effective preventative services by RDH into mobile dental clinic activities
- Reinforced team work and recruitment of culturally sensitive dental staff with commitment to serve the underserved.
- Increased public awareness through culturally sensitive community oral health education and promotion
- Collaborated with local organizations: Social services, county health departments, etc.
- Offered dental services to new schools and neighboring county locations

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 Innovative Dental Service Delivery Models Program provided an opportunity for the state oral health program to work with county and community stakeholders to develop local solutions for improving access to dental care. The funded projects enabled county health departments, hospitals,

community health centers, and a primary health network to collaborate with other partners and integrate services such as serving seasonal and migrant farmers, providing school-based services, linking with Medicaid providers, convening and gaining the support of local coalitions, and coordinating services with WIC, Head Start and other programs.

Objectives/Rationale

How has the practice addressed HP 2010 objectives, met the call to action by the Surgeon General's Report on Oral Health, and/or built basic infrastructure and capacity for state/territorial oral health programs?

The New York State's Innovative Dental Service Delivery Models Program contributes to efforts to achieve the following Healthy People 2010 objectives:

- 21-2 Reduce untreated dental decay in children and adults
- 21-10 Increase utilization of oral health system
- 21-12 Increase preventive dental services for low-income children and adolescents
- 21-13 Increase number of school-based health center with oral health component
- 21-14 Increase number of community health center& local health departments with oral health component

The Program has increased the state's capacities for technical assistance, case management and delivery of dental care services.

Extent of Use Among States

Describe the extent of the practice or aspects of the practice used in other states?

It is not known how many other states have a program with the same design as the Innovative Dental Service Delivery Models Program. However, some states do provide community grants to seed local solutions to improve oral health and increase access to dental care.