Dental Public Health Activities & Practices

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SECTION I: PRACTICE OVERVIEW

Name of the Practice:
Community Primary Care Challenge Grants

Public Health Functions:
Policy Development – Collaboration & Partnership for Planning and Integration
Assurance – Population-Based Interventions
Assurance – Building Linkages & Partnerships for Interventions
Assurance – Building Community Capacity for Intervention
Assurance – Access to Care and Health System Interventions

HP 2010 Objectives:
21-1 Reduce dental caries experience in children.
21-2 Reduce untreated dental decay in children and adults.
21-3 Increase adults with teeth who have never lost a tooth.
21-4 Reduce adults who have lost all their teeth.
21-5a Reduce gingivitis among adults.
21-5b Reduce periodontal disease among adults.
21-6 Increase detection Stage I oral cancer lesions.
21-7 Increase number of oral cancer examinations.
21-8 Increase sealants in 8 year-olds' first molars and 14 year-olds' first and second molars.
21-10 Increase utilization of oral health system.
21-12 Increase preventive dental services for low-income children and adolescents.
21-14 Increase number of community health center and local health departments with oral health component.

State:	**Region:**	**Key Words:**
Pennsylvania	Northeast Region III	Community grants, access to care, direct services, dental providers, provider recruitment, community partnerships, local infrastructure

Abstract:
The Pennsylvania Department of Health, Bureau of Health Planning, administers the Primary Care Community Challenge Grant initiative program. The Challenge Grants aim to: (1) Promote the recruitment and retention of primary health care practitioners, with an emphasis on dental providers, in order to increase clinical capacity for dental care availability and access; (2) Encourage primary care systems development in underserved areas; (3) Stimulate community based approaches to this development; (4) Encourage maximum community participation through the local health improvement partnership in the planning and development of a comprehensive primary health care system. The program's primary target is to increase primary medical and dental care to underserved populations in rural and urban areas. The Challenge Grant Program has been in place for seven years and has provided a total of fifty awards. Twenty-three of the awards were for dental projects, twenty-six for primary care projects, and one was a combined primary care/dental project. A least 22 either new dental clinics or expansion of existing dental clinics have resulted from this effort, and most are still functioning. The continuation of the clinics after the grant expires is a priority in the evaluation process, but it does require much local support and ingenuity to keep the clinics operating after the grant.

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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

The Challenge Grant Program was initiated in 1993 and has been in place for 7 years. In that time, the Pennsylvania Department of Health has awarded a total of fifty awards to rural and urban communities. Twenty-three of the awards were for dental projects, twenty-six for primary care projects, and one was a combined primary care/dental project. About 13 of the awards resulted indirectly in a new dental clinical program, while about 10 resulted in expansions of existing programs. The challenge grant alone is not sufficient to start and run a program, so other funding sources are needed to get these efforts going. Therefore, it is not always easy to categorize exactly where the challenge grant makes its most important contribution to the total effort, but most awardees have listed dental personnel and/or equipment purchases as the main use of these challenge grant funds.

Justification of the Practice:

Pennsylvania is a diverse state, with a population of over 12 million people, and a growing minority and elderly population. Children under the age of 19 make up one-fourth of the state's population. While there are heavily populated urban areas in the Commonwealth, the state has many rural areas with limited health care resources.
With 3.8 million residents living in rural areas, Pennsylvania now has the second largest rural population of any state in America.

While there has been progress in improving the physical health of Pennsylvanians, the important role of oral health in overall physical health is not widely understood. There are documented disease and access disparities in both children and adults related to income and educational level. According to a school needs assessment conducted statewide from 1998 to 2000, children from the poorest families are two times more likely to have any dental caries experience (58% vs. 27%) than children from the wealthiest families, and three times more likely to have any untreated dental caries (33% vs. 10%) than children from the wealthiest families. In adults, the oral health module of the last BRFSS survey showed increasing disease and decreasing dental access with lower income and less education in adults. Among Medicaid EPSDT recipients, there is a severe lack of utilization of dental services:

- In 1999-2000, total Medicaid population under age 21 (EPSDT) = 856,900
- Those receiving any dental services = 182,337 (21%)
- Those receiving preventive dental services = 144,975 (17%)
- Those receiving dental treatment services = 87,381 (11%)

As of January 2002, there were 80 Dental Health Professional Shortage Areas (DHPSA) designated in PA, involving nearly 1,421,669 people (57 were special population DHPSAs). There were two additional pending DHPSAs involving another 56,000 people.

In order to help reduce these disparities in oral disease and access, Federally Qualified Community Health Centers (FQHC) were set up in the 1970's and 1980's mostly in urban areas, with about 44 FQHC primary care clinics having dental clinic components in place. This was not enough to help, especially in the rural areas, so communities have also set up about 30 stand-alone safety-net dental clinics, most begun with this Challenge Grant Program in cooperation with community oral health advocacy groups. Community Challenge Grants awarded to organizations in a federally designated Dental Health Professional Shortage Area (DHPSA) have been a valuable aid in addressing the need for improved access to dental providers necessary for optimum oral health, especially in stand alone dental situations where an FQHC has not been feasible.

Administration, Operations, Services, Personnel, Expertise and Resources of the Practice:

The Pennsylvania Department of Health, Bureau of Health Planning, administers the Primary Care Community Challenge Grant initiative program. The Challenge Grants aim to:

- Promote the recruitment and retention of primary health care practitioners, with an emphasis on dental providers, in order to increase clinical capacity for dental care availability and access;
- Encourage primary care systems development in underserved areas;
- Stimulate community based approaches to this development;
- Encourage maximum community participation through the local health improvement partnership in the planning and development of a comprehensive primary health care system.

The program's primary target is to increase primary medical and dental care to underserved populations in rural and urban areas.

Applicants need to contact the Bureau to be included on the mailing list for the next round of applications. Upon publication in the *Pennsylvania Bulletin*, a publication of the Commonwealth, complete application packets are mailed to those individuals on the mailing list. Applicants must be in a federally designated DHPSA to qualify for consideration. The Bureau of Health Planning provides technical assistance to potential applicants for pursuing the federal designation of a dental health professional shortage area (DHPSA). Applicants are eligible for subsequent grants but not concurrent grants. The grants are for a 2-year duration.

A Pre-Application Conference is scheduled two weeks after the announcement in the Pennsylvania Bulletin. Applications are generally due six to eight weeks after the *Pennsylvania Bulletin* announcement. The applications are reviewed and scored by a review committee established by the Department, and recommendations are then made to the Deputy Secretary for approval. Selected Grantees are notified by telephone and letter. Department staff work closely with the Grantees to finalize work statements and budgets, and the grant is then sent to the Department's Division of Contracts for pre-review. The grant approval process takes 2 to 3 months to complete.

Challenge grants are awarded on a competitive basis. The number of awards is based on the quality of the project, the number of applications received, and available funding dependent on legislative approval. Dental applicants have been given priority for the last two rounds of funding. Currently, a maximum grant of $125,000 for up to 24 months is provided to a community in a designated shortage area, and about 10 grants have been given yearly for the last few years. This amount may rise to $150,000 in 2002. A 100% community match is required and in-kind matching is allowed. The actual challenge grant funding can be used for hiring personnel, equipment purchasing, and minor facility renovations, but not for capital purchases of buildings, land, or for building a new structure.

To date, many citizens of the Commonwealth have received dental services through these Challenge Grant projects. As of September 1, 2001, seven of eight new grants were for dental projects in five rural and two urban areas. Half of these newest grantees used the funds for expansion of existing clinics, and the other half were for new clinic start-ups. All of these 7 grantees used the funds toward hiring dental personnel or equipment purchases.

Budget Estimates and Formulas of the Practice:

For 2001, each Challenge Grant has a maximum of $125,000 for up to 24 months.

Lessons Learned and/or Plans for Improvement:

Staffing the increasing number of safety net clinics, including the FQHCs, on an ongoing basis is difficult. The State of Pennsylvania has a loan repayment program for dentists, and areas that qualify for a Challenge Grant (must be a DHPSA) can apply for this. This helps attract dentists for a few years, but the revolving door aspect of constantly filling these positions is difficult. If the loan repayment limits were higher and there were more of these grants available, this may help staffing quite a lot. (The Bureau of Health Planning offers technical assistance with Loan Repayment Program applications for practitioners hired with Community Challenge Grants.)

Another challenge that these stand-alone dental clinics have is finding the finances to see low-income patients on a sliding scale. The Medicaid program recipients generate funds to help continue the program, but sliding scale patients are a financial drain. Unlike FQHCs, these clinics do not receive ongoing federal funding to help offset these sliding scales. Either local funding needs to be generated or less sliding scale patients can be seen if these clinics want to stay financially viable.

Available Resources - Models, Tools and Guidelines Relevant to the Practice:

- Community Challenge Grant Application
- The existing list of federally designated Dental Health Professional Shortage Area (DHPSA's) in Pennsylvania and technical assistance in applying for this federal designation.
- Models of Community-Based Health Improvement Partnerships
- Contact list of successful previous Community Challenge Grant recipients willing to provide aid and guidance to new clinics.
- As soon as the ASTDD clinic start-up manual is available, this will also be offered as a valuable aid.
- Primary Care Association for Pennsylvania and the guidance it can provide, especially for FQHC expansions.

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

Does the practice demonstrate impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence and outcomes of the practice)?

Almost all the safety net clinics that began with the Challenge Grants are still in operation. In many areas, these clinics are the only dental access for the low-income residents. Trying to provide services for all those with dental needs and staying financially viable is a challenge for the clinics, but most seem to be able to find a compromise to do so, although long waiting lists are common. Again, about 13 of the awards resulted indirectly in a new dental clinical program, while about 10 resulted in expansions of existing programs.

Efficiency

Does the practice demonstrate cost and resource efficiency where expenses are appropriate to benefits? Are staffing and time requirements realistic and reasonable?

The applicants for Community Challenge Grants submit an application and are processed through a lengthy review, which includes a detailed budget process. Every reasonable effort is made to assure that initial projected expenses are appropriate and that staffing and time requirements are in-line with regard to the specifics of the program being proposed. Remember, however, that the Challenge Grant Program is just meant to be used as an initiator of new projects, but the continuation of these projects will depend on further local support over time and revenues generated by the project. If the projects continue over time after the Challenge Grant award, that speaks somewhat to the viability and efficiency of the effort. To date, almost all the 23 projects are still functioning, most by far without any more Challenge Grant or Pennsylvania Department of Health Assistance. These Challenge grants act to bring community groups together to do what they might have been able to get done anyway, but this grant program makes it easier for them to begin the needed journey!

Demonstrated Sustainability

Does the practice show sustainable benefits and/or is the practice sustainable within populations/communities and between states/territories?

The Community Challenge Grant Program has been in place for 7 years and has been a success. Dental clinics staffed with appropriate professionals continue to operate and provide access to dental services in areas previously underserved (DHPSA's). Funding for the program continues through the state legislature, although the current priority given to dental sites may not be sustained over time. (See above comments under efficiency.)

Collaboration / Integration

Does the practice build effective partnerships/coalitions among various organizations and integrate oral health with other health projects and issues?

Absolutely. The eligibility requirements include the involvement of Community-based Health Improvement Partnerships, Not-For- Profit community-based organizations, or local/county municipal governments. The State Health Improvement Plan, which was also authored by the Bureau of Health Planning, puts emphasis on partnerships and cooperative effort. Also, effort is made to underscore the importance of oral health as an important part of an individual's overall health, and more points are awarded to applications that show an integrated health care approach. Many clinics receive clinical cooperation from local health providers, and they also receive local funding contributions to help sustain operations.

Objectives / Rationale

Does the practice address HP 2010 objectives, the Surgeon General's Report on Oral Health, and/or build basic infrastructure and capacity for state/territorial oral health programs?

The practice contributes to an increase in capacity available to meet the needs of the underserved groups in various DHPSA's. It also addresses an increase in the utilization of the oral health system, both directly and through referral (HP 21-10). The grants provide another avenue or incentive for

local communities to deal with the oral health issues in their areas, which should reduce oral health disparities over time. Further, the opportunity to increase the number of local health departments and community health centers with a dental component is presented (HP 21-14).

Extent of Use Among States

Is the practice or aspects of the practice used in other states?

It is unknown how many other states offer state grants to communities to set up safety net clinics. At least 2 other states either have this program or have made inquiries to PA about our program. There is likely quite a few more similar programs. Any state willing to spend the funds and to encourage and coordinate local efforts to begin such clinics can make this program work.