
Improving Oral Health Care In Schools

**Grantmakers in Health
Webinar
Tuesday, March 22, 2011**

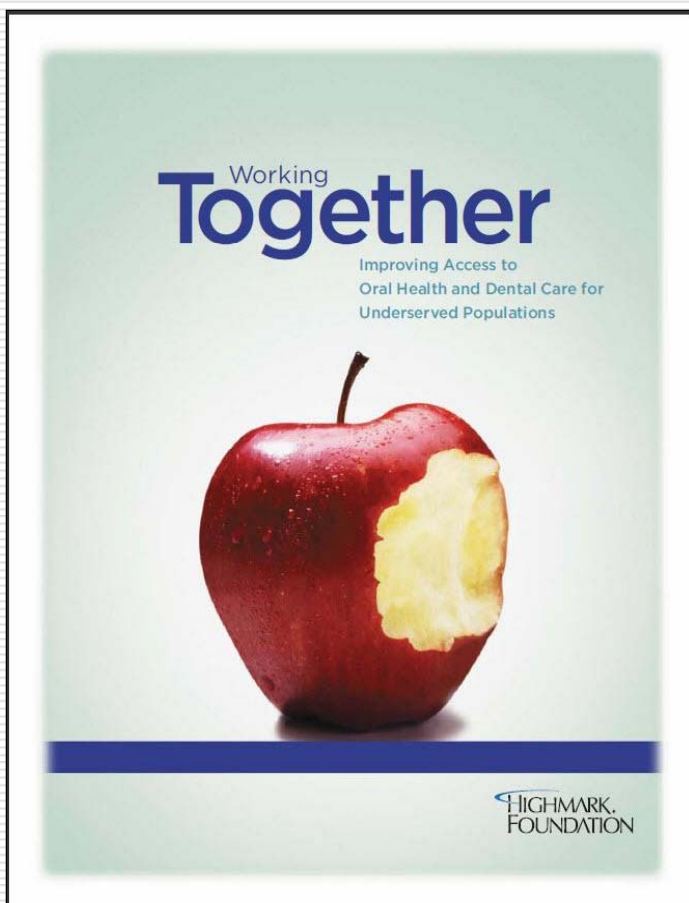
**Yvonne Cook, President
Presenter**

Highmark Foundation's Mission

- Highmark Foundation is a private charitable foundation dedicated to improving the health, well-being and quality of life for individuals and communities throughout the areas served by Highmark Inc., its affiliates and subsidiaries.

Our work takes a public health approach, promotes system change, and invokes a position of thought leadership.

Focus on Two Tracks



- General Oral Health & Dental Care
- School-Based Oral Health Care

Building Capacity of Safety Net Providers to Improve Access to Oral Health and Dental Care for Underserved Populations

- 2008 Call for Proposals – Received 33; totaling \$4.6 million
- The funding strategies included:
 - Expand or improve dental equipment
 - Challenge grants to improve coordination & build capacity
 - Regional collaboration to support expansion of services
- Goals: (1) build capacity for safety net providers to deliver quality dental care that is coordinated, accessible and evidence-based; (2) redesign care systems that can help providers to measure and track quality; and (3) prevent oral and dental disease through patient self-management strategies.
- Federally Qualified Health Centers (FQHC), FQHC Look-alikes, community health clinics, rural health clinics, free clinics, health departments, hospital based clinics and colleges/universities providing oral health services and dental care to underserved populations.

Results of Building Capacity of Safety Net Providers

- ❑ A total of \$1.87 million in grants to support 20 non-profit dental care safety net providers from across the state of Pennsylvania was awarded.
- ❑ Improved quality of and access to oral health and dental care.
- ❑ Reduction in emergency patient visits, increases in referral rates, and significant decreases in no-show patient rates.
- ❑ In a Highmark Foundation administered survey to key personnel, it was reported that the wait list was reduced by 50% across the safety net providers.
- ❑ Safety net providers engaged in sustainability efforts and are successfully leveraging the funds to maintain equipment, retain newly hired dental staff, and support sharing dental providers with other dental clinics.
- ❑ Six dental providers who received challenge grants sought and received approximately \$4.5 million in in-kind and monetary awards.

School-Based Oral Health Care



"Okay, let the cat go."

What Do We Know About the Issue?

- ❑ An estimated 51 million school hours per year are lost because of dental-related illness. Students ages 5 to 17 years missed 1,611,000 school days in 1996 due to acute dental problems—an average of 3.1 days per 100 students.
- ❑ Pennsylvania (PA) was one of nine states given failing grades by the Pew Center on the States in its report “The Cost of Delay.”
- ❑ Lack of quality programs contributes to oral health disparities.
- ❑ Despite program improvements, a significant number of children in PA covered by Medicaid did not receive basic dental health services that could help prevent serious medical problems.

School-Based Health Center at Harrisburg School District

- ❑ Comprised of approximately 10,000 students in Pre K–12.
- ❑ Most economically disadvantaged students in the state of Pennsylvania.
- ❑ Approximately 19% are classified as special education.
- ❑ Students are: 80% African-American, 12% Hispanic, 4% Asian and 2% other.
- ❑ Only public school district serving Harrisburg communities.

As a result of poor student medical and dental health, the Harrisburg School District opened two school-based health centers: Camp Curtain (2008) and Downey Elementary (2007) with grants from the Highmark Foundation totaling \$1 million. The grants enable the school district to provide preventive medical and oral health services.

Snapshot of Utilization

Snapshot of Harrisburg School–Based Health Care Centers experienced as of December 2010:

- ❑ 642 patients or 1,537 encounters.
- ❑ Diverse patient population: 58% African American, 30% Hispanic,
- ❑ 7% Caucasian, 3% Asian, and 2% Other.
- ❑ Provides services 8 hours per day; outside of the school day.
- ❑ Students are largely 80% Medicaid; 17% private insurance; and
- ❑ 4% uninsured.
- ❑ The three most common procedures performed are: dental
- ❑ sealants, oral hygiene instructions, and fluoride varnish.

Barriers to Care

- ❑ Low return rate of permission slips for the dentist to see children.
- ❑ Gaining teacher “buy-in.” Reluctant to dismiss students for an appointment.
- ❑ Parents felt that the school should be focused on education not providing dental care.
- ❑ Little cooperation and coordination between FQHC and school district; no integration.



Results

- Harrisburg School District is “touted” as a national model by the National Assembly on School-Based Health Care.
- Memorandum of Understanding and Policies & Procedures are on the web as a template for other sites.
- Improved access to services.
- Hygienist is seeing results from care. Kids are coming back for follow up and developing better oral health habits.
- Improved coordination between school district and FQHC.

Where Do We Go From Here?

- Issue an Oral Health and Dental Care RFP April 2011. RFP will focus on: regional collaboration strategies to support expansion of services; expanded function dental hygienist; and special needs dentistry.
- Participate in The Erie Community Foundation's Community Advisory Panel on Health Care. Resulted in issuing a SBHC Business and Operational Planning Grant RFP. Three cities in Erie County were selected.
- Continue to work with FQHC and school district in Harrisburg.
- Encourage other funders to get involved.

Contact & Other Information

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Thank You.