



Improving Access to Oral Health Care in Rural Communities

August 6, 2013
1:00 p.m. CT

Kristine Sande, Moderator

Presentation

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Presenters

- **Alycia Bayne** – NORC Walsh Center for Rural Health Analysis
- **Linda Matessino** – Innis Community Health Center
- **Darcy Czarnik Laurin** – Thumb Rural Health Network

Improving Access to Oral Health Care in Rural Communities: The Rural Oral Health Toolkit

August 6, 2013

Alycia Bayne
NORC Walsh Center for Rural Health Analysis

“Access to care has been so difficult for our patients. The severity of the dental disease is so much greater in a rural community than in an urban population where there is better access to care.”

– 330A Outreach Authority grantee

Overview

- Background
- Rural oral health toolkit
- Findings and lessons learned
- Perspectives from the field

Rural Health Outreach Tracking and Evaluation Program

- Funded by the Federal Office of Rural Health Policy
- NORC Walsh Center for Rural Health Analysis
 - Michael Meit, MA, MPH
 - Alana Knudson, PhD
- University of Minnesota Rural Health Research Center
 - Ira Moscovice, PhD
 - Walt Gregg, MPH
- National Organization of State Offices of Rural Health
- National Rural Health Association

Purpose of the Evaluation

- The Rural Health Outreach and Tracking Evaluation is designed to monitor and evaluate the effectiveness of federal grant programs under the Outreach Authority of Section 330A of the Public Health Service Act
- The Outreach Authority program was created as part of the Public Health Service Act of 1991
- More than \$460 million awarded since program inception

Overview of 330A Grant Outreach Authority Grant Programs

- Nearly 900 consortia projects have participated and sought to expand:
 - Rural health care access
 - Coordinate resources
 - Improve rural health care service quality
- Seven grant programs operate under the authority of section 330A
 - Rural Health Care Services Outreach (Outreach)
 - Network Development Planning (Network Planning)
 - Rural Health Network Development (Network Development)
 - Small Health Care Provider Quality Improvement (Quality)
 - Delta States Rural Development Network (Delta)
 - Rural Health Workforce Network Development (Workforce)
 - Rural Health Information Technology Network Development (HIT)

Focus on Improving Access to Oral Health

- NORC develops evidence-based toolkits on rural health
- Oral health is the focus of the third toolkit in the series
- Why are HRSA and ORHP interested in oral health?
 - Provider shortages, lack of dentists who accept Medicaid, poverty, transportation issues
- There is a need to identify and disseminate promising practices and resources on oral health



Why Evidence-Based Practices Are Important

- Need to invest in programs that work and will have an impact
- Evidence informs decisions throughout the planning process
- Multiple forms of evidence are available to inform these decisions, at varying levels of rigor
- This toolkit includes evidence-based and promising practices and resources



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Rural Oral Health Toolkit

Project Team

- Alycia Bayne, Alana Knudson, Arika Garg, Makda Kassahun, Alexa Brown



Project Goals

- Identify evidence-based and promising models that may benefit grantees, future applicants, and rural communities
- Document the scope of their use in the field
- Build an Evidence-Based Model Toolkit around topic areas specific to rural health

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Project Activities

- Reviewed grantees' applications and the literature to identify evidence-based and promising models to improve access to oral health
- Conducted semi-structured telephone interviews with seven grantees funded in 2010 who were implementing oral health programs
- Developed a toolkit of promising practices, offering resources and guidance about how to conceptualize, plan, implement, and evaluate oral health programs
- Toolkit is available on the Rural Assistance Center (RAC) website: <http://www.raconline.org/communityhealth/oral-health/>

Snapshot of the Rural Oral Health Toolkit

Rural Assistance Center
Health and Human Services Information for Rural America

Online Library ▾ Topics & States ▾ Tools for Success ▾ RAC Publications & Updates ▾

Rural Oral Health Toolkit
Modules

- 1: [Oral Health in Rural Communities](#)
- 2: [Rural Oral Health Program Models](#)
- 3: [Implementation of Programs](#)
- 4: [Planning for Sustainability](#)
- 5: [Evaluating Rural Oral Health Programs](#)
- 6: [Dissemination of Resources and Promising Practices](#)
- 7: [Program Clearinghouse](#)

Home > [Community Health Gateway](#) > Oral Health Toolkit

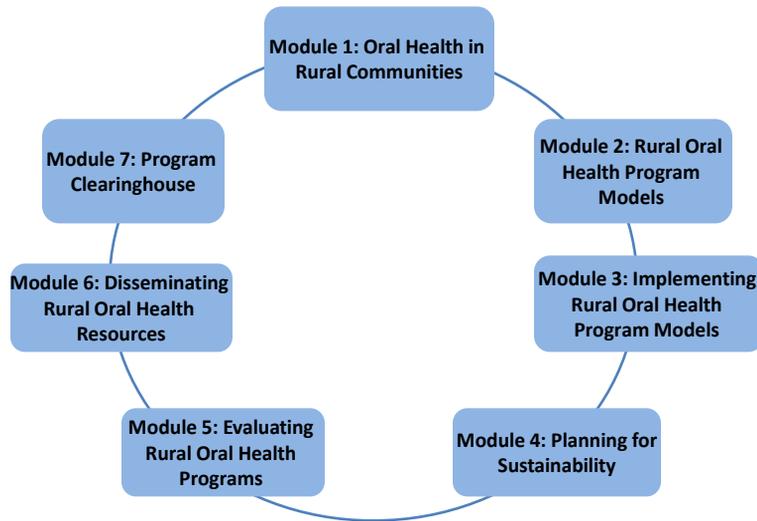
Rural Oral Health Toolkit

Welcome to the Rural Oral Health Toolkit. The Toolkit is designed to help you identify and implement an oral health program. It also provides you with resources and best practices.

The toolkit is made up of several modules. Each concentrates on different aspects of oral health programs. Modules also include resources for you to use in developing a program for your area.

- [Module 1: Oral Health in Rural Communities](#)
An overview of oral health in rural communities.
- [Module 2: Rural Oral Health Program Models](#)
Oral health program models and ways to adapt these programs to meet your community's needs.
- [Module 3: Implementation of Rural Oral Health Programs](#)
Resources that support the implementation of oral health programs.
- [Module 4: Planning for Sustainability](#)
Strategies to ensure the sustainability of your oral health program.
- [Module 5: Evaluating Rural Oral Health Programs](#)
A framework for evaluation, methods and considerations, and metrics for oral health programs.
- [Module 6: Dissemination of Rural Oral Health Resources and Promising Practices](#)
Methods for disseminating results from your oral health program.
- [Module 7: Program Clearinghouse](#)
Examples of oral health programs that have been implemented in rural communities.

Organization of the Toolkit



Findings: Promising Rural Oral Health Models

- **Workforce model:** Workforce programs involve recruiting and retaining dental professionals in rural areas:
 - Encouraging students from rural communities to choose dental careers
 - Offering incentive programs
 - Introducing students to dentists who practice in rural areas
 - Creating linkages between dental schools and dental clinics to increase the number of graduates completing a portion of their training in a rural area
- **Mobile dental services model:** Used to conduct dental exams, deliver sealants, and provide services in schools, Head Start locations, health centers and other organizations



Findings: Promising Rural Oral Health Models

- **School-based model:** Dental professionals deliver services to children in school clinics, reducing missed school time and reaching families that may not seek care otherwise
 - Some programs work with professors and students who travel to schools to deliver oral health services
- **Dental home model:** Emphasizes the ongoing relationship between the dentist and patient and increased collaboration among providers
- **Oral health-primary care integration model:** Focuses on improving communication between dental providers and primary care doctors
 - Establishing referral partnerships between dental clinics and primary care providers
 - Creating interdisciplinary teams where dental hygienists work alongside primary care providers



Findings: Promising Rural Oral Health Models (cont'd)

- **Allied health worker model:** Allied health professionals support programs by providing dental services, education, referrals and support services
 - Some states have established a training program for mid-level dental therapists
- **Community outreach and engagement model:** Programs that develop strategies to increase knowledge and awareness of oral health
- **Community fluoridation model:** A public health intervention to prevent tooth decay.



Several models complement one another and are implemented in the same program.

Lessons Learned

- **Facilitator of success:** Partnerships are critical to success
 - Dental clinics and hospitals, schools, health departments, Head Start, WIC, faith-based organizations, tribal organizations, community and social service agencies
 - Funding, staff time, space and supplies
- **Challenges:** Common challenges are related to workforce issues (e.g., identifying dentists and staff), referrals, and addressing issues of stigma
- **Evaluation:** Communities are engaged in evaluation activities to document the success of their programs, but measuring impact is difficult



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INNIS COMMUNITY HEALTH CENTER
INC.
LOUISIANA

ORAL HEALTH PROGRAM
LINDA MATESSINO, RN,MPH

ABOUT US!

Innis Community Health Center Inc.

- A FEDERALLY QUALIFIED COMMUNITY HEALTH CENTER (FQHC) LOCATED IN RURAL LOUISIANA ABOUT 70 MILES FROM BATON ROUGE
- PROVIDE : PRIMARY MEDICAL, DENTAL AND MENTAL HEALTH SERVICES AND SCHOOL BASED HEALTH CENTER
- DENTAL: FIXED BASED CLINIC & MOBILE UNIT

ORAL HEALTH GRANT

- **INITIAL GRANT: 2009-2011**
Provide fluoride varnish on infants and toddlers in a primary care setting and improve oral health education in community .
- **PARTNERS:** LSU School of Dentistry
2 additional Rural FQHC's
- The ultimate **long range** outcome :
Increase preventive dental care and influence dental health habits in children
Have children get established with a dental medical home
Improve primary care providers oral health assessment in medical visit.

OUTCOMES

- Provided evidenced based oral health intervention (fluoride varnish) on
319 INFANTS, TODDLERS AND CHILDREN IN PRIMARY CARE SETTING
- Educate primary care providers, nurses, and Medical assistants the technique of application of fluoride varnish on children's teeth.
- Increase oral health education with children and families.

Lessons Learned

- Thinking that the well child visit is the best portal for access.
- Realized that the high “No-Show” rate early on in the grant period would require immediate course correction.
- Course correction & re-thinking of how to get to the population is OK in the Grant!
- Other “partners” have issues also in meeting the goals.

Lessons Learned cont’d

- The networking opportunity at the annual Outreach grantee meetings is invaluable!
- When course changed – to gaining access through the SBHC portal we were able to reach more children
- The SBHC portal of Access holds the Key to success since the children are in a “captive audience” for the FV intervention.

2nd Grant – 2012-2015

Objectives

- Expanded concept of use of SBHC portal to reach more children
- Expanded partners to add- 2 FQHC's with SBHC's to the network
- Focused on the comprehensive physical time with the child to complete dental caries risk assessment & FV application.
- Partnered with the LSU School of Dentistry to teach Pediatric Residents to increase + attitudes of incorporating more oral health assessment into the comprehensive physical time with the child, complete dental caries risk assessment and apply FV prevention

Grant Objectives cont'd

- Increase knowledge base of oral health assessment in primary care to other professionals through the production of a webinar done by Dr. Townsend DDS
- Partnered with LA Primary Care Association to host and make available a webinar of the lecture completed by Dr. Janice Townsend, DDS LSU School of Dentistry

Outcomes so Far! Year 1

- Total physical visits in SBHC on age group -585
- Completed 357 FV applications
- 439 dental caries risk assessments
- 85 referrals
- Conducted 2 health fairs with caries screening & FV applications
- Completed the training with Pediatric Residents

Outcomes cont'd

- Completed the Webinar with Dr. Townsend
- Completed the hosting with LPCA
- Improved performance with other FQHC-SBHC performance through hands-on meetings & trainings during the year 1
- Realizing other opportunities for Year 2 i.e. more Headstart –access
- Issues recognized with Teachers :

Year 2- opportunities !

- Work closer with Teachers attitudes towards oral health screening time & release of child from classroom.
- Use any opportunity you can get to increase exposure of grant work in the community.
- Conduct a pre-planning with Partners prior to start of 2nd school year.
- Keep the Faith & persevere!!!!!!

Looking for More Information?

CONTACT INFORMATION

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IMPROVING ACCESS TO ORAL HEALTH CARE IN MICHIGAN'S RURAL THUMB REGION

August 6, 2013

Darcy A. Czarnik Laurin, Thumb Rural Health Network

2009 HRSA Rural Health Care Services Outreach Grantee

Thumb Rural Health Network (TRHN)

- Mission: TRHN seeks to improve comprehensive health services in Huron, Sanilac, and Tuscola Counties by exploring and facilitating innovative collaborative approaches with and among Network members
- Aim: Design and implement population health in the neighborhood of the Thumb region that can succeed in any payment system
- Membership: 11 members—six critical access hospitals, three public health departments, and two tertiary hospitals
- Support: TRHN is supported through annual membership dues and grants

Michigan's Thumb Region

- Huron, Sanilac, and Tuscola Counties (2,613 square miles)
- Sparsely populated, rural, agricultural
- Poor economy, high poverty rates (some of the worst in MI)
- High population outmigration
- Population: 131,206
- 53% of population is aged 19–64
- Significant number of uninsured adults
 - Huron County—26.4%
 - Sanilac County—19.2%
 - Tuscola County—15.2%
- 17.4% did not get medical in the past year care due to cost



The Thumb Region—Access to Dental Care

- As a result of surveys, focus groups, data reviews, and program research, TRHN members identified access to oral health care for the uninsured as a primary focus area
- The Thumb region has very few programs that provide service and care to the uninsured, low-income population
 - No Federally Qualified Health Centers
 - No free or low-cost dental clinics
 - No practicing regional dentists accept adult Medicaid patients
- As the local economy continues to decline, the magnitude of the problem continues to grow

The Thumb Region—Access to Dental Care

- The lack of a support system for the low-income, uninsured population has resulted in huge pressure on hospitals, public health departments, and private practitioners to meet the healthcare needs of the uninsured
- With the lack of a coordinated system of care for this population, the care provided has been inefficient, fragmented, and financially burdensome
- A unified effort was required to meet this need
- TRHN applied for a Rural Health Care Services Outreach Grant
 - Three focus areas: primary care, dental, and vision

TRHN Dental Program

Objectives:

- A region where all people enjoy good oral health that contributes to leading healthy, satisfying lives
- Increase access to oral health services for vulnerable populations; create an oral health care home
- Reduce visits in hospital emergency rooms for preventable dental conditions
- To prevent and control oral decay and disease
- To provide leadership and encourage collaborative initiatives, volunteer dental professionals, and community support

TRHN Dental Program

TRHN's role:

- TRHN was the grantee and fiscal agent and staffed the program with an Executive Director and Project Coordinator
 - ▣ The primary role of TRHN staff was to coordinate the project, grant management, recruitment and training of additional providers, and identifying additional opportunities for collaboration
- Partnered with existing models and community agencies including the University of Michigan School of Dentistry, local private dentists, Michigan Community Dental Clinics, and other human service providers who provide assistance to low-income individuals and families

TRHN Dental Program

Overview:

- This goal of this program was to help meet the oral health needs of adult patients who are low income and uninsured with an income at or below 200% FPL. A partnership with private dentists, local public health departments, the University of Michigan School of Dentistry, and local community colleges provided dental services that complemented other outreach initiatives in TRHN's Rural Health Care Services Outreach Grant Program.

Two components of the dental focus of the grant:

- Thumb Dental Plan
- Free Dental Clinics

TRHN Dental Program

Component One—Thumb Dental Plan:

- Private, local dentists
- Provide services to low-income, uninsured adult patients with an income at or below 200% FPL
- Each patient received:
 - Initial visit
 - X-rays, exam, and treatment plan
 - All subsequent appointments charged according to Delta Dental DPO (reduced-fee schedule)
- Provide 50% match for dental care up to \$500/year
- Annual renewal

TRHN Dental Program

Component Two—Free Dental Clinics:

- University of Michigan School of Dentistry community outreach program
- University dental students working with private local dentists and dental assisting and dental hygiene students
- Provide services to low-income, uninsured adult patients with an income at or below 200% FPL
- One two-day session per month
- Variety of work performed ranged from exams and cleanings to fillings and extractions
- No cap on services; no renewal; waiting list

TRHN Dental Program

Results:

- Thumb Dental Plan
 - Eight participating dental providers
 - 287 patients enrolled
 - 45% of patients reached six-month check up/cleaning status by program end
- Free Dental Clinics
 - 12 clinics
 - One participating dental provider
 - 168 patients received care
 - \$296,191 in oral health care services provided

TRHN Dental Program

Significant problems/barriers encountered:

- Overwhelming need for dental care in the Thumb region
- Continued lack of access to oral health care for uninsured and adult Medicaid recipients
- Private dental provider buy in, recruitment, and participation
- Transportation
- Staffing changes
- Changes to Medicaid adult dental program
- Not enough interest by local dentists to host free clinics

TRHN Dental Program

Significant successes:

- Continuation of free clinics with one private local dentist
- Some private local dentists continuing low cost fee structure
- Community college dental assisting and hygiene students volunteering at free clinics and conducting oral health screenings at regional health fairs
- Interest in P.A. 161 program for the Thumb region
- Creation of Thumb Area Dental Clinics
 - Non-profit dental group developing a Medicaid dental clinic based on the Michigan Community Dental Clinics model

TRHN Dental Program

Can a similar project be successful in other rural settings?

- Although communities in the Thumb region continue to struggle, the efforts of TRHN have been successful. Many other rural communities have similar needs for the low-income, uninsured population and similar barriers to meeting these needs. The oral health aspect of this program has been very successful and could be replicated to meet the needs of other rural communities with a high percentage of uninsured residents. Communities that have existing oral health resources in place and providers that are willing to set aside competitiveness to work together are key components.

Questions? Looking for Information?

I'll try to help!

CONTACT INFORMATION

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One final thought...

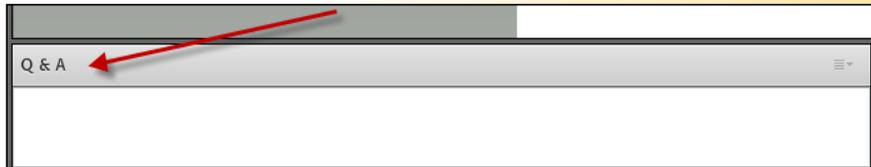
“To keep a lamp burning, we have to
keep putting oil in it.”

—Mother Teresa

KEEP UP THE GOOD WORK!

Q & A

- Submit questions using Q & A tab directly beneath slides.



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Thank you!

- Contact us at www.raconline.org with any questions
- Please complete webinar survey
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