

Dental Health Initiative Integrated Into a Medical Model for Children Having HIV/AIDS

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The Pediatric Dental Infectious Disease Clinic (PDIDC) was instituted in January, 1992 as an integral program within the Pediatric AIDS Unit at University Hospital Center Stony Brook. Initial oral screening of 51 dentate children provided diagnosis of 17 (33.3%) caries active including 9 (47.1%) presenting with nursing bottle caries. It was evident that a oral disease preventive program was essential to be integrated within the medical model to address the oral health risks of this population at the earliest age possible. The program began with incorporation of a Dental Hygienist present at each ambulatory medical clinic three mornings a week to train parents and the medical team in preventative oral health practice. Eleven (11) children became patients before 36 months of age and have been followed in the PDIDC during the time span of April, 1995 to the present time, November, 1999.

Sample = 11 Children = 7 males, 4 females

Median age at Intake visit – 14.09 months

Status:

A1	6	B1	0	C1	0
A2	1	B2	0	C2	1
A3	1	B3	0	C3	2

Present Age Range – 2.90 years to 7.08 years

Results: Two (2) children presented with dental caries at intake visit.
 One (1) child has recurrent caries.
 One (1) child is caries free.
 Nine (9) children remain caries free.

Medical team provides oral health instruction to parents. Parents are able to establish health oral health.

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Children's Dental Health Initiative (CDHI) of San Diego

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The goal of CDHI is to improve the dental health status of low-income children, especially ethnic minorities. Objectives are to improve access to oral health services, develop educational modules that emphasize prevention, and link children to a medical/dental home.

To accomplish these objectives, CDHI maintains a systematic dental referral system to link low-income children who have no other health care resources to volunteer dentists; provides culturally appropriate educational materials and trains health professionals, parents, youths participating in peer-to-peer program and families; and integrates dental outreach strategies with established coordinated community-wide medical outreach to connect children to a medical/dental home.

In collaboration with the American Academy of Pediatrics, San Diego Dental Society, and San Diego Pediatric Dental Society, joint annual meetings to address pediatric dental disease have been institutionalized; as well as monthly oral health lecture series for physicians-in-training.

Pediatric dental disease is a community problem that requires a community based solution. Mobilizing our community was a challenge and demanded building partnerships, education, collaboration, outreach and funding. CDHI demonstrates that communities can work together to construct relevant innovative successful solutions.

Integrating An Oral Health Program in a Pediatric Cardiology Clinic to Increase Access to Dental Services

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Problem: Children with congenital heart defects have oral health care needs that have not been met. (Franco 1996, Hayes 1999)

Purpose: The aim of this study is to determine if the integration of an oral health care program in a pediatric cardiology clinic increases the likelihood that children with congenital heart defects will access dental services.

Methods: A six month oral health care pilot program has been initiated in the Pediatric Cardiology Division, University of Iowa Hospitals and Clinics. The program consists of providing oral screenings and education about oral health and infective endocarditis. Children with unmet oral health care needs are encouraged to seek dental services. When necessary, patients are provided with a list of dentists in their area who accept young children in their practice and are informed about programs that provide financial assistance for dental care.

Results: The data will include the number of children who were referred for dental treatment, the reason for the referral, and the number of children who followed-up with dental treatment when a referral was made.

Conclusion: Data collection is ongoing for this program and will be analyzed at the completion of the pilot project.

Assuring Access to Care For Children With Developmental Disabilities: The UAP Model

Nancy Dougherty, DMD, Maureen Romer, DDS, Shaunon Moten, DMD

Dental care for children with developmental disabilities (DD) may be one of this country's great unmet health needs. The trend over the last 20 years to mainstream children with DD into community settings necessitates accessible community-based medical and dental services for this population. Unfortunately, the availability of these services has not kept pace with the need. Two important causes for this have been reported:

1. A lack of dental professionals who have received adequate educational experiences in the management of children with disabilities, and
2. Financial barriers: The vast majority of children with significant DD have their dental care covered by state Medicaid programs. Many private practitioners are unwilling to accept the low Medicaid fee-for-service reimbursements. The financial barriers to access have been exacerbated in the last few years, as many states have mandated the enrollment of individuals who receive Medicaid benefits into managed care programs.

University Affiliated Programs (UAPS) were initially funded in 1963 through the Mental Retardation Facilities and Community Mental Health Center Construction Act. They are located in all 50 states, each affiliated with a major research university. The mission of UAPs is to positively impact the lives of people with DD by increasing their inclusion into the community. This is accomplished in a number of ways: academic training, community training and technical assistance, research, working for systems change and providing direct care services. UAPS that include dental services and training of dental personnel have, for a number of years, produced dentists that are able to provide services for children with DD in a variety of settings. The increase of financial barriers to dental and medical care for people with DD have become a focus of study for many of the UAPs nationwide. UAPs that include dental services as a part of their programs can provide a model for community-based centers that are attempting to integrate medical and dental needs for children with DD.

Public Health Benefits of Prenatal Dental Care Services

Cassandra Henderson, MD

Perinatal outcome is an important determinate of public health. Perinatal outcome is improved by reducing the incidence of low birth weight. One tool to reduce low birth weight incidence is to diminish the prevalence and severity of material oral and genital infections. Addressing these perinatal infections is difficult for public health professionals serving minority, immigrant and socially disenfranchised populations.

At MIC-Women's Health Services, dentistry is an integral part of the prenatal services provided to over 7,000 women through a network of centers in New York City. MIC serves a multinational, multicultural and multilingual population. MIC successfully enrolls pregnant patients in PCAP (Medicaid) which reimburses dental care on a fee-for-service basis. MIC wants to expand integration of dental services with prenatal care by addressing the long-term oral health needs of women and their infants. Toward this, assessment of the incidence of bacterial vaginosis (BV) and periodontitis in MIC's prenatal population is needed, as are increased material awareness of the importance of maintaining adult and childhood oral health and facilitated access to regular adult and pediatric dental care through organized referral networks.

Dental programs co-located with prenatal services in community based practices, such as MIC's, are threatened by insufficient reimbursement rates as mandatory enrollment in Medicaid managed care takes effect. Diminishing reimbursement demands that public policy become creative and support maintaining the viability of such programs. MIC's program offers a rare opportunity to educate and provide preventive medical and dental services to an at-risk population.

Collaborative Partnership to Improve Preschoolers' Dental Health

RS King, RG Rozier (NC Division of Public Health, Dental Health Section and UNC School of Public Health) and other partners

A 1996 *Smart Start* health assessment resulted in consensus that improved dental health was the primary need of preschool children in the NC Appalachian Mountains. Collaborative agreement on a common goal resulted in greater public awareness and support and a critical mass for action. Efforts include state and local health agencies, university schools of public health and dentistry, private sector pediatric offices and non-profit agencies, each with unique knowledge and perspective. Partners share responsibility, some more instrumental in initiation, with others playing a larger role in development and implementation. Shared commitment and planning help insure sustainability, and shared monitoring and evaluation help ensure accountability. An Appalachian Regional Commission grant provides partial funding, with the remainder from in-kind contributions from state, local and non-profit agencies. We are in year 2 of a 3-year, 11 county, community-based dental health promotion initiative targeted toward reducing dental problems in very young, high-risk children. The state Medicaid program joined the partnership, reimbursing physicians to provide a clinical package of dental health education, oral screening and fluoride varnish applications every six months for children $\leq 200\%$ poverty level, age 9-36 months, assisting with program sustainability. A multidisciplinary advisory committee meets regularly to develop guidelines, materials and evaluation. Public health dental hygienists working with community leaders developed county plans, and are training physicians offices to provide the dental package. The preventive emphasis aims to reduce access to dental care problems by reducing the need for costly treatment. Funds are sought to evaluate attributable declines in dental disease levels.

The North Carolina Medicaid Dental Program Makes an Attempt to Improve Access to Dental Care for the Indigent through Two very Exciting Initiatives:

B.K. Sutton

1. Creation of a new oral screening preventive package for very young children to be provided by physicians or physician-extenders in primary care settings (i.e., physician offices, health departments, FQHCs, migrant and rural health clinics)
2. Pilot test a Dental Health Care Co-ordination System for Medicaid Eligibles

The objective of the aforementioned initiatives is to dramatically improve access to dental care for NC Medicaid eligibles, especially children, during a period when it is very difficult to obtain legislative appropriation to increase fees for dental services. Low Medicaid reimbursement to dentists for the provision of care is a main barrier to dental care access for entitlement program recipients. Hence, alternative approaches for ameliorating this dilemma have to be creatively crafted.

In order to create these alternative approaches-collaboration, partnering and coalitions are being built with other health care provider groups as well as with interested, non-health related groups in addition to the traditional dentists provider group. These collaborations now include: Physicians (pediatricians, family practitioners,) physician-extenders and nurses, health-check coordinators, managed care representatives, dentists and especially pediatric dentists, UNC School of Dentistry and School of Public Health, NC Dental Public Health and Colgate.

Once these initiatives are in place, the NC Medicaid Program would like to observe after five years, 22% more eligibles accessing care and utilizing more dental services and 10% more dentists participating in the Medicaid Dental Program seeing at least five or more new Medicaid patients per year. Also with the provision of the new oral screening preventive package which includes the application of a fluoride varnish, the program should observe a 40% reduction of early childhood caries in children from 6-36 months of age over a relatively short period of time which would finally obviate the need for extensive and more expensive dental care.

LaSalle University Neighborhood Nursing Center's CHIPLINK Initiative:
Meeting the Needs of Vulnerable Uninsured Children

A high percentage of uninsured children (40%) presented for health services at our nurse-managed family health center during 1997 despite availability of coverage through CHIP and Medicaid. The highest number of uninsured Philadelphia children and families resided in LaSalle's service areas (Health Commissioner, 1997). The Pediatric Nurse Practitioner and the Director were awarded funding (\$50,000) by a foundation* for one year to LINK children with health insurance and provide comprehensive health care to enable a "jumpstart" on meeting their health needs. CHIPLINK provided essential primary health care to this underserved group and linked eligible children with health insurance and with access to dental care. Funds were used primarily to support staff salaries.

Community Health Outreach Workers and Americorps Volunteers identified uninsured children through a variety of community outreach activities. Case management was provided throughout completion of insurance applications, coverage verification, and confirmation of medical and dental homes, for a total of 960 outreach worker contacts.

Three hundred children from birth through 18 years were enrolled in CHIPLINK; nurse practitioner encounters ranged from one to 12 visits per child. Most were African-American children from low income households residing in Northwest Philadelphia. Immunization status and age appropriate lead screenings were updated for over 30% of those children behind at program enrollment. Dental caries were common despite Philadelphia's fluoridated water. Children with significant health and dental problems were referred appropriately.

Our innovative CHIPLINK initiative exemplifies how an academic based nurse managed center improved health status for vulnerable children in this urban community.

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Addressing the needs of underserved children: integration of dental services into medical well child examinations.

Deinard A, Rose T, Grayden J, Conry J

OBJECTIVE: To develop and evaluate a model of integrated dental and medical services for a population of culturally diverse children receiving medical and dental care in a community health clinic. This oral health program is designed to meet the needs of underserved children at significant risk for dental decay. **SETTING:** The clinic, located in the neighborhood with the highest medical and social risk factors in Minneapolis, Minnesota, provides medical, dental and social services to 8,600 patients annually. **INTERVENTION:** Children, ages 12-60 months who attended medical well child examinations were evaluated for plaque, dental decay and presence of oral streptococcus mutans. A dentist joined the medical examination to conduct the assessment and to provide education to caregivers regarding oral health and nutrition. Caregivers were also provided with a dental health kit that included toothbrush and tpee cup. Children who were found to have oral pathology were immediately scheduled for dental care in the dental clinic. **RESULTS:** Over 70% of the children had never received any dental care. And of this number, one-third were found to have dental pathology at the time of the screening. Of the children who had received dental care, 75% nonetheless had decay present. Caregivers recorded high satisfaction (95%) with the combined medical/dental screening. **CONCLUSIONS:** This study documented the alarmingly high degree of oral pathology and un-accessed services for children less than age six. This study also provides a model of integrated health care that increases access for oral health evaluation and education for underserved young children.

Presentation Information

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