

# Building Infrastructure for Local Dental Health : *Challenges and Opportunities*

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Project Director's Meeting  
January 18, 2019

# WIC/Oral Health Collaborative

**To strengthen partnerships that enables WIC to be the “entry point” for dental care :**

**To increase the number of at risk one year olds who :**

- **have access care;**
- **receive preventive dental services;**
- **have a dental home.**



# WIC: Challenges and Opportunities

**Challenges** : Programmatic restrictions and cultural differences, logistics, coordination, staffing, division of labor .

**Opportunities** :A shared vision of health, education, nutrition, screening and follow-up to dental homes for low income, women, infants and children to age 5 –co-located in a familiar environment.

\*We added primary preventive services.

# WIC Oral Health Program

## “Dental Days at WIC”

- **Internal promotion**: flagging clients, signups, appointments, reminder calls, bookmarks;
- **Nutrition assistant** conducted group oral health education;
- **Dental hygienist** oral assessment, toothbrush cleaning, fluoride varnish, anticipatory guidance, goal setting;
- **Case manager** insurance assistance and dental appointment making.

# Financial Sustainability

- **Dental Hygienist** –MCAH, general funds, Berkeley grant, Medi-Cal fee for service
- **Case manager**- First 5-Alameda County
- **Program manager**-MCH-federal/local (FFP)
- **Admin. support**-MCH-federal/local (FFP)
- **Nutrition assts. & admin. staff**-WIC grant
- **Dental treatment**-Medi-Cal and Tobacco Master Settlement Agreement for uninsured
- Future: FQHC partnerships





**You can see the goal in the distance.....**

What needs to be done to make oral health a priority and manifest the necessary resources?

- **Create Credible Need**
- **Develop a Constituency of Advocates**
- **Establish Broad Goals, Tangible Objectives**
- **Build and Nurture Partnerships**
- **Know where the money is, “ Go where the money is”**

# Create Credible Need

- Establish, package and promote
- Define it, prepare it for specific audiences
- Deliver it in language they understand
- Make it relevant to them and their values



# Develop a Constituency of Advocates

- Informed, educated, sensitized
- Multiple levels:
  - local, state
  - private, public, nonprofit
  - policy makers, practitioners, private citizens
- Access to information with which to make individual or community-wide decisions

# Establish Broad Goals and Tangible Objectives

- Clarify shared values, perceived needs
- Normative goals/vision
- Short term achievable objectives

*“Advocacy without recommendations is no advocacy at all”*

# Creating Partnerships by Discovering a Shared Vision

WIC : To safeguard the health of low income women infants and children up to age 5 who are at nutrition risk by providing supplemental food, nutrition education and referrals to health care.

MCAH : To increase access to comprehensive oral health care for MCH populations most at risk for oral disease.

CHDP : To assure adequate access to well child examinations including necessary dental care.

First 5

FQHC's

School Districts

Head Start

Dental Societies and Dental Hygiene Components

# Know Where the Money Is, and “Go Where the Money Is!”

- Federal Financial Participation (FFP)  
Title XIX Medicaid funding for MCH, EPSDT
- Federally Qualified Health Centers (FQHC)
- Tobacco Tax Settlement funds
- Private and Public Foundations
- State and County General Funds
- In kind support – volunteers and staff
- Agencies or programs with supportive efforts

# Know Where the Money Is, and “Go Where the Money Is!”

Example: Federal Financial Participation (FFP) provides Title XIX funds for administrative activities (not clinical) to:

- Assist Medicaid eligibles to enroll and/or
  - Assist those on Medicaid to access services.
- 
- *One qualifying dollar can be matched with one or three Title XIX dollars.*



## Example: Federal Financial Participation (FFP)

- Skilled professional personnel including Dentists and Dental Hygienists, MD's, RN's can . . .

For example:

- Coordinate a sealant program
- Plan a needs assessment
- Refer patients to dental care
- Establish an early childhood caries prevention program
- Matching Sources: Local General, State General, Philanthropic or Private Funds donated to the County.

# Comprehensive School Oral Health Program

## School Based

Examinations

Education

Dental sealants

Fluoride treatments

Parent notification

## School Linked

Case management

for Dental Care

for Insurance

other services



**Pave way to tx**

**Educate to self care**

**Limit lost  
school hours**

**Build  
partnerships**

**Minimize barriers eg  
geography,  
language.**

**Positive dental  
experience**

# School Program Challenges and Opportunities

**Challenges:** School schedule, logistics, education, consent, confidentiality, staffing, scopes of work, dental practice act, dental referral resources and care coordination.

**Opportunities:** Access to where the at risk kids are, no time lost from school or work, non traumatic introduction to dental emphasizing prevention, education for staff, families and staff, entry point for ongoing care in the community.

# Financial Sustainability

- **Dental hygienist**: FFS Medi-Cal and private grant
- **Dental assistant**: City grant and MCH federal/local (FFP)
- **Dentist**: FQHC clinic partners
- **Case manager**: CHDP federal/local (FFP) and local general funds;
- **Administrative staff**: MCH federal/local (FFP)
- **Project manager**: MCH federal/local (FFP)

# Success Requires:

- Establishing Credibility
- Building Trust
- Accountability
- Responsiveness
- Follow through
- Helping others look good
- Maintaining your sense of humor!



“If I am not for myself, who will be for me?;

If I am only for myself, what am I?

If not us who? If not now when? “

*Hillel the Elder*

“ If you want to go fast, go by yourself;

If you want to go long, go together. “

*African proverb*