

Communities of Practice Questionnaire

1. Name of your organization Healthier Kids Foundation
2. What is the structure/type of your organization? Please select from the following.
 County Health Department FQHC Non-profit
 Other (please describe) _____
3. Please briefly describe the history/background of the program.

Healthier Kids Foundation has been a leader for children's health and wellness since establishment in 2000. With a goal of universal healthcare for all children in Santa Clara County, Healthier Kids Foundation was a key partner in the establishment of the first program to insure all children in Santa Clara County. Healthier Kids Foundation spent its first twelve years raising funds for the Children's Health Initiative and Healthy Kids program. When Healthy Kids was initiated in Santa Clara County, one in six children did not have health coverage. Our effort raised enough funds to cover the cost of health coverage for children enrolled in the Healthy Kids program for 1.9 million months. Now, 98% of kids in Santa Clara County are enrolled into health coverage.

With this accomplishment, Healthier Kids Foundation turned its focus to providing direct services and a philosophy that preventative care makes things fair. Since 2013, programs have emphasized prevention and wellness to ensure that children and their families obtain health coverage, access health services, and implement healthy lifestyles in their homes.

Healthier Kids Foundation partners with over 1,000 community based organizations and school sites in Santa Clara County to (a) provide vision, dental and hearing screenings to low-income children; (b) case manage and connect parents to appropriate health services based on their child's screening result; (c) identify uninsured children and assist their parents with enrolling them into health coverage; and (d) provide healthy lifestyle education to parents to prevent and reduce childhood obesity.

4. Which population is being served by the program?

Healthier Kids Foundation partners with over 1,000 community based organizations and underserved school sites in Santa Clara County to (a) provide vision, dental and hearing screenings to low-income children; (b) case manage and connect parents to appropriate health services based on their child's screening result; (c) identify uninsured children and assist their parents with enrolling them into health coverage; and (d) provide healthy lifestyle education to parents to prevent and reduce childhood obesity.

Since the inception of each program, Healthier Kids Foundation has:

- Visited 15,000 mothers in three participating hospitals and assisted with the enrollment of their newborns into Medi-Cal (Baby Gateway).
- Identified 4,200 uninsured children and assisted with their enrollment into health coverage (COPE).
- Screened 106,000 children for vision issues (VisionFirst),
- Screened 62,000 children for oral health issues with licensed dentists (DentalFirst),
- Screened 46,000 for hearing issues (HearingFirst), and
- Case managed 40,000 based on the result of their screening.
- Delivered healthy lifestyle parenting education to 12,300 parents and caregivers (10 Steps to a Healthier You!).

5. What type of service delivery model is/are used in the program? Please select all that applies.

- Dental clinic model (e.g. permanent setting) Mobile- portable model
 Virtual model (e.g. telehealth/teledentistry) Event-based model
 Outreach and education model

6. What type of dental and oral health services are provided? Please select all that applies.

- Screenings Cleanings Fluoride varnish Sealants X-rays Fillings
 Referrals to dental and oral health services Care coordination/case management
 Patient education Other (please describe) _____

7. What type of integration service is/are provided? Please select all that applies.

- Medical services Behavioral health services Vision services Hearing services
 Transportation services Translation services Nutrition services None

8. Who are the staff that supports the program? How many staff are involved in the program? What are their roles?

Staff	Number of Staff	Role
Dentist	10-12	Licensed contracted dentists
Dental Hygienist		
Dental Assistant		
Non-dental clinical staff	6-9	Staff Screeners that assist the licensed dentist to fill out the Dental app
Community health workers		
Other	3	Data Analysts and IT volunteer that is an expert in Salesforce

9. What is the source of funding?

- Foundation/organization grant
- Public funding (e.g. local, state, federal)
- Private donations (e.g. individuals, businesses)
- Other (please describe) _____

10. How is the program evaluated?

Our funders evaluate:

- Demographics: language spoken at home, ethnicity, gender, whether children are homeless, foster, migrant, or special need
- What sites we offer services: pre-school, events, family daycare sites, school sites (elementary, middle school, or high school), zip codes, what grades (usually mandatory grades of T-K, K, 2nd, 5th, 8th, and 10th)
- Number of children screened, number referred for urgent needs, number referred for emergency needs, number of children with sealants, number eligible but are without sealants,
- Children’s outcomes after case management: unable to contact, refuse help, moved out of county, received care (exam, cleaning, x-rays, cavities filled, root canals, extractions, Caps/Crowns, dental treatment plans)

Most demographic data is collected from school rosters and loaded into screening equipment and after screening, results (including demographics) are uploaded into Salesforce so that case management has the data they need to work with families and the data is recorded and shared with funders in aggregate.

11. Are there any reports?

Our largest funders require reports of all the data requested above and smaller funders requests reports on number screened in their area, number referred, and number of outcomes after case management.

12. Are there any barriers/challenges to your program?

Healthier Kids Foundation is always expanding and working to improve efficiencies. There is never enough funding for all the low income children that need care. Underserved parents are working so many hours that it is difficult for them to fit appointments into their schedules and there are a shortage of night and weekend appointments.

13. What are the lessons learned and/or are there any plans for improvement?

Opt out forms or passive agreement work, consent forms don't. They are too hard to collect. Many of our larger districts have explained our work in their student handbooks and explain to parents how they may opt out if they prefer. Schools do not bring the children to be screened when the parents have opted out.

Automated Student Rosters, State School ID's, School ID's, demographic data from school districts, school sites, and pre-schools are extremely helpful in speeding up our workflow, verifying data quality, and returning results to schools and parents.

Results for parents are in color and explain outcomes; the reverse side has updated list of dentists that take Denti-Cal and have openings (updated quarterly with phone calls to verify).

Healthier Kids Foundation's own proprietary app used by the dentist to evaluate each child's teeth has improved automation.

Plans to improve are to pilot sealant applications at screening sites. Current efforts are all about getting a "Dental Home" for each child and dental treatments at a dental site.

If you are interested in learning more about this program, please contact COHTAC at oralhealthsupport@ucsf.edu.