

HRSA/MCHB 2007 FEDERAL/STATE PARTNERSHIP MEETING

Building Blocks for Promising Practice Models

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Oral Health of Children, Families and Communities

JAY BALZER: Good morning. My name is Jay Balzer. I'm here to talk about teeth. Before we start, I just kind of like to put the issue of oral health in perspective, and I like to start out with a little bit of a shocking statement to say, oral health really isn't important. Day to day, when our teeth are in good shape, we can eat and we're in no pain. It's really not something we think about very much. But when we have a toothache, it's the only thing that's important in anyone's life. So that sort of a way to look at it explains some of the reasons why oral health isn't right up there with the--with other important issues sometimes, it's because we sort of take it for granted when everything's in order.

What I'm going to do now is take you a little bit from the general, from the big view, which Julie gave you, to a little more specific level about oral health, but also about what an individual approach report looks like, and what some individual best practices look like. So we're going to go down another level.

What you see here is, just like Julie showed you, this is the website for this topic, and those good looking people there, my wife and my daughter, they achieved some measure of immortality being on the web. And I want to call your attention

to the national survey that was published in '04; you're all familiar with it. The take home lesson here for oral health is that oral health was identified as, perhaps, the most prevalent unmet need of children. And to think of all the needs, all the medical needs that children with special needs have, to think why is something like oral health at the top of the list, and we, as dentists, started thinking about that, and said, "That's really a telling result, and we really need to look further into the reasons why it's the greatest unmet need, and what we can do to do something about that." And that's, sort of, the genesis of this project of identifying best practices to address this problem.

To take you to the report, there's a section on background issues. This does not talk about any individual Best Practice. It merely gives you some background about the issue. It talks about the oral health needs of children with special needs, it talks about access to care, what are the unique challenges with oral health, and it gives the strategic framework for how we look at the issue. And as you can see here, there are four topics, and these should not be strange to anyone. These are topics that we see all the time in the MCH area. We're talking about empowering individuals and families to take care of their oral health. We talk about preparing the workforce. We talk about the financing system, and we talk about organizing community resources that already in place to really work for us.

We didn't create this report out of thin air. We depended on authoritative guidelines, and some of these include the surgeon general's report on persons with mental retardation. There's a surgeon general's report on oral health, Healthy People 2010, the MCHP national agenda, and the ASTDD guidelines. We looked at all these resources, all these documents, and look for how these relates to creating best practices for children with special needs. And as Julie mentioned in her report, we looked at the research evidence. What research is there to show us? What are some promising areas to look at as best practices? Where do we have some results and where don't we have results? And what are the important areas? And we did this for each of these topic areas.

As Julie mentioned, there are five criteria to judge whether a practice is a Best Practice or not, and these criteria hold across all the topic areas, and we considered these criteria for the topic area of oral health for children with special needs. And I won't go into them individually.

To get to sort of the juicy part of the report, what I've been describing is sort of background information that educates someone, give someone information about the background. But then you get to--I think its item six in the report, which is the practice examples themselves, and that's where you really learn about Best Practices. And we have 16 submissions coming from 13 states, and these relate to each of these four components that I mentioned. I'm not going to go through

all 16, but what I am going to go through is take one example from each of those topic areas and just give you a quick glimpse into what we're talking about.

Now, here's our component one, which is empowering individuals and families. And really what this gets at is there are relatively few dentists to take care of all the children we're talking about, but there are lots of families. And we asked ourselves what is the power? What are the abilities of families to take care of their own children's oral health to make sure they're brushing their kids' teeth before they go to bed at night, to watch their diet? I mean, I don't have to tell you all these things. The family is probably the most important factor in determining the child's oral health. You can't just talk about dentists. And the example I'm showing here today is the South Carolina online dental directory. Now, what this is is just what it says. It's an online dental directory of dentists in the State of South Carolina who are willing to take children with special needs into their practice. And what this addresses is the sort of usual way of doing this type of thing where there might be a hardcopy list of dentists that someone threw together that said, "These dentists will accept children with special needs." And the problem with those kinds of lists, for anyone that's used them, is that most dentists, even if they will accept the child with special needs, is reluctant to get his or her name on that list because they get overwhelmed, because there are so many other dentists that won't take the children. And then once you get on a printed list, how do you ever get off a printed list? And thirdly, how many people actually ever get the printed list? So there's a lot of problems with printed lists.

And what this project does is throw some technology on that traditional method to put the names online on--that are accessible by a search engine. So a family, anywhere in South Carolina, can get on this website and put in search terms like, this is the city I live in, my child has Medicaid, my child has cerebral palsy, show me which dentists will meet those criteria, and boom, you press the button and you have a list of dentists with phone numbers and addresses. And the parent, the family can then go forward and try to make a connection. So, I mean, there's more to within that but that's just sort of a thumbnail sketch of that practice.

Here's another one that relates to the topic of preparing the workforce. The basic problem we have is most dentists in training hardly get any clinical experience treating children with special needs. They may get some lecture or they may get an hour or two, that's the norm. But in Nisonger Center that's attached--it's a USAID attached to Ohio State University, they have a program where all the dental students, all the dental hygiene students, all the dental assistants coming through that program get a clinical experience of a couple of weeks working with children at this clinic. And we think that's a tremendous way to make dentists and the dental team more comfortable working with children with special needs.

Here's another example. This comes from component three, which is creating a more responsive financing system. I don't have to tell you the problems of getting providers to accept patients who have Medicaid, for example. And this is probably more of a problem among dentists. So the question is, what can we do

to make that system a little more congenial, acceptable for dentists? And in this case, it's not just the poor Medicaid fee, which is true for all children with Medicaid, but the problem we have here is the child with special needs requires more time, more effort to work with. So not only are you faced with the bad fee, you're faced with procedure taking twice as much time possibly. So what New Mexico does is pay an additional \$90 per visit for a dentist who accepts a child who is on Medicaid and has a special need. And we think that's a great incentive. It doesn't solve it, but it's moving in the right direction.

And the fourth example is the Butler County Dental Case Management. This is a program operated by the Butler County, Ohio Board of Developmental Disabilities. They have a case management system for many years, for medical issues, and they found that they were getting all kinds of calls about problems getting appointments for children for dental care. So they created a job for a dental case manager to work through those systems. And that's been going on six or seven years. It's a very successful program.

I'll just sum up here by drawing your attention to some resources we have. One that I think is very important is our version of the National Agenda. If you look at that national agenda, great document, but as far as dentists are concerned, it doesn't mention the D word. There's nothing about dentistry in there, even though it's the greatest unmet need. So what we did is we sort of reinterpreted it as if it were a document that only talked about oral health. So for any of you that

sort of want to get the issues in the context of the national agenda but dedicated to oral health, this is what you want to look at. And the report is available on the website. Take a look at it. You can see all the different kind of best practices that are there. Thank you for your attention.