

Wisconsin Rural Hospital Flexibility Program
Rural Communities Grant Program 2007-08

GRANT APPLICATION COVER SHEET -- Attachment A

Project Title: Adams County Community Coalition for Dental Health – Dental Health Initiative

Amount Requested: \$10,000

Planning Grant or Implementation Grant (select one)

1. Applicant Organization (entity with which the grant contract is to be executed)

Legal Name Moundview Memorial Hospital & Clinics

Address P.O. Box 40, 402 West Lake St.

Friendship, WI 53934

Phone (608) 339-3331

FAX (608) 339-9385

2. Administrator, Executive Director, or CEO

Name Janet Brown

Title CEO

Phone (608) 339-6814

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3. Contact Person for Application

Name Linda Charles, GNP-C

Title Director of Senior Services

Phone (608) 339-8370

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4. Person authorized to sign the grant contract

Name Janet Brown

Title CEO

5. Federal ID # of applicant organization:

39-0944012

I certify that the information contained within this application is true and accurate to the best of my knowledge. I submit this application on behalf of the applicant organization.

Signature

Date

Executive Summary

Adams County Community Coalition for Dental Health – Dental Health Initiative is a proposed planning grant to develop and implement a pilot program that will address oral health care for at-risk expectant and new mothers. An at-risk expectant or new mother would include any individual who does not have access to professional dental care because of socioeconomic status. Adams County

Public Health reports that 90% of expectant or new mothers in the at-risk prenatal program are in need of dental services from dental decay. Ten percent (10%) of the total are in need of immediate services because the woman has reached the point of not eating to avoid the pain associated with her tooth decay. Local dentist offices do provide services to those who are under insured, uninsured, and Medicaid/BadgerCare recipients but are at a point they can no longer take on new clients. Thus, the lack of access to professional dental care is causing many Adams County residents to use the local emergency room for episodic treatments, which does not address the “root cause” of the problem.

The Children’s Health Alliance of Wisconsin states that dental decay is the single most preventable chronic disease in the nation. Yet, according to the American Academy of Pediatric Dentistry, many children 5 years old and younger have one or more primary teeth that are affected by decay. Furthermore, research has shown that by the age of 2, poor oral habits and neglect are harder to reverse than if the right steps had been taken at an earlier age (such as between the ages of 6 months and 1 year). Thus, the coalition’s intervention will target those at highest risk for developing dental decay or transmission of such bacteria – mothers and infant children.

Adams County Dental Health Initiative will plan and develop a collaborative program whose primary objective will be to improve the oral health of expectant/new mothers through oral health counseling, education, and prevention and secondarily to reduce the early onset of dental caries in young children. The pilot program will be implemented through Adams County Public Health’s prenatal program as this program currently has established contacts with the targeted population. Program outcomes will be used to measure feasibility and effectiveness for future program planning. It is the goal of Adams County Community Coalition for Dental Health to continue this initiative into the development of a Dental Health Implementation Grant the following year to actively address our oral health needs.

Coalition Information

Adams County Community Coalition for Dental Health is a newly formed coalition to identify and address oral health deficiencies, and improve access to dental services for individuals of need in Adams County. The initial coalition members for this initiative consists of Adams County Public Health, Adams Dental Clinic, Adams-Friendship School District, Family Health/La Clinic, Mid-Towne Dental Associates, Moundview Memorial Hospital & Clinics (MMH&C), UW Extension, UW Health, and Villa Pines Assisted Living. The coalition will continue to grow as more community organizations are invited to join our mission.

The formation of a community coalition to address dental health has been forthcoming. Dental service deficiencies regarding “lack of access to professional dental care” are an ongoing problem for most low-income individuals in Adams County. This problem has been identified as a barrier in the Adams County Public Needs Assessment each year it is done – most recently conducted in 2005. It is not that our local dentist offices do not provide services to the low-income, it is that we are a poorer community and many of our residents utilize government-supported program that do not reimburse to cover the cost of service rendered. Our local dentist offices are providing services to the under insured, uninsured, and Medicaid/ BadgerCare recipients to the point they can no longer take on new clients without jeopardizing their own business. This problem is not isolated to just Adams County; it stems from the overall dental profession shortage and is affecting many rural communities and the less fortunate who live in those communities.

Many coalition members have been and continue to do what they can in their service capacity to address the lack of access to dental services for individuals of need. However, we realize that we are not making great enough strides, individually, to meet the growing demand for dental services for those that are in most need. As a result, the Adams County Community Coalition for Dental Health has been formed to take a more proactive approach in addressing oral health issues through working together to pool our resources and strategize solutions.

The Community Coalition for Dental Health has worked to identify all oral health services available in our community along with the gaps and barriers that are affecting or preventing services for individuals

of need. From this investigation, the coalition has identified perinatal women and children, as a top priority for intervention as it is quite common to have dental problems during pregnancy. Hormonal changes can make gum tissues more susceptible to the bacteria in plaque, leading to inflammation and bleeding gums. Having the expecting mother's teeth cleaned early in pregnancy can help prevent most gum problems. In addition, studies have shown that by the age of 2, poor oral habits and neglect are harder to reverse than if the right steps had been taken at an earlier age (such as between the ages of 6 months and 1 year). Thus, the coalition's intervention will target those at highest risk for developing dental decay or transmission of such bacteria – mothers and infant children.

Problem/Need Being Addressed

Dental decay is the single most preventable chronic disease in the nation according to Children's Health Alliance of Wisconsin. Yet, the majority of Americans over age five have at least one untreated dental cavity and most adult mouths have periodontal (gum) disease. Wisconsin's oral health statistics reveals that tooth decay affects 1 in 4 elementary school children, 2 out of 3 adolescents, and 9 out of 10 adults. Often, the most prevalent population with tooth decay is low-income individuals who are either under insured, have no insurance, or are covered by Medicaid / Badgercare which reimburse at such a low rate that most dentist can not afford to take many patients covered by these services.

Adams County statistics are similar to those stated above in regard to oral health coverage. For example, in 2006, Adams County had 156 births and of those births 94 were born under either a Medicaid or Badgercare assistance program. For these new moms, Medicaid would pay for limited dental care during pregnancy but would end with the birth of their child. If the mother had BadgerCare as her medical provider, she had no dental plan. You can note the prevalence of this in our community as one local dentist states, "In my practice I see very few pregnant women; my demographics are predominately patients over 50; but I don't doubt there is a need – I just don't see them". Yet, according to Adams County Public Health, approximately 90% of expectant or new mothers in the at-risk prenatal program are in need of some form of dental services as most have not had a dental visit within the past 2 years. Ten percent (10%) of these women are in need of immediate services because the woman has reached the point of not eating to avoid the pain associated with their tooth decay. Often when pain begins with tooth decay, it will lead the individual to Moundview Memorial Hospital's Emergency Department. The hospital sees approximately 112 ER admissions with dental diagnosis a year. Of the 112 admissions, 47% of them are Medicaid patients. Again, a contributing factor is that the local dentist offices have reached their gratis capacity and can no longer take Medicaid / Badgercare patients. Secondly, these patients have no other means to meet their dental care needs other than treating each episode in the emergency room. The closest sliding-scale dentist office (Family Health / La Clinic) is 33 miles away and is continuously scheduled 5 weeks in advance. A patient can only hope to get into the dentist office through the "walk-in" service available at La Clinic. This process is challenging for the patient as Family Health / La Clinic is understaffed and has one practicing dentist in the facility at this time. The clinic has chairs to support 3 dentists but historically, the recruitment of dentists to the rural community has been extremely difficult.

As one can see the problem of limited access to dental services for the low-income population is troublesome and is challenging at best. However, Adams County Community Coalition for Dental Health has identified active dental care programs available within our community that do promote prevention, education, and outreach for children. These programs include education on baby bottle mouth (WIC), teeth brushing (Head Start), Seal a Smile (Public Health), and oral health is covered in the health curriculum for all middle school students (Adams-Friendship Schools). As one can realize, oral health provided outside the dentist office is a relatively new service evolving in Adams County.

Adams County Public Health has been the forerunner in developing and implementing the dental health programs available in our community. Public Health secures limited grant dollars each year to provide the Seal a Smile program, which provides dental varnish for age's 1 to 5 years old at each quarterly health clinic. To address older children (3rd and 4th grade students), the Dental Sealant program has been implemented. Dental Sealant is a school-based program offered 4 times a year at various schools throughout the county providing services for a total of 25 students. Public Health pays for a contracted hygienist to provide the services and for the sealant supplies. Lastly, a very popular

program provided by Public Health is Fluoride Supplement. Current funding supports product for 75 kids however, this number is usually met within the first 6 month of the year.

Oral health awareness and practice is slowly becoming a part of our community. Adams-Friendship Schools have implemented a wellness program that reduces the soda and candy consumption on school grounds. For the senior population, one local dentist makes rounds monthly to all residents in the assisted living facility that are in need of dentistry services. Lastly, on a monthly basis, Adams County UW Extension provides both school-based and community based nutrition education classes on a variety of nutrition topics – one is designed specifically for dental health.

One can note, oral health programs are growing in Adams County due to the individual efforts of various community service providers. However, in order to make a greater impact, the coalition has come to the realization that we must develop a uniform program. The intervention must start with Pediatricians and/or child health providers as they are in a unique position to see infants for well-child visits far sooner than their dental colleagues. We believe through this collaboration of the medical and dental community, in conjunction with nutrition and public health’s dental health and education programs we can reduce the prevalence of the most preventable disease in children – dental caries. According to Wisconsin Department of Health and Family Services Public Health, the most effective interventions for oral health start before birth, with the mother, and in the first months of life. Preventative behaviors started early will continue throughout a person’s lifetime.

Work Plan

The Adams County Community Coalition for Dental Health – Dental Health Initiative is taking a proactive health-minded approach to assist us in formulating plans to bridge the gap between medical and dental care by actively referring all their pregnant and very young patients for oral health counseling. The combined efforts will increase our service providers’ ability to educate the mother early in the pregnancy about the importance of oral health and hygiene for their own sake as well as their baby’s sake.

Each partner in the Adams County Community Coalition for Dental Health has agreed to commit a local coordinator to this initiative; attend all planning meeting to discuss program design that will address preventative oral health, dental health education and restorative emergency treatment. In addition, members will participate in the continued implementation project after the planning process is complete, and contribute in-kind support to help offset project costs.

Project Goal:	To plan and develop a collaborative program that can improve the oral health of expectant and new mothers through oral health counseling, education, and prevention that will reduce the early onset of dental caries in young children in Adams County.
Outcome Measure:	A pilot program will be developed and implemented for at-risk expectant and new mothers participating in Public Health’s prenatal program to receive oral health counseling. Both the medical and dental community will play active roles in starting the intervention process. The program will include a “Plan of Action” to address urgent dental care along with non-emergency restorative care. Educational curriculum to educated on oral health, hygiene, and nutrition will be strong emphases in this program, as they will serve as a long-term prevention tools. The pilot program will be used to measure program feasibility and effectiveness for the targeted population. Results of the pilot program will be used to develop a Dental Health Implementation Grant for the following year.

Evaluation Plan: Program evaluation will be ongoing throughout the development and implementation of the pilot program from all coalition members. For example, expert coalition members from Family Health / La Clinic, Adams Dental Clinic and Mid-Towne Dental will review type and quality of education material; timeframes for participants entering the program to the first oral health assessment from dentist will be tracked and reported by Public Health and the dental provider; and participant’s

satisfaction of meeting their oral health needs and education retention will be evaluated through pre and post surveys developed by the coalition members. Overall program success and failures will be addressed in the monthly coalition meeting for continuance or revisions as they occur.

Objective 1:	Identify and develop roles of coalition members for the planning of Adams County Dental Health Initiative pilot program.		
Outcome measure:	Key coalition members will provide information in their area of expertise toward the development of a dental health program for new and expectant mothers at monthly meeting for members to review and discuss.		
Activity	Timeframe	Responsible Person	Measures and Anticipated Outcomes
1.1 Coalition meetings will be held at Moundview Memorial Hospital to develop, define, and pilot all components of the proposed dental health program.	Ongoing monthly meeting. Will continue throughout the duration of the planning grant. (Meeting will run approximately 1.5 – 2 hrs monthly)	All coalition members.	A pilot program will be developed to implement with targeted population. Program will include educational material, oral health services; start/end dates for pilot, and tools to measure program results. Assessment of feasibility for an implementation grant proposal based on pilot outcome.
1.2 Develop an oral health educational curriculum.	Completed within 4 months of grant award.	Public Health, Linda McFarlin. Dentists: Dr. Parlante and Dr. Schindlbeck. Family Health, Ted Kay. Adams County UW Extension, Edie Felts-Podoll	A curriculum will be developed to educate the new mother on the importance of good oral health, preventing dental caries in young children and make certain that the need for dental care during pregnancy and early childhood is address. A nutrition component will be included in the education curriculum.
1.3 Establish physician contacts for program referral.	Completed within 4 months of grant award.	Public Health, Linda McFarlin. MMH&C, Dr. Bellak	Physicians will complete an oral health assessment on expecting/new mothers and refer to Adams County Dental Health Initiative program for oral health counseling when the situation warrants.

Objective 2:	Implement a pilot program that will assess oral health needs and will educate mothers on the importance of oral health, good oral hygiene, and good nutritional habits. (5-month pilot program).		
Outcome measure:	At-risk expectant and mothers will have the opportunity to improve their oral health and have a better understanding of the role they play in preventing dental carries in their young children.		
Activity	Timeframe	Responsible Person	Measures and Anticipated Outcomes
2.1 Identify program participants for pilot program. Public Health will pilot program in their current prenatal program.	Participants will be identified by the 6 th month of grant award.	Public Health, Linda McFarlin	Approximately five mothers will agree to participate in Adams County Dental Health Initiative pilot program
2.2 Assessment of oral health needs.	At the time of entrance into the program.	Public Health, Linda McFarlin, Dentist: (Dr. Parlante or Dr. Schindlbeck)	Oral health needs will be identified.
2.3 Implement intervention program.	After the completion of identified oral health needs	Based on oral health needs - Expertise coalition members.	Mothers will receive information on oral health and oral hygiene that will assist them with at home oral hygiene and in making nutritional choices that will help reduce the incident of dental caries in them and their children.

Evaluation Plan: Objectives 1 and 2: Program components will be evaluated at each monthly coalition meeting to monitor program progress. Coalition members will specifically evaluate if expectant and new mothers received an initial oral health assessment, preventative dental services, and treatment plan, and if age appropriate oral health education was received. Public Health will track and report number of program participants, patient demographic information, and other information received pertinent to implantation grant development. Participants will be given pre/post surveys to measure their perception on the importance of oral health as it pertains to their overall health and, lastly, participants will be evaluated via satisfaction survey on the care they received through the proposed oral health initiative.

Budget

Service	Type	Grant	In-Kind	Provider
Salary				
52 hours / yr – PH 20 hours/yr – UW Ext.	Public Health, RN	\$1511	\$721	UW Extension

Estimate: 162 hours/yr \$500 stipend to 9 coalition members <i>In-kind – 54 hrs</i>	Program Coordinators planning/ developing/ implementing pilot program	\$4500	\$4050	***All coalition members (see below).
Fringe				
	30.0 % of RN Salary	\$648	\$309	UW Extension
	26.9% of Coalition base rate salary		\$1089	***All coalition members (see below).
Travel	.485 per mile			
	Public Health Staff & participants - 955 mi	\$463		
	UW-Extension Staff - 125 mi	\$61		
Supplies				
	Educational material and dental/office supplies.	\$1150	\$150	UW-Extension, Dentist Offices, and Public Health
Consultant/Contractual				
	Services for ineligible and uninsured for basic/ urgent care needs. Family Health/ La Clinic, Adams Dental, Mid-Towne.	\$1500	This amount will vary based on participant needs.	Family Health/ La Clinic, Adams Dental, Mid-Towne.
Other Costs				
	Meeting Room, refreshments, and support staff.	\$167	\$1680	MMH&C
Totals		\$10,000	\$7999	

***Coalition Members: Adams County Public Health, Adams Dental Clinic, Adams-Friendship School District, Family Health/ La Clinic, Mid-Towne Dental Associates, Moundview Memorial Hospital & Clinics (MMH&C), UW Extension, UW Health, and Villa Pines Assisted Living

Salary & Fringe:

The grant dollar amount represents staff wages for Adams County Public Health Nurse – Prenatal Coordinator to assist with the planning, developing, and implementation of the proposed Dental Health Initiative pilot program (1 hr/wk x 52 weeks). UW Extension will do direct nutritional education with each program participant (20 hrs total – prep and implementation time) as an in-kind

donation. Stipends of \$500 will be given to each coalition member to help offset the cost of their time involved in developing and implementing the initiative (minimal of 1hr/monthly). In addition, members will assist with the development of an Implementation Grant for the following year. Members will be expected to attend and participate in all planning/development meeting to receive the stipend. Approximately 54 additional hours (.5 hr/ at each meeting) will be donated as in-kind to supplement the overall hours needed to plan and implement the initiative (salary & fringe base rate of \$75/hr base rate for CEO's, Dentists, Physicians, Directors, etc.).

Travel:

Mileage costs represents travel to the participant's home once a month during the five-month pilot program for the RN and one month's travel cost for UW Extension to provide the nutritional education. Average miles to individual's home is 25 miles round trip (25 miles x 5 participants x 5 months). Additional mileage is planned for the use of travel to the Family Health / La Clinic (round trip - 66 miles x 5 participants) for individuals who do not have MA or is uninsured and are in need of emergency dental services. Mileage is reimbursed at 48.5 cents a mile.

Supplies:

Dental supplies will include a combination of disposable dental materials, x-ray film and developer, instruments, hand pieces, and oral hygiene products for the participant to use at home. Examples of educational materials would include such things as pamphlets, educational visuals, DVD's, and nutritional information/samples. These are best estimate costs, as actual cost for services will be based on need. DVD's, educational visuals, pamphlets, and oral hygiene products are approximately \$550.

Consultant/Contractual:

Services for MA ineligible and uninsured to receive urgent care services will be provided by Family Health/ La Clinic, Adams Dental, Mid-Towne Dental based on availability at the time of service need. Dentists will be consulted for education quality and oral hygiene training (dental hygienist). Budget represents \$500 per dentist, but will vary based on service need.

Other Costs:

Space for meeting room and lunch/refreshments will be provided as an in-kind service from MMH&C. Planning meetings will be held over a working lunch and will be held at MMH&C. In addition, planning meeting notices and agendas will be developed and provided by MMH&C support staff (approx. 2 hrs/month).