

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

GRANT APPLICATION COVER SHEET -- Attachment A

Project Title: Polk County HealthWatch – Oral Health Initiative	
Funding Requested: \$40,000 Implementation Grant	
1. Applicant Organization (entity with which the grant contract is to be executed)	
Legal Name	CESA #11 Rural Health Dental Clinic
Address	225 Osterman Drive, Turtle Lake, Wisconsin 54889
Phone	715-986-2020 FAX 715-986-2041
2. Administrator, Executive Director, or CEO	3. Contact Person for Application
Name Robert Rykal	Name Sharon Haugerud
Title CESA #11 Administrator	Title Rural Health Dental Clinic Director
Phone 715-986-2020	Phone 715-986-2020
Email robertr@cesa11.k12.wi.us	Email sharonh@cesa11.k12.wi.us
4. Person authorized to sign the grant contract	5. Federal ID # of applicant organization:
Name Sharon Haugerud	39-1483818
Title Rural Health Dental Clinic Director	

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 08-01-07
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Executive Summary

The Polk County HealthWatch Coalition has determined, through community assessments, that lack of access to dental care is one of the top five concerns facing low-income and disabled residents of Polk County. Neighboring Barron, Washburn and Burnett Counties, through their community assessments, have also determined that lack of dental care is extremely detrimental to the overall well being of their disadvantaged residents. Both the Amery and St.Croix Regional Medical Centers, CESA #11 Head Start, CESA #11 Healthy Students, Healthy Staff, Healthy Schools, and the Rural Health Dental Clinic are members of the Polk County HealthWatch Coalition. Therefore, the goal of the Polk County HealthWatch Coalition – Oral Health Initiative is to actively address these concerns by providing access to dental care that is so desperately needed in Polk, Barron, Washburn and Burnett Counties, along with oral health education to be used as the foundation for healthy oral hygiene and nutritional habits.

The Polk County-Oral Health Initiative began program services in Polk and Barron Counties on January 15, 2007. The program's success has prompted requests from the school districts of Washburn and Burnett Counties to be included in this desperately needed oral health initiative. The request for the \$40,000 Rural Community implementation grant will supplement the financial support needed to cover the cost of the salaries for the registered dental hygienist and a dental assistant.

Both Polk and Barron County Health Departments have agreed to provide clinic space, utilities, and patient outreach and oral health education at no cost to this project. Five small rural hospitals in Polk and Barron County have agreed to provide oral health education and assessment at pediatric well child exams and prenatal exams, and patient outreach and referral to the Rural Health Dental Clinic for those unable to access dental care. The Rural Health Dental Clinic has dental equipment in place at the Polk County Health Department, and the Barron County Health Department, as well as a van and mobile equipment to be used to provide preventative dental services onsite at schools and Head Start centers. The Healthy Students, Healthy Staff, Healthy Schools program, along with the school nurses are very supportive of school based oral health education and preventative services and will be offering their time to coordinate both.

Problem/Need Being Addressed

Access to dental care is one of the most critical public health needs facing Wisconsin, particularly for low-income families, Medicaid recipients, and for those with disabilities.

According to the Department of Health and Family Services, only 15 percent of Barron County's 10,482 Medicaid recipients, and 23 percent of Polk County's 7,346 Medicaid recipients, were able to access desperately needed dental care. Although, both Barron and Polk County have certified dental providers, these providers have limited the number of patients they are willing to see and are refusing to take on new Medicaid recipients. None of these providers offer reduced fees or payment plans. The statistics in neighboring Burnett and Washburn are even more desperate. Both counties have a higher rate of poverty than do Barron and Polk with over 11% of their population living at or below the poverty level, and no dentists who are currently accepting new Medicaid

patients. To further exasperate the problem, there is very limited public transportation, as all of these counties are very rural in nature.

The non-profit Rural Health Dental Clinics has one of its clinic's in Turtle Lake, Wisconsin, which is near the Barron/Polk County line. This clinic provides over 3000 patient visits each year to Medicaid patients and Medicaid ineligible utilizing a sliding fee scale, but can not begin to keep up with the need. Currently there are approximately 2000 people on a waiting list in need of dental care, which is resulting in a wait time of close to two years. This clinic is making exceptions for emergency care for children and pregnant women, but is realizing the need for education and prevention to reduce costly emergency care.

There are six small rural hospitals located within these two counties, all of which have expressed their concerns with the number of patients who present themselves at the hospital emergency rooms with dental pain. Emergency room staff can only prescribe medication for pain, and in some cases, antibiotics for infections, knowing that without professional dental care, the patient will return within weeks with the same painful symptoms. Temporarily treating symptoms of oral health needs in the hospital emergency room is a costly and totally ineffective.

Dental caries (decay) is the most preventable disease affecting our children today. The U.S. Surgeon General's Report on Oral Health in 2000 found that 80 percent of children living in poverty had experienced dental caries. Two years later, the Wisconsin Department of Health and Family Services conducted a comprehensive survey that screened over 3300 third graders in Wisconsin, regardless of socioeconomic status and found that 60.1 percent had dental caries experience. 30.8 percent had untreated dental caries, and 4.0 percent were in need of emergency urgent care for dental disease. Using these percentages, in regards to the total number of elementary children in Wisconsin, one could extrapolate that as many as 14,000 children are in need of emergency dental care with no way to access this care. The consequences of dental caries can be devastating to the child and costly to restore. Dental caries cause:

- Extreme pain and infection.
- Increased risk of improper bite and loss of permanent teeth.
- Poor self-esteem.
- Speech development problems.
- Loss of school days, resulting in lower achievement in school.

Furthermore, according to Dr. Boyd Simkins, pediatric dentist at Children's Hospital of Wisconsin, approximately 2500 children have untreated dental caries so severe that it must be treated in a hospital setting; half of which require being treated under general anesthesia at an average cost of \$7000 per child. Yet, with oral health education and less than \$200 per child per year in preventative services, these expensive restorations can be prevented.

Dental access for pregnant women is of even greater significance due to its impact on both mother and child. Dental and medical professionals have known for years that mothers with dental disease pass on the dental carie causing bacteria to their infants and small children, but of major concern is the more recent research that is showing a dramatic increase in preterm births and low-birth weight babies for women with

periodontal disease as reported in the RCOG 2006 International Journal of Obstetrics and Gynecology.

As mentioned at the beginning of this section, the greatest barrier to accessing affordable prevention and education is lack of access to professional dental care. Besides the unwillingness of the dental providers to accept Medicaid patients, there is an overall dental professional shortage. The Northwest Dental Society of Wisconsin, which includes Barron and Polk Counties, reported in the 2003 Wisconsin Dentist Workforce Data, that approximately one third of the dentists plan on retiring by 2010. Unfortunately, these positions will not be filled with new dentists practicing in Wisconsin, as there just are not enough graduating dental students, and historically those who are newly entering the dental profession are locating in urban areas, not the rural northwest.

As of September 1, 2006, the State Statute HFS 105.01 (5) and (6) has been revised to allow individual certification of dental hygienists and describes preventative dental services that may be provided by hygienists in public health and school based settings, and billed for under Medicaid. The Polk County HealthWatch – Oral Health Initiative proposes to provide oral health education and preventative dental services at both Polk County and Barron County Health Departments, as well as, at each of the elementary and middle schools in these two counties. The Health Department nursing staff will outreach WIC children and Prenatal Care Coordination clients; School nurses will assist in the coordination of onsite dental services at the schools, outreaching those children who are participating in the free and reduced lunch program; and hospital staff will outreach low-income patients in need of dental care.

The public health clinics and mobile unit providing the education and preventative dental services will be staffed by the Rural Health Dental Clinic program and will also have the ability to provide emergency restorative care and patient referral for non emergency dental care.

As our state and federal governments continue to operate at a deficit, and the numbers of those requiring governmental assistance continue to grow, we as a society need to look at different options of providing health care. The capacity to provide dental services through the traditional private practice clinics to all who are in need, is no longer a viable option.

Work-plan

<p>Project Goal:</p>	<p>To increase access to dental services for low-income families in Barron, Polk, Washburn, and Burnett Counties. This goal will be accomplished by providing, one day per week, comprehensive preventative dental services, and age appropriate oral health education at both Polk and Barron County Health Departments, provided by hygiene staff from the Rural Health Dental Clinics. Also, two-three days per week, the hygiene staff, will travel to Head Start centers and elementary schools to provide preventative dental services and oral health education to children onsite utilizing mobile dental equipment. The Rural Health Dental Clinics will provide the equipment, both fixed and mobile, a van and the majority of the professional dental staff. Polk and Barron County Health Departments will provide the space, utilities, and custodial services, as well as nursing staff for patient education and outreach as an in-kind donation to the proposed project. The small rural hospitals, in the two county service area, have agreed to provide an oral health assessment and education as part of their well child and prenatal exams, and will be implementing a fluoride varnish program for children at high risk for dental caries. The school nurses at each of the Polk, Barron, Washburn, and Burnett County school districts will coordinate the ADA oral health curriculum at their schools, and facilitate the onsite dental visits.</p>		
<p>Outcome measure:</p>	<p>Patients in need of emergency dental services will have these needs met. Overall needs for emergency and restorative care will be reduced by providing comprehensive preventative dental services and oral health education.</p> <p>Research has proven that preventative dental services along with oral health education reduce the incidence of dental disease. For those individuals that are in need of urgent dental care, referrals will be made by the dental hygiene staff to a RHDC dentist immediately. For non emergency restorative care, patients will be placed on the RHDC waiting list and be given an appointment as soon as one is available. This program will show a reduction in hospital emergency room visits presenting with dental issues, and a reduction in school absences due to dental pain caused by dental disease.</p>		
<p>Objective 1:</p>	<p>Provide preventative dental services to low-income families, Medicaid recipients, and individuals with disabilities.</p>		
<p>Outcome measure:</p>	<p>Fewer patients will present themselves at hospital emergency rooms for treatment of dental disease. Children will have fewer absences due to dental pain. Low-income pregnant women will have access to dental care reducing the risk of preterm and low-birth weight births.</p>		
<p>Activity</p>	<p>Timeframe</p>	<p>Responsible Person</p>	<p>Measures and Anticipated Outcomes</p>
<p>1.1 Provision of preventative dental services to include an oral health assessment, prophylaxis, fluoride application, and sealants as indicated.</p> <p>Referrals for non-emergency restorations will be completed and appointments for emergency care will be made with the first available Rural Health Dental Clinic dentist.</p>	<p>One day per week at Polk County Health Dept.</p> <p>Referrals will be made the day of the patient visit.</p>	<p>Alicia Pannier, Reg. Dental Hygienist and Peggy Gill, Dental Assistant.</p> <p>Peggy Gill, Dental Assistant</p>	<p>Approx. 250 adults and 250 children will receive valuable preventative dental services to reduce the risk of painful and costly restorations each year.</p> <p>Patients in need of care will have the ability to access that care in a timelier manner.</p>

<p>1.2 Provision of preventative dental services to include an oral health assessment, prophylaxis, fluoride application, and sealants as indicated.</p> <p>Referrals for non-emergency restorations will be completed and appointments for emergency care will be made with the first available Rural Health Dental Clinic dentist.</p>	<p>One day per week at Barron County Health Dept.</p> <p>Referrals will be made the day of the patient visit.</p>	<p>Alicia Pannier, Reg. Dental Hygienist and Peggy Gill, Dental Assistant</p> <p>Peggy Gill, Dental Assistant</p>	<p>Approx. 250 adults and 250 children will receive valuable preventative dental services to reduce the risk of painful and costly restorations each year.</p> <p>Patients in need of care will have the ability to access that care in a timelier manner.</p>
<p>1.3 Provision of on-site school based preventative dental services at all of the Barron, Polk, Washburn, Burnett County Head Start Centers, and elementary and middle schools utilizing mobile dental equipment. (This includes 19 school districts)</p> <p>Referrals will be made for children in need of restorative care with the first available Rural Health Dental Clinic dentist or community dentist who has agreed to participate in the HeathWatch Oral Health Initiative.</p>	<p>Two-three days per week through out the school year.</p>	<p>Alicia Pannier, Reg. Dental Hygienist and Peggy Gill, Dental Assistant</p> <p>Peggy Gill, Dental Assistant</p>	<p>Approximately 50 children per school district will receive preventative dental services (assessment, cleaning, fluoride application, and sealants) reducing the risk of painful and costly restorations.</p> <p>Children in need of restorative care will receive access to that care.</p>

Objective 2:	To provide age appropriate oral health education.		
Outcome measure:	Children and adults will have a better understanding of the importance of oral health, good oral hygiene and nutritional habits. This education will improve their at home oral hygiene care and assist them in making better food choices that will reduce the incidence of dental caries.		
Activity	Timeframe	Responsible Person	Measures and Anticipated Outcomes
2.1 All patients seen for preventative dental care at the Polk and Barron Health Departments will receive age appropriate oral health education.	One day per week at both Barron and Polk County Health Dept	Alicia Pannier, Reg. Dental Hygienist and Peggy Gill, Dental Assistant	Approximately 500 children and adults will receive information on oral health and oral hygiene that will assist them in at home oral hygiene and in making nutritional choices that will help to reduce the incidence of dental carries.
2.2 All elementary and middle school children in Polk, Barron, Washburn, and Burnett County will receive age appropriate oral health education using the ADA “Smart Smile” dental health curriculum.	At each of the on site dental visits and throughout the school year as part of the school health curriculum.	Alicia Pannier, Reg. Dental Hygienist and Peggy Gill, Dental Assistant. School nurses and classroom teaching staff	Over 10,000 elementary and middle school children will receive information on oral health and oral hygiene that will assist them in at home oral hygiene and in making nutritional choices that will help to reduce the incidence of dental carries.
2.3 All Early Head Start and Head Start Children and their parents will receive age appropriate oral health and nutritional information.	At each dental visit and during parent resource meetings.	Alicia Pannier, RDH, Peggy Gill, Dental Assistant, and Head Start Staff	Over 400 Early Head Start and Head Start families will receive oral health and nutritional education information to improve their children’s oral health and nutritional habits.

Evaluation Plan

Rural Health Dental Clinic staff will track the number of patients seen, patient demographic information, preventative services delivered, and the amount and extent of restorative dental services referred. The Polk County HealthWatch, through monthly Coalition meetings will assess hospital emergency room dental visits, and monitor school absences due to dental pain. Rural Health Dental Clinic staff will discuss absenteeism with school nurses as it relates to dental problems. Public Health nursing staff along with Rural Health Dental Clinic staff will survey clients as to the public perception on the importance of oral health as it pertains to overall health, and the availability to needed dental care, as well as record patient evaluation of the care they receive through the proposed oral health initiative.

The greatest outcome of the Polk County HealthWatch - Oral Health Initiative is greater access to quality dental care that currently is very limited or not available at all. The short term outcome will allow low-income children, pregnant women, and other disadvantaged individuals to receive an initial oral health assessment, preventative dental services, treatment plan for follow-up restorative care, and age appropriate oral health education in a timely manner.

The medium term outcome will allow those needing follow-up restorative care to be referred and scheduled to an appropriate dental professional; i.e. RHDC dentist, pediatric specialist, or oral surgeon. Rural Health Dental Clinic staff will track the number of patients referred by hospital and medical clinic personnel.

The long term benefit is that with comprehensive oral health education provided and reinforced by all health partners, along with the comprehensive preventative services, individuals will develop positive oral health habits that will maintain the improved status achieved through the short term and medium term outcomes. Achieving the long term goal has many positive health and cost benefits to the individuals, their families, and to society.

Rural Health Dental Clinic director, Sharon Haugerud, and Polk County HealthWatch facilitator, Mike Rust will submit a Progress Report four months after receipt of funding and submit a Final Report 30 days after the end of the contract.

Budget

APPLICANT AGENCY NAME: CESA #11 Rural Health Dental Clinic	
	CONTRACT PERIOD 10/01/07 – 06/30/08

Polk County HealthWatch Coalition - Oral Health Initiative
DATE PREPARED/ 08/01/07

I. PERSONNEL SERVICES (by title and position)	ANNUAL SALARY RATE	NUMBER MONTHS BUDGETED	TIME AND EFFORT % HOURS	GRANT AWARD AMOUNT	LOCAL MATCH/ PROGRAM INCOME	TOTAL GRANT AND MATCH
SALARIES						
Dr. Erin Lehmann (\$55/hr)	\$114,400	8 months	10%	\$.00	\$ 7,665	\$ 7,665
Dr. Patrick Liedl (\$55/hr)	\$114,400	8 months	10%	.00	\$ 7,665	\$ 7,665
Alicia Pannier, Dental Hygienist (\$26.19/hr)	\$ 54,467	8 months	60%	\$ 21,895	\$.00	\$21,895
Peggy Gill, Dental Assistant (\$16.07/hr)	\$ 33,424	8 months	80%	\$ 7,600	\$ 10,315	\$17,915
Cathy Fox, Dental Assistant (\$16.07/hr)	\$ 33,424	8 months	10%	\$.00	\$ 2,240	\$ 2,240
School Nurse (2 hr/wk \$25/hr @ each school)	\$ 52,000	8 months	5%	\$.00	\$ 1,740 *	\$ 1,740
Public Health Staff (2 hr/wk \$25/hr) X 2 counties: Polk and Barron	\$ 52,000	8 months	10%	\$.00	\$ 3,480 *	\$ 3,480
Hospital Nursing Staff (1 hr/wk) X 6 hospitals (\$25/hr)	\$ 52,000	8 months	15%	\$.00	\$ 5,225 *	\$ 5,225

Sharon Haugerud, Director (2 hr/wk 421.26/hr)	\$ 42,510	8 months	5%	\$.00	\$ 1,425	\$ 1,425
FRINGE BENEFITS (48%)				\$ 10,505	\$ 22,730	\$33,235
<u>TOTAL CATEGORY I</u>				\$ 40,000	\$ 62,485	\$102,485
II. CONSULTANT AND CONTRACTUAL						
Oral surgery and pediatric services for MA ineligible and uninsured income eligible				\$.00	\$ 5,000	\$ 5,000
<u>TOTAL CATEGORY II</u>				\$.00	\$ 5,000	\$ 5,000
III. PROGRAM SUPPLIES						
Supplies for all clinics to include, consumables, dental materials, x-ray film and developer, instruments, hand pcs., lab materials, patient education & office supplies				\$.00	\$ 8,000	\$ 8,000
<u>TOTAL CATEGORY III</u>				\$.00	\$ 8,000	\$ 8,000
IV. PROGRAM OPERATIONS						
Staff Travel (onsite school visits, 100/wk@ \$.50/mi.)				\$.00	\$ 1,700	\$ 1,700
Book Keeping, Clerical, Audit				\$.00	\$ 2,000	\$ 2,000
Equipment: 2 operatories at Polk and Barron Co. Health; 2 mobile operatories; van				\$.00	\$ 80,000 *	\$ 80,000
Rent and utilities for clinic space at Barron and Polk Co. Health \$1000/mo/site				\$	\$ 8,000 *	\$ 8,000
Telephone				\$.00	\$ 800 *	\$ 800
<u>TOTAL CATEGORY IV</u>				\$.00	\$ 92,500	\$ 92,500
TOTAL ALL COSTS CATEGOROEES I- IV				\$ 40,000	\$ 167,985	\$207,985

TOTAL INCOME			
Wisconsin Rural Hospital Flexibility Program	\$40,000		
Program Income (Medicaid reimbursement)	\$68,740		
Coalition Member Inkind *	\$ 99,245		
Total Program Income and Inkind	\$207,985		
Total Program Cost	\$207,985		

Budget Narrative

The Rural Communities Grant Program award will be used to pay the salary and fringe of a dental hygienist and a dental assistant, who will provide age appropriate oral health education and preventative dental services one day per week at Polk County Health Department, one day per week at Barron County Health Department, and one day per week at elementary schools and Head Start centers. The salary and fringe of the other dental staff will be covered with program income received through Medicaid billing of dental services provided. Four hours per week of dental time has been set aside to manage urgent care needs of patients seen and referred by the dental hygienist. All other patients in need of non-emergency dental restoration will be seen through one of the three Rural Health Dental Clinics or Marshfield's federally qualified healthcare dental centers as appointments become available. In-kind staff time from hospital nursing staff, public health nursing staff, and school nurses will be used to outreach patient services, as well as provide oral health education.

Medicaid program income will be used to cover the costs of specialty services such as oral surgery or pediatric services that may be needed, but not covered by Medicaid. This line item will also be used to assist those who are Medicaid ineligible, but fall below the federal poverty income guidelines.

Medicaid program income will be used to purchase consumables supplies that are purchased in bulk order through the non-profit Rural Health Dental Clinic which receives discount rates with many of the dental vendors.

Staff travel will also be covered with Medicaid program income to cover the cost of transporting the mobile dental equipment to the schools and Head Start centers. The van and the mobile equipment are an in-kind donation to the Polk County HealthWatch – Oral Health Initiative, as well as the dental equipment that will be used at the “fixed” site dental clinics in each of the Health Departments in Polk and Barron County. Each County Health Department has designated three rooms each for the operations of the dental project. The space, utilities, phone, and custodial services are an in-kind donation to this project.

CESA # 11, the fiscal agent for the Rural Health Dental Clinic, has agreed to handle all book keeping and clerical responsibilities since procedures and accounts are already in place with dental vendors and Medicaid processing.

An independent fiscal audit will be conducted annually as part of an ongoing process at CESA #11, and the cost of the audit will be covered by the Rural Health Dental Clinic's overall budget.

The Rural Health Dental Clinics are funded by a variety of local, state and federal agencies that also require evaluation and periodic program reports. The additional services provided under the proposed Polk County HealthWatch – Oral Health Initiative will be included in these reports, as well as easily broken down and reported on as an individual program using evaluation and reporting formats already in place.

The Polk County HealthWatch Coalition members will continually seek and apply for funding support from local foundations, and state and federal grant opportunities to assure sustainability of the Oral Health Initiative. The Rural Health Dental Clinic is a Medicaid Certified provider and will bill for services rendered to Medicaid eligible recipients. RHDC will also seek and apply for local, state, and federal funding opportunities, as well as negotiate discount pricing with dental vendors for consumable dental materials. RHDC will continue to collaborate with community private practice dental providers in securing gratis and discount urgent dental care and continue to work with the State Office of Rural Health to provide clinic experience for dentists wishing to participate in the Loan Forgiveness Program.