



Grant Report on Oral Health Funding

2008

The Health Care Foundation of Greater Kansas City (HCF) committed approximately \$1.5 million to support 12 oral health projects in 2008. These programs provided direct services to approximately 4,755 people with limited access to dental care, including more than 1,595 children, in HCF's six county service area.

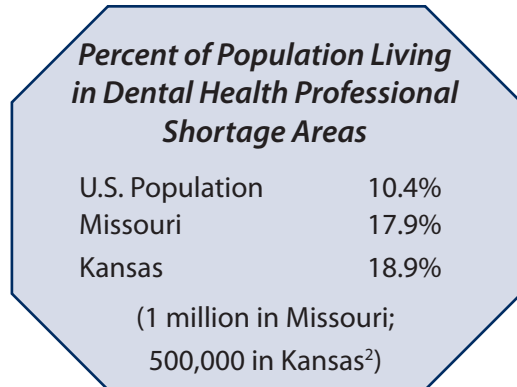
Grantees reached over 2,500 people through outreach services, which included trainings and distribution of instructions for appropriate oral health self-care.¹

HCF's leadership in improving oral health in the Greater Kansas City region is multi-faceted and ongoing. In addition to the 12 projects reviewed in this evaluation, HCF has been an active partner in "Project Ready Smile," a regional multi-year oral health initiative led by the REACH Healthcare Foundation. The purpose of Project Ready Smile, established in 2007, is to reduce the incidence of dental disease in poor children entering kindergarten. HCF provided \$335,000 to this initiative from 2007 to 2009.

¹All numbers reported are estimates for two reasons: 1) 8 of the programs were still in progress and 2) grantees were not consistent in the way they reported number of services and individuals served. Estimates are conservative.

ORAL HEALTH

Oral health is an important aspect of overall health and wellbeing. Access to dental care, particularly for uninsured and low-income families, is very limited in Missouri and Kansas. This is due, in part, to a shortage of dentists.



In a national survey, Missouri ranked as the 43rd worst state in terms of percentage of people who had not seen a dentist in the past year (40 percent of Missourians). Kansas ranked 33rd.³ Poor access to dental care translates into poor oral health statistics for children. Over 50 percent of Missouri and Kansas children have dental caries by the time they reach third grade.⁴

Oral health statistics for HCF's six-county service area do not appear to be any better. Four of the six counties (Jackson and Lafayette in Missouri and Wyandotte and Allen in Kansas) are defined as Dental Health Professional Shortage Areas.

²Kaiser State Health Facts. Accessed online 4/19/10 <http://www.statehealthfacts.org/ind.jsp?sub=156&rgn=27&cat=8>. Dental Health Professional Shortage areas are designated by Health Resources and Services Administration (HRSA) and generally have a low number of dentists based on population or have other specified barriers to accessing dental care.

³Kansas City, Missouri Health Department, Community Health Assessment 2009, October 2009 and Radakovick R et al. Accessed online at <http://www.kcmo.org/idc/groups/health/documents/health/dentalhealth09.pdf> 4/19/10.

⁴Hembree, Jessica. Oral Health Policy in Kansas and Missouri. Health Care Foundation of Greater Kansas City. Accessed online 4/19/10 at [http://www.healthcare4kc.org/uploadedFiles/Resources/OralHealthWhitePaperforweb\(1\).pdf](http://www.healthcare4kc.org/uploadedFiles/Resources/OralHealthWhitePaperforweb(1).pdf)

⁵US Department of Health and Human Resources, Health Resources and Service Administration, Health Professional Shortage Areas. Accessed online 4/18/10 at <http://bhpr.hrsa.gov/shortage/>

⁶Kansas City, Missouri Health Department, Community Health Assessment 2009, October 2009 and Radakovick R et al. Accessed online at <http://www.kcmo.org/idc/groups/health/documents/health/dentalhealth09.pdf> 4/19/10.

⁷Ibid.

⁸Health Affairs, Volume 27, Number 1

Access to dental care for low-income Kansas City children is particularly limited.⁵ Only 15 percent of dentists in the Kansas City region accept Missouri's public health insurance option (MO HealthNet).⁶

Lack of access to dental care and preventive services often leads to more serious dental conditions. Individuals may turn to emergency rooms to address them when other non-emergent options are limited.

The Kansas City Health Department has reported that dental complaints were the 6th leading cause of emergency department visits in Kansas City in 2007.

Dental complaints accounted for \$6.9 million in emergency department services from 2001 to 2006.

While all other types of emergency department visits remained stable during this six year period, the trend for visits due to dental issues increased.⁷ These data indicate that the need for dental services continues to increase in the Kansas City Metro region.

Despite the high need for services, dental care garners relatively little attention from policymakers and grantmakers. Foundation giving for dental education and care totaled \$55 million in 2005, a mere 1.6% of total health grant making.⁸

DEMOGRAPHICS

Most grantees identified their target populations in terms of access to services and age. All grantees targeted their programs to low-income, uninsured, underinsured populations with limited access to dental care in the Greater Kansas City region.

Ten of the twelve grantees targeted children for oral health care. Most grantees integrated parents/caretakers into programming through outreach including distribution of dental hygiene instructional materials and information about how to access dental services for their children. One also extended direct dental services to the parents/caretakers.

Three grantees noted a high proportion of either Spanish speaking clients or clients with Limited English Proficiency and included plans to provide translation and/or culturally appropriate dental care services.

Two grantees identified older adults as either a primary or secondary target population. One grantee provided a Denture Program, and the other provided dental services to local nursing homes. Another grantee targeted specific adult populations (the working poor, mentally ill, disabled, and racial and ethnic minorities) in addition to low-income and underserved children in the Greater Kansas City Area.

The 2008 grantees' services appear to be highly concentrated geographically in the Kansas City Metropolitan area, Jackson County (MO) and Johnson County (KS). One project, however, targets Allen County, KS, and another is open to all Missouri and Kansas residents, in recognition of the dental health service shortage at the bi-state level. Cass County appears to be the only county that is not specifically served by one of the twelve grantees.

TYPES OF ORGANIZATIONS

The 2008 oral health grantees represent an extraordinarily diverse group of service organizations. One of the most remarkable features of this HCF funding cluster is that none of the 2008 grantees is exclusively (or even primarily) a dental clinic, and only two have institutional missions of improving oral health. The fact that non-oral health care providers are attempting to fill this gap reinforces the gravity of the oral health service shortage in the region.

These organizations might be considered particularly resourceful, ambitious, and knowledgeable about their client's needs to take on an unfamiliar programming area (or an area that is not necessarily their main mission). The two organizations with oral health missions are unique resources for the Kansas City region.

Child Care, Afterschool Care, School-Based Programs.

Three grantees are providing dental services through child care, afterschool care, and school-based programs. Cristo Rey Kansas City High School is providing dental services and dental hygiene information to high school students as part of a comprehensive health program that also features healthy eating, exercise and mental well-being.

Operation Breakthrough, which provides child care for preschoolers and school-aged children to low-income families, is expanding its dental program from preschoolers to school-aged children and to the parents/caretakers of the children. Mid America Regional Council Community Services Corporation is extending dental services to preschool children in four Head Start programs.

Health Clinics

Four of the grantees are health care clinics that provide comprehensive health services to low-income, uninsured, underinsured and underserved populations. These grantees are either adding new or expanding existing dental services within their health centers. These include: Community Health Center of Southeast Kansas, Inc.; Seton Family and Health Services; Kansas City Free Health Clinic; Mercy & Truth Medical Missions, Inc.

Charitable Non-Profits

Three of the grantees are charitable non-profits. Catholic Charities of Kansas City-St. Joseph has a broad mission to serve the poor and needy. Through its HCF grant, it is offering a Denture Program, primarily to low-income elderly.



Catherine's Place (now called ReDiscover) provides a homelike environment for women recovering from drug and alcohol addiction and their children. Through their HCF grant, they intended to provide dental services to women and children residents.⁹

ArtsTech serves at-risk youth by supporting their artistic, technological and entrepreneurial endeavors. Through their HCF grant, ArtsTech developed a comic book on oral health and provided some direct services to youth through the Kansas City Missouri School District.

⁹Catherine's Place properties and services were purchased by ReDiscover while it was a 2008 HCF grant recipient. ReDiscover found that it could provide oral health services to residents most efficiently through its already existing infrastructure. ReDiscover redirected the HCF funding to other activities, while maintaining the oral services in Catherine's Place original HCF proposal.

¹⁰These estimates are based on grantees projected budgets.

Organizations with Oral Health Missions

Smiles Change Lives is a national non-profit association with a mission of providing treatment to youth with medically severe malocclusion. The local chapter was able to expand the number of youth treated through its HCF grant. The Roy J Rinehart Foundation is associated with the UMKC School of Dentistry and used its HCF grant to develop a marketing campaign targeting local leaders for improved oral health policy and a campaign for consumers based on extensive evaluation and research.

BUDGET¹⁰

The 12 grantees depended heavily on HCF to pay for staff positions. Approximately \$803,000, or 53% of all HCF funds for the 2008 oral health programs, was budgeted to pay for salary and benefits. Although this is a high proportion of the funding allocations, it is actually much lower than other 2008 HCF funding clusters. An evaluation of HCF domestic violence grantees, for example, showed that over 80% of HCF funding was budgeted for staffing.

The grantees spent \$494,000 (or 33%) on "Other Direct Expenses." Some grantees classified direct payments for dental services in this category. One grantee, for example, reported spending \$40,000 on its Special Needs/Indigent Fund, which paid for dental clinic treatments for serious children's cases, low-income, mentally ill, disabled and homeless patients. Another grantee spent over \$53,000 in direct dental services for children. "Other Direct Expenses" also covered contracted services for marketing plans, research, development of information materials, rent, travel, and professional and malpractice insurance, etc. Compared to overall HCF funding, 33% is a large amount to be spent on other direct expenses, but is necessary due to the high cost of restorative care such as braces and dentures.



PARTNERSHIPS

The real challenge for some of the 2008 oral health grantees appeared to be securing and retaining dental health professionals, whether on a paid or volunteer basis, to staff their dental programs. Anecdotally, one grantee lost a dentist due to frustration with the length of time and complexity of setting up a new dental program. A second grantee was struggling to find dental health care professionals that could schedule late afternoon and evening hours. A third grantee noted demand for services getting too high for their one full-time dentist.

One significant source of dental health professionals and collaboration is the University of Missouri Kansas City School of Dentistry and the UMKC School of Dental Hygiene. The UMKC School of Dentistry collaborates with four of the 2008 grantees.

The school provides direct dental services on-site at the grantees' facility or at the School. One grantee is a teaching site for both the School of Dentistry and the School of Dental Hygiene, and one grantee staff dentist has faculty privileges at the School of Dentistry. The School of Dental Hygiene also provides services directly to two grantees.

SERVICE DELIVERY

One striking feature of the 2008 oral health grantees is the nearly universal approach of integrating oral health services into already existing services for low-income and underserved populations. On the whole, grantees seemed committed to addressing poor oral health in a comprehensive manner because of its impact on whole body health and chronic health care conditions.

One of the four clinic grantees, for example, integrated oral health care into both its general medicine program and its HIV Primary Care program. This clinic intentionally decided to accept a smaller number of new oral health patients in order to ensure that existing general medicine and HIV Program patients received integrated medical and dental services.

A school-based program integrated oral health (outreach and referrals for children with immediate oral health needs) into a larger wellness program that included improving diet and nutrition, physical activity and mental health. A large childcare facility for pre-school and school-aged children integrated dental services into a facility for its children and their parents, combining the concept of a holistic approach to oral health and the concept of the family-based oral health service delivery.

Creativity is evident in each of the examples above but does not end there. One 2008 grantee developed a comic book on oral health that included youth input and successfully distributed it to over 1,500 students. A software company donated its patient tracking system and training time to another 2008 grantee. This grantee thanked the company by creating a book telling the story of the software company's donation and presenting it to them publicly at a national professional conference.

Yet another grantee is developing a protocol with local schools so that children who receive dental services during school hours can be transported to school and excused for being late. A final grantee launched a comprehensive research and evaluation effort to develop targeted marketing campaigns geared towards local leaders with the goal of affecting oral health policy as well as oral health marketing campaigns for consumers.

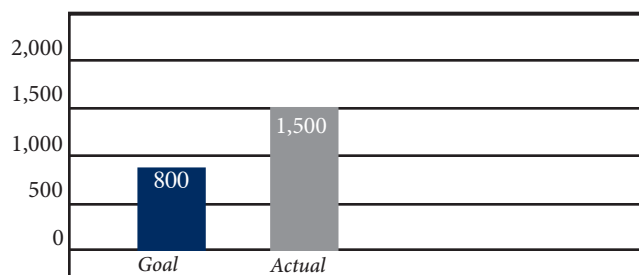


OUTCOMES

2008 grantees were able to achieve and exceed many of their program goals in terms of amount of services provided, training, and outreach.

Cristo Rey is providing dental services and dental hygiene information to high school students as part of a comprehensive health program that also features healthy eating, exercise and mental well-being. Cristo Rey had a goal of distributing oral health educational materials to 800 students and nearly doubled their goal.

Cristo Rey Oral Health Education Distribution



Cristo Rey also had a goal of 150 dental exams for children and was able to achieve 184.

Another grantee was able to reach its goal of providing 400 low-income children with dental health services by expanding oral health services in its comprehensive health clinic.

Two grantees were on track to reach their goals in terms of the number of oral health services provided but proposed budget shifts in order to reach more clients. One grantee who was expanding services for Head Start children had originally requested HCF funds for transportation. After noting a low demand for transportation, the grantees asked to shift those funds to pay for direct dental services for 238 more uninsured children.

Two grantees provided slightly fewer dental services than originally planned. Even so, one of these two provided 7% more dental services in 2008 than in the previous year. This grantee is a health center and its main goal was to deliver comprehensive dental and medical services together. The organization intentionally decided to take more time with fewer patients to achieve this.

The grantee with the denture program noted that the length of treatment was longer than anticipated because of the need to provide pre-denture treatments. Another started a new dental clinic and was performing very well for a new staff. It was on target to reach its goals in the long-term and was only slightly behind in the short-term.

Two programs were behind their intended goals but appeared to be on track to achieve them in the long run. These two programs had no prior experience with oral health and were challenged to find dental health professionals to staff their programs.

One of these grantees had arranged the purchases necessary to set up new dental operatories, but the supplier delayed delivery of equipment. This setback caused them to lose their dentist, which again delayed their progress. They now have the dental operatories in place and are working on staffing and credentialing issues. The other program had intended to develop new dental services within a residential treatment facility but found it easier to treat residents through already existing channels. This program also had institutional and leadership changes.

CHALLENGES, BARRIERS AND LESSONS LEARNED

2008 grantees identified several challenges, barriers and lessons learned. Most had already identified strategies for addressing the challenges and barriers that were within their control.

High Demand and Waiting List for Services

Six grantees noted that the demand for oral health services was higher than their capacity to provide them. This was the most commonly cited challenge listed by the grantees.

- **One grantee turned away an average of 50 calls per week.**
- **Another asked HCF for a budget shift to cover 298 uninsured children on their waiting list who still needed dental services.**
- **Another noted that they had originally targeted for 5-8th graders, but school nurses asked them to extend services to Kindergarten through 4th graders.**

Importance of Refining Programs after Interim Review

Five grantees were able to refine their programs after interim reviews. Two programs realized that they had over budgeted for transportation services and requested that the budget be shifted to cover more services. Two others realized that they needed to invest more time per patient. To accomplish this, one grantee limited number of patients but expanded time per patient, and another extended the length of time (in months) per patient. The last program determined that it was better able to provide dental services to its clients through an alternative, already existing program than through the project proposed to HCF.



System of Care

Four grantees noted that establishing good systems of care (such as protocols for scheduling appointments and appointment reminders, staff ratios, data entry etc) is critical to improved quality outcomes and reducing no-shows, the number of patients who do not show up for scheduled appointments. Each had developed protocols to maximize efficiencies and reduce no-shows.

Social Marketing

Social marketing was identified by three grantees as an important aspect of increasing public awareness and changing behaviors vis-a-vis oral health. Framing messages appropriately for segment audiences and defining specific outcomes was the key for one grantee. Developing culturally appropriate and age appropriate materials were also important.

Eligibility Criteria: Medicaid and Geography

Two grantees noted that using Medicaid as an eligibility criterion for their programs was not always effective. One grantee reported that they had a list of 211 people who were in need of services but were not eligible for Medicaid. Another grantee reported that families fluctuate in and out of qualifying for Medicaid, so it was difficult to determine who was eligible for services.¹¹

¹¹This grantee is working with the Missouri Department of Social Services to use a Medicaid database (EMOMED) to do better job determining eligibility.



Parent Education and involvement

Two grantees noted that educating parents in addition to children was critical and challenging. It was also challenging for one grantee to get parents to complete release forms.

Difficulty Finding Dental Health Professionals

Two grantees expressed difficulty finding dental health professionals to staff their programs on a paid or volunteer basis. One of the two was having particular difficulty finding dental staff

for late afternoon and evening hours. (Several of the grantees mentioned securing dental health professionals on a volunteer basis or through other providers such as UMKC School of Dentistry.)

Policy and Systemic Change

One grantee was specifically addressing the need for policy and systemic change by engaging local leaders in the discussion of oral health. This grantee prioritized the need to change the message that parents are the only ones responsible for children's oral health, so that public education can target leaders and policy makers in addition to parents.

For more information on the shortage of oral health providers, please read HCF's Oral Health White paper, located on its website - www.healthcare4kc.org- under Policy Spot, then Research and Analysis.

APPENDIX

In this report, 12 oral health projects funded by the Health Care Foundation of Greater Kansas City in 2008 are reviewed as a comprehensive funding cluster. Four of the projects were completed by the time of this study and were reviewed based on their Final Project Reports. Eight were still in progress and were reviewed based on their most recent Interim Reports. The projects included in the report are listed here:

COMPLETED PROJECTS

- ArtsTech, Flash 20/12 N-Your Super Grill
- Community Health Center of Southeast Kansas, Inc, Allen County Dental Clinic
- Seton Family and Health Services, Project Hope 2008
- Kansas City Free Health Clinic, General Medicine and Dental Care

PROJECTS STILL IN PROGRESS

- Catholic Charities of Kansas City - St. Joseph Inc., Project title: Catholic Charities Community Denture Program
- Cristo Rey Kansas City High School, Cristo Rey Kansas City Physical and Mental Health Program and Central City Catholic Schools Health Program
- Catherine's Place (Rediscover), Direct Access Plus
- Virginia Brown Community Orthodontic Partnership
- Smiles Change Lives, Bracing KC Kids for a Better Future-Bracing SCL for Increased Capacity
- RJ Rinehart Foundation, Planning for Oral Health Awareness Campaign
- Operation Breakthrough, Inc, Oral Health Program
- Mid America Regional Council Community Services Corporation, Healthy Kids Do Better in School
- Mercy & Truth Medical Missions, Inc., Smiling in Raytown