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Dental Care That Changes Lives

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Special Committee on Health Care Access School-Based Oral Health Care as Best Practice

Unfortunate facts about oral health in children:

- The Center for Disease Control has identified children's dental caries the most common childhood diseases.
- The primary cause for school absenteeism in most school districts is dental pain.
- Screening by Columbia St. Mary's in Milwaukee schools over the past 5 years has shown that up to 75% of screened children had untreated dental caries.

Solutions exist to address this crisis in dental care access. Public health entities such as the Center for Disease Control and the Wisconsin Department of Health and Human Services have identified school-based oral health as a science-based best practice to improve oral health.

In Milwaukee, the Columbia St. Mary's (CSM) Smart Smiles Program has implemented a model of school-based oral health that won the Office of Minority Health Promising Practice Award in 2009. The Smart Smiles model provides a dental assessment followed by dental hygiene prophylaxis (cleaning), fluoride treatments, oral health education and children's dental sealants. Each of these is critical to help children avoid dental caries and improve school attendance and performance. In the 2009-2010 school year, Smart Smiles served 4,048 children in 38 schools in Milwaukee. More than 20,000 sealants were placed and we estimate that at least 4,800 cavities were averted, avoiding more than \$500,000 in needed dental treatment. Most of the children seen have BadgerCare coverage; but are unable to receive care in dental offices due to reimbursement levels that are not attractive to private practice dentists.

With a special federal grant through Health Resources Service Administration (HRSA) through Milwaukee Public Schools, Smart Smiles will expand to serve 6,000 children using this one-time funding in the 2010-2011 academic year. The service is provided by a team involving one hygienist and two dental assistants. Six teams will be required to provide the service to 6,000 children. CSM is willing to expand the model of service as long as it is financially sustainable from year to year. In order to make the model sustainable, two things would be required.

- Special funding to provide the \$30,000 per team needed for mobile dental equipment; patient chairs, operator chairs, compressors, lights, curing lights and dental instruments.
- Advantaged funding for school-based oral health to support the logistical and management requirements for additional teams operating in different schools and completing billing and record keeping required for revenue. A school-based reimbursement incentive would help overcome the logistical challenges that bring service directly to children most in need. An increase for procedures provided in school-based settings would provide ongoing funding needed.

The ongoing issue of low levels of reimbursement for dentists through BadgerCare and similar programs must be addressed for long-term improvement in dental care as well as preventive oral health care. Even with an improved level of reimbursement for all dentists, however, school-based oral health will have a role to play in an accessible health system.