



***PA 161: Public Dental Prevention Program
2012-13 Annual Report
October 2012- September 2013***

Data Collection Results:

October 1, 2012- September 30, 2013

Data results compared to 2011-2012 report year
Average of 52 programs for this time period. As of
October 1, 2013 there were 51 programs, 92
supervising dentists and 192 dental hygienist
providers.

99% reporting rate for this data collection year, with
all programs sending in information for at least 3
quarters; only one program with no activity for all 4
quarters

6 programs expired in this period

5225 adults screened; increased by 990

4815 adult prophys; increased by 847

29,626 children screened- increased by over 1000

20,784 child prophys; increased by 929

6209 children received sealants; increased by 409

19,807 sealants placed; increased by 1442

25,382 fluoride varnish applications

566 other fluoride applications

16,792 referred for dental treatment

Introduction:

The Michigan Department of Community Health Oral Health Program (MDCH-OHP) administers the PA 161: Public Dental Prevention Program (PA 161 Program). This program permits a collaborative practice between dental hygienists and dentists so that preventive oral health services can be performed on underserved populations in the State of Michigan. Through approved applications, public and nonprofit agencies can utilize dental hygienists to administer preventive services to those in the state most in need of oral health care.

This report highlights the Michigan Department of Community Health (MDCH) PA 161: Public Dental Prevention Program for the period between October 1, 2012 and September 30, 2013. As of October 1, 2013, there were 51 approved programs with 92 supervising dentists and 192 registered dental hygienists as service providers. Six programs had expired or discontinued. One program had no PA161 activities by the end of the year reporting date. A Program Directory, updated monthly, listing program names and a contact person is available on the MDCH-OHP website: www.michigan.gov/oralhealth

Data Collection:

As of August 2009, programs are required to submit quarterly data information on their PA 161 program activity to the MDCH Oral Health Program (OHP). Programs are informed of this required data collection requirement as their applications come in for renewal (every two years) or for a new submission.

Out of the current 51 programs approved, all but one had some activity data to report. All programs but one, reported in for the final quarter. The programs only submit the data report if there is any PA 161 program activity for the reporting period. If no PA 161 program activity was performed during that time period then an e-mail or note stating “No Activity” is submitted and this information is recorded on the MDCH data base for that time period.

The Data Report Form was set up as a Word document table with site descriptions and populations labeled horizontally and services performed along the vertical axis. There was also room for “other” populations, sites or services not listed with the reporting agency to describe the “other”. The agency name, date range of collected data, date of form submission, contact person and contact phone number are requested on the form as well. The Data Report Form has been revised for the 2013-14 reporting period to an Excel spreadsheet for easier tracking purposes and individualized for each program.

For adults seen, a little over half (2558) received services in a “Public Health Agency, FQHC or Community Clinic”. Often these clinics have the services of a dentist on a limited basis and this allows the dental hygienist to perform a screening, prophylaxis and other preventive services before the dentist examines them.

There were only 52 adults recorded as having a screening in a long term care or nursing facility. In determining future settings for access to care, this data supports the need for prevention services at these settings and a strong indicator that additional PA 161 programs are needed at these facilities.

There were 984 “Underserved, Unassigned Adults” seen but the setting was not marked. There were 286 Migrant Farm Worker adults seen, 10 adults seen in a Juvenile Home setting, 74

persons with developmental disabilities and 473 adults listed for screenings provided under “Other” setting.

For children, the majority were seen in a school based/school linked program, (17,928), with the second largest group being seen in Head Start settings, (6285), and the third in dental clinics, (1783). There also were 1430 children screened at Migrant Farm Worker settings, 193 at a Juvenile Home setting, 214 through a DDS or RDH School Outreach Program, and 1315 children screened at “Other” settings. Offering services directly to children at the facility where they spend the most daylight hours appears to be the best avenue for care through a PA 161 program. This year the amount of children seen through school based programs and Head Start programs increased significantly and children seen in a Public Health clinical setting was reduced.

Providing dental prophys, placing sealants and fluoride varnish on high risk children/adults has been proven to be one of the most effective preventive public health practices for preventing decay. There were 20,784 dental prophys provided to children, most often in a school based or Head Start setting. The majority of adult prophys were indicated as being in the community clinic setting. A large number of prophys provided to adults was also included under “Underserved” or “Other” (1367). Some of these settings included health fairs, churches, mobile facilities, etc.

Dental sealants were placed on 6209 children with a total of 19,807 dental sealants placed. This is an increase of 1442 sealants provided from last year. It includes 15,552 1st molars and 2586 2nd molars sealed.

Fluoride varnish applications were also provided more often than other topical fluorides, with applications totaling 25,382, most often in school based and Head Start programs. Fluoride varnish applications continue to be the topical application of choice, with only 566 other topical fluoride treatments provided.

The purpose of a PA 161: Public Dental Prevention Program is to provide preventive dental services to children and adults who do not have access to traditional dental care. All programs should have a referral source that they can direct patients for needed care. The OHP requested that the PA 161 programs keep track of how many people screened were referred for needed dental treatment. From the 2013 reports, 16,792 people were referred to dental offices or clinics for needed care. This is actually down from last year by almost a thousand. While it is more difficult to track if the patient received the needed care, 3101 were reported as receiving care. This number is also less than in 2011-12. While this may be due to having less PA161 programs providing services, it may also have to do with programs not making this measure a priority for tracking purposes.

PA161 Advisory Committee:

An Advisory group meeting was held on November 7, 2012 with the mission to “describe the program evaluation process, seek partner collaboration and input toward the administration of

the program.” Charlotte Wyche, the OHP Evaluator, described the use of a survey to acquire feedback on the current management of the PA161 program through MDCH. Surveys were sent out November 9 with end date in December 2012. (See Evaluation heading below for results).

Also discussed at this meeting was a U of M dental student project- a survey to dental, dental hygiene students and faculty as to their knowledge on the PA 161 of 2005 law and the PA161: Public Dental Prevention Programs. A variety of other topics was also discussed such as teledentistry, promotion and program development, the Second pair of hands law, home settings for PA161 programs, and advertising for PA161 program.

As of May 2013, the Advisory Committee was dissolved. Due to a 2009 Executive Order, advisory committees were abolished under a directive from then Governor, Jennifer Granholm. The Oral Health Program is reviewing options on how to garner input from stakeholders on future PA 161 program activities.

Application:

An update to the application was completed in September 2011. This form was standardized through the MDCH Forms system. The application is now in a standard MDCH form in an easy to fill out PDF format. The Step by Step Guidelines are being revised to accommodate the application. It is currently available on the MDCH-OHP website: www.michigan.gov/oralhealth

- Support letters for referrals are recommended but not mandatory
- Required documents now include “Protocol for Child/Elder Abuse Reporting”
- The Data Report Form is presented as a separate document to the application.
- Each supervising dentist and all dental hygienists need to read and sign their own copy of the required supervision points
- Future plans to update the application again will be reviewed in Spring 2014

Accomplishments:

- 99% of the programs have returned usable data compared to 92% from 2011-12 reporting year
- 29,626 children and over 5000 adults were screened for oral disease, an increase over one thousand individuals from the previous year
- Over 19,000 dental sealants placed compared to 18,000 in 2011-12 and over 25,000 fluoride varnish applications
- PDF formatted application that remained standard throughout reporting year and posted on website
- Program Directory posted on website monthly
- Data Report Form posted on website with all agencies except one reporting data

Evaluation:

An evaluation plan was initiated with input from the Advisory Committee. A survey instrument was developed to assist in evaluation of the program and was sent to PA 161 programs. Future plans will include evaluation of individual PA161 programs. The Oral Health Program continues to administer the program with limited resources in funding and staff support.

Survey Key Results:

Title: Public Health Administration Quality Improvement Project

Kathy Yee, an intern, from U of M, assisted in the development of the survey and the final report. SurveyMonkey was utilized and sent to all contacts for each PA161 approved program.

Key results:

- The majority of agencies were independent non-profits at 34% with FQHC at 32%
- Overall, 88% the participants agreed with the PA161 application process
- 90% of respondents were satisfied with the quarterly reporting process
- 88% reported utilizing the OHP website for PA161 information
- 95% of respondents were satisfied with the assistance of OHP staff regarding the application process

For questions or comments on this report or the PA 161 Program, please contact:

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