

PA 161: PUBLIC DENTAL PREVENTION PROGRAM

2013-14 Annual Report October 2013-September 2014

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Introduction:

The PA 161: Public Dental Prevention Program, administered by the Michigan Department of Health and Human Services has been collecting program data since August of 2009. Since then, thousands of underserved children, elderly and other populations have had oral health screenings and received preventive services by dental hygienists throughout the State of Michigan. Over the last five years, a total of 159,743 adults and children have been screened, with 738,044 services being provided. These populations normally would not have been able to receive oral health services, nor have an opportunity to obtain simple preventive procedures without visiting a dental office, or local dental clinic. This success has been achieved by allowing dental hygienists associated with a program administered by a Public Health Department, Community Clinic, Federally Qualified Health Center (FQHC), or other non-profit organization to go out into the community and provide oral health education and preventive services via remote supervision by a dentist.

This report highlights the Michigan Department of Health and Human Services (MDHHS) PA 161: Public Dental Prevention Program for the period between October 1, 2013 and September 30, 2014. As of October 1, 2014, there were 51 approved programs with 90 supervising dentists and 212 registered dental hygienists as service providers. Two programs expired or were discontinued. One program is on hold. Two programs had no PA161activities by the end of the year reporting date. A Program Directory updated monthly, listing program names and a contact person is available on the MDHHS 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 MDHHS Oral Health Program (OHP). Programs are informed of this data collection requirement upon application approval and also as their applications come up for renewal (every two years).

The Data Report Form is set up in an excel spreadsheet for easy tracking purposes. Each program has an individualized Data Report Form that includes site descriptions and populations labeled horizontally. The services performed are lined along the vertical axis. Each column and row is tallied for each quarter, with a grand total following the fourth quarter. Quarterly reports are due by the 15th of January, April, July and October. 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 MDHHS data base for that time period.

Data Results:

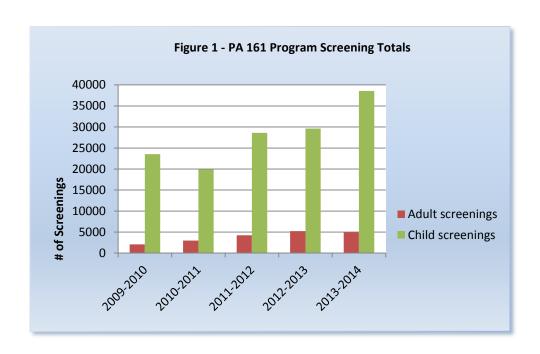
This report will include data from all previous years dating back to August of 2009. The purpose of this study is to report the year end totals for 2013-2014 and analyze the difference and the combined success of the past five years activity of the PA 161 programs.

Reporting

Out of all of the PA 161 programs each year, the majority of programs submit reports. In the past five years, over 91% of the programs have submitted data. The greatest success of submission was in the 2011-2012 year with 97% and the lowest success rate in 2009-2010 with only 61% of the programs submitting data. This demonstrates how much more compliant the PA 161 programs have become in the last few years with supplying the data. Please see **Appendix A** for a list of specific data from each year.

Screenings

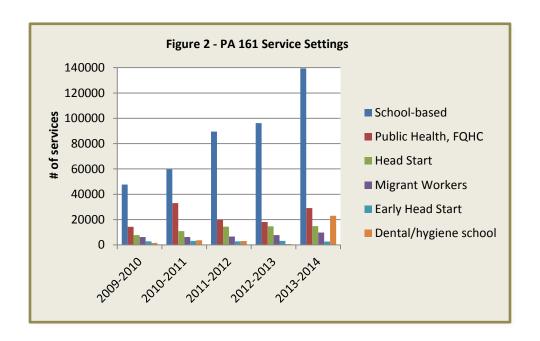
Adults and children recorded as having oral screenings has generally increased over the past five years. As you can see below in **Figure 1**, thousands more children have been screened than adults, this demonstrates the main underserved population focus area of the PA 161 programs. The majority of adults were seen in a Public Health Agency, or FQHC setting, with 2,328 oral screenings and 7,693 debridement/cleanings done in 2013-2014 alone. 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.



Service Setting

Between October, 2013 and September, 2014 only 3 adults were seen in the patient's private home, 1 adult in a Long-term Care Facility/Nursing Home setting. There were 34 adults with developmental disabilities screened, 74 adults screened in a setting labeled as "other", 100 onsite clinics adults seen, 502 underserved "unassigned" adults, and 546 migrant workers screened. 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 especially at long-term care/nursing home facilities.

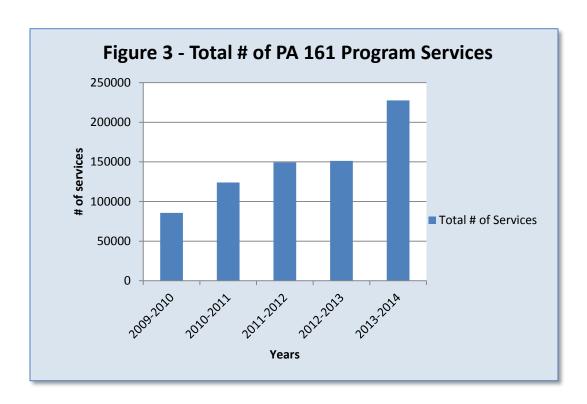
The most common service setting for PA 161 providers was in a school-based setting. The initial number of adults and children served in a school-based setting was 47,708 in 2009-2010 and has increased to 139,434 in the 2013-2014 year, which is an increase of **192 percent** in the past five years. Public health agency and FQHC had the second highest PA 161 provider service setting, followed by Head Start Programs, migrant workers, Early Head Start and dental/dental hygiene school settings. See **Figure 2** for a visual of the most common PA 161 provider service setting results. See **Appendix A** for all results of service settings over the past five years.



PA 161 Services

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. In the last five years PA 161 programs have gone from providing 85,707 services to over

227,500 services as of October 1, 2014. **Figure 3** below provides a visual of how the total number of services provided by PA 161 programs has increased from October 2009 to September 2014.



Prophylaxis-Dental Cleanings

The Centers for Disease Control and Prevention (CDC), has reported tooth decay as one of the most common childhood diseases. Along with children, nearly one-third of all adults in the United States have untreated tooth decay¹. PA 161 programs have helped address disparities to oral health by providing dental cleanings, oral health education, and nutritional counseling to underserved populations for several years. Along with oral health screenings, PA 161 programs reported completing a total of 18,772 adult and child prophys in 2009-2010. By the end of September 2014, PA 161 providers have reported completing a total of approximately 44,000 prophys for adults and children, an increase of over 25,000 per year. Over the last five years a total of 134,924 prophys have been provided to adults and children by PA 161 programs.

Sealants

School-based dental sealant delivery programs have been successful in providing sealants to children who are unlikely to have received them otherwise. Back in 2009, when reporting

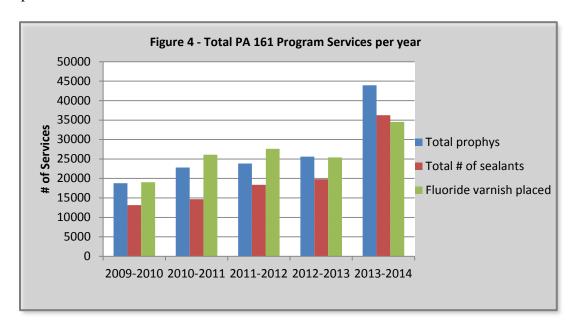
¹ Center for Disease Control and Prevention CDC (2014). Adult oral health. Retrieved on February 25, 2015 from: http://www.cdc.gov/oralhealth/children adults/adults.htm.

became a requirement, 13,139 sealants were reported as being placed. Since October 2013, over 36,252 sealants have been placed with the majority of sealants placed by PA 161 programs in a school-based setting (28,540). These totals demonstrate how effective school-based sealant programs are and how they continue to grow. Data was broken down into sealant application of first and second molars. Over the past five years a total of 83,516 sealants were placed, 66,874 were on first molars. First molars account for over eighty percent of the sealant total because many of the sealants placed are on children under the age of 12.

Fluoride Varnish Applications

Fluoride varnish applications are a quick and relatively easy way to help reduce the risk of decay in infants and children. PA 161 programs have reported a total of 132,640 fluoride varnish applications since 2009. This last year marks the most placed with a total of 34,518. Other fluoride methods are used, but are not as common as fluoride varnish due to the ease of application and clean-up with fluoride varnish. The other topical fluoride applications totaled 18,324 for all five years.

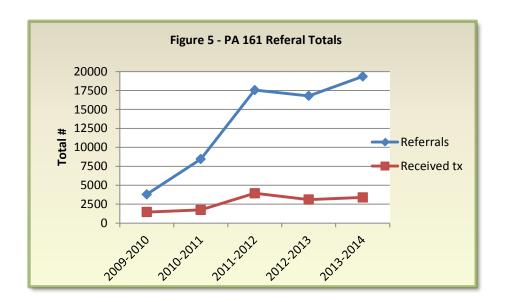
Figure 4 below demonstrates all of the services reported by the PA 161 programs broken down into each service for each year from October 2009 to September 2014. An overall indication is that all services except for adult screenings have significantly increased between October 2013 and September 2014.



Referrals

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 are required to have a referral source that they can direct patients for further treatment. The OHP

requested that the PA 161 programs keep track of how many people screened were referred for needed dental treatment. From the total 2014 data reported, 19,354 people were referred to dental offices or clinics for further care. This number increased 2,562 since the 2013 report. The total number of referrals for all five years is 65,938. While it is more difficult to track if the patient received the needed care, 13,632 were reported as having received treatment. **Figure 5** below shows how much the number of referrals has increased over the past five years, and while the reporting of treatments has begun to increase, there is plenty of room for improvement. The challenging part about collecting treatment information is that it is usually referred by the PA 161 program to another source so follow-up may be hard to coordinate.



Counties Served

To be able to determine areas of oral health professional shortages, the areas providers operate in, and the different types of programs that help reach underserved populations, the PA 161 programs submit a list of all counties they service. Some programs only service one area, while others serve multiple counties and areas through-out Michigan, including the Upper Peninsula. See the Michigan map in **Appendix B** for all reported counties PA 161 programs have reported providing services.

Future Evaluation

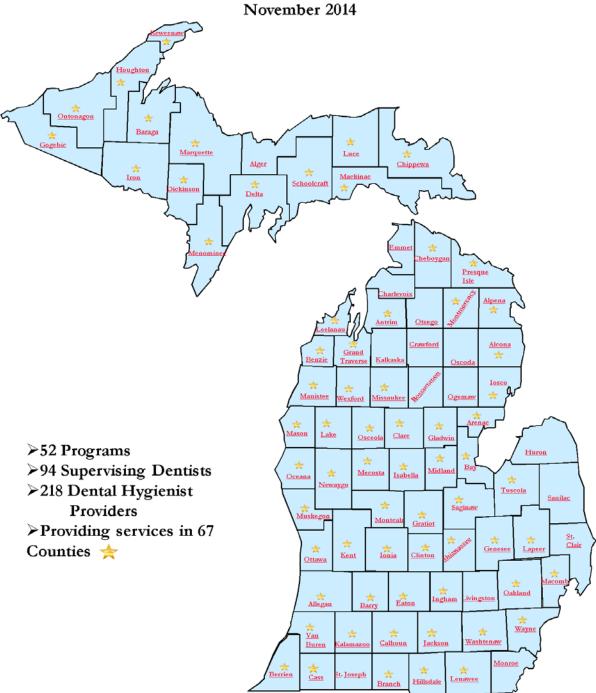
An evaluation plan will be developed to evaluate how the PA 161 programs are doing. This will allow the PA 161 programs to evaluate their individual program progress and determine if there are any areas that can be enhanced, and define resources for areas that need improvement. This evaluation will come in the form of a survey, in the 2015-2016 reporting year.

Appendix A

	Years of Service				
Specific Quarter Report Totals	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Programs Reporting	29 out of 47	43 out of 49	48 out of 49	48 out of 55	45 out of 49
Adults Screened	2,088	2,995	4,235	5,225	4,963
Children Screened	23,542	19,886	28,599	29,626	38,584
Child and adult prophys complete	18,772	22,798	23,823	25,599	43,932
Children receiving sealants	3,326	4,712	5,800	6,209	8,808
Sealants placed	13,139	14,671	18,365	19,807	36,252
Fluoride varnish placed	19,023	26,102	27,615	25,382	34,518
Other fluoride placed	1,409	11,112	2,278	566	2,959
Referred to a dentist for treatment	3,786	8,448	17,558	16,792	19,354
Reported received treatment	1,457	1,745	3,937	3,101	3,392
Services Completed	85,707	124,100	149,401	151,335	227,501
Most Common Service Settings					
Early Head Start	2,887	3,266	2,822	3,150	2,745
Migrant Farm Workers	6,218	6,264	6,571	7,749	9,785
Head Start	7,812	10,877	14,391	14,670	14,811
Dental or Dental Hygiene school	1,551	3,709	3,135	679	23,047
Public Health Agency, FQHC	14,273	33,001	19,873	18,072	29,091
School-based setting	47,708	59,820	89,536	96,196	139,434

Appendix B

Michigan Department of Health and Human Services PA161 Program Service Areas



**Based on PA 161 reports

PA161 Program Service Areas Map 2014