



PA 161: PUBLIC DENTAL PREVENTION PROGRAM



*Oral Health
Program 2014-15
Annual Report
October 2014-
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Introduction:

The PA 161: Public Dental Prevention Program, administered by the Michigan Department of Health & Human Services Oral Health Program has provided thousands of underserved children, elderly and other populations with oral health screenings and preventive services by dental hygienists throughout the State of Michigan. Program service data has been collected since August of 2009. In total, 208,151 adults and children have been screened, with over one million services being provided since 2008. 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.

Purpose:

This report highlights the Michigan Department of Health & Human Services (MDHHS) PA 161: Public Dental Prevention Program for the period between October 1, 2014 and September 30, 2015. As of October 1, 2015, there were 55 approved PA 161 programs containing 240 registered dental hygienists to provide preventive services, overseen by 102 supervising dentists. A Program Directory updated monthly, listing program names and a contact person is available on the MDHHS website: www.michigan.gov/oralhealth. The data collected from fiscal year (FY) 2014-15, is analyzed with the number of dental providers per 10,000 Michigan residents by county. The map includes a visual of the number of PA 161 and mobile providers in each county to help analyze Michigan dental provider shortage areas in rural and urban areas. This will help determine if mobile dental providers, such as PA 161 programs are helping to remove barriers to dental care for the underserved population.

Data Collection:

PA 161 data collection began in August of 2009. Data information of program activity is required to be submitted quarterly to the Oral Health Program. PA 161 programs learn the data report collection process following initial PA 161 application approval, and following approved renewal of the PA 161 program, which occurs 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-Oral Health Program data base for that time period.

Data Results

This report will include data from all previous years dating back to August of 2009 (See **Appendix A**). The purpose of this report is to review the year end totals for 2014-2015 and analyze the number of PA 161 and mobile dental facility programs throughout the State of Michigan, including shortage areas and identify availability of providers within the different counties.

Reporting

PA 161 report submission continues to improve every year. From October 2014 and September 2015, 53 out of 55 PA 161 reported activity. Not only has the total number of PA 161 services increased over the last six years, but the number of PA 161 programs reporting activity also increased. This demonstrates a greater number of PA 161 programs reaching underserved communities throughout Michigan. The expansion of Healthy Kids Dental into Kent, Oakland and Wayne counties, has increased the opportunity for PA 161 programs to reach more eligible children and adults in those counties.

PA 161 Services Provided in FY 2014-15

Screenings

Adults and children recorded as having oral screenings have increased over the past five years. As you can see below in **Figure 1**, thousands more children have been screened than adults. Children are 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 7,543 oral screenings and 12,307 dental cleanings completed in 2014-2015 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 patient is able to see the dentist.

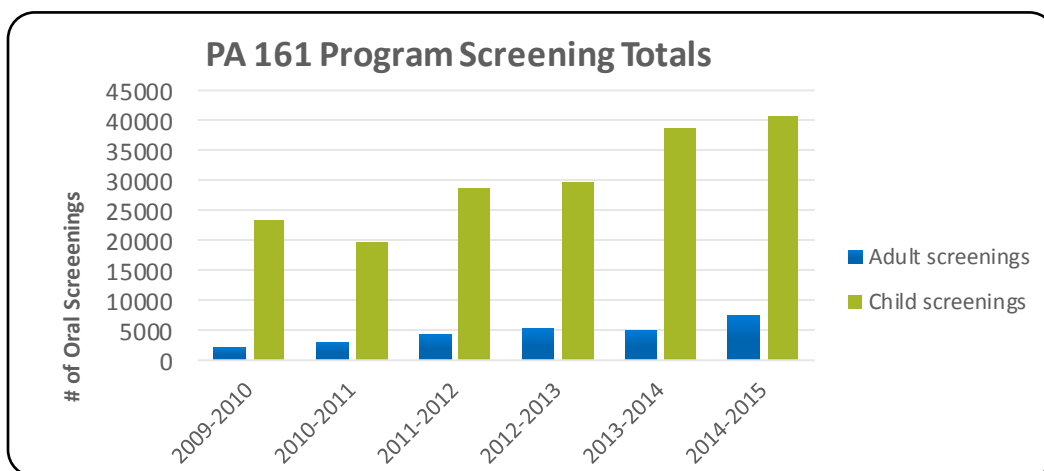


Figure 1

Service Setting

The most common service setting for PA 161 providers is in a school-based setting, followed by Public health agency/FQHC/community clinic settings, Head Start Programs, School of Dentistry or Dental Hygiene Outreach Program Participates, and on-site clinic patients. **See Figure 2** for total number of services per setting.

Children in school-based settings remain the most common place of service for PA 161 programs. Fewer PA 161 programs provide services to the elderly and persons with developmental disabilities, leaving these populations vulnerable and underserved. The number of patients in private homes, long term care facilities and nursing home residents will rise immensely over the next

several years. The aging population has many barriers in accessing oral health care, a few barriers include:

- a. Little to no dental coverage
- b. Cost of dental care
- c. Mobility and transportation barrier

PA 161 Services

Some of the most effective preventive public health practices in preventing decay include: routine dental cleanings, the placement of sealants and application of fluoride varnish on high risk children/adults. The goal of a PA 161 program is to reach the underserved populations by increasing access to oral health care by providing a prophylaxis (dental cleaning), fluoride application, oral hygiene

Figure 2 – PA 161 Service Settings FY 2014-15	Total # of services
Public Health Agency, FQHC, or Community Clinic Patients	51,131
Patients in Private Homes	897
Long Term Care Facility/ Nursing Home Residents	365
Early Head Start Children	2,528
Head Start Children	15,854
On-Site Clinic Patients	7,254
Migrant Farm Workers	5,313
Native Americans	34
Prison System Residents	0
Juvenile Home Residents	1,894
School of Dentistry or Dental Hygiene Outreach Program Participants	14,528
School-Based/School-Linked Program Children	157,279
Persons with Developmental Disabilities	1,214
Underserved "Unassigned" Adults	4,191
Other: (Specify)	9,373
	271,855

education and help patients find a “dental home.” **Appendix A** provides specific details and numbers of the different types of services provided by PA 161 programs from FY 2009-10 to 2014-15.

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. The PA 161 programs reported completing a total of 12,309 adult dental cleanings and 37,288 child dental cleanings in 2014-2015 for a total just under 50,000 dental cleanings all together.

Sealants

School-based dental sealant delivery programs have been successful in providing sealants to children who are unlikely to have received them otherwise. In 2009, when reporting became a requirement, 13,139 sealants were reported as being placed. Since September 2015, over 144,000 sealants have been placed. The 2014-15 fiscal year produced the largest amount of sealants to date with a total of 41,888 sealants placed by PA 161 programs. These totals demonstrate how effective school-based sealant programs are and how they continue to grow.

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 reported a total of 43,489 fluoride varnish applications and 1,274 other topical fluoride treatments from October 2014 to September 2015.

Patient 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 patients serviced by PA 161 programs are “unassigned patients” meaning they were not assigned to the hygienist for treatment by a dentist. A goal for PA 161 programs is to help patients find a “dental home.” All PA 161 programs are required to have a referral source to direct patients for further evaluation and treatment if necessary. The PA 161 programs keep track of how many people screened were referred for dental treatment. Between September 2014 and October 2015, 24,820 people were referred to a dental office or local dental clinic for comprehensive care. The number of patient referrals has increased since 2009, with a total of 90,758 children and adults referred over six years. Out of the 90,758 patients referred, treatment was only confirmed for 16,117 patients. Since PA 161 programs only provide preventive services and refer patients for follow-up care, it is difficult to track if and when

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.

patients receive further comprehensive care. **Figure 3** demonstrates the number of referrals and the number of patients reported as receiving treatment from 2009 to present.

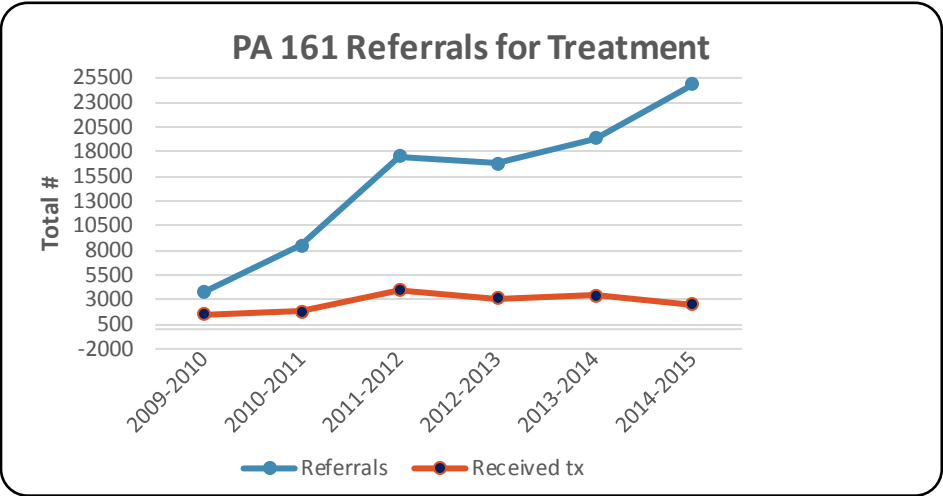


Figure 2

Counties Served

PA 161 programs provide a list of all counties they service. Recorded counties create a visual of PA 161 service areas and help identify areas of oral health professional shortages. PA 161 programs reach out to a variety of areas within a county. Many PA 161 programs are county specific, while others provide services in multiple counties through-out the Lower and Upper Peninsula in Michigan. See **Appendix C** for the Michigan map with the number of PA 161 programs in each county.

Michigan Provider Shortage Areas

According to the PEW Charitable Trust: Rural communities face serious challenges to oral health, resulting in a high incidence of cavities and other dental problems. Compared to people in urban settings, rural residents are poorer and less likely to have dental insurance. Their communities are less likely to have fluoridated water, and they often have to travel long distances to find a dentist. Many rural communities are considered dental shortage areas, with a great percentage of the total designated dental health professional shortage areas located in non-metropolitan areas. According to the Health Resources and Services Administration or HRSA, every state is expected to face a dental shortage over the next 10 years².

Appendix B is the 2015 map of the licensed dentists’ shortage area in the State of Michigan by county. The blue counties represent the number of dentists per 10,000 in the county. The numbers in each

² The PEW Charitable Trust Research & Analysis PEW (2015). Stateline: Improving Dental Care Access in Rural America. Retrieved on May 12, 2016 from: <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2015/11/18/improving-dental-care-access-in-rural-america>.

county represent the number of Mobile Dental Facilities that provide mobile dental services within the county (These numbers represent both mobile dental and PA 161-mobile programs). **Appendix C** is the 2015 map of the licensed dental hygienist shortage area in the State of Michigan by county. The green counties represent the number of dental hygienists per 10,000 in the county. The numbers in each county represent the number of PA 161 programs that provide preventive services within the county.

PA 161 quarterly reports do not include the exact locations within each county the PA 161 programs provide preventive dental services. The Michigan maps (**Appendix B and Appendix C**), with the number of PA 161 and mobile dental programs embedded by county provides a visual representation of the number of dental providers within each county.

Both Michigan maps (**Appendix B and Appendix C**) demonstrate that Michigan has several urban and rural areas with dental provider shortages. Michigan Department of Licensing and Regulatory Affairs (LARA), 2016 - License Count, reports 7,633 licensed dentists in the State of Michigan. LARA reports 10,369 licensed dental hygienists in the State of Michigan. It can be challenging for dental hygienists to find full-time employment in Michigan, especially since the number of dental hygienists is greater than the number of dentists. Public health dentistry is an alternative for dental hygienists, but the shortage of public health dentists continues to be a significant concern for Michiganders who do not have access to comprehensive dental care.

Some urban areas have more dental providers, but few dentists accept Medicaid reimbursement creating more barriers to care for the underserved urban population. Oral Health Programs like the SEAL! Michigan program and PA 161 programs have been very successful increasing dental access. The SEAL! Michigan and SEAL! Of Approval Dental Sealant programs are school-based dental sealant programs offered to first, second, sixth and seventh graders in schools with high percentage of children in the Free and Reduced School Lunch Program. The program includes an oral screening, placement of dental sealants on all erupted permanent molar teeth, fluoride application, oral health education and referral for dental care. There are 11 SEAL! Michigan programs and 3 SEAL! Of Approval programs. PA 161 programs can submit to Medicaid for reimbursement for preventive services, plus travel to patients to help reach underserved and hard to reach populations. PA 161 programs have been instrumental in patient follow-up and finding a dental home by establishing relationships with local community dental clinics and local dental offices to refer patients for necessary comprehensive services.

The majority of PA 161 programs, including the SEAL! Michigan and SEAL! Of Approval programs work with school-age children, leaving the elderly populations without access. Especially non-mobile patients, who are in nursing homes, or home-bound. More PA 161 programs are beginning to provide services to elderly and persons with disabilities populations, but these populations continue to have barriers with access to dental care.

Summary

The report activity of PA 161 programs since August 2009 continues to increase. Not only have the PA 161 programs shown more consistency with submitting quarterly reports, but the number of activities and services has also increased tremendously over the past several years. Few PA 161 programs are similar in business model, service setting, services offered and populations served. Due to the different varieties of PA 161 programs, it is difficult to demonstrate specific increases without evaluating each PA 161 program individually.

Since 2009, the school-based/school-linked programs, Head Start and community clinics have consistently remained the most common service setting for PA 161 programs. The reason these settings are most common with many PA 161 programs is that children are the main population of focus. It is projected that PA 161 activity will also continue to increase due to the recent expansion of Healthy Kids Dental into the remaining three counties in Michigan (Kent, Oakland and Wayne). As previously mentioned, the adult, elderly and developmentally disabled populations continue to face barriers to dental care. There are several opportunities for PA 161 programs to explore ways to reduce the barriers in serving these populations. The greatest challenges PA 161 programs face in serving the older populations include: patient mobility or lack of mobility, financial reimbursement, and gaining access to patients in nursing homes, or long-term care facilities. The challenge for PA 161 programs will be to overcome the barriers and to include the underserved adult populations in their models of preventive care. The PA 161 programs provide preventive care only, yet many adults require comprehensive dental care. The significant challenge is finding dentists in the community willing to travel to long-term care facilities, who are willing to treat individuals with complex health care needs.

In addition, the data reports do not collect zip codes and/or addresses of the service settings. Future enhancements may include zip codes so GIS mapping can be implemented to better determine locations.

Future Evaluation

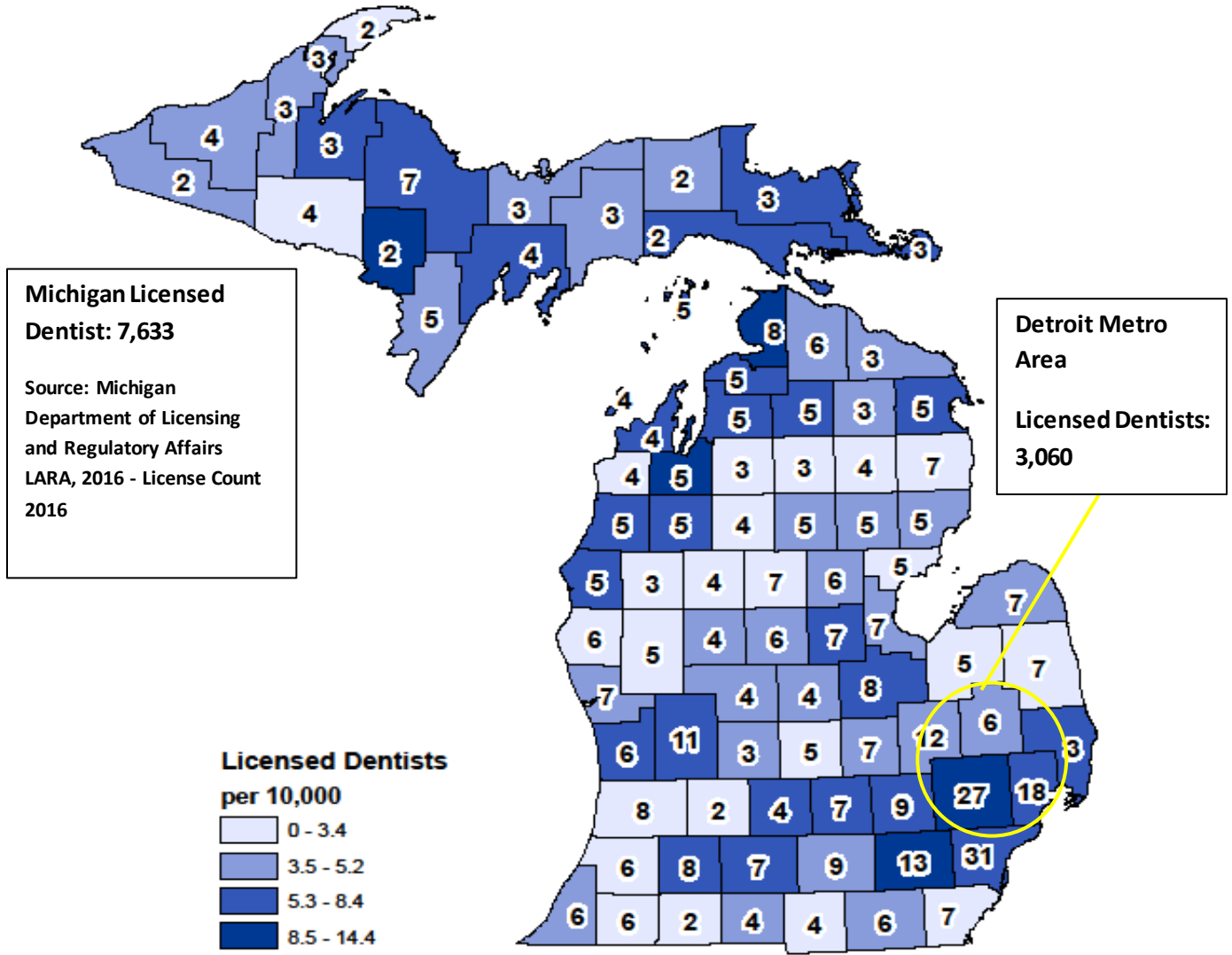
In 2016-2017 the Oral Health Program plans to conduct a quality assurance assessment of PA 161 programs. This will allow the PA 161 programs to evaluate their individual program progress and determine if there are areas that can be enhanced, and define resources for areas that need improvement. This evaluation will begin with random site visits of PA 161 program in different settings throughout the year. A summary, evaluation and report of the finding will be available at a later date.

Appendix A

Specific Quarter Report Totals	Fiscal Year of Service					
	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Program Reporting	29 out of 47	43 out of 49	48 out of 49	48 out of 55	45 out of 49	53 out of 55
Adults Screened	2,088	2,995	4,235	5,225	4,963	7,543
Children Screened	23,542	19,886	28,599	29,626	38,584	40,865
Child and adult prophys complete	18,772	22,798	23,823	25,599	43,932	49,597
Children receiving sealants	3,326	4,712	5,800	6,209	8,808	13,824
Sealants placed	13,139	14,671	18,365	19,807	36,252	41,888
Fluoride varnish placed	19,023	26,102	27,615	25,382	34,518	43,489
Other fluoride placed	1,409	11,112	2,278	566	2,959	1,274
Referred to a dentist for treatment	3,786	8,448	17,558	16,792	19,354	24,820
Reported received treatment	1,457	1,745	3,937	3,101	3,392	2,485
Services Completed	85,707	124,100	149,401	151,335	227,501	271,855
Most Common Services Settings						
Early Head Start	2,887	3,266	2,822	3,150	2,745	2,528
Migrant Farm Workers	6,218	6,264	6,571	7,749	9,785	5,313
Head Start	7,812	10,877	14,391	14,670	14,811	15,854
Dental or Dental Hygiene School	1,551	3,709	3,135	679	23,047	14,528
Public Health Agency, FQHC	14,273	33,001	19,873	18,072	29,091	51,131
School-based Setting	47,708	59,820	89,536	96,196	139,434	157,279

Appendix B

Number of Mobile Dentistry Facilities by Licensed Dentists per 10,000 Michigan Residents by County, 2015



Appendix C

Number of PA 161 Programs by Licensed Dental Hygienists per 10,000 Michigan Residents by County, 2015

