

PUBLIC HEALTH PROGRAM SURVEY- Other PH Prevention

Contact Information

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Short Title: Central Massachusetts Oral Health Initiative: A Partnership Improving Access to Oral Health

Program Location: USA, Massachusetts, Central Massachusetts/Worcester County

Objectives and Goals:

Across the central Massachusetts region (combined population of about 200,000 for Worcester and Webster), there existed significant disparities in oral health care access, a widespread lack of preventive and restorative dental services for school-aged children, a shortage of dental providers caring for Medicaid and uninsured patients, insufficient capacity among community health centers to deliver oral health services, and a need for legislative awareness of oral health issues.

In response, CMOHI established five objectives:

- advocate for changes in oral health policy
- increase oral health care access
- provide school-based dental services for underserved children
- establish a dental residency
- educate other medical professionals about oral health.

Methods:

With local conversion foundation and national funding, a steering committee organized a broad-based partnership of community leaders, the Massachusetts Dental Society, school administrators, a local college and a university medical school to achieve the five objectives

Program Length:

Funding was received over an 8-year period starting in October of 2000 with a planning grant. Program implementation concluded in June of 2008.

Number of target population reached by effort:

The two CHCs involved with CMOHI delivered 335,000 dental patient visits over the lifespan of the Initiative. Over the course of seven program years for school-based dental clinics, 20,646 visits were provided for students.

Demographic Info:

According to a 2000 census, 4.3% of the Worcester county population and 9.1% of Worcester city had an income of less than 50% of poverty level. 8.3% of the City population was designated as linguistically isolated (over the age of 14 who speak English with difficulty or not at all), compared to 4.7% at the state level. A 2003 MA Dept of Health survey of third graders showed, in the two sample Worcester schools, 61% did not have dental sealants (44.9% was state average) and 42% had caries (25.8% was the state average).

Overall Cost:

2000–2001:	\$73,000	Planning Grant
2001–2002:	\$600,000	The Health Foundation of Central Massachusetts Pilot Grant, MA Delta Dental Grants
2002–2003:	\$575,000	Grants: The Health Foundation of Central Massachusetts, Tenet Community Benefits, RWJ
2003–2004:	\$675,000	Grants: The Health Foundation of Central Massachusetts, Kellogg, Oral Health Foundation
2004–2005:	\$500,000	Grants: The Health Foundation of Central Massachusetts, MA Delta Dental
2005–2006:	\$440,000	Grants: The Health Foundation of Central Massachusetts, MA Delta Dental
2006–2007:	\$420,000	Grants: The Health Foundation of Central Massachusetts, MA Delta Dental
2007–2009:	\$360,000	Grants: The Health Foundation of Central Massachusetts MA Delta Dental

Funding Sources:

_____1__% Federal
_____0__% State
_____1__% Local
_____98__% Other, please explain: Private foundation grant funding
percentages ARE estimates

Outcomes:

An *Oral Health Caucus* brought about state policy improvements, more regional dentists now accept Medicaid and uninsured patients, community health center capacity to provide dental services expanded, school-based programs were designed and delivered needed dental services, a dental residency was created, and several sustainable methods of educating medical professionals were established.

At the Great Brook Valley Health Center in Worcester, average dental patient visits per month increased from 1,122 in 2000 to 2,138 in 2008. The two CHCs involved with CMOHI delivered 335,000 dental patient visits over the lifespan of the Initiative.

Over the course of seven program years for school-based dental clinics, 20,646 visits were provided for students.

Did you make any estimates regarding costs deferred, outbreaks averted or deaths prevented?

We didn't make any estimates though we did note the U.S. Department of Education estimates of the loss of school days per year due to oral health problems. Extrapolating their figures to Worcester, that meant for Worcester's 27,000 students, approximately 240 school days are lost per year.

Additional Information:

The goal of the initiative was to create a program that could eventually be self-sustaining. The school-based programs receive Medicaid reimbursement for their services and even the college program enrolled as a Medicaid provider. The health centers have sustained their growth in services through billings and the recruitment of dentists to MassHealth was completed. The residency program now receives its fully allowed payments through the federal graduate medical education programs.

Future Plans:

- CMOHI is continuing to meet as a collaborative, two to three times a year
- Sustained partnership with the Worcester and Webster schools
- expand capacity of the dental residency program
- continue advocacy with leadership and support to state and local policymakers
- further recruitment of dentists to accept Medicaid and uninsured patients