

Poster Submission Form
Pediatrics for the 21st Century Symposium
Oral Health in the 21st Century:
Something to Smile About – Pediatrician’s Role in
Oral Health

Friday, October 10, 2008
Hynes Convention Center, Boston, MA

The American Academy of Pediatrics is holding the Peds-21 Poster Session & Luncheon followed by the Peds-21 Symposium. For more information about Peds-21, go to: <http://www.aap.org/peds-21> and be sure to read the Peds-21 Call for Posters.

Abstract Submission Deadline: June 13, 2008

Attn: astolic@aap.org

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If more co-authors are needed, please add here.

POSTER SESSION ABSTRACT INFORMATION:

**Title: Central Massachusetts
Oral Health Initiative: A
Model for Comprehensive Oral
Health Education and Care**

POSTER SESSION ABSTRACT BODY:

Background:

Begun in 1999 by John Gusha with community partners (2 local Community Health Center (CHCs), Quinsigomond Community College, UMassMemorial Health Care, UMass Medical School, MSPCC, Worcester Public Schools, Webster Public Schools, Webster/Dudley United Way) with funding by Kellogg Foundation, DSM, Robert Wood Johnson, Oral Health Foundation, MAP, Tenet to improve oral health care for the underserved in Central Massachusetts especially vulnerable and pediatric populations.

Project Objectives:

- (1) To increase access to oral health services for those on MassHealth or uninsured who cannot obtain services in Central Massachusetts
- (2) To serve as a role model for replication across the state and nation to increase access to oral health services for the underserved.
- (3) To form a collaboration of doctors, dentists, child educators and schools, community activists and health centers to improve oral health care

Target population(s):

Underserved children - accessed through educational and screening/fluoride varnish programs in Head Start, preschool and school programs, physician education in medical school, residencies and CME meetings, expanding Medicaid dental providers, and advocacy.

Pregnant mothers also targeted through physician education, Head Start, CHCs and a mobile van.

Project Description:

Prevention programs started in 28 schools in Worcester County through four different service providers which included screens, hygiene education, and fluoride varnish programs.

Prevention services to all Head Start children in Worcester through the mobile van and referrals to CHC dental clinics for screening and treatment services.

Expansion of treatment services by (1) increased volunteer dentist program; (2) Mobile health care van with dental chairs; (3) MassHealth/Medicaid dental provider recruitment program.

Physician Education at local medical school, residencies, and state CME programs.

Advocacy of state legislature for Medicaid caseload limit changes, adult benefit re-instatement, increased reimbursement, and water-fluoridation.

Started a local accredited dental residency program.

Methods/Strategies:

Secured funding for 5 year plan. Organized all potential contributors to plan. Created an implementation strategy. Hired an evaluator. Regular meetings and email communication. Flexibility for expansion and contraction of program and adding new partners and components.

Results/Impact:

On-site prevention programs in 28 schools including fluoride varnish for all grade 3 children twice annually

All 140 Head Start children screened and 80% with a connection to a dental home

County dentists increased from 10% taking Mass Health to 40% (some with a closed practice)

Mobile Health Care van expanding dental services to schools (above) and impromptu visits

100 UMASS Medical School students trained; all UMASS Family Medicine (36), Pediatric (20), Emergency Medicine (36), Internal Medicine (40), and Obstetrics (20) residents trained; Grand Rounds in Obstetrics; 2 state-wide CME events for family medicine; all area family physicians sent posters, laminated cards for the office

State legislature increased reimbursement rate for Mass Health dental care and lifted the ban on limiting patient panels

Conclusion/Key Lesson(s) Learned:

A program leader/coordinator is needed to make sure the program is implemented as planned
Collaboration is key – dental, medical, CHCs, community programs, schools
Plan and implement comprehensive campaigns to boost participation
Apply for multi-year funding
A professional evaluator is key

Schools and Head Start:

Programs must be tailored for each school
School/Head start leadership, teachers, parents and school nurses must see the importance of oral health.
Permission slips must be simple to understand; to fill out; available in different languages
Have procedures for obtaining insurance information
Funds are needed for start-up – equipment, supplies, marketing materials, coordination; billing can cover service costs.

Dental Service Expansion:

Multi-level – legislature to change reimbursement; office by office for Medicaid provider expansion
Creating a local residency helps with dentist recruitment

Physician education:

Need a local champion; need protected time
Educate at many levels/specialties (medical school, residency, CME; peds, fam med, OB)

TABLES/FIGURES/PHOTOS (limit 4 total, 2 MB total) (optional):

- 1) Web site = http://www.umassmed.edu/ocp/dts/DTSCentMass_OralInitiatives.aspx

The screenshot displays a web browser window with the URL http://www.umassmed.edu/ocp/dts/DTSCentMass_OralInitiatives.aspx. The page is titled "Commonwealth Medicine" and "OFFICE OF COMMUNITY PROGRAMS". The main content area is titled "Central Mass Oral Health Initiative" and includes a "Purpose and Evolution" section. This section describes the initiative's response to the oral health crisis in Worcester and surrounding communities, organized by the Worcester District Dental Society. The goals of the CMOHI are twofold: to increase access to oral health services for those on MassHealth or the uninsured who cannot obtain services in Central Massachusetts, and to serve as a role model for oral health services that can be replicated across the state. The "Current Strategies" section states that CMOHI is currently concentrating its efforts on five key strategies. The page also features a "Highlights" section with contact information for Ellen Sachs Lecher, Program Manager, at 978-371-6816 phone.

Disclosure Form: Submissions will not be considered without disclosing any conflicts of interest. The submitting *author and all co-authors* are responsible for reviewing the AAP Conflict of Interest/Disclosure Policy and completing, signing, and submitting the form along with your abstract by August 9, 2008. All conflict of interest information is included with this call for abstracts.

ACCEPTANCE AGREEMENT: By checking this box, I understand that if my abstract submission is accepted, I am responsible for all of my expenses, including meeting registration, travel, hotel, meals and transportation.

Poster session abstracts must be **received** by *June 13, 2008* via email at astolic@aap.org.