Florida Oral Health Alliance
Meeting
Friday, August 24, 2018

Twitter: @FL_OH_Alliance
#OH2020FL
Result:
All Florida children, youth and families have good oral health and well-being, especially those that are vulnerable.
Headline Indicator #1: Percentage of Medicaid-eligible Children Ages 0 - 20 Receiving any Dental Services

Source: Florida Form CMS-416 line 12a data retrieved in July 2017 from the Florida Institute for Health Innovation.
Headline Indicator #2: Percentage of Medicaid-eligible Children Ages 1 - 20 Receiving Preventive Dental Services

Source: Florida Form CMS-416 line 12b minus <1 data retrieved in July 2017 from the Florida Institute for Health Innovation.
Meeting Results

By the end of the meeting, participants will have:

- Discussed how new federal Medicaid policies coming to Florida can be leveraged to improve school-based health services and reduce disparities in both health and academic performance.

- Learned about follow-up efforts in the field of dentistry that are being put in place to combat the opioid epidemic via educating dental students on best prescription practices.
Opportunities for School-Based Health Services funding through Medicaid

Anne Swerlick, Policy Attorney and Analyst, Florida Policy Institute
Medicaid Changes: New Opportunities to Access Millions More in Federal Dollars for Expansion of School-Based Health Services

Florida Oral Health Alliance
August 24, 2018

Common sense ideas for Florida's future
Florida Policy Institute- About us

- Independent, nonpartisan, nonprofit
- Established in 2015
- Goal of prosperity for all Floridians

website: www.fpi.institute
About us (cont.)

Focus on issues affecting widespread prosperity for all Floridians:

- State budget and taxes
- Jobs and income
- Health care
- Education
Roadmap

- The value of Medicaid
- The value of school-based health services
- Medicaid federal policy change and follow-up steps needed at the state level
- Current state landscape for school based health services
- Where does oral health fit in & advocacy opportunities
- FPI recommendations
The Value of Medicaid for Children

• Covers more than 2 million Florida children living in or near poverty, including:
  • Children with complex and intensive medical and mental health needs
  • Children in foster care

• Linked to longer healthier lives, academic success and economic security as adults

• Access to Early & Periodic Screening, Diagnosis & Treatment Program (EPSDT)
### Examples of EPSDT Services

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Dental Services</th>
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<tbody>
<tr>
<td>Examples: visits with doctors or nurse practitioners, clinics and hospital services</td>
<td>Examples: sealants, fluoride varnish and fillings</td>
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<tr>
<td>Mental Health Services</td>
<td>Glasses or Hearing aids</td>
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<tr>
<td>Examples: visits with psychologists and behavioral therapists</td>
<td>One-on-one Aides for Home or School</td>
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<tr>
<td>Services for Children with Disabilities</td>
<td>Vaccines</td>
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<td>Examples: physical &amp; occupational therapy and speech therapy</td>
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Medicaid/CHIP Coverage By School District

Percent children covered by Medicaid/CHIP, 2012-2016

The Value of School-Based Health Services

• School health services reach children “where they are”
  • 1.3 million Medicaid-enrolled children are school-aged
  • In 49 school districts, 4 out of 10 students are covered by Medicaid

• Improved attendance & academic achievement

• Teachers have fewer distractions from teaching

• More preventative care

• Better utilization of services, e.g., mental health care

• Helps low-wage working families
The Need for School-Based Health Services

• Florida Department of Health (DOH) reports:
  • For FY 2016-17, 15.4 million school health room visits, 4.7 million medication doses administered
  • Top health conditions: allergies & asthma
  • *Reports do not include information on oral health conditions*

• School-based health professional staffing ratios fall woefully short
  • Nurses, social workers, psychologists
Increases in Health Conditions & School Nursing Staff

Reported student health conditions and change in student health personnel, 2005-2015

School-Based Health Services: an Opportunity to Address Health Disparities

• Children in poverty:
  - Are at higher risk of developmental, behavioral and social delays
  - Have higher rates of asthma, heart conditions, hearing problems, digestive disorders, elevated blood lead levels, tooth decay or cavities and mental health and substance abuse disorders

• Children of color fare even worse on multiple health & mental health measures

• School-based health services are an effective strategy for addressing disparities

• Medicaid serves a disproportionate share of children of color in Florida:
  • 27% Black children
  • 38% Hispanic children
Children of Color are More Likely to Be in Poor Health

Federal Policy Change Lifts Medicaid Restrictions on School-Based Health Services Funding

- Old federal policy: Schools could only get Medicaid reimbursement for services provided to children with disabilities with an IEP.

- New federal policy: Schools can get Medicaid reimbursement for services provided to any child covered by Medicaid.

- The changes are not automatic; state legislators and policy leaders must act to lift Florida funding restrictions.
Other States Access Millions More in Federal Medicaid Dollars for School-Based Services

Source: Center on Budget and Policy Analysis of Centers for Medicare & Medicaid Services, 2015 MBES Expenditures
State Statutory & Regulatory Changes Needed to Implement Federal Policy Changes

- Florida statutes (§§ 409.9071 & 409.9072, Fla. Stat.) & Rule (59G-4.035, Florida Administrative Code) on the Medicaid Certified School Match Program (MCSMP) must be amended

- The MCSMP authorizes schools to certify state or local funds to meet Medicaid match requirements
  - “Carve-out” program from Medicaid managed care
  - Limited to children covered by Medicaid who have an IEP
  - Current rule does not include oral health care

- No new state funds are needed to increase federal funding
Current Landscape for School-Based Health Services- A Complex Patchwork

• Agency for Health Care Administration- Administers two Medicaid funding streams
  • Certified School Match Program
  • County Health Department Certified Match Program

• Department of Health in cooperation with the Department of Education administers the School Health Program

• Each county health department develops jointly with the district school board and the local school health advisory committee a school health services plan
Where Does Oral Health Fit In?

• Florida remains in the bottom quartile ranking on key Child Core Set oral health measures (2016):
  • Percentage with at least 1 preventive dental service ages 1-20
  • Percentage at elevated risk of dental caries (moderate or high risk) who received a sealant on a permanent first molar tooth: ages 6-9

• All school districts are required to have a “preventive dental program”
  • DOH recommended minimal services- “age appropriate oral health education to all grades and referral system.”

• Medicaid county certified match program rule covers dental screenings provided by a nurse

• Medicaid school district certified match program has no covered dental services
Some Advocacy Opportunities Re: Oral Health

- **Legislative** - 2019 session - amending statutes to permit Medicaid reimbursement for school-based health services provided to any child covered by Medicaid

- **AHCA** - Revision of Medicaid school-based services rules to include coverage for more oral health services

- **DOH** - Collect and report information on oral health conditions identified through the school health program

- **Local school district** - Involvement in school health advisory committee activities and the development of the district school health plan
  - A potential way to lift parent/family voices, particularly from medically under-served communities
FPI Recommendations

• Amend statutes and rules

• Convene a statewide workgroup with representation of key stakeholders to:
  • Investigate best practices
  • Make recommendations
  • Develop a strategic action plan for maximizing opportunities to access federal Medicaid funds for school-based health services
Resources

• Florida Policy Institute

• Healthy Schools Campaign
  • https://healthyschoolscampaign.org/

• Florida Department of Health – School Health Services

• Student Support Services Project-Collaboration between Florida Department of Education & University of South Florida
  • http://sss.usf.edu/resources/topic/medicaid/index.html
Questions?

Anne Swerlick
Health Policy Attorney/Analyst
Florida Policy Institute

swerlick@fpi.institute

Common sense ideas for Florida's future
Health Programs in Faith Based Institutions

Deborah Foote, Managing Director, Oral Health Florida
Health Programs in Faith Based Institutions

AN OPPORTUNITY FOR ORAL HEALTH EDUCATION
Why Faith-Based Institutions?

• 40% of Americans attend church regularly
• Historically, these institutions have served alongside the safety net as providers of health and social services for many, particularly the disadvantaged and indigent
• Trusted entities, especially for families concerned about current immigration policies
• Faith-placed programs can reach entire memberships, facilitating the diffusion of information
• They appear to be especially good avenues for reaching minority populations, particularly those who have disproportionately high rates of certain diseases and receive insufficient care from conventional medical sources due to inadequate access to medical care or under treatment
• Many churches, especially those serving African American communities, see health as one of their missions
• Church-related programs may also be effective at reaching women, who are more likely than men to attend church
• The purpose of the faith-placed initiatives is relatively easy to specify: to motivate the adoption and sustained maintenance of healthy behaviors, thereby to reduce disease
Health Programs in Faith-Based Organizations: Are They Effective?

*Objectives.* We examined the published literature on health programs in faith-based organizations to determine the effectiveness of these programs.

*Methods.* We conducted a systematic literature review of articles describing faith-based health activities. Articles (n = 386) were screened for eligibility (n = 105), whether a faith-based health program was described (n = 53), and whether program effects were reported (28).

*Results.* Most programs focused on primary prevention (50.9%), general health maintenance (25.5%), cardiovascular health (20.7%), or cancer (18.9%). Significant effects reported included reductions in cholesterol and blood pressure levels, weight, and disease symptoms and increases in the use of mammography and breast self-examination.

*Conclusions.* Faith-based programs can improve health outcomes. Means are needed for increasing the frequency with which such programs are evaluated and the results of these evaluations are disseminated.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448385/
Abuelas en Acción

A culturally sensitive lifestyle intervention to motivate Latinas to eat better and exercise more by using Roman Catholic teachings to connect a specific health behavior change with the life of a Catholic saint or prominent religious figure who exemplified that concept

• Geared toward Latinas ages 50+
• Promotes physical activity, nutrition and stress management using the principles of several evidence-based behavioral change programs
• Promotoras, female community leaders familiar with local customs and traditions, administered the workshops
Faith Fights Diabetes Initiative

Faith communities can make a difference in diabetes by:

• Raising awareness of diabetes.
• Conducting diabetes prevention and management activities.
• Creating a healthy church environment.

Identified people at “high-risk” for diabetes in partnership with local places of worship and those living with diabetes and provided them with the necessary tools to live healthier and longer lives.
Faith in Appalachia

Opportunities to inform both Faith and Community Members about health problems and the myriad tools available to create interventions for their churches, schools and communities.

- Strategies to inform a collective audience
- Creating neutral platforms for learning
- Building bridges between faith and community
- Tools and resources for interventions – being the gatekeeper for a learning community
Why not oral health?

Health education in faith institutions has focused on obesity, cardiovascular disease, diabetes.

- Connection of oral health to these diseases
- Some crossover in behavior change (healthy diet)
- Systems in place to weave in oral health
Developing a Practical Theology of Oral Health

- Funding from DentaQuest for Colorado-based Study Guide
- Specifically for Black people of faith
- Culturally reflective, promotes holistic health and wellness in engaging ways, and assists in shifting norms and improving oral health practices toward overall healthy living among African American individuals, families and congregations
- The aspirations undergirding the study guide are threefold:
  1. For participants to develop a personal theology of oral health/whole-body health based on sacred texts, spirituality, religious traditions, family teachings
  2. For participants to develop an awareness of oral health/whole-body health that includes social justice realities
  3. For participants to strengthen their practices of holistic wellness (mind, body, and spirit) so as to improve personal oral health/whole-body health care, while promoting practical integrated care in their family circle and religious setting.
Next Steps

• Modify so applicable nationally (COMPLETED)
  o Available on Oral Health Florida website and on DentaQuest Foundation’s Socious platform

• Develop training for faith educators (COMPLETED)

• Pilot training in three unique communities in Florida (PLANNING STAGE)
  o Challenges: raising profile of oral health- competing with other priorities (midterm elections, hurricane recovery, partner activities)

• Develop similar guide for Latinex- partner with Catholic Church (FUTURE)

Other Opportunities

• Enrollment education
• Dental benefits education
• Provision of oral health services
• Building advocates for change to improve oral health
Questions?

Thank you!

Deborah L. Foote
Managing Director
Oral Health Florida
Oralhealthflorida.org
OHFmanagingdirector@gmail.com
2019 Safety Net Committee
Deborah Foote, Managing Director, Oral Health Florida
Dentistry and the Opioid Epidemic: Educating Dentists on Prescribing Controlled Substances

Dr. Linda Niessen, D.M.D., M.P.H., M.P.P., Dean and Professor, Nova Southeastern University (NSU) College of Dental Medicine
Discussion

- How can Florida’s statutes and regulations be best amended to fully realize the funding streams for school-based health services?
- How can we leverage our networks to include more family voices with unique local community health needs and health disparities that need addressing?
- How do the expansion of school-based health services and the efforts to temper controlled substance prescriptions align with the Alliance’s focus areas and prioritized strategies?
Learning Opportunities

- **DentaQuest Institute’s 2018 DCM Practicum Series: Caries Risk Conversations**
- **Monday, August 27, 2018 at 12:00 EST**
- **Register**
  - Learn more about the DentaQuest Institute’s approach to preventing, managing, and treating childhood and early childhood caries. Find the tools and resources you need to implement dental caries management in your practice. Visit the Dental Caries Management Virtual Practicum today. [Click here for a copy of the draft agenda.](#)
Silver Diamine Fluoride (SDF), recently FDA approved, can arrest carious lesions without the need for anesthesia or excavation. SDF can stabilize a tooth as part of a continuum of care to restore form and function with a variety of dental restorative materials. SDF offers a disease management and minimally invasive approach of value for patients whose dental treatment options are limited by co-morbidities, ability to tolerate invasive procedures, financial circumstances, or other access to care barriers. This session will provide an overview of the science, current research, and describe Apple Tree Dental’s practical experiences in the use of SDF with children, older adults, people with special needs and other patients.
Learning Opportunities

- **Network Public Policy Convening**

  **Wed-Fri, September 12-14, 2018 at Key Bridge Marriott, Arlington,**

  This convening will deepen connections, provide tools and resources, and build confidence so that oral health equity is included in a broad range of policy approaches and perspectives. It is designed for anyone at the local, state, or national level who is engaged in policy efforts (legislative, budget-related, regulatory, or base-building) that intend to influence the oral health of our communities. [Click here for a copy of the draft agenda.](#)

  - Travel expenses for this convening **will not** be covered by the DentaQuest Foundation (DQF), nor will DQF reserve hotel rooms. In other words, the GANT/Concur system **will not** be used for this meeting.
  
  - If you are a DQF grantee, you may apply grant funds towards your participation costs. Meals during the convening meeting times will be provided by DQF. Hotel costs are $199/night plus taxes.
  
  - DQF has reserved a block of rooms at the Key Bridge Marriott in Arlington, Virginia and **all attendees are responsible for paying for their hotel rooms.** To make a reservation at the hotel using the DQF room block, [click here.](#)
Learning Opportunities

Oral Health 2020 Network
Sign up for the OH2020 Network’s e-community to get the latest news and updates on impact being made across the country, participate in webinars, access resources and technical assistance from experts and make new connections and share your own learnings with hundreds of others working to make our country healthier.

► Register: [http://www.oralhealth.network](http://www.oralhealth.network)
► Join the Florida State Page!