Approved: March 26, 2008
Date

MINUTES OF THE HOUSE SOCIAL SERVICES BUDGET COMMITTEE

The meeting was called to order by Chairman Bob Bethell at 3:30 p.m. on January 28, 2008, in Room 514-S of the Capitol.

All members were present.

Committee staff present:
Amy VanHouse, Kansas Legislative Research Department
Judy Holliday, Committee Assistant

Conferees appearing before the committee:
Andrew Snyder, Policy Specialist, National Academy of State Health Policy
Shelly Gehshan, National Academy of State Health Policy
Dr. Katherine Weno, Director, Office of Oral Health, Kansas Department of Health and Environment
Kathy Harding, Executive Director, Kansas Association for the Medically Underserved

Others attending:
See attached list.

Chairman Bethell welcomed Teresa Schwab, Executive Director, Oral Health Kansas, who introduced Shelly Geshan from the National Academy of Health Policy (NASHP). Committee members received a packet of information, "Kansas Health Reform: Options for Adding Dental Benefits." (On file in Room 161-W)

Ms. Geshan noted that dental care is the biggest unmet need among lower income residents and also those who are uninsured. Ms. Geshan pointed out the direct correlation between oral health problems and heart disease, diabetes and other serious health conditions. The biggest deterrent to oral health problems would be community fluoridation, sealants, early intervention, and expanding the safety net to include more clinics and professional staff to provide dental care to the underserved.

Ken Moore, United Methodist Health Ministry Fund, came forward to tell the Committee about the success of the sealant program underwritten by his organization.

Andrew Snyder, Policy Specialist for NASHP, spoke about several options available for providing adequate oral health care: expanding Medicaid; offering a private dental insurance product; or a combination of Medicaid and private dental benefits through a 'Connector,' which is an independent public authority charged with designing affordable and adequate dental coverage. Mr. Snyder responded to questions from several Committee members.

Dr. Katherine Weno, Director, Office of Oral Health, Kansas Department of Health and Environment, presented an overview of the Kansas State Oral Health Plan. (Attachment 1) Dr. Weno told the Committee that providing a statewide, all-inclusive oral health plan has become the number one priority of the Office of Oral Health. Dr. Weno summarized the four components of the Oral Health Plan: 1) Dental workforce–recruitment of dentists and dental hygienists to serve in rural areas and safety net clinics; 2) financing for oral health services– finding ways to pay for dental services for underserved populations; 3) Community and Public Health–involving communities in projects such as fluoridation of water supplies, dental sealants on molars of children under three, oral health curriculum in school health programs, and developing mobile dental hygiene programs in schools, community centers and nursing homes. Dr. Weno responded to questions of several Committee members.

Kathy Harding, Executive Director, Kansas Association for the Medically Underserved (KAMU), updated the Committee on Safety Net "Dental Hubs." (Attachment 2) Director Harding explained the dental hub concept, with oral health care professionals in safety net clinics ('hubs') and Expanded Care Practice dental hygienists in off-site locations ('spokes'). A group of foundations and state offices formed a new public-private partnership to fund the Dental Hub Grant Program. Director Harding told the Committee that nine applicants applied for funding which benefits service areas in over 33 Kansas counties with a total population of over 900,000.

There being no further business to come before the Committee, the meeting adjourned at 4:45 p.m.

HOUSE SOCIAL SERVICES COMMITTEE GUEST LIST

DATE: 1-28-08

NAME	REPRESENTING
	KBMA
Cathy Hardwick	KAMU
Andrew Snyder	NASHP
Shelly Gehrhan	NASHP
Susan K	KDHE
Blonde Parker	KDOA
Judy Schrock	KSNA
Mark Bozanyak	Capitol Strategies
Anna Jung	Salina Family Healthcare Ctr
Stephanie Green	Salina Fam. Healthcare
Lindsey Douglas	Hein Law Firm
Tim Moore	United Methodist Health Ministry Fund
Kevin Robertson	KS Dental Association
Pat Eaker	KS Council on Disability Concerns
Jim McLean	KHI
Tom Gaches	GBBA

Please sign in black ink only.

KANSAS

DEPARTMENT OF HEALTH
AND ENVIRONMENT
Division of Health

Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary

www.kdheks.gov

Kansas State Oral Health Initiatives

Presented to
Social Services Budget Committee

Katherine A. Weno, D.D.S., J.D.
Director, Office of Oral Health
Kansas Department of Health and Environment

January 28, 2008

Introduction:

Mr. Chairperson and Members of the Committee, my name is Dr. Katherine Weno and I am the Director of the Office of Oral Health at the Kansas Department of Health and Environment. Thank you for the opportunity to discuss what the Office of Oral Health is doing on the state level to improve oral health in Kansas.

Background:

Many Kansans suffer with poor oral health. Twenty-one percent of Kansas children go to school every day with untreated, active dental decay in their mouths. Forty-four percent of adult Kansans report having lost at least one tooth to oral disease. Untreated oral disease can cause not only a loss of tooth structure that affects the ability to chew nutritious foods, but dental caries is an infectious disease that can cause pain and very severe systemic infections. An esthetically displeasing smile and lack of teeth can impede a child's social development and the ability of an adult to secure employment.

Dental disease is entirely preventable through good oral hygiene and preventive measures like dental sealants, fluoride varnish and water fluoridation. Unfortunately preventive services are underutilized, with only thirty-six percent of Kansas children receiving dental sealants, a plastic coating that bonds to the chewing surface of teeth and protects them from dental decay. Minority children in Kansas are at even more at risk for cavities, as sixty-six percent of African American kids and seventy-six percent of Hispanic kids lack dental sealants.

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The Kansas Office of Oral Health is the state agency dedicated to the improvement of the oral health status of all Kansans. We are responsible for compiling and analyzing data about oral health, developing public health programming to target populations with poor oral health, and working with community partners, like Oral Health Kansas to develop public policy that will address oral health disparities. I have been at KDHE since spring of 2006, and am happy to be here today to share some of the statewide oral health initiatives that are currently underway to improve Kansas' oral health.

Kansas Oral Health Plan

Although Kansas has many dedicated and effective oral health professionals working on this issue, there had never been a statewide, all inclusive oral health plan. Talking with my statewide partners, it was clear that this was needed, and the project became the Office of Oral Health's number one priority last year. Last February over one hundred oral health professionals, policy makers and interested parties met in Topeka for an oral health summit. This summit brainstormed and set priorities about oral health issues that needed to be addressed in the next three to five years. The outcomes of this summit became the backbone for the Kansas Oral Health Plan. The Plan is complete and was released in November at the Oral Health Kansas annual conference in Wichita.

The Plan has four sections which I will summarize:

Dental Workforce: Kansas has approximately 1400 dentists working within the state. These dentists are clustered in urban areas, and almost seventy-five percent live and/or work in Johnson, Wyandotte, Shawnee, Sedgwick and Douglas counties. The average Kansans dentist is a fifty year old white male. In a recent Office of Oral Health survey, over thirty percent of working dentists indicated that they expected to retire in the next ten years.

Recruiting dentists to rural Kansas is challenging. Kansas doesn't have a dental school, although many of Kansas dentists are alumni of the UMKC School of Dentistry in Kansas City, Missouri. The Office of Oral Health is currently working with many partners in the development of a statewide recruitment program to help rural areas and safety net clinics attract and keep dentists. An Advanced Education in General Dentistry Residency program is in the development phase at Wichita State University. This residency program will attract 8-10 new dentists who are looking for additional training to Wichita for one to two years. Oral Health Kansas has also done much work on the development of Extended Care Permits for Kansas Dental Hygienists. These permits allow dental hygienists to work in community health settings such as schools and nursing homes where access to preventive services is scarce.

Financing for Oral Health Services: The number one reason Kansans do not access oral health services is that they cannot afford it. Kansas Medicaid has a comprehensive dental benefit for children, but dental treatment for most adults on Medicaid is limited. These adults have no coverage for preventive care, fillings, or teeth cleaning. For this population Medicaid will only pay when a dental problem becomes an emergency and an infected tooth needs to be extracted. Kansas safety net clinics have recognized the need for oral health services for underserved populations. Seventeen community health clinics across the state offer dental services to their patients for free or at a reduced cost.

Kansas dental professionals have a strong tradition of providing charitable care to patients who cannot afford dental treatment. The Kansas Mission of Mercy is a yearly event where dentists and hygienists provide free dental care for two days at a public venue. Last year the event was held at the Topeka Expo Center and provided treatment to 1,441 patients. The event is planned for Garden City this year in April. Although this once a year event cannot solve the problem of dental access for the poor and underserved, it does demonstrate that there is a great unmet dental need for services in Kansas.

Community and Public Health: Oral health can be significantly improved by the implementation of some relatively simple and inexpensive community health strategies. Thirty-eight percent of Kansans live in areas where the water supply is not fluoridated. As I stated previously a majority of Kansas children do not have dental sealants. Many Kansans still smoke or use smokeless tobacco. Many persons are not aware that poor oral health can influence general physical health. Studies have shown a connection between oral disease and diabetes, cardiovascular disease and low birth weight babies. The Office of Oral Health is collaborating with community groups to reduce tobacco use and discuss community water fluoridation. We also promote the use of fluoride varnish in children under three at risk of dental decay. The state and independent hygienists are developing mobile dental hygiene programs in schools, community centers and nursing homes. Oral Health Kansas is taking the lead on the development of a social marketing campaign to educate Kansas about oral health. Community based public health programming is present throughout the state, and will have positive outcomes in the long term.

Children's Oral Health: Kansas currently requires all children in public schools to have a yearly oral health screening. Compliance with the school screening statute is inconsistent across the state. Schools are not provided with information on what type of screening should be done or required to return screening data to a state entity. The Office of Oral Health is in the process of developing a statewide school screening program and data collection system. A school oral health coordinator has been hired, and in 2008 five pilot sites will screen 30,000 children. The long term goal is to have all Kansas children screened yearly for oral disease. Oral Health Kansas is working to integrate an oral health curriculum into school health programs and classroom activities.

Kansas Head Start is also working to improve the oral health of children under five. They estimate that more than twenty-eight percent of three and four year old children in Head Start programs have dental decay. The Kansas Head Start Association (KHSA) established an early Head Start oral health program to ensure that home visitors were educating parents on their role in keeping their children cavity free. A current KHSA project will link early childhood centers with dental prevention services, oral health education, and a referral source for restorative dental treatment. By focusing on the oral health of young children, we hope to create a new generation of cavity free Kansans.

I thank you for the opportunity to speak to you today, and I am happy to stand for questions.

KAMU

Kansas Association
for the
Medically Underserved
The State Primary Care Association

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Testimony on:
Dental Hub Program

Presented to:
House Social Services Budget Committee

By:
Cathy Harding
Executive Director

January 28, 2008

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House Social Services Budget Committee
January 28, 2008
Attachment 2

House Social Services Budget Committee
January 28, 2009

Mr. Chairman, members of the Committee, I am Cathy Harding, Executive Director of the Kansas Association for the Medically Underserved, also known by the acronym KAMU. KAMU's membership is comprised of 33 organizational and six associate members, all of which provide health services to low-income individuals regardless of ability to pay. This afternoon, I would like to briefly describe an oral health program that was implemented last year to provide services for more low-income Kansans, called the "Dental Hub Program."

"Dental Hub" is a new term for most people and represents a hub and spoke model. The idea is that by increasing the number of oral health professionals in safety net clinics (hubs) and promoting their use of Expanded Care Practice dental hygienists in off-site areas (spokes), geographic access to oral health services for underserved populations will increase.

A clinic that is categorized as a "dental hub" has the following components:

- They use a team-based practice with a critical mass of oral health professionals at a safety net primary care clinic (the "hub");
- They employ at least two dentists, a dental assistant and a dental hygienist in-house;
- They use an Extended Care Practice (ECP) dental hygienist in off-site locations (the "spokes");
- They integrate medical and dental services, have a population-based focus and have a regional vision.

Approximately three years ago, KAMU began exploring this dental hub concept. Because of the commitment already evident in private Kansas health foundations to increase access to oral health services, we convened a group of foundations and state offices to explore the possibility of collaborating on a grant for safety net clinics interested in expanding dental services. The final outcome of these meetings was a new public-private partnership established last year to provide funding – nearly $2.5 million altogether – to implement the Dental Hub Grant Program. Five private Kansas Foundations provided nearly $2 million for the project, and included United Methodist Health Ministry Fund; Sunflower Foundation: Health for Kansans; Walter S. and Evan C. Jones Testamentary Trust – Bank of America, Trustee; REACH Healthcare Foundation; and Delta Dental of Kansas Foundation.

Nine applicants applied for funding last year. All of the applicants received funding from the State's $500,000 dental hub fund pool, ranging in size from $50,000 to $75,000, while four of the applicants were awarded grants from the private foundations. These private foundation awards ranged from $125,000 to $574,000. All of the clinics – including the five that did not receive the larger private foundation awards – are receiving training and technical assistance to better position them for oral health service expansion. Altogether, these clinics' service areas include over 33 counties with combined total population of over 900,000.

Although this grant program did not actually begin until October 1, 2007, these clinics are already making a difference in access to oral health services. The four applicants who received the larger private foundation dollars have made solid progress:

- The Community Health Center of Southeast Kansas in Pittsburg has completed planning for a dental clinic in Columbus. Construction is underway, with projected opening date

in late February. They have also recruited two dental hygienists, who will begin their employment there in late Spring. This clinic requested only a one-year grant, and they are on schedule for completing all of their objectives.

- Marian Clinic in Topeka has contracted with two experienced consultants to lead their planning efforts. They will meet on February 15 to set the direction of their dental expansion plans over the next three years. The result of the planning process will be an established implementation plan for the growth of dental services through this "Hub and Spoke" model.
- United Methodist Mexican American Ministries in Garden City has hired a part-time dentist and also contracted with another dentist to begin full-time this summer. In December, this clinic was able to start providing dental care four days a week, using their part-time dentist and an Extended Care Practice dental hygienist two days per week. They have contracted with a construction company to begin remodeling new, expanded space, and dental equipment and supplies have been ordered for this expansion.
- The Flint Hills Community Health Center in Emporia is completing their final architectural plans for remodeling and expansion of their dental area, and have ordered the new equipment for this expansion. They are actively recruiting for dental providers and have a provisional offer to one candidate who will graduate in May. They are also beginning their outreach spoke expansion with a long-term care facility in Coffey County.

All of the nine applicants are using their state awards to help pay the salaries of dental providers' and/or direct support staff.

KAMU is again meeting with these private foundations and state officials in preparation for another round of Dental Hub funding in the coming year.

As you know, good oral health is not just about a pretty smile – it is about the health of the whole person. Last year a tragic story in the national news brought attention to the fact that the absence of oral health can even lead to death. In Washington, D.C., 12-year-old Deamonte Driver died as a result of an untreated oral infection that spread to his brain.

With proper prevention and treatment, no child – nor adult – need ever face such a drastic situation. One way to combat the current epidemic of oral disease is to ensure efficient dental care for the underserved and those living in poverty. We are grateful for the support our state legislators have shown for this important health issue and we are excited about continuing to work with our lawmakers to make oral health care a reality for more Kansans.

Mr. Chairman, members of the Committee, I would be pleased to answer any questions you might have.