

January 25, 2012

To: The Honorable Mike Kiegerl, Chair
House Standing Committee on Children and Families

From: Brenda R. Sharpe, President and CEO
The REACH Healthcare Foundation

Subject: Supporting Access to Health Services for Kansas Families

Mr. Chair and members of the Committee, I'd like to thank you for the opportunity to be here today. On behalf of the REACH Healthcare Foundation, I'm pleased to speak with you about opportunities to improve the health of Kansas children and families. I am Brenda Sharpe, President and CEO of the REACH Healthcare Foundation, a charitable foundation established in 2003 for the purpose of improving the health of poor and medically underserved people in a six-county area that includes Allen, Johnson and Wyandotte counties in Kansas and three counties in Missouri.

Since 2005, the REACH Foundation has invested \$31 million in health programs and special initiatives in three key areas – safety net health care, mental health and oral health – all with a goal of providing children and adults greater access to quality, affordable health services. The programs and initiatives we support are located in urban, suburban and rural communities, and touch the lives of thousands of Kansas children, families and adults.

For most of our early years, the majority of our funds supported direct care – primary medical care; early intervention services; counseling, therapy and psychiatric services; emergency treatment; school-based services and more. We continue to invest in direct care and in safety net systems because there aren't enough services to address the immediate health concerns of children and adults in our region. However, in recent years, we've looked increasingly to public-private partnerships to help us leverage our limited resources and build more lasting solutions.

For example, the REACH Foundation was one of a group of Kansas foundations that supported Lieutenant Governor Colyer's stakeholder engagement sessions that enabled Kansans to share their ideas on how the state could improve Medicaid and health outcomes for the state's low-income residents.

REACH also supported a project supported by the Legislature to establish dental "hubs and spokes" that helped safety net clinics create new dental access points, or "spokes," in underserved communities. The hub and spoke program was a concept developed by the

Kansas Association for the Medically Underserved (KAMU) and supported by REACH and several of our health foundation colleagues. Since the program began, hubs have been created in Lyon, Crawford, Geary, Sedgwick, Saline, Reno, Ellis and Finney counties. Those eight hubs provide dental services through spokes in 74 Kansas counties, including in the REACH Foundation's service area. Even more importantly, the clinics receive payments from Medicaid and HealthWave, and other third-party insurance payments, helping them become financially self-sustaining. In February, the REACH Foundation will host representatives from 27 health foundations from across the country that are engaged in funding oral health policy. The KAMU Hub and Spoke project will be prominently featured as a successful approach to dramatically and sustainably expand access.

Over seven years, the REACH Foundation has received nearly 1,000 grant requests and supported close to 500. In this time, we have learned a lesson that is true for philanthropic efforts everywhere. Philanthropy can help with short-term needs, emergency assistance, seed new programs and kick-start great ideas. We are able to take on more entrepreneurial risk than government-funded programs. However, philanthropy doesn't have the capacity to provide the kind of longer-term support families need to move out of poverty and participate fully in the economy. To accomplish that, we need strong public health programs that focus on preventive care and improved health outcomes for vulnerable populations.

Today I'd like to talk with you about one of the Foundation's priority areas: oral health care. In our Kansas communities, we have put resources into early childhood and school-based screening programs, dental equipment, services for disabled and homebound adults, dental funds for uninsured, teledentistry programs and more. We have supported charitable dental projects, such as the Kansas Mission of Mercy, and efforts to recruit and retain dentists in under-served areas.

Our experience has shown us that there is a serious problem with access to dental care in our state, particularly for uninsured, low-income adults. For many hard-working families, dental coverage simply isn't available. In our own service area, there is a vast population of adults who rely on safety net dental care. Even when children qualify for Medicaid services, there aren't enough providers willing to accept that form of payment and thus offer the kind of ongoing preventive care that all children need to be healthy.

You may have heard about a proposal to establish a dental mid-level professional called a Registered Dental Practitioner. We want you to hear more and consider the positive benefits this new practitioner can offer Kansans. The idea, developed over more than two years of discussions with health leaders and everyday Kansans from across the state, is to expand the dental team as a way to expand access to care. The REACH Foundation's staff and Board of Directors researched and reviewed this option carefully and believe it to be a

significant and viable part of a Kansas-based solution to access. REACH and two other Kansas health foundations have provided funding for the project the past two years.

The Registered Dental Practitioner (RDP) offers a safe and practical approach to making dental care available to people so that they aren't shut out of care based on their life circumstances or where they live, or whether their community is able to attract and retain qualified dentists, a problem we often see in rural counties and urban areas, including Wyandotte and Sedgwick counties. This model, much like we see in a medical model, allows dentists to expand their practice and add a new mid-level provider who works under their supervision, similar to a nurse practitioner or a physician's assistant in a medical practice. The RDP can practice outside of the dentist's office and use teledentistry to support supervision and determine when a referral is needed for more extensive treatment.

At REACH, we support this concept because it expands the dental team and helps our state create a more lasting answer to a health issue that can have long-term consequences for children and adults. I know that this committee is dedicated to addressing concerns that affect the health, well-being and stability of children and their families. Opening up new avenues to support lifelong health is vital to that well-being.

I appreciate the opportunity to share the REACH Foundation's work and interests with you. I welcome any opportunity to continue these discussions and introduce you to the people and programs with which we work. One of those outstanding advocates for the underserved is Suzanne Wikle of Kansas Action for Children. Suzanne is one of the lead partners in the Kansas Dental Project. Representative Kiegerl was kind enough to allow Suzanne to follow my presentation with a more detailed description of the benefits of the RDP model to the state's low income and geographically isolated residents.