
MODELS FOR PRACTICE

FOCUS AREA: ORAL HEALTH

Program Name: FirstHealth of the Carolinas Dental Health Program

Location: Pinehurst, North Carolina

Problem Addressed: Oral Health

Healthy People 2010 Objective: 21-1; 21-2a, b, c; 21-8; 21-10; 21-12; 21-14

Web Address: <http://www.firsthealth.org>

SNAPSHOT

The FirstHealth of the Carolinas Dental Health Program serves five counties in central North Carolina. The program is designed to deliver education, primary and secondary prevention including early screening programs, treatment, and emergency care to low-income, Medicaid-eligible children from birth to 18.

The program addresses the problem of inadequate access to dental care, health education, and prevention services for low-income and Medicaid-eligible children between the ages of birth and 18 years old.

THE MODEL

Blueprint: The FirstHealth of the Carolinas Dental Health Program delivers dental health services through three established clinics to five nonmetropolitan counties in central North Carolina. The program addresses the problem of inadequate access to dental care, health education, and prevention services for low-income and Medicaid-eligible children between the ages of birth and 18 years old. The program is served by the following staff: full-time dental director, dental coordinator, three full-time dentists (plus six fill-in dentists), pediatric dentist, program manager, dental hygienists, dental assistants, receptionists, and a volunteer staff including interns from the University of North Carolina School of Dentistry and students from area high schools.

Making a Difference: FirstHealth Dental Program opened the first of three clinics in 1998. To keep the doors open, it embarked on a diligent mission of seeking financial sustainability. In addition to maintaining strong relationships with charitable foundations, FirstHealth also seeks funding through national, state, and local resources. A significant portion of FirstHealth's funding was obtained through the Community Voices Initiative of the W.K. Kellogg Foundation.

FirstHealth utilizes a variety of performance measurements including process, outcome, and perception indicators. By tracking the number of patient encounters, health care coverage status, and demographics, the data revealed that as of April 2002, the three centers had treated almost 65

percent of the approximately 12,000 underserved and uninsured children in the service area. This is in stark contrast to the state average of 22 percent. Outcome indicators reveal that the centers increased by 600 percent the number of children receiving sealants, transitioned more than 30 percent of children into preventive maintenance status, and achieved a no-show rate of 16 percent. Comparatively, the national no-show rate is 30 percent. The program also monitors financial indicators. As anticipated, FirstHealth's expenses exceed revenues by 9 percent; however, the difference is supplemented by grants and the FirstHealth Community Benefit Program.

Finally, FirstHealth is a pioneer in the use of nontraditional providers as a mechanism to address the shortage of dental providers. FirstHealth offers training sessions to pediatricians and family practitioners, which are designed to instruct these providers on applying fluoride varnishes to small children's teeth. To date, 140 physicians, nurses, and clinical staff have been trained to deliver this service.

Beginnings: FirstHealth Dental Health Program began with a public outcry from public health hygienists and school nurses to FirstHealth of the Carolinas, which is a not-for-profit, integrated health care system serving the mid Carolinas. Private dentists, physicians, local school personnel, health departments, and the Oral Health Section of the North Carolina Division of Public Health joined together in a task force designed to assess the problem of access to dental care. State data were reinforced by the number of dental-related problems being addressed in emergency rooms, physician offices, dental practices, and reports from school personnel that children were inattentive at school due to dental pain. Data also confirmed the number one problem in the area was lack of dental care for low-income children.

Three clinics (one full time and two part-time) were opened in the nonmetropolitan counties of Moore, Montgomery, and Hoke within a one year time frame. The Duke Endowment of Charlotte, North Carolina, and the Kate B. Reynolds Charitable Trust of Winston-Salem, North Carolina, provided start-up funding. One center was new construction; one center was a renovated office owned by FirstHealth, and the third was a house that was refurbished. A local dentist provided some of the dental chairs. In addition to dental care provided in the clinics, the program includes an outreach component that involves providing sealants in the schools and encouraging the use of fluoride varnish services in providers' offices. FirstHealth screens Special Olympics children, provides screening and treatment for Head Start three- and four-year-olds, and summer camp for children of migrant farmworkers and institutionalized youth. The centers also provide assistance to patients in completing the applications for public assistance and arranging for transportation services.

Challenges and Solutions: FirstHealth of the Carolinas has institutionalized the dental program utilizing the health care system's departments to support them in the areas of finance, information systems, education, and communications.

FirstHealth also realized that since the patients were not privately insured, a deficit was inevitable. Therefore, FirstHealth subsidizes the program through the FirstHealth Community Benefit Program. FirstHealth has also pursued a variety of other funding sources including the American Dental Association, Academy of General Dentistry, North Carolina Smart Start program, Salvation Army, Migrant Farmworkers Programs, Junior League of Moore County, Sandhills Dental Study Club, and the FirstHealth Moore Regional Hospital Auxillary.

Another challenge encountered by the program was uncertainty by local dentists as to the need for FirstHealth to provide dental services. However, the task force (which included local dentists) reviewed data on the dental crisis and determined the need for FirstHealth's Dental Program.

FirstHealth Dental Program utilizes a variety of channels to publicize its program to clients at the community and state level. The program also pursues policy changes in order to have the greatest impact on improving access. Locally, FirstHealth works closely with local schools and provides informational materials to every elementary school child. The program has also implemented a variety of other creative publicity measures targeting local, state, and charitable sponsors.

PROGRAM CONTACT INFORMATION

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