

# Health Department

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LOB #153:

## **DENTAL HEALTH**

### **Purpose**

The Dental Health Program serves to provide access to oral healthcare and education for high-risk populations. It is a direct service program that provides screening/evaluation, preventive and restorative dental care to low-income maternity clients, and low-income children, ages 3 years through 18 years of age. Oral health education and onsite screenings are provided at schools, pre-schools, childcare centers and other community settings.

### **Description**

The Dental Health Program has been operating for many decades to meet the needs of children and pregnant women who meet financial eligibility criteria for care. Services include screening, evaluation, preventative and restorative dental care for low-income children through age 18 years of age and pregnant women. In FY 2015, there were 854 new patient visits and over 2,700 patient visits.

The Health Department provides Dental Health services in three of the district offices. The dental clinics are located at the Herndon/Reston District office serving the north end of the County, the Mount Vernon District Office serving the south end of the County, and the Joseph Willard Health Center serving the central County. Services are provided during County business hours, Monday-Friday, 8:00am-4:30pm. Patients are seen by appointment only at the three clinic sites. Each dental clinic is staffed by a Dentist, a Dental Assistant, and an Administrative Assistant who handles registration, billing and fee collection.

Dentistry is an equipment-reliant field so almost all services are provided at the three sites. However, the program does have mobile equipment to allow for dental evaluations outside of the clinical setting, (e.g., schools, pre-schools, childcare centers and other community settings). These services are provided on a scheduled basis during County business hours.

### **Benefits**

Public Health dentistry is different than general dentistry. Community oral health programs and education for the prevention and control of dental diseases at the population level are important benefits of this program. Last year, the Health Department performed over 700 screenings and education sessions. The screenings and community education is a vital piece in outlining the need for regular and preventative oral health visits.

Access to dental care remains a challenge for low-income uninsured children throughout the region. In the broader community, the participation level of the dental providers in the children's Health Insurance (Medicaid-FAMIS, Health Exchange) programs varies. For every child with insurance there are 2.6 children without dental insurance. Currently the Health Department's Dental Program is open to both uninsured low-income and Medicaid-covered children, with approximately 70 percent of the clients served being uninsured, and 30 percent having Medicaid. Many of the County's youth dental needs could go unmet without this program. Studies now link oral health to patients overall health and well-being. Individuals who do not have access to preventative services and dental treatment have greater rates of oral diseases and need more costly intervention in the long run.

The Dental Health Program also provides dental services for children enrolled in the Medical Care for Children Program (MCCP) who meet financial eligibility. MCCP refers approximately 30 percent of their enrolled children to the Dental Health program. Without access to this program, MCCP would incur significant costs to secure dental services from a private provider.

# Health Department

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## Mandates

This Line of Business is not mandated; however, the County must administer the program in compliance of the Board of Dentistry regulations.

## Trends and Challenges

Dental disease is the biggest chronic disease among Virginia children and causes 1 million lost school hours a year. Even for children with Medicaid, less than 50 percent of them have been seen by a dentist. The Dental Health program remains the key program for uninsured low-income and Medicaid children to receive their services in Fairfax County. However, the demand for services exceeds current capacity. The referrals from the Medical Care for Children Program (MCCP) have increased over the years and there are many months when the waiting list for services is greater than six weeks long.

The landscape of the oral health safety net has had some transitions in the last year. Northern Virginia Community College closed their restorative dental clinic which has further limited options for uninsured clients to obtain care. Although Federally Qualified Health Centers (FQHCs) are mandated to provide oral healthcare, the two in Fairfax County do not have their own on-site dental services and have looked at partnerships with existing safety net providers to meet their needs. At this time, the FQHCs have not offset any of the demand on the Health Department for dental services. Northern Virginia Dental Clinic is the other primary source for safety net oral health services and they serve only the adult low-income population.

In response to the growing demand for dental services for those in need, the County convened a taskforce to review and develop a more comprehensive approach to safety net oral health services. Much work has been done through this taskforce by all partners, however full implementation has not yet been achieved.

## Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
<b>LOB #153: Dental Health</b>			
<b>FUNDING</b>			
<u>Expenditures:</u>			
Compensation	\$646,702	\$636,336	\$645,142
Operating Expenses	57,485	64,707	36,298
<b>Total Expenditures</b>	<b>\$704,187</b>	<b>\$706,602</b>	<b>\$681,440</b>
General Fund Revenue	\$282,643	\$261,886	\$276,464
<b>Net Cost/(Savings) to General Fund</b>	<b>\$421,544</b>	<b>\$444,716</b>	<b>\$404,976</b>
<b>POSITIONS</b>			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	9 / 9	9 / 9	9 / 9
<b>Total Positions</b>	<b>9 / 9</b>	<b>9 / 9</b>	<b>9 / 9</b>

# Health Department

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## Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
New patient visits	1,547	714	854	900	900
Total patients visits	2,603	3,640	2,717	3,400	3,400
Net cost to County	\$249	\$179	\$196	\$195	\$196
Customer satisfaction index	97%	97%	97%	97%	97%
Percent of treatment completed within a 12 month period	42%	44%	43%	40%	40%

The Dental Health Program has been working towards a goal to increase the amount of time that program staff spends on service provision and to reduce the time spent on administrative tasks. This has been very successful over the last two years as evidenced by the increase in the number of new patient visits for FY 2015. The program has been able to increase the number of clients seen each day and to offer more appointment times for client visits.

In dentistry, the output is determined by the productivity of the dentist, and without a dentist no direct services can be provided. Each dental office is staffed by only one dentist, who influences the output of that office. As a result of Family Medical Leave (FML) situations at two of the three offices, there was a decrease in the number of total visits and less growth than expected in the new patient visits. Baring such extenuating circumstance, reduced number of total visits is not anticipated to occur in future years. Patient satisfaction ratings were not impacted by this and have remained at 97 percent for the past three fiscal years.

The acuity and complexity of cases are increasing. Many of the recent unaccompanied minors that entered the County have presented for services with years of neglected oral health. These patients have needed a significant amount of care, taking more time, and resulting in longer visits. The decrease in total visits is partially attributed to this trend in longer and more complex individual visits. Despite this, the percent of treatment completed within a twelve month period has remained consistent at 43 percent.