

# MAKING MILWAUKEE SMILE

*A report on efforts to improve the oral health of Milwaukee children.*



EXECUTIVE SUMMARY 2011

## Partners and Acknowledgements

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### Key partners responsible for guiding and creating this plan:

Children's Health Alliance of Wisconsin  
Children's Hospital of Wisconsin Dental Center  
Columbia St. Mary's  
Marquette University School of Dentistry  
Medical College of Wisconsin  
Milwaukee Health Services, Inc.  
Milwaukee Public Schools  
Southeast Dental Associates

### Individuals and organizations contributing to the development and implementation of this plan:

Jorelle Alexander, DMD, MPH – Milwaukee Health Services, Inc.  
Marques Bland – Columbia St. Mary's  
Matt Crespin, MPH, RDH – Children's Health Alliance of Wisconsin  
Reyna Garcia – Columbia St. Mary's  
Deanna Janssen, RDH – Southeast Dental Associates  
M. Kathleen Murphy, DNP, RN, FNP-BC – Milwaukee Public Schools  
Elizabeth Nelson, MA, BSSW – Columbia St. Mary's  
Christopher Okunseri, BDS, MSc, DDPHRCSE, FFDRCSI - Marquette University School of Dentistry  
Lisa Olson – Medical College of Wisconsin  
Karen Ordinans – Children's Health Alliance of Wisconsin  
A. Charles Post, DDS – Children's Hospital of Wisconsin Dental Center  
Bill Solberg – Columbia St. Mary's  
Earnestine Willis, MD, MPH – Medical College of Wisconsin

Editor, Alex Eichenbaum, Children's Health Alliance of Wisconsin

Graphic design and layout, Tara Goris, Children's Health Alliance of Wisconsin

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## Executive summary

Oral health is an integral component of general health and contributes to one's overall well-being. A well-documented link exists between oral and systemic health. Tooth decay (dental caries) is the single most common chronic disease of childhood, occurring five times more frequently than asthma and seven times more often than hay fever.<sup>1</sup> According to the 2008 Make Your Smile Count survey conducted by the Wisconsin Department of Health Services, 20 percent of the state's third grade children had untreated decay in at least one primary or permanent tooth. Data reviewed on children in the city of Milwaukee indicates the proportion of children with untreated decay is disproportionately higher than the rest of the state. Statistics from the 2008 Make Your Smile Count third grade oral health survey showed children in Milwaukee to have an untreated decay rate of 37.5 percent, far higher than the state average of 20 percent.<sup>3</sup>

In 2006, as a result of a Healthier Wisconsin Partnership Program (HWPP) development grant, Children's Health Alliance of Wisconsin (Alliance), Children's Hospital of Wisconsin Dental Center, Marquette University School of Dentistry (MUSoD), Medical College of Wisconsin (MCW) and Milwaukee Public Schools (MPS) formed the Healthy Teeth = Healthy Kids (HT=HK) partnership. Funding from a HWPP development award allowed partners to create a plan to improve the oral health of Milwaukee children. The HT=HK partners released *Healthy Teeth = Healthy Kids: a plan to improve the oral health of Milwaukee children* in August 2007. HT=HK included four key recommendations focusing on the partnership's mission of increasing the number of children with a dental home.

A three-year HWPP impact award, Making Milwaukee Smile (MMS), was awarded to focus on three of the four HT=HK recommendations. Columbia St. Mary's Smart Smiles program, Milwaukee Health Services, Inc. and Southeast Dental Associates (SEDA) were identified as essential partners to address the three proposed recommendations. All three objectives were met and exceeded by the MMS partnership over the three-year implementation.

### **MMS Objective 1: By June 30, 2011, reduce the proportion of children in Starns Schools with urgent oral health needs by 15 percent.**

- **Result:** Since 2008, urgent oral health needs decreased from 8 percent to 4 percent, a net decrease of 50 percent as a result of MMS. Additionally, children with early treatment needs decreased from 68 percent to 46 percent, a 32 percent decrease in the number of children with disease.

### **MMS Objective 2: By June 30, 2011, increase participation in Columbia St. Mary's school-based oral health program by 30 percent.**

- **Result:** Since 2008, student participation in the Columbia St. Mary's Smart Smiles program has increased from 50 percent to 77 percent, a 53 percent increase as a result of efforts of the oral health care coordinator (OHCC) provided by MMS.

### **MMS Objective 3: By June 30, 2011, increase the role of 100 health care providers in addressing oral disease.**

- **Result:** Since 2008, MMS partners trained 151 primary care providers on performing oral health

risk assessments, providing anticipatory guidance and applying fluoride varnish. As a result an increase in knowledge of these providers has been documented. Many of the providers trained have now incorporated new oral health practices into their day-to-day care plans.

A full-time OHCC was hired by Smart Smiles to address MMS objectives 1 and 2. Smart Smiles is a school-based oral health prevention program providing comprehensive/preventive oral health services in more than 40 Milwaukee schools annually. The OHCC was placed in two MPS schools (Starms Early Childhood Center and Starms Discovery Learning Center) and worked directly with administrators, staff, parents, caregivers and children. The OHCC worked to increase participation in the Smart Smiles program and assisted families in finding dental homes for children, especially those needing restorative care.

To address MMS objective 3, dental providers from Children's Hospital of Wisconsin Dental Center, MHSI and MUSoD, along with the Alliance oral health project manager, implemented training for medical providers on performing oral health risk assessments, providing anticipatory guidance and applying fluoride varnish. Implementation of the OHCC and primary care provider training proved to be successful as all three MMS objectives were not only met, but exceeded.

Partners identified nine key findings in reviewing MMS data:

- **Implementation of an OHCC significantly increased access to preventive services.**
- **Implementation of an OHCC had an impact on early and urgent disease rates.**
- **Children with annual access to school-based oral health preventive services have decreased dental disease rates.**
- **Over half of Milwaukee primary care providers are aware that early oral health intervention is best.**
- **Primary care providers have a difficult time referring their patients with identified dental problems due to the lack of Medicaid dental providers.**
- **If reliable referral sources existed, more primary care providers would conduct pediatric oral health risk assessments.**
- **Medical providers are willing to implement oral health risk assessments and apply fluoride varnish with proper training.**
- **Training primary care providers increased their knowledge of oral health risk assessment.**
- **Feedback from MMS partners revealed that effective and well-organized meetings with clear goals and quality discussions were held. In addition, partners reported that different opinions were respected and partnership meetings benefitted from effective leadership and facilitation.**

MMS partners strongly believe the data in this document can be used to leverage funding to support the OHCC role in communities across Wisconsin and the nation. MMS partners also continue to advocate for medical providers to play an active role in the prevention of dental disease. It was the intent of the partnership to determine if this intervention would lead to greater access to dental care and lower disease prevalence for children by implementation of the OHCC. Additionally, MMS partners wanted to engage primary care providers in oral health risk assessments and application of fluoride varnish. While this intervention is not the only answer to improving pediatric oral health, it is a possible solution to a multi-faceted problem.

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Children's Health Alliance of Wisconsin  
620 S. 76th St., Suite 120  
Milwaukee, WI 53214  
(414) 292-4000

[www.chawisconsin.org/oral-health-resources.htm](http://www.chawisconsin.org/oral-health-resources.htm)



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