America’s Voice for Community Health Care
Improving the Oral Health of Farmworker Children and Their Families

The Triple Aim

Improving the Health of the Population

Improving the Patient Experience

Bending the Cost Curve
Improving the Oral Health of Farmworker Children and Their Families

Health Center Patient Centered Medical Home

Includes

The Integration of Oral and Behavioral Health

With

Everyone working at the top of their licensure/training/certification
National Farmworker Health Conference

Improving the Oral Health of Farmworker Children and Their Families

Who are the members of the oral health care teams?

Smiles for Life Curriculum

Improving the Oral Health of Farmworker Children and Their Families

Rachel Gonzales-Hanson, Chief Executive Officer, Community Health Development, Inc., Uvalde, TX

Jay Breines, Chief Executive Officer, Holyoke Health Center, Holyoke, MA

Guadalupe Cuesta, Director, National Migrant and Seasonal Head Start Collaboration Office, Washington, DC

Frank Mazzeo, Jr., DDS, Chief Executive Officer, Family Health Centers of Southwest Florida, Inc., Ft. Meyers, FL
Meeting Farmworkers’ Dental Needs: Comprehensive and Integrated

NACHC’s Annual Farmworker Conference
May 2014

Rachel A. Gonzales-Hanson, CEO
Community Health Development, Inc.
Community Health Centers in the Middle Rio Grande & Valley Regions of Texas
Oral Health Services can no longer be considered as adjunct, discretionary services in any system of comprehensive primary health care.
MULTI-DISCIPLINARY PRIMARY HEALTH CARE

Requires

– Teamwork

– Accurate and timely communication and documentation

– A sense that what one discipline feels is important; and automatically becomes important to you
A MULTI-DISCIPLINARY APPROACH TO PRIMARY HEALTH CARE

• A multi-disciplinary model of primary health care addresses the anatomical, physiological and psychological needs of the individual in both health and disease states in a holistic manner.

• Community health centers are the ideal setting for providing multi-disciplinary health care, in a culturally-appropriate manner.
In the Oral Health Department this includes:

- Taking a thorough health history including:
  - a list of all medications and compliance with medication orders
  - when last routine physical exam occurred
  - if patient is a child, inquiring about immunization status
  - taking patient’s weight and making medical referral for abnormal BMI.
  - inquiring if patient uses tobacco products; if so, discussing risks of tobacco use, smoking/tobacco use cessation and providing medical referral for cessation assistance in conjunction with Oral Cancer Screening Examinations
In the Oral Health Department this includes (cont’d):

- Obtaining BP on every patient
- Obtaining RBS on all diabetic patients
- Providing consultative and co-management services to hospitalized patients
- Referring patient for follow-up when abnormal or unusual findings are revealed
- Oral diagnosis of Early Childhood Caries generates a referral for medical evaluation and diet evaluation
- Referring atypical periodontal disease patients for medical work-up to rule out diabetes
In the Medical Department this includes, at a minimum:

- Referring obese patients to Dental Dept. (obese patients often have a high sugar intake and are at risk for an increased incidence of dental caries)

- Medical diagnosis of diabetes generates a referral for oral health evaluation and treatment

- Positive pregnancy test and entrance into the prenatal program generates a referral for oral health evaluation and treatment
SPECIAL POPULATIONS WITHIN THE FARMWORKER COMMUNITY

- Seniors/Geriatric Patients
- Pediatric Patients
- Pre-natal Patients
Oral Health is usually episodic, not problem-based, for various reasons:

– Financial limitations
– Lack of coverage
– Lack of access to affordable care
– “No Pain, No Problem”
– Lack of understanding long-term implications
OPPORTUNITIES TO IMPROVE HOW C/MHC’S SERVE FARMWORKERS

➢ “A picture is worth a thousand words” – use visuals with “real people” in the medical and dental depts., emphasizing prevention and cost-savings
➢ Open Access Model and Extended Hours
➢ Using integrated EHR/PMS systems (medical & dental)
  Dental Staff can review health status for past 3 yrs., view complete medication list, Medical & Dental Depts. can “task” each other for appointments, consults (indicating level of urgency), etc.
OPPORTUNITIES TO IMPROVE HOW C/MHC’S SERVE FARMWORKERS
(cont’d)

- Take advantage of “captive audience” to educate on impact prevention has on health status and finances
- Patients require Patience and Understanding; Don’t judge until you understand their particular situation.
FINANCIAL OPPORTUNITIES FOR C/MHC’S WITH DENTAL DEPTS.

• Agreements/contracts with Migrant Head Start and Early Head Start Programs
• Agreements/contracts with local school districts
• Agreements/contracts with hospitals
• Agreements/contracts with MHMR facilities
• Research funding opportunities that enable you to design special programs
FARMWORKERS GIVE US THEIR BEST...THEY DESERVE OUR BEST!
Holyoke Health Center
Migrant Dental Program

Jay Breines, CEO
jay.breines@hhcinc.org
May 15, 2014

Improving the health of our patients through affordable, quality health care & comprehensive community based programs to create a healthy community.
Who Are We?

- FQHC located in Western Massachusetts
- Provide medical, dental, pharmacy, physical therapy, eye care and migrant services
- 95,000 visits per year
- Two clinical locations, 6 dental locations
Our Locations

Holyoke Health Center
Chicopee Health Center
Ludlow Jail
Holyoke Soldiers’ Home
STCC
Western MA Hospital
Baystate Children’s Hospital
## Farmworker Population Served

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>59% Hispanic</th>
<th>41% Jamaican</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Language</td>
<td>59% Spanish</td>
<td>41% English</td>
</tr>
<tr>
<td>Gender</td>
<td>80% males</td>
<td>20% females</td>
</tr>
<tr>
<td>Population</td>
<td>90% farmworkers</td>
<td>10% dependents</td>
</tr>
<tr>
<td>Status</td>
<td>75% migrant</td>
<td>25% seasonal</td>
</tr>
</tbody>
</table>
## Crops Grown/Seasonal Activity

<table>
<thead>
<tr>
<th>Crop</th>
<th>Season</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apples, Peaches</td>
<td>August – October</td>
</tr>
<tr>
<td>Cucumbers</td>
<td>June – September</td>
</tr>
<tr>
<td>Greens</td>
<td>May – October</td>
</tr>
<tr>
<td>Greenhouse</td>
<td>April – November</td>
</tr>
<tr>
<td>Peppers, Carrots, Tomatoes</td>
<td>June – October</td>
</tr>
<tr>
<td>Squash, Pumpkins</td>
<td>June – December</td>
</tr>
<tr>
<td>Tobacco</td>
<td>April – November</td>
</tr>
</tbody>
</table>
# Services Provided

| Services Provided | 
|------------------|---|
| Medical Care     | 
|                  | 
| Primary Care     | 150 patients served | 475 visits |
| Dental (adult)   | 125 patients served | 290 visits |
| Dental (child)   | 10 patients served  | 29 visits  |

*The child dental visits represent year 1 initial start*

| Enabling         | 
|------------------|---|
| Outreach/Enrollment | 300 unduplicated contacts |
Migrant Dental Program

• Adult
  – Dental residents accompany medical team to farms/residences and provide screening & referral for adult farmworkers
  – During visit provide oral health education, oral health supplies

• Pediatric
  – Pediatric dental residents provide screening at Migrant Head Start programs, refer to HHC for care
Oral Health Conditions

• During the screenings the dentists cited lack of regular dental care due to no dental home
• Dentists cited many existing conditions including caries
• Majority of children needed restorative care, pulpal therapy and extractions
• One child was provided care at the OR for extensive dental work
• Four children were treated at HHC utilizing sedation due to fear of dentistry
Oral Health Conditions

This is how the Holyoke Health Center Migrant Dental Program provides the most benefit to farmworkers.

No cost dental care for very serious dental conditions.
Future Programming

• Expand the medical/dental integration & incorporate mobile equipment with farmworker outreach program.
  – This will allow basic care to be completed on adults
• Expand the oral health education for farmworkers & farmworker dependents during outreach
• Increase the number of screenings at Migrant Head Start Programs
• Utilize the HHC dental facility to treat more children while they are here for the season
Thank You
The Migrant Seasonal Head Start (MSHS) program is one of the largest community based service providers in the nation, providing a wide range of services to more than 32,000 migrant and seasonal children, ages birth to compulsory school age, and their families each year. The MSHS program provides education and support services to low-income children of migrant and seasonal farm workers and their families.
Migrant and Seasonal Head Start in 38 States

Served states

Unserved states
<table>
<thead>
<tr>
<th>Agency Types</th>
<th>Program Types</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Action Agency (CAA)</td>
<td>Migrant and Seasonal Head Start</td>
</tr>
<tr>
<td>GOVERNMENT AGENCY (Non-CAA)</td>
<td></td>
</tr>
<tr>
<td>PRIVATE/PUBLIC FOR-PROFIT (e.g., for-profit hospitals)</td>
<td></td>
</tr>
<tr>
<td>PRIVATE/PUBLIC NON-PROFIT (Non-CAA) (e.g., church or non-profit hospitals)</td>
<td></td>
</tr>
<tr>
<td>School System</td>
<td></td>
</tr>
<tr>
<td>Delegate Agency</td>
<td></td>
</tr>
<tr>
<td>Grantee that Directly Operates Program(s) and has no Delegates</td>
<td></td>
</tr>
<tr>
<td>Grantee that Directly Operates Programs and Delegates Service Delivery</td>
<td></td>
</tr>
<tr>
<td>Grantee that Maintains Central Office Staff Only and Operates no Program(s) Directly</td>
<td></td>
</tr>
</tbody>
</table>
MSHS Eligibility Criteria

- Income below federal poverty guidelines
- Birth to **compulsory** school age
- The *entire* family must have moved within the last 24 months in search of agricultural work
- 51% of income from agriculture within the last 12 months - families must meet this requirement each year
Migrant & Seasonal Definition

(Head Start Act, as amended 10/27/98)

(A) with respect to services for migrant farmworkers, a Head Start program that serves families who are engaged in agricultural labor and who have changed their residence from one geographical location to another in the preceding two year period; and

B) with respect to services for seasonal farmworkers, a Head Start program that serves families who are engaged primarily in seasonal agricultural labor and who have not changed their residence to another geographic location in the preceding two year period

Agriculture Labor: row and tree crops, (some nursery and cannery work)
<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment</td>
<td>32,082</td>
</tr>
<tr>
<td>Children Age 3-5</td>
<td>15,748</td>
</tr>
<tr>
<td>Children Age 0-2</td>
<td>16,159</td>
</tr>
<tr>
<td>Family Child Care</td>
<td>1,919</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>175</td>
</tr>
</tbody>
</table>

**MSHS Funded Enrollment**

32,298
## Health Insurance - Children

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children with Health Insurance</td>
<td>29,360</td>
</tr>
<tr>
<td>Children without Health Insurance</td>
<td>3,322</td>
</tr>
<tr>
<td>Children enrolled in Medicaid and/or CHIP</td>
<td>27,316</td>
</tr>
<tr>
<td>Children enrolled in State funded Insurance</td>
<td>953</td>
</tr>
<tr>
<td>Children with Private Health Insurance</td>
<td>438</td>
</tr>
<tr>
<td>Children with other type of Health Insurance</td>
<td>69</td>
</tr>
<tr>
<td>Pregnant Women with Health Insurance</td>
<td>140</td>
</tr>
<tr>
<td>Pregnant Women without Health Insurance</td>
<td>35</td>
</tr>
</tbody>
</table>
### PROGRAM INFORMATION REPORT (PIR)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Answer</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of these, children who have</td>
<td>3,306</td>
<td>94.40%</td>
</tr>
<tr>
<td>received or are receiving medical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>treatment (at End of Enrollment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anemia</td>
<td>1,043</td>
<td>3.27%</td>
</tr>
<tr>
<td>Asthma</td>
<td>948</td>
<td>2.97%</td>
</tr>
<tr>
<td>Hearing Difficulties</td>
<td>785</td>
<td>2.46%</td>
</tr>
<tr>
<td>Vision Problems</td>
<td>910</td>
<td>2.85%</td>
</tr>
<tr>
<td>High Lead Levels</td>
<td>229</td>
<td>0.72%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>18</td>
<td>0.06%</td>
</tr>
</tbody>
</table>

### Body Mass Index (BMI) - Children (HS and Migrant Programs)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Answer</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight (at Enrollment according to 2000 CDC BMI-for-age growth chart)</td>
<td>518</td>
<td>3.29%</td>
</tr>
<tr>
<td>Healthy Weight (at Enrollment according to 2000 CDC BMI-for-age growth chart)</td>
<td>10,329</td>
<td>65.59%</td>
</tr>
<tr>
<td>Overweight (at Enrollment according to 2000 CDC BMI-for-age growth chart)</td>
<td>2,209</td>
<td>14.03%</td>
</tr>
<tr>
<td>Obese (at Enrollment according to 2000 CDC BMI-for-age growth chart)</td>
<td>2,607</td>
<td>16.55%</td>
</tr>
</tbody>
</table>
COLLABORATION with HRSA
Collaboration History

The need for oral health services for Migrant and Seasonal Head Start children

- Children Continuous Accessible Health Care 97.68%
- Children Migrant Health Center 29.93%
- Children Indian Health Service 0.32%

Problem Solving with HRSA and Stakeholders

- Understanding
- Funding sources
- Time requirement for assessments and follow-up for highly mobile population

Development of Memorandum of Understanding
Contributors to the development of the Memorandum of Understanding

Jay R. Anderson, (Former) Chief Dental Officer, Clinical Quality Improvement Branch  DHHS/HRSA/BPHC

Hubert Avent, Senior Advisor, Office of National Assistance and Special Population Bureau of Primary Health Care Health Resources & Services Administration

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Sandra Carton, Regional Program Manager, Office of Head Start Administration for Children and Families

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Wendy DeCourcey, Social Science Research Analyst, Office of Planning, Research & Evaluation (OPRE)

Hyewon Lee, DMD, Dental Officer Office of Strategic Priorities, Office of Special Health Affairs/HRSA

Henry Lopez Jr. (Former) Division Director, DHHS/HRSA/BHPR/Health Careers Diversity

Barbara Mainster, Executive Director/Head Start Dir., Redlands Christian Migrant Association, Inc.(RCMA)

Dr. Frank Mazzeo, HCN Board of Directors, President and CEO Family Health Centers of Southwest Florida, Inc.

Juan Carlos Olivares, CEO, Yakima Valley Farm Worker Clinic

Tadeo Saenz-Thompson, Chief Executive Director-Inspire Development Centers
Effective Partnerships Guide:
Improving Oral Health for Migrant and Seasonal Head Start Children and their Families
THREE KEY AREAS in which this guide will be extremely helpful are in establishing a solid business plan which incorporates the costs for oral health care services for MSHS children, planning ahead to provide ample time to address the details associated with the comprehensive provision of care (i.e. joint strategy for ongoing planning, service delivery and evaluation), and exploring opportunities to identify resources, acknowledge existing services.
Assisting Families in finding a MSHS program and a Health Center
GRACIAS!

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2014 National Farmworker Health Conference

Frank Mazzeo Jr., D.D.S.
President/Chief Executive Officer
Family Health Centers of Southwest Florida, Inc.

www.fhcsfwf.org
Migrant Seasonal Head Start Program

“Why” should I leap at the opportunity to partner with this organization???
Fundamental Purpose of the Head Start Program

- Head Start is a national program that promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families.
Health Areas

• Eyes
• Hearing
• Dental
The Head Start program provides grants to local public and private non-profit and for-profit agencies to provide comprehensive child development services to economically disadvantaged children and families, with a special focus on helping preschoolers develop the early reading and math skills they need to be successful in school.

Mounting evidence that the earliest years matter a great deal to children's growth and development is common in all studies.
Planning

“Meeting the needs of our Communities”

PLANNING IS NOT OPTIONAL

www.fhcswf.org
“Meeting the needs of our Communities”
Failing to plan is planning to fail.

Alan Lakein
Plans are nothing; planning is everything

Dwight D. Eisenhower.
Think ahead. Don't let day-to-day operations drive out planning.

Donald Rumsfeld
Key Steps

• Decision makers from both organizations meet
• Memorandum of Understanding
• Written contract with clinical and financial details
• Participate at MSHS parent/student orientation
• Have CHC registration/health history forms available/requests for other documentation
Key Steps

• Educate - describe first visit, length of visit
• Encourage parent participation
• Communication - explain the “why”
Internal Steps

- Scheduling staff
- Permission authorizations
- Information Technology-proper insurance coding
Benefits for CHC’s

• Block appointments generated
• Will know many months in advance of scheduling
• Virtually eliminates “no shows”
• Guaranteed payments
Head Start Affiliation Advantages

- Eliminate No Shows
- Funded Patients
- Educate Parents/Market to Parents
Everglades Migrant Seasonal Head Start

“Meeting the needs of our Communities”
“Meeting the needs of our Communities”
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“Meeting the needs of our Communities”
“Meeting the needs of our Communities”
Performance Measurement

Performance can be measured and compared to:

Past performance

Targeted goals

Results achieved by like-kind organizations (ex: industry averages)
“Meeting the needs of our Communities”

Betty Crocker

www.fhcswf.org
I am so adorable!
Farmworkers Feed Us All
“The Labor and Health of Migrants in Southwest Florida”

www.fhcswf.org
Thank You!
Improving the Oral Health of Farmworker Children and Their Families

What models do you have to share regarding the integration of primary and oral health care?

What resources are you aware of that can be of assistance to other health centers to integrate primary and oral health care?
Improving the Oral Health of Farmworker Children and Their Families

What are the key components of successful models?

How do they address the triple aim?

What barriers need to be overcome to expand the integration of primary and oral health care?
National Farmworker Health Conference

Improving the Oral Health of Farmworker Children and Their Families

How will you know you have been successful?

What measures will you use?
National Farmworker Health Conference

Improving the Oral Health of Farmworker Children and Their Families

Your Questions
Improving the Oral Health of Farmworker Children and Their Families

Thank You

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