

# Funding Opportunities & Models for Expanding School Oral Health

- ▶ Bob Isman, DDS, MPH
- ▶ Jared Fine, DDS, MPH
  - ▶ Huong Le, DDS, MA
- ▶ Zettie Page III, MD, PhD, MBA, MSW, MS
  - ▶ Madeline Kronenberg



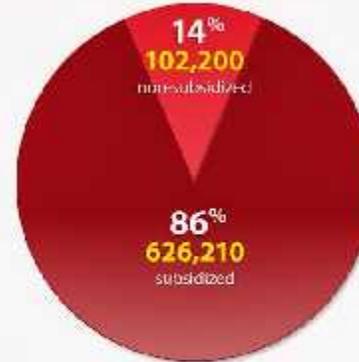
## Covered California Enrollment Statistics Feb. 19, 2014



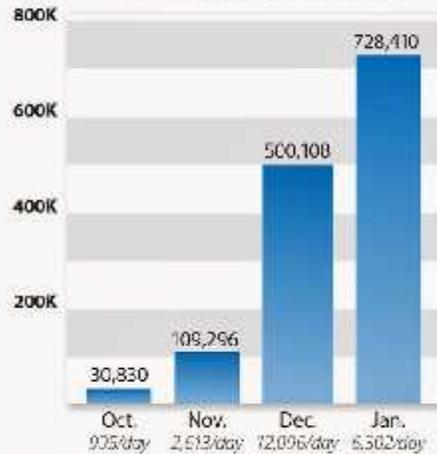
**Covered California**  
Oct. 1- Jan. 31 Enrollment  
Individuals Who Selected Plans

**728,410**

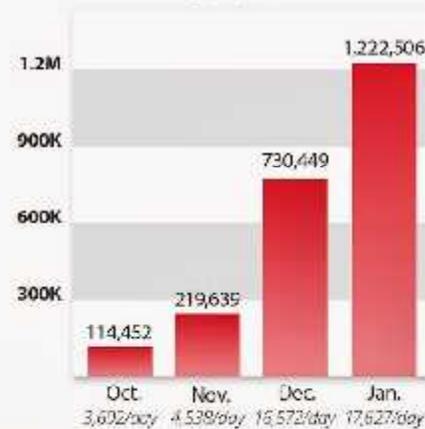
Subsidy eligible	<b>626,210</b>
Not subsidy eligible	<b>102,200</b>



**Cumulative Enrollment**



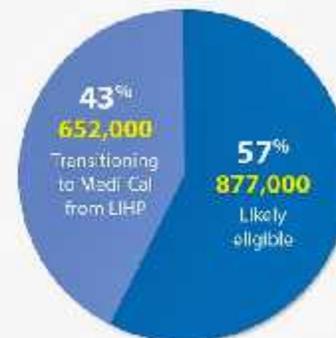
**Cumulative Applications Completed**  
Individual eligibility determinations



**Medi-Cal**  
Oct. Jan. Enrollment

**1,529,000**

Likely eligible	<b>877,000</b>
Transitioning from LIHP	<b>652,000</b>



## Medi-Cal Program Enrollment - Most Recent 24-Months Total Certified Eligible Beneficiaries



# New Medi-Cal Enrollment

Likely Enrolled in Medi-Cal through mid-February 2014	
	Individuals
Medi-Cal applicants* (Includes individuals who are pending, eligible and conditionally eligible coming in through Covered California)	877,000
Medi-Cal transitions from Low Income Health Program (LIHP)	652,000
Subtotal	1,529,000
+ Medi-Cal transitions from Healthy Families program (HFP) in 2013	875,000
Total number as of Feb 2014	2,404,000
Approximate number of new children as of Feb 2014	1,300,000
* Does not include applicants for current Medi-Cal coverage through county human services agencies.	



# Why SBHC Dental Programs?

- ▶ 1.3M new Medi-Cal children in 2014
- ▶ 10% rate cut to dentists serving children
- ▶ More adults seen means fewer children seen?
- ▶ Insufficient dental capacity to begin with
- ▶ Tooth decay

Most common chronic health condition of children  
5x more common than asthma  
4x more common than early childhood obesity  
20x more common than diabetes

# Need & Impact of SBHCs

The number of school-based health centers continues to grow despite budget cuts and the recession because the need is great and impact is deep.

**Doctors know it:** *When we can prevent health issues from developing into something worse, that to me epitomizes the strength of a school-based health center.*

**Educators see it:** *The reality is that many of our children come to school sick because they have nowhere else to go. So it just makes sense to have a school-based health clinic as a key component to providing a quality education.*

**Students feel it:** *Our school health center has everything! Comfort. Respect. Honesty.*

**Data support it. ...**



# Impact on Health Care

- ▶ SBHCs increase access to health care.
- ▶ SBHC users are likely to use primary care more consistently.
- ▶ SBHC users are more likely to have yearly dental and medical check-ups.
- ▶ SBHC users are less likely to go to the emergency room or be hospitalized (34,490 ER visits in 2012).

# Impact on Academic Performance

- ▶ Research shows that SBHCs have a positive impact on absences, dropout rates, disciplinary problems and other academic outcomes. (874,000 days lost, \$29.7M)
- ▶ States with SBHCs that serve as Medicaid providers have higher student achievement results. (Toothaches → lower GPA)
- ▶ States that oversee health education and health services have higher test scores and lower dropout rates.

# Impact on Health Care Costs

- ▶ SBHCs generate savings through reduced use of high cost services, thereby increasing access without increasing overall Medicaid expenditures.
- ▶ SBHCs reduce inappropriate emergency room use, inpatient, drug and emergency department use and hospitalization among children with asthma.
- ▶ School-based immunization initiatives prevent disease and can also save money for society.