Education continued...

has been shown to reduce the amount of decay causing bacteria present in the mouth. Dental Aid is cur- rently conducting a study on women who recently gave birth and chew xylitol gum or mints to see if their chil- dren are less likely to contract cavity causing bacteria than women who do not use xylitol products.

Community presentations often provide parents who haven’t interacted with a dental professional in some time with an opportunity to ask questions about their dental health and present an opportunity for Dental Aid staff to intervene and help establish a dental home. Parents may have questions, for example, about bleeding gums, which can indicate infection. Dental Aid staff is able to inform parents of the risk they are encountering, and assist them in making appointments at Dental Aid.

Elva Quintana has been the case manager for Dental Aid’s Bright Smiles for Bright Futures program for more than two years. This program breaks the disease cycle in families by providing care and intervention for low-income, uninsured pregnant women. Dental Aid’s evaluations have shown that children whose mothers receive care, education and case management in this program are more than twice as likely to be cavity and filling free.

Betsy Delgado began working for Dental Aid this year in a pilot program that provides case management to the families of children who have severe decay and require oral health care at The Children’s Hospital (TCH) and families identified as high-risk for hospitaliza- tion. The goal of the program is to reduce the number of children who require care at TCH. According to the American Academy of Pediatric Dentistry, a trip to the emergency room is the first ‘dental visit’ for 25% of chil- dren seen at a children’s hospital, and in 2009, The Children’s Hospital in Denver billed $43 million for complete dental rehabilitation under general anesthesia (for all providers). Last Year Dental Aid treated 295 children at TCH and through education and intervention Dental Aid hopes to prevent these children from needing a second visit and to also prevent their younger siblings from ever needing a visit to TCH.

Through these efforts, both large and small, Dental Aid is addressing the needs of individual families who have traditionally lacked access to affordable care, while providing oral health education that can impact the entire community.

Spotlight continued…

Today, Stuart is Vice Chair of Dental Aid’s Board. He tells as many people as possible about Dental Aid and the importance of oral health. As an Analyst for the City of Westminster, Stuart tells everyone he works with about Dental Aid, even encouraging them to include Dental Aid in one of their employee giving campaigns.

Stuart is a committed board member, donor and advocate. He truly understands the link between oral health and general health and believes that every person deserves the services and education needed to be orally healthy.

CU Dental Student at Dental Aid

Dental Aid has a new University of Colorado School of Dental Medicine student practicing at the Louisville clinic four days a week through May 13th.

Marjoe Williams is a fourth-year dental student participating in the Advanced Clinical Training Service (ACTS) program. This nationally recognized service learning program is a cooperative effort between the School of Dental Medicine and community-based providers such as Dental Aid, to provide direct dental services to underserved communities in Colorado.

Dental Aid is working with the College to expand the number of students working with Dental Aid and hopes to have a student in each clinic by the end of 2011.

Impressions

Anyone living in Colorado has heard or experienced the State’s current financial problems. It is hard not to be amazed at the level of cuts the State is being forced to make. You may know teachers who are wondering how they are still going to provide high quality education at lower funding levels. The cuts may result in more unpaid time for State employees, less infrastructure expansion and repair, and prison closures. Health Care Policy and Financing (HC Pf), the State agency responsible for Medicaid, is mandated to lower their expenditures. The question is, how will these cuts and proposals affect Dental Aid?

HC Pf adheres to the following process. Every year they submit their fiscal year budget to the State Joint Budget Committee (JBC) for consideration. The State Joint Budget Committee (JBC) first considers the HC Pf budget submission. The JBC and HC Pf will exchange modifications until the total dollar amount and the cuts are acceptable to both the JBC and the agency proposing the budget. The budget will then go before the entire State legislative body for consideration.

Medicaid in Colorado has a yearly budget of 3.5 billion dollars. With the economic downturn of recent years HC Pf has seen an increase in their caseload of 46% since 2007. The challenge is the State’s requirement to HC Pf for a lower budget at a time when need and demand for Medicaid benefits is increasing. HC Pf has submitted their budget to the JBC. The budget is currently in the discussion phase between the JBC and HC Pf to finalize the cuts.

The proposed cuts in oral health include reducing fluoride varnish from four applications per year to three applications per year. The budget also eliminates oral hygiene instruction as a paid benefit. Dental Aid seldom applies varnish more than three times per year. This particular cut will not have a major effect. However, the loss of oral hygiene instruction is more of a concern. We provide oral hygiene instruction for all of our patients. It is a central to Dental Aid’s philosophy of care as it is foundational to managing the disease of dental caries and modifying oral health behaviors. The loss of oral hygiene instruction will potentially result in approximately $150,000 less Medicaid revenue to Dental Aid. However, we will continue to provide the service due to it being at the core of what we do and who we are as an organization.

HC Pf is also considering stopping all provider payments for a three week period in 2011. This would shift the cost of three payment cycles into 2012. The delayed payment could save HC Pf approxi- mately 50 million dollars in a given fiscal year. This would also result in a cash flow loss of approximately $75 million to Dental Aid for this fiscal year. These cuts and reductions are not final as the Joint Budget Committee is still considering them. Dental Aid will continue to closely monitor the HC Pf budget to try to forecast the impact on us and the services we provide for the community in 2011.

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Spotlight

Stuart Feinglas knew very little about oral health and nothing about Dental Aid until 2005 when his sister Marcie Feinglas began working at Dental Aid as the Director of Program Services. "When Marcie started working at Dental Aid it was a big eye opener and it made a big impression on me," says Stuart. Marcie would tell Stuart about the physical pain patients were in and how Dental Aid helped them. Stuart also learned about the connection between oral health and general health, "I had no idea. I thought [oral infection] was localized and you dealt with it locally," relates Stuart. He quickly began to understand that oral infection could spread throughout the body causing or complicating other health conditions.

In 2006 Marcie was diagnosed with terminal cancer and Stuart learned there was much more to Dental Aid than just oral health. "When Marcie got sick the Dental Aid staff were so supportive of her and her family. I got to see the lasting bond and Stuart decided to join Dental Aid's Board of Directors.

When Stuart is asked what has kept him involved with Dental Aid in the years that have followed he says, "I get to hear stories about the people we are helping and I feel like I'm helping Dental Aid make a difference." Stuart recognizes that oral health isn't a glamorous cause and that it can be very difficult to find support for Dental Aid. Right after college Stuart worked for the Red Cross on a disaster relief team. Stuart recalls, "At the end of Marcie's illness Stuart and the Dental Aid staff had formed a bond and Stuart decided to join Dental Aid's Board of Directors.

The mission of Dental Aid is to provide accessible and affordable oral health care while taking a leadership role in education, collaboration, and advocacy.

"I can honestly say that Dental Aid – the dentists, nurses, and front desk staff were always really nice to me. They all helped me do what I needed to do to be there and deal with the problems that I had – I didn't realize how much my oral health problems were tied to my teeth and now that I have them, it has allowed my body to heal." - Anonymous

"My doctor and hygienists were incredibly warm and professional. It was without a doubt the most positive dental experience I have ever had." - Emma, Age 20

Want Less Mail? The Word of Mouth is also available via email. If you prefer an electronic version please send your email address to development@dentalaid.org

Future Gifts

During our lives, most of us require some kind of assistance, whether it's physical, financial or spiritual. Perhaps a local church congregation or food bank supplied meals during a tough time. Maybe you or a loved one were shown especially compassionate healthcare during an illness or injury. Every day Dental Aid helps to make oral health possible for hundreds children and adults, but we cannot do it without your support.

A bequest to Dental Aid is a way to make a substantial gift without affecting your family's financial security. Planned giving is not only for the wealthy, gifts large and small are important and needed. You can leave Dental Aid a specific asset, a sum of money or a portion of your estate.

By making a bequest or other planned gift, you can continue to help Dental Aid provide low-income and uninsured individuals with oral health care for years to come.

If you are interested in making a bequest or other planned gift to Dental Aid please contact Director of Resource Development, Shannon Hill at 303.665.8228 ext 114 or sshill@dentalaid.org.

Word of Mouth

Education is Key to Oral Health

Dental Aid's efforts in the community extend well beyond normal clinic hours. Dental Aid works with community groups to ensure that the communities we serve understand the link between oral health, general health, and quality of life.

On Wednesday, March 9th, Dental Aid's case managers attended the "Whole Body Health for the Whole Family" event at Loma Linda Elementary School in Longmont. The event was organized by Parents Involved in Education as an opportunity for parents to learn about keeping the whole family healthy. Other presenters included the YMCA and Tobacco Prevention and Education. This presentation is one of more than 30 that Dental Aid's case managers and program staff provide each year in community settings.

Case Manager, Betty Delgado, demonstrates how to properly brush teeth.

Case managers, Elva Quintana and Betty Delgado, educated the audience on proper brushing and flossing techniques, the importance of routine care, and cavity causing risk factors. Additionally, they focused on one of Dental Aid's key messages: tooth decay is a communicable disease that can be passed from caregiver to infant. A message that many of the participants had obviously heard before as a majority were able to explain how tooth decay is caused by a certain strain of bacteria, which is most often acquired in infancy and early childhood from the primary caregiver. Additionally, families inquired about chewing gum or mints containing xylitol: the artificial sweetener which...