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Acknowledgements

Community Health Center of Snohomish County

Everett Gospel Mission

Lake Washington Technical College

Molina Healthcare

Project Access Northwest

Providence Hospital Healthcare Clinic

Sea Mar Community Health Center

Seattle Central Community College

Senior Services of Snohomish County

Shoreline Community College

Snohomish County Dental Hygienists' Society

Snohomish County Dental Society

Snohomish County Human Services

Snohomish Health District

United Way of Snohomish County

Verdant Commission
The Snohomish County Oral Health Plan

Development

Laying the Foundation for Improving Access to Dental Care by Uninsured or Under-Insured Adults

The Snohomish Health District sponsored a meeting on December 14, 2012, whose purpose was to lay the foundation for a plan to improve access to dental care by uninsured or under-insured adults living in Snohomish County. People from across the county and across the dental care system were invited. Further monthly planning meetings were held, beginning January 11, 2013 to develop a plan, which was presented at the Snohomish County Health Summit during March 2013.

The focus of the meeting was to gain an overview of the current system, generate ideas as to how it could be changed, and to set priorities for the coming two to three years to improve access for adults to dental care.

Participants:
Cecilia Baca, Seattle Community College
Marissa Bender, DMD, Snohomish County Dental Society
Maria Lupe Cervantes, SeaMar Community Health Center
LeeAnn Cooper, Snohomish Health District
Doug Dale, SeaMar Community Health Center
Bridget Healy, United Way of Snohomish County
Jim Kee, Community Health Center of Snohomish County
Andrea Kolascz, Snohomish County Human Services
Carrie McLachlan, Snohomish Health District
Vicki Munday, RDH, Washington State Dental Hygienist Assoc.
Sallie Nellie, Project Access Northwest
Kishore Shetty, DDS, Community Health Center of Snohomish County
Erin Sullivan, Senior Services of Snohomish County
Desiree Vivres, SeaMar Community Health Center
Brian Wright, Community Services Advisory Council
Giselle Zapata-Garcia, Molina Health Care
Julie Zarn, BSN, Providence Hospital Emergency Dept.
Maryrose Bellert, RDH, BS, Shoreline Community College

Process

The meeting was divided into two parts. In the first part a type of conversation café process was used and rotating, mixed groups of 4 – 5 participants discussed two questions:
1. **What does the system of dental care look like now? What are our strengths? Gaps? Barriers?**

2. **What could the system look like in 3-4 years to increase access?**

In the second part of the meeting the full group discussed and identified their top planning priorities.

The following summarizes the creative work of the group. The discussion about what the system looks like now and what it could look like in the near future led to the identification of 6 priority areas for the planning effort. The following reflects both the diversity of perspectives brought by participants as well as the consensus that developed around priorities for future planning efforts.
What Does the System of Dental Care Look Like Now? What are Our Strengths? Gaps? Barriers?

<table>
<thead>
<tr>
<th>System Strengths</th>
<th>System Gaps</th>
<th>Barriers to Improvement</th>
<th>Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Growing</td>
<td>• No early intervention</td>
<td>• System is disorganized and fragmented.</td>
<td>• Health care system ‘disconnects’ the health of the mouth from the health of the rest of the body.</td>
</tr>
<tr>
<td>• Use of dental hygienists to their maximum capacity</td>
<td>• Lack systems and funding for oral health education</td>
<td>• Business model doesn’t support pro bono work</td>
<td>• Disconnect between medical and dental provider communities.</td>
</tr>
<tr>
<td>• Faith action network provides new advocates</td>
<td>• No dental teaching facilities in the county</td>
<td>• High rate of no-shows and cost of supplies &amp; equipment hinder private dentists from participating.</td>
<td>• Dental care is seen as a luxury, not a necessity.</td>
</tr>
<tr>
<td>• Good models for treating the whole family exist within the community (CHS, SeaMar).</td>
<td>• No organization manages or coordinates pro bono work and volunteer providers.</td>
<td>• Lack of financing. Medicaid coverage for emergencies only not prevention.</td>
<td>• Lower income population is shifting north to more affordable housing.</td>
</tr>
<tr>
<td>• Have many possible resources, even if not coordinated. Include FQHCs, Project Homeless Connect, &amp; Dental vans</td>
<td>• Patients typically do not receive follow-up care after emergency treatment.</td>
<td>• Current system perpetuates focus on emergency care only.</td>
<td>• Could use new media and marketing to engage public.</td>
</tr>
<tr>
<td>• Many passionate people wanting to improve access.</td>
<td>• Services for routine fillings, dentures etc. not available.</td>
<td>• Lack of willingness by private providers to participate in community programs or accept reduced fees or Medicaid.</td>
<td>• Private dentists are not educated about barriers to access for low-income clients.</td>
</tr>
</tbody>
</table>
What Could the System of Dental Care Look Like in 3-4 years to increase access?

<table>
<thead>
<tr>
<th>Coordination</th>
<th>Prevention and Education</th>
<th>Funding</th>
<th>Human Resources</th>
<th>Environment/Culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinated network of providers and volunteers.</td>
<td>Emphasis on prevention, which will decrease demand for acute care by the next generation.</td>
<td>Subsidize private practitioner’s overhead to increase their participation.</td>
<td>Encouragement and incentives to provide pro-bono care.</td>
<td>Greater integration of care of body and mouth, e.g.</td>
</tr>
<tr>
<td>Clearinghouse system of coordination of resources.</td>
<td>10-minute dental clinic visit.</td>
<td>Using practitioners to their fullest – delegating appropriately to dental hygienists and other staff.</td>
<td>Medicaid coverage of dental care for adults.</td>
<td>Educate medical provider to ask when the last dental visit was.</td>
</tr>
<tr>
<td>Standardized assessment system, which sets clear expectations for patients.</td>
<td>10-minute dental clinic visit.</td>
<td>Subsidize at cost to make funds spread further and reduced hardship of providing pro-bono care.</td>
<td>Increase use of mid-level providers.</td>
<td>Learn from successes and pilot efforts to distribute this knowledge.</td>
</tr>
<tr>
<td>Community health centers/nonprofits could be helpful in creating this model and taking a lead on doing the coordination.</td>
<td>10-minute dental clinic visit.</td>
<td>Medicaid coverage of dental care for adults.</td>
<td>Increased number of dental clinics serving low-income patients.</td>
<td>Involve employers for planning purposes.</td>
</tr>
<tr>
<td>Navigators to help connect clients to services.</td>
<td>Dental screening to start the school year.</td>
<td>Subsidize at cost to make funds spread further and reduced hardship of providing pro-bono care.</td>
<td></td>
<td>Educate politicians/policy makers about oral health.</td>
</tr>
<tr>
<td>Connect the fragmented resources and services.</td>
<td>Oral health education for adults to decrease need for emergent care.</td>
<td>Medicaid coverage of dental care for adults.</td>
<td></td>
<td>Fluoridation of all water systems.</td>
</tr>
<tr>
<td>Active dental coalition to move policy and system changes forward.</td>
<td>Multiple community partners to provide dental education, particularly to young adults.</td>
<td>Subsidize at cost to make funds spread further and reduced hardship of providing pro-bono care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A “dental home” for patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Our Assets

Hospitals
- ER Services
- Swedish
- Providence
- Monroe
- Arlington/Darrington

Insurers
- Molina
- Medicaid
- Washington Dental Service

Philanthropic
- United Way
- WDSFoundation
- Snohomish County
- Community Block Grants
- Verdant

Professional Schools
- UW-DDS/RDH
- Shoreline-RDH
- Lake Washington-RDH
- Sno-Isle Skill Center-DA
- Seattle Community College

UW Geriatric Program partnership
RDH in Senior Centers~5

Charitable Events
- 15 NWMT Vans
- Everett Gospel Mission, Housing Authority, others
- 3 Free Dental Days-Adults

Dentists-368
New Medicaid-32
Register Medicaid 202
Pro-Bono -15

FQHC- 5 sites
Expanding
Limited adult services

Information, Referral, Coordination
- 211-VOA
- WSDA
- HCA-DSHS
- Project Access (interest)
- Providence Healthcare Clinic

Community Orgs
- Worksource
- DSHS Offices
- Housing Authority
- MD offices, organizations
- Senior Services

Coalitions
- DAC
- HeadStart Adv.
- PHAC
- MCH Coalition
- CSAC

Snohomish Health District
- Assessment/Surveillance
- Resource distribution
- Medicaid insured
- Population based practices

ABCD
- Early Childhood Prevention
- Medical Offices
- Everett Clinic, Group Health
- >75% Population w/Community Water Fluoridation
Priority Areas for Planning to Improve Access for Adults to Dental Care

The following priorities were identified as areas needing more in-depth planning. They were not ranked and can be viewed as different parts of the overall effort to create a coordinated system of care that results in improved access to dental care for adults who are un-insured or under-insured.

Develop a greater range of resources for direct services.

This may include:

- Offering more free dental days
- Developing clinic sites staffed with the support of regional and local teaching programs for dentistry and related services
- Creating an oral health coalition of non-profit clinics, private providers, community agencies, faith based groups, and representatives of local and state government
- Identifying resources for subsidy to private offices to increase their ability to provide pro-bono care
- Identifying resources targeted to high need patients
- Using dental hygienists to the full scope of their practice, including restorative services, anesthetic, and scaling and root-planning
- Developing an alternative business model for preventative dental care
- Look at local philanthropic avenues to increase resources and funding, such as United Way and the Verdant Health Commission

Establish a system of coordination of volunteer providers.

This may include:

- Establishing a lead agency to sponsor and organize a volunteer program, and developing positions to coordinate pro bono providers and other volunteers.
- Recruiting volunteer dental providers and establishing an expanded network of volunteer providers to triage and treat emergent patients. The network may include students, retired dentists, and mid-level providers.
- Improving the experience of dentist volunteers so it is feasible and positive for them.
- Improving relationships and understandings between non-profit and private practitioners.
Establish a system to coordinate the services provided to patients.
This may include:

- A centralized approach to coordinating and maximizing current resources, including triage and referral.
- Developing a shared dental record system.
- Helping patients navigate the system to best use resources.
- Establishing standardized triage and treatment approaches so that both provider and patient experiences and expectations are satisfactory and resources are well used.
- Building on the experience of a proven program, Project Access Northwest.

Increase the focus on and access to oral health education to increase patient understanding and motivation for oral health.
This may include:

- A countywide project of dental health awareness and prevention.
- Targeting prevention education to over-looked groups (e.g. low income adults)
- Establishing a lead agency or coalition to lead the development of education and preventive dental health services and expanding resources and partnerships.
- Decreasing emergency department visits by providing detailed instructions.
- Create a multi-generational oral health campaign for education and awareness.
- Increase patient understanding and motivation for prevent dental care.

Develop Policy Positions that will result in increased access and advocate for them.
This may include:

- Education of politicians and decision makers at all levels of the importance of maintaining existing dentition to maintain quality of life (nutrition, dignity, self-esteem, employability, etc.)
- Working to increase reimbursement rates for dental care.
- Advocating for dental care to be universal rather than a secondary or luxury item.
Advocating for mid-level provider legislation, which broadens the scope of practice of dental hygienists with a Masters degree. This would enable them to work in rural areas where access to dental care is particularly poor.

Advocating for incentives at policy level for private providers of pro bono care.

Work towards an integration of dental and medical services, so that patients with oral health care needs are identified earlier and staffing and funding resources are used more effectively.

This may include:

- Educating and collaborating with the medical community to better utilize healthcare providers
- Improving dental triage in existing medical clinics using dental hygienists
- Working towards integrating dental and medical services as one with one funding source (Medicaid.)

As a result of the prioritization and ranking process, the group decision was to develop the plan around the first three priority areas, capitalizing on the Providence HealthCare Clinic success with their pro-bono dental providers. Project Access Northwest has been working with Providence and Snohomish Health District to expand upon the success PANW has had in King and Skagit County.

The discussion summarized the plan as providing services for two different groups of adults.

1. Adults that have dental emergencies that currently use the ER or Community Health Centers for same day treatment.
2. Adults that have dental needs that need treatment soon, to prevent the progression to a Dental Emergency
   a. Adults that know they have a broken tooth, missing filling, need a cleaning
   b. Adults that do not know what dental needs they may have
3. Our focus area is on the INTERMEDIATE needs that lead to emergent dental care and on the treatment of EMERGENCY care to prevent a second dental emergency for the same condition
## Levels of Focus in Program Development - Our Focus Area

<table>
<thead>
<tr>
<th>Focus</th>
<th>Change</th>
<th>How</th>
<th>Target</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intrapersonal</strong></td>
<td>Knowledge, Attitudes, skills behaviors</td>
<td>Behavior Modification</td>
<td>Individuals, Families</td>
<td>CHC and Sea Mar Dental Offices</td>
</tr>
<tr>
<td><strong>Focuses on the person</strong></td>
<td></td>
<td>One-to-one instructions</td>
<td></td>
<td>Dental Clinics</td>
</tr>
<tr>
<td><strong>Families, work groups, peers, neighbors, social networks</strong></td>
<td></td>
<td></td>
<td></td>
<td>Medical offices</td>
</tr>
<tr>
<td><strong>Dental Clinics</strong></td>
<td></td>
<td></td>
<td></td>
<td>Mobile Dental Vans</td>
</tr>
<tr>
<td><strong>Dental Offices</strong></td>
<td></td>
<td></td>
<td></td>
<td>Dental Clinics</td>
</tr>
<tr>
<td><strong>Dental Offices</strong></td>
<td></td>
<td></td>
<td></td>
<td>Mobile Dental Vans</td>
</tr>
<tr>
<td><strong>Medical offices</strong></td>
<td></td>
<td></td>
<td></td>
<td>School Clinics</td>
</tr>
<tr>
<td><strong>School Clinics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Interpersonal</strong></td>
<td>Families, work groups, peers, neighbors, social networks</td>
<td>Focuses on interactions between people, small group strategies, peer group influence, counseling institutions, groups, organizations</td>
<td>Oral Health education caregivers, agencies that work with families</td>
<td>WorkSource Family Support Center</td>
</tr>
<tr>
<td><strong>People helping people</strong></td>
<td></td>
<td></td>
<td></td>
<td>Senior Services EGM</td>
</tr>
<tr>
<td><strong>Institutions, groups, organizations</strong></td>
<td></td>
<td></td>
<td></td>
<td>DSHS Office</td>
</tr>
<tr>
<td><strong>Oral Health education caregivers, agencies that work with families</strong></td>
<td></td>
<td></td>
<td></td>
<td>VOA 211</td>
</tr>
<tr>
<td><strong>Schools</strong></td>
<td></td>
<td></td>
<td></td>
<td>Schools-Educators/Social workers Health professionals</td>
</tr>
</tbody>
</table>
## 1st Priority Area Strategies: Establish a system of coordination of volunteer providers.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Size, impact of the strategy?</th>
<th>Seriousness is it necessary?</th>
<th>Effective Will it work?</th>
<th>Community Value Partners willing to take this on?</th>
<th>Is someone already doing this?</th>
<th>Feasible in the next year?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishing a lead agency to sponsor and organize a volunteer program, and developing position to coordinate pro bono providers and other volunteers.</td>
<td>12 yes</td>
<td>12 yes</td>
<td>10 Yes</td>
<td>3 Yes</td>
<td>2 yes</td>
<td>10 Yes</td>
</tr>
<tr>
<td>Recruiting volunteer dental providers and establishing an expanded network of volunteer providers to triage and treat emergent patients. The network may include students, retired dentists, and mid-level providers.</td>
<td>10 Yes</td>
<td>10 Yes</td>
<td>8 Yes</td>
<td>3 Yes</td>
<td>2 yes, 3 no</td>
<td>9 Yes</td>
</tr>
<tr>
<td>Consider model of Snohomish Legal Services for managing pro-bono efforts</td>
<td>2 Yes</td>
<td>2 Yes</td>
<td>1 Yes</td>
<td>1 Yes</td>
<td>1 Yes</td>
<td>1 Yes</td>
</tr>
<tr>
<td>Creating an oral health coalition, possibly DAC</td>
<td>3 Yes</td>
<td>3 Yes</td>
<td>3 Yes</td>
<td>1 yes</td>
<td>2 yes</td>
<td>1 Yes</td>
</tr>
<tr>
<td>Developing clinics sites staffed with regional and local teaching programs (UW/Shoreline/Sno-Isle/Lake Wash)</td>
<td>3 Yes</td>
<td>3 Yes</td>
<td>3 Yes</td>
<td>1 yes</td>
<td>2 yes</td>
<td>1 no</td>
</tr>
</tbody>
</table>

Unsure: 8 unsure | 2 unsure | 7 unsure | 4 unsure | 1 unsure | 1 unsure |

Yes: 12 yes | 10 Yes | 3 Yes | 2 Yes | 1 Yes | 1 Yes | 1 Yes |

No: 1 no | 1 no | 1 no | 1 no | 1 no | 1 no | 1 no
<table>
<thead>
<tr>
<th>Strategies</th>
<th>Size, impact of the strategy?</th>
<th>Seriousness Is it necessary?</th>
<th>Effective Will it work?</th>
<th>Community Value Partners willing to take this on?</th>
<th>Is someone already doing this?</th>
<th>Feasible in the next year?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using dental hygienists to the full scope of practice, including restorative, anesthetic, cleaning(SRP)</td>
<td>3 yes</td>
<td>3 yes</td>
<td>3 yes</td>
<td>1 yes 1 no 1 unsure</td>
<td>3 unsure/some</td>
<td>Unsure</td>
</tr>
<tr>
<td>Increase free dental days</td>
<td>1 yes</td>
<td>2 yes</td>
<td>2 yes</td>
<td>1 yes 1 unsure</td>
<td>1 yes 1 no</td>
<td>1 yes</td>
</tr>
<tr>
<td>Philanthropic avenues to fund resources for lead agency and participating offices</td>
<td>6 yes</td>
<td>6 yes</td>
<td>4 yes 2 unsure</td>
<td>3 yes 3 unsure</td>
<td>1 yes 1 no 4 unsure</td>
<td>4 yes 1 no 1 unsure</td>
</tr>
<tr>
<td>Increase patient understanding and motivation for Oral health by increasing the focus on and access to oral health education</td>
<td>1 yes</td>
<td>1 yes</td>
<td>1 yes</td>
<td>1 unsure</td>
<td>1 unsure</td>
<td>1 unsure</td>
</tr>
<tr>
<td>Develop targets, high needs</td>
<td>1 yes</td>
<td>1 yes</td>
<td>1 yes</td>
<td>1 unsure</td>
<td>1 unsure</td>
<td>1 unsure</td>
</tr>
</tbody>
</table>
**2nd Priority Strategies:** Establish a system to coordinate the services provided to patients.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Size, impact of the strategy?</th>
<th>Seriousness is it necessary?</th>
<th>Effective Will it work?</th>
<th>Community Value Partners willing to take this on?</th>
<th>Is someone already doing this?</th>
<th>Feasible in the next year?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A centralized approach to coordinating and maximizing current resources, including triage and referral.</td>
<td>6 yes</td>
<td>6 yes</td>
<td>6 Yes</td>
<td>1 yes</td>
<td>2 yes</td>
<td>5 yes</td>
</tr>
<tr>
<td>Developing a shared dental record system.</td>
<td>6 yes</td>
<td>6 yes</td>
<td>5 yes</td>
<td>1 yes</td>
<td>2 yes</td>
<td>4 yes</td>
</tr>
<tr>
<td>Helping patients navigate the system to best use resources. (PANW?)</td>
<td>6 yes</td>
<td>6 yes</td>
<td>6 yes</td>
<td>4 yes</td>
<td>2 yes*</td>
<td>6 yes</td>
</tr>
<tr>
<td>Write In:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish simple information, front door, for patients: phone, website</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteer coordinator (SCDS?)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Master Release of Information between providers?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3rd Priority Area Strategies: Work towards an integration of dental and medical services, so that patients with oral health care needs are identified earlier and staffing and funding resources are used more effectively.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Size, impact of the strategy?</th>
<th>Seriousness is it necessary?</th>
<th>Effective Will it work?</th>
<th>Community Value Partners willing to take this on?</th>
<th>Is someone already doing this?</th>
<th>Feasible in the next year?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educating and collaborating with the medical community to better utilize healthcare providers</td>
<td>6 yes</td>
<td>6 yes</td>
<td>6 yes</td>
<td>3 yes 3?</td>
<td>1 yes – agency level, community wide 5 ?</td>
<td>5 yes 1 ?</td>
</tr>
<tr>
<td>Improving dental triage in existing medical clinics using dental hygienists</td>
<td>6 yes</td>
<td>6 yes</td>
<td>6 yes</td>
<td>3 yes 3 ?</td>
<td>1 yes – agency level, community wide 5 ?</td>
<td>4 yes 2 ?</td>
</tr>
<tr>
<td>Working towards integrating dental and medical services as one with one funding source (Medicaid.)</td>
<td>6 yes</td>
<td>6 Yes</td>
<td>6 yes</td>
<td>3 yes 3 ?</td>
<td>4 no 2 ?</td>
<td>1 yes 3 no 2 ?</td>
</tr>
<tr>
<td>Strategies</td>
<td>Size, impact of the strategy?</td>
<td>Seriousness is it necessary?</td>
<td>Effective will it work?</td>
<td>Community Value Partners willing to take this on?</td>
<td>Is someone already doing this?</td>
<td>Feasible in the next year?</td>
</tr>
<tr>
<td>-------------------------------------</td>
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<td>-----------------------------</td>
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<td>---------------------------------------------------</td>
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<td>-----------------------------</td>
</tr>
<tr>
<td>Write in:</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Checklist item at physician’s office, last dental exam</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Adding dental to CHC/Medicaid provider checks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine for adults – protocols</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Priorities for care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target populations?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Huge comm. Value – perhaps CHC take on?
What the System might look like:

**URGENT CARE**

- Care Coordinator (PANW)
- Community Care (FSC, SS, CHC)
- F/U by Coordinator
- Dental and Medical Home
- Care Coordinator (Medical Teams Int)
- Community Care (FSC, SS, CHC)
- F/U by Coordinator

**PREVENTIVE CARE**

Eligible Clients

**Activities to Make the Model Happen**

- Volunteer-Provider Management
- Records home
- Dentists needs/support: office, fixed location, mobile equip or van
- Care coordinator home
- Flex fund-Lab fees, materials' costs
- Referral system/ROI
- Eligibility/prioritization-severity
- Capacity-back log, ongoing
- Medical authority for treatment
The Snohomish County Oral Health Plan

The Snohomish County Oral Health Plan 2013-2016 - Key Priority Areas

- Increase dental resources for adults
- Decrease emergency room visits for dental emergencies

- Increase oral health education to increase patient understanding and motivation for oral health.
- Develop Policy Positions that will result in increased access and advocate for them

- Establish a system of coordination of volunteer providers.
- Establish a system to coordinate the services provided to patients.

Work towards an integration of dental and medical services, so that patients with oral health care needs are identified earlier and staffing and funding resources are used more effectively.
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<td>Snohomish County Dental Access Committee (DAC)</td>
<td>Increase DAC participation and liaisons with community and social service agencies: Increase collaborations and connections between community agencies on actions and activities to improve oral health. Increase oral health services.</td>
<td>Develop priorities and protocols for referrals in conjunction with PANW. Oral Health Plan is adapted accounting for impacts from the Affordable Care Act. List of commitments from community partners. Develop at least one local oral health policy that will improve access to dental care. Establish fund for denture/lab services.</td>
<td>Priorities and protocols will be used by a variety of organizations. The DAC will share plan with community organizations including impacts of ACA. Coordination and collaboration increases within Snohomish County. Educational and primary preventive strategies increase. Policies are used by community organizations.</td>
<td>Emergency room use for dental services declines. Policy increases oral health education, prevention, and services. Increasing preventive services for children may decrease dental needs for adults.</td>
<td>More oral health services are available and accessible to low income adults supported by sustainable funding to dental providers, resulting in improved oral health of low-income Snohomish County residents.</td>
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<td>Washington State Oral Health Plan</td>
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<td>Project Access Northwest</td>
<td>Develop the system of pro-bono dental providers in Snohomish County and connections with community resources.</td>
<td>Hire dental case manager. Recruit volunteer dental providers for uninsured or medically complex patients. Recruit additional sources for dental referral. Identify marketing and awareness materials. Identify referral protocol develop a training program for referral coordinators. Train providers and coordinators in PANW model.</td>
<td>Increase dental service providers for uninsured and/or Medically complex low income adults in Snohomish County. 20 volunteer providers (currently 14) 100 patients referred (last year 60) # services provided.</td>
<td>Snohomish County Access to Adult Dental Care partners will develop and adhere to a collaborative plan for increasing dental treatment services for low income adults resulting in reduction on ER and emergency dental services.</td>
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<td>Snohomish Health District</td>
<td>Distribution of available dental resources for Medicaid insured</td>
<td>List of available Medicaid providers distributed April, January, and August. Increase the number of organizations that are using distribution list. Presentations to community partners on negotiating access to dental care. Coordinate 3 dental service events.</td>
<td>Increase awareness of and connection to community dental resources through distribution of outreach materials for children and adults.</td>
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<td>Senior Services of Snohomish County</td>
<td>Maintain dental program with UW Schedule, follow and refer seniors</td>
<td>60 adults/210 visits/contacts 30 adults and second visit.</td>
<td>Program participants (75) unduplicated adults, (including seniors) will receive one or more dental preventive or restorative treatments. Report: count of extractions, cleanings, fillings.</td>
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<td>Gospel Mission</td>
<td>Maintain dental program with Northwest Medical Teams and expand/explore denture/partial</td>
<td>5 adults/5 sets dentures</td>
<td>Program participants (5 unduplicated adults, including seniors) will receive partial or full dentures. Report: count of dentures priorities for dentures, and cost of dentures.</td>
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Dental Access Coalition Members - Core

Tina Albo, RDH, Dental Hygienist
Maggie Ashton, RDH, Dental Hygienist, Westford Family Dental
Cecilia Baca, RDH, Dental Hygienist, Seattle Community College
Rosie Bellert, RDH, Director of the Dental Hygiene Program, Shoreline Community College
Marissa Bender DMD, Snohomish County Dental Society (SCDS)
Moffett Burgess, DDS, Chief of Dental, Public Health Seattle & King County
Ann Burlingame, RDH, Dental Hygienist
Pat Calcote, Program Specialist II, Snohomish Health District
Lupe Cervantes, Sea Mar Community Health Center
LeeAnn Cooper, RDH, Public Health Dental Hygienist, Snohomish Health District
Doug Dale, Chief Financial Officer, Sea Mar Community Health Center
Charity Edwards, ECEAP Parent and Policy Council
Norm Frampton, Senior Services of Snohomish County
Colleen Gaylord, RDH, Snohomish County
Nidaa Hamza, DDS, Dentist
Ellen Hawks, RDH, Dental Hygienist
Bridget Healy, United Way of Snohomish County
Laura Irwin, RDH, Dental Hygienist, Dr. Donald Kim's Office
Carla Jones, RDH, Dental Hygienist
James Kee, Planning & Grants Coordinator, Community Health Center of Snohomish County
Andrea Kolacz, Snohomish County Human Services
George Kosovich, Verdant Health Commission
Kelly Kuniyuki, DDS, Dentist, SeaMar Community Health Center
Lauri Lee, RDH, Dental Hygienist
Carrie McLachlan, Snohomish Health District
Vicki Munday, RDH, Snohomish County
Sallie Neillie, Executive Director, Project Access Northwest
Stefanie Novacek, MA, Snohomish County Long Term Care & Aging
Diane Oakes, Washington Dental Services
Bob Quirk, Social Services Director, Senior Services of Snohomish County
Erin Schlack, BSDH, Dental Hygienist, Harbor Pointe Dentistry
Lynn Shatz, RDH, Everett Senior Center
Kishore Shetty, DDS, Dental Director, Community Health Center of Snohomish County
H. Scott Shurtleff, Project Access Northwest
Dav’ne Stahley, Project Access Northwest
Erin Sullivan, Senior Services of Snohomish County
Barb Syre, RN, CDE, PHN, ECEAP/EHS
Desiree Vivres, Sea Mar Community Health Center
Brian Wright, Community Services Advisory Council
Giselle Zapata-Garcia, Supervisor Community Outreach, Molina Health Care
Julie Zarn, RN, BSN, Director, Providence Hospital Emergency Department
Snohomish County Dental Access Committee - Full

Anita Harris, RN  HarrisAF@mukilteo.wednet.edu
Anita Rodriguez, RDH  catnaps2@mson.com
Ann Hurt  (E-mail)  fnpanneh@yahoo.com
Ann Reinhart-Burlingame, RDH  AnnKathrynreinhart@hotmail.com
Barbara.Syre@co.snohomish.wa.us  Barbara.Syre@co.snohomish.wa.us
Bellert, Maryrose, RDH  mbellert@shoreline.edu
Benjamin Sun DDS  pacificpedo@gmail.com
Bianca L. Gordon  bianca@kcpc.info
Brent Robinson, DDS  bmrrdds@gmail.com
'Brian Fredrickson'  BFredrickson@egmision.org
Carla Jones  carlاردh@comcast.net
Carrie McLachlan  cmclachlan@snohd.org
Christina Bassford, Arlington  christina_bassford@asd.wednet.edu
Christine Riedy  cariedy@u.washington.edu
Chryss James (E-mail)  jamesl@dshs.wa.gov
Cindy L. Larson, RDH  clarson@snohd.org
Colleen Gaylord, RDH  colleen.gaylord@gmail.com
daniellecasey9@yahoo.com
deacon.bwright@gmail.com
gooddental@hotmail.com
Desiree Vives  DesireeVives@seamarchc.org
Diane Oakes  DOakes@deltadentalwa.com
ddeyoung@ix.netcom.com
doctorsmiles@gmail.com
Ellen Hawks, RDH  rosunga@yahoo.com
Erin Bowman Schlack  jhawks@gnrac.net
Everett Dental Clinic  erin.smiles227@gamil.com
everutherforddds@hotmail.com  edc206NGUYEN@gmail.com
Foro, Monika  everutherforddds@hotmail.com
Gayle Young, RN  MFORO@deltadentalwa.com
gentle4004@yahoo.com  youngg@edmonds.wednet.edu
George Kosovich  gentle4004@yahoo.com
Giselle Zapata-Garcia  george.kosovich@verdanthealth.org
Glenn Puckett  Giselle.Zapata-Garcia@molinahealthcare.com
gpuckett@deltadentalwa.com
Highland Dental Clinic  highlanddentaledmonds@gmail.com
Jack Courrier, DDS  jbcourrier@comcast.net
Jae Hong, DDS  jayhong@u.washington.edu
Cecelia Baca, RDH  jamce1@msn.com
James Kee  jkee@chcsno.org
Jason Chang DDS  fleury13@gmail.com
Jones Merri, RDH  Merri.Jones@lwtech.edu
Jones, RDH, Suzanne  shjones44@aol.com
Joy Good, RN  joy.good@email.edcc.edu
At McDonald's where I work, I have very limited dental insurance. My last visit was 3 weeks ago which was my last covered visit until next year. I was told I needed fillings and my gums are infected. My teeth were not.

I am a full time student now and need no real care for someone like a grant from school in which I get to much for food stamps and Medicaid. DHSH not provides dental aid and dental insurance it is not affordable.

I went 3 years with this tooth. I am very thankful for this story.

I had dental care when I was young and I couldn't afford it. I would like to finish treatment; I would like to finish treatment; I would like to finish treatment; I would like to finish treatment.

Healing Communities
Oral Health Program
3020 Rucker Ave., Ste. 206
Everett, WA 98201-3900

LeeAnn HoaglinCooper, RDH
Public Health Hygienist
Acknowledgements

Snohomish County Human Services
Community Services Block Grant (CBSG)

Gold Creek Church

Everett Gospel Mission

Senior Services of Snohomish County

Community Health Center of Snohomish County

Providence Healthcare Clinic

Snohomish County Dental Society
These stories are from ‘real’ people who lived in Snohomish County between May 2012 and March 2013. Names and personal identification information were removed, though each individual can be contacted. Permission was given to use their story to advocate for improved oral health care.

Not everyone who responded received dental treatment. Of those who were able to visit the dentist, most did not get all of their dental needs taken care of. A few received dentures, some received extractions, some continued without care, even when offered.

Access to dental care is not simply having a dentist, but understanding and accommodating the circumstances that people find themselves living in at any point in life. We hope it doesn’t happen to us.

Over 200 low income adults over 20 years of age filled out applications for 157 dental appointments. Applicants had to reside in Snohomish County and have a family income under 125% of the Federal Poverty Level ($930/month for a household of one) The majority of respondents live on incomes between $500-700 a month. While a requirement for consideration, each person was asked for ‘a story’ that describes their problem finding dental care.

What do you wish that dentists knew about you?
Describe the best or worst experience looking for a dentist.
What do you think would be most helpful in getting dental care?
What does ‘affordable’ mean to you?
How have dental problems affected other areas of your life, like work, socializing, eating, sleeping or concentrating?

128 adults answered. A sampling of their responses follows.

I have had good dental care in the past.

“I am scared, every day. Nineteen years ago, I was a young woman, raising two children. I had a great job with great pay, and great benefits. I had never been without dental care. I had regular checkups twice a year my entire life. Life was moving along like it was supposed to, until I became ill and ultimately disabled. At 33 years old, my health forced me to leave my job, my pay, and most importantly, my benefits. It took 3 years for Social Security to approve my disability. During this process, I was without medical and dental insurance. Then I learned that my new insurance, Medicare, was not going to provide any dental coverage. I simply had to accept that all I could do was pray that I never got another tooth ache. The current condition of my teeth is beyond my control and can be blamed solely on lack of access to care. I have had good dental care in the past.”

I am embarrassed by the appearance of my teeth.

“My teeth are so ugly and some front ones are missing that I sometime don’t socialize because I am scared that my teeth will gross someone out. I wish I could make my smile more appealing to myself and to others, and then I might smile more.”
“I feel self-conscious to smile because the cavities are noticeable.”
“A filling fell out; now two teeth are rotting away. Starting to have mouth pain and much discomfort eating. It makes it hard to smile and feel comfortable.”

I am embarrassed by not being able to pay for dental care.
“A dental visit can cost as much as a whole month’s worth of income.”
“I wish dentists knew that I do care about my health and appearance. The worst part of meeting a new dentist is the lecture about lacking good habits for dental care, which I do employ and the assumption that I don’t. Even as a child, who brushed 2X daily and flossed, I had cavities.”

I wait until my teeth hurt to get care.
“I only come when I need to and I can’t afford cleaning that’s needed because of finances. Please provide preventive care so bad dental problems don’t develop. Help us help ourselves!”
“DSHS cut dental insurance for me a couple years ago. Because of this, I could not get treatment to a cavity, which turned bad and broke my tooth in half. Since it was then considered an emergency, DSHS covered the extraction, but it took so long to get an appointment, that I was in agony for days because the tooth and my jaw became severely infected. I was 9 months pregnant and went into labor. The tooth pain was worse than child labor. Dental care is unaffordable right now for me because I am living off of $385 a month from DSHS. I wish that DSHS would reinstate the dental insurance.”

I live with dental pain.
“I live in pain and can’t chew food very well if at all at times. I have abscesses and it scares me. I have been unable to receive any dental for almost 5 years because of the cost. I have no insurance and have lost 6 teeth over the past several years”

“Dentists, I have a hard time with. I have had multiple fillings and a couple extractions. I just don’t like the pain from cavities but sometimes it’s better than drills and a bright light in your eyes. A year ago went to the dentist repeatedly for nine fillings.”

I am unemployed.
“I have been unemployed for over 2 years. I ran out of unemployment funds 6 months ago and have not had dental insurance for over 1/1/2 years. At this time I do not have additional funds for dental work. I have one tooth, a severe cavity, most likely needs a root canal and I can’t eat on that side of my mouth due to pain. Also, I have a tooth that is broken and one tooth that the filling has come out. My teeth are in dire need of work!”
“I have very good dental habits and up until 3 years ago when I lost my job and dental insurance, was seeing a dentist every 6 months.”
“I’m having hard times now financially. My goals are to get a job and to go back to college as soon as possible. I have some dental problems that I would like to have fixed. Cleaning,”
fillings. I’m having financial instability even to get to a place to stay. I am currently homeless and sleeping in the shelter.”

“I am trying to train and re-enter the job market, it affects my chances during the interview process. It is embarrassing to me socially and negatively impacts my ability to eat many healthy foods, to study and to just get through the day.”

I have dental insurance and can’t afford the co payments.

“At the fast food restaurant where I work, I have very limited dental insurance. My last visit was 3 weeks ago which was my last covered visit until next year. I was told I needed fillings and my gums are infected. My teeth were not cleaned because I could not afford to pay my share.”

“I have dental coverage that is unaffordable because each cavity will cost $50 a piece which we can’t afford. My husband is maxed out on his insurance. I feel self-conscious to smile because the cavities are noticeable.”

I have a job and don’t feel dental care is affordable.

“I sell cars for a living, but in doing so I am very aware of the fact that I can’t and don’t smile at my customers. I don’t understand why dental care is so expensive and unaffordable for a lot of people especially ones that have fallen on hard times.”

I can afford small dental payments($20-50), but can’t afford large payments ($100/month or more)

“Affordable would mean being able to get a teeth cleaning on a sliding scale or under $50. I really just need a full cleaning every 6 months at an affordable price.”

“Even the ‘low cost’ clinics are above my means for the most part, and have long wait lists. I have a tight budget. I could pay a low amount monthly to build up for necessary care, but $100 or more just to be seen isn’t doable. Toothaches/broken molar lower right and decayed front tooth(I only have 8 bottom teeth and my uppers were pulled in 2002 when I was married and had dental coverage)”

“When one of my teeth broke and I was in excruciating pain, the dentist told me that I needed to have a root canal and a crown. There would be an exam fee to evaluate, with $750 due at the first sitting. BAM! I am in pain, and these impossible dollar figures being thrown at me are frightening. The pain has me in tears and now the knowledge that I can’t do anything about it brings on a full fledged crying fit. I ask for an extraction and the Dr. Says ‘no’ this is a salvageable tooth. I cry a little louder and leave, feeling defeated, discouraged and hopeless. In the above situation (which really happened), after laying out the treatment plan, the next step should have been to establish how to accomplish the treatment before the patient leaves. Although payment plans seem to be a thing of the past, I think payment plans, that pay toward something rather than pay off something would help. Kind of like a lay-away system.”

“What does affordable means to me? Affordable, to me is the power to negotiate based on an individual’s needs, economics, resources, and urgency. My rent and utilities alone take up 75% of my income.”
I have never been to the dentist.

“I have never been to the dentist. My teeth look OK to me but I might have cavities as I have little black dots on my teeth. I guess I just never realized the importance of dental care until now. I have no dental coverage through my employer.”

I am afraid of visiting the dentist.

“I am petrified of dentists. Have had top dentures since 1961. I really would like to have bottom teeth pulled. I'm low income and don't have any extra money for dental care. I have had three abscesses in the last month. I need to be put to sleep.”

“I am afraid of dentists because when I was a kid, I was having a cavity filled and I needed more Novocain which the dentist did not provide because he said he was almost done. It was painful. I am afraid of the Novocain shot (it hurts). My teeth are very sensitive to cold and I know I have at least 3 cavities which I have had for the past 6 months. I wish I could use gas with Novocain to make the experience less painful. I want the dentist to take their time so I am taken care of.”

I don't know how to come up with enough money to cover the cost for dental care?

“After I pay rent, food and prescriptions there is nothing left!”

“I live off of $385 month and care for a 5 month old child. Dental care is a low priority because I can't afford even an office visit. I think I might have a few cavities and I would back to the dentist but I no longer have dental coverage on my Medicaid.”

“I only get $741 a month, $550 for rent, $42.91 for car insurance, $24 for my medications. What I have left is for toilet paper, shampoo, toothpaste, etc. Oh, I forgot my PUD bill that averages around $50.00 a month. The last time I got my teeth fixed was when Medicaid had dental.”

I don't understand you.

“I went to one dentist that said the x-rays showed cavities, another one said it doesn't. Which is it?”

“They wouldn't explain the treatment plan or options before I came in for care. I only have $200 and want to fix a tooth. I don't want to pay for another exam because then I can't afford to pay to fix anything “

“When I had my two top wisdom teeth pulled in June, I was offered only Novocain, no pain meds. It hurt. I asked why they did not give me any pain meds after either and they said she should have some left over after I gave birth which I did not (it was over 2 months ago) They said they couldn't give me any and I was told to take ibuprofen. I needed oral surgery for the bottom wisdom teeth that I went to another dental agency in Seattle for that procedure. Again, I was offered no pain meds. I was told I wouldn't need them. I was in so much pain after that and they still wouldn't help me. When I got home, my mom called to ask for pain meds and I was sent ibuprofen pills which were so large, I couldn't swallow them. My mom had to chop them up and put them in water for me.”
I want to know how to ‘buy’ dental treatment and get the most care I can. I don’t qualify for Care Credit, or credit cards.

"Experience looking for a dentist is hard without having insurance. Being low-income Medicare patient I feel I have no options, where do I go? I have tried finding sliding scale dental care for over two years with no luck. I would love to be able to pay the dentist or have dental insurance, but things did not happen that way. I was put on Social Security Disability early and unable to work..."

"I think a sliding fee scale is helpful....and something to help people with payment arrangements, where low-income people are accepted.”

I have used (illegal) drugs.

"I have had teeth pulled without pain meds due to my addiction issues. Last time I had my teeth cleaned was 2-3 years ago. I went to the dentist last about 2 months due to pain in a molar. It is cracked and I need a root canal and want help connecting to the UW. Right now I am taking ibuprofen daily for the tooth pain. Overall, I like dentists but hate the needles. I am on TANF and Molina medical but I'm not sure it covers dental needs. Tooth pain and cleaning needed."

"I was on drugs at one time and my teeth are destroyed. I'm so bad because with my teeth being bad, my face is swollen up. I have headaches and am sick every day. I can't eat anymore. I need help, please. I have tried to get work but people take one look at me and don't want me. I try to help take care of my mother the best I can.”

I have high medication bills or chronic medical condition.

"It has been very hard trying to find a dentist to help when you have no money by the time we pay rent, utilities, food and hundreds of dollars a month out of pocket for medications."

"I can't eat solid food and my gums have sores I have no teeth. I would like to eat solid food again, Dental care is expensive, and after living expenses I can't afford it. I would like to not be in pain.”

I have cancer.

"My teeth falling out, pain. I have hospice. My dental work was completed last year, at a cost of 16K with my insurance, only to have my teeth and gums fall apart under chemotherapy. Now I can't afford the co pays and am worried about losing my house."

"Radiation treatment caused all teeth break off at the gums, I can't talk or eat on a feeding tube. The teeth must come out as they are causing infections in throat and causing aspiration pneumonia which put me in the ICU last month. I also need a liver transplant which cannot be done until I address the above. I will not survive without the liver transplant and I must be healthy to have the transplant. I cannot work, eat, drink any liquids or ice chips and my prognosis is not good if the teeth are not taken care of soon. I need to eat on my own as a requirement for liver transplantation."
I need dentures, and can’t afford the extractions and/or replacements.

“All my upper teeth are infected and need denture. I didn’t want to have teeth extracted without a denture replacement so had declined extractions at CHC.”

My broken denture has been super-glued together for the last 5 years. The denture is 47 years old.

“I am embarrassed to go out in public because I don’t have bottom teeth. My teeth on top are crazy glued and cracked.”

I ‘just’ need a simple filling or cleaning.

“I need a basic cleaning and checkup”

“I have bleeding gums.”

“I have a broken crown and need my teeth cleaned”

I need A LOT of dental treatment.

“Bad cavities, I have 16 1/3rd teeth left, because I had soft teeth and had them all with root canals at ages 18 and 20, and not crowned. Losing my teeth sucks, I'm afraid to open my mouth. I had to have them pulled because they were infected. I could not afford to get them crowned earlier. I have not been able to keep up taking care of them because of no insurance. I have no money to pay for anything besides rent.”

I understand the connection between health and dental care yet I don’t understand why there isn’t greater support for dental care.

“Ideally, in my opinion, dental care should be made a part of health care plans which would give people of all economic status access to dental care. I think it’s time to change the dental insurance system of the 1970’s to a system of the 2000’s. An avalanche of medical studies has linked oral health to systemic wellness and proper organ function in the heart brain, lung, pancreas, kidney and uterus. With a statistical correlation, gum disease and tooth decay have been linked to up to a ten time greater chance of heart attack or stroke, a seven times greater chance of developing adult onset (Type2) diabetes and premature low weight birth and a 67% higher incidence of pancreatic cancer in men. In fact, gum disease, a major source of chronic low grade inflammation in the body has been linked to a variety of cancers, many of which are life threatening.”
My name is not “Those People.” by Julia Dinsmore, 1992

I am a loving woman, a mother in pain,
Giving birth to the future, where my babies
Have the same chance to thrive as anyone.

My name is not “Inadequate”.
I did not make my husband leave us -
He chose to, and chooses not to pay child support.
Truth is though; there isn’t a job base
For all fathers to support their families.
While society turns its head, my children pay the price.

My name is not “Problem and Case to Be Managed”.
I am a capable human being and citizen, not just a client.
The social service system can never replace the compassion and concern
of loving grandparents, aunts, uncles, fathers, cousins, community -
all the bonded people who need to be
But are not present to bring children forward to their potential.

My name is not “Lazy, Dependent Welfare Mother”.
If the unwaged work of parenting,
 homemaking and community building was factored
into the gross domestic product,
My work would have untold value. And why is it that mothers whose
Husbands support them to stay home and raise children
Are glorified? And why they don’t get called lazy or dependent?

My name is not “Ignorant, Dumb or Uneducated”.
I got my PhD from the university of life, school of hard everything,
I live with an income of $621 with $169 in food stamps for three kids.
Rent is $585...That leaves $36 a month to live on.
I am such a genius at surviving,
I could balance the state budget in an hour.

Never mind that there’s a lack of living-wage jobs.
Never mind that it’s impossible to be the sole emotional, social,
Spiritual, and economic support to a family.
Never mind that parents are losing their children
to gangs, drugs, stealing, prostitution, the poverty industry,
social workers, kidnapping, the streets, the predator.
Forget about putting money into schools...just build more prisons!

My name is not ‘Lay Down and Die Quietly’.
My love is powerful, and the urge to keep my children alive will never stop.
All children need homes and people who love them.
All children need safety
And the chance to be the people they were born to be.

The wind will stop before I allow my sons to become a statistic.
Before you give in to the urge to blame me,
the blames that lets us go blind and unknowing
into the isolation that disconnects
your humanity from mine,
Take another look. Don’t go away.

For I am not the problem, but the solution.

And...my name is not “Those People”.