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Addressing Oral Health through School Based Health Center Partnerships

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Presenter Disclosures

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

“No relationships to disclose”



Goals for the Presentation

Part 1

- ✦ Why is oral health an important part of school based health?
- ✦ How can your School Based Health Center get involved in oral health activities and advocacy?

Part 2

- ✦ How can School Based Health Centers be part of the solution?
- ✦ What can be accomplished through partnerships and collaboratives?

Part 3

- ✦ How can you progressively implement dental services into School Based Health Centers?



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Children's Oral Health: What's the Problem?

- ✓ Oral disease in children is 5 times greater than the incidence of asthma
- ✓ Nationally, caries are seen in 48% of 4-year olds and 80% of 17-year olds
- ✓ 51 million school hours per year are lost because of dental-related illness



Tooth decay (dental caries) affects children in the United States **more than any other chronic infectious disease.**

Tooth decay and other oral diseases that can affect children are preventable. The combination of dental sealants and fluoride has the **potential to nearly eliminate tooth decay** in school-age children.



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The Impact of Poor Oral Health on Children and Adolescents

- ✓ Untreated tooth decay causes pain and infections that may lead to problems; such as eating, speaking, playing, and learning
- ✓ Children from families with low incomes had nearly 12 times as many restricted-activity days (e.g., days of missed school) because of dental problems as did children from families with higher incomes.

What's the Problem? These are health issues we see in SBHCs.






Healthy People 2010: SBHCs can help improve children's oral health

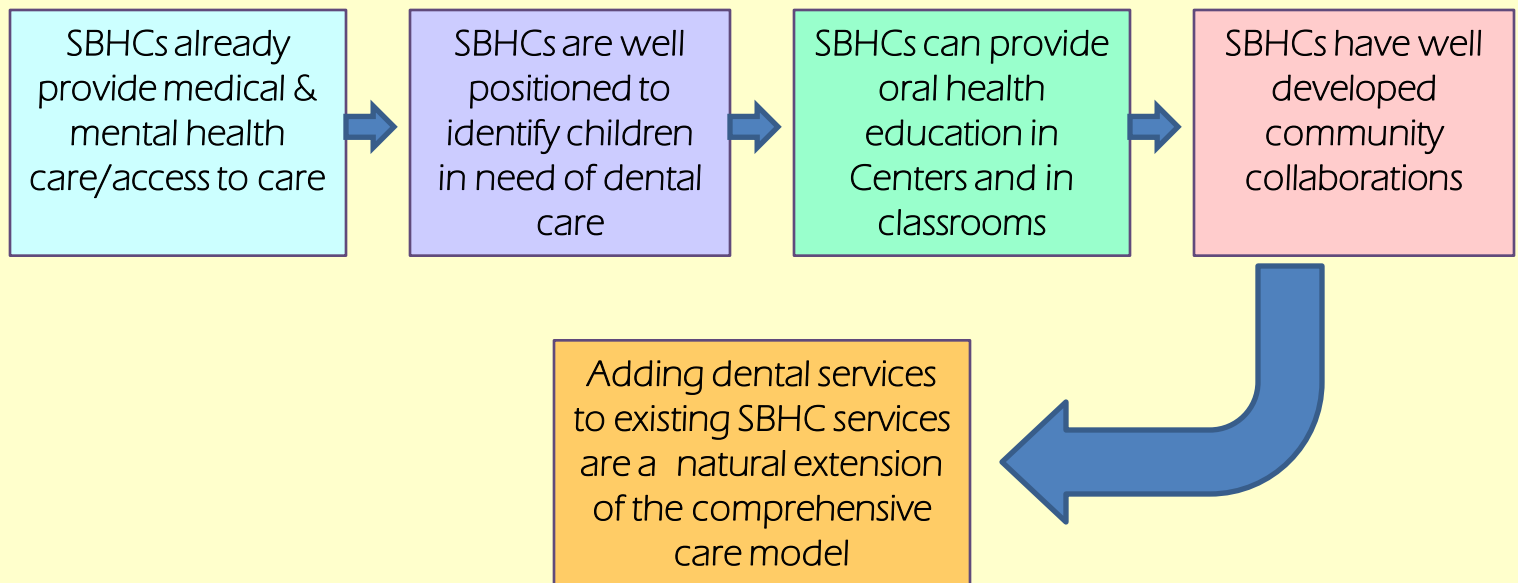
- Reduce the proportion of children and adolescents who have *dental caries* experience in their primary or permanent teeth.
- Reduce the proportion of children, adolescents, and adults with *untreated dental decay*.
- Increase the proportion of children who have received *dental sealants* on their molar teeth
- Increase the proportion of children and adults who *use the oral health care system* each year.
- **Increase the proportion of school-based health centers with an oral health component**





Making the case for oral health care in School Based Health Centers

- Oral health  systemic health
IMPACTS
- Poor oral health impacts a student's ability to concentrate in class; it affects self-image; and causes pain and suffering





How can SBHCs be part of the solution?

In 2009 there were:

4,230 Dental Health Professional Shortage Areas (HPSA) with 49 million people living in them. It would take **9,642** practitioners to meet the need for dental providers (a patient to practitioner ratio of 3000:1).

School Based Health Centers *already* provide medical and mental health care in HPSAs.

Can we add dental services to our palette to provide truly comprehensive care?





How did School Based Health Centers in CT get involved?

- Individual SBHCs and CASBHC, representing the 78 SBHCs in CT, *sought* opportunities to become part of the oral health “movement”
- CASBHC developed strategic statewide partnerships with these groups and others





What is the status of oral health in your state?

How can you begin to get involved?

- Do you have a state office of oral health?
- Does your state have an oral health plan?
- Is your SBHC in a Dental Professional Shortage Areas (DPSA)?
- Are there public or private dental programs designed to improve children's dental health in your area?

Potential opportunities to develop partnerships

- Are there regional or statewide dental coalitions working on the problem of access to dental care?
- Does your state dental association participate in Mission of Mercy or Give Kids a Smile Day?
- Are your local dental societies involved in school programs in any way?
- Are there any school based dental programs in your state that you can visit?





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School Based Health Centers



Part of the Solution



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CT Children

- 30% of Hartford Head Start children have decay requiring treatment
- 15% of Hartford Head Start children require specialist pediatric dentist services
- 30-50% of children in rural or inner-city elementary schools have untreated dental decay

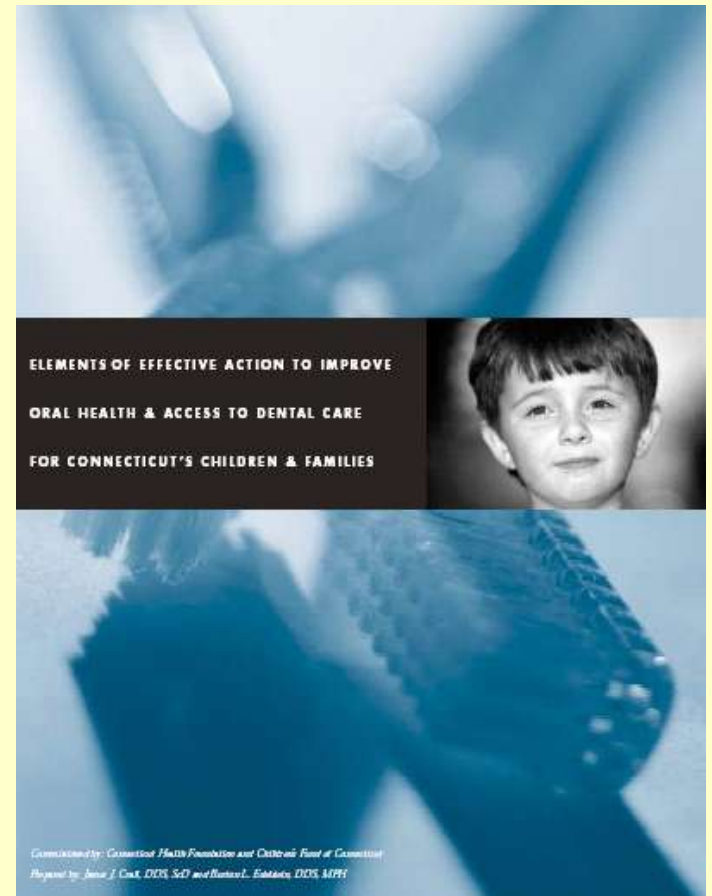




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Crall-Edelstein Report

- Maximize contributions of current HUSKY providers
- Expand number of HUSKY providers
- Connect families to care
- Reduce disease
- Implement accountability and quality improvement systems





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Connecticut Health Foundation Original Goals

- Double the number of children receiving preventive care
- Double the number of children receiving treatment



The Oral Health Collaboratives: Rationale

- Broad input required to solve challenging problem
 - Multiple and varied resources needed
 - Cooperation between multiple parties necessary for system integration
 - SBHC must be part of the collaborative
- Waterbury
 - Hartford/East Hartford
 - Bridgeport
 - New Britain
 - Danbury
 - Stamford
 - New Haven
 - South-East

Initial Collaborative Funding Started January 2002

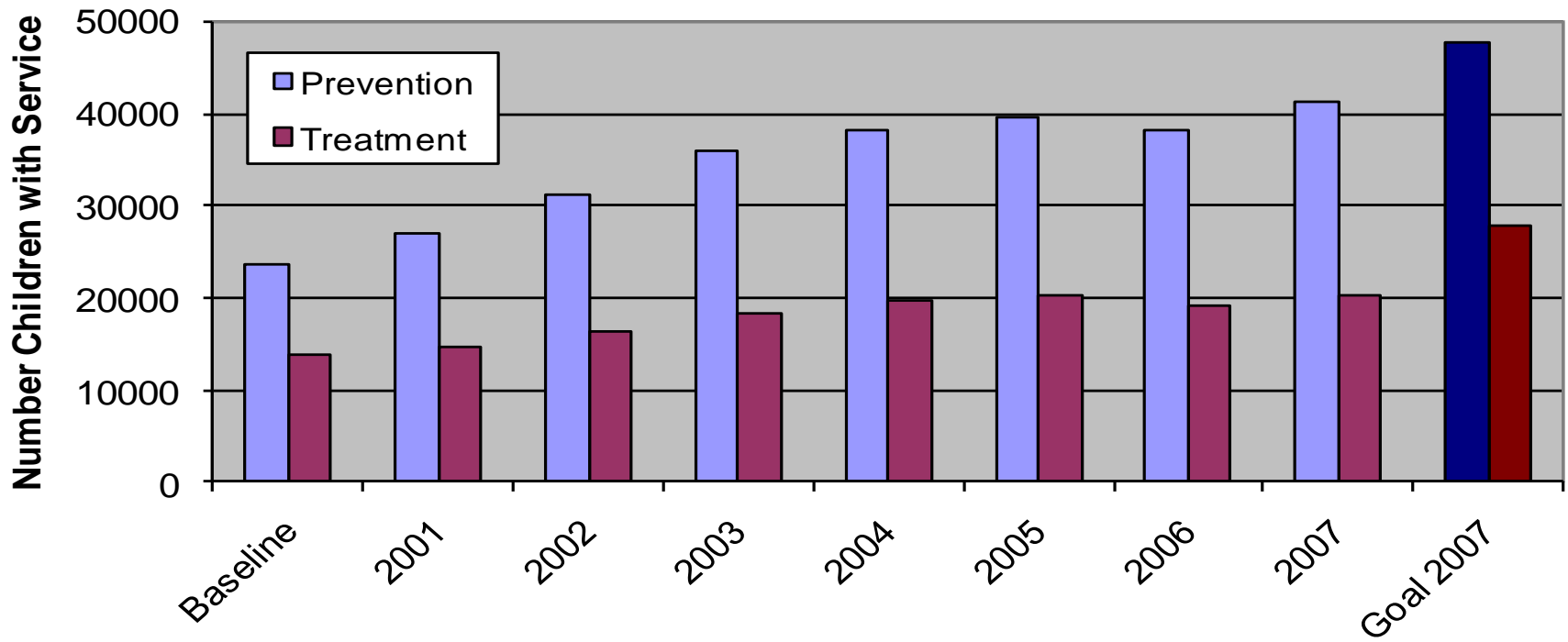


Collaborative Activities

- Hiring of additional safety net staff
- Expansion of safety net services
- Development of new school based/linked programs
- Care coordination
- Linkages with private sector
- Education



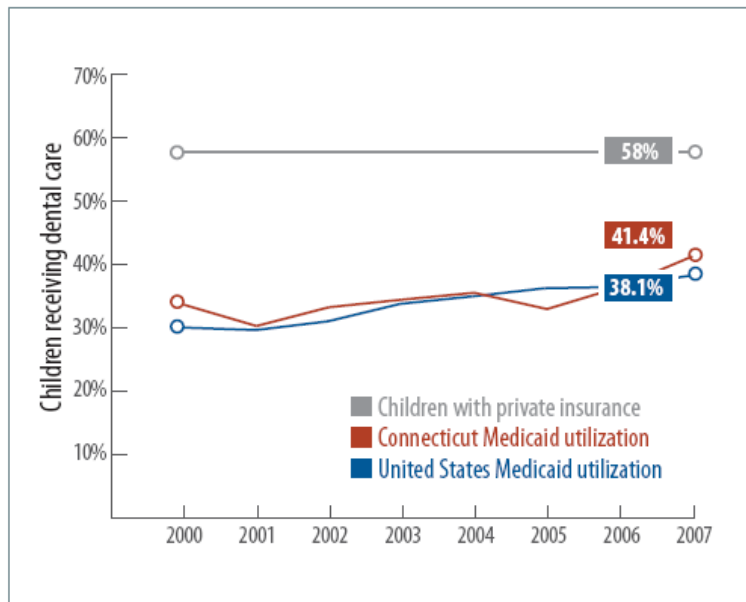
Children on Medicaid in Collaborative Communities Receiving Dental Care



The Pew Report

HOW BAD IS THE PROBLEM?

TOO MANY CHILDREN LACK ACCESS TO DENTAL CARE, WITH SEVERE OUTCOMES. One measure of the problem: more than half of the children on Medicaid received no dental service in 2007.



SOURCES FOR NATIONAL BENCHMARKS: 1) Association of State and Territorial Dental Directors; 2) American Dental Hygienists' Association; 3) Centers for Medicare and Medicaid Services, CMS-416; 4) American Dental Association; 5) Pew Center on the States, National Academy for State Health Policy and American Academy of Pediatrics; 6) National Oral Health Surveillance System.

HOW WELL IS CONNECTICUT RESPONDING?

MEASURED AGAINST THE NATIONAL BENCHMARK FOR EIGHT POLICY APPROACHES

	STATE	NATIONAL	MEETS OR EXCEEDS
Share of high-risk schools with sealant programs, 2009	<25%	25%	
Hygienists can place sealants without dentist's prior exam, 2009	Y	Y	✓
Share of residents on fluoridated community water supplies, 2006	88.9%	75%	✓
Share of Medicaid-enrolled children getting dental care, 2007	41.4%	38.1%	✓
Share of dentists' median retail fees reimbursed by Medicaid, 2008	86.5%	60.5%	✓
Pays medical providers for early preventive dental health care, 2009	Y	Y	✓
Authorizes new primary care dental providers, 2009	N	Y	
Tracks data on children's dental health, 2009	Y	Y	✓
Total score	A		6 of 8

Grading: A = 6-8 points; B = 5 points; C = 4 points; D = 3 points; F = 0-2 points





Development of School Based Health Center Oral Health Services in the City of Danbury

- *2003*: Danbury Public School System awarded five-year funding from the Connecticut Health Foundation to increase access to dental care services for HUSKY enrolled/eligible children in the Danbury Public School system

- Using portable dental equipment and one permanent dental facility located at South Street Elementary School, the school dental program provided services at all Elementary schools through a combination of State, public and private funding

- All preschool and elementary school-aged children received yearly preventive screenings, and HUSKY eligible students requiring sealants or restorative care were treated at a fixed location (South Street School), or on-site through mobile dental services.





Services were needed for adolescents

- Significant achievements made in increasing access to preventive and restorative dental services to Elementary school-aged children
- Services for middle school and high school aged children were virtually non-existent
- *2008: City of Danbury submitted a grant application to the CT Dept of Public Health for SBHC Enhancement Grant Funding to increase access for the underserved and uninsured middle and high school population through SBHCs – with a focus on developing SBHC dental services*
- *2009* – SBHC pilots on-site dental services during limited hours at the School Based Health Center (SBHC) at Broadview Middle School, through a sub-contractual arrangement with the Danbury Public School Oral Health Collaborative.
- Utilizing the *Open Wide* program (oral health for non-dental professionals), the SBHC Nurse Practitioner identified students in greatest need for oral health care services.



Implementing Hygiene Services

- Cleanings, fluoride treatment, x-rays and oral health education was provided by a Dental Hygienist during the first visit.
- Majority of the patients had not been to a dentist in several years; many required more than one appointment with the Hygienist, and most had between 1 and 7 dental caries requiring several follow-up appointments.
- *May 21, 2009, portable operatory moved to Danbury High School.*





Hygiene and Restorative Services



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- Dental staff recruited through marketing program to dental community – no formal recruitment process needed
- Several students given multiple (as many as five) follow-up appointments with the Dentist following the initial exam
- Limited dental staff hours prohibited the students from making more than two to three additional appointments.

Utilizing data from the pilot program, the City of Danbury applied for and received \$233,092 from State DSS Dental Improvement Initiative to expand oral health services in both middle schools and the high school





Results of Expanded Services and Next Steps



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FY 2009/2010 Results:

- ✓ Preventive ~ 208 visits, some patients requiring multiple visits for dental sealants, additional hygiene services
- ✓ Restorative – 202 visits – some patients requiring >3 visits due to severe dental decay

Next Steps:

- Limited summer hours
- Combine dental visits with school entry and sports physicals



For more information

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