

A statewide membership organization advancing comprehensive health services in school settings.

Expanding Oral Health Services in School-Based Health Centers

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WVSBHA MISSION

Advancing
comprehensive
health services
through
responsive
policies,
practices, and
partnerships





A statewide membership organization advancing comprehensive health services in school settings.

The West Virginia School-Based Health Assembly is working to promote health services in schools to help students be healthy learners.

- Statewide membership organization
- Formed in 1995
- Founding member of NASBHC
- 49 SBHCs serving 61 schools in 24 counties in WV



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Why is Oral Health Important?

Tooth decay is the single most common chronic childhood disease

- 5 times more common than asthma
- 7 times more common than hay fever

More than 51 million school hours are lost each year due to dental related illness.

According to Surgeon Generals Report, 2000

50% of decay in low income children
goes untreated.



Barriers in Access to Dental Health Services

- Lack of awareness of seriousness of oral health
- Lack of or insufficient dental insurance
- Lack of transportation
- Uncompensated time from work
- Limited income
- Low community-to-private provider ratio
- Dentist non-participation with Medicaid/CHIP
- Low Medicaid program reimbursement rates for dental services

Cost and Utilization of Dental Services

- **\$60,000 billion** national dental expenditure for fiscal year 2000₁
- **500 million** average number of dental visits in the U.S. annually₂
- **39 million** number dental service beneficiaries through Medicaid and CHIP₁
- **19%** percent of total Medicaid & CHIP beneficiaries who received preventive dental services₂

¹ Health Care Finance Administration website: <http://www.hcfa.gov>. Date Accessed: March 28, 2010

² U.S. DHHS. CDC. (2000). *Improving Oral Health: Preventing Unnecessary Disease Among All Americans: At-A-Glance*

“One proven strategy for reaching children at high-risk for dental disease is providing oral and dental health services in **school-based health centers... supporting linkages with health care professionals and other dental partners in the community”**

School Based Oral/Dental Health

Program Implementation

A Step-by-Step Process

Evaluation

Program Implementation

- Parent/Child education
- Staff training
- On-going needs assessment

Characteristics for success:

- Flexibility
- Motivation

Policy Context

- Local/ state regulations
- State licensure requirements
- Medicaid provisions
- Other dental insurance provisions

Program Design

- Needs assessment
- Oral/ dental service selection
- Resource considerations
- Staffing availability
- Equipment availability
- Supplies/ electrical units
- Outcomes measures
- Quality assessment
- Referral networks
- Follow-up after referral
- Data collection
- Forms
- Parental involvement

Outcomes/ Objectives

- State/Local priorities
- School priorities
- Goals/mission
- Short-term/long-term

- Of goals
- Of mission
- Of outcomes
- Of clinical services
- Chart audits
- Program modification

Prior to start of school year

Infrastructure Development

- Coalitions & Stakeholders
- Planning process
- Management structure

Slide copied from "Considerations for Program Development", Erica M. Allen May 2001

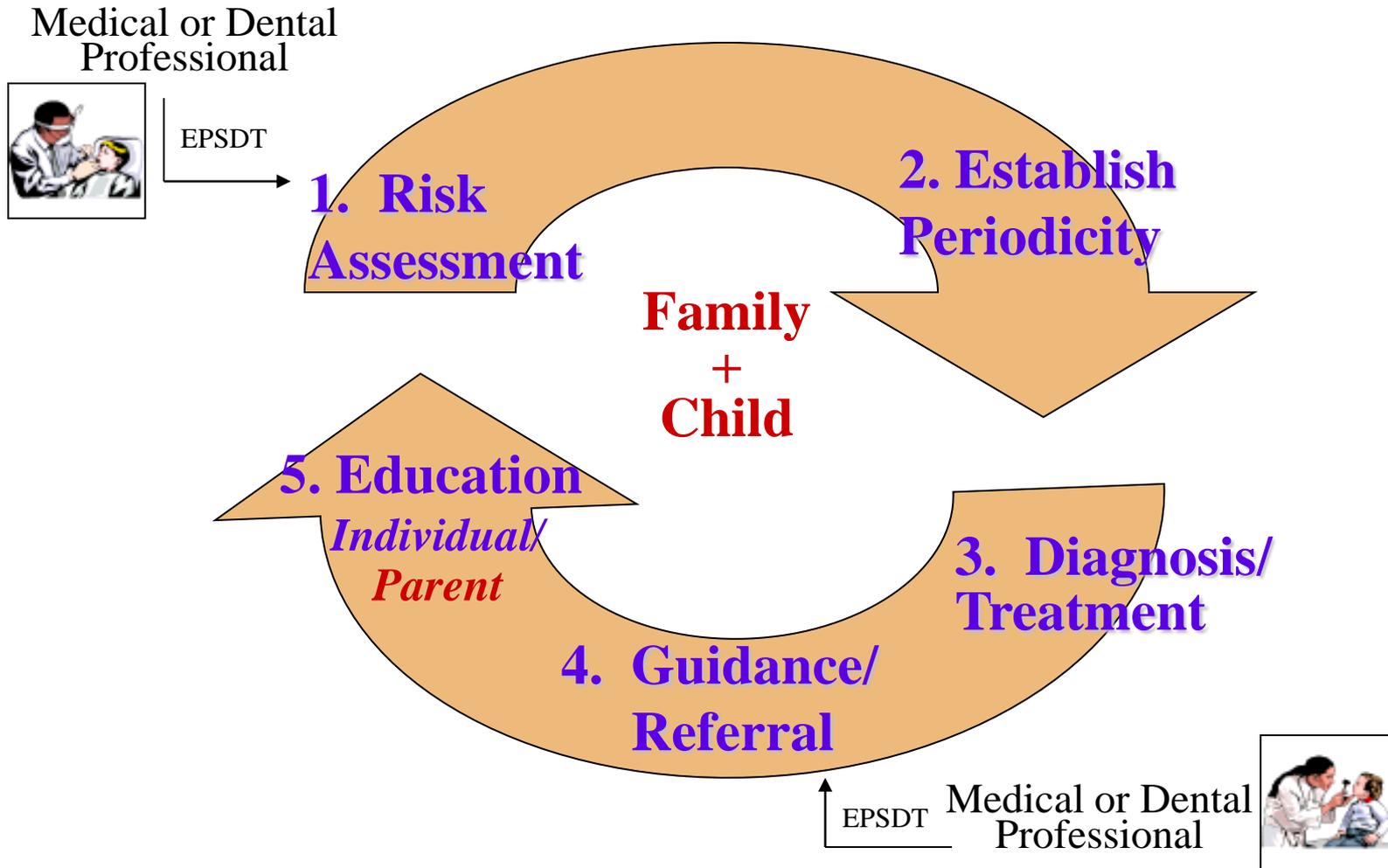
School-Based Health Centers, in Partnership with Community Dental Providers, Can:

Enhance *education*

Enhance *dental service*

Eliminate *barriers to dental care*

A Proposed School-Based Oral/Dental Health Service Scheme



Considerations in Implementing a School-Based Dental Program

- ✓ Staff recruitment and retention
- ✓ Sustainability –establishing a collaborative business plan
- ✓ Electrical capacity- “dedicated line” for dental equipment
- ✓ Potential use of portable equipment- (California and Oregon vendors)
- ✓ Temperature sensitive equipment, AC/fans required
- ✓ Availability of X-Ray machine- if unavailable, then referral service crucial
- ✓ Emphasis on skills training for long-term oral health maintenance
- ✓ Securing parent involvement for follow-up and family awareness
- ✓ Securing support from dental school and oral health organizations
- ✓ Securing support from local health providers involved in providing dental care to underserved populations

Encouraging Private Dentist Participation

- ✓ **Emphasize that school-based dental programs are not competitive**
- ✓ **Involve private dental providers in planning for greater cooperation**
- ✓ **Analysis of community-to-private provider ratio:**
 - ✓ Number of dental providers available to Medicaid & CHIP beneficiaries
 - ✓ Number/Percent offices open to new patients
- ✓ **Private provider acknowledgement of inability to serve all children**
 - ✓ Provides rationale/support for school-based services
 - ✓ More likely to support referrals for preventive/restorative care
- ✓ **Capacity to follow-up in school-linked programs is crucial**
 - ✓ Requires referral, annual check-up, and re-assessment

“ You cannot educate a child who is not healthy, and you cannot keep a child healthy who is not educated.”

~ Jocelyn Elders, Former US Surgeon General

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