Implementing School Oral Health Services in West Virginia

Subject: Basic Start-Up Guide for Schools

Introduction: This document is intended to serve as a quick guide for schools interested in partnering with their community providers to develop school based oral health services. Successful collaboration requires a deliberate planning process in which stakeholders create a blueprint for working together. However, creating the blueprint is only the beginning of an on-going process which must be continually nurtured. The following essential steps are offered as a starting point of this process.

1. **Learn as much as you can about comprehensive school oral health and building effective partnerships.** The Marshall University School Health Technical Assistance Center website provides resources at www.wvshtac.org. Center staff is available for consultation as well. A useful guide to planning oral health services is *Integrating Oral Health into School Health Program and Policies.* The guide is published by the Center for Oral Health and can be found at www.centerfororalhealth.org

Additional useful resources are the Promoting Health in Schools guide found at http://www.mchoralhealth.org/PDFs/ResGuideSchoolOH.pdf and the Association of State and Territorial Dental Directors (ASTDD)website which highlights an entire cadre of resource material ranging from logic models to policy briefs- http://www.astdd.org/school-and-adolescent-oral-health-committee/

2. **Assess oral health needs, resources and feasibility.** Collect available data to make informed decisions about priorities. Consider the entire district/community and determine which schools have the greatest need and review data about access to existing dental services. This can be completed by utilizing survey instruments with school staff and parents to gauge interest in oral health services. Also consider feasibility of success in a given school. A visit to existing school based health centers that already provide oral health services can be extremely beneficial to the planning team in determining feasibility. Additional questions that need to be explored in this stage include: Will the school staff and administration support the effort? What type of oral health services will be provided-preventive only or preventive and restorative? Is there a community dentist willing to collaborate with or without a public health practice dental hygienist? A public health dental hygienist has a special permit that allows him/her to see patients for preventive care without a dentist being on site. This type of collaboration is very useful in the school setting. The answers to these queries will determine what type of equipment, supplies, and staffing will be required in moving forward.

3. **Gain administrative and school leadership support.** Identify the school system liaison that will facilitate the process and make sure that there is administrative support. After gaining support from administrators, convene other key school staff: the core leadership team, the student assistance team (SAT), and anyone who may be a champion at the local level such as local dentists and dental hygienists employed in the private or public sector. It is vital that school administrators work in tandem with the local dental community. Consider convening a meeting with dental professionals in the community to gain their input on initial planning efforts and strategies. This will allow opportunity for potential partnerships.

4. Invite the community to assist in planning. Involving the community will increase support and sustainability. In addition to key school personnel, community stakeholders include oral health and health care providers, businesses, parents, youth, potential funders, the family resource network (FRN), and any others having an interest in promoting health and academics. Successful planning requires commitment to regular, standing meetings, follow- through, good communication methods and clarification of roles, tasks, purpose.

5. Identify a community provider. In some communities, more than one provider may be willing to collaborate. In other communities, it will be difficult to find any providers. The planning committee may need to explore various options; and weigh the pros and cons of each. Regardless of who provides the services, a memo of understanding (MOU) with clearly defined partner roles and expectations should be enacted. This may be an agreement to simply plan or it may involve a commitment to provide services. Often, the school and community provider begin with a small commitment of a few hours per week which increases over time as the demand increases. Sample MOUs can be obtained from the MU school based staff.

6. Develop an implementation plan. Establish a shared vision, short and long term goals, objectives, time frames, and a tentative budget. Clarify issues such as services to be provided, hours and days of operation; billing, collections and policy on seeing all students regardless of their ability to pay; operational and decision making process such as sharing of information, referrals, roles of school and community providers; liability, and continuous quality improvement. A clear, well-constructed implementation plan can serve as the basis for funding proposals from specific agencies, foundations, grantors or other funders with shared goals for the community.

7. Secure financial resources. Usually, school oral health programs rely on a mix of funding sources including local school funds, state and federal block grants, foundations and reimbursement from third party insurers.

8. Monitor and address challenges. It is important to continue to work with the planning team and the collaborating partner(s). This is a long term effort. "Bumps in the road" -- staff and administrative turnover, funding cuts, disagreements about policies, roles, responsibilities and procedures – can be expected. By maintaining strong communication through regularly scheduled monthly meetings or phone calls between key school and agency staff, both at the service level and at the administrative level, schools and community providers can build cooperative relationships and continuously improve services to students.