Improving Oral Health Care in Schools

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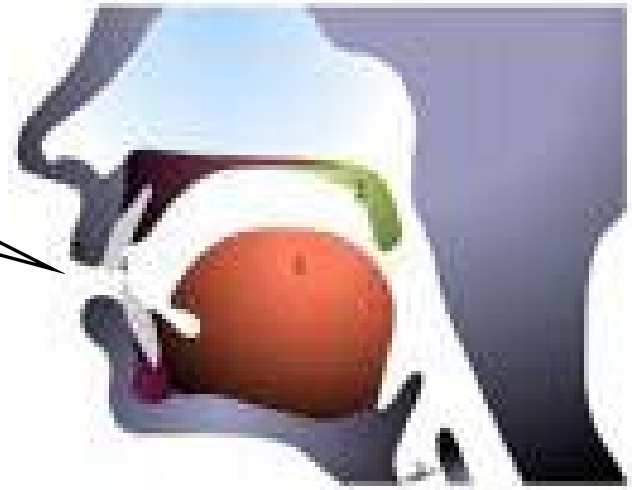
Oral Health Basics

The Mouth: An Essential Body Part

An organ of
- Digestion
- Respiration
- Communication
- Protection
- Sensation



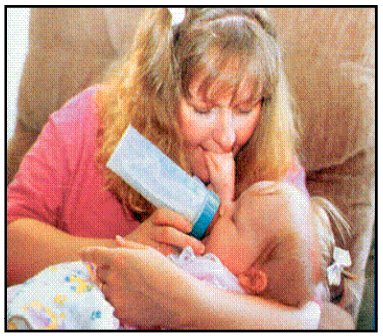
Home to unique structures
- Teeth
- Gums
- Tongue
- TMJ
- Salivary glands

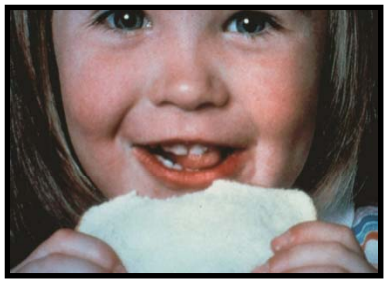
Oral-systemic health connection through contiguous and distant connections (circulatory, neurologic, lymphatic etc)

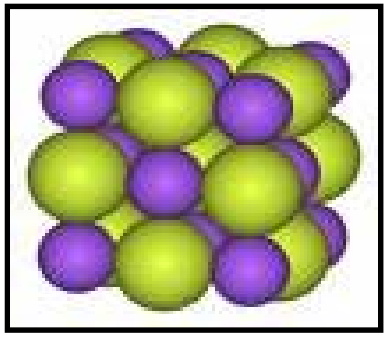
Early Childhood Oral Health

Risk Factors:

- Early infection with “cariogenic” bacteria
- High frequency carbohydrate ingestion
- Lack of exposure to fluorides







Adolescent Oral Health

Risk Factors:

- Risk behaviors (drugs, alcohol, sports/trauma, etc)
- Tobacco – periodontal disease, cancer
- Poor eating patterns and food choices – dental caries
- Oral sex – STDs
- Pregnancy – risk factor for periodontal disease
- Lip and tongue piercing – risk for tissue damage & infection

Cavity Prevalence is Extreme (NHANES III)

28% of US 2-5 Year Olds Have Cavities in "Baby Teeth"

70% of children with cavities need repair

50% of US 12-15 Yr Olds Have Cavities in Permanent Teeth

33% of children with cavities need repair

Oral Health of Youth

- In California, 504,000 children ages 5-17 were absent >1 school day due to toothache/dental concern. (UCLA Center for Health Policy Research**)**
- In Maine, dental disease was the top diagnostic reason for ED visit for Maine Care and uninsured 15-24 year olds and 25-44 year olds. (Kilbreth B, Shaw B., et al)
- In Washington, dental emergencies were the #1 reason the uninsured sought ER costing >$3M btwn Jan. 2008-June 2009. (Washington State Hospital Assoc)
- Nationally, 52% of new military recruits in 2008 had dental problems that would delay deployment overseas. (Tri-Service Center for Oral Health Studies)

Particularly Vulnerable Children

- Native Americans
- Special needs
- Immigrant
- Migrant
- Homeless
- Rural & Frontier

Higher Disease Rates

Less Care

More Government role

All receive higher levels of medical than dental care

Oral Health in School-based Health Centers

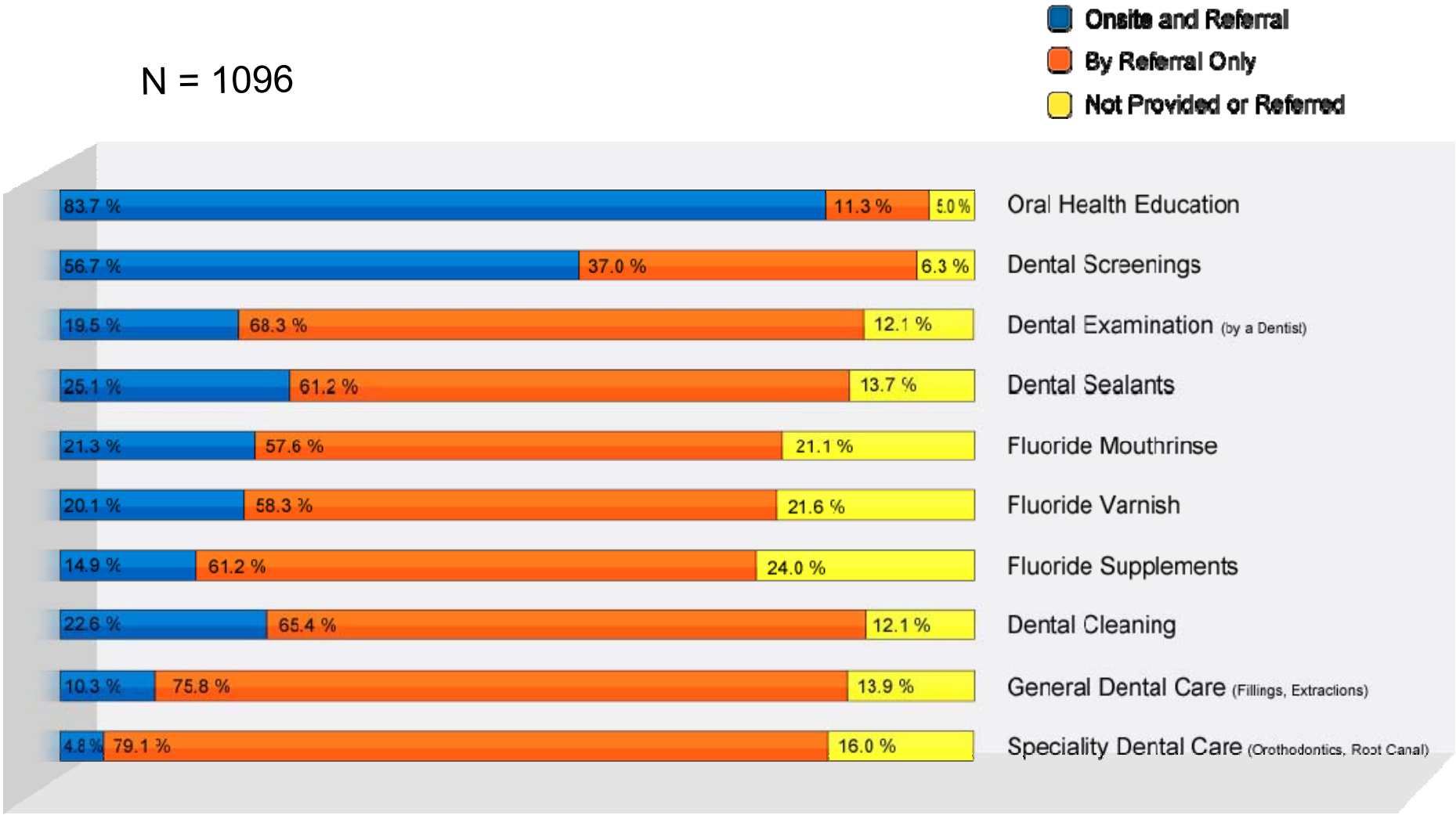
National Maternal & Child Oral Health Policy Center

NASBHC National Assembly on School-Based Health Care

Bringing Health Care To Schools For Student Success

Oral Health Services Provided in SBHCs

N = 1096



NASBHC, 2009

Schools as access points for oral health services

The Center for Health and Health Care in Schools conducted national interviews asking about unmet oral health needs, how best to address the need and role of schools

- Agreement across the board that use of schools is critical
- Less agreement on what the role should be
- Agreement across the board that oral health needs must be addressed through interdisciplinary approach
- Less agreement on what that looks like

Meeting oral health needs…

- In meeting oral health needs of kids in schools or in underserved communities, “one size fits all” will not work
  - Issues of space, population, community resources and access important to weigh
- Oral health is more than seal, drill and fill
  - It is as much about preventing disease as it is about treating disease
  - Includes oral health literacy, anticipatory guidance, education and prevention
- Good oral health care is a team sport…everyone needs to be playing

What are the challenges?

Facilities/Space

- Model for delivering dental services is site specific
- Physical location within the school **or** “linked” with off-site facility
- Equipment may be permanent **or** portable

Note: Affordable Care Act included $200 million for SBHC's ($50 milliion per year through 2013) for the establishment of SBHC's including facility construction, expansion, and equipment

Personnel

- Hiring or contracting qualified personnel
- What is “qualified” personnel given services provided
- Assuring existing personnel are maximally utilized for oral health care

Funding/Reimbursement

- Examining the start-up cost given the model of service
  - Investments in equipment and/or construction
  - Contracting arrangements if provided non-SBHC staff
- Identifying reimbursement options given personnel and services
  - Medicaid/CHIP
  - Private dental insurance

Note: Medicaid, CHIPRA & ACA Essential Benefits require pediatric oral health services.

Where are the Opportunities?

Service Delivery in SBHC

Screening and Education

- School nurses penlight exam, identify need and case manage
- Medical provider – oral health exam, fluoride varnish application, education and follow up
- RDH – oral health exam, fluoride varnish, sealants and refer

Prevention and Treatment

- Expanded scope of practice RDH exam, clean, prophylaxis and refer
- Full dental services

Interdisciplinary approach

- Medical providers are first line of defense in preventing and treating dental disease
  - More contacts with kids and their families
  - Can provide anticipatory guidance, promote good oral health habits, identify disease, counsel and provide fluoride varnish
  - Integrating oral health into SBHC is the opportunity to provide care to the whole child – including their mouth
- Must ensure that there is continuity of care
  - Need to be linked to dental providers in the community

Reinforcing Oral Health in SBHCs

Practice

- Support select SBHCs to have primary care providers trained
- Focus on fluoride varnish- easy to apply and in some states you can be reimbursed
- Focus on strengthening the referral network for children with dental disease
- Interest at HRSA in supporting the provision of oral health services in SBHCs

Reinforcing Oral Health in SBHCs

Policy & Advocacy

- Join and support the State Oral Health Coalition
- Identify where school-based care fits in the State Oral Health Plan
- Support select State Associations to strengthen their oral health advocacy agenda and partnerships
- Oral Health Opportunities for School Based Health Centers
  - http://www.cdhp.org/system/files/SBHC%20Issue%20Brief%20Final.pdf

A Focus on Systems Changes

New Collaborative Initiative

- Goals:
  - Increase ability of SBHCs to provide higher level of dental care with existing staff
  - Facilitate collaborative partnerships and increase policy engagement across oral health and child health communities
- Primary activities:
  - Training SBHC medical staff on oral health risk assessment
  - Build referral networks
  - Develop collaborative oral health advocacy among SBHC community

Resources

- National Association of School-based Health Care
  - www.nasbhc.org
- Center for Health and Health Care in Schools
  - http://www.healthinschools.org/en/Health-in-Schools/Health-Services/School-Based-Dental-Health/DrRosenthalsToolkit.aspx
- National Maternal & Child Oral Health Policy Center
  - www.nmcohpc.org
- Children's Dental Health Project
  - www.cdhp.org
- Smiles for Life
  - www.smilesforlifeoralhealth.org

Contact Information

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