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Selecting a School-Based Oral Health Care Program: 23 Key Questions and Answers for School Staff

Oral health care delivery in the school setting is gaining traction in Kentucky as demand for services grows and access to providers in Kentucky is not readily available for every child. Oral health literacy programs are creating an awareness of the importance of treatment of oral health needs among families. There is also an increased awareness of education professionals about the link between health of students and educational outcomes. School administrators and school nurses are looking to address the needs of the students by bringing oral health services to the school. They are doing this in a variety of ways. This document is designed to help guide schools in choosing the type of oral health program that will best meet the needs of their students.

This list of questions provides guidance for school administrators who are considering oral health services or who are approached by a company marketing such services. Programs can vary widely and specifics often can only be gained through direct contact with the program. Disclaimer: The suggestions in this document are meant for informational purposes only and not legal advice.

1. **Why should your school allow a community-based dental program to service your students?** Poor oral health is an epidemic in Kentucky. According to the most recent Kentucky survey, 35% of 3rd grade students had untreated tooth decay and more than half of students had dental cavities. Treatment of cavities is often delayed resulting in numerous missed hours of classroom instruction due to pain, even in children with dental insurance coverage. Community-based approaches have proven effective in reducing the number of students with urgent dental needs. The use of a community-based dental program also allows services to be delivered during the school day, which decreases the amount of school missed due to preventive dental appointments. It can also help in addressing the cost of oral health care which is a concern for many Kentuckians. In fact, the 2012 Kentucky Health Issues Poll reported that nearly 4 in 10 of Kentucky adults (37%) reported that someone in their household skipped dental care or check-ups in the last 12 months because of the cost.

2. **What is a community-based dental program?** A community-based dental program is one that brings prevention and dental care to a local community. With a community-based approach, students have a better chance of finding a dental home which helps to ensure they receive ongoing comprehensive dental care. Community-based programs establish working relationships with local dental clinics and use a team approach when caring for children within that community. This community approach is important for families who are uninsured or underinsured. Ideally, all children should establish a dental home to receive comprehensive dental care. The dental home should be established within the community and available to care for children year-round for dental visits, comprehensive care, and in the case of emergencies. Children in your school who already have an established dental home should be encouraged to continue that relationship. It is important for school systems to engage local dental providers when planning health activities in the school setting to increase the success of community-based dental programs.

3. **What are the different types of school-based programs and what treatments do they offer?** School-based dental programs offer services at the school. Programs may provide services in school clinics with stationary equipment, in a room in the school building using portable dental equipment, or in a mobile van parked at the school. Programs may or may not include oral health education as part of their service. Common school-based dental service models include:
   - Dental Screening Programs: Students in any grade level may be seen. No treatment is provided at the school. Students with dental needs will be referred to local dentists.
   - Dental Sealant Programs: Dental screenings are done and sealants are placed on students in selected grades (typically 2nd and 6th grades) to reach children at a time when the first or second molars typically erupt.
   - Dental Preventive Services Programs: The provided services include screening, cleanings, fluoride treatment, and sealants. This type of program will generally serve students in all grades.
   - Basic Preventive and Restorative Dental Services Program: This type of program would include the full range of preventive services along with restorative services, such as basic fillings and simple extractions. Students in all grades are offered services.

4. **Is a program that serves all grades better?** Many school administrators are excited bringing dental services to all students in the school. However, treatment options should be based on the latest research, thus serving all grades may not be necessary. Make sure the program tells you in advance what grades they will serve. Specific grades will likely be targeted in school based dental sealant programs. The application of dental sealants is an evidence-based approach to prevent dental decay. A 60% decrease in tooth decay has been shown when sealants are provided through a school-based program. Research suggests that routine dental cleanings do not reduce the dental disease rates in children. Providing routine dental cleaning to every student may not be necessary because a dental cleaning is not necessary prior to the placement of dental sealants.

5. **How and where are services to be provided at your school? Will services be provided in a van in the parking lot? Will services be inside the building with portable equipment? Or will students be transported off-site? What are the space, water, and electrical needs?** Some programs will need a private location, such as an empty classroom, stage, lunchroom, or other available area. They may need to access electrical outlets. Some programs will provide services in a dental bus and keep all equipment within the mobile unit. The bus may need to connect to the school's electrical outlets. You may also want to ask how long the students will be out of the classroom. Lastly, some will require transportation for students to an offsite location. Discuss who will be responsible for the transportation costs and the liability associated with transportation.

6. **Should I ask for local letters of reference?** Some programs that approach your school can be located outside of your community, operated by large organizations, or even be based out of the state. Programs may also be based locally within your county. Regardless, a letter of reference from a local health department, dental office, or community clinic will show that the program has established a good working relationship with the local dental community.

7. **How is eligibility for the program's services determined? Will the program provide their full scope of treatment to all children who return a consent form?** The majority of dental disease is found within the lowest socioeconomic group. Thus, unless all students are provided the exact same options regardless of insurance status, the students most in need of the services may not be able to access them. Furthermore, providing sealants only to children on the free and reduced meal program or to those on

Medicaid can be viewed as stigmatizing and therefore unacceptable in many schools. Be sure to ask whether the dental program is willing to see every child regardless of insurance status or ability to pay. You may inquire if the program offers parents and caregivers assistance in enrolling for dental coverage through a state-funded program, such as Medicaid or KCHIP. You might want a written contract, such as a memorandum of understanding (MOU) which expresses this commitment.

8. **Will there be any charge to any of the students? Are uninsured students offered the same services as insured students?** Some programs only offer limited services to the uninsured students, some programs charge reduced fees, and some may not have any charge at all. Ask what the fee is, and how it affects the uninsured and lower income students. Charging a fee may discourage uninsured families from participating, and leave these high risk children without access. Programs which only serve insured / students enrolled in the Medicaid program also leaves some high risk children without access. Billing and collection procedures vary between programs. Also note any possible consequences of not paying the fee for services which may affect the parent/guardian or the school.

9. **How does a program determine if a child has a regular dental provider?** A dental home is ideal for children. It is important to not duplicate services which may create financial burden for families. Make sure the oral health program serving students specifically asks about a routine dental provider on their consent form and has procedures in place to avoid duplication of dental services.

10. **What type of informed consent does the program use?** The program should develop a protocol that clearly establishes how and when parental permission will be obtained. It is determined by each school whether active or passive consent will be used.

11. **What are your school's responsibilities, and how much time is involved?** Your school may want to consider a written MOU that states the individual responsibilities of the school, program coordinator, and provider. The MOU also should address the cost and time commitment for all to operate a successful school-based oral health program. Ask if the program has identified a coordinator or liaison to work with the school and those items for which they will specifically be responsible.

12. **How is follow-up and case management handled? Will this be provided by the program or will the school be responsible for this? Who will address parent questions or concerns after treatment has been provided?** All programs will encounter children who need restorative care. Ask if they employ staff whose role is to help children and families find a dental home, locate dental clinics that will provide services to all students, ensure that appointments are made and kept, and will make sure treatment plans are completed. Or, will your school staff be prepared to take on that process? All programs need to reach out to local partners and have working relationships with local dental offices so students can quickly receive needed care. Ask what their plan is for following up on students with decay. Case management is a crucial part of a successful school based program and often overlooked. In addition, once the program has finished providing services at your school, make sure there is an established protocol for how parent's questions or concerns will be addressed.

13. **What referral mechanisms have been established with local dental care providers or clinics?** The incoming dental program should be able to provide information on its referral mechanisms with local dental providers. This might include a memorandum of understanding with a local dental provider or clinic. You may wish to contact the providers on the program's referral list to see if those clinics listed are in fact a

willing referral partner. Know how far families will be expected to travel to get any necessary follow-up care.

14. **How often and for how long will the program be at your site? For instance: once a year, once a week, or some other arrangement?** The program should come to your school at least once every year. The program's length at your school can vary based upon the number of students needing to be seen. To ensure that all children who sign up for the program receive treatment, you may want to review the provided paperwork looking for words such as "if time allows" or "as time permits". These words often indicate that the program is scheduled to be at your school for a set number of days even if not all the children who are signed up for care can be seen.

15. **If the program offers restorative services, such as fillings and extractions, are treatment plans established? Will all of the necessary treatment be completed and in what timeframe?** Programs offering restorative care often take x-rays to assist in the diagnosis of dental disease. Once the disease is diagnosed, a treatment plan is made. In many cases, the treatment will require multiple visits. Consider asking if the program will return until all work is complete and if so, ask when they will return. Treatment needs should be completed in a timely manner. It's important to know if the program takes care of the most urgent needs and then requires the student to finish treatment with a different provider. If so, you will want to know what the policy is for sharing the radiographs and treatment plan with the local dental clinic. This communication with local dental clinics is critical to ensure children are not exposed to unnecessary radiation, receive all needed dental treatment, and their families are assisted in finding a permanent dental home.

16. **How can individual child records be obtained by parents and dental office once the program has completed their services at your school?** All oral health information should be kept private and always be maintained in a HIPAA-compliant manner. Each child should be given a follow-up letter at the conclusion of his/her appointment, notifying parents of the outcome for the school-based appointment and any necessary steps parents should take to follow-up. This letter should contain information on how families can obtain individual student records directly from the program.

17. **What oral health data will be collected? How will information be shared with the school, parents, local health departments, and the state oral health program?** Data should be collected on the oral health status of the students and the services provided. Ideally, at the conclusion of the dental program's visit, each school should receive a quantitative list of services that were delivered to the student body (for example, 100 children received 300 sealants). This data also is valuable to local health departments and the state Oral Health Program.

18. **What infection control policies and procedures are in place?** Programs need to have procedures and policies in place to comply with federal and state infection control guidelines. These policies assist programs in developing acceptable practices that will ensure a safe environment for program staff as well as your students. More information can be found at http://www.cdc.gov/oralhealth/infectioncontrol/guidelines/index.htm.

19. **Are all treatment providers licensed in Kentucky?** Programs should have established policies and procedures to perform basic background checks on volunteers and licensure status to ensure protection of the students at your school.

20. Does the program establish any type of contract or memorandum of understanding (MOU) with the school? A MOU can help reduce misunderstandings between the program and the school. The contract can address which students are eligible for services, what the school's specific responsibilities are, what the program's responsibilities are, what costs are involved, what liability coverage the program has, and what liability the school would have.

21. How is the quality of care determined? The program should return to the school to check on sealant retention. Retention checks are a way to evaluate staff technique and materials used. This will allow the program to indentify changes in policies and procedures to ensure the highest quality of care is offered to students.

22. What are some examples of current activity in Kentucky?

- Smile Kentucky!
- Smiling Schools Kentucky Program
- UK Seal Kentucky Program
- ULSD Outreach Scholar Program
- WKU Institute for Rural Health Mobile Dental Sealant, Varnish, and Limited Primary Care Programs
- Purchase AHEC School-based Sealant Program and Community-Based Initiatives
- UK Dental Outreach Programs
- Kids First Dental
- School Smiles
- Barren River District Health Department Mighty Molar Mobile Dental Services
- Northern Kentucky Independent District Health Department Oral Health Program
- Madison County Health Department Brighter Futures, Brighter Smiles Program
- Community Dental Clinic School Based Screening Program, Owensboro/Daviess County Schools

23. How do I find out more about oral health services in the school setting? The Kentucky Oral Health Coalition and the Kentucky Oral Health Program in the Division of Public Health can help school personnel review responses.

References:

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3. ASTDD. Mobile-Portable Dental Manual. http://www.mobile-portabledentalmanual.com
4. ASTDD. Mobile and Portable Dental Services in Preschool and School Settings: Complex Issues. http://www.astdd.org/www/docs/Mobile-Portable_ASTDD_Issue_Brief_final_2.29.2011.pdf
5. Wisconsin Oral Health Coalition. Selecting a School-Based Oral Health Care Program. http://www.dhs.wisconsin.gov/publications/p0/p00437.pdf
6. Michigan Department of Community Health. Selecting a School-Based Oral Health Care Program. http://michigan.gov/documents/mdch/Q_and_A_brochure_for_School_Staff_for_email_388180_7.pdf