

# Selecting a School-Based Oral Health Care Program

## Questions and Answers for School Staff



### Purpose

Oral health care delivery within a school setting is a rapidly growing avenue for ensuring that all students have equal access to care. As oral health awareness grows, school administrators and school nurses are finding multiple options when seeking an oral health program to provide services to their student body. Differences can exist within programs between what types of oral health providers are providing care, to specific services delivered, and even what space requirements will be needed by oral health programs when traveling into a school. This document was designed to help guide schools into choosing the type of oral health program that will best meet the needs of their students and communities.

# QUESTIONS AND ANSWERS

## **How common is tooth decay?**

Tooth decay is the most chronic childhood disease. It's five times more common than asthma and seven times more common than hay fever.

## **Why should your school allow a community-based dental program to service your students?**

In Michigan, nearly 1 in 10 third-grade children have immediate dental care needs with signs or symptoms of pain, infection, or swelling; and 1 out of 4 third-grade children have untreated dental disease. Nationally, 51 million school hours are lost each year due to dental-related illnesses. Many low-income children do not have regularly scheduled dental visits.

## **Why is it important for programs to be community-based?**

Ideally, all children should be established within 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 preventive dental visits and in the case of emergencies.



## **What is a community-focused school-based dental program?**

A community-focused program is one that concentrates on bringing prevention and dental care to a single community. By focusing on one community, students have a better chance of being placed in a dental home to receive ongoing comprehensive dental care. Community-based programs establish working relationships with local dental clinics and dental offices and use a team approach when caring for children within that community. This community approach is important for those low-income families who are uninsured or underinsured.

## **Some of the programs approaching your school can be large, commercial enterprises. Can the program asking to treat your children provide local letters of reference?**

Yes, a local letter of reference from a dental office or dental clinic will show that the program has established a good working relationship with the local dental community.

## **Who owns the program, and how is it funded?**

It is a good idea to determine the owner of the program and to check any websites to examine the service areas. Ask if the program provides services to uninsured students. Also, inquire if the program offers assistance in enrolling for dental coverage through a state-funded program, such as Healthy Kids Dental, Medicaid or MICHild.

## **How is eligibility for the program's services determined? Will all children, both insured and uninsured, have access to the care that the program offers?**

The majority of dental disease will be found within the lowest socioeconomic group. Thus, it's important that all students be provided the exact same options as those who are insured.

## **What are the different treatment options offered by the program?**

Programs just differ in scope. Some programs are preventive-based, meaning that they focus on preventing dental disease through dental sealants, fluoride, teeth cleanings, and education. Other programs will provide restorative care, meaning that they fix teeth that already have disease in them.



### **How is follow-up and emergency care provided?**

All programs will come across children who need restorative care, and all programs need to have working relationships with local dental offices or dental clinics for students to quickly receive the needed care. The programs should have a plan for following up on students with dental decay. Ask what the plan is — does the program follow up or is the school asked to follow up? It is important to have a clear understanding regarding who ultimately has the responsibility of following up with students and/or parents on needed dental care.

### **How long should each child's appointment take?**

Like a haircut, faster is not always better. The answer to this will vary depending on the services being provided. A dental appointment should be long enough for the provider to provide quality work while being caring and compassionate. Ask the program about what services it provides and how long it will take. Compare the answer to your own experience at the dentist or ask a dental professional if the estimate “adds up.”

### **How and where are services to be provided at your school, such as a van in the parking lot, or inside the building with portable equipment? What are the space, water, and electrical needs?**

Some programs will set up inside your building and will need a private location, such as an empty classroom, stage, lunchroom, or other available area. Others travel on wheels, such as in a bus, and will keep all equipment within the mobile unit.

### **What are your school's responsibilities, and how much time is involved?**

Your school should receive a written program proposal that states school, program coordinator, and provider responsibilities that will reflect the time commitment for all to operate a successful school-based oral health program.

### **Who will be present to supervise the program on-site?**

Each program should have a “lead” or supervisor present. The supervisor can be a dentist or hygienist.

**Will there be a coordinator or liaison to work with the school? Does the program case-manage to assure that children receive needed treatment?**

A coordinator or liaison in a community-based program will reach out to local partners who are able to treat the child. Case management is important to ensure that the child receives necessary restorative care. Parents might need a gentle reminder, and a follow-up call or email may remind them to make an appointment for their child.

**What type of informed consent process does the program use, and what is covered?**

The oral health provider should develop a protocol that clearly establishes how parental permission will be obtained.

**What referral mechanisms have been established with local dental care providers or clinics?**

You may wish to check the program's referrals to see if they are a willing referral partner. The incoming dental program should be able to provide you information on its referral mechanisms with local dental providers. This might include a memorandum of understanding with a local dental provider or clinic.

**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?**

A preventive dental visit is recommended twice a year, but the community program should come to your school at least once every school year. The program's length at your school can vary based upon the number of students needing to be seen. In most cases, a program should be able to complete services in one week, if it is there all week and does not need to share space with other school activities.

**Does the program establish any contract or memorandum of understanding with the school?**

The dental program should be willing to see every child who lacks a dental home, regardless of insurance status or ability to pay. You might want a written contract that expresses this commitment.

**How often should children be seen by an oral health provider?**

A preventive visit is recommended twice a year. Visits should begin by the child's first birthday.

**What else can your school do to help prevent tooth decay?**

Dental decay is largely caused by sugary treats and beverages. Eliminating sweet rewards and replacing them with a small, non-edible prize will not only assist in decreasing dental decay, but will also help control childhood obesity.

**What oral health data and individual child records will be created, and how will information be shared with the school and parents?**

All oral health information should be kept private by the providers and should always be HIPAA-compliant. 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 dental sealants). Each child should be given a paper at the conclusion of his or her appointment notifying parents of the outcome of the school-based appointment and any necessary next steps on which parents should follow up.

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