

CULTIVATING SOLUTIONS

IMPROVING CHILDREN'S ORAL HEALTH

FALL 2018 ISSUE BRIEF

SCHOOL-BASED ORAL HEALTH: CREATING SMILES FOR LIFE

In an effort to stem the tide of untreated tooth decay, the Foundation for Community Health (FCH) has invested in school-based oral health preventative services since its inception. More than **7,000** children in the northern Litchfield Hills of Connecticut and the Greater Harlem Valley of New York

have received necessary preventative dental care since 2007.

Detailed in this brief you'll learn how a school-based oral health program works, why it is needed in our rural community, our next steps for the initiative and best practices we've identified with our partners.



WHY IT’S NEEDED

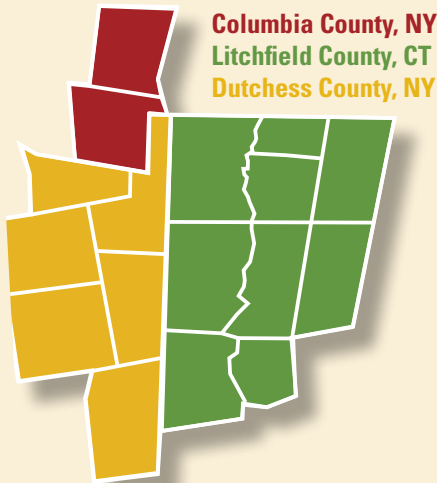
Tooth decay is the most common chronic childhood disease in the United States — 1 in 5 children ages 5 to 11 years have at least one untreated cavity.¹ Untreated cavities can cause pain and infection, and may lead to difficulty eating, speaking, socializing and sleeping, which adversely affects school attendance and performance. Studies show students with dental pain are more likely to miss school² and have a lower grade point average³ compared to children without dental pain.

Dental disease is avoidable with preventive care and education. Unfortunately, many children, including those with Medicaid coverage, face obstacles in accessing dental care for a number of reasons including lack of dental insurance, difficulty finding dentists who accept Medicaid, and little awareness of the impact of poor oral health or

where to access preventative services. According to the Centers for Disease Control and Prevention, more than 15 percent of children ages 2 to 17 years have not seen a dental provider in the last year.⁴ In rural communities, these obstacles are further compounded by a lack of fluoridated water, long distances to reach dental care, and few oral health providers.

In fact, **children in rural communities are less likely to receive dental care or preventative treatment in the past year compared to children from urban communities.** Within the Foundation’s service area,⁵ prevalence of untreated cavities exceeds national statistics. For instance, among school-age children in Columbia County, New York, more than 21 percent have untreated tooth decay and 33 percent have experienced cavities.⁶

Our Partners Serve Nearly 1,000 Children Each Year



Region One School District	Dover Union Free School District	Webutuck Central School District	Taconic Hills Central School District
Brooker Memorial 2007 – Present K-8th Grade	Hudson River HealthCare (HRHCare) 2012 – Present K-8th Grade	HRHCare 2017 – Present K-8th Grade	Columbia County Community Health Care Consortium, Inc., 2007-2009 K-4th Grade Columbia Memorial Hospital, 2009-2017 K-6th Grade
Total Investment: over \$1.1 million			

This past year, 35 percent of students participating in FCH’s school-based oral health initiative had tooth decay present at the time of the exam.⁷

Our Commitment to Children’s Oral Health

In 2007 the Foundation launched school-based oral health programs in New York’s Taconic Hills Central School District with provider partners in southeast Columbia County and Connecticut’s Region One School District with partners in northwest Litchfield County. Without an oral health provider for school districts in northeastern Dutchess County, New York, FCH supported Hudson River HealthCare’s (HRHCare) efforts to establish a local dental practice to serve as a ‘home base’ for the school-based prevention program. In 2012, HRHCare launched its oral health program in the Dover Union Free School District and expanded to the Webutuck Central School District in 2017.

HOW IT WORKS

School-based dental sealant programs are an optimal way to reach children, especially low-income children who often face barriers in accessing dental care.

Sealants – plastic coatings applied to cavity-prone chewing surfaces of adult teeth — can reduce decay by 80 percent two years after placement with continued effectiveness for nearly four years.⁸ Sealants act as a shield in grooved areas of the molar where brushing cannot always reach and fluoride toothpaste cannot always protect.

In most school-based oral health programs, a dental hygienist uses portable equipment, a mobile dental van or a fixed clinic to deliver care. While each program is unique, a school-based oral health visit typically includes education, exams, fluoride rinse or varnish, and sealant application. Some programs are able to provide full restorative care, but most coordinate follow-up care with families and local dental providers.



School administration and families are important partners in each child's care. The dental team works in tandem with school personnel to ensure dental services do not interfere with learning, and communicate with families before and after care.



The focus is on creating a positive experience for the child. During an initial exam, the overall health of the teeth, mouth, and gums are evaluated. If dental sealants and additional services are needed, the dental team can provide care whenever the child is comfortable – on the first appointment or after multiple visits.



At any point, a fluoride (a naturally occurring mineral that helps rebuild and strengthen the tooth's surface) varnish or rinse can be applied.



After sealants are applied to students' adult teeth, they will be monitored for years to come during **checkups** to ensure sealants are still strong.

“When we started ten years ago, there was a misconception amongst parents and staff that there wasn't a need...but we do have a need. Many of our children do not have access to a dentist or cannot utilize dental benefits that they may have due to transportation, time or high insurance co-pays.”

Martha Bruehl, RN, School Nurse in Region One School District

School-Based Oral Health Initiative Impact

The Foundation partnered with an external evaluator to assess the impact of the school-based oral health program in the Region One School District in 2012. At the time, the program had been in operation for five years and was found to **reduce the occurrence of decay and missing teeth, boost access to restorative treatment, and broaden evidence of good oral hygiene.**

These findings reinforce the conclusions of a recent national study of school-based sealant programs: preventative oral care delivered in a school setting significantly reduces tooth decay. Students who received sealants experienced 50 percent less dental disease after four years compared to students without sealants.⁹



LESSONS LEARNED

It takes a village to raise a child — providing comprehensive preventative oral health care in a school setting is no different. Through the Foundation's school-based oral health initiative, we've learned how each partner contributes to the success of its unique program:

SCHOOL ADMINISTRATION

- Understand the sealant program and its requirements to enhance communication with families and school personnel, and reduce scheduling conflicts
- Facilitate engagement between provider and the school community by encouraging the dental health team to attend school-wide assemblies, staff meetings, and other school events
- Support involvement of school nurses at critical stages of program development

PROVIDERS

- Approach participant recruitment creatively, incentivizing students and classrooms with prizes or fun events
- Dispel dental care myths by using simple, straightforward language to describe school-based oral health services
- Build strong relationships within the school community by participating in community and school-wide events

FUNDERS

- Do not expect immediate results — investing in prevention takes time, especially during the first few years as partners develop relationships
- Allocate resources to support the initiative outside of direct services
- Support provider partners' development of program models that fit their capacity and meet school needs

WHAT'S NEXT?

Looking ahead, the Foundation is committed to expanding the initiative and increasing its effectiveness, as well as building provider partners' capacity. Other areas where additional investment could improve rural children's oral health include:

Bridging the Medical-Dental Divide. Improve primary care provider involvement in oral health by recommending early childhood dental visits or providing fluoride varnish during regular checkups.

Increase Access to Dental Care Through Partnerships Between Private Dentists and Federally Qualified Health Centers (FQHCs). Dentists can provide oral health services to Medicaid patients at FQHCs without enrolling as a Medicaid provider. These health centers can easily address oral health issues while patients receive other medical or mental health services.

Support State Level Policies to Enhance the Practice of Dental Hygienists, Dental Assistants and Dental Therapists in School Settings. Despite research and anecdotal evidence from dental health professionals, many states have rules that impede the expansion of school-based oral health prevention by limiting the services they can provide.

ENDNOTES

- 1 Dye BA, Xianfen L, Beltrán-Aguilar ED. Selected Oral Health Indicators in the United States 2005–2008. NCHS Data Brief, no. 96. Hyattsville, MD: National Center for Health Statistics, Centers for Disease Control and Prevention; 2012.
- 2 Stephanie L. Jackson, Vann F. William, Jr., Jonathan B. Kotch, Bhavna T. Pahel, Jessica Y. Lee. "Impact of Poor Oral Health on Children's School Attendance and Performance," *American Journal of Public Health* 101, no. 10 (Oct. 1, 2011): pp. 1900-1906.
- 3 University of Southern California, Herman Ostrow School of Dentistry. "Poor Oral Health Can Mean Missed School, Lower Grades," <https://dentistry.usc.edu/2012/08/10/poor-oral-health-can-mean-missed-school-lower-grades/>, August 2018.
- 4 Centers for Disease Control and Prevention, "Oral and Dental Health," <https://www.cdc.gov/nchs/fastats/dental.htm>, July 2018.
- 5 In Connecticut: Canaan, Cornwall, Warren, Falls Village, Goshen, Kent, Norfolk, Salisbury/Lakeville and Sharon. In New York: Amenia/Wassaic, Ancram, Copake, Dover/Dover Plains/Wingdale, Millbrook/Washington, Millerton/North East, Pine Plains and Stanfordsville.
- 6 New York State Department of Health, "Oral Health Data and Statistics," <https://www.health.ny.gov/statistics/prevention/dental/>, July 2018.
- 7 Data from FCH's school-based oral health initiative provider partners for the 2017-2018 academic year.
- 8 Centers for Disease Control and Prevention, "Children's Oral Health," https://www.cdc.gov/oralhealth/children_adults/child.htm#5, July 2018.
- 9 Community Preventative Services Task Force, "Oral Health: Preventing Dental Caries, School-Based Dental Sealant Delivery Programs," www.thecommunityguide.org/findings/dental-carries-cavities-school-based-dental-sealant-delivery-programs.

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