

Oral Health Improvement Project

Connecticut Association of School
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Healthy Kids Make Better Learners www.ctschoolhealth.org

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Connecticut Association of School Based Health Centers
Oral Health Improvement Project Report: 2008 - 2010

Executive Summary

The Connecticut Association of School Based Health Centers (CASBHC), with funding from the Connecticut Department of Social Services, created the *Oral Health Improvement Project* to increase oral health education and awareness in Connecticut communities, build capacity for dental hygiene and restorative services in school based health centers, and create partnerships to strengthen the oral health care delivery system. CASBHC implemented an oral health outreach and education initiative in nineteen Connecticut communities that sponsor school based health center (SBHC) programs. Through this initiative, clinical staff members had an opportunity to increase the oral health education of the children and adolescents that use the school based health centers, promoting good oral health habits to improve the overall health of the students.

This report of CASBHC's *Oral Health Improvement Project* was developed to describe the oral health outreach and education initiative, progress of activities, and the partnerships that have been achieved over the last two years. The report suggests the elements of a stepped approach in a progression intended to increase the proportion of school based health centers in Connecticut that have an oral health component, or that partner with local, regional, and statewide oral health initiatives.

The *Oral Health Improvement Project* focused on the following goals in the first two years:

- 1) Increase the number of students that receive an oral health screening in their school based health center
- 2) School-based nurse practitioners will be provided with the latest evidence-based information that establishes linkages between oral health and overall health
- 3) Increase the number of SBHCs that participate in Give Kids a Smile Day
- 4) Ensure that the K-12 Oral Health Education Curriculum *Connecticut Cares About Oral Health* will be made available to all SBHC sites
- 5) Students utilizing SBHC services will know and identify positive oral health behaviors
- 6) All SBHC sites will have knowledge of available community resources for students in need of a dental home and will work to improve linkages to those sites.

Over the two years of the project period, CASBHC provided:

- Oral health training and technical assistance to SBHC clinical staff
- Active advocacy to increase dental provider reimbursement rates
- Resources and materials to SBHC providers to increase the oral health awareness of the children and adolescents that use SBHCs
- Oral health supplies to SBHCs in nineteen Connecticut communities
- Developed key partnerships to strengthen the oral health safety net for children.

As a result of CASBHC's *Oral Health Improvement Project*, the level of oral health awareness and provision of oral health education has increased among school based clinical staff members. The CASBHC office regularly receives requests for oral health supplies, materials and resources for students that utilize SBHC services, as well as information on the implementation of dental services in SBHCs. School based medical providers increasingly provide oral health education in the SBHC and in the classroom. SBHC medical providers increasingly integrate oral health into well child visits and physical exams. In many sites, providers have partnered with community dentists, hygienists, and hygiene schools to provide education, screening, and referral of students in need of dental care. Several existing SBHC programs have added dental services to their comprehensive care model during the project period. Other SBHC programs would like to initiate dental services, but do not have funding to purchase equipment, hire dental providers, or purchase dental billing systems.

Recommendations and Next Steps

The *Oral Health Improvement Project* created a foundation for oral health awareness and education in the 78 state-funded school based health centers. CASBHC employed a stepped approach to incrementally increase oral health access for children and adolescents in SBHCs. CASBHC has identified several areas of emphasis that can serve as the next phase of a continuing oral health project to increase the number of school based health centers that have a dental component. A series of next steps will strengthen access to oral health care and will fortify the unique, comprehensive care model already established in school based health centers:

- Identify potential sources of funding to establish SBHC dental programs, purchase equipment, hire dental providers, and develop billing systems
- Provide training in billing and coding for dental services to maximize revenues
- Partner with state agencies and private foundations to establish a funding stream and cost effective model for school based dental services in CT
- Identify effective models of care and school-based oral health best practices in a Connecticut-specific manual and toolkit format, available to all SBHC sites, that includes information on operation, management, and evaluation of fixed and mobile SBHC dental programs
- Partner SBHCs with statewide initiatives that seek to address oral health in school settings, such as dental sealant programs and mobile dental hygiene services
- Collaborate with the Connecticut State Dental Association to partner interested community dentists with school based dental programs

As advances in research continue to demonstrate the relationship of oral health to overall health, CASBHC will continue to implement elements of a stepped approach to increase the proportion of school based health centers in Connecticut that have an oral health component, teaching good oral health habits and changing behaviors to improve the overall health of children and adolescents.

Connecticut Association of School Based Health Centers
Oral Health Improvement Project Report: 2008 - 2010

Introduction

The Connecticut Association of School Based Health Centers (CASBHC) created the *Oral Health Improvement Project* to increase oral health education and awareness in Connecticut communities, build capacity for dental hygiene and restorative services in school based health centers, and create partnerships to strengthen the oral health care delivery system. In 2008, the Connecticut Department of Social Services (DSS) announced the availability of funding to be used to support initiatives that would improve access to dental services and/or improve the quality of dental care provided to clients. Existing hospital dental clinics, school based health centers and non – Federally Qualified Health Center (FQHC) safety net facilities were eligible to submit an application. The goal of the Department in the allocation of these funds was to recognize an improvement in the access to care, an expansion of services currently offered, or improvement in the quality of dental services delivered to patients. CASBHC was awarded funds to conduct an oral health outreach and education initiative to increase the oral health awareness of the children and adolescents that use the school based health centers, teaching good oral health habits and changing behaviors to improve the overall health of the students. This report of CASBHC's *Oral Health Improvement Project* was developed to describe the oral health outreach and education initiative and the progress of the activities and partnerships that have been achieved over the last two years. The report suggests the elements of a stepped approach in a progression intended to increase the proportion of school based health centers in Connecticut that have an oral health component, or that partner with local, regional, and statewide oral health initiatives.

A. Background: What is the Problem?

Oral health care is a fundamental aspect of overall well-being and is especially important during child and adolescent development. According to the Pew Center on the States, Connecticut has made significant progress in achieving six of eight benchmarks aimed at addressing children's dental health needs, and now ranks fourth nationwide on its ability to provide oral health care access to children. However, less than half of Connecticut children with HUSKY insurance receive dental care annually.¹ Lack of access to oral health care in many communities is due to a number of factors. Lack of oral health education is a major cause of acute dental problems. Many children, and adults alike, have not been properly educated on cavity and oral disease prevention.² Additional barriers such as transportation and childcare frequently prevent children from getting the care that they need. In 2009 alone, children and adolescents nationwide missed 51 million hours of school due to acute dental problems.³ In addition to a lack of access to dental care, a large number of Connecticut children do not have access to basic medical care, including those who live in rural areas and inner cities and those who are uninsured or underinsured.

B. What is a School Based Health Center?

A school based health center is a fully-licensed primary care facility, providing a range of physical and mental health services, and in some sites, dental services. SBHCs and school nurses work closely together, with school nurses able to refer students to the SBHC to resolve the student's health problems.

In 2007, 43,000 Connecticut children under 18 were uninsured for the entire year.⁴ Barriers to care include cost of services, lack of transportation, and lack of knowledge about available services and the importance of preventive health. A method of addressing these barriers is to deliver comprehensive medical and mental health services directly to children in school through School Based Health Centers (SBHCs). SBHCs eliminate obstacles of transportation, scheduling, and economics and enable all children to receive the physical and mental health services they need, when they need them. The SBHCs unique combination of medical care and counseling with strong health education reinforces healthy lifestyles and promotes prevention and early intervention of serious problems.

SBHCs provide access to care at a low cost and serve students regardless of insurance status. However, as more and more parents work outside the home, even children who can afford health care often do not receive care in community settings in a timely manner. Consequently, children from all socioeconomic groups, in all types of communities, benefit from the presence of a SBHC in their school.

Connecticut SBHCs are staffed by nurse practitioners, physician's assistants, clinical social workers, medical assistants, and in some sites, licensed oral health professionals. All sites operate under the guidance of a medical director. Connecticut has invested in a well-established system of school based health centers that provide services to children in rural, suburban, and urban areas of the state. Nineteen Connecticut communities have school based health centers in seventy-eight schools that span from Pre-K to 12th grade. While all of the SBHCs provide medical and mental health services to students enrolled in the Centers, just nine of the nineteen communities provide dental services in some SBHC sites (2010). Some other SBHC communities have partnered with mobile dental programs that primarily provide hygiene services on a rotating basis.

C. School Based Health Centers: A Good Place to Provide Dental Services



SBHCs are well established in Connecticut, with most centers originating in the mid-1990s. During that time, the SBHCs have established strong working relationships with school administrators, faculty, and school health personnel that include school nurses, school social workers, guidance counselors, and school psychologists. SBHC clinical staff regularly partner with these individuals to provide classroom health

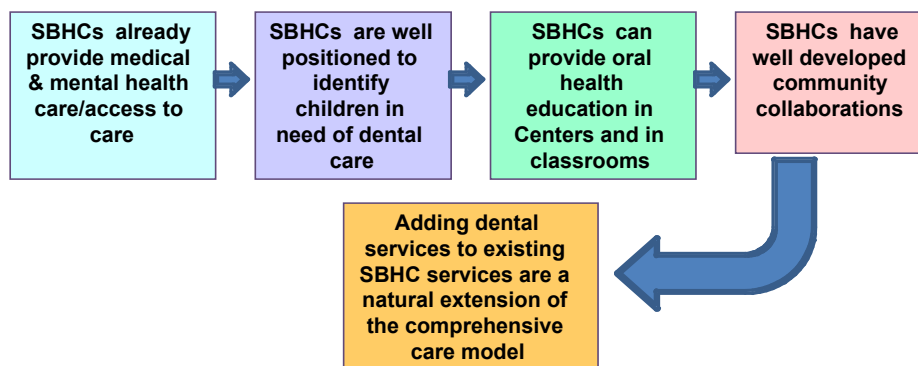
education, and may also be members of school crisis management teams. SBHC medical providers partner with school nurses to promote the health of children and adolescents, and may have direct contact with families that have enrolled their children in the SBHC.

The majority of SBHC medical providers have been trained in the Open Wide oral health curriculum, developed by the Connecticut Department of Public Health and designed as an oral health assessment tool for non-dental professionals. SBHC nurse practitioners and physicians' assistants have frequent contact with students during well-child visits, sports physicals, visits for acute illness and injuries, and episodic care. These visits are an opportunity to provide health education and anticipatory guidance. Adding oral health education and screening assessments to the SBHC palette of services is a natural extension of the comprehensive care model.

In addition, SBHCs are familiar with students and teachers, and can provide health education in a safe, comfortable, familiar environment. SBHCs are strategically placed in high-need communities and in rural areas without access to care.

An illustration of the comprehensive model of school-based health care can be seen below:

Illustration 1: Making the Case for Oral Health Care in School Based Health Centers



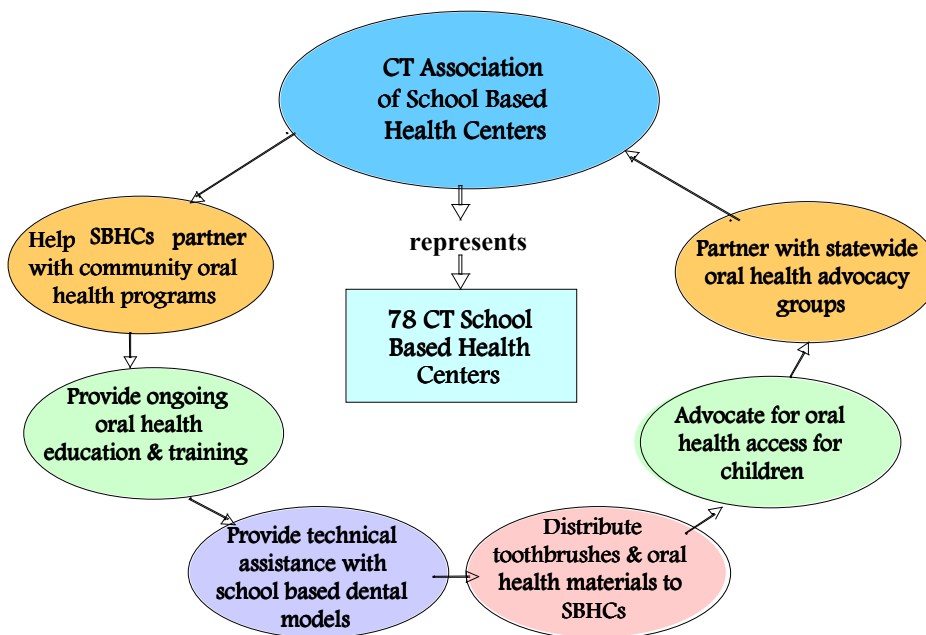
D. CASBHC Involvement in Oral Health

CASBHC has viewed the *Oral Health Improvement Project* as a stepped-approach to building capacity in SBHCs that wish to provide dental hygiene and restorative services in their community. The stepped approach began with CASBHC helping SBHCs partner with community oral health programs to encourage oral health awareness. CASBHC provided ongoing health education, training, and technical assistance to each SBHC; this information was then utilized in each community. CASBHC shared the desire of the Department of Social Services and other key stakeholders to increase the rates of oral health care utilization among children with HUSKY (Connecticut Medicaid program) insurance to the rates experienced by children with private insurance.

Over the two years of the project period, CASBHC provided training and technical assistance to SBHC clinical staff, has been an active advocate for increased dental provider reimbursement rates, and has offered information to increase the oral health awareness of the children and adolescents that use SBHCs, teaching good oral health habits and changing behaviors to improve the overall health of students. CASBHC’s vision for the expansion of dental services in school based health centers can be seen below.

Illustration 2: A Stepped-Approach toward School Based Oral Health Services

A Stepped-Approach toward School-Based Oral Health Services



CASBHC provided the tools and resources to increase dental health awareness in the school based health centers, while simultaneously advocating for more oral health access for children. CASBHC proactively *sought* opportunities to become part of the oral health “movement”, while individual school based health centers participated in local coalitions and oral health collaboratives.

CASBHC developed strategic statewide partnerships with the following groups:

- The Connecticut State Dental Association
- The Connecticut Dental Health Partnership
- Give Kids A Smile®
- The Connecticut Health Foundation

- The Connecticut Coalition for Oral Health
- The Connecticut Department of Public Health
- The Connecticut Oral Health Initiative

E. CASBHC Oral Health Improvement Project: Goals and Activities

In an effort to promote oral health access and education in SBHCs, the following are a summary of CASBHC’s objectives and activities of the past two years (2008 – 2010):

1. Increase the number of students that receive an oral health screening in their school based health center.

- ♦ In November 2008, 65 SBHC nurse practitioners and physician’s assistants were trained in the Open Wide curriculum, the use of fluoride varnish, and were provided with anatomical dental models and oral health screening tools. 44 APRNs enrolled with DSS for certification enabling them to apply fluoride varnish in SBHCs
- ♦ CASBHC created a unique dental code for SBHC oral health education visits for the purpose of data collection in the Clinical Fusion database
- ♦ As a result of the Open Wide training, SBHC medical providers increasingly incorporated oral health care information and screenings during well-child visits
- ♦ Additional CASBHC member communities now offer direct, in-school dental hygiene services. Multiple programs have added restorative services to address the high rate of untreated decay among students.

The Open Wide training session, provided by Linda Ferraro, R.D.H., Connecticut Office of Oral Health, was well received by the nurse practitioners, physicians’ assistants, SBHC directors, and state SBHC staff. This continuing medical education activity (CME) was evaluated by all participants to ascertain the level of satisfaction with the session, and to determine if the information in the session would encourage a change in their professional behavior. The evaluation results of the session are shown in Table 1.

Table 1: Open Wide Training Evaluation Results

Learning Objectives: “OPEN WIDE Training for SBHC Medical Providers”	Completely or Mostly Met
1. Recognize the oral disease called dental decay and its impact on general health and well-being	55 respondents (98%)
2. Identify how teeth develop decay and how to prevent dental decay	55 respondents (98%)
3. Describe how to screen for decay, other dental diseases, and conditions	56 respondents (99%)
4. Understand when and how to use fluoride varnish to prevent dental decay	56 respondents (99%)

The participants’ written comments provided guidance for the development of future oral health training sessions for SBHC clinical staff. Many participants expressed an increased awareness of

the need to include oral health education into their physical examination visits with comments such as: “I will be more aggressive in recommending dental care and will provide more dental talk during physicals”; “I will educate other clinicians to undertake oral health screenings within our limits and abilities”; “I plan to address oral health more strongly!”; and “I will get dental resources into my school based health center.”⁵

In response to the energy and enthusiasm evident during the training session, CASBHC provided 53,000 toothbrush packets to all 78 school based health centers, provided written oral health materials for students/parents, purchased anatomical dental models for demonstration of proper brushing and flossing techniques, and subsequently scheduled additional oral health training at its regional school based health center conference in November 2009.

2. School-based nurse practitioners will be provided with the latest evidence-based information that establishes linkages between oral health and overall health.

- ♦ The complete Open Wide training module was provided to participants for use and reference in their SBHC site
- ♦ Toothbrush and toothpaste packets have been provided to all 78 SBHCs through Colgate Oral Pharmaceuticals; 53,000 toothbrushes, toothpaste, and floss packets were distributed
- ♦ Fact sheets on proper flossing and brushing techniques were provided to all SBHCs for distribution to students in March 2009 and throughout 2010
- ♦ The nurse practitioners and physician’s assistants received information on the oral health risks of tobacco use, oral piercings, and mouth jewelry, with specific attention paid to children with cardiovascular problems or diabetes
- ♦ In all nineteen communities with one or more SBHCs, nurse practitioners and physicians’ assistants have provided oral health education in classrooms. Many sites have partnered with dental professionals in their communities, including dental hygiene schools and pediatric dentists, and provided classroom education sessions. Topics have included proper brushing and flossing, the disease of dental decay, the risks of smoked and chewed tobacco, the risks of oral piercings, and the impact of poor oral health on body systems.

CASBHC sponsored its fourth regional school based health center conference in November 2009. Building upon the momentum in the provision of oral health education in the state’s School-Based Health Centers, CASBHC scheduled a workshop session on “Linkages Between Oral Health and Systemic Health Across the Lifespan”.

The presentation was delivered by Dr. Joanna Douglass, a pediatric dentist and oral health consultant to the Connecticut Health Foundation and Head Start ‘Home by One’ program. The science-based presentation illustrated the impact of oral health on all body systems, particularly the connection between maternal oral health and child oral health. Workshop participants expressed a high degree of satisfaction with the material, as evidenced by the following evaluation analysis shown in Table 2.

Table 2: Oral –Systemic Health Evaluation Results

Learning Objective: “Linkages Between Oral Health and System Health Across the Lifespan”	Completely or Mostly Met
<ul style="list-style-type: none"> • Describe the connection between maternal oral health and child oral health 	100% N=21
<ul style="list-style-type: none"> • Describe, general terms, the hypothesized role of periodontal disease in pre-term labor 	100% N=21
<ul style="list-style-type: none"> • Identify the main systemic diseases that connect with oral health. 	100% N=17
<ul style="list-style-type: none"> • List specific examples of actions that can be taken in the medical setting to promote good oral health 	100% N=20

The workshop participants commented on the importance of understanding the interconnectedness of physical health and oral health with statements such as “this presentation clearly defined the relationship between dental health of those taking medications and dental diseases”; “this was a really needed vision grounded in concrete practice”; and “I appreciated the disease implications of poor oral health”. The presentation encouraged the attendees to bring information back to the classrooms and initiate some prevention programs in their SBHCs.⁶

3. Increase the number of SBHCs that participate in Give Kids a Smile Day.

- ♦ SBHCs were encouraged to promote, and partner with, community-wide Give Kids a Smile programs during the month of February
- ♦ In February 2009 and 2010, sixteen communities conducted dental awareness campaigns, partnered with community dentists and mobile dental vans, distributed toothbrushes, conducted oral screenings, or participated in outreach programs for the Mission of Mercy
- ♦ Dental Awareness Days were held in spring 2009 and 2010 in several SBHC communities
- ♦ Several SBHCs partnered with local dental hygiene schools to screen uninsured children in need of care; referrals were made to community dental providers.

4. Ensure that the K-12 Oral Health Education Curriculum *Connecticut Cares About Oral Health* will be made available to all SBHC sites

- ♦ CASBHC participated in the development of the oral health education curriculum
- ♦ The curriculum was finalized and posted on CASBHC’s and CSDA’s websites for use by all SBHC staff. See www.ctschoolhealth.org or www.csda.com for the complete curriculum
- ♦ Copies of the K-12 Oral Health Curriculum were given to medical providers in all 78 SBHCs for use in health education sessions
- ♦ SBHC medical providers have utilized the curriculum as guidance for age-appropriate oral health lessons.

5. Students utilizing SBHC services will know and identify positive oral health behaviors.

- ♦ Through outreach and education, school-based nurse practitioners have taught students how to decrease oral health risk behaviors and increase their knowledge of the importance of regular oral health care, including the impact of nutrition on oral health
- ♦ CASBHC's Patient Satisfaction Survey 2009 was revised to include questions on oral health knowledge and behaviors
- ♦ When asked if oral health behaviors have changed as a result of SBHC visits, *responses from 1005 students indicated that 51% changed behaviors to improve their oral health* in just one school year.⁷



6. All SBHC sites will have knowledge of available community resources for students in need of a dental home and will work to improve linkages to those sites.

- ♦ SBHCs have been encouraged to create linkages with community dental providers for students in need of treatment services
- ♦ As a result of increased oral health screenings in SBHCs, APRNs are referring many more students to community dental providers
- ♦ Multiple SBHC programs participated in the Connecticut State Dental Association's School Based Dental Services forums and are developing working partnerships with community dentists.

F. How Can School Based Health Centers Be Part of the Solution?

School Based Health Centers are a unique health care delivery system focused on the needs of children and adolescents. As a critical element of the safety net system, SBHCs are well positioned to identify children in need of dental care. All enrolled children have access to the health care services provided in the SBHC, and the SBHC clinical staff collaborate with school nurses, school staff, and parents to coordinate care for children that have unmet health needs. Annually, 44,000 Connecticut students utilize SBHC services in 131,000 visits. Data from the Connecticut Department Public Health for 2005-2006 indicates that 7.2% of those visits are for physical examinations and 2.6% of the visits have a primary diagnosis of health education. These visits are an opportunity to provide oral health education and general dental screenings. For certain populations of students, the application of fluoride varnish by medical providers in SBHCs serves as an effective decay prevention strategy. In 2005-2006, 5.7% of the total visits provided in the SBHCs were for oral health services; the number of oral health visits has grown as additional SBHCs added dental services to their existing medical and mental health services. During the 2007-2008 school year, the percentage of oral health visits had grown to 6%.⁸

As a result of CASBHC's *Oral Health Improvement Project*, SBHC sites that did not have existing dental services progressively increased their oral health awareness, promoted good oral hygiene habits during well child and other medical visits, and recognized the importance of

providing oral health education to students utilizing SBHC services. SBHC medical providers have engaged local community dental providers in classroom education and have begun to develop stronger referral relationships for students in need of treatment services. School-based health center providers have unique access to students in need of oral health care and can be instrumental in ensuring that students receive the necessary care to prevent pain, infection, and loss of time in school.

- SBHCs provide primary care health services within the school setting and have established an atmosphere of barrier-free access to comprehensive services
- Health education is an integral component of the SBHC care model; oral health education can easily be integrated into student visits
- SBHCs have well developed community collaborations and can partner with community dental providers for students in need of care
- Adding dental services to existing SBHC services are a natural extension of the comprehensive care model; there is a reciprocal referral system between SBHC medical providers and SBHC dental providers
- 30-50% of children in rural or inner-city elementary schools have untreated dental decay; there are SBHCs in every city in Connecticut.

Clearly, SBHCs provide a trusted, high-quality, professional atmosphere and comprehensive level of services. Incorporating dental services into existing medical and mental health services is strongly supported by various governmental, nonprofit, and professional dental and public health organizations. In Connecticut, multiple organizations and collaborations have joined forces to ensure that children and adolescents have access to oral health care, and have developed strategies that include policy changes, expanded service delivery locations, public-private partnerships, advocacy, and education.

G. The Current Oral Health Landscape in Connecticut

The collective impact of Connecticut's oral health advocates and supporters has forged a pathway for oral health improvement in Connecticut. CASBHC has been an active participant and advocate for children's oral health. In conjunction with CASBHC's Oral Health Improvement Project, there have been a number of other initiatives that have identified school based oral health programs as an ideal location to engage children, school staff, and families. As Connecticut has developed ways to address barriers to oral health care access, CASBHC members have intentionally become involved in each of these activities to help shape future improvements in dental services for children in Connecticut. Some examples of oral health improvement initiatives in the state of Connecticut are:

1. Connecticut Health Foundation - Oral Health Collaboratives

From 2001-2006, The Connecticut Health Foundation provided over \$8.7 million in grants to community health clinics, community collaboratives, researchers and advocates to improve

dental care access by HUSKY-A enrolled children. For more information, visit www.cthealth.org.

2. Oral Health Improvement Plan for CT

This five-year oral health plan will help set priorities, organize efforts and guide public and private sector investments to improve the oral health of Connecticut's children and adults, with special emphasis on vulnerable populations. To read the full report, click here: [Oral Health Improvement Plan for Connecticut](#), or visit:

http://www.ct.gov/dph/lib/dph/oral_health/pdf/oral_health_improvement_plan.pdf

3. Connecticut Coalition for Oral Health

The Connecticut Coalition for Oral Health formed in 2004. This dedicated group of individuals from various factions interested in oral health developed the statewide oral health plan. The mission of the Coalition is to set priorities, organize efforts, and guide resource allocations for the public and private sectors to improve the oral health of Connecticut's residents with special emphasis on vulnerable populations.

4. Connecticut Oral Health Initiative

Through advocacy, coalition building, and education, the Connecticut Oral Health Initiative (COHI) works to create a public conscience that results in oral health for all.

Visit www.ctoralhealth.org for more information.

5. K-12 Oral Health Curriculum

Connecticut Cares About Oral Health is an oral health education packet that can be used as part of an interdisciplinary approach to educating students about oral health and overall health. The oral health curriculum is available on the websites of the Connecticut State Dental Association (www.csda.com) and the Connecticut Association of School Based Health Centers, Inc. (www.ctschoolhealth.org).

6. Every Smile Counts

To describe the oral health of Connecticut's children, the Department of Public Health, Office of Oral Health conducted *Every Smile Counts*, a statewide oral health survey. To learn more about *Every Smile Counts*, see www.ct.gov/dph.

7. Connecticut State Dental Association - School Based Dental Services Committee

In the fall of 2008, the Connecticut State Dental Association (CSDA) identified school based dental services as a priority area, and adopted the following resolution in the House of Delegates:

“RESOLVED, that the CSDA supports the concept of school-based dental services, under the appropriate supervision of a dentist, as an effective means of addressing the issue of limited access to oral health care for uninsured and underinsured children.” [ADOPTED: RES #10-2008]

For more information, visit www.csda.com.

H. Conclusions and Next Steps

As a result of CASBHC's *Oral Health Improvement Project*, the level of oral health awareness and provision of oral health education has increased among school based clinical staff members. The CASBHC office regularly receives requests for oral health educational materials and resources, information on the implementation of dental services in SBHCs, and toothbrush and floss packets for students that utilize SBHC services. School based medical providers increasingly provide oral health education in the SBHC and in the classroom. In many sites, these same providers have partnered with community dentists, hygienists, and hygiene schools to provide education, screening, and referral of students in need of dental care. For the sixty-five nurse practitioners that attended the Open Wide training and the Oral Health-Systemic Health workshops, oral health continues to become integrated into well child visits and physical exams. As school based health centers in Connecticut have begun to integrate oral health education and screenings into existing medical services, CASBHC's efforts have been recognized on a national level. In June 2010, CASBHC partnered with the Connecticut Health Foundation to deliver a presentation at the National Assembly on School Based Health Care annual convention, entitled *Addressing Oral Health through School Based Health Center Partnerships*. The presentation can be viewed on the CASBHC website at: [Oral Health in SBHCs - Making the Case](#).

Several existing SBHC programs have added dental services to their comprehensive care model during the project period. Other SBHC programs would like to initiate dental services, but do not have funding to purchase equipment, hire dental providers, or purchase dental billing systems. CASBHC has identified several areas of emphasis that can serve as the next phase of a continuing oral health project, with a focus on the goal of increasing the number of school based health centers that have a dental component. These next steps would include:

- Identify potential sources of funding to establish SBHC dental programs, purchase equipment, hire dental providers, and develop billing systems
- Provide training in billing and coding for dental services to maximize revenues
- Partner with state agencies and private foundations to establish a funding stream and cost effective model for school based dental services in Connecticut
- Identify effective models of care and school-based oral health best practices in a Connecticut-specific manual and toolkit format, available to all SBHC sites, that includes information on operation, management, and evaluation of:
 - ✓ In-school mobile dental programs
 - ✓ Fixed site dental programs in SBHCs
 - ✓ Mobile dental vans
- Partner SBHCs with statewide initiatives that seek to address oral health in school settings, such as dental sealant programs and mobile dental hygiene services (for dental sealant surveillance, see CT DPH program *Every Smile Counts* at: http://www.ct.gov/dph/lib/dph/oral_health/pdf/every_smile_counts_final_report

- Collaborate with the Connecticut State Dental Association to partner interested community dentists with school based dental programs.

As advances in research continue to demonstrate the relationship of oral health to overall health, CASBHC will continue to implement elements of a stepped approach to increase the proportion of school based health centers in Connecticut that have an oral health component, teaching good oral health habits and changing behaviors to improve the overall health of children and adolescents.

¹ *The Cost of Delay: State Dental Policies Fail One in Five Children*. The Pew Center on the States. February 2010. <http://www.pewcenteronthestates.org/costofdelay>

² Satcher, David. *Oral Health in America: A Report of the Surgeon General*. Office of the Surgeon General (2000): Web, accessed 24 June 2010.

³ Ibid.

⁴ Lee, Mary Alice. *Uninsured Children in Connecticut: 2007*. Connecticut Voices for Children, Sep 2008. Web. 15 July 2010. <http://www.ctkidslink.org/pub_detail_429.html>.

⁵ *Open Wide* training session, participant evaluation. CASBHC, November, 2008.

⁶ *Linkages Between Oral Health and Systemic Health Across the Lifespan* workshop participant evaluation. CASBHC, November, 2009.

⁷ CASBHC Student Satisfaction Survey. CASBHC, 2009.

⁸ Department of Public Health , Clinical Fusion data, 2009.

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