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Oral Health Opportunities in School-Based Health Centers



Introduction

Access to quality comprehensive oral health care is a critical issue facing many communities in the United States. The Patient Protection and Affordable Care Act (ACA), provides numerous opportunities to reduce the disparity in access by increasing the number of children with dental coverage and by investing in the public health safety-net to improve the availability of care. One safety-net provider that has benefitted from this new investment is the nation's more than 1900 school-based health centers (SBHCs). Given the amount of time children spend in their schools, SBHCs are an optimal venue to bolster access to dental services in their communities.

Section 4101(a) of ACA provides for \$200 million in competitive federal funding over the next four years to improve SBHC facilities and to purchase equipment. To date, \$100 million has been released for the capital expenditures that include, but are not limited to, acquisition or improvement of land, construction costs, and equipment -- which can include dental equipment.^{i,ii} Thus, this provides a unique opportunity to expand and increase student access to oral health services.

Though there are more than two dozen oral health provisions in the ACA. This issue brief provides state policymakers with a brief overview of SBHCs, opportunities to address oral health in schools – including the challenges to establishing and maintaining oral health programs, and examples of innovative applications of oral health care in schools.

Background

Attention to oral health in schools dates back to the early 1900s when schools occasionally served as an access point to services through an on-site hygienist or dentist. By the 1970s, the nation's first school-based health centers were opened in Dallas, TX and St. Paul, MN. Today, there are more than 1,900 school-based or school-linked programs in 45 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Generally, SBHCs are state-funded entities, many receiving funding from the state Maternal and Child Health Block Grant (Title V), tobacco settlement monies, and taxes. In addition, when possible, SBHCs also bill the state's Children's Health Insurance Program (CHIP), Medicaid, or private insurance.ⁱⁱⁱ

SBHCs are an essential part of the health care safety-net and as such provide services to all students in the school in which they are located, with a focus on students who lack insurance or have limited access to providers in the community. The centers provide, at a minimum, comprehensive preventive and primary health care services to students on the school campus, differing from mobile programs that rotate a health team through a number of schools and "school-linked" programs that formally or informally coordinate health services for students but have no clinical services on-site.

SBHCs are community-based with health services reflecting the specific needs of the community and governed by representatives from the community, including parents and youth. Similar to the federally qualified health center (FQHC) model, SBHCs provide a wide-array of services and are staffed by a multidisciplinary team that can include dental professionals. SBHCs strive to integrate into the overall school environment and to function cooperatively with school staff, programs, and services.^{iv}

How Oral Health Fits into School-Based Health

The Coordinated School Health Program (CSHP) approach is the generally accepted model for school-based care. The CSHP model, comprised of eight interactive components (see Figure), provides a systematic, integrated approach to addressing all aspects of child health and well-being. The goal of CSHP is to create a synergistic school environment that promotes student health and well-being.



Figure: The Coordinated School Health Model

Oral health services are essential to the overall health of individuals and therefore are important to address within the CSHP model. School-based programs, that include SBHCs, have traditionally provided fluoride varnish, dental sealants, dental screenings that fall into health services component of the CSHP model. Likewise, ensuring oral health services are accessible through SBHCs is critical to improving child access to care and treatment. There are considerable opportunities to elevate attention to oral health through SBHCs. Currently, only 12% of centers have professional dental providers on staff and only 10% are equipped to provide general dental care to students on-site. Furthermore, only 20% of centers provide dental exams, 25% provide sealants, and 23% provide cleanings.

Providing direct dental care to students is a significant step towards improving access to dental care, it is however only one aspect of school-based activities to address the oral health of students.

Oral health experts should be encouraged to participate in the strategic school health advisory committee process to provide the information and direction needed to address school-based oral health services. School health advisory committees/councils are becoming increasingly common. These committees are composed of diverse family, school and community stakeholders and play a critical role in advising schools and local policymakers on the priority issues affecting the health and well-being of children and assisting with the oversight and implementation of existing policies.

Working with schools to ensure health education is a priority

is another key area where oral health professionals have the opportunity to engage. As studies have shown, school-based health education with an oral health component can have a positive impact on outcomes. Likewise, working with schools to promote healthy behaviors among teachers and staff to act as role models for students has been shown to have positive effects on student outcomes.

These are just a few activities where oral health advocates can engage schools as part of an overall movement to create healthier school environments for students. As with any public health initiative, the oral health community and policymakers must be comprehensive in its approach to school-based care to achieve significant and sustainable improvements to outcomes. This requires adopting policies and programs that not only improve access to quality oral health care but also address continuity of care, disease management, disease prevention, and community outreach and education.

Challenges and Opportunities

The greatest challenge to providing oral health care in schools is identifying the most effective method and personnel necessary to deliver these services in a sustainable manner, given limited resources.

Qualified Personnel: In order to address limited dental providers in communities, some school districts have provided certification and training for school nurses to apply fluoride varnishes and sealants. Other schools prefer to utilize school-linked approaches to coordinate care with licensed dental professionals off-site. In some cases, schools have contracted with FQHCs and other local dental offices to provide some services on-site and provide referrals for restorative and other specialized services. Mobile and portable practices have also arisen in localities as potentially effective options to provide a spectrum of services when properly implemented. Each approach has its merits and its drawbacks that deserve close consideration based on communities' characteristics and needs.

Location of Dental Services: SBHCs that provide comprehensive oral health services can serve as an effective alternative to a private dental office especially for students in communities with few dentists. Having a dental chair on-site, whether permanent or portable allows dental professionals to provide timely services and can mitigate pervasive issues with follow-up care often experienced with at-risk populations. Also, by having a dental team on-site, schools have oral health champions can directly, effectively, and creatively educate large numbers of

Hamilton Health Center: Harrisburg, Pennsylvania

Starting in 2006, Hamilton Health Center (HHC), an FQHC, partnered with the school district to manage a new SBHC program created with the support of the district superintendent as part of a school building renovation project. The program consists of a primary school-based health center pediatric practice, a school-linked site that accepts adults and children, and a third school-based site scheduled to open in January 2011. Funding from the Highmark Foundation provided the necessary resources for startup equipment and staffing, while the SBHC worked to become self sustaining through billing of Medicaid, CHIP, and private insurance.

The primary SBHC site has a dentist and a dental assistant on-staff along with a nurse practitioner and medical assistant. The school district also has a full-time dental hygienist that travels between buildings and operates in coordination with, but independently from the SBHC program. The hygienist conducts classroom dental screenings and works with the SBHC to coordinate care through notes sent home to parents or direct referrals. Students from other schools in the district are provided transportation to this SBHC for examinations and treatment. HHC also staffs a full-time outreach coordinator whose directive is to ensure children get from the classroom into the SBHC for exams and treatment and following-up with parents to encourage continued follow through by the family.

There were a number of challenges HHC faced and overcame to make their program a success, including:

- ▶ School and community buy-in and acceptance of the program;
- ▶ Health Insurance Portability and Accountability Act (HIPPA) and Family Educational Rights and Privacy Act (FERPA) privacy concerns; and
- ▶ Student safety since the SBHCs sees patients over the age of 18 (many of whom are students).

HHC found several strategies that helped overcome barriers to success:

- ▶ Developing a Memorandum of Agreement with the district school board that not only provides a clear outline of all roles, responsibilities, and expectations but also provides a concrete document supporting the continued existence of the SBHCs;
- ▶ Forming an interagency team, consisting of the Harrisburg School District and HHC administrative and clinical staff, to discuss and address operational and policy issues;
- ▶ Forming a complimentary community advisory committee, consisting of parents, students, Head Start representatives, school building personnel, school nurses, faith and business leaders and SBHC outreach staff that advises and guides the interagency team;
- ▶ Investing in increasing parent awareness of the importance of health and dental exams and treatment at the SBHC; and
- ▶ Educating students about the SBHC. As part of that effort, HHC conducts outreach in community summer programs by giving presentations to students and to providing tours of the facilities to help ease potential student anxieties about seeking care.

students and families. However, this approach carries a high input and maintenance cost (e.g., purchase of equipment, construction of facilities) that can slow implementation depending on access to revenue and funding, such as state Medicaid reimbursement regulations.

Additional investments and research are necessary to evaluate the best model for communities to meet their unique needs. For that reason the new monies provided in ACA may provide unique funding opportunities to purchase equipment, renovate space, and implement long-planned expansions of SBHCs with the hope for future funding to support the operation of these centers.

Recommendations for State Policy

Policymakers and school officials have been granted tremendous flexibility to address the health needs of their community which in some instances have been expanded with recent federal investments. The following are some key recommendations for expanding access to quality comprehensive oral health care for children:

- ▶ Advocate for the use of ACA funds to expand dental care in SBHCs;
- ▶ Maintain and strengthen collaboration with Maternal and Child Health Block Grant programs to support ongoing oral health activities and/or services;
- ▶ Develop mechanisms to promote reliable referral relationships with existing dental providers to effectively serve all children in a school;
- ▶ Coordinate state agencies and stakeholders to leverage federal grant monies authorized by ACA to create and/or expand school-based oral health programs;
- ▶ Promote the adoption of school health advisory committees that include diverse family, school, health and community stakeholders. These committees should be tasked with developing and implementing a coordinated strategy to address critical health and safety priorities facing students, including oral health;
- ▶ Ensure health education is a required subject area in school curricula that includes an oral health component;
- ▶ Promote school staff wellness programs to promote healthy behaviors among teachers and staff to act as role models for students; and
- ▶ Work with state departments of health to prioritize oral health as part of primary health care.

Citations

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NASBHC National Assembly on School-Based Health Care

Bringing Health Care To Schools For Student Success

About the National Assembly on School-Based Health Care

The National Assembly on School-Based Health Care (NASBHC) is the national voice for SBHCs. Founded in 1995 to promote and support the SBHC model, NASBHC's mission is to improve the health status of children and youth by advancing and advocating for school-based health care. Built from the grassroots up by SBHC staff and sponsors, NASBHC is a true reflection of the movement it supports. We advocate for national policies, programs, and funding to expand and strengthen school-based health centers, while also supporting the movement with training and technical assistance.

About the National Maternal and Child Oral Health Policy Center

The National Maternal and Child Oral Health Policy Center was created in 2008 as a collaborative effort of the Association of Maternal and Child Health Programs (AMCHP), the Association of State and Territorial Dental Directors (ASTDD), the Medicaid/SCHIP Dental Association (MSDA), and the National Academy for State Health Policy (NASHP) with funding from the federal Maternal and Child Health Bureau of the Department of Health and Human Services, Health Resources and Services Administration, Department of Health and Human Services. The Policy Center promotes the understanding of effective policy options to address ongoing disparities in children's oral health.

The three-year initiative has set out to map a course for improving family oral health by building knowledge and skills of professionals with the ability to steer systems changes.

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