

Learning What Works for School-Based Dental Health Programs

THE OREGON CHILDREN'S DENTAL HEALTH INITIATIVE



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ABOUT THIS REPORT

This is the executive summary of a more comprehensive report, “Learning What Works for School-Based Dental Health Programs.” The full report describes how the 15 school-based dental health programs funded through the Oregon Children’s Dental Health Initiative operate, their accomplishments and what it takes to support this work in communities. The report fills a gap in existing information about the valuable role of school-based dental health programs and how these programs work. This information supports a thorough understanding about these programs and the role they play in continued efforts to improve children’s dental health in Oregon.

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“By going to where the children are, we decrease barriers to access and demonstrate that oral health is both important and a routine part of health monitoring and prevention services.”

EOHLA STAFF

Tooth decay remains far too common in Oregon, with long-term consequences for children’s health and well-being.

Healthy teeth are essential for healthy development. Preventing tooth decay is important throughout the lifespan, but intervention is especially necessary for elementary school-age children, when caries incidence is high. When left untreated, tooth decay can have serious and even life-threatening complications, inhibiting a child’s ability to speak, learn and grow. Children with poor oral health miss more school days and receive lower grades than do their peers with healthier teeth.¹

Preliminary results from the 2017 Oregon Smile and Healthy Growth Survey indicate that nearly half of the children in Oregon have a cavity by age 9, and two out of every five cavities go untreated.² The burden of disease does not impact all children equally. Rates of tooth decay are disproportionately high for children from historically underserved communities, and these children are also less likely to get necessary treatment.³ Systemic barriers, including lack of transportation or inability to afford treatment, make it difficult for some families to access dental care. As a result, many children do not get the care they need.

More information about the children’s dental health challenge in Oregon can be found beginning on page 6 in the full report.

In 2014, Oregon Community Foundation (OCF) declared children’s dental health a strategic priority and, along with several funding partners, launched the Oregon Children’s Dental Health Initiative.

The Initiative’s efforts include supporting the development, expansion and improvement of 15 school-based dental health programs around the state. These programs are an effective, evidence-based prevention approach to addressing children’s health needs, reducing dental pain and suffering through preventive care, and providing referrals for necessary treatment.

School-based dental health program personnel provide dental screenings and assessments, sealant and fluoride varnish applications, and oral health education, all within the school day. They also connect families to follow-up care when urgent needs are identified at school. These programs are an important way to reach children from low-income families, who are less likely to receive private dental care,⁴ and a highly effective way to reduce states’ oral health costs, providing cost savings to Medicaid and society within two years.⁵

School-based dental health programs funded through the Oregon Children’s Dental Health Initiative have reached thousands of children across the state.

During the 2017-18 school year, Initiative-funded programs:

- Served students in at least 279 elementary and middle schools; this includes 40 percent of the school districts in 22 of the 36 counties in Oregon
- Conducted more than 23,500 screenings of first-, second-, sixth- and seventh-graders
- Placed more than 27,500 sealants
- Performed more than 6,900 fluoride varnish applications
- Provided oral health education to more than 25,900 students
- Distributed more than 33,000 dental kits

More information about the accomplishments of the Initiative-funded programs can be found beginning on page 15 of the full report. Five case studies, which provide more detailed examples, begin on page 31.

Programs funded through the Oregon Children’s Dental Health Initiative have identified high levels of unmet need in their communities.

In 2017-18, over a quarter of screenings conducted by Initiative-funded programs identified students in need of early or urgent dental care. Approximately three percent of screenings (788) identified a need for urgent care — students experiencing pain, infection or swelling that necessitated a dentist visit within 24-48 hours. An additional 22 percent of screenings (5,434) found students with oral health problems requiring care within the next few weeks. Initiative programs not only identify needs that may otherwise go unrecognized, but also provide a critical link to necessary follow-up care for these children.

Program coordination is critical to the success of school-based dental health programs.

Program coordinators are vital to school-based dental health programs and have a wide range of responsibilities. Programs are managed in a variety of ways in response to local community needs and resources; all Initiative-funded programs have at least one coordinator responsible for program operations.

Program coordinators serve as a single point of contact for schools, dental professionals and partners. They manage vital processes including securing consent for services and communicating screening results to families. Coordinators ensure that education is provided to students and connect families to follow-up and ongoing dental care as needed.

More information about the role of coordinators can be found on page 20 of the full report.



Kemple Memorial Children’s Dental Clinic

“It’s really good to get out here, to see what’s happening in the community, to see the kids that we don’t really see in the office.”

HYGIENIST

Programs share principles for coordination while adapting to local needs and resources.

Each of the Initiative programs has adapted to best serve its local community. Still, there are common principles that program coordinators share in their approach to the work:

1. ADOPT A PUBLIC HEALTH APPROACH. Coordinators utilize an equitable, population-based program strategy, focusing on health prevention and promotion and prioritizing populations at greatest risk for tooth decay.

2. ADAPT SERVICES TO MEET COMMUNITY NEEDS AND COMPLEMENT EXISTING RESOURCES. Coordinators have a deep understanding of local context and history. This knowledge is often coupled with a thorough needs assessment to ensure that programs address community needs.

3. BUILD TRUSTING, LONG-TERM RELATIONSHIPS WITHIN SCHOOLS. Coordinators provide a personal point of contact for school leaders. Coordinators maintain healthy relationships with school staff through reliable communication, efficient use of time and a consistent presence within schools.

4. PRIORITIZE POSITIVE ORAL HEALTH CARE EXPERIENCES FOR STUDENTS. Coordinators know that a dental screening or sealant application is just one encounter with the health care system within a child's lifetime. These programs provide an opportunity to build students' understanding and comfort around dental care.

5. PROVIDE EDUCATION THAT IS DEVELOPMENTALLY AND CULTURALLY APPROPRIATE. Education is necessary for students to understand how to make good decisions about their health. Coordinators provide oral health education to individual students, to entire classrooms, or through schoolwide presentations.

6. CONNECT WITH FAMILIES TO SUPPORT CONTINUITY OF CARE. Coordinators help families navigate the health care system; securing follow-up dental appointments or insurance, identifying a dental home, and removing other barriers to families receiving ongoing services.

7. ENGAGE LOCAL CHAMPIONS. Coordinators connect with local stakeholders to ensure ongoing alignment with community needs and to develop a foundation of support for programs.

More information about the principles, including examples of each principle looks in practice, can be found beginning on page 22 of the full report.

WHAT ARE PRINCIPLES?

Principles are guiding statements which provide direction and a foundation for success. Principles are not goals or outcomes, nor are they prescriptive. Principles do not result in a single program or practice model and are not applied to all programs in the same way. Instead, principles illustrate how diverse programs adapted to different communities and contexts share a set of values that make them successful.

A principle is like a recipe that calls for "salt to taste" rather than "1/4 teaspoon of salt."

SOURCE: Patton, M. Q. (2011). *Developmental Evaluation: Applying complexity concepts to enhance innovation and use*. New York: Guilford.

There is a continuing need to support and expand school-based dental health programs in Oregon.

Most programs have seen a steady or increasing need for services in their communities over the course of the Initiative. With Initiative funding coming to an end in 2020, school-based dental health programs need continued support to maintain the level of services provided to children throughout Oregon.

Other ways to support Oregon's school-based dental health programs include:

- **PHILANTHROPY AND FUNDERS** can provide funding support and build local and statewide understanding of the importance of oral health.
- **DENTAL OR COMMUNITY ORGANIZATIONS, SERVICE CLUBS AND COMMUNITY MEMBERS** can serve as program volunteers, provide professional or administrative support, and help programs secure funding, supplies and in-kind support.
- **CCOS AND DCOS** not already partnering with local school-based dental health programs can reach out to the Oregon Health Authority or local programs directly to determine how to collaborate. Those already working with local programs can consider how to deepen these relationships.
- **STATE LEGISLATORS AND OHA** can consider requiring CCOs and DCOs to collaborate with and provide staffing, in-kind support or other funding for school-based dental health programs.
- **SCHOOL ADMINISTRATORS** can reinforce the importance of screenings, sealants and oral health education to students, teachers, and parents. Schools not already partnering with a school-based dental health program can reach out to their local program to request services.

There is a pressing need for greater public understanding of the importance of children's dental health, the magnitude of these issues in Oregon and how these issues disproportionately burden certain underserved communities, particularly low-income communities, rural populations, and children of color. A shared understanding and purpose, coupled with a collective sense of urgency, is needed to produce the culture change necessary to sustain school-based dental health programs and, ultimately, to improve the health of children in Oregon.

Going forward, the Oregon Children's Dental Health Initiative is focused on identifying and advocating for system improvements such as addressing the need for more dental professionals, resolving insurance reimbursement-related challenges, and supporting an integrated system of health care for all Oregonians.

MAP OF PROGRAMS

■ NEW PROGRAMS ■ EXPANDED PROGRAMS

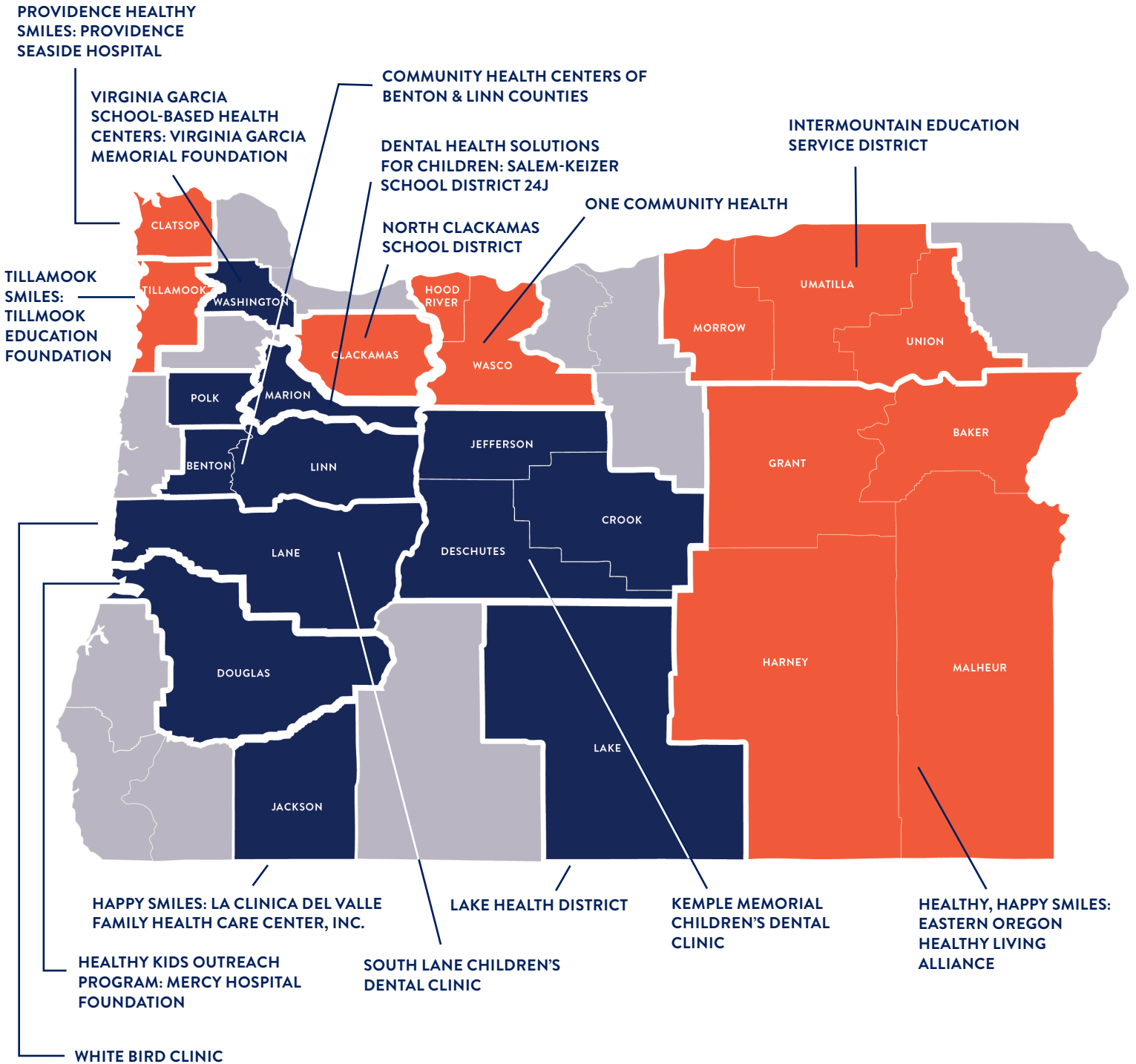


TABLE OF PROGRAMS

| PROGRAM & ORGANIZATION | PROGRAM TYPE | COUNTIES | PROGRAM CONTACT | E-MAIL |
|--|--------------|--------------------------------|------------------------|---------------------------------|
| COMMUNITY HEALTH CENTERS OF BENTON & LINN COUNTIES | EXPANDED | BENTON, LINN | MOLLY PERINO | MOLLY.PERINO@CO.BENTON.OR.US |
| INTERMOUNTAIN EDUCATION SERVICE DISTRICT | NEW | MORROW, UMATILLA, UNION | CATHY WAMSLEY | CATHYWAMSLEY@GMAIL.COM |
| KEMPLE MEMORIAL CHILDREN'S DENTAL CLINIC | EXPANDED | DESCHUTES, CROOK AND JEFFERSON | DEBBI SMITH | DEBBI@KEMPLECLINIC.ORG |
| HAPPY SMILES: LA CLINICA DEL VALLE FAMILY HEALTH CARE CENTER, INC | EXPANDED | JACKSON | EDWARD SMITH-BURNS | ESMITHBURNS@LACLINICAHEALTH.ORG |
| LAKE HEALTH DISTRICT | EXPANDED | LAKE | ARVINDER SINGH | ASINGH@LAKEHEALTHDISTRICT.ORG |
| HEALTHY KIDS OUTREACH PROGRAM: MERCY HOSPITAL FOUNDATION | EXPANDED | DOUGLAS | TRINA MCCLURE-GWALTNEY | TRINAGWALTNEY@CHIWEST.COM |
| NORTH CLACKAMAS SCHOOL DISTRICT | NEW | CLACKAMAS | MICHAEL RALLS | RALLSM@NCLACK.K12.OR.US |
| ONE COMMUNITY HEALTH | NEW | HOOD RIVER, WASCO | ELIZABETH AUGHNEY | EAUGHNEY@ONECOMMUNITYHEALTH.ORG |
| PROVIDENCE HEALTHY SMILES: PROVIDENCE SEASIDE HOSPITAL | NEW | CLATSOP | JUSTIN ABBOTT | JUSTIN.ABBOTT@PROVIDENCE.ORG |
| DENTAL HEALTH SOLUTIONS FOR CHILDREN: SALEM-KEIZER SCHOOL DISTRICT 24J | EXPANDED | MARION, POLK | JESSICA DUSEK | DUSEK_JESSICA@SALKEIZ.K12.OR.US |
| SOUTH LANE CHILDREN'S DENTAL CLINIC | EXPANDED | LANE | COURTNEY LONG | COURTNEY.LONG@SLANE.K12.OR.US |
| TILLAMOOK SMILES: TILLAMOOK EDUCATION FOUNDATION | NEW | TILLAMOOK | BRUCE RHODES | RHODESB@TILLAMOOK.K12.OR.US |
| VIRGINIA GARCIA SCHOOL-BASED HEALTH CENTERS: VIRGINIA GARCIA MEMORIAL FOUNDATION | EXPANDED | WASHINGTON | KYLE ALLEN | KALLEN@VGMHC.ORG |
| WHITE BIRD CLINIC | EXPANDED | LANE | KIM FREUEN | KIM@WHITEBIRDCLINIC.ORG |
| HEALTHY, HAPPY SMILES: EASTERN OREGON HEALTHY LIVING ALLIANCE | NEW | BAKER, GRANT, HARNEY, MALHEUR | ALANNA CHAMULAK | ALANNA.CHAMULAK@GOBHI.NET |

KEY TERMS

Caries: See “cavity” (below).

Cavity: Missing tooth structure. A cavity may be due to decay, erosion or abrasion. Often used interchangeably with “caries.” The lay term is tooth decay, or simply “decay.”

Coordinated Care Organization (CCO): A network of local health-care providers serving individuals receiving health-care coverage under the Oregon Health Plan, Oregon’s Medicaid program. CCOs focus on the prevention and management of chronic conditions. Oregon is served by 15 regional CCOs.

Dental Care Organization (DCO): Dental organizations providing dental care to individuals receiving dental care coverage under OHP.

Dental home: A term for an ongoing relationship between a dental provider and a patient, with the goal of providing regular, ongoing dental care; reducing barriers to ongoing care; and building capacity to navigate the dental system. School-based dental health programs are not intended to replace a dental home; rather, programs work to link students to a dental home.

Dental screening: A quick assessment of a child’s dental health in which a dental professional looks in a child’s mouth and asks simple questions about hygiene practices and tooth pain or changes.

Fluoride: A mineral that rebuilds and strengthens tooth enamel, preventing and even reversing the initiation and progression of caries.

Oregon Health Authority (OHA): Oregon state agency in charge of OHP and other health services.

School-based dental health programs: Programs conducted within the school setting in which teams of dental health professionals deliver screenings and services using portable equipment within a school, school-based clinic or mobile dental van on school property.

Sealant: A physical barrier to decay. Sealants consist of a thin, plastic-like coating applied to teeth to prevent cavity formation. Application is quick and painless, and sealants last up to 10 years.

Tooth decay: Lay term for cavities (see above).

Definitions adapted from:

American Dental Association. Glossary of Dental Clinical and Administrative Terms [web page]. Retrieved from <https://www.ada.org/en/publications/cdt/glossary-of-dental-clinical-and-administrative-ter>.

Association of State and Territorial Dental Directors. (November 2017). Best Practice Approaches for State and Community Oral Health Programs [PDF file]. Retrieved from <https://www.astdd.org/docs/sealant-bpar-update-11-2017-final.pdf>.

Oregon Health Authority. Oregon Health Plan terms [web page]. Retrieved from <https://www.oregon.gov/oha/HSD/OHP/Pages/OHP-terms.aspx>.

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- ⁵Truman, B.I., Gooch, B.F. & Sulemana, I. (2002). Reviews of evidence on interventions to prevent dental caries, oral and pharyngeal cancers, and sports-related craniofacial injuries. *American Journal of Preventive Medicine*, 23, 21–54.

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- The Ford Family Foundation
- Kaiser Permanente
- Meyer Memorial Trust
- Northwest Health Foundation
- Providence Health and Services

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**The mission of Oregon Community Foundation
is to improve lives for all Oregonians through the
power of philanthropy.**

OCF puts donated money to work for Oregonians - \$100 million in grants and scholarships annually. Since 1973, OCF grantmaking, research, advocacy and community-advised solutions have helped individuals, families, businesses and organizations create charitable funds to improve lives for all Oregonians.

OCF works with individuals, families, businesses and organizations to create charitable funds to support the community causes they care about.

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