

MDPH-SEAL: Putting smiles back on children's faces! Lynn A. Bethel, RDH, MPH; Jill Northrup, MPH; Renee H. Aird, BSN, MS

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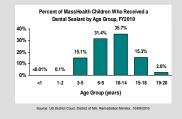


The Oral Health of School-Age Children in Massachusetts

In 2009, 29% of middle school students and 34% of high school students self-reported having a cavity in the previous year. (Massachusetts Youth Health Survey, 2009)

 During FY2010, 52% of eligible MassHealth (Medicaid) children received a clinical dental exam and 47% received a prophylaxis (cleaning). (US District Court, District of MA, Eighth Report of Remediation Monitor, filed 7/30/2010)

· While dental sealants are an effective tool in preventing tooth decay, only 16.6% of eligible MassHealth children received a dental sealant in FY2010. (US District Court, District of MA, Eighth Report of Remediation Monitor, filed 7/30/2010)



A School-Based Approach to Meet the Needs of Underserved Children

· School-based dental programs have been shown to improve oral health outcomes for children and adolescents: children receiving dental sealants in school-based programs have 60% fewer new decayed teeth on the top surface of their back teeth for up to 2-5 years after a single application. (National Institute of Craniofacial Research, 2000)

In 2007. The Massachusetts Department of Public Health (MDPH) Office of Oral Health partnered with the MDPH School-Based Health Center (SBHC) Program to deliver MDPH-SEAL, a school-based oral health prevention program. The program targets students in schools with statefunded school-based health centers, which are located in the highest-need areas of Massachusetts.

 MDPH-SEAL supports the School-Based Health Center Program in reaching its fundamental goal of keeping children healthy so they can experience the fewest barriers to learning.

MDPH-SEAL Program

Program elements

Evidence-based

- Integration through school-based health centers
- Promotes a non-traditional setting for dental hygienists Services provided via portable dental equipment
- Serves elementary, middle and high schools
- All students welcome, regardless of ability to pay
- Active parental consent required
- Materials available in 11 languages
- Sustainable via public and private third-party reimbursement



All services provided by dental hygienists Screenings Referrals for restorative treatment Dental sealants Case management Topical fluoride

Education

· Linking students to a dental home



From the School-Based Health Center Perspective...

Keys to success

 Buy-in from stakeholders, including school-based health center staff. school principals, school nurses, parents, and students

 Ongoing outreach and promotion that emphasizes parental education and acceptance; leveraging existing modes of communication with families

- Thoughtful planning and organization
- Integration into the school schedule to preserve 'time in learning'
- Collaborators have a clear understanding of their respective roles and
- responsibilities prior to implementation
- · Utilizing the school-based health center staff's contextual knowledge of the school culture to develop a plan for implementation at each site

Challenges

- Lack of awareness of the value of oral health prevention, esp. sealants
- Mistrust of services provided in a school as opposed to a dental office
- Fear of hidden fees
- Difficulty completing the consent form
- · Forms given to students may not reach parents
- · Ownership of program and respective responsibilities
- Competing priorities for school-based health center staff time
- Scheduling around mandatory standardized testing and other activities Finding students for their appointments, esp. at the high school level
- · Missed appointments due to absenteeism and drop-out
- Concern over preserving 'time in learning'

Collaborators' Comments



This program is fabulous. It fits right in with the full-service community school model we are establishing at [our school]. These kind of services help to keep students healthier and in school, therefore decreasing school absences." - Assistant Principal

"It was wonderful to have services available to all the students at the school. Oral health is often overlooked and is so important for the overall health of the child." -School Nurse

"It took some time to organize and perfect a system to get students in and out of the health suite without disrupting the class or missing too much time on learning, but it was worth it." -SBHC Administrative Assistant

"It was very rewarding to finally be able to offer oral health care and education to children who need it so much. It's fundamental to their health and well-being. I'm especially happy that we are able to educate the younger children, so hopefully they will establish good oral heath now and avoid problems later." --- SBHC Nurse Practitioner

"I couldn't do it without the school-based health center nurse practitioners. They know their school, what works and what doesn't." -Dental Hygienist

Impact

Summary of data for participating schools that have a school-based health center

Source: MDPH-SEAL Data, FY2010

- > Total number of schools participating: 10
- 7 High Schools
- 2 Middle Schools
- 1 Elementary School
- > Total number of students participating: 524
- 81.2% are MassHealth members
- 53.8% are enrolled in a school-based health center.





Mean percent of students enrolled in MDPH-SEAL identified as needing restorative dental treatment: 19.2% (range 13.4% to 34.3%)

Conclusions

 School-based oral health prevention programs have been shown to improve oral health outcomes for children and adolescents and can reduce disparities by providing preventive dental services to high-risk children who lack access to dental care.

 School-based health centers are ideal partners in school-based oral health prevention programs, since they are already integrated within the academic structure and serve vulnerable children.

 Successful programs leverage the contextual knowledge of the schoolbased health center staff, are integrated into the school schedule, and provide ongoing outreach and promotion that emphasizes increasing parental awareness and value of the program.

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