

Selecting a School-Based

# ORAL HEALTH CARE

Program for Your School



## Questions and Answers for School Staff

Oral health care delivery within a school setting is a rapidly growing avenue for ensuring that all students have equal access to care. As oral health awareness grows, school administrators and school nurses are finding multiple options when seeking an oral health care program to provide services to their student body. Differences can exist within oral health care programs, between what types of oral health staff are providing care, specific services being delivered, and space requirements needed in the school. This document was designed to help guide schools into choosing the type of oral health care program that will best meet the needs of their students and communities.



Department  
of Health



**1. How common is tooth decay?**

Currently in Ohio, 48% of school age children have a history of tooth decay and 20% have untreated cavities. Sixty-seven percent (67%) of kids without dental insurance and 77% of kids on Medicaid had a dental visit in the past year, compared to 91% of kids with private dental insurance.

**2. What is a community-based oral health care program?**

A community-based oral health care program is one that concentrates on bringing prevention and dental care to schools in a community. By focusing on the community, students have a better chance of being placed in a “dental home,” a place to receive ongoing comprehensive oral health care. Community-based programs establish working relationships with local dental clinics and dental offices and use a team approach when caring for children within that community. This community approach is important for those low-income families who are uninsured or underinsured to ensure access to oral health services.

**3. Why is it important for an oral health care program to be community-based?**

A community-based oral health care program is best suited to work on an ongoing basis with schools, local dentists and families to ensure the availability of care. Ideally, all children should be established within a dental home to receive comprehensive oral health care. The dental home should be within the community and available to care for children year-round for preventive dental visits and dental emergencies.

**4. Some of the programs approaching your school can be large, commercial enterprises that are not community-based. Can the program asking to provide services to your students provide local letters of reference?**

A letter of reference from a local dental office or safety-net dental clinic will show that the program has established a good working relationship with the local dental community.

**5. Who owns the program, and how is it funded?**

It is a good idea to determine the owner of the program (for-profit or non-profit) and to check any websites to examine the service areas. Ask if the program provides services to uninsured students. Also, inquire if the program helps in enrolling students for dental coverage through a state-funded program, such as Medicaid.

**6. How is eligibility for the program’s services determined? Will all children, both insured and uninsured, have access to the care that the program offers?**

The majority of dental disease will be found within the lowest socioeconomic group. Thus, it’s important that uninsured students be provided the exact same options as those who are insured.

**7. Is a program that serves all grades better?**

Many school administrators are often excited about the opportunity to bring dental services to all grades. However, not all children will need the same services. Each student should have an individualized risk assessment; preventive and treatment services should be based on their own specific needs. Commercial programs that provide the same services for every student are not aligned with the current standards of care. For example, research suggests that routine dental cleanings do not reduce rates of tooth decay. However, national recommendations state that the application of dental sealants through school-based sealant programs targeted to grades 2 and 6 is an evidence-based approach that results in 60% reduction in tooth decay. Providing a routine dental cleaning to every student is not necessary prior to the placement of dental sealants.



**8. What are the different treatment options offered by the program?**

Programs differ in scope. Some programs are preventive-based, meaning that they focus on preventing dental disease through dental sealants, fluoride, teeth cleanings, and education. Other programs will provide restorative care, meaning that they fix teeth that already have disease in them.

**9. How is follow-up and emergency care provided? What if there's a problem after hours? Who does the parent contact?**

All programs will come across children who need restorative care, and all programs need to have working relationships with local dental offices or dental clinics for students to quickly receive the needed care. The programs should have a plan for following up on students with dental decay. Ask what the plan is — does the program follow up or is the school asked to follow up? It is important to have a clear understanding regarding who ultimately has the responsibility of following up with students and/or parents on needed dental care.

**10. How long should each child's appointment take?**

Like a haircut, faster is not always better. The answer to this will vary depending on the services being provided. A dental appointment should be long enough for the oral health staff to provide quality work while being caring and compassionate. Ask the program about what services are provided and how long it will take. Compare the answer to your own experience at the dentist or ask a dental professional if the estimate “adds up.”

**11. How and where are services to be provided at your school, such as a van in the parking lot, or inside the building with portable equipment?**

**What are the space, water and electrical needs?**

Some programs will set up inside your building and will need a private location, such as an empty classroom, stage, lunchroom, or other available area. Others travel on wheels, such as in a bus or van, and have all equipment within the mobile unit.

**12. What are your school's responsibilities, and how much time is involved?**

Your school should receive a written program proposal that states school, program coordinator, and provider responsibilities that will reflect the time commitment for all to operate a successful school-based oral health program.

**13. Who will be present to supervise the program on-site?**

Each program should have a “lead” or supervisor present. The supervisor can be a school nurse, volunteer dentist or dental hygienist, or designated school personnel.

**14. Will there be a coordinator or liaison to work with the school? Does the program case-manage to assure that children receive needed treatment?**

A coordinator or liaison in a community-based program will reach out to local partners who are able to treat the child. Case management is important to ensure that the child receives necessary restorative care. Parents might need a gentle reminder, follow-up call, or email to help remind them to make an appointment for their child.



**15. What type of informed consent process does the program use, and what is covered? Does the consent allow for quality of care follow-up visits by the program?**

The program should have a protocol that clearly establishes how parental permission will be obtained. The consent should allow for follow-up visits the next year for quality of care checks, e.g., dental sealant retention.

**16. What referral mechanisms have been established with local dental care providers or clinics?**

You may wish to check the program's referrals to see if they are a willing referral partner. The incoming oral health care program should be able to provide you information on its referral mechanism with local dental providers. This might include a memorandum of understanding with a local dental provider or clinic.

**17. How often and for how long will the program be at your school, e.g., once a year, once a week, or some other arrangement?**

The oral health care program should come to your school at least once every school year. The program's time at your school can vary based upon

the number of students needing to be seen. In most cases, a program should be able to complete services in one week, depending on other school activities.

**18. Does the program establish any contract or memorandum of understanding with the school?**

The dental program should be willing to see every child who lacks a dental home, regardless of insurance status or ability to pay. You might want a written contract that expresses this commitment.

**19. What oral health data and individual child records will be created, and how will information be shared with the school and parents?**

All oral health information should be kept private by the providers and should always be HIPAA-compliant. Ideally, at the conclusion of the dental program's visit each school should receive a quantitative list of services that were delivered to the student body (for example, 100 children received 300 dental sealants). Each child should be given a paper at the conclusion of his or her appointment notifying parents of the outcome of the school-based appointment and any necessary next steps on which parents should follow up.

## References

Ohio Department of Health. Oral Health Status of Ohioans, 2019.

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