Nuts and Bolts: Incorporating Comprehensive Oral Health Services into School-Based Health Centers—Reality or Pipe Dream?

Session Objectives

1. Identify characteristics of programs that are successfully integrating comprehensive oral health services into school-based health centers (SBHCs)

2. Discuss challenges faced by programs that are successfully integrating comprehensive oral health services into SBHCs

3. Understand how to sustain a comprehensive oral health program in SBHCs by maximizing access to oral health care, improving oral health outcomes, and meeting financial goals

4. Learn about the development of a resource manual to support the integration of comprehensive oral health services into SBHCs
Speakers

- Sarah Wovcha, J.D., M.P.H.
  Children’s Dental Services
- Anne Varcacio, R.D.H., M.A.
  Bureau of Dental Health, New York State Department of Health
- Mark Doherty, D.M.D., M.P.H.
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Resources to Support the Integration of Comprehensive Oral Health Services into School-Based Health Centers

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American Association for Community Dental Programs
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School-Based Comprehensive Oral Health Services Pilot Project

- Funded by the Health Resources and Services Administration, Maternal and Child Health Bureau
- Integrate comprehensive oral health services into an existing SBHC
  - Increase access to oral health service
  - Ensure delivery of high-quality education and preventive and restorative services
  - Targeted to children and adolescents from underserved populations that are at high risk for dental caries, including children and adolescents enrolled in Medicaid or the Children's Health Insurance Program

School-Based Comprehensive Oral Health Services Grantees

- 4-year project FY’11–FY’15
- 11 grantees in 5 states
  - California (4)
  - Colorado (2)
  - Connecticut (1)
  - Minnesota (1)
  - New York (3)
Assessing the Integration of Oral Health Services into Primary Care

- Matrix designed to assess integration
- Four integration categories
  - Delivery-system design
  - Interdisciplinary care
  - Patient/community education and self-management
  - Sustainability
- Each category has multiple variables
- Each variable has multiple attributes/characteristics

Assessing the Integration of Oral Health Services into SBHCs

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### Matrix and Child Health Bureau
School-Based Comprehensive Oral Health Services Grant Program

#### Integration Worksheet
Integrating Oral Health Services into School-Based Health Centers

<table>
<thead>
<tr>
<th>Category, Variables, and Attributes</th>
<th>Notes</th>
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<tbody>
<tr>
<td><strong>Delivery System Design</strong></td>
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<tr>
<td>1. <strong>Stakeholder committee</strong> has diverse representation, and its meetings address the planning, implementation, and measurement of the integration process.</td>
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<tr>
<td>a. A parent or student parent is a member of the committee.</td>
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<tr>
<td>b. A school official (e.g., teacher, administrator) is a member of the committee.</td>
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<tr>
<td>c. An SBHC medical professional is a member of the committee.</td>
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<tr>
<td>d. An SBHC and health professional is a member of the committee.</td>
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<tr>
<td>2. <strong>School</strong></td>
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<tr>
<td>a. School systems identify influential issues related to the integration of comprehensive oral health services into SBHC</td>
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<td>b. School systems provide input into the development of oral health policies, plans, and operating procedures.</td>
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<tr>
<td>3. <strong>Policies, plans, and operating procedures for all health professionals involved in the integration of oral health services following in SBHC are standardized.</strong></td>
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<tr>
<td>a. Administrative services (e.g., training, appointments, level of care)</td>
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<tr>
<td>b. Support services (e.g., case management, behavior management)</td>
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<tr>
<td>c. Standardized procedures are in place to ensure that students enrolled in SBHC receive oral health exams and needed treatment (e.g., referrals and cross-coordination)</td>
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<td>d. The school system ensures that all health services (e.g., behavior, medical, and personal care) are provided by SBHC</td>
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<tr>
<td>e. Standard operating procedures are in place to ensure the coordination of oral health services (e.g., emergency care, care-management referrals) provided by SBHC</td>
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<tr>
<td>f. Plans exist for the seamless and responsive care delivery of health services (e.g., referrals, medical, and health and other key staff)</td>
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Monthly Resource Announcement

- Collaboration (medical, dental, behavioral)
- Electronic medical records
- Integration (definition, levels, characteristics)
- Provider education and training
- Policies, procedures, and protocols
- Quality improvement and outcome and performance measures
- Sustainability

Proposed Guide

- Overview
- Community planning
  - Buy-in from partners (SBHC, school district, principal, school nurse, teachers, students, parents)
  - Advisory and planning committees
  - Long-term community involvement
- Business planning
  - Market analysis and needs assessment
  - Governance, management, and integration structure
  - Operations
  - Financial projections and sustainability
  - Marketing
Proposed Guide

- Data collection, reporting, and evaluation
  - State or other overseeing body requirements
  - Types of evaluation
- Coalition-building and advocacy
  - Difference between coalition-building and advocacy
  - Who to consider when advocating
  - Advocacy strategies
- Other issues/topics to include?

Thank You!

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