

**Virginia Health Catalyst
School-Based Health Committee
Monday, September 9, 2019
1:00-3:00pm | Richmond, VA**

Attending: Tonya Adiches (VDH), Unsar Malik (VDH), Mary Foley (PRDC), Lynita Mason (VDH), Catherine Estevez (CIS Virginia), Tracy Causey (CAHN), Sharon Logue (VDH), Nancy Davis (Chickahominy Health District), Jessica Mullen (Obici Health Foundation), Julie Duregger (Smart Beginnings Virginia Peninsula), Kristen Gilliam (DentaQuest), Dearsley Vernon (CIS Richmond), Eric Tolkin (Smile Virginia), Julie Bilodeau (CrossOver), Ally Singer Wright (VHCF), Tracy White (DOE)

Staff: Sarah Holland, Samantha Dorr, and Brita Bergland

Action Items:

- Catalyst will work with VDH, Smile Virginia, and others to assess what sealant programs are currently happening in schools across the state to better understand capacity.
- SBH committee members will look at barriers to address (ex: consent rates) and how we can use the assessment results to influence more schools to sign on.
- Jessica Mullen and Tracy White will get more information about Virginia's First Lady's interest in a school-based health center initiative.

Next meeting: Monday October 21, 2019, 1-3pm, BlueJeans call (call-in information will be sent soon)

Proceedings

SBH Committee Background and Purpose - Tonya Adiches

- The SBH committee is a part of the 5-year Oral Health Outcomes grant through CDC. September 1, 2019 started the second year. VDH aims to provide school-based sealant services in 50% of the schools in Virginia with 50% or more free/reduced lunch. This committee will help understand what others are doing in the communities and where the biggest needs exist. See PPT for strategy, goals, and activities.
- VDH has funding for 5 or more sites a year to pilot school-based sealant programs. There are no stipulations for type of model (see below), only that the schools must serve 50% or more free/reduced lunches; find the [DOE's list of schools with free/reduced lunches here](#). This is a great opportunity for our state to learn what works best and hopefully become a national model.

Models of delivering oral health in school settings

Sharon Logue (VDH) - Dental Preventive Services Program

- School-based preventive dental programs staffed by dental hygienists under remote supervision fill a need for alternative solutions to dental care access challenges.
 - Remote supervision definition: A public health dentist has regular, periodic communication with a public health dental hygienist regarding patient treatment, but

- has not done an initial examination of the patients who are to be seen and treated by the dental hygienist, and is not necessarily onsite with the dental hygienist when dental hygiene services are delivered
 - These 10 remote teams of dental hygienists are 12-month employees. They work across the communities - not just in schools - as a health education resource in their areas.
- Program stats:
 - Selected schools with $\geq 50\%$ of total school enrollment on the National School Lunch Program
 - FY19: 159 schools participated
 - Grades preK to sixth grades in eligible schools
 - 8,380 children participated
 - 6,684 teeth sealed
 - 7,179 fluoride varnish applications
 - Services provided:
 - Oral assessment
 - Sealants
 - Fluoride Varnish
 - Oral prophylaxis (cleaning)
 - Oral health education
 - Referral list of local area dental providers
- Superintendents are receptive to the program, but then have to move to principals; VDH has a high success rate at that level, but can be hard for principals to prioritize the program when schools have other things.
- Try to incorporate messages about the importance of oral health to parents through PTA, school activities, info sent home with students, etc.
- Yearly parental consent can be barrier - done using paper forms. They will see any student with a consent form, regardless of documentation status.
- Referrals to dentists are the only follow-up data collected. If a student has severe decay or abscess, they will make attempts to contact the parents. Sealants and cavities are checked yearly.
- Tracy White asked about the use of teledental services as a way to bring care to remote regions
 - VDH is working with HRSA funds on pilot project in a clinic in SWVA through UVA Wise for a school-based program to bring in a provider to see children and then bus them to the dental office for care. Can't do real time yet, but can send pictures/information to the dentist to get back to hygienist, who does the care. With remote DH, they can do care before the dentist.
 - VDH: NOVA project with older population and dental.
 - All RDH have capabilities to do images and send to dentists. Using it mostly for education - parents, school nurse, etc.

- Almost like a portable dental clinic who treats students on Medicaid in school. The team consists of a dentist, RDH, and dental assistant.
- Services provided - comprehensive care:
 - Prophy
 - X-rays
 - Full charted exam
 - Fluoride treatment
 - Sealants
 - Silver Diamine Fluoride (SDF) – Posterior teeth only
 - Fillings
 - Simple extractions – Primary teeth only
 - Pulpotomies
- 2018-2019 stats:
 - Districts served - 66
 - Schools served – 332
 - Percent participation – 10%
 - Dental visits - 939
 - Patients seen – 16,761
 - Sealants applied – 12,108
 - SDF applied – 7,076
- Any services not done at school are referred out; every child get a report card with referral like of providers. School nurse also gets a copy.
 - Case management: kids are classified 1-3 for urgent care. When in an urgent situation, they will call parents within 24 hours. A child with a 2 gets a letter sent home to parent letting them know they need additional care with referral list. Case managers will work with parents to find a dentist with time available.
- Will see students regardless of insurance status. They have grants to help families where the children are not insured for financial reasons.
- Online consent forms make it much easier - use [PeachJar](#).
 - Helpful tips: schools send out email and text blasts with the link to give their consent to services. Social media and website posts help too.
 - Some states send the school rosters so case managers can contact them about participation.
 - Consent is evergreen.
- Sometimes receive pushback from community dentists. They are trying to get care to those that aren't receiving it and don't want to take patients from local dentists.

Mary Foley (Piedmont Regional Dental Clinic) - Smile Time

- Portable school-based dental program that serves schools within an hour of PRDC (they want to be the families' dental home) - Culpeper, Greene, Madison, Orange counties.
- Services provided:
 - Prophies
 - Bitewings
 - Fluoride varnish application

- Sealants
- PAs
- Treatment plans
- Most of the students are on Medicaid who are not otherwise receiving dental care.
- [Online \(use FormStack\)](#) and [print](#) sign up forms; email addresses are required but physical addresses are not.
 - Marketing through digital ad campaign, Facebook ads, and school nurses.
- 65-70% of kids seen at Smile Time need follow-up care.
- Want to increase participation, especially for children above 3rd grade; there is a steep drop off after ages 7-8.

Group Discussion

- Who sees children with disabilities for dental care?
 - PRDC has two pediatric dentists who are trained to see children younger than one, with developmental disabilities, and autism.
 - VDH has a ["Find a Dentist"](#) application online that can search for dentists who treat individuals with special health care needs.
 - VCU School of Dentistry

Next Steps

- Assessment of programs across the state to find the areas/schools that aren't being served to determine who can best provide them care.
 - Assessment is key: schools, providers, parents, children not yet covered
 - Next meeting: share assessment results, figure out how to design a program that will increase sealant rates and includes marketing/consent components - would it be policy change, education, etc.?
 - What is provided/choices for areas in need
 - VDH and DOE can disseminate info out into schools
- Barriers to consider addressing using assessment results:
 - Parental consent rates being low - understand the nuances
 - Participation of individual schools - why would they turn down these programs?
 - Julie Duregger talks about the impact on money, scores, and absenteeism when contacting schools about prioritizing oral health programs - three trigger points to get schools on board.
 - School nurses: a barrier we're not seeing? Any support they need? Tracy will look into it.
 - VA association of school nurses - disseminate info through them
 - Nurses communicate with parents on a daily basis
- Virginia First Lady is interested in school-based health center initiatives. Tracy White and Jessica Mullen will look more into details and how it could help this group.