
School-Based Health Workgroup

December 2, 2019

BlueJeans call



Virginia
Health Catalyst

The Intersection of Overall
Health and Oral Health



Agenda

- Policy update and advocacy opportunity
Catalyst
- School-based health program assessment results
Catalyst
- Where to go from here
Group discussion
 - Where to invest resources
 - Existing vs. new programs – benefits and challenges
- Next steps and set next meeting



Policy Update

- Fluoride varnish and medical assistants
- EPSDT varnish
- Water bottle filling stations
- Partner legislation
- Medicare update
- Adult dental benefit in Medicaid



Advocacy Opportunity

Let's show support for adding an **adult dental benefit to Medicaid** in 2020!

Catalyst can help you send a postcard to your state representative:

- Children
- Older adults
- Substance use
- Cost savings
- Individuals with special healthcare needs



SBH Assessment Questions

- Type of program
- Schools/locations served
- Dental services offered
- Program workforce
- Use of remote supervision
- Number of students served yearly
- How are schools selected
- Capable or interested in expanding



Assessment Results

State government:
Virginia Department
of Health

Mobile clinics:
Smile Virginia

Dental Safety Net clinics:

New Horizons
Piedmont Regional Dental Clinic
Johnson Health Center
Eastern Shore Rural Health System
Hampton Roads Community Health
Center
Rockbridge Area Health Center



Virginia Health Catalyst
 School-Based Health Workgroup call: 12/2/19
 Assessment Results

	VDH	Smile Virginia	New Horizons	Piedmont Regional Dental Clinic	Johnson Health Center	Eastern Shore Rural Health System	Hampton Roads Community Health Center	Rockbridge Area Health Center
Type of program	Portable	Portable	Portable	Portable	Portable	Portable and fixed	Mobile	Portable
Dental services offered	Oral assessment, sealant, fluoride varnish, prophylaxis, oral health education, local referral list of providers	Prophylaxis, x-ray, full charted exam, fluoride treatment, sealants, SDF, fillings, simple extraction on primary teeth, pulpotomies	Prophy, exam, fluoride, and soon, X-rays and sealants	Exams, radiography, prophy, fluoride treatment, sealants as appropriate, 2-page report to parents on the child's dental health and treatment needs if any, call to parents if needed.	Prophy, exam, fluoride	Preventative services (including dental sealants) where we bring <u>portable</u> equipment. Full restorative and surgical services at our <u>fixed</u> dental units.	Diagnostic, Preventive and Restorative with special permissions	Education, cleanings, exams, sealants, x-rays
Remote supervision	Yes	No – a dentist, hygienist, assistant	No – dentist and assistant	No – dentist and two assistants	No – dentist and two assistants	Occasionally (HeadStart) – dentists, hygienists, assistants	Yes – dentist, hygienist	Yes – dentists, hygienists, assistants
Students served yearly	FY19: 8380	2018-2019: 16,761	140-160	250	500-600	Over 3000	550	Over 1000
Eligibility requirements for schools	Schools with 50% or more students on free/reduced th lunch, preK to 6 grades	Any school can participate	HeadStart facilities in Roanoke City and Salem	Any school within an hour of clinic	By county and school district	Any in service area (Accomack, Northampton)	Initiated by school nurse or parent liaison	Schools within 20 miles of health center

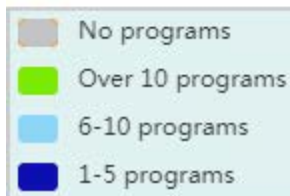
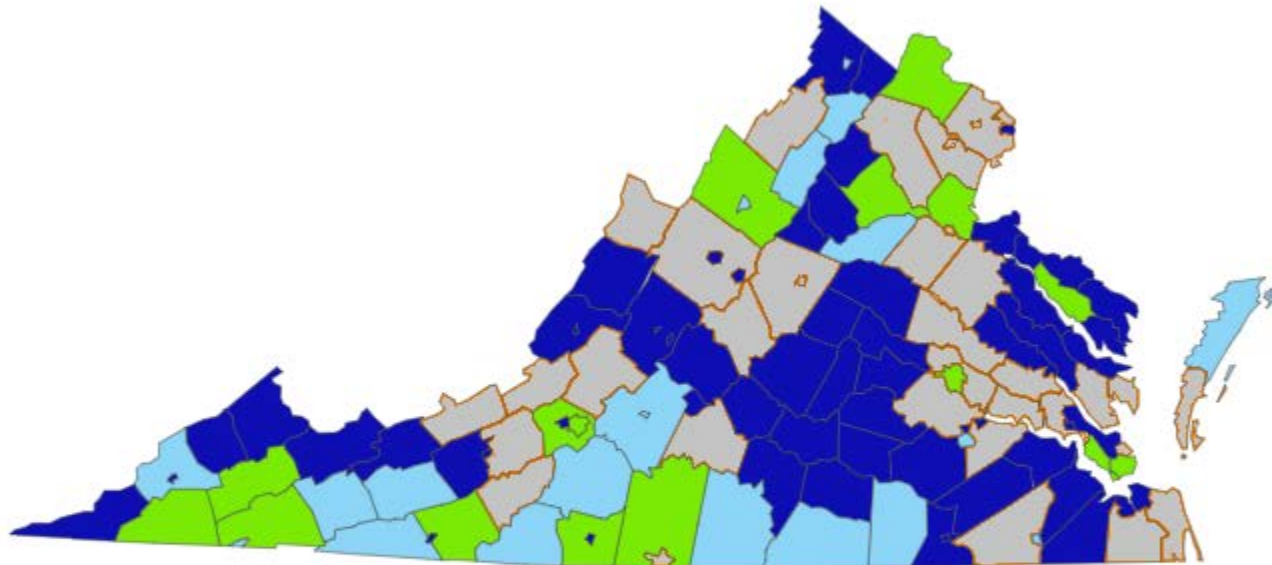


Assessment Results: Key Takeaways

- Increase use of remote supervision
- Sustainability factors
 - Equipment needs – portable vs. mobile vs. fixed
 - Workforce
- Reach and school recruitment
 - By county
 - In relation to clinic
- Not an exhaustive summary
- Others?



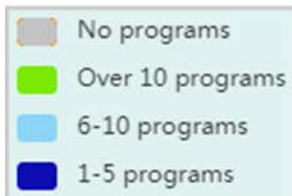
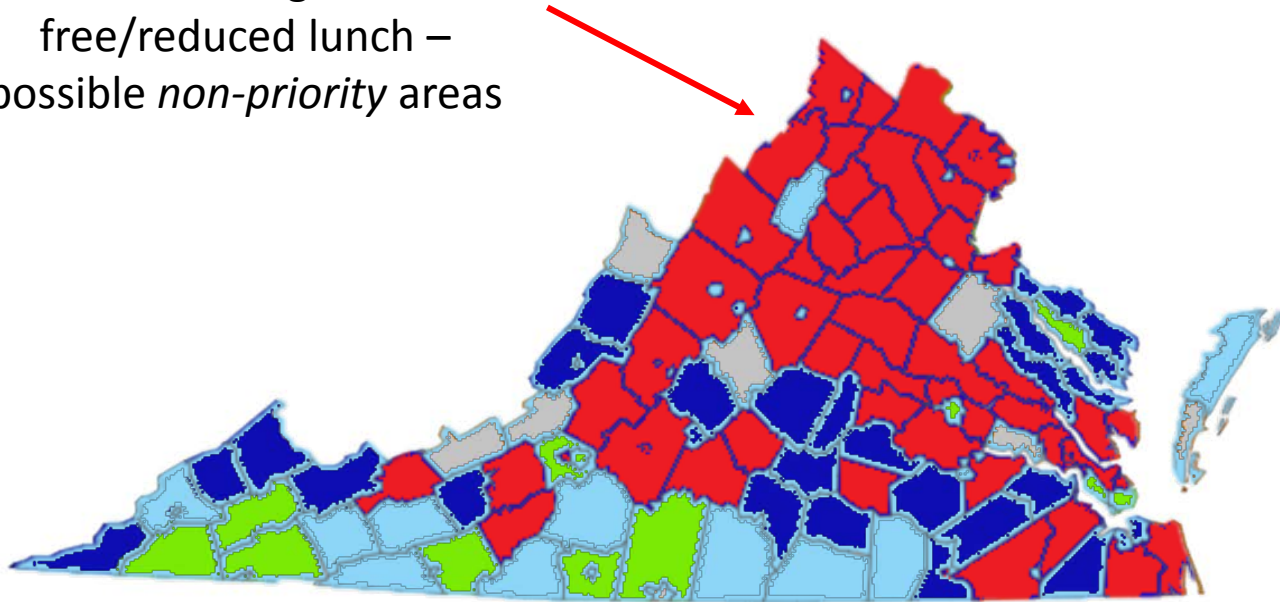
SBH Programs by County



paintmaps.com



Red counties have fewer public schools with high rates of free/reduced lunch – possible *non-priority* areas



paintmaps.com



Moving forward → Considerations

Goal: increase number of schools >50% F/R lunch with a school-based dental program that includes sealants

What are important factors to consider?

- **Location:** greatest need
 - Existing vs. new program
- **Method:** portable, mobile, etc.
- **Reach:** recruiting schools
- **Workforce**
- *Others?*



Next Steps

- Next meeting – in-person
- Follow-up items
- Announcements



Thank you!

Contact Brita Bergland (bberglan@vahealthcatalyst.org)
with any questions or concerns.



In addition to improving capacity and reach of existing SSPs, the SOHP proposes to develop a detailed SSP remote supervision manual, expansive mentorship program, and provide technical assistance and financial support to new safety-net facilities with the desire and capacity to implement a SSP. Funding will be provided to develop infrastructure, purchase equipment and supplies, and provide initial administrative support.

Justification: The SOHP will contract with five safety-net clinics annually to develop and implement SSPs. Each safety-net provider will be required to implement a SSP by their 6th month of funding and to implement a SSP in at least 4 schools within the first year. Safety-net staff will be required to complete VDH developed training, purchase VDH approved portable equipment, and commit staff time and funding for clinical staff. Staff will submit required reporting elements to SOHP on a schedule TBD.

Itemized Budget	Unit Cost	Per Site	Total
Aseptic portable equipment package (patient chair, 2 operator chairs, tray, light, portable unit, ultrasonic, autoclave)	\$ 15,650	5	\$ 78,250
Disposable Supplies @ \$5 per child for 500 children	\$ 2,500	5	\$ 12,500
Kerr Curing Light	\$ 850	5	\$ 4,250
Administrative Support	\$ 2,500	5	\$ 12,500

