

School-Based Oral Health Program (SBOHP) Information Sheet

What is the School-Based Oral Health Program?

Department of Health's (DC Health) School-Based Oral Health Program (SBOHP) contracts with qualified mobile dental providers (SBOHP vendors) to deliver the following preventive dental services and dental care coordination at the District's Public and Public Charter Schools, Head Start sites, and Licensed Child Development Centers.

- Dental screenings, and completion of Oral Health Assessment Form (OHAF)
- Teeth cleanings
- Fluoride varnish applications
- Dental sealants
- Classroom oral health education
- Referral and coordination of follow-up dental care at dental homes

Any child enrolled in your school/center who has not had a dental visit in the past six (6) months and returned the complete and signed parental consent form is eligible to receive the services.

Why bring preventive dental services to your school?

Tooth decay is one of the most common chronic disease of childhood, yet it is largely preventable. Children who have untreated tooth decay could suffer from toothaches and have difficulty eating, speaking properly, socializing with peers, sleeping, focusing in the classroom, and growing up healthy. Studies show that children with poor oral health are more likely to miss school and have a lower grade-point average than their healthier peers.^{1,2} When the decay and disease process advance, tooth decay bacteria can spread through blood stream and cause serious systemic infections. Tooth decay and untreated decay are more common among children with lower family income and of racial/ethnic minorities than their counterparts.^{3,4}

While DC Health is committed to ensuring access to comprehensive dental care for all children in the District of Columbia, the SBOHP ensures access to the benefits of preventive dental services for children who may face barriers to accessing care at a dental home. In addition to delivering preventive services, the SBOHP identifies children with treatment needs and links them to ongoing dental care.

The SBOHP also assists DC schools/centers to increase their compliance with the Student Health Care Act that mandates the annual collection of Oral Health Assessment Forms from their students aged 3 and older.

How are SBOHP services delivered in the school?

Dental Service Providers:

DC Health contracts with qualified mobile dental providers (SBOHP vendors) to deliver all SBOHP services at schools. All vendor staff that engage with the schools meet eligibility criteria outlined by DC Health, including compliance with DCPS clearance policies.

Requesting SBOHP Services:

At the start of each school year, DC Health's Oral Health Program (OHP) staff will send each school a School-Based Oral Health Program Service Request Form. To participate in the SBOHP, each school must submit to OHP the completed form, including the names and contact information of a point of contact (POC) within the school's administration. The POC should have authority to:

- a. Schedule oral health education and care delivery visits;
- b. Secure space on school property to deliver on-site services;
- c. Assist with distributing and collecting SBOHP consent forms;
- d. Coordinate logistics on the day(s) of service; and
- e. Work in partnership with the school nurse.

Parental Consent and Information Gathering:

The SBOHP parental consent forms will be mailed to the POC for dissemination and collection within the school. The POC or school nurse must ensure the returned consent forms are completed and signed by parents/guardians.

The SBOHP vendor staff will visit the POC to collect the returned consent forms and student rosters at least two weeks prior to their preventive dental services visit to verify information (i.e. child's dental insurance status and visit history) provided in the SBOHP parental consent form and reach out to families directly as necessary to prepare for the provision of dental care to their children at school and to bill and collect payments for clinical services from the child's insurance (including public and private insurances). If a child does not have dental insurance, the SBOHP vendor can assist families with eligibility screening, while no payment is collected from the family. For children with private insurance, the vendor may contact families prior to delivering services to discuss possible co-payments.

Visit Scheduling:

SBOHP vendor staff coordinate with the POC to arrange oral health education visits (approximately 15 minutes visits to each classroom/assembly) and up to two preventive dental services visit(s) during the school year. The POC identifies the designated area for clinical services (e.g. unoccupied classroom, gymnasium, etc.) that provides access to power outlets and appropriate privacy for each student during the clinical procedures.

Visit Logistics:

On the day of the preventive dental services visit, the designated school staff will escort participating students to the designated service area. Per completion of clinical services, the SBOHP vendor provides each child with a "walk-out letter" to take home that provides a summary of completed dental services and recommendations. The child should then be escorted back to his/her classroom.

Each child will be out of his/her classroom for approximately 10-25 minutes. The SBOHP vendors generally begin seeing students at 9AM and conclude their work by 3PM. Prior to leaving the school, the SBOHP vendor will provide the school nurse with completed Oral Health Assessment Forms for all students who received services so that the information can be officially added to the students' health records.

Visit Follow-Up:

After the visit, the SBOHP vendor will conduct outreach to every child served in the SBOHP to link them to ongoing, continuous, and comprehensive dental care at the program affiliated dental home or other providers in the communities based on the preference of student's parent/guardian.

How can my school participate in the School-Based Oral Health Program?

Please return the attached School-Based Oral Health Program Service Request Form to DC Health's Oral Health Program (OHP). For any questions regarding the Program, please contact Mr. Justice Armattoe, the OHP's SBOHP Coordinator, at 202-442-9365 or justice.armattoe@dc.gov

Glossary

Oral Health Assessment Form

All children 3 years and older attending child care centers and prekindergarten through grade 12 in a public, public charter, private, or independent school in the District of Columbia must submit the Oral Health Assessment Form (aka dental certificate) signed by a dentist to their school annually. The Oral Health Assessment Form is developed by DC Health and available for download at <https://dcps.dc.gov/publication/oral-health-assessment-form-0>.

Fluoride Varnish

Fluoride prevents and controls tooth decay by increasing the tooth's resistance to the decay process and repairing early stages of tooth decay. Fluoride varnish is yellow or white sticky gel, which is applied on the surfaces of teeth with a small brush, for a topical fluoride treatment. Unlike other forms of fluoride treatment, fluoride varnish gets adhered to the tooth surfaces as soon as it contacts with saliva, so children can drink and eat soon after the treatment. It is recommended to avoid brushing teeth until the next morning after the treatment to maximize the benefit.

Dental Sealants

Dental sealants are thin, protective coatings that adhere to the chewing surface of the back teeth (molars). Once placed, sealants protect at-risk molar teeth against tooth decay for many years. The first permanent molars generally appear at around age 6, and the second permanent molars at around age 12. Sealing these teeth as soon as they come through can keep them cavity-free from the start. While primary molars (baby back teeth) benefit from dental sealants, baby molars are sealed by SBOHP vendors only when there are clear benefits based on various child-level factors (e.g. elevated risk for tooth decay, considerable longevity of the tooth before exfoliation, child is old enough to cooperate with the procedure, etc.).

Dental Home

Dental home is a philosophy of dental care in which dental providers deliver dental care that is continuously accessible, coordinated, comprehensive, and family- and patient-centered. It is recommended that all children should establish the dental home no later than 12 months of age to institute a lifetime of good oral health. The SBOHP vendor can help navigate participating children and their families to local dental home that best meet their needs and preferences.

Reference:

1. Lewis C, Stout J. Toothache in US Children. Arch Pediatric Adolesc Med. 2010;164(11):1059-63
2. Seirawan H, Faust S, Mulligan R. The impact of oral health on the academic performance of disadvantaged children. Am J Public Health. 2012;102(9):1729-34
3. Dye BA, Thornton-Evans G, Li X, Iafolla TJ. Dental caries and sealant prevalence in children and adolescents in the United States, 2011-2012. NCHS Data Brief; No.191: March 2015. Available at <https://www.cdc.gov/nchs/data/databriefs/db191.pdf>
4. Slade GD, Sanders AE. Two decades of persisting income-disparities in dental caries among US children and adolescents. J Public Health Dent. 2018;78(3):187-191
5. Council of the District of Columbia. §38-602. Examination requirements; certificates of health, testing for lead poisoning and dental health. Available at <https://code.dccouncil.us/dc/council/code/sections/38-602.html>
6. DC Health Oral Health Program. Unpublished data on 2017-18 DC Oral Health Assessment Form Submission.