



Dental Public Health Activities & Practices

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SECTION I: PRACTICE OVERVIEW

Name of the Practice:

The Dental Health Action Team and the Future Smiles Dental Clinic

Collection Sections & Categories:

Assessment – Acquiring Data
 Assurance – Building Linkages & Partnership for Intervention
 Assurance – Access to Care and Health Systems Intervention

HP 2010 Objectives:

21-1 Reduce dental caries experience in children.
 21-2 Reduce untreated dental decay in children and adults.
 21-10 Increase utilization of oral health system.

State:

Arkansas

Region:

South
Region VI

Key Words:

Collaboration, partners, caries experience, dental screening, dental referral, school service, oral health status

Abstract:

The Little Rock School District encompasses a large metropolitan area of central Arkansas. While the county has the largest concentration of dentists in the state, sub-populations within the county have limited access to dental care. The Dental Health Action Team (DHAT) came together to assess the level of oral health in the community and to provide access to dental care for eligible children. With the collaboration of the twelve partner organizations, the DHAT worked with school administrators and staff, teachers, students, and parents to establish a format for dental screenings and to refer needy students to dental providers. During the spring of 2001, the DHAT screened 1,000 Head Start children and 2,000 school age children and referred the children to local dentists for needed treatment. Following on the success of the annual screenings and the subsequent dental sealant projects conducted in the target schools, the DHAT secured cooperation of the school district and funding to establish a dental clinic in the rebuilt Wakefield Elementary School in SW Little Rock. The state-of-the-art three-chair clinic, Future Smiles, provides comprehensive dental care for children in 6 elementary schools and one middle school in the area.

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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

In September 2000, the Dental Health Action Team (DHAT) was created to address oral health concerns among the poorest children in the Little Rock School District. While Little Rock has been fluoridated since 1955 and has more than 300 of the state's 1100 dentists, few of the poor children in the school district have ever seen a dentist. Almost 40% these children have untreated caries and only 2% have dental sealants. Working with UALR Share America, now called UALR Children International, the DHAT conducted a dental sealant project in the six target schools in 2001-2004 using portable dental equipment, dental hygiene students from UAMS and volunteer dentists. Following the fire that destroyed Wakefield Elementary School, the school district agreed to build a dental clinic in the new school. The clinic had its grand opening in October of 2004 and now serves the comprehensive dental needs of more than 2,000 children in seven schools and children attending a summer camp in the area.

Justification of the Practice:

Although anecdotal evidence exists for limited access to oral health service for the children in the Little Rock School District, appropriate data collection is needed to support efforts to correct disparities. While dental screenings will never take the place of oral examinations, such screenings within the school setting are important to identify children in need of care and to build awareness of the importance of oral health among children and their parents. Post-screening referral provides a mechanism for children to access oral health services and gives impetus to providers' participation in safety net programs. Dental screening is an assessment and assurance activity, both core functions of public health. The DHAT dental sealant program continues to use portable dental equipment in five target schools but also uses the Future Smiles Dental Clinic in Wakefield Elementary. Operation of the dental clinic assures access to care for a population comprised almost exclusively of children on the free and reduced lunch program.

Inputs, Activities, Outputs and Outcomes of the Practice:

The Dental Health Action Team (DHAT) is a partnership of organizations and agencies. Members included the state dental association, state health department, Head Start, the Minority Health Commission, Medicaid, the school district, and UALR Children International (CI), a program for underserved student populations funded by Children's International. The team set up a screening schedule to identify students needing dental referrals in target schools. Schools were chosen with participation rates in the free- or reduced-cost lunch program at 85% or higher. For a first time effort, DHAT members screened 1,000 Head Start children and 2,000 school age children in the 11 target schools during the spring of 2001. Children in need of dental care were referred to local dentists for treatment.

CI served as the meeting facilitator and point of contact for school screenings. The state dental director designed the screening protocol and data collection instrument. The health department provided tongue depressors, gloves and portable dental lights. The state dental association assisted with recruiting volunteer examiners. More than 20 dentists, dental hygienists and dental hygiene students were examiners for the dental screenings during spring of 2001. Head Start personnel served as coordinators and recorders. Parents, teachers and school nurses helped with logistics and passed out literature and toothbrushes. Colgate-Palmolive provided oral care kits, and their staff distributed the kits to participating students.

Data from screenings was shared with school administrators and parent-teacher organizations in hopes of increasing awareness of oral health issues and to encourage citizens to request increased participation in Medicaid from the area's dentists. A report of the DHAT 2001 Dental Screenings was prepared and distributed to all participating organizations and agencies in the State Oral Health Coalition, the local media and interested members of the Legislature. The DHAT will continue its efforts. The DHAT has provided dental screenings for more than 2,000 children in six participating schools each year since 2002.

Wakefield Elementary School in Little Rock burned to the ground in a late night fire. Building on success, the DHAT secured cooperation of the school district and funding to establish a dental clinic in the rebuilt Wakefield Elementary School in SW Little Rock. The Future Smiles Dental Clinic is a state-of-the-art three-chair clinic and provides comprehensive dental care for children in six elementary schools and a middle school in the area.

Budget Estimates and Formulas of the Practice:

Budgeted expenses were limited to the cost of clinical supplies: tongue depressors, gloves and face masks, approximately \$400 for clinical supplies per 3000 children. All other costs were born by the individual volunteers (e.g., examiners) in terms of their donated time and expertise.

The Future Smiles Dental Clinic is the first-ever elementary school dental clinic in Arkansas. Funding has come from a variety of community partners. The Office of Oral Health provided \$50,000 in grant funding for equipment and used HRSA grants funds of \$65,000/year for three additional years to support the dentist's salary. CI provides staffing and also transports children to Wakefield Elementary from the other five schools. United Way of Pulaski County (AR) provided \$150,000 in funding to support start-up costs. The Little Rock School District provides the clinic space free of charge as well as providing all necessary utilities and custodial needs. The clinic is now funded through Medicaid fees and small grants from various local foundations and corporations.

Lessons Learned and/or Plans for Improvement:

The dental screenings were a great success due mostly to the involvement of the schools and parents. While Colgate-Palmolive provided a mobile dental unit to help with the screenings, it was unwieldy to use the unit and it became only a venue for disbursing toothbrushes. While the donation of toothbrushes and the Colgate staff was important to the project's success, the mobile dental unit was not essential.

The dental sealant project provided a unique opportunity for dental hygiene students to work in low-income areas treating children of highest need. Their experience with portable dental equipment was sometimes less than successful.

The Future Smiles Dental Clinic has become a model for other school districts who contact the DHAT regularly with requests for their own school-based dental clinics.

Available Information Resources:

- Report of the Dental Health Action Team 2001 Dental Screenings
- Dental screening recording forms
- Annual Reports, Future Smiles Dental Clinic (2001-2008)

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

How has the practice demonstrated impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence, outcomes of the practice and/or evaluation results)?

Dental screenings within the school setting are important to identify patients in need of care and to build awareness of the importance of oral health. Post-screening referral provides a mechanism for patients to access oral health services and gives impetus to providers' participation in safety net programs. Results from the screenings and the subsequent dental clinic have been the topic of presentations for PTA's and other school-based groups to build awareness of the oral health access problem. Education, health care and legislative dignitaries are often hosted with personal tours of the clinic.

Efficiency

How has the practice demonstrated cost and resource efficiency where expenses are appropriate to benefits? How has the practice demonstrated realistic and reasonable staffing and time requirements? Provide unit cost analysis or cost-benefit analysis if appropriate.

Budgeted expenses were limited to the cost of clinical supplies: tongue depressors, gloves and face masks, approximately \$400 for clinical supplies per 3,000 children. Individuals involved in the planning and provision of dental screenings and referrals donated their time and expertise. The clinic is mostly self-supporting with only \$20,000-\$30,000 in grant funding each year.

Demonstrated Sustainability

How has the practice showed sustainable benefits and/or how has the practice been sustainable within populations/communities and between states/territories? What mechanisms have been built into the practice to assure sustainability?

The Dental Action Team began its dental screening efforts in spring of 2001. Screenings have continued through the 2009-10 school years. Results from the 2001-2002 screening were used to identify children to participate in the pilot dental sealant project to be conducted in early 2002. The resultant dental clinic has provided comprehensive dental care for more than 2,000 children each year since 2001.

Collaboration/Integration

How has the practice built effective partnerships/collaborations among various organizations and integrated oral health with other health projects and issues? What are the traditional, non-traditional, public and private partnerships/collaborations established by the practice for integration, effectiveness, efficiency and sustainability?

Partners of the Dental Action Team include the state dental association, state health department, Head Start, the Minority Health Commission, Medicaid, the school district and Share America, a program for underserved student populations. The state dental director designed the screening protocol and data collection instrument. The state dental association recruited volunteer dentists. Head Start personnel served as coordinators and recorders. Parents, teachers and school nurses helped with logistics and passed out literature and toothbrushes. Colgate-Palmolive provided a dental mobile unit and distributed oral care kits (e.g., toothpaste and toothbrushes). Arkansas Children's Hospital is now a partner by contracting to provide the dentist for the school clinic.

Objectives/Rationale

How has the practice addressed HP 2010 objectives, met the National Call to Action to Promote Oral Health, and/or built basic infrastructure and capacity for state/territorial/community oral health programs?

Dental screenings is an assessment and assurance activity, which are core functions of public health. The practice addresses three HP 2010 objectives: reduce dental caries experience in children; reduce untreated dental decay in children and adults; and increase utilization of oral health system.

Extent of Use Among States

Describe the extent of the practice or aspects of the practice used in other states.

The ASTDD 2009 State Synopses of State Dental Public Health Programs report shows that 37 states reported having a dental screening program and 33 states reported having an access to care program.