Dental Public Health
State Activity Submission Form

ASTDD's goal in collecting information about successful state Dental Public Health activities (e.g., practice, program, service, event, or policy) is to share this information with other states, territories, and stakeholders who may be interested in implementing similar activities. We thank you for your time and willingness to share your experiences.

Please complete the form below and return to Lori Cofano, ASTDD Best Practices Project Coordinator, at lcofano@astdd.org

FIRST CONTACT PERSON FOR INQUIRIES	
Name:	Amelia Almeida
Title:	Children's Programs Manager
Agency/Organization:	Kansas Dept of Health & Environment – Bureau of Oral Health
Street:	1000 SW Jackson St, Suite 300
City, State, Zip Code:	Topeka, KS 66612
Phone:	(785) 296-3958
Email:	amalia.almeida@ks.gov
SECOND CONTACT PERSON FOR INQUIRIES	
Name:	Dr. Dayna Brinckman
Title:	State Dental Director
Agency/Organization:	Kansas Dept of Health & Environment – Bureau of Oral Health
Street:	1000 SW Jackson St, Suite 300
City, State, Zip Code:	Topeka, KS 66612
Phone:	(785) 296-6536
Email:	dayna.brinckman@ks.gov

STATE DENTAL PUBLIC HEALTH ACTIVITY (e.g., practice, program, service, event, or policy) Minimum=300 Maximum=500	
Activity title:	**Kansas School Oral Health Programs**
State/Territory:	KS

Summary overview, which may include the following:

- Objectives
- Rationale
- Personnel
- Key partners
- Costs & sustainability

Kansas has two school oral health programs, the Kansas School Screening program and the Kansas School Sealant program, that are administered by the Bureau of Oral Health (BOH) within the Dept of Health & Environment.

Kansas has a state mandate that requires each school-aged child to have an annual "dental inspection". Even though this state mandate has been in effect since 1915, it has been largely overlooked by schools and administrators, rarely enforced and as of today, still remains unfunded. In 2008, through a state foundation grant, a standardized screening protocol and online data collection application was created which is still in use today. This protocol mimics the Basic Screening Survey principles and uses volunteer dental professional screeners to collect and input the screening data on an annual basis. The Screening Program provides the Bureau with school, county and statewide data on children

Pre-K – 12. A searchable database of the oral health data is publicly available on the BOH website.

The Kansas School Sealant Program (KSSP) contracts with local safety net clinics, private dentists, community based dental hygienists and community health centers to provide sealants and other preventative oral health services (cleanings and fluoride varnish) to underserved children in a school-based setting. KSSP targets schools with high numbers of children on Medicaid and the Free and Reduced Lunch Program, as well as those schools whose school screening data indicates a high percentage of unmet dental needs. All providers participating in the KSSP do oral health screenings for all students in the participating schools and the screening data serves as a baseline to establish the oral health status of the students prior to the start of the KSSP.

Lessons learned (Successes and **Challenges**):

Several key lessons learned through the implementation and continued management of both of these school-based programs center around community partners collaboration and communication. The Sealant Program and the School Screening Program are meant to be supportive of each other. Schools that participate in the Screening Program are more receptive to in-school services. Providers that do the Sealant Program also compile the data for the Screening Program and in turn, the screening data can be used to evaluate the Sealant Program.

A significant challenge faced by both programs has been the resistance of some schools to allowing in-school services to be provided. In many cases it takes months, if not years, to develop and foster relationships between dental providers, school nurses and school administrators. BOH staff have to work diligently to communicate effectively with schools, school districts, screeners and dental providers to ensure good relationships between all entities. BOH staff work very closely with the Kansas Department of Education to assist with communication efforts and creation of collaborative relationships with each school district, specifically targeting those schools with high percentages of underserved children with unmet dental needs.

In an effort to recruit and retain SSP contractors the BOH requests service participation, offers small awards when fiscally possible, highlights participation on the BOH website and in quarterly newsletters, provides supplies when the budget allows, uses data reporting to recognize community partners and utilization of CHC and dental safety net clinic partnerships.

TO BE COMPLETED BY ASTDD	
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