BEST (Bringing Early Education, Screening and Treatment) Oral Health Program

The BEST (Bringing Early Education Screening and Treatment) Oral Health Program, funded in FY2007 and FY2008, is a three-year research-based demonstration program that reaches children under the age of five and provides oral health education, screenings, preventive measures, and treatment to children enrolled in early childhood education programs. The program is based in Hampden County, Massachusetts. The BEST Program uses a community approach to provide early intervention for infants and toddlers with high risks (e.g., low income and racial/ethnic groups experiencing barriers to accessing dental care). The program recognizes that Early Education and Care (EEC) programs are essential entry points to obtain prevention and aims to deliver oral health services by “piggy-backing” onto basic services and within the infrastructure of existing EEC programs. EEC centers will serve as dental homes to deliver comprehensive oral health education and preventive/restorative treatment services. The BEST Program trains EEC childcare staff to provide oral health education using an adapted version of the Open Wide model. The program also provides portable dentistry onsite at EEC settings (delivers prevention/treatment services using portable dental equipment). As of July 2009, the BEST Program has reached 54 organizations, trained 1,055 EEC site staff and Family-Based Care Providers, and provided oral screening and dental prevention/treatment services to 4,678 children in Hampden County. Post-tests show preschool staff increased their knowledge in oral health. Oral health related quality of life data was analyzed and results show improvements in quality of life scores in children with early childhood caries following treatment. The start-up operating cost for the program is approximately $330,000, which includes conducting a pilot test targeting a limited number of preschool programs ($25,000), hiring a Community Coordinator ($50,000), and delivering dental services ($255,000). Up to 80 percent of the operating cost may be offset by revenue generated in the subsequent years when the program operates at full scale and bills insurance plans for services.

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