

# Dental Public Health Activity Descriptive Summary

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## **Leading Chicago Children to Oral Health Improvement: A Community Based Public-Private Collaboration**

The Chicago Public School System (CPS) is the third largest school district in the United States with more than 600 schools providing education to approximately 400,000 children. Healthy CPS is an initiative created to demonstrate schools' commitment to a safe/healthy learning environment by offering access to daily physical activity, nutritious foods, school-based health services, health education, and supporting students with chronic conditions.

As a component of the Healthy CPS initiative, the Chicago Department of Public Health (CDPH) School-Based Oral Health Program (SBOHP) provides dental screening, oral prophylaxis, fluoride varnish treatment and dental sealants (if prescribed) to CPS students based on positive consent return. The program is operational in 547 out of the 600 CPS schools. Dental Referrals (walk-out letter) is given to each student seen. The letter provides a "snapshot" of the student's oral health and phone numbers for access to the Medicaid (Managed Care Organizations) oversight companies. Student oral health status is recorded as Oral Health Score (OHS) of 1 (healthy), 2 (non-urgent need), 3 (urgent need). Each contracted dental provider's team is responsible for calling parents of students with OHS-2 or 3, and providing either a referral to their dental practice or dental providers around the school. However, if the school is located in two specific Chicago zip code areas identified as having a very high number of children with urgent dental needs, students are enrolled in an intensive Case Management (CM) Pilot lead by the Oral Health Forum (OHF).

The OHF CM pilot was initiated in School-Year 2014-15 (SY15) targeting schools with a very high number of children with OHS-3. An environmental scan of health resources in the two zip codes showed no publicly-funded dental programs and limited access to 56 community dental providers. Building on community relations, two bilingual case managers have been actively working with families from 39 schools in the targeted area to enhance their ability to access dental care.

Data from the first year of the CM pilot revealed that 50% of the children with OHS-3 were in three of the 39 schools. The same three schools had a very high number of children with OHS-2. Based on this information, an incentive model (Oral Health (OH) Champion Program) was implemented in SY16 targeting the whole school community: children, families, teachers and school-personnel from the three schools. Changes in students oral health status (from SY15 to SY16) has been used to evaluate improvements. However, at the end of the 3-years CM pilot (SY17) the program will be better positioned to measure success.

### **Lessons Learned:**

- a. Utilization of school-based services: Chicago has the largest school-based oral health program in the country; however, due to many factors, the program is highly underutilized with only 25% of the student body obtaining services. The active case management program and the OH champion program have brought better understanding of the many factors effecting utilization of school based services:
  - o Lack of parental knowledge regarding the services offered and the significance of those services.
  - o School personnel lack information about the SBOHP, the OH status of children in their own school, and how they can be empower to improve the oral health of their children.
  - o Services competition between community dental providers and the SBOHP due to Medicaid rules.

- o Community dental providers misinformed about the services they can bill for after a child has been seen in the SBOHP.
  - b. Culturally sensitive case managers: According to the initial demographic assessment of the population in the schools, in November of 2014 at the start of the project, OHF hired two case managers- one Latino bilingual community liaison and one African American case manager. However, when the first list of children with urgent dental needs was evaluated, demographics of this group of children showed that 97% were Latinos with Spanish speaking parents. The program staff shifted instead to two bilingual case managers that could communicate with parents and better understand cultural and other barriers they faced in accessing care. Additionally, case manager have to be able to work late afternoon hours in order to be able to reach working parents.
  - c. Data driven intervention: The OH Champion mini-grant program was added in the second year of the intervention based on findings from the first year of the pilot. It is an intensively focused intervention targeting the most disadvantaged children in the two zip code areas. In order to improve community outcomes, it is important to monitor all parts of an intervention and modify or add components according to findings.
  - d. Data sharing agreements: Initially OHF planned to start providing case management to children by January 2015, however, difficulties on agreements with CDPH, City of Chicago Legal Department and HIPAA concerns delayed starting this stage of the project until March 2015. Collaborations between public and private partners targeting school-age children will require clear data sharing agreements in place before starting any project to avoid any difficulties and protect children.
  - e. Health equity approach: When developing and implementing this intervention, our ultimate purpose was to raise the opportunities that the most disadvantage children in CPS had to attain their higher level of oral health. We have faced many challenges, however, keeping our main purpose in mind has helped us to invest our limited resources and efforts where has been most needed.
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## Whole School, Whole Community, Whole Child Model

*Provide a description of how you are implementing each of the ten components of the WSCC Model. If you are not implementing any activities for a component, please signify that by checking the "Not Part of Our Program." You may find the resource, "Recommendations for Integrating Oral Health into the WSCC Model" useful for completing this section.*

Component	Description of Activity(s) & Process	Not Part of Our Program
<p><b>Health Education –</b> Integrate oral health into the health education curriculum or other subjects,( i.e. biology, nutrition, food service, phy ed).</p>	<p>OHF developed an oral health curriculum that has been taught in CPS by oral health educators, dental hygiene students, and pre-dental students since 2012. OHF’s curriculum follows National Health Educational Standards and was approved by the CPS Office of Student Health and Wellness (OSHW) Review Committee as the only oral health curriculum that can be used to educate CPS children.</p>	
<p><b>Physical Education &amp; Activity –</b> Enforce the use of head/ facial protection to prevent injury during sports or related activities.</p>	<p>The Healthy CPS LearnWELL (district brand for obesity-prevention activities) badge measures whether schools provide access to healthy foods and physical activity to students throughout the school day. Further, this badge is based on district policies related to physical education and school wellness policies. A LearnWELL school meets policies around:</p> <ul style="list-style-type: none"> <li>• Healthy Fundraisers, Rewards and Celebrations</li> <li>• Nutrition standards for any food served in school</li> <li>• Utilizing and integrating school gardens school-wide (where applicable)</li> <li>• Daily and active recess</li> <li>• Nutrition education</li> <li>• Integration of physical activity throughout the school day</li> </ul> <p>Additionally, OHF’s curriculum from grades 5th to 12th includes a section on education regarding the use of head/facial protection to prevent injuries when practicing contact sports.</p>	
<p><b>Nutrition Environment &amp; Services –</b> school nutrition policies promote optimal dental health.</p>	<p>Healthy CPS LearnWELL badge (read above)</p> <p>Additionally, nutrition education is included in the OHF’s oral health education curriculum for all grade levels.</p>	
<p><b>Health Services –</b></p>	<p>CDPH system-wide School-Based Oral Health Program provides oral</p>	

<p>Promote a medical/dental integration that includes dental sealants and fluoride.</p>	<p>health screening/assessment, oral prophylaxis, fluoride varnish treatments, and dental sealants (if applicable) for all consented children at CPS.</p>	
<p><b>Counseling, Psychological &amp; Social Services –</b> Educate/emphasize the impact that poor oral health has on the ability to learn and on self-esteem.</p>	<p>OHF’s Oral Health Champion Program has invested in an intensive education effort for all members of the school community: students, parents, teachers, nurses and school administration in the three schools to increase health literacy and understand the short and long term impact of oral health diseases and the high burden of oral diseases affecting children in these school communities.</p> <p>Additionally, the SBOHP has been promoted to CPS school counselors and case managers.</p>	
<p><b>Social &amp; Emotional Climate –</b> Establish an environment where oral health prevention practices and programs are supported and valued.</p>	<p>The Oral Health Champion Program, through a variety of interventions and touchpoints are increasing oral health as a priority of concern and laying the foundation for long term prevention oriented health supporting environment.</p>	
<p><b>Physical Environment –</b> Assure the students and staff have fluoridated water available throughout the day.</p>	<p>Chicago residents get their water from Lake Michigan, and the City Water Department treats water (adds fluoride) and distributes it to homes, schools and businesses. The process is monitored but there is some concern over lead in school water (because of old pipes) that has become of concern in some CPS buildings. Water fountains are available at all CPS schools, but students may not utilize them as some schools are currently undergoing water testing (lead).</p>	
<p><b>Employee Wellness –</b> Support tobacco cessation programs for students &amp; staff using tobacco/e-cigarettes.</p>	<p>CPS policies also promote the tobacco-free school Board of Education rule through the display of signage at all schools and creation of other messaging. CPS works closely with the Chicago Department of Public Health and Chicago City Council to decrease the accessibility of tobacco products including e-cigarettes near schools. Healthy Chicago Employee Wellness Plan does have tobacco support for city staff.</p> <p>OHF’s Oral Health Curriculum for high school students includes education about the consequences of tobacco use.</p>	
<p><b>Family Engagement –</b> Promote school and family support for oral health screenings and regular dental visits.</p>	<p>OHF’s OH education program continues oral health education to family members by sending home an informative brochure for parents on the topic of positive oral health habits. Additionally, the OH Champion Program is working closely with parents/caregivers and younger siblings in the three targeted schools on OH promotion activities.</p>	

<p><b>Community Involvement –</b> Establish partnerships with local dental professionals to assure access to dental care &amp; preventive interventions.</p>	<p>Intervention in zip codes 60629 and 60632 involved working with community providers as well as community based organizations to improve health outcomes for children in this Chicago area.</p>	
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