

# Dental Public Health Activity Descriptive Summary

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## Tennessee School-Based Dental Prevention Program

Tennessee's School- Based Dental Prevention Program (SBDPP) is a statewide comprehensive preventive program that has been operational in its current design for 15 years. It is contracted by our State's TennCare program and provides services to eligible children for free. TennCare is the state of Tennessee's Medicaid program that provides health care for approximately 1.3 million Tennesseans and operates with an annual budget of approximately \$10 billion. TennCare members are primarily low-income pregnant women, children and individuals who are elderly or have a disability. TennCare covers approximately 20 percent of the state's population, 50 percent of the state's births, and 50 percent of the state's children.

Staffing consists of 77 licensed dentists and registered dental hygienists who are providing services. The SBDPP is supported by an additional 14 clerical staff.

The program aims to reach high-risk children from low income families who have reduced access to care. Children in grades K – 8<sup>th</sup> in schools with 50% of the student population on free and reduced lunch programs are eligible to receive the SBDPP services regardless of economic status.

Details for program implementation in each school and region vary. Program's core include component areas:

- Oral Health Education
- Dental Hygienist General Screening – **Definition:** oral screening performed by a registered dental hygienist to evaluate dental needs – sealant placement and dental referral need (s)
- Dentist oral evaluation – **Definition:** oral evaluation performed by a licensed dentist to chart existing conditions and treatment need(s)
- Sealant Application
- Fluoride Varnish
- Referral for Treatment
- TennCare Outreach (Tennessee's Medicaid program)

Production for Fiscal Year 2014/2015:

- 118,590 dental screenings
- 12,265 dental evaluations
- 179,107 oral health education
- 224,665 sealants placed on 41,213 children in 357 schools
- 1,432 high priority children identified with unmet dental needs (a high priority child is any child with immediate dental needs such as abscess and rampant decay)
- 633 direct contacts made by professional outreach workers with the Department of Health.

The Fiscal Year 2013-2014 SBDPP was funded by TennCare in the amount of \$6,215,019.00. Coordinated School Health component areas are aligned with the Centers for Disease Control and Prevention's (CDC) Whole School, Whole Community, Whole Child (WSCC) model. Partnership with Coordinated School Health (CSH) in our target schools is a promising new partnership that can aid in maintaining and ensuring our presence in schools.

The need to have staff in isolated areas share programs, ideas, techniques has been recognized. Regional meetings have been put in place to facilitate an exchange of best practices. The opportunity to network face-to-face is invaluable. As a result of better communication, programs are being shared from region-to-region.

## Lessons Learned:

Lesson Learned – Dental hygienists in the schools were being limited by the dentist's need to perform oral evaluations prior to dental sealant placement. An oral evaluation is performed by the dentist and includes a clinical evaluation of the status of the child's oral health diagnosis and involves no radiographic (x-rays) evaluation. State Health Commissioner Dr. John Dreyzehner worked with the State Dental Director to amend the State practice act for dental hygienists. This allowed for another line of access to care by allowing the dental hygienist to utilize their education and provide dental sealants prior to a dental evaluation. As a result, production in the school is better achieved without the time restraints of limited dental personnel.

Lesson Learned – Parents did not understand the implications of passive consent in the consent form. **Definition:** Passive consent – no parent/guardian consent needed to perform a visual inspection of the child's oral health using a flashlight and tongue depressor. As a result, some parents were not pleased with screening being performed. This caused unnecessary stress on the SBDPP staff and school officials. In light of this, the passive consent was eliminated and only children who have a signed consent form receive a dental screening.

Lesson Learned – With the growing number of groups targeting children in the school setting, we recognize the importance of establishing and fostering the relationships with our partners. Together we are able to reach our common goals of providing life-enhancing information and services to the children of our state. We recognize the importance of teamwork with public and private entities to deliver our program in the most effective and efficient manner.

As school systems and officials have changed over the years, we continue to identify key allies in maintaining our place in the school and time with children, teachers and parents. We know that from school-to-school and from one school system to another school system the allies may be different. We have come to know that one of the critical keys to taking a program into the school is to have the full support of the school leadership (superintendent, school director, school principal, etc.). Once in the school it is critical to identify within that school the other core school officials who can be a liaison and/or guide to better ensure a best outcome.

There is growing partnership with the Coordinated School Health representative in our target schools. Their component areas are aligned with those of the CDC's Whole School, Whole Community, Whole Child (WSCC) model. We want to ensure and maintain our place in the school providing free dental preventive services to the State's most at-risk children.

Addressing Change – In the more recent past we have come to realize that our data collection program could be enhanced to for users as well as for data collection purposes. The State Dental Director is currently in the process of identifying and upgrading the data collection component of the program and is working with personnel in data programming and development to design a program specific to the needs of the SBDPP. The modeling of the web-based program is based on the CDC's Sealant Efficiency Assessment for Locals and States (SEALS) software program. After reviewing ASTDD's Best Practice Approach Reports it was determined that a number of these programs found the CDC's SEALS software to meet their needs. Researching the SEALS program and talking with program developers from another state, it was determined that this program could be greatly enhanced with the development of a program that would capture more data and allow for a more diverse list of queries and reports. It is envisioned that the new program will be an asset to allow for better monitoring of program areas and identifying areas that may need to be adjusted and/or modified. The new system will be able to target long-term tracking of individual students and develop insight on the oral health status of Tennessee's children. Additionally, the new system will help determine changes that may need to be made to our current strategies in delivering the preventive services of our SBDPP.

This new program is scheduled to be launched by summer 2016. Training will be provided state-wide to all SBDPP in each of the 13 rural and metropolitan regions. Training will be facilitated by the central office staff, the State Dental Director and Oral Health Services Administrative Assistant. The format for training will be "Train-the-Trainer" model, allowing Dental Directors opportunity to train all SBDPP staff. It will be provided on site at each of the

regional offices to the SBDPP. Training will be provided as needed as future versions of the program are created and launched.

The need to have staff in isolated areas share programs, ideas, techniques has been recognized. Regional meetings have been put in place to facilitate an exchange of best practices. The opportunity to network face-to-face is invaluable. As a result of better communication, programs are being shared from region-to-region. The effort to re-create the wheel is eliminated.

Plans for Addressing Change – Many program areas experience a 35-45% return rate for the consent form. One of the chief complaints across the state is the return rate for the consent forms. The current document that has been used in the program to date is a two-sided document; one for parent use/information and one for program/office use. The front side of the consent contains program information and information about the child along with a place for the parent's signature. The back side of the current document is the treatment record for that child. By sending the treatment record home with the parent we have come to recognize a missed opportunity to utilize that space for more appropriate information for children and families.

Recognizing this missed opportunity we began to do some research about consent forms in general. Additionally, we utilized the CDC's [Clear Communication Index Widget | The CDC Clear Communication Index | Centers for Disease Control and Prevention](#) to rate the current consent/treatment record. Sadly, this document scored 9%. The document lacked color; focus; behavior messages; numbers; and various other aspects key to good communication for our audience. We studied a variety of consent forms and statistical information pertinent to our program and with the professional assistance of a graphic artist, a new document was created.

This new document has been approved, printed and shipped for use in the upcoming 2016-2017 school year. What is the score of this new document you ask??? The new document has scored a 95% using the CDC's Clear Communication Index. We are excited to be implementing this NEW information/consent sheet and look forward to tracking the return rates.

Plans for Addressing Change – Development of SharePoint. Oral Health Services is actively working with internal Information Technology Department to create a platform where information may be accessed and shared with SBDPP staff. The Oral Health Services SharePoint site is expected to be launched by the fall of 2016. SharePoint will be accessible by all SBDPP staff (Rural and Metro) state-wide, providing opportunity to share ideas, projects, troubleshooting, program resources, continuing education materials, etc. Information available will include:

- Calendar – to include national, state, regional and local meetings
- Library – program educational materials; program documents (forms, Manual) continuing education materials; training; etc.
- Discussion area – discuss ideas; troubleshooting; etc.
- Announcements
- Links

As challenges arise to be given direct time with students to deliver services to students, we continue to seek alternatives to getting the information and/or messages to the children, school officials and parents. The program design has evolved since its inception in 2001 and to date, is structured differently from one region to the next as well as internal structure. We have grown and adjusted to the changing environment of the school and have been creative in our methods to be successful. Like Coordinated School Health, our systematic approach to promoting student oral health is based on annual data, evidence-based science that a sealant placed prevents decay from occurring, evaluation of our program outcomes and review to identify areas where there may be gaps in services and/or redundancy. In some regions staffing numbers and/or staffing structure may prevent a region from completing programs in their target school in two to three years. This issue may lead to a longer period of return time to schools on the target list. This is something we are currently looking at and are in the process of making some needed staffing adjustments.

In the 15 years of this statewide program's existence, there has not been a designated (100%) support personnel in central office for the SBDPP. This has posed a variety of

problems through the years and has required significant amounts of personnel time in providing troubleshooting for program, data, and technical issues. In addition, managing monthly, quarterly, and annual reports and ensuring these are submitted in a timely manner has, at times, been a challenge.

Recently, the State Dental Director was successful in requesting TennCare to increase the SBDPP budget and add a line item to allow central office to hire an administrative staff to be designated to the SBDPP 100%. The hiring process to fill this position will be initiated July 1, 2016. It is expected that this support personnel will greatly facilitate culminating reports and provide prompt expert troubleshooting support statewide.

Space to setup the program is often seen as a barrier by school officials as they think of our dental program needs in line with what would be the typical dental office needs – plumbing, electrical, sinks, and such. One of the strong attributes of our staff is their ability to go into the school and identify space that would meet program criteria – the stage in a gym, concession stand area, breezeway of unused hallways, closets, unused classrooms, science rooms, and others. This is often one of our greatest opportunities to educate the school staff on how 'little' it takes to meet our program needs with regard to space.

The data system currently being used to capture the data is undergoing a major transformation, with hopes of it being ready for fiscal year 2017.

Recently the TN.Gov website underwent significant restructuring. During this process the pages designated to Oral Health Services images were removed from within the content. Oral Health Services is actively working with the TN.Gov webmaster to add graphics and enhance the information about all of our programs and to make available to parents and the public, credible and current information. This is an opportunity to greatly enhance the information available to parents and consumers. In an effort to bring parents and consumers to our website, a Quick Response (QR) Code was included in the new design of our SBDPP Information and Consent form (PH4294/PH4294S).

AA Quick Response Code (QR Code) is a machine readable code consisting of an array of black and white squares, typically used for storing URLs or other information not included on the document. The QR code is typically read using a free application installed on a smart phone or other device such as a tablet or pad. As part of

Communication and sharing of ideas in any statewide program can be challenging. In the past the office of Oral Health Services has held annual multi-day training/continuing education meetings. In an effort to provide continuing education and networking opportunities, the State Dental Director has encouraged the 13 rural and metropolitan regions to work locally to hold an annual single day Grand Division Meetings. To date, four such Grand Division meetings have been held with good success. The remaining Grand Division is scheduled to meet in summer 2016. The intent of the meeting is to have regions come together to network and learn from presentations and through sharing of challenges and overcoming barriers to program success.

The meetings have typically included two rural regions and one metropolitan region. The Grand Division meeting is held in a central location in their respective area of the state. The dental directors of each region participating in the Grand Division work together in the planning process to include meeting location and logistics, presenters, and other aspects involved in planning a single day meeting. Attendees include all dental staff in the region which consists of the SBDPP and the dental clinic staff. Attending the meeting are dental directors, dentists, dental hygienists, dental assistants and support staff. Continuing education hours are awarded to attendees at the conclusion of the meeting.

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## Whole School, Whole Community, Whole Child Model

*Provide a thorough description of how you are implementing each of the ten components of the WSCC Model. Include any challenges you experienced (If applicable) and how you resolved those challenges. If you are not implementing any activities for a component, please signify that by checking the "Not Part of Our Program." If you have tried to implement a particular component and weren't able to resolve those challenges, please provide a brief (1-2 sentences) on what occurred.*

*You may find the resource, "Recommendations for Integrating Oral Health into the WSCC Model" useful for completing this section.*

<b>Component</b>	<b>Description of Activity(s) &amp; Process</b>	<b>Not Part of Our Program</b>
<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>One hundred percent of the schools that are eligible for the program allow some form of oral health education. The SBDPP work very closely with school staff to fit the program into the school's schedule. Staff has forged strong working relationships with schools in their region and has earned a reputation of being efficient and effective with time and space given to them by the schools in their regions.</p> <p>Once the schools are identified for the school year, options are given to them for the type of education preferred. This preference is based on amount of time allotted and appropriate space for students. The School Based Dental Prevention Program (SBDPP) education programs have an excellent reputation with both teachers and administration. This has allowed most schools to continue to allow time for the oral health programs. Teachers recognize the value of the education and the service offered and do not object to giving 20 minutes for this</p>	

preventive service. Teachers are continually asked for their feedback and the appropriateness of the programs for their students. Because programs are continually enhanced and modified to meet the needs of the target population, a typical response is "I have heard this program for years and I always learn something new!"

One example of an educational program is the "Tooth Fairy". The program utilizes audience participation by dressing children as teeth while the program facilitator is dressed as the Tooth Fairy. Demonstrations of oral health are led by the Tooth Fairy along with audience participation. This method of education utilizing a socially acceptable and familiar American icon inspires and educates the audience.

Children learn by being inspired by the visualization of fantasy to pay more attention to their teeth. Imagination and humor break down language barriers. These programs are most effective in groups making it an excellent tool for public health. Objectives presented incorporate positive lifelong lessons children can learn from, identify with and practice.

Power point presentations or videos that are grade appropriate have been developed to address the majority of the schools. The pictorial progress of decay and relationship of plaque and daily self-care; tooth brushing and flossing, are represented and discussed. Risky behavior such as tobacco use and body piercing are also addressed. Drinking fluoridated water is addressed particularly in schools with high levels of refugee and immigrant students. Sodas and bottled water are

discouraged. Flexibility is needed to address individual school needs; these programs are designed to be delivered in any school accommodating any schedule. Whole school assemblies have also been serviced with a student population from 50 to 400. Elementary school programs typically address 60-120 students in each program. To meet the challenge of "face time with students" our programs continually seek alternatives that are creative, effective and engaging for children, teachers and school officials. With the increased availability of social media and the inclusion of monitors in classrooms, many of our schools will include a video clip to introduce the program or recording of the SBDPP program. These forms of education are often included as part of the school's morning announcements when attention may be more focused. Examples of this have been a three minute multi-media program developed to be utilized in classrooms, libraries and school wide announcements, recordings of our SBDPP education presentation, Casey Dental Patient Education and the National Maternal and Child Health's Seal America: Seal in a Smile DVD.

Physical Education teachers, coaches, health educators, general education teachers, and guidance counselors express their desire to incorporate facts and portions of our program into their health related classes. One example of this comes from one of our regions who have a program called "Think B4 U Drink". This program demonstrates the amount of sugar that is consumed in our choice of drinks. The faculty is often as much surprised as the students. Information is provided for inclusion in future lesson plans as well as a copy of the "Think B4 U Drink" poster. These posters are displayed in the gym areas as a constant reminder to limit sugary drinks.

	<p>Annually programs are assessed to ensure the use of the latest and most effective materials to deliver oral health education to students, school teachers and officials, parents and families, and the communities served. Information, materials and methods of delivery are modified as needed to ensure the best delivery and comprehension.</p> <p>Administrations are increasingly concerned about instructional time as teacher’s pay is tied to testing results. Some schools are limiting access to children to a certain period of the school day and/or placing time limits on how long students are available. This presents challenges to the SBDPP staff.</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>While mouth guard safety is featured in various education programs in some regions, this is an area of opportunity for us as we move forward. Oral Health Services will be working with the Commissioner of Health’s office to utilize the Tennessee Department of Health’s social media outlets to include oral health messaging. It is anticipated that messages to prevent injury during sports or related activities will be included in some of these message blasts.</p>	<p><b>X</b></p>
<p><b>Nutrition Environment &amp; Services</b> – school nutrition policies promote optimal dental health.</p>	<p>The Office of Coordinated School Health (OCSH) was established by the Tennessee Department of Education in February 2001. The primary mission of the office is to improve student health outcomes as well as support the connection between good health practices, academic achievement and lifetime wellness. Coordinated School Health (CSH) is a national model that is making an impact on children’s health. The coordinated school health model was developed by the Centers for Disease Control and Prevention (CDC) in 1988. Coordinated School Health works with many partners to address school health priorities.</p>	

The Tennessee Department of Health is one of their many partners. One of the CSH components is Nutrition making CSH representatives an ideal partner in addressing school nutrition policies to promote health and making positive inroads providing better food services to our students. Various programs have reported that some of the school fund-raisers have been shifted away from food items. As professionals in the school SBDPP staff supports the established efforts and new initiatives directed toward healthy food choices.

SBDPP incentivizes by rewarding students with non-food items such as a toothbrush, dental floss, tooth brushing timer, stickers and chap stick. SBDPP has been able to partner with TennCare in some regions to supply water bottles to students returning their consent form for dental sealants. In several schools these water bottles contain fluoridated drinking water, which is given to the physical education teacher to ensure the children are properly hydrated during exercise time.

A significant change has been noted across the state in the content of school vending machines. Reports note that sodas have been removed and replaced with water while others report that water is the only beverage option. Healthy snacks are seen more often as options in vending machines, replacing some of the more sugary snacks. Fresh fruits are made available to classrooms for "snack" time.

SBDPP education programs promote healthy food choices with an emphasis on the student's ability to think and act on a "best practice" approach. Every opportunity is utilized to educate and promote good nutrition as a part of optimal oral health to the children and to empower

	<p>them to make healthy food and drink choices.</p> <p>While some schools still allow food to be brought in from the outside, there is a notable increase in healthier foods that are brought in for children’s parties and other special events. Some schools give parents a list of acceptable “party” snacks.</p> <p>In general, as a result of the continuing oral health education and oral health staff working in the schools along with coordinated school health partnership, school nurses and other school administrators, the SBDPP has had a positive influence on this shift toward healthier food and drink choices.</p>	
<p><b>Health Services –</b></p> <p>Promote a medical/dental integration that includes dental sealants and fluoride.</p>	<p>Once a school is identified for the SBDPP, all students are eligible to participate upon returning a signed consent form. Consent forms are distributed to all K-8 students. All classrooms receive a list of participating students and a second consent form will be distributed to the remainder of the class for another chance to participate in the SBDPP. Many times this is done once our dental staff is in the school and the students get to see what their “treats” for participating are. Students participating receive tooth brushes once they receive their preventive service(s). After the student receives the dental sealant service or hands on brushing, they get a “report of dental screening” to let their parent or caregiver know what service(s) were provided to their child and the level of dental need observed. This form also contains information about public local health dental clinic(s) in the respective area of the program.</p> <p>A list of children with dental needs is left with the school nurse who also</p>	

is given local health department information to assist the parent in locating a dental home for the child. Students found with immediate oral health needs are followed up by TennCare with a personal call; this is also designed to help the parent or caregiver locate a dental home.

TennCare may assist with education in some areas when SBDPP is given sufficient time for presentation. Every student gets a pencil and information about TennCare and how to sign up for it. The education revolves around the need for students to have a medical checkup once a year, dental checkup twice a year, get exercise, drink plenty of water, limit electronic device usage to 1 hour per day, and go to bed by 8-9:00 each night. The role of the school psychologist or counselor is discussed as well as the need to talk with parents about medical/dental needs and feelings as adolescence advances.

The collaboration our program has with the Department of Education School Nurses continues to be an important part of our program, from referrals for dental care, ensuring students get access to dental care and the additional support in the way of information and supplies provided to the nurses by our SBDPP staff. The school nurses are among those that receive education about SBDPP and the importance of oral health as it relates to total health and well-being and the student's ability to learn. Some regions have the opportunity to provide an orientation about dentistry in general and SBDPP to newly employed school nurses. This opportunity lends to greater understanding and support to the preventive health services provided to children in the school as well as providing a means to get children connected to the oral health services needed.

In an effort to prevent undo stress and extra work on school officials/administration, some programs have experienced a greater consent form return rate and less stress on teachers to include the consent form as part of the start of school registration packet. When a program choses to distribute consent forms in this manner, SBDPP will retrieve the forms from each school as soon as possible. The forms are then sorted to ensure there are no documents that should be returned to the school (non-SBDPP related paperwork such as shot records, etc.). School front desk staff are often vital to the smooth running of any given program. They are anxious to help their students and are appreciative for the services provided to their school family.

Every child receiving services from the SBDPP will be given a Report of Dental Inspection. Referral information for local health department clinic is included with the Report of Dental Inspection that every child participating in our SBDPP goes home with. If the child is found to have a high priority dental need, the parent or caregiver is contacted as soon as possible. With this method of referral, our dental providers are able to speak directly to parents to ensure the parent understands the level of care needed and assist with getting the child connected with the appropriate provider in a timely manner.

Additionally, at the conclusion of our program in a school, the school nurse receives a list of students who have further oral health needs. A list of the area clinics is included.

At the conclusion of each program, a Dental Report is compiled of students who were identified as having an "immediate need" or "treatment at an early date" referral need. This Report is provided to

	<p>TennCare Kids Representative in that county or region for follow-up. Three attempts will be made to reach the parent/guardian to provide support to the family for the child's dental need(s). TennCare Kids Representatives are Tennessee Department of Health employees acting on behalf of TennCare.</p>	
<p><b>Counseling, Psychological &amp; Social Services –</b></p> <p>Educate/emphasize the impact that poor oral health has on the ability to learn and on self-esteem.</p>	<p>The majority of the school officials we work with understand the impact of oral health and well-being as it relates to missed school time, the ability to learn, and self-esteem. Ninety percent (90%) of our target schools are repeat customers, school professionals look to provide the dental preventive services to their students as often as it can be made available.</p> <p>Our SBDPP staff use language to raise self-esteem during oral hygiene instruction and general interaction with each student. An extra supply of toothbrushes and toothpaste are often left with the school guidance counselors to be handed out to students in need.</p>	
<p><b>Social &amp; Emotional Climate –</b></p> <p>Establish an environment where oral health prevention practices and programs are supported and valued.</p>	<p>This program has an excellent reputation across the State for the services provided as well as the organized system in which the programs are presented. Having history with the school system is only one component of keeping the programs viable. Administrative school staff change on a regular basis and constant efforts have to be made to keep lines of communication open. The SBDPP is NOT a mandated program; the program operates at the request/invitation of the schools. Many of the principals, school nurses, and school health coordinators actively promote the program in their schools. Many schools utilize this program on a routine biennial schedule. Schools recognize the benefits of preventive services to their students as well as the referral services benefitting student's mental, emotional and social health. The SBDPP is</p>	

seen as an ally in supporting healthy and happy students.

This has been accomplished through good communication and relationships with school directors, school principals, nurses and other school staff. We have delivered what we promised and that is essential to our reputation. We are invited back because the school values the services we provide and they see the positive impact we have on students and their families, teachers, and school staff. We deliver a service the school family values and our staff work diligently to work into the school's schedule and deliver the program while maintaining order and continuity to the best of their abilities. Our staff wear scrubs and are recognizable to the students. As a result, children in the hallway tell us they brushed their teeth today and teachers report that they have made needed dental appointments they have been putting off. Repeat invitations to schools are indicative of the importance school officials place on our program. Appreciation and respect for the SBDPP and the health benefit for Tennessee's children is demonstrated when schools allow us the physical space and the time to get kids out of class.

As teachers attend the education program presentations with their students, they are able to reinforce the message(s) of the program with their personal stories and questions. "After my child got dental sealants they have never had a cavity". This positive interaction contributes to the social atmosphere of the school when teachers and students are asking questions and sharing information in the same forum.

The SBDPP staff spends time with in-school or health department

	<p>translators to ensure program communications are reaching each school population. This time spent with in-school translators is critical to the program, ensuring understanding of the program parameters. Translators are then able to better facilitate parent/student written and verbal communications and parent involvement. Additionally they will be able to provide assistance with dental referrals and setting up dental appointments and other follow-up with the child.</p> <p>Our SBDPP staff is able to model good nutritional behavior when eating with teachers; they see us practice what we teach. Drinking water instead of sodas (of any kind) around children and teachers is one way to model appropriate nutritional patterns we want duplicated.</p> <p>Some schools have a word of the day, thought for the day or school motto that can be used within our program to “fit in” with the school climate.</p> <p>As the sealant program comes to an end, staff members, including teachers, janitors, lunch room staff, auxiliary staff, administrators and support staff, are given a “Goodie Bag”. It may contain:</p> <ul style="list-style-type: none"> <li>• Thank You note for allowing their students to participate</li> <li>• Toothbrush</li> <li>• Dental floss</li> </ul>	
<p><b>Physical Environment –</b> Assure the students and staff have fluoridated</p>	<p>Tennessee was fortunate to have excellent leadership in the early days of community water fluoridation. As a result, 88% of Tennessean’s served by community water systems enjoy access to fluoridated water.</p>	

<p>water available throughout the day.</p>	<p>Immigrant/refugee populations need to be educated about the benefits of fluoridated tap water. Advantages of water fluoridation to the development of healthy teeth are discussed along with the cost of bottled water verses tap water with the students</p> <p>Several staff members have formed relationships with the water plant operators, keeping the lines of communication open for the sharing of new information as well as providing health information to the community as it relates to community water fluoridation and oral health benefits. SBDPP staff have developed partnerships with community members, TennCare, and the Tennessee Dental Association to work hard to get in front of the opponents of water fluoridation. Tennessee has experienced a number of efforts in different areas across the state. The long-standing presence of the program and staff in the community provide many opportunities to be seen as a credible and professional resource.</p> <p>Community water fluoridation issues arise periodically across the state. The partnerships that have been formed on this effort include TennCare and the Tennessee Dental Association. When an anti-fluoridation issue arises the Dental Director in that region or the State Dental Director immediately communicates with our networking partners and follow the steps within the Fluoride Bundle, created by the Office of the Commissioner of Health and State Dental Director.</p> <p>Due to the increasing competition to get into the schools this becomes a</p>	
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	<p>barrier to efforts of educating students, parents and school officials on the contributing health factors of the consumption of sugary drinks versus water consumption. This barrier becomes an opportunity for our program to continue efforts to partner with other programs and/or initiatives that are in the schools to work together to get the message into the schools - to school officials, staff, children and parents.</p> <p>Various programs are taking this message out into the community as well as into the schools</p>	
<p><b>Employee Wellness –</b></p> <p>Support tobacco cessation programs for students &amp; staff using tobacco/e-cigarettes.</p>	<p>Tobacco prevention and cessation is an ongoing component of the SBDPP. Employee wellness and the opportunity for the teachers and school staff to be a role model is addressed by first providing teachers with the names (and in some areas, a photo) of the SBDPP staff who will be providing services in the school. School staff is encouraged to utilize the SBDPP as a resource while the program is in their school. The SBDPP staff is encouraged to eat lunch with teachers, talking with them during their planning time, before and after school all facilitates communication. These relationship building tools provide countless opportunities to contribute to the oral health of the school staff and raise their awareness of the opportunity to model healthy choices and behaviors, including tobacco prevention and cessation.</p> <p>Our staff welcome the opportunity to answer staff’s questions about their (or their family’s) oral health concerns. In fact, impromptu education is provided when approached by school employees. As a result of this relationship and sharing of information the school staff often informs the SBDPP provider staff that they have made a dental appointment or will ask for a dental referral or ask for personal oral</p>	

health advice. Teachers and school staff who hear our messages about preventive oral health often become more supportive of our program following their response to what they have learned and after their personal experiences of making dental appointments and receiving needed preventive and/or restorative dental services.

Dental supplies such as tooth brushes and dental floss are provided to teachers in the target schools as well as the students. This action reinforces a positive attitude toward our program and reminds them we are in the school providing services related to total health.

As school schedules and In-Service agendas allow, our SBDPP staff have been invited to present oral health information to teachers including providing support for tobacco cessation.

Participation in school health fairs, career days and placing posters concerning oral health and tobacco education is another opportunity to address the oral health of employees. School staff as well as students often benefit for these initiatives.

The tobacco message is a constant in the program. The message and mode of delivery changes as industry and fads change. Educational programs are evolving even now with the newer trends of e-cigarettes and Hookah fad. The tobacco prevention and cessation message is appropriately altered as needed to fit the target population. The State's Quitline is provided as a resource in the messaging when age appropriate. To learn more about Tennessee's Quitline information and resources, click [here](#).

<p><b>Family Engagement –</b></p> <p>Promote school and family support for oral health screenings and regular dental visits.</p>	<p>Engaging parents/caregivers of students is essential to providing services with this program. Consent MUST be obtained for preventive services to be rendered. Many parents do not participate because they “have a dentist”. This is encouraged! They are applauded and told to make sure dental sealants are applied to their children’s teeth. More work needs to be done in this area as many parents do not know the difference between a fluoride treatment and a dental sealant. They assume by taking their children to the dentist every 6 months that all preventive services are being rendered.</p> <p>The dental sealant consent form provides information and clarification about sealants and their role in reducing dental decay. General age appropriate oral hygiene information is also provided with each age group. For example, “How to Brush and Floss” is sent home to the parents of children grades Kindergarten – 2<sup>nd</sup> as these parents bear the responsibility of taking care of their child’s teeth until they are old enough to brush themselves.</p> <p>Parent Nights, Health Fairs, Career Day, school registration, Kindergarten registration and developmental screening, are all opportunities at school that can be attended by SBDPP staff to gain access to parents. Demonstrating to parents with models of teeth is a great way to educate everyone. Families are encouraged to access additional information about the SBDPP program on the State’s website, the local health department or the school’s website as information may be available.</p> <p>As stated earlier with regards to our program’s referral service, every</p>	

	<p>child seen in our SBDPP receives a written report of dental services provided and needed. Phone calls are made to parents if the child has an urgent need. This is also an opportunity to help the parent locate a “dental home” for their family.</p> <p>Elementary students participate to the average of 75%. Middle school students participate in about 40%. Some programs have found it beneficial for increasing participation by including the consent form with the School’s paperwork at the beginning of the school year.</p> <p>Consent forms used in this program have been translated into Spanish and Arabic as well as other materials used in the program for children and their families.</p>	
<p><b>Community Involvement –</b></p> <p>Establish partnerships with local dental professionals to assure access to dental care &amp; preventive interventions.</p>	<p>Many citizens are unaware of the SBDPP program as they may not have school-aged children attending the schools we serve. Community involvement is an avenue for raising awareness about the whole body health benefits of good oral health. SBDPP staff have established extensive partnerships and programs within communities such as:</p> <ul style="list-style-type: none"> <li>• dental and dental hygiene associations</li> <li>• Tennessee Department of Education’s Coordinated School Health program</li> <li>• public libraries</li> <li>• hospitals</li> <li>• school nurses</li> <li>• English as a second language programs</li> <li>• enrichment programs for children</li> <li>• 4H Clubs</li> </ul>	

	<ul style="list-style-type: none"><li>• Boys and Girls Clubs</li><li>• YMCA</li><li>• senior centers</li><li>• parks and recreation centers</li><li>• faith-based community centers and churches</li><li>• summer programs for children</li><li>• Head Start programs</li><li>• Family Health Resource Centers</li><li>• manufacturing industries</li><li>• parish nurses</li><li>• St. Thomas Medical Missions at Home</li><li>• St. Thomas Mobile Health Unit</li><li>• "Team Health" at the University of Tennessee for underprivileged children providing free dental services</li><li>• "Give Kids a Smile Day" with the local dental society providing dental treatment held at Knox County Health Department</li><li>• "Welcome Baby" which is a program for new mothers with information about caring for their child's teeth and development</li><li>• "Child Health Week" providing dental screenings at a local Knox County School Pre-school program</li><li>• Cub Scout troop meet a badge requirement about the importance of good oral hygiene</li><li>• student members of the Knoxville Robotics Club to assist them in developing a prototype of a new toothbrush; worked with the</li><li>• worked with the Greater Schools Partnership and the Elgin Foundation to formulate a program offering dental treatment to school children in need</li><li>• a free Dental Sealant Clinic at Knoxville Interfaith Health Clinic</li></ul>	
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in, which provides care for the working indigent

- TennCare Kids coalition and Head Start Health Advisory Panel
- Volunteer faculty at a community college Dental Hygiene Program serving as a mentor
- Summer reading programs in local public library
- Hospital mobile outreach delivering comprehensive health education in the community

