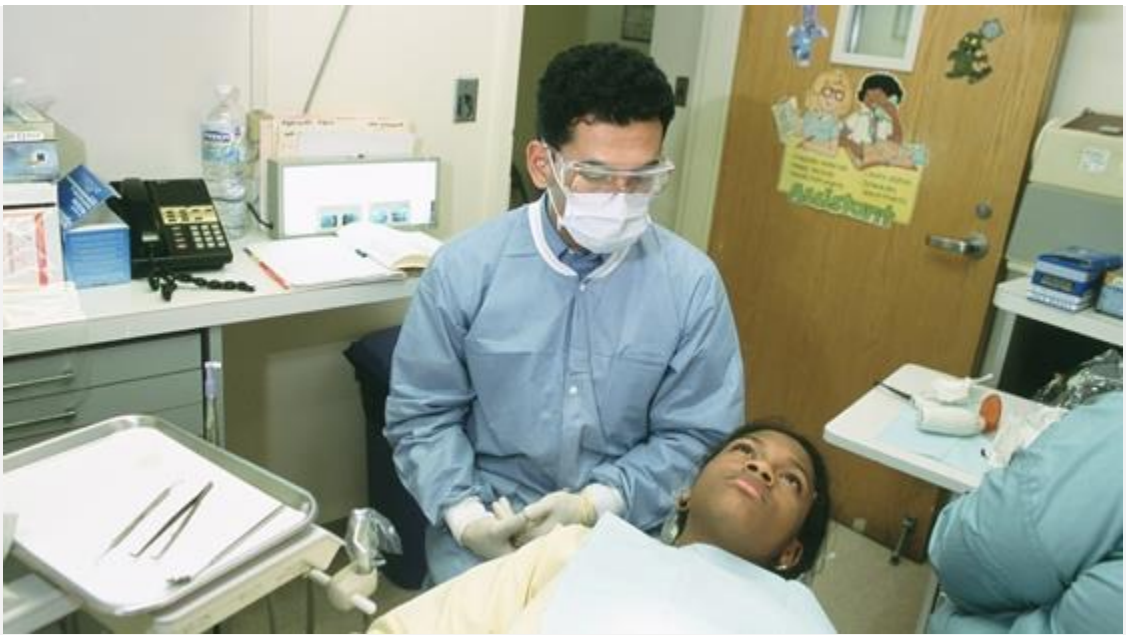

The Tangible Benefits of School-Based Dental Care

More

Poor oral health can lead not only to attendance and academic problems but also to other serious health issues. "Dental care in school-based settings brings tangible benefits because it is often the only access to preventive dentistry services a child from a low-income family may have," said Adria Cruz, director of school-based health centers (SBHC) for The Children's Aid Society .

School-based dental services (SBDS) have been part of Children's Aid's work in poor communities since 1906, when we established the first-ever school-based free dental clinic in the United States. We currently operate four dental clinics, at community schools P.S. 5, P.S. 8 (which also serves students from Mirabal Sisters Campus, located across the street), Salomé Ureña Campus, and Curtis High School.

Judging by the numbers, the reach of our SBDS during school year 2013-2014 was impressive:

- **3,895** dental visits and **1,266** dental patients
- **30 percent** of SBHC patients accessed dental care
- **24 percent** of SBHC visits (excluding first aid) were for dental care
- **84 percent** of dental care visits were for preventive care
- **82 percent** of dental care patients also had medical visits

We offer mainly preventative care such as sealants, fluoride, no-touch screenings, and regular treatment such as exams, x-rays, cleanings, restorations (fillings), some routine extractions, and emergency care. Anything more in depth, such as root canals, extractions, or orthodontic work, is referred out. A follow-up system ensures we see students every six months for their checkups and cleanings. The staff consists of dental escorts at every school; two dental hygienists, two dentists, and two dental assistants, who rotate among all clinics; and a program supervisor.

Dr. Michael Costa, the dental program supervisor at Children's Aid, explains that oral health may not be a priority for parents or caregivers, particularly in low-income families—and children themselves may not be aware they have issues until pain manifests. "Cavities can develop very slowly and often do not hurt until they are very deep, sometimes requiring root canal or extraction," Dr. Costa said, adding that children that have access to SBDS are able to get timely care that is coordinated with the family and school personnel. "With parental consent, students can be routinely screened and decay can be prevented or treated early. And this can happen during school time, avoiding absences and saving parents' work time and potential salary loss."

Our goal is to offer quality services to every child that needs or wants them. "Our clinics try to see 12-14 patients a day to ensure we are reaching as many students as possible and keep our production up as well." Dr. Costa said. "We provide topical fluoride treatments and sealants which, along with good oral hygiene instruction, can go a long way in preventing the development of cavities in an at-risk population. We also conduct no-touch screenings during lunch or gym and follow up with a note to parents letting them know their child has decay or needs a cleaning. Usually the response is good. "

Adria Cruz gives a recent example: "During the winter of 2014, as part of a public health effort, Children's Aid dental hygienists conducted a no-touch dental screening during gym class at Curtis High School in order to identify obvious dental problems in students enrolled at our SBHC as well as those not enrolled. We sent a letter home prior to the screenings for passive consent and then another letter after the screening with the results. Over 300 students received free dental screenings and 85 of them (nearly 30 percent) had obvious dental problems and didn't have a primary dentist. These students were referred for further dental care at our school-based dental clinic."

The presence of dental clinics at our SBHCs has a positive preventive impact on oral health. Ms. Cruz cites an internal analysis done a few years ago. "Our dental hygienist did a public health screening at P.S. 5, one of our schools with SBDS," she said, "finding that 20 percent of students in first grade had cavities (which coincides with the national average for children up to 10 years of age) while only 5 percent of the fifth-graders presented caries. In looking at the two control schools without SBHCs, the range of obvious cavities in the fifth grade was 11-19 percent. Further, when looking to the seventh graders at I.S. 218, one of our middle schools with SBDS, the obvious cavities were only 6 percent, consistent with the findings of fifth-graders at P.S. 5, which is a feeder school to I.S. 218."

Ms. Cruz and Dr. Costa agree that collaboration with the schools, the families, and the students is essential to establish and maintain a high-quality, productive school-based dental program. "The school is a key partner, from getting the right space to scheduling students," said Dr. Costa. "We need parents' consents. We do active outreach; we schedule the appointment outside of the core curriculum classes and often physically escort students for appointments. It's a matter of getting them in the door. Once they are in, it has been my experience that they are ours. Our energetic staff makes them feel comfortable. And this is very helpful. Students are usually impressed with the variety of services offered. And it is great that some of the older ones take ownership of their care, making their own appointments and at times even coming to visit when the school day is over."

Building on her colleague's remark, Ms. Cruz added that "some of the young ones create drawings for their dentists, thanking them for helping overcome their fears."