

Dental Care in School Health Centers

School Health Centers in Alameda County

School health centers (SHCs) are both health clinics and also places for students to experience positive youth development opportunities. Successful SHCs go beyond co-locating services on a school site; they have trusting and collaborative relationships with youth, families, schools, health providers, and the community.

Our network of 29 SHCs approach young people holistically, offering integrated health and wellness services that include medical, dental, behavioral health, health education, and youth development. In the SHCs, youth experience authentic relationships with health providers and develop agency over their own health and lifestyle decisions.

Why Dental Care in School Health Centers?

Dental care in school health centers (SHCs) ensures that every child can have a pain-free, confident smile. Regular dental care and good dental hygiene are healthy habits with a life-long payoff. Having access to a dental home is an important part of universal access to care.

The problems related to children's oral health are widespread and affect student's learning. Poor dental health has been identified as one of the most common childhood chronic diseases linked to emergency room visits and hospitalizations.¹ According to

the Center for Disease Control and Prevention, 11% of 13 to 15 year olds have untreated cavities.² Dental health also impacts academic indicators, as well as cognitive and psychosocial development.³ African American, Asian, and Latino youth are disproportionately affected and more likely to have poor dental health.⁴ Most dental disease and associated pain is preventable, thus, increasing children's access to preventive dental care is critical.

Our Approach

Across Alameda County, SHCs are strategically located to address the dental needs of students through a combination of education, screenings, a range of direct dental services, and referrals. Our SHCs provide dental care through the following services:

School-Wide Education

SHC staff do classroom presentations, provide toothbrush and toothpaste distributions, and staff health fair tables to promote oral health.

Mass Screening

Most SHCs organize school-wide dental screenings, where they screen as many students as possible over the course of a few days and connect those students to appropriate follow-up care. Some SHCs even screen neighboring feeder schools.



Preventive Care

Some dental work is provided onsite, such as applying sealants or varnishes, which do not require specialized training and can be done outside of a dental operatory.

Dental Treatment

Sites with an operatory can do fillings and restorations. Our newer SHCs include complete dental offices with all the specialized equipment necessary to do x-rays, fillings, and extractions.

Referrals

All sites refer students who come in with tooth pain or urgent issues to a dentist as soon as possible. SHC dentists refer patients for advanced care, such as orthodontics or root canals that cannot be done onsite.

Case Management

A key piece of oral health for youth is case management. Once students have been identified through screenings or referrals, it is often difficult to connect with parents and get consent to move forward with necessary dental care, even if the dentist is free of charge and located at the school. SHCs work on building relationships with parents, teachers, school staff, and the entire school community to improve case management and follow-through.

Additionally, dental care is a financially sustainable component of a health center, as the Federally Qualified Health Clinics (FQHCs) that run our SHCs can bill for all Denti-Cal patients.

Highlights

Currently seven (soon to be eight) Alameda County school health centers provide full dental services. In 2013-14, 21% of all visits to these SHCs were for dental services and more than 750 youth received dental care. About a third of these visits were for preventive services, such as cleanings. A third were for restorative services, such as crowns, and a third were for screenings and dental exams. Demonstrating the effectiveness of these services, the decay improved or did not worsen over time in 69% of the 475 clients screened at baseline and follow-up.⁵

The Native American Health Center has integrated healthcare workforce development into dental screenings at the SHC at United for Success and Life Academy in Oakland. High school students interested in a health career were trained to apply dental varnish, and the students worked alongside paid health professionals to help provide preventive dental care to over 400 students.



1 Oral Health in America: A Report Of The Surgeon General. U.S. DHHS, National Institute of Dental and Craniofacial Research, National Institutes of Health (Rockville, MD, 2000).

2 Centers for Disease Control and Prevention/ National Center for Health Statistics, National Health and Nutrition Examination Survey, 2009–2010. Accessed on February 25, 2013 at: <http://www.cdc.gov/nchs/data/databriefs/db104.htm#untreated>.

3 C.C. Guarnizo-Herreño G.L. & Wehby, "Children's Dental Health, School Performance, and Psychosocial Well-being" J Pediatrics, 161, no. 6 (2012), 1153-1159.

4 G. Flores, H. Lin, "Trends in Racial/Ethnic Disparities in Medical and Oral Health, Access to Care, and Use of Services in U.S. Children: Has Anything Changed Over the Years?" International Journal for Equity in Health, 12, no. 10 (2013).

5 Of the clients with documented baseline screening classifications, 475 clients (73%) had ≥ 2 subsequent dental visits and had their level of decay documented at follow-up. They received an average of five dental visits from their initial to follow-up assessment.