

Missouri Oral Health Program Preventive Services Program

Facilitated Through:
The Missouri Department of
Health and Senior Services
Office of Dental Health



What Is The Preventive Services Program?

The Missouri Oral Health Preventive Services Program (PSP) is a **community-based**, systems approach to population-based prevention of oral disease.

How it Began

Show Me Your Smile Survey



2005 Survey

Survey Results of 3rd Graders
3,500 children's teeth in 2005

Key Finding of Show Me Your Smile Study

- ▶ Dental caries is a significant problem
- ▶ Oral health varies across SES levels
- ▶ Oral health varies across racial groups
- ▶ Higher income children have less decay than lower income children statewide
- ▶ Missouri's children have a low level of dental sealants
- ▶ A considerable share of children do not have access to oral health care

Rationale for Missouri's Oral Health Preventive Services Program

- ▶ **Desire to provide a program to improve oral health of this at-risk population**
- ▶ **Available to all children, infant to 18 years old**
- ▶ **Developed a comprehensive plan including;**
- ▶ **An evaluation of oral health in the community's children, implement prevention strategies, provide oral health educational information, initiate referrals for dental services to those identified with unmet dental needs**

About 25,000,000 Americans live in areas lacking adequate oral health care services; and approx. 11% of the nation's rural populations have never been to a dentist.

(2000 Surgeon General Report on Oral Health in America)

Program Methodology

The 4 basic steps in the program include:

- ▶ **1. Screening/Surveillance**; Complete an annual standardized oral health screening for a statewide database of the children in a community. This Basic Screening Survey(BSS)-provides nationally recognized data.
- ▶ **2. Education**; Provide oral health education, toothbrush and toothpaste to all participating children
- ▶ **3. Prevention**; Two applications of a fluoride varnish treatment. The first at a screening event, the second follow-up varnish application within a three to six month period.
- ▶ **4. Referral**; Provide a structure for dental care for children with unmet dental need

Community Partnerships & Coalitions

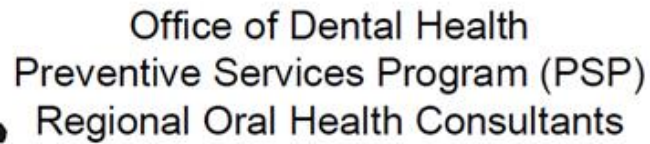
- ▶ Involve a broad and diverse range of people and organizations;
- ▶ coalition groups, schools, foundations, state and local government bodies, civic organizations, local public health agencies, clinics, hospitals, dentists, dental hygienists, physicians, nurses, etc.



PSP State Roles and Responsibilities

Oral Health Program will provide:

- ▶ **Oral Health Program Consultant**
- ▶ **Educational Materials**
- ▶ **Screening supplies, toothbrushes, tooth paste and fluoride varnish**
- ▶ **Online training of volunteers to apply fluoride varnish**
- ▶ **Online calibrating dental professionals to collect surveillance data**



 Molly McBride-Mooty - molly.mcbride-mooty@health.mo.gov

Responsibilities of PSP Event Coordinator

- ▶ **Recruit community dental professionals & other volunteers**
- ▶ **Obtain parental consent for fluoride varnish applications and oral screening**
- ▶ **Order supplies through Oral Health Program Consultant**
- ▶ **Provide oral health education to children**
- ▶ **Schedule screening/varnish application event and second varnish application event**
- ▶ **Develop referral system with community dentist for children with unmet dental needs**

People Involved in a PSP Event

EVENT COORDINATOR

Person coordinating the screening, varnish, education and referrals for the school or agency.

Typically a School Nurse or Head Start coordinator

SCREENER

Dentist
or
Dental Hygienist

FLUORIDE VARNISH VOLUNTEERS

Parents, Nurse,
Teacher or any other
volunteer

OTHER ASSISTANTS

Parent, nurse,
teacher or any other
person interested in
helping with the
details event.

- ▶ One of many involved in a PSP Event
- ▶ Many hands working together for the oral health of the community

Step 1: Oral Screening

What is an Oral Screening?

- ▶ **Not** a thorough clinical exam, no x-rays
- ▶ Does **not** involve making a clinical diagnosis that results in a treatment plan
- ▶ Only identifies gross oral lesions
- ▶ **Must** be conducted by licensed dentists or dental hygienists

Provide Statewide Database with Annual Screenings

Purpose is to:

- ▶ Describe oral health status of MO children
- ▶ Identify need for services/interventions
- ▶ Provide comparison among regions and communities
- ▶ Track outcomes

Data Reported in a Community-Based Format

- ▶ **Community** is our Patient
- ▶ **Community** as a whole is assessed
- ▶ **Community** data is collected and utilized state and nationally
- ▶ **Community** is encouraged to build a network of care



<https://www.istockphoto.com/photos>



Oral Screening Results Provided as a Community

Missouri Oral Health Preventive Services Program
Screening Results for School Year 2012-2013

Sugar Creek - Independence School District
Jackson County

Gender	Kindgtn	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grand Total
Female	13	15	18	18	15	9	88
Male	20	16	11	20	18	10	95
Grand Total	33	31	29	38	33	19	183
Age	Kindgtn	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grand Total
5	12						12
6	21	11					32
7		19	8				27
8		1	19	16			36
9			1	22	16		39
10					16	8	24
11					1	11	12
BLANK			1				1
Grand Total	33	31	29	38	33	19	183
Race	Kindgtn	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grand Total
African-American	1	1	2	2	1	1	8
Hispanic	6	6	5	5	5	2	29
Unknown Non-White	4	3	1	2	4		14
White	22	21	21	29	23	16	132
Grand Total	33	31	29	38	33	19	183
Oral Hygiene	Kindgtn	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grand Total
Satisfactory	29	17	16	20	22	7	111
Not Satisfactory	4	14	13	18	11	12	72
Grand Total	33	31	29	38	33	19	183
Treated Decay	Kindgtn	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grand Total
None	25	17	12	7	10	3	74
Primary Only	8	14	17	30	16	13	98
Primary and Permanent				1	6	3	10
Permanent Only					1		1
Grand Total	33	31	29	38	33	19	183
Untreated Decay	Kindgtn	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grand Total
None	28	30	27	27	27	16	155
Primary Only	5	1	1	7	6	2	22
Primary and Permanent				2		1	3
Permanent Only			1	2			3
Grand Total	33	31	29	38	33	19	183
Dental Sealants	Kindgtn	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grand Total
No Sealants	32	29	27	29	22	18	157
Sealants	1	2	2	9	11	1	26
Grand Total	33	31	29	38	33	19	183
Treatment Urgency	Kindgtn	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grand Total
No Obvious Problem	28	30	27	27	27	16	155
Early Dental Care	5	1	2	8	4	3	23
Urgent Care				3	2		5
Grand Total	33	31	29	38	33	19	183
History of Rampant Caries	Kindgtn	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grand Total
No	30	24	24	24	28	17	147
Yes	3	7	5	14	5	2	36
Grand Total	33	31	29	38	33	19	183

Step 2: Oral Health Education

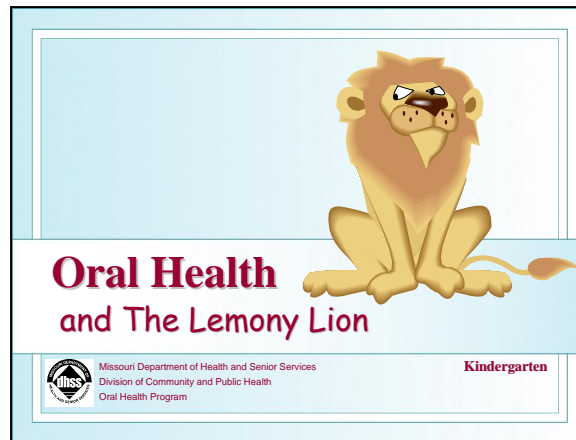
- ▶ Inform of the benefits of fluoride varnish to parents and children through brochures and handouts
- ▶ Instruct in basic oral hygiene measures (brushing and flossing) through video/DVD and verbal presentations
- ▶ Each coordinator will decide how to incorporate the oral health education component.
- ▶ Oral health education is a required component of PSP and can be accomplished in many different formats.

Free Toothbrushes, Toothpaste and Floss

- ▶ Appropriately sized toothbrushes for the children being screened will be provided on day of the screening
- ▶ Toothpaste for all children
- ▶ Grades 4th and up receive dental floss

Oral Health Education Curriculum Presentations

- ▶ Oral health curriculum presentations
- ▶ Kindergarten through 12th grade is available on website:
<http://health.mo.gov/living/families/oralhealth/oralhealtheducation.php>



Free Oral Health Materials

<http://health.mo.gov/living/families/oralhealth/oralhealtheducation.php>

Show-Me *Healthy* Smiles for *Healthy* Life



Nutrition Tips for a Healthy Smile

- Drink water or low-fat milk and stay away from sugary drinks like soda.
- Don't eat too much candy or desserts that are high in sugar and stick to your teeth.
- Eat plenty of fruits and vegetables to promote healthy gums and teeth.

Infants

- You can pass cavity-causing germs to your baby when you put baby's spoon or pacifier in your mouth.
- Clean your newborn baby's gums with a soft, clean, damp washcloth after every feeding, even if no teeth have come in yet.
- Baby begins cutting teeth at around six months old.
- Brush your baby's teeth as soon as the first tooth comes in. Use a small, soft toothbrush and a "smear" of fluoride toothpaste.
- Your baby should have a dental exam by their first birthday.
- Don't put juice, soda or any sweet drinks in baby's bottle or sippy cup.
- Don't put baby to bed with a bottle or sippy cup.



Don't forget to Brush

Brush two times a day

Use a small amount of toothpaste (about the size of a pea)

Brush for two minutes

- Top and bottom
- Front and back
- Brush your tongue

Floss at least once a day

health.mo.gov/oralhealth #103

Oral Health is Overall Health



Take Good Care of Your Teeth and Gums

- Brush your teeth and tongue for two minutes at least twice a day.
- Use a toothbrush with soft bristles and brush gently so you do not damage your gums.
- Don't share toothbrushes.
- Get a new toothbrush every six months.
- Use fluoride toothpaste.
- Clean between your teeth with dental floss at least once a day.
- Avoid tobacco products.
- Limit alcohol use.
- See a dentist at least once a year.
- Avoid sugary foods and drinks.

Avoid Tobacco for a Healthy Mouth

- Smokers are four times more likely to develop gum disease than non-smokers.
- Smokeless tobacco can contain sugar, which increases the risk of tooth decay.



Oral health problems can cause serious health issues like diabetes, heart disease, stroke and osteoporosis.

Step 3: Prevention

- ▶ Fluoride varnish comparable in efficacy to traditional topical fluorides
- ▶ Fluoride varnish can be applied in a variety of settings.
- ▶ Can be applied by non-dental staff with training (must be at least 18 years of age)



Fluoride

Historical Value

Dramatic reduction in decay for 50-70 years.

Reduction due to both systemic and topical fluorides.



The CDC named community water fluoridation one of 10 great public health achievements of the 20th century.

21

Fluoride Varnish

Preventing and Arresting Dental Decay

Has been used in Europe and Canada for more than 40 years in preventing tooth decay.



Fluoride Varnish is Endorsed by the Following Associations ...



American Dental Association



Association of State and Territorial
Dental Directors



Centers for Disease Control and
Prevention

Fluoride Varnish Characteristics

- ▶ Easy to learn to apply
- ▶ Sets on contact with moisture (saliva)
- ▶ Taste is tolerable and well accepted
- ▶ Decreases the acidic environment caused by plaque
- ▶ Retards, arrests, and may reverse the decay process
- ▶ Can promote the re-mineralization of tooth enamel

Fluoride Varnish is Cost Effective



- ▶ Nu Radiance costs less than \$.72 per application
- ▶ Free to participants/community

*Dental care is the most commonly cited unmet health care need in the nation(*Pediatr Clin N AM* 2000;47:1177-1189).*

Fluoride Varnish Application

- ▶ No dental chair needed
- ▶ Application takes 1-3 minutes
- ▶ Varnish is “painted” on all surfaces of all teeth with disposable applicator

Reapply Fluoride Varnish

- ▶ To maintain its caries-preventive effect, PSP offers two applications per year
- ▶ Application of fluoride varnish twice per year can help reduce decay dramatically
- ▶ Studies support that higher caries risk patients should receive fluoride varnish applications at three to six-month intervals
- ▶ Additionally, research has shown the effectiveness in caries reduction when fluoride varnish is applied 3-4 times a year when a child has high caries risk

Step 4: Referral Network

- ▶ Community action **essential**
- ▶ Involve local dentists, community health clinics, federally qualified health clinics (FQHC), other health providers
- ▶ Continued networking important to obtain and maintain good referral system

Positive PSP Data

PSP Activity for the past 11 years Number of participating children:

2006-2007 school year - 8,529
2007-2008 school year - 18,139
2008-2009 school year - 35,308
2009-2010 school year - 54,187
2010-2011 school year - 64,657
2011-2012 school year - 63,764
2012-2013 school year - 72,088
2013-2014 school year - 76,320
2014-2015 school year - 82,258
2015-2016 school year - 83,139
2016-2017 school year - 92,693

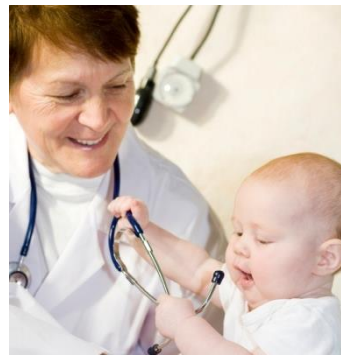
Volunteers

Over 1,600 licensed dental professionals have been calibrated to conduct oral screenings

Plus over 6,8000 volunteers trained to apply varnish



The Anticipated Results



Improved Health Outcomes

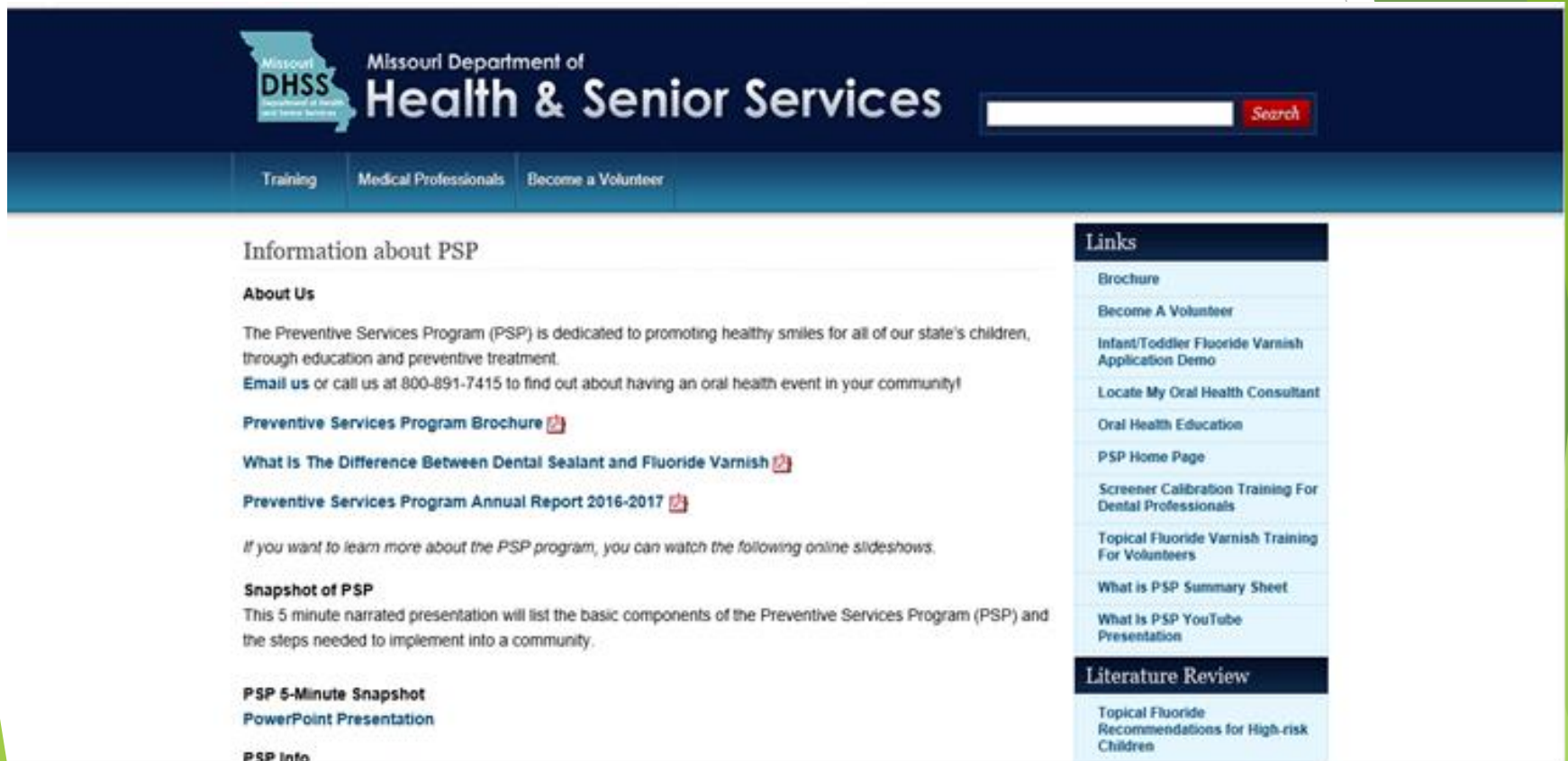
- ▶ Lower rates of acute and chronic diseases
- ▶ Higher rates of preventive services

Improved Education Outcomes

- ▶ Less absenteeism
- ▶ Better attentiveness in class
- ▶ Children in pain cannot learn

The PSP Web Site:

<http://health.mo.gov/blogs/psp/>



Missouri DHSS Department of Health & Senior Services

Training Medical Professionals Become a Volunteer

Information about PSP

About Us

The Preventive Services Program (PSP) is dedicated to promoting healthy smiles for all of our state's children, through education and preventive treatment.

Email us or call us at 800-891-7415 to find out about having an oral health event in your community!

[Preventive Services Program Brochure](#)

[What is The Difference Between Dental Sealant and Fluoride Varnish](#)

[Preventive Services Program Annual Report 2016-2017](#)

If you want to learn more about the PSP program, you can watch the following online slideshows.

Snapshot of PSP

This 5 minute narrated presentation will list the basic components of the Preventive Services Program (PSP) and the steps needed to implement into a community.

[PSP 5-Minute Snapshot PowerPoint Presentation](#)

[PSP Info](#)

Links

- [Brochure](#)
- [Become A Volunteer](#)
- [Infant/Toddler Fluoride Varnish Application Demo](#)
- [Locate My Oral Health Consultant](#)
- [Oral Health Education](#)
- [PSP Home Page](#)
- [Screener Calibration Training For Dental Professionals](#)
- [Topical Fluoride Varnish Training For Volunteers](#)
- [What is PSP Summary Sheet](#)
- [What is PSP YouTube Presentation](#)

Literature Review

- [Topical Fluoride Recommendations for High-risk Children](#)

Department of Health Office of Dental Health

Dental Director:

- ▶ Dr. John Dane, DDS

Oral Health Program Manager:

- ▶ Julie Boeckman

Oral Health Program Consultants:

- ▶ Jeffrey Bellamy, RDH, BSGS
- ▶ Beth Cameron, RDH, M.Ed.
- ▶ Audrey Hendee, RDH
- ▶ Ann Hoffman, RDH, BSDH
- ▶ Molly McBride-Mooty, RDH

References

- ▶ Evidence-based Clinical Recommendation: Professionally Applied Topical Fluoride. Report of the Council on Scientific Affairs. American Dental Association. May, 2006
- ▶ Synopses of State and Territorial Dental Public Health Programs Center for Disease Control and Prevention. Feb. 6 2004. Available at: apps.nccd.cdc.gov/synopses/aboutv/asp. Accessed on : 03/12/07.
- ▶ Fluoride Varnish Protocol. Iowa Department of Public Health. 4/2002. Available at: http://www.idphstate.ia.us/hpcdp/commomn/pdf/oral_health/fluoride_protocol.pdf. Accessed on: 03/07/07.
- ▶ Gold-Autio,Jaana,Courts, Frank (2001). Assessing the effect of fluoride varnish on early enamel carious lesions in the primary dentition. *J Am Dent Assn.* 132(9):1247-53.
- ▶ Seppa,Lisa (2004). Fluoride varnishes in caries prevention. *Medical Principles & Practice.* 13(6):307-11.

References

- ▶ Bonetti D. · Clarkson J.E. (2016) Fluoride Varnish for Caries Prevention: Efficacy and Implementation.
- ▶ K.M. Milsom, A.S , (2011) A Cluster-randomized Controlled Trial Fluoride Varnish in School Children.
- ▶ American Dental Association Council on Scientific Affairs, (2006) Professionally applied topical fluoride: Evidence-based clinical recommendations.
- ▶ Vivaldi-Rodrigues, G. et al (2006). The effectiveness of a fluoride varnish in preventing the development of white spot lesions. *World J of Ortho.* 7(2):138-44.
- ▶ Amir Azarpazhooh, DDS, MSc. Et al (2008) Fluoride Varnish in the Prevention of Dental Caries in Children and Adolescents: A Systematic Review.
- ▶ Wientraub, J.A. et al (2006). Fluoride varnish efficacy in preventing early childhood caries. *J Dent Res.* 85(2):172-176.

A Couple of Our PSP Champions



Missouri





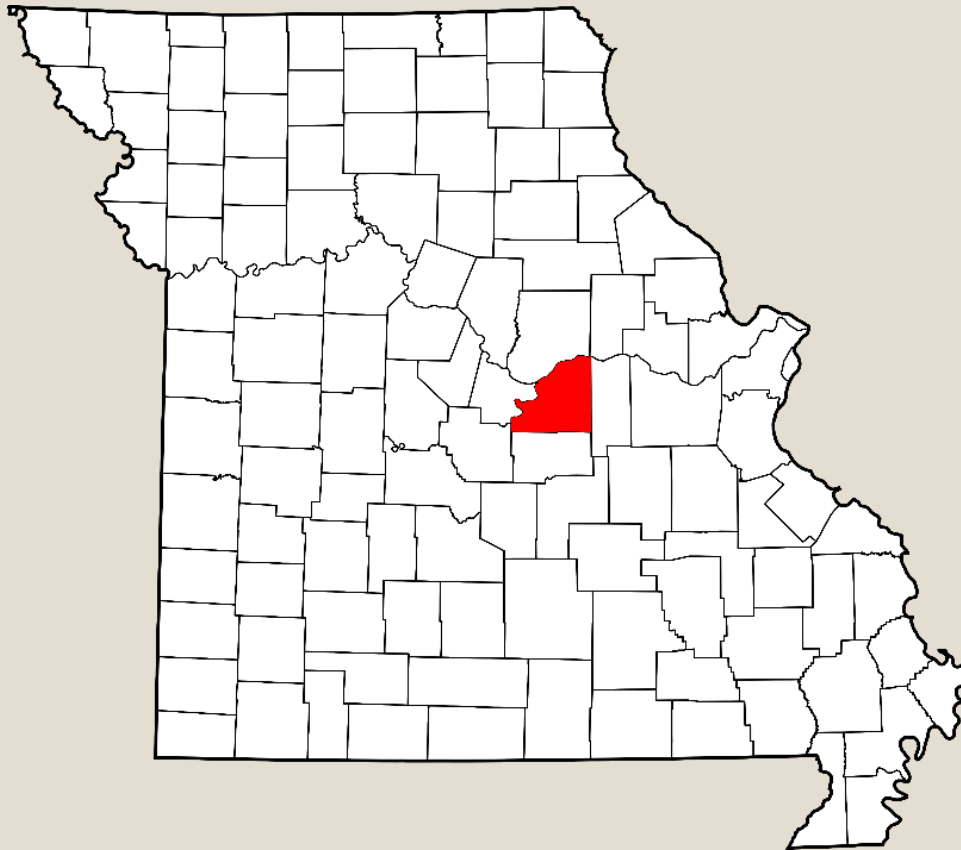
VICTORIA SALLIN

SCHOOL AND PARISH NURSE

RN LBWA-PA

Osage County

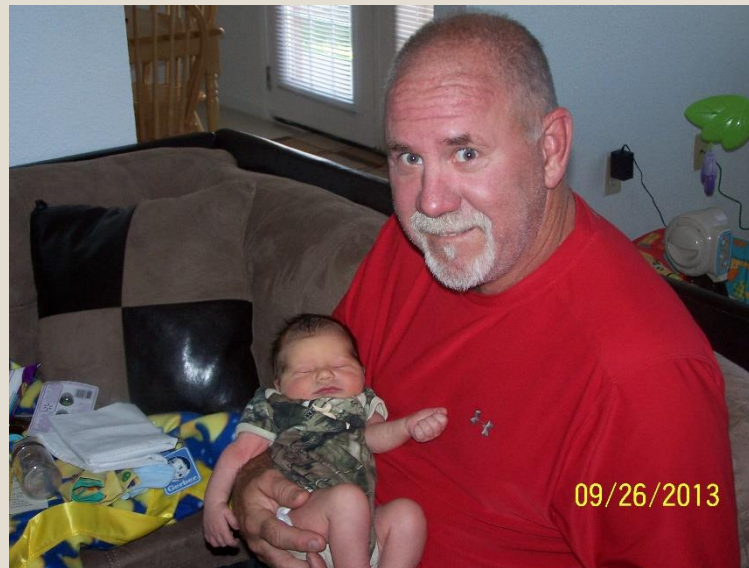
Not "THE LAKE"



My Husband



Dale with Baby Mason



Westphalia, Missouri



St. Joseph Elementary School



My Office and Mobile Health Unit



St. Joseph Middle School



School Nurse/PE Teacher



All You Need is a Whistle



How Hard Can It Be?



I'm Sorry Mr. Thoenen



Why Me?



Why am I Qualified?

- Because I have been doing this job forever!
- Because Ann couldn't get anyone else to respond to her email.
- Because back when we did the SWISH fluoride rinse I had it down to a delicate science!

Swish.....Gross



**What Do You Call a Deer With No Eyes?
No I Deer!**



Why Did I Agree?



Anything To Get Out of PE!

Those kittens aren't always cute.
(When I say kittens, I really mean kid)



Preventive Services Program

- Grades K-8
- Enrollment: 210
- 99% participation

Professionals

- Community Health Clinic of Central Missouri
- Sometimes a parent
- Dr. Craig Stranes

Unpaid Workers



Oral Education

1. Prior to the event
2. During the event
3. After the event

Delta Dental Land of Smile



The Giant Tooth



Videos and Books

Missouri Department of Health and Sr. Services web site



The Event

- Gym
- Volunteer escorts
- Volunteer spit spy
- Kids watch a movie
- Screenings behind the stage curtain



Devil Is In The Details



Group Instructions

- Hygienist will count your teeth
- Nothing will hurt
- No teeth will be pulled (even if you ask them)
- The varnish looks like ear wax but tasted kind of like bubble gum
- It is very sticky and makes your teeth feel fuzzy
- **YES! It is okay to swallow**
- **NO! NO! NOOOOOO! You should not spit it out**
- Once you are finished **close your mouth and swallow**
- **YES! Swallow**
- Get a drink (do **not spit** in the water fountain, the spit spy is watching)
- You may eat and drink right away

**You Should Not Brush Your Teeth at Bedtime.
BUT Please Brush When You Get Up Tomorrow!
And YES, I will send a note to your parents.**



Details

- Sticker on DO NOT varnish kids (foreheads)
- Class roster (called in alphabetical order by an adult who knows the kids)
- Parent permission is given at the **beginning** of the school year.
- I review the school lunch menu prior to the day
- Pre-application of fluoride varnish

Challenges

- Screeners
- Time out of the classroom (The Cart or during PE)

Accomplishments/Outcomes

- Excellent participation (parent permission)
- Using the screening results to set up educational opportunities



VICKI SALLIN

Registered Nurse

LBWA-PA

Specialized Degree

Learn By Walking Around AND Paying Attention



Comtrea and PSP

How Comtrea Utilizes and
Executes the PSP

Sandy Holifield, RDH

Oral Health Outreach Manager

- Multiple Locations within Jefferson County
- 1 School-based Dental Clinic
- 1 School-linked Dental Clinic (Also Comprehensive Services)
- 1 Emergency only Dental Clinic
- 1 Stand alone Comprehensive Health Center
- Plans for more soon

PSP in Action

- Offered to over 31,000 children in about 60 schools (10 districts)
- These include the WIC program, Pre-school, elementary school, Middle and High school aged children
- 4974 students were seen during the 2016-2017 school year and approximately 2794 students thus far for 2017-2018 school year
- Translated into approximately 203 new patients for our clinics last school year (\$88K production)

PSP in Action

- We've combined the PSP with our own Tooth Titans mobile program
- Consent form offers both programs and parents indicate which they would like to participate in
- We have a staff of anywhere from 4-5 people up to 10 people to execute the TT/PSP program, factors decide what is necessary. We also utilize Dental Students from UMKC and ATSU
- We have two vehicles dedicated to our Tooth Titan/Tooth Fairy program

Onboarding “Patients of Record”

- Due to the more extensive services offered with the PSP, more information is recorded
- Sealants make the difference for needed demographics in an FQHC
- Hypothesis: numbers would suffer greatly due to the need for more extensive and personal information
- This hypothesis is proving true. Numbers are down approximately 25% compared to the preceding year.

Tooth Titans vs Tooth Fairy



Tooth Titan vs Tooth Fairy

Tooth Titans Program

- Offers “full dental services”
- Surprisingly, more parents choose this option over PSP only
- Also includes PSP in services
- Requires one to three days at school and more staff

Tooth Fairy Program

“PSP Only”

- Offers simple dental services: screenings, sealants, oral hygiene instruction, and varnish
- Fill out PSP paperwork along with other forms required
- Requires a half day to full day at school and less staff

Both programs offer a dental goody bag

Escorting Participants

Preschool/Elementary age

- Most preschool age level students are escorted by a nurse's aide or teacher's aide
- Older children are allowed to go to and from the classroom unescorted
- This is left up to the school's preference

Middle/High School age

- These students are allowed to go to and from unescorted
- Sometimes must travel from one building to another
- Some don't show up ☹

In rare cases, a Comtrea Staff member is given a map and escorts children

Oral Health Education

- As each child is seen, their specific needs are communicated with them.
- If the child is not old enough to comprehend the information, notes are written on the “take home sheet” for parents to read.
- Some notes may say “child needs help brushing twice daily” or “child is missing this area while brushing, please help them clean here”.
- These notes are in addition to the bookmarks offered by the state to relay general oral health information.

After Care for Students

- Comtrea has two Patient Care Coordinators dedicated to our dental program and after each event, they will call all of the children marked URGENT, then Early Needs, then No Obvious to encourage and help the parents find care for their child.
- Whether the children come to Comtrea for services or have a dentist they normally see, the parent/guardian is called.
- All phone calls are noted in the patient charts as well as given a code to run reports to track Care Coordination.
- *Prior to this school year, the school nurses were encouraged to make these calls, which is a disadvantage in several ways.

😊 and 😞



- Since Comtrea's addition of Dental programs in 2013, the PSP Program has expanded from about 12 schools to over 60
- The program (adding sealants) has been self-sufficient for the past few months and no indication this will not be the case in the future



- The Tooth Titan van is large and waiting for it to heat up takes time!
- Getting organized with several moving parts while merging two programs
- Mobile work is physically and mentally hard on staff
- Follow up is difficult due to parental motivation and communication



and



- Children who have not received care in years, are finally being seen
- Nurses appreciate the follow up care for their students
- Utilization of Medicaid benefits is going up
- Not only do parents now know their child may have dental needs, but they also have a resource by adding the Titans program

- Moving equipment into and out of schools on a regular basis
- Additional time needed at each school is seen as a negative by some school officials
- Preparation takes much longer
- Inventory is greater and requires a bit more time
- More days have been needed due to the nature of the program change and also the number signed up and/or technical difficulties

Changes for Next Year

- Fully staffed for next year! (having dedicated staff is important)
- Consents will be sent out to ALL schools at the very beginning of the year
 - This allows for better preparation for supplies, days needed per school, staffing, and less work for the Oral Health Outreach Manager throughout the actual school year. (Dropping off and picking up consent forms, scheduling extra dates, etc.)
 - Focus can move toward onboarding new schools and paperwork for state