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.

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
Office of Dental Health
Preventive Services Program (PSP)
Regional Oral Health Consultants

Map Details
- Jeffrey Bellamy - jeffrey.bellamy@health.mo.gov
- Beth Cameron - beth.cameron@health.mo.gov
- Audrey Hendee - audrey.hendee@health.mo.gov
- Ann Hoffman - ann.hoffman@health.mo.gov
- 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

<table>
<thead>
<tr>
<th>Gender</th>
<th>Grade 1</th>
<th>Grade 2</th>
<th>Grade 3</th>
<th>Grade 4</th>
<th>Grade 5</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>15</td>
<td>16</td>
<td>18</td>
<td>16</td>
<td>10</td>
<td>88</td>
</tr>
<tr>
<td>Male</td>
<td>20</td>
<td>16</td>
<td>11</td>
<td>20</td>
<td>18</td>
<td>95</td>
</tr>
<tr>
<td>Grand Total</td>
<td>35</td>
<td>32</td>
<td>29</td>
<td>36</td>
<td>33</td>
<td>183</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Kindergarten</th>
<th>Grade 1</th>
<th>Grade 2</th>
<th>Grade 3</th>
<th>Grade 4</th>
<th>Grade 5</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>12</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>21</td>
<td>11</td>
<td>16</td>
<td>8</td>
<td>37</td>
<td>73</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>16</td>
<td>19</td>
<td>15</td>
<td>36</td>
<td>36</td>
<td>112</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>14</td>
<td>22</td>
<td>16</td>
<td>30</td>
<td>30</td>
<td>96</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>16</td>
<td>24</td>
<td>19</td>
<td>24</td>
<td>24</td>
<td>95</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>16</td>
<td>8</td>
<td>12</td>
<td>31</td>
<td>17</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>11</td>
<td>16</td>
<td>11</td>
<td>11</td>
<td>11</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>BLANK</td>
<td>33</td>
<td>33</td>
<td>33</td>
<td>33</td>
<td>19</td>
<td>183</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>Kindergarten</th>
<th>Grade 1</th>
<th>Grade 2</th>
<th>Grade 3</th>
<th>Grade 4</th>
<th>Grade 5</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>16</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>2</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>Unknown Non-White</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>22</td>
<td>21</td>
<td>21</td>
<td>29</td>
<td>23</td>
<td>132</td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>33</td>
<td>29</td>
<td>29</td>
<td>23</td>
<td>16</td>
<td>183</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Oral Hygiene</th>
<th>Kindergarten</th>
<th>Grade 1</th>
<th>Grade 2</th>
<th>Grade 3</th>
<th>Grade 4</th>
<th>Grade 5</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory</td>
<td>29</td>
<td>17</td>
<td>16</td>
<td>26</td>
<td>22</td>
<td>77</td>
<td>111</td>
</tr>
<tr>
<td>Not Satisfactory</td>
<td>4</td>
<td>14</td>
<td>13</td>
<td>11</td>
<td>12</td>
<td>42</td>
<td>72</td>
</tr>
<tr>
<td>Grand Total</td>
<td>33</td>
<td>31</td>
<td>29</td>
<td>37</td>
<td>33</td>
<td>183</td>
<td>183</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treat Decay</th>
<th>Kindergarten</th>
<th>Grade 1</th>
<th>Grade 2</th>
<th>Grade 3</th>
<th>Grade 4</th>
<th>Grade 5</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>25</td>
<td>17</td>
<td>12</td>
<td>7</td>
<td>10</td>
<td>3</td>
<td>74</td>
</tr>
<tr>
<td>Primary Only</td>
<td>8</td>
<td>14</td>
<td>17</td>
<td>32</td>
<td>18</td>
<td>13</td>
<td>58</td>
</tr>
<tr>
<td>Primary and Permanent</td>
<td>3</td>
<td>11</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>10</td>
<td>22</td>
</tr>
<tr>
<td>Permanent Only</td>
<td>4</td>
<td>13</td>
<td>13</td>
<td>11</td>
<td>12</td>
<td>42</td>
<td>72</td>
</tr>
<tr>
<td>Grand Total</td>
<td>33</td>
<td>31</td>
<td>29</td>
<td>37</td>
<td>33</td>
<td>183</td>
<td>183</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Untreated Decay</th>
<th>Kindergarten</th>
<th>Grade 1</th>
<th>Grade 2</th>
<th>Grade 3</th>
<th>Grade 4</th>
<th>Grade 5</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>28</td>
<td>30</td>
<td>27</td>
<td>27</td>
<td>27</td>
<td>16</td>
<td>155</td>
</tr>
<tr>
<td>Primary Only</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Primary and Permanent</td>
<td>3</td>
<td>11</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>10</td>
<td>22</td>
</tr>
<tr>
<td>Permanent Only</td>
<td>4</td>
<td>13</td>
<td>13</td>
<td>11</td>
<td>12</td>
<td>42</td>
<td>72</td>
</tr>
<tr>
<td>Grand Total</td>
<td>33</td>
<td>31</td>
<td>29</td>
<td>37</td>
<td>33</td>
<td>183</td>
<td>183</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dental Sealants</th>
<th>Kindergarten</th>
<th>Grade 1</th>
<th>Grade 2</th>
<th>Grade 3</th>
<th>Grade 4</th>
<th>Grade 5</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Sealants</td>
<td>32</td>
<td>29</td>
<td>27</td>
<td>29</td>
<td>22</td>
<td>18</td>
<td>157</td>
</tr>
<tr>
<td>Sealants</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>9</td>
<td>11</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td>Grand Total</td>
<td>33</td>
<td>31</td>
<td>29</td>
<td>38</td>
<td>33</td>
<td>19</td>
<td>183</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment Urgency</th>
<th>Kindergarten</th>
<th>Grade 1</th>
<th>Grade 2</th>
<th>Grade 3</th>
<th>Grade 4</th>
<th>Grade 5</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Obvious Problem</td>
<td>29</td>
<td>30</td>
<td>27</td>
<td>27</td>
<td>27</td>
<td>16</td>
<td>155</td>
</tr>
<tr>
<td>Early Dental Care</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>9</td>
<td>4</td>
<td>3</td>
<td>23</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Grand Total</td>
<td>33</td>
<td>31</td>
<td>29</td>
<td>38</td>
<td>33</td>
<td>19</td>
<td>183</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>History of Rampant Caries</th>
<th>Kindergarten</th>
<th>Grade 1</th>
<th>Grade 2</th>
<th>Grade 3</th>
<th>Grade 4</th>
<th>Grade 5</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>30</td>
<td>24</td>
<td>24</td>
<td>24</td>
<td>28</td>
<td>17</td>
<td>147</td>
</tr>
<tr>
<td>Yes</td>
<td>3</td>
<td>7</td>
<td>16</td>
<td>14</td>
<td>9</td>
<td>5</td>
<td>38</td>
</tr>
<tr>
<td>Grand Total</td>
<td>33</td>
<td>31</td>
<td>29</td>
<td>38</td>
<td>33</td>
<td>19</td>
<td>183</td>
</tr>
</tbody>
</table>
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

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.
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 ...
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

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of participating children</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-2007</td>
<td>8,529</td>
</tr>
<tr>
<td>2007-2008</td>
<td>18,139</td>
</tr>
<tr>
<td>2008-2009</td>
<td>35,308</td>
</tr>
<tr>
<td>2009-2010</td>
<td>54,187</td>
</tr>
<tr>
<td>2010-2011</td>
<td>64,657</td>
</tr>
<tr>
<td>2011-2012</td>
<td>63,764</td>
</tr>
<tr>
<td>2012-2013</td>
<td>72,088</td>
</tr>
<tr>
<td>2013-2014</td>
<td>76,320</td>
</tr>
<tr>
<td>2014-2015</td>
<td>82,258</td>
</tr>
<tr>
<td>2015-2016</td>
<td>83,139</td>
</tr>
<tr>
<td>2016-2017</td>
<td>92,693</td>
</tr>
</tbody>
</table>

## Volunteers

- **Over 1,600 licensed dental professionals** have been calibrated to conduct oral screenings
- **Plus over 6,800 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/
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


Photos: All photos obtained from office.microsoft.com/clipart unless otherwise noted
A Couple of Our PSP Champions

COMTREA

Missouri

TOOTH FAIRY
COMMUNITY DENTAL
OUTREACH

ST. JOSEPH SCHOOL
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
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! NOOOOO! 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

<table>
<thead>
<tr>
<th>Tooth Titans Program</th>
<th>Tooth Fairy Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Offers “full dental services”</td>
<td>“PSP Only”</td>
</tr>
<tr>
<td>• Surprisingly, more parents choose this option over PSP only</td>
<td>• Offers simple dental services: screenings, sealants, oral hygiene instruction, and varnish</td>
</tr>
<tr>
<td>• Also includes PSP in services</td>
<td>• Fill out PSP paperwork along with other forms required</td>
</tr>
<tr>
<td>• Requires one to three days at school and more staff</td>
<td>• Requires a half day to full day at school and less staff</td>
</tr>
</tbody>
</table>

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 Comtrean 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

- Comtre 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 Comtre 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.
Since Comtreia’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.
Children who have not received care in years, are finally being seen by nurses. 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 is time-consuming, 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