

SCHOOL-BASED HEALTH PROGRAMS

Dental Health for Arlington



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The Challenge

Tooth decay is the most prevalent chronic childhood disease, affecting 50 percent of first graders and resulting in almost 52 million missed school hours. Dental decay, pain, or infection can cause eating, learning, and speech problems for children, which can negatively impact their interactions with friends and family. Children living in poverty, who lack access to appropriate dental services, suffer disproportionately from oral disease. Poor children suffer twice as much from dental decay as their more affluent peers, and their disease is more likely to be untreated (U.S. Department of Health and Human Services). How can children living in or near poverty gain access to dental services in order to improve their overall health, their interactions with others, and their ability to learn in school?

Health screening, education, and prevention programs are cost-effective and improve the overall health of those who participate. Among parents and guardians, one of the most often cited reasons for not participating in programs specifically designed for children is monetary: parents and other caregivers may be low-income, uninsured, or underinsured. Further, with no transportation or employment that precludes absence from the workplace, it may be impossible for parents to take children to the program. To overcome these barriers, health screening, education, and prevention programs must be

- Free or very low cost,
- Located where children congregate consistently and in large numbers, and
- Approved by parents/guardians.

By Sally Hopper and Debra Maness of Dental Health for Arlington and Carolyn L. Cason of the University of Texas-Arlington

A school-based program is one solution to meeting the challenge of improved health for the nation's children. Our suggestions for designing, implementing and evaluating a school-based program derive from our experiences with a highly successful school-based dental health program but can be tailored to address a range of health issues.



The Invention

A school-based program to improve the health of disadvantaged children.



The Solution: Getting the Idea to Fly

Launching a program requires research, planning, outreach, and a mission and goals statement that is measurable. These activities can be broken into concrete tasks.



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Gather information. Collect information about the prevalence, incidence, and severity of preventable health problems among the children to be served. What are the undesirable and adverse outcomes of the health problems when they go untreated? What are the consequences associated with untreated health problems? How are school performance, socialization, and responsible citizenship affected when these specific health problems are untreated?

What health problems are currently being addressed and by whom? What programs already exist in the schools? What other community groups and agencies provide services or assistance? What is the nature and extent of their contributions? Where are the gaps? Why do these gaps exist?

How are current services funded? How might a school-based service be funded? What are other sources of funds for a school-based program?

Seek information from the local United Way, community planning groups, state and local health departments, healthcare providers, civic and service organizations such as the Junior League and Rotary International, local governmental leaders, professional schools affiliated with universities and colleges, and individuals from the school district.

Define the service/program to be provided. Identify the health need(s) or problem(s) that the program/service will address. Determine what specific services will be provided, when, by whom, where, and how will they be paid for. Start small with a formal plan for growth.

Get help. Begin with a small interest group and grow strategically. Create an advisory board or board of directors as you grow. Early recruits should be representatives from the schools. Consider for membership the director of school nurses, members of the school board, and the superintendent. Seek representatives who speak for the entire school district or multiple school districts. Consider adding a representative from one or more of the groups or organizations from which you obtained information about the health problems among children. Think about recruiting medical practitioners and teachers employed by local colleges and universities.

Identify local and regional individuals who are known as spokespersons for children's health, school-based health programs, and/or the specific health problems that will be targeted. Also add to the advi-

ABOUT DENTAL HEALTH FOR ARLINGTON

Dental Health for Arlington is a nonprofit organization located in Arlington, TX, providing dental care to low-income people. Its SMILES program is a school-based preventive dental program that provides oral health education and a new toothbrush to second, third, and sixth grade children in public schools in which at least half of the students are enrolled in the federal free lunch program. Using portable dental equipment, a volunteer dentist screens each child. With parental permission, a hygienist applies sealant to each child's healthy first molars; sealants are almost 100% effective in preventing cavities.

During its nine-year history, thousands of children have benefited from the SMILES program. It has cut the rate of severe tooth decay (pain, swelling and infection) in local children from 16% to 8%. For those children with severe decay, DHA research indicates significantly poorer classroom performance and behavior as judged by classroom teachers than for children in need of only routine care. Problems of cost, transportation, and lost work time for parents are avoided by providing these free services in the schools. Taking affordable health services into the schools has proven to be an extremely efficient and cost-effective way to improve the oral health of our county's low-income children.



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sory board healthcare providers with expertise in the specific health problem(s) the program will address. Consider recruiting these individuals to serve as members of the advisory boards—but only if their interests coincide with those of the planning group/advisory board. Engage the advisory board in developing or refining the organization’s mission and goals. Be sure the board understands what you are trying to do.

Plan a legal strategy. Identify the legal requirements for providing the specific health program/service within schools to minors. What parental rights must be observed and preserved? What healthcare provider licensing and liability issues are associated with specific health programs? How will you assure privacy and confidentiality to program/service recipients? Add an attorney to the advisory board.

Resolve ethical issues. Clarify what services can and will be provided and how those that can’t be done will be managed. Not all needs of the children can or will be met by the health program/service. What, if anything, will be done about these other needs? Are there other agencies that can and will meet these needs? Advisory board members recruited from among healthcare providers, civic and service organizations, attorneys, and community planners can help address these issues.

Prepare both rational and emotional appeals for support. What is the prevalence, incidence, and severity of the targeted preventable health problem(s) among school children in general and in the schools in which the program will be offered? What specific benefits are known to accrue by providing the proposed service? What costs will be incurred? What is the cost-benefit ratio? Enlist the help of the reference librarians employed by colleges and universities that offer healthcare provider training. Surf the world wide web to obtain information about school-based programs and models. Check governmental and professional association web sites for information about the health problem, best practices in providing care, and resources to support service delivery efforts. (A listing of useful websites is provided in the resource section.)

Prepare the emotional appeal for support. Capture the health problem graphically. Add to the advisory board a representative from the news media and/or advertising industry. Use their expertise to develop and manage an information campaign about the health problem and the school-based program.

Finance the program/service. Funds are needed for start-up, maintenance, and growth. Because funding is an ongoing challenge, it is an everyday operational concern and activity. You will need to use both rational and emotional appeals for support. Identify all potential sources of funds. Systematically and periodically visit with each potential source to solicit funds. Are there state or federal programs that pay for the types of services to be provided? What are their requirements for eligibility? What are the methods of obtaining reimbursement for services? Consider the benefits of creating a nonprofit corporation to manage and administer the program/service. Tap local funding sources that may be available in your community, such as the school district, the hospital district, charitable organizations (United Way), local businesses, foundations, including health foundations, and individual philanthropists. Seek contributions from medical supply companies, manufacturers of medical supplies and equipment, local providers, professional provider organizations, and civic and service organizations. Seek monetary, product, and service contributions. The funding strategy must be very broad-based to capitalize on both one-time and continuing sources of funds. Use one-time sources of support to purchase capital equipment. Use on-going sources of support to finance everyday operations.

Recruit appropriate partners. Consider both the benefits and liabilities of enlisting partners. What specifically is the basis for partnership? What is gained by creating the partnership? Formalize any and all partnerships with letters of agreement and/or contracts.

Identify who will be served. What criteria do potential recipients (age, socio-economic status) need to meet in order to be eligible for the program/service? What geographic area will be served? What criteria will you use in selecting schools to participate? What do prospective recipients have to do to prove that they are eligible for services and how will that proof be recorded? What criteria or guidelines will be used to assess fees for services? Do recipients or their parents/legal guardians have special communication needs? Do all speak and read English? If not, what are the other major languages? How will program services be communicated to accommodate those who do not speak or read English?



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Create a physical identity. An “office” and a phone number (with answering machine) directly associated with the program establish the program’s identity. Seek contributed space and office equipment from the school district, local charitable organizations, or city and county governments. Check out governmental “warehouse sales” for useable, inexpensive office equipment and furnishings. Check with local businesses and industries to get contributions of computers and office equipment.

Hire staff and enlist volunteers. At least two types of individuals are needed: an administrator and a healthcare provider. The administrator should “run the business” with responsibility for the financial and strategic affairs of the program. The healthcare provider should “deliver the service” with responsibility for planning, implementing, and evaluating the program. Plan for growth of staff and budget as demand for the program/service grows.

The program administrator and the director of the advisory board are key to the success of the organization; choose them for their ability to create an effective organization and organizational environment.

Seek volunteers to help with the program. Volunteers should be sought from among healthcare providers, members of professional healthcare provider groups, members of civic and charitable organizations, and members of service organizations and groups. Consult with

local universities and colleges about service learning programs and how your organization meets their requirements. Offer training opportunities to students enrolled in local healthcare provider training programs. From among volunteers, seek individuals who speak the predominant languages other than English to help with interpretation and materials translation.

Set up record-keeping and referral systems. Records should provide information about the characteristics of those served (age, race or ethnicity, gender, income category, payment ability) and the services that they received. All record-keeping systems should conform to federal and state requirements for privacy and confidentiality (e.g., Health Information Privacy and Portability Act [www.hhs.gov/ocr/hipaa]).

Establish a referral system. Invariably those who seek services will have health problems that are not included in the school-based program. Some of these health problems may be acute and in need of relatively immediate attention. Communicate the need to the recipients and to their parents/legal guardians. Include information about the availability of services (what, who, and where). Identify those that are free or low cost.



Establish and maintain community awareness and support. Continue to use both rational and emotional appeals to inform community, business, and city and county governmental leaders about the program, its need, its contributions to the community, and its outcomes. Plan and implement an active media campaign. Take advantage of all opportunities for which there is no cost, such as human interest stories and features in print and broadcast media. During national awareness campaigns, plan a special event that features the program and engages children’s interest. Invite broadcast and newspaper representatives to these events. Recruit local and regional “personalities” to participate.

Advertise success. Collect anecdotal evidence that reflects positively on the program; stories that show quantitative results or engaging human interest stories. The advisory board members recruited from among the media and/or advertising industry can provide guidance. Successful programs get attention.

Seek political support. Find opportunities to inform local elected officials about the program. Use both rational and emotional appeals but also hard facts to inform elected officials. Provide information about the program to local business and civic organizations. Depict the economic implications of short-term and long-term program benefits.



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Measuring and Adapting: Did It Fly?

Develop and implement a program/service evaluation plan. Define what, who, how, and when evaluation will take place. Ask for assistance in evaluating the program from among faculty employed within healthcare provider training programs. Add healthcare providers with expertise in evaluation to the advisory board. At least annually, share summaries of evaluation results with the advisory board.

Use the incidence, prevalence, and severity data as a baseline against which to measure program impact and effectiveness. An easy and necessary measure is volume: the number of children served and the specific service(s) provided. Volume measures help to monitor need for expansion of staff and financial resources. Capture program use by preparing charts and diagrams that visually depict increases in numbers of children served across time. Capture trends and changes in types of services most in demand by charting the frequency of each service for discrete, contiguous time periods (e.g., first six months, second six months, and third six months of the program).

Use your mission and goals statement to guide selection of indicators of program success. What measures provide information about the outcomes of program participation? What data demonstrate that the program benefits children who participate? For example, do children who participate in the program have fewer lost school days than do children who do not participate in the program? Consider other indicators such as classroom performance, classroom behavior, truancy, decreased number and severity of health complications, improved performance on health risk inventories, and improved self confidence or esteem.

Complete at least annual reviews of all data to guide strategic planning for extension of services to additional schools, increasing the number and type of services offered, the need for growth in personnel (voluntary and employed), and budget.

Keep a log of anecdotal evidence. Record the story, who told it, who it was about, and when and where it was told. Take photographs at every opportunity. Always carry a camera to take advantage of photo opportunities. Evaluate ways in which this evidence can be used to update the emotional appeal and how it can be used to enhance the rational appeal.

Compute costs for program services. For a global cost estimate, divide the program budget by the number of children seen multiplied by the number of services provided. Compare this cost with the service delivered by providers within other contexts such as private practice. Document how program services save dollars in both the short and long term. How does an investment now reduce future costs?



The Ripple Effect: Expect it and Encourage it

Look for opportunity. Create an organizational environment in which program staff and advisory board members are always thinking about ways to promote the program. Take advantage of opportunities to be elected for or nominated for awards for excellence from professional healthcare organizations, civic and service organizations, and governmental agencies.

Have the advisory board evaluate the mission and goals statement and the strategic plan against program evaluation data. What changes can and should be made? What and where are the weaknesses? Use the anecdotal evidence to explore benefits that the program evaluation

data may not reveal. Seek to document benefits beyond the immediate effects associated with the program.

Listen to the comments made by others about the program. What do they see as strengths? Shortcomings? Missed opportunities? Dreams? Benefits?



Caution

Champions and partners can become liabilities. Each should be recruited only if their allegiance is to the program and its mission and goals. Written letters of agreement may lead to successful long-term collaboration or peaceful separation. Whether fledging or robust, the program/service must maintain an active campaign to advertise its successes if it is to maintain and expand its base of support.

Volunteers may tire, lose enthusiasm, or move on to other activities. Examine the extent to which the program is dependent on volunteers. How large is the volunteer pool? How broadly are program responsibilities dispersed across this volunteer pool? A small or shrinking volunteer pool means that each volunteer will be called upon to do more. Engage in an on-going and active volunteer recognition program. Showcase volunteer contributions as part of the community awareness campaign. Make volunteer recruitment part of the everyday operation of the program.

Success can lead you astray. Periodically revisit your mission and goals statement to affirm their continuing relevance. Examine program evaluation data to assess compatibility with mission, goals, and strategic plans. Resist expanding the program beyond resource growth. Grow strategically; avoid the temptation to increase services or expand the program to other health problems simply because you have a proven record of success for the specific program you deliver.



Summary

Careful strategic planning that makes connections across public, private, and nonprofit sectors can provide a foundation for success. The community problems that your solution is working to improve did not develop over the short term, and neither will the solution. Stakeholders should be prepared to stay in it for the long haul. Research has shown that an inclusive form of leadership that emphasizes deliberation and participatory decision-making, by a diverse group of those in influential



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positions as well as everyday citizens, will provide the most lasting results. Start out thinking small, working to successfully solve one problem at a time, emphasizing efficiency, and focusing on assets rather than deficiencies. In the end, the most successful programs are a small part inspiration and planning, and a great deal of applied hard work.

RESOURCES

The Center for Health and Health Care in Schools:

www.healthinschools.org

Dental Health for Arlington:

www.dentalhealtharlington.org

American Dental Association:

www.ada.org

American Medical Association:

www.ama.org

Citizen's Watch for Kids Oral Health:

www.kidsoralhealth.org

Share the Care:

www.sharethecaredental.org

U. S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General—Executive Summary*. Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.