Accomack County School-Based Dental Program

STRATEGY TRANSFER GUIDE

AUGUST 1997

Models
THAT WORK

U.S. Department of Health and Human Services
HRSA
Health Resources & Services Administration

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The People We Serve...The People We Are

This Strategy Transfer Guide is made possible through the "Models That Work" Campaign, sponsored by the Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care. We would like to acknowledge and thank our contributing co-sponsors listed below:

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Made possible through the **Models That Work** Campaign, sponsored by the Health Resources and Services Administration's Bureau of Primary Health Care.

Letter from the Program Director

Dear Colleague:

As a Special Honoree winner of the 1996 **Models That Work** Competition in the category of Oral Health, it is my pleasure to provide you with information on our School-Based Dental Program, its mission, accomplishments, and successful strategies!

Working as a school nurse in the rural area of the Eastern Shore of Virginia, it was not difficult for me to identify the need for accessible, affordable dental services for our at-risk children. The rate of severe untreated dental defects, rampant baby bottle tooth decay, frequent school clinic visits for toothaches, and untreated gum abscesses prompted us to take immediate action.

Obtaining and providing dental services at school proved to be the challenge. Our community had limited local resources and no available dental providers to assist. However, because of a strong desire to change this picture, a handful of dedicated people made the Accomack County School-Based Dental Program a reality.

After four years of hard work, we now have a fully equipped dental office. Housed in a mobile trailer, the facility has two examination chairs, a complete dental lab, an X-ray machine, and a dedicated, motivated dental staff providing dental services to our at-risk children during their school day. A school-based program such as ours can provide a positive health experience to children in a safe non-threatening environment.

Our school and local community health providers rose to the occasion with a lot of support, but little money. The networking system that evolved opened doors to grant programs that helped us purchase the dental unit, and provided start up moneys for the dental providers.

We had to reach across the Commonwealth of Virginia to make this program viable, and in doing so sparked the interest of people in many other localities who were looking for solutions to the same problem. The idea has already been modeled in some fashion in other parts of Virginia.

As you have a chance to review the Strategy Transfer Guide for our program, I hope you will get the full picture of "getting started and keeping it going." Please feel free to contact me personally for any assistance I can offer to help in a similar venture.

Sincerely,

Margie Briden
Director

6 College Avenue
Onancock, VA 23417
(804) 787-4968

Introductory Statement

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Services

BUREAU OF PRIMARY HEALTH CARE

Health Resources and
Services Administration
Bethesda MD 20814

Dear Colleague:

On behalf of the Health Resources and Services Administration's Bureau of Primary Health Care and "Models That Work" (MTW) Campaign co-sponsors, I am pleased to present this Strategy Transfer Guide. This document is intended to assist you in replicating the innovative and creative strategies used by Accomack County School-Based Dental Program, one of the 1996 MTW Competition special honorees. This program represents a creative community-driven solution to significant health challenges, developed by building partnerships and maximizing existing capacities within the community. I encourage you to learn as much as you can from this document.

Although the strategies outlined in this document may be used as guidelines, they should in no way be interpreted as a step-by-step procedure for solving access and service delivery challenges in your community. This document is simply intended to provide viable ideas to support your efforts in providing effective primary health care services to underserved and vulnerable populations.

If you need explanations, advice, or would like additional information, contact the program representative listed in the "Project Overview" or consult the "Models That Work Campaign Information" section of this Strategy Transfer Guide.

We hope you find this information useful.

Marilyn H. Gaston, MD
Assistant Surgeon General
Director

Project Overview

Name of Program: Accomack County School-Based Dental Program

Parent Corporation: Accomack County School

Location: Accomack, Virginia

Annual Budget and Funding Sources: $95,000 (not including in-kind)—Virginia Health Care Foundation, Virginia Department of Medical Assistance Services, Virginia Department of Health, Accomack County Schools, Title I Summer Migrant Education Fund, School/Community Health Services Grant (from Virginia General Assembly), Accomack County Board of Supervisors, and parent fees.

Community Need and Target Population: Designated Dental Shortage area, limited Medicaid providers, large uninsured population, large percentage of families unaware of the importance of regular oral hygiene, little income available to spend on dental care, lack of transportation, and 75 percent of elementary students had never been seen by a dentist. Program targeted to children who qualify for the free and reduced-rate lunch program, which includes Medicaid eligible and uninsured children.

Primary Care Services Provided:

- Complete oral screenings on school site
- Restorative dental services on school site
- Preventive dental services on school site
- Dental hygiene education to all students

Partner Organizations: Eastern Shore Rural Health Agency Inc., Virginia Department of Health, Virginia Health Care Foundation, Eastern Shore Health District, Old Dominion University School of Dental Hygiene, Accomack County Schools, Accomack County Board of Supervisors, Title I Migrant Education.

Health Related Outcomes:

- Increased dental services to high risk children, with 1500 children seen since 1993
- Correction of existing dental defects
- Provision of dental health education
- Reduced school absences
- Improved self esteem for children
- Improved general health status in children
- Increased benefits for parents (no work loss, affordable services)

Kind of Model: Oral Health

For additional information, contact: Marjorie Briden, RN, C.S.N.
Telephone: (757) 787-4968 Marjorie Briden
Facsimile: (757) 787-2951 or (757) 787-2951
E-mail Address: mbriden@pen.k12.va.us

Project Description

Accomack County's School-Based Dental Program provides restorative and preventive dental services to Medicaid eligible and uninsured children who qualify for the free and reduced lunch program in thirteen county schools.

POPULATION SERVED AND EXPECTED OUTCOMES

Accomack County is a rural area on Virginia's Eastern Shore with a population of about 32,000 people. It is basically a farming and seafood area, and the only other industry of any size is poultry processing. Located on the southern tip of the Delmarva Peninsula, Accomack is bordered on the east by the Atlantic Ocean, on the south by Northampton County, and separated from the Virginia mainland by the Chesapeake Bay, accessed only by the Chesapeake Bay Bridge Tunnel at a cost of $20.00 a trip. Many migrant families also make Accomack their home during the harvesting seasons.

One of the most pressing unmet health needs on the Eastern Shore is access to affordable dental services for the Medicaid eligible and uninsured school-age child. Approximately 70 percent of the elementary school children in Accomack County make up this group. The nearest public health dental clinic is located in the next county, which could be up to 60 miles travel one way by private auto. There is no public transportation and there are only six private general practice dentists, none of whom accept Medicaid patients.

In 1993, School Health Services recognized that the time had come to address the dental needs of our children. A community meeting was held involving officials from the local Department of Health, the Virginia Department of Dental Health, Eastern Shore Rural Health Systems, local medical and dental providers, local members of the Board of Supervisors, concerned parents, and school officials. As a result of this gathering, the Accomack County School Health Services applied for a School/Community Health Services Grant, which was awarded by the Department of Medical Assistance and the Virginia Department of Education, with funds from the Virginia General Assembly. This grant enabled the school division to purchase a fully equipped dental trailer and hire dental providers for one year. An application was also submitted to have the Eastern Shore declared a dental shortage area. The Virginia Department of Dental Health and the schools sponsored a comprehensive dental screening of all elementary students and, as expected, the results documented the numbers of severe dental defects that existed among our children and the inability of our children to access dental services. The survey also showed that 75 percent of the children screened had never sat in a dentist chair.

Another survey, conducted by the Eastern Shore Health District, showed very low fluoride levels in the drinking water. Since 80 percent of the drinking water comes from individual wells, a fluoride mouth rinse program was initiated in our elementary schools. This was made possible through the Virginia Department of Dental Health and Accomack County Public Schools and continues on a weekly basis.

In 1995, due to budgetary cutbacks, the local Department of Health was no longer able to employ a public health dentist for the pro-

gram. Because of the close linkages devolped with all of the health partners in the county, the Eastern Shore Rural Health System became the parent organization to employ the dental providers and to process the Medicaid
billing.

We were fortunate to receive a three-year Virginia Health Care Foundation grant to fund the dental providers for the program. Recruitment of a licensed dentist proved to be a challenge. We found a licensed dentist living in Maryland, who travels 120 miles per day, to provide our children with dental care. This enabled us to open a summer migrant school dental program for the children of seasonal farm workers who also lack access to dental care.

The program also serves as a clinical site for the dental hygiene students from Old Dominion University, School of Dental Hygiene, Norfolk, VA, who travel 150 miles per day from the south to provide educational and preventive dental services to our children.

OUTCOMES

As a result of offering affordable, accessible, school-based dental services to school children from families with low incomes, we have been able to correct a large number of severe dental defects and to provide sealant and fluoride protection to lessen new decay. This is apparent in the reduction of absences from school for severe toothaches, which often resulted in tooth loss and increased risk of infection. The program has also benefited parents from losing valuable time from work, without pay, to travel long distances to obtain dental care.

The fruits of our work are also seen on the faces of our young students who before obtaining dental care rarely smiled because of decayed, broken teeth. Now, with blustered self esteem, they feel better about their physical appearance and smile often.

COMMUNITY PARTNERSHIPS

The supplies to start-up the Fluoride Mouth Swish program were obtained from the Virginia Department of Health's Dental Health Section at no cost for the first year. They provided the School Health Nursing staff with an orientation program and consultative services needed to make it successful. The key players at the state level then became interested in our quest and offered their services to do the dental survey. The swish program has been in place for over eight years and continues to involve all elementary school children, not just our target population. The state continues to supply us with the fluoride powder at no cost, and the school has assumed the cost of paper supplies needed. At the start of the 1996-97 school year we expanded the program to include kindergarten children. For a population whose water source is through wells that are low in natural fluoride, it is a very low cost preventive measure.

Through grant funding received in 1994 from the Virginia General Assembly, a fully equipped dental unit was purchased and set up at a large elementary school, staffed with a part-time dentist and dental assistant. The school division maintains the facility and bears the cost of moving it from school to school each year. The school health coordinator, whose salary is paid by the school, also serves as the program director and liai-

son to outside agencies. Revenue for the program is like a "patchwork quilt" made up of Medicaid reimbursements, grant monies, local county funding, migrant summer school funds, and parent fees. In-kind services are also provided by the Eastern Shore Rural Health Systems and the local and state Departments of Health.

Our geographic location as a peninsula, not easily accessible to any large cities or shopping areas, poor economic advantages, and a high unemployment rate made recruitment of a full-time dentist difficult. As a result of these factors an application to have the area designated as a Dental Health Professional Shortage Area was submitted to the Bureau of Primary Health Care and was approved.

In spite of this shortage designation, recruitment of a full-time dentist to our rural area has not been easy but has been accomplished through networking with our many contacts made throughout Virginia and into Maryland. We have been able to recruit part-time dentists, two of whom travel from another state over 70 miles one way to work in our program. In addition, the public health dentist in the next county also works part-time.

SERVICE DELIVERY SYSTEM

When the dental unit is set up at a new school site, the director orients the school staff to the mechanics of the program. This encourages input and ownership of the program. It also gives us a teachable moment for staff to recognize the value of on-site services, which reduces time lost from school for acute problems and provides the opportunity to obtain needed preventive dentistry.

Parents access the dental program by signing a release of financial information on the "Free and Reduced Lunch Application." Each child who qualifies under these guidelines receives a dental registration and health history. This method eliminates the need to establish another financial eligibility tool.

All registrations, health histories, and schedules are conducted by the dental assistant, who is the key person to make or break this program. In addition to being flexible, patient, and skilled in the art of dentistry, he or she must love working with children, be capable of providing service without the parent being present, and be able to cope with working in an educational setting.

After reviewing all health histories, the dentist prioritizes classes and children according to dental need. This provides an immediate caseload from which to schedule students.

The dental assistant and the dentist communicate with the parent via phone and/or written note. If a difficult procedure is indicated, the parent is encouraged to be present. Classes of younger children are given a tour and meet the dentist prior to individual service. This eliminates the fear of "seeing the dentist" and has proven very effective.

A dental record is initiated with each registration and each visit, and the dentist documents the procedure. These records are kept on file in the unit. Quality assurance and peer review are monitored with on-site visits by the director of the Virginia Department of Dental Health.

At the initial dental office visit, children receive one-on-one dental education along with a tooth brush kit, stickers, and a pencil.

They love the special treatment and are usually eager to return.

Classroom presentations in dental hygiene are also offered to all students. This education is part of the dental hygiene students' role during their clinical experience at our dental unit. The dental assistants and school nurse also provide classroom educational presentations.

Presently the dental unit remains at a school for one year, and we attempt to see all the eligible children at that site. After-school services are also offered to children from other schools and for dental emergencies. These referrals are filtered through the school nurses and outside providers.

ORGANIZATIONAL STRUCTURE

The Accomack County School-Based Dental Program presently operates with a part-time director, one full-time and one part-time dental assistant, and three part-time dentists. In addition, the dental hygiene students from a university 70 miles away travel to our unit to obtain clinical hands-on experience. The program pays travel expenses for the students who participate.

Due to liability and reimbursement concerns, it was not feasible for the school system to be the primary employer of the dental providers. Initially, the local health department acted as the dental employer, which then gave the providers the protection of their professional malpractice insurance coverage and the ability to obtain Medicaid reimbursement. Unfortunately, after one year, health department cut-backs made this impossible. Because of the coalition we developed our local community health center (Eastern Shore Rural Health Systems) agreed to take on this responsibility. This liaison has proved to be very positive for us.

We consider ourselves a "bare bones" operation and invest all our available monies directly into services. The school system's in-kind services help us to keep our overhead to a minimum by allowing the School Health Coordinator to act as Director and by providing utilities and maintenance to the unit.

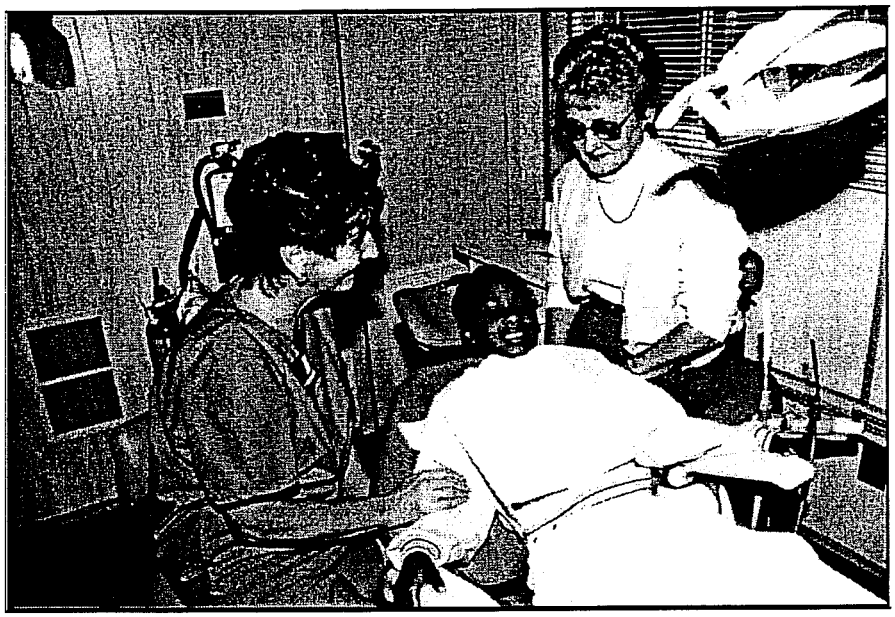
We have a fully-equipped dental unit. It houses a complete dental lab, two examination chairs, an x-ray machine, a film developer, dental equipment, and incentives to help the children feel special.

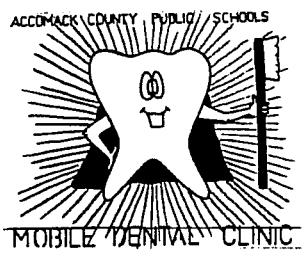
In the spring, summer, and fall many migrant farm workers come to the Eastern Shore to work in the fields. These families travel up and down the eastern coast and spend a great deal of their time in our school system. Many services are provided for them through the Title I Migrant School Program, including English as a Second Language (ESI) teachers and interpreters. A summer school program is also conducted for the migrant children, and the dental services are offered to all migrant children who attend. The school migrant outreach staff are also given the task of obtaining the dental registration, parent permission, and health history when they register the child for the school program.

There are only six private dental providers in our county, all with overflowing caseloads. Therefore, there are no turf issues. These dentists are all aware of the need and support the program. There is no duplication of

service. The program also receives full support from the local health department, which employs one health department dentist. This dentist has an office 60 miles to the south of us, and also works part-time in our program.

Lessons Learned





This school-based dental program provides accessible, affordable dental services for at-risk children on Virginia's eastern shore. The fully-equipped dental office offers a non-threatening environment for children from K-12.

ISSUES, PROBLEMS, AND STRATEGIES AT THE OUTSET

Working as a school nurse located in a very rural, undeveloped area, it was very evident that there were multiple dental defects in our school children. Some of the defects were very acute, almost at an emergency peak, going untreated. We would contact parents, send home defect notices and these dental defects just went untreated year after year.

I contacted the State (VA) Dental Division to explore the possibilities of some kind of program being set up. They were very interested and put together a number of people who came to the Eastern Shore. We set up a dental survey at five of our elementary schools. We learned that over 75 percent of the children screened had never had any kind of preventive work done such as cleaning, fluoride treatments or sealant. The idea was born that we needed to do something about this, because healthy children learn.

The first thing I did was go to my superintendent and get the approval from the school board to pursue finding some avenue to improve the dental hygiene and dental care of our children. Then, I organized what I jokingly called the Accomack Summit because I was able to bring together many key people from different agencies including our local private dentists, public health dentists from other areas, the dental directors from Richmond, the board of social services, and our Delegate to the General Assembly. We brainstormed for solutions. Ultimately we applied for and received a grant from the Commonwealth of Virginia in cooperation with the Department of Education and the Department of Medical Assistance Services.

OUR PHILOSOPHY FOR SERVICE DELIVERY

We decided that the school really needed to accept the ownership of this program. If this was really going to work, it had to be our program, but it had to be linked to the outside health provider agencies.

QUALITATIVE AND QUANTITATIVE PROGRAM OUTCOMES

Over the last four years, we have averaged, with part-time providers, over 1000 dental visits per year. We have begun to see results of our efforts. The local pediatricians are now seeing children in their practice with dental corrections and better looking teeth. And because of our efforts of bringing the dental needs to the surface, the Health Department has jumped aboard, and they are looking at ways to meet the dental needs of the community. In fact, the Department is looking at the feasibility of fluoridating some of the water systems on the Eastern Shore. Also our program one year ago was duplicated in our sister county to the south. This increased our ability to recruit a full-time dentist.

EFFECTIVE CONSENSUS BUILDING STRATEGIES FOR CONFLICT RESOLUTION BETWEEN PARTNERS

To counter parental non-participation, we opened up registration to all children who qualified for the Free and Reduced Lunch Program, using the same guidelines as the Federal Free Lunch Program. We did not reinvent the wheel here for financial eligibility. We were able to have an addition put on the free and reduced lunch application which allowed parents to give permission to share financial eligibility information with the dental program.

The next thing we had to do was sell this program to the teachers because kids are pulled out of class for many different reasons. We wanted them to realize that healthy children learn better. So it would be to the advantage of their program that children receive dental services.

We agreed to set up a regular schedule, notify the teacher ahead of time when the children were to see the dentist, and the children would only be out of class for 30 minutes. We would work around the children's and teacher's schedule. And we met with the faculty frequently to assure them this would work.

STRATEGIES FOR BUILDING COOPERATION BETWEEN COMMUNITY PARTNERS

I base our success and our level of productivity on the skill of our workers. We hired a full-time dental assistant who is flexible and doesn't get ruffled. She relates well to the children. She has young children herself in the school system, so she understands the need for the service, and she knows how to deliver it. She knows the children. They feel comfortable going there.

We also go into the classroom and put on dental health education, so the children know the providers. They are part of the school family. So the kids feel comfortable with them. And we also provide nice little incentives such as stickers, pencils, and toothbrushes. The kids like that and it makes for good relationships.

Another strategy that has helped us develop a stronger sense of cooperation between the public and private sectors is the media coverage. As a small community, we have a very small local newspaper which has done several feature articles on the dental service. This has been good public relations exposure for us. It has gotten the word out that this service is available, and people are now seeking out the service.

OVERCOMING BARRIERS, LEVERAGING PARTNER RELATIONSHIPS AND BUILDING ALLIANCES FOR SUCCESS

We've worked very hard to maintain good relationships with the parents, the school family and with the other outside agencies. We did not want any of the local dentists feeling that we were going to take away their patients. They agreed that the population we serve are not the kids that are their private patients. And they're happy to see that these children are receiving the services.

Relationships with our parents have been one area of concern for the Director. Because we rarely have one-on-one, face-to-face contact with parents, we rely on the written letter system. So we've developed a parent survey and a child survey which the child completes after dental visits. This is attached to the parent's form which the child takes home. We encourage the child to return the parent survey. This gives us a handle on how we're doing.

We do have parent contact with children who come to our unit from other schools because these parents must transport their children. We found with our after school hours program, our no-show rate was terrible. So we had to get a little tough here. We told them unless they called to cancel, we would not reschedule appointments. That has worked.

Our other problems deal with our (free) lunch children who could qualify for Medicaid. Because there are no outreach eligibility workers in our local Social Services Department and because parents must physically travel upwards of over 40 miles one way to the Social Services building and wait all day to complete the paper work, many children who are eligible, never actually get on the Medicaid rolls. This is something our program is fighting and which also has state attention.

Margie Briden directs the Accomack County School-Based Dental Program. After several years of networking with state agencies, local organizations and the community, she has developed an oral health service delivery system that has been replicated in localities throughout the state of Virginia.

We have learned over the years that our program is making a difference. The following case examples are offered to illustrate this point.

A 5-year old boy from a migrant family was presented to us with swollen face and a low-grade fever. We were able to save this child's front permanent teeth by performing two root canals and providing antibiotics.

Teachers were concerned that a 9-year-old girl would not smile. Upon examination, we found a double row of front deciduous decaying teeth. By removing these teeth, we were able to reduce a low-grade infection. Now, with all dental work completed, she smiles at us in the hallway, her self-esteem renewed.

During physical education class, a 10-year-old student fell, hitting his mouth on the floor during physical education class. The permanent anterior teeth became loose, and the surrounding tissue was traumatized. By being onsite, we were able to stabilize the teeth and prevent permanent damage. Having the classrooms accessible to us, we have been able to instruct the students on good oral hygiene and to help resolve their fears about going to the dentist.

An 18-year-old homeless boy in an alternative education program broke off his front tooth while working on a lawn mower. Within 2 hours, a teacher was able to transport him to the dental unit where the dentist repaired the tooth. Without access to this type of service, he never would have received care.

An award-winning Model That Works.

Implementation of Model Program/System

According to the Life Cycle Model Curve, successful programs progress through four stages. Our program is currently in stage three, the growth stage.

1. THE IDEA STAGE: THE FOUNDER'S VISION

Determine the demand for the service that currently does not exist.

- We first had to establish the need. Accomack County had no accessible, affordable dental services for children who qualify for the free and reduced lunch program, and there were no Medicaid dental providers in the area. Even acute dental needs were not being addressed by any local health providers. Parents are unable to leave work to travel up to 100 miles to the nearest public health dentist, and there is no pubic transportation. Furthermore, dental problems top the health defect list for school clinics.

Form a coalition group made up of people and agencies who are ready, willing, and capable of participating in the vision of what could exist because of the founder's efforts.

- We began by obtaining approval from the school board to pursue the program. Next, the state dental department conducted a dental survey free of charge, which screened all students in five elementary schools. This provided the objective data needed to pursue grant and other funding and validated the target population as the most in need. We then organized the "Accomack Summit"—a meeting of all the local players involved with providing medical and dental services, local county, officials, school officials, state dental director, and our delegate to the state general assembly. We brain stormed ideas, and received support and commitment to pursue the development of a school-based dental program.

Identify the lead organization or agency who will commit to be the leader and pursue the idea.

- Accomack County Public Schools agreed to be the sponsoring agency and approved the school health coordinator to assume the role of dental coordinator.

Do not duplicate any existing service already in place in the community.

- Local general practice dentists were contacted. They supported the idea because they have no sliding scale for dental patients with low incomes, and were not accepting any Medicaid patients. Medicaid managed care has not yet had an impact on dental services in our area due to the lack of dental providers.

2. THE START: UP STAGE-THE "DO-OR-DIE" STAGE

Identify the target population and here they will receive the service.

- The dental survey validated the identity of the target population as the child who qualifies for the free and reduced lunch program.

Establish a financial eligibility guide.

- Rather than burden parents with another financial form, the school food service program received authorization from the state to add parental permission to release financial information to the dental program on the school lunch application that all parents complete at the start of each school year. A list of all students who qualify for the free and reduced lunch program is then shared with the dental program. Parents of qualifying students then receive a dental registration form and health history questionnaire, and give signed permission for dental treatment during school hours. They are also encouraged to be present during the dental visit.

Explore all funding sources.

- We began writing grants, gathering in-kind commitments, and applying to local groups for start-up funds. We met often to keep the ball rolling. Through networking, we learned of state grant moneys available to fund school-based projects. We received a two-year grant, which gave us the funds to purchase a fully-equipped dental trailer and provider start-up moneys. The dental unit was purchased through the state dental health department, who had the experience and technical people to set up the trailer. They submitted all bids through state contracts, thus eliminating the school from this task.

Network in and out of your area.

- We communicated with anyone who would listen. It was amazing how strong the linkages with other agencies developed, which helped get the word out that dental providers were needed. The school and the Eastern Shore Rural Health System (a local community health center) applied to the Bureau of Primary Health Care to receive a Dental Health Professional Shortage Area designation. Even though this designation was approved, finding a full-time dentist proved difficult. Because of the interest of our delegate to the state general assembly, we found a dentist recently discharged from the U.S. Navy who was interested in relocating to the area.

As funds become available hire key people, obtain space, purchase equipment etc.

- If funds are limited or full-time providers are not available, start people on a part-time basis. As our dental provider hours increased, we began scheduling patients after school and on school holidays.

Obtain public relations and media coverage.

- The local newspaper did a feature story on the program as it was developing, which sparked further interest.

3. THE GROWTH STAGE: THE TRANSITIONAL PERIOD BETWEEN "START-UP" AND "ESTABLISHED" WHEN OPERATIONS ARE NOT YET STABILIZED

Hire a business or office manager, if funding is available.

- As our service took hold and showed potential to be a viable program, we hired a half-time office manager who will computerize the patient records and process the Medicaid billing electronically.

Continue exploring funding opportunities.

- As the initial grant ended, we were able to obtain a new grant from the Virginia Health Care Foundation, which has carried us for three years. We are now exploring other grant funding to supplement the "patch-work quilt" funding package. The program has been replicated in our sister county to the south. We have regionalized and plan to share a recently recruited full-time dentist.

  This will enable us to expand to providing 12-month service to eligible children ages 3 to 18 years of age in both counties.

Initiate action to prevent staff burnout.

- Staff burnout is a predictable by-product of this phase of the program. This may also apply to the coalition members and the founder. The formalization of the routine displaces the relaxed family atmosphere of the original program. Funding is still insecure at this stage, and the demand exceeds the ability of the staff, even though there is a good sense of direction. With our program, the coalition interest has not faltered, but has sparked the local health department to look at its role in dental health. Several brainstorming meetings have been held to identify other dental health needs of the community. We involve staff in the planning process for expansion, and have frequent staff meetings to keep staff aware of any changes.

Transfer organizational responsibility from the founder to a board of directors.

- This board should be made up of coalition members who are familiar with the program and have a vested interest. The founder can become a member of this board but the board must understand that they are now responsible for the program. Our program's goals for the coming year include replacing the coalition with a board of directors made up of key members of that coalition, continuing to pursue funding for the uninsured children of our working poor population, and not loosing site of our original mission.

Set up an evaluation process for the program.

- We have developed a parent/child survey as a tool in measuring our outcome-based evaluation process. This, along with annual peer and record review by the state dental director, helps us look at the total picture. We have begun to see the fruits of our labors. The local pediatricians are seeing a positive change in the dental health of their patients, and they, along with the school health nurses, now have a place to refer children for dental care.

4. THE ESTABLISHED STAGE: THE WELL ESTABLISHED AND OPERATING SMOOTHLY STAGE

At this stage, the program features the following characteristics:

- A successful transfer of organizational responsibility has been made from the founder to the board of directors.
- The programs board is well-functioning, policy driven, and understands its legal and fiduciary responsibilities.
- Funding needs are firmly established for the majority of the programs needs, from a pool of sources.

- The program's director is motivated and understands the original mission of the program. If the mission is lost, the program could easily go into decline and terminate.

Funding/Resource Development

The Accomack County Public Schools provides in-kind support for the Dental Coordinator's salary, and pays for phone service, utilities, maintenance, and basic liability insurance for the dental unit.

IASA - TITLE 1 and MIGRANT EDUCATION
ACCOMACK COUNTY PUBLIC SCHOOLS

IASA-TITLE I Migrant Education Program pays the dental provider's salary and for the dental supplies for summer migrant students who attend school programs.

SCHOOL/COMMUNITY HEALTH SERVICES GRANT

A School/Community Health Services Grant funded the purchase of the fully equipped dental unit.

Virginia Health Care Foundation

Virginia Health Care Foundation funded three years of dental providers salaries and disposable supplies.

EASTERN SHORE RURAL HEALTH SYSTEMS, INC.

Eastern Shore Rural Health Systems is a Federally Qualified Health Center (FQHC) that acts as the employer for the dental providers and billing agent.

COUNTY OF ACCOMACK
BOARD OF SUPERVISORS

County of Accomack Board of Supervisors contributes monies to help cover uninsured children.

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Commonwealth of Virginia Department of Health Division of Dental Health, through both state and local districts, provides technical assistance, dental evaluation, and quality assurance of services.

Models That Work Campaign Information

The Health Resources and Services Administration's Bureau of Primary Health Care, in collaboration with 39 co-sponsoring foundations, associations, and nonprofit organizations, has identified winners and special honorees in the 1996 **Models That Work** Campaign. To obtain Strategy Transfer Guides for the programs listed below, contact the National Clearinghouse for Primary Care Information (NCPCI) at (800) 400-2742.

1996 Winners

PROGRAM NAME	KIND OF PROGRAM
Abbottsford and Schulykill Falls Community Health Centers	Nurse-Managed Community Health Center
Camp Health Aide Program (CHAP)	Culturally-Attuned Community Outreach
Comprehensive Community Health Services Program of Project Vida	Integrated Family Health and Social Services
Hillsborough County Health Care Plan	County-wide Managed Care for Indigent Residents
The Los Angeles Free Clinic Hollywood Center	Peer Outreach and Access for High-Risk Youth

1996 SPECIAL HONOREES

PROGRAM NAME	PROGRAM CATEGORY
Accomack County School-Based Dental Program	Oral Health
Chicago Health Corps	Health Professions Program Participation
Children's FACES (Family AIDS Clinic and Educational Services)	HIV/AIDS
Growing Into Life Task Force	Maternal and Child Health
Independent Care	Managed Care
Marion County Child Health Initiative	City- or County-Level Coordination
MOM's Project	Substance Abuse Prevention and Treatment
Rotacare Free Clinics	Business Participation
The Rural Prevention Network	Rural Health
St. Agnes Hospital Domestic Violence Program	Hospital Participation

In addition to the **Models That Work** video (available June 1997) and other resource materials, the Bureau of Primary Health Care has published the 1996 **Models That Work** Compendium. This publication describes unique features of more than 275 community-based primary health care programs that participated in the 1996 competition. To obtain a copy of the compendium, video, or other materials, call (800) 400-2742. (Residents of the Washington, DC, metropolitan area, dial 703-821-8955, extension 248.)

National Clearinghouse for Primary Care Information (NCPCI)
2070 Chain Bridge Road
Suite 450
Vienna, Virginia 22182
Telephone: 800-400-2742
Facsimile: 703-821-2098
E-mail: primarycare@circsol.com

For additional information about the **Models That Work** Campaign, or if you have questions or suggestions, contact:

Models That Work Campaign
Coordinator
Bureau of Primary Health Care
4350 East-West Highway, 7th Floor
Bethesda, Maryland 20814
Telephone: 301-594-4334
Facsimile: 301-594-4983/4997
E-mail: models@ hrsa.dhhs.gov>
Homepage: http://www.bphc.hrsa.dhhs.gov/mtw/mtw.htm

Appendices for the Dental Care for Kids Project

- Guidelines for a School Fluoride Mouthrinse Program
- Lists of Necessary Dental Equipment and Supplies
- Client Registration Forms (English and Spanish versions)
- Patient Encounter Form
- Appointment and Follow-Up Care Reminder Forms
- Parental Notification Letters Regarding Services Provided (English and Spanish versions)
- Patient Satisfaction Surveys (Child and Parent)
- Reimbursement Claim Form
- Sample Budget

Dental Health Education Handouts Are Also Available Upon Request

Virginia Department of Health
Division of Dental Health

Guidelines for a School Fluoride Mouthrinse Program

The purpose of the school fluoride mouthrinse program is to provide a safe and effective preventive method of reducing dental decay. This program is intended primarily for elementary school children who do not have access to optimal levels of fluoride. The benefit to teeth with a rinsing program is topical - the fluoride solution strengthens the outer layer of tooth enamel. Other examples of topically applied fluoride are toothpastes and dental office applications.

Program Support

A critical step in starting a fluoride mouthrinse program (FMP) is obtaining necessary local support. Community leaders in the school setting are most likely to help start a program. Approval from the superintendent and local school board is required before a FMP is initiated. A school health committee may be in existence which could be another support group. Ideally obtain support from the local dental community and area physicians.

Once the school administration approves the FMP, an education program for principals, teachers, and parents needs to be scheduled. Allow adequate time for a dental professional to present clear information on the coordination of a FMP. The following topics are usually included in the presentation:

1. prevalence of dental decay in the community
2. role of topical and systemic fluorides in reducing decay
3. cost, funding, and materials required for a FMP
4. a demonstration of mixing and dispensing fluoride solution in cups (some may want to sample rinse)
5. step-by-step instructions for rinsing procedure
6. provide information on the personnel needed at the school to supervise the FMP and store mouthrinse supplies
7. provide educational materials for parents
8. discuss the need for parental consent and show sample consent forms
9. discuss which ages or grades need to participate (k-12 may be included in a FMP, however most new programs begin with lower elementary grades initially)
10. provide time for questions and answers

(Over)

Training and Personnel for the FMP

The local public health dentist or staff from the Division of Dental Health will offer training sessions for teachers, nurses, parents, aides, or other volunteers who will be responsible for coordinating the FMP. One person at each school needs to be responsible for the storage and security of the mouthrinse supplies.

Forms and Reports

1. Parental permission form - required for each participating child and signed forms need to be kept with the student permanent record

2. Classroom record - each classroom is requested to keep a mouthrinse record indicating each child's participation - this information will be needed for the annual report - the record may be posted on the classroom wall

3. Annual report - to measure the success of the program, each school district is requested to complete a short annual report indicating the number and percent of children participating, and the mouthrinse supplies unused at the end of the school year

Funding and Supplies

The local school administration is requested to provide and distribute the permission slips for the FMP. For the first year of the FMP, the Division of Dental Health will fund 100 percent the cost of supplies. For the following year and thereafter the local school system will need to fund the cost of the plastic cups, napkins, and trashbags, while the Division of Dental Health will continue funding the fluoride packets, jugs, and pumps.

The public health dental staff or the local school coordinator for the FMP will order rinsing supplies at the beginning of the school year. Contact the Division of Dental Health, Richmond, VA, at 804-786-3556 to place orders for fluoride packets, jugs, pumps, and paper supplies.

Virginia Department of Health
Division of Dental Health

Steps for Administering a Weekly Fluoride Mouthrinse Program

1. Fill a clean jug container with tap water to the 1500ml line.
   (jugs are marked with a red arrow line)

2. Open the 3 gram packet of sodium fluoride with scissors.
   (packets are tear resistant for safety)

3. Pour packet contents into the jug, replace cap, and shake thoroughly until the powder is dissolved.

4. Remove cap, and attach the 10ml pump to the neck of the jug.
   (pumps are designed to dispense 10ml, about 2 teaspoons, of fluoride solution with one stroke)

5. Prime pump with a few strokes. Fill each plastic cup with one stroke.

6. Distribute a paper napkin and cup containing the proper amount of solution to each child participating in the program.

7. Instruct the children that at no time is the solution to be swallowed. Have the children swish vigorously for one minute. Reinforce the benefits of using fluoride.

8. Have the children hold the cup close to their mouth and spit the liquid back into the cup. Ask the children to wipe their mouth with the napkin and to stuff the napkin into cup to soak up the liquid.

9. Cups are discarded in the plastic trash bags.

10. Remind the children not to eat or drink for 30 minutes.

11. Mark date on class record that your class rinsed.

12. Discard any unused fluoride solution. Prepare a fresh jug of fluoride solution weekly.

13. Jugs and pumps need to be thoroughly cleaned with a solution of 1 part Clorox bleach and 3 parts warm soapy water. Do this as needed and at the end of the school year. Pump the solution through the pump several times, rinse with clean water and pump through several times. Separate pump from jug and store in a clean, dry place.

Revised 8/95

Virginia Department of Health
Division of Dental Health

SAFETY CHECKS FOR THE FLUORIDE MOUTHRINSE PROGRAM

1. Before mixing the fluoride solution, read instructions on the fluoride packet and fill labeled jug with the correct amount of water.

2. Observe expiration dates on fluoride packets.

3. All fluoride packets are to be kept in a locked storage area away from children.

4. Be familiar with emergency treatment if contents of a fluoride packet is swallowed:

   - induce vomiting using one tablespoon of IPECAC with 8 fl. oz. of water or administer large quantities of milk; take child promptly to the hospital emergency room

5. Discard any unused fluoride solution after the last class rinses.

6. Any new school coordinators for the mouthrinse program need training from a dental professional.

7. Have young children* practice with water before beginning a new mouthrinse program. Observe how well the children follow directions to rinse and spit into the cup. If a child were to swallow the contents of a cup, it will produce no adverse reaction.

   *Kindergarten children (5 year olds) are recommended to have 5ml of solution dispensed into their cups instead of 10ml. 5ml pumps are available when ordering other supplies. Often the mouth of a 5 year old is too small to accommodate 10ml of fluoride solution.

Virginia Department of Health
Division of Dental Health

Fluoride Mouthrinse Program Information and Consent

Dear Parent:

Together, we are trying to help your child enjoy good dental health. Unfortunately many school-age children have tooth decay, which causes poor health, pain and loss of time from school. The cost of treating dental disease is high.

Topical application of fluoride is one way to help reduce the amount of tooth decay. This means fluoride is applied directly to the outside of the teeth to strengthen the outside surfaces. One method of topical application is for children to rinse with a fluoride solution once a week for one minute. Fluoride mouthrinse has been thoroughly tested, and is safe and effective in preventing tooth decay.

Even though your child may be receiving the benefits of fluoride from community water, he or she also receives additional benefits from fluoride applied directly to the teeth as in the mouthrinse program. Other examples of direct application are fluoride toothpastes and dental office applications.

The Division of Dental Health is pleased to offer the fluoride mouthrinse program to school children in the Commonwealth of Virginia. Fill out the form below indicating your decision about the participation of your child in the fluoride mouthrinse program during the school year. Please return the form promptly to your child's teacher.

Permission for Fluoride Mouthrinse Program

_____ I want my child to participate in this preventive dental program. I understand I can withdraw my child from participation in the program at any time by notifying the school in writing.

_____ I do not want my child to participate in this preventive dental program.

Signature of Parent or Guardian _____ Date _____

Name of Child _____ Age _____
(last) (first) (initial)

Name of School _____

This form should be filed with the student's permanent record.

Revised 8/95

Virginia Department of Health
Division of Dental Health
School Fluoride Mouthrinse Project - Class Record

Teacher_____ Grade_____
County_____ School_____ School Year _____

Children Participating in Program (signed consent received)

1.	19.
2.	20.
3.	21.
4.	22.
5.	23.
6.	24.
7.	25.
8.	26.
9.	27.
10.	28.
11.	29.
12.	30.
13.	31.
14.	32.
15.	33.
16.	34.
17.	35.
18.	36.

Circle the day of the week the class rinses: M T W TH F
Enter each week the date your class rinsed:

September	____	____	____	____	____
October	____	____	____	____	____
November	____	____	____	____	____
December	____	____	____	____	____
January	____	____	____	____	____
February	____	____	____	____	____
March	____	____	____	____	____
April	____	____	____	____	____
May	____	____	____	____	____
June	____	____	____	____	____

Retain until the end of the year and return to the principal's office

Revised 8/95

DIVISION OF DENTAL HEALTH
VIRGINIA DEPARTMENT OF HEALTH

SCHOOL FLUORIDE MOUTHRINSE PROGRAM ANNUAL REPORT

Program Year_____ Contact Person_____
Date Program Started_____ Telephone_____

School Division_____
Participating Schools_____
_____
_____
_____

# of Elementary Schools_____
# of Elementary Classrooms_____
# of Children_____

ENROLLMENT	# OF PARTICIPANTS	% PARTICIPATING
K_____	_____	_____
1_____	_____	_____
2_____	_____	_____
3_____	_____	_____
4_____	_____	_____
5_____	_____	_____
6_____	_____	_____
7_____	_____	_____
8_____	_____	_____

Supplies Left At End Of Year

Fluoride Packets_____ Jugs With Pumps_____ Plastic Cups_____
Paper Napkins_____ Trash Bags & Ties_____

At the end of the school year, please return this report to:

Division of Dental Health
Virginia Dept. of Health
P.O. Box 2448 - Rm 239
Richmond, Virginia 23218

Contact Division of Dental Health with questions concerning the School Fluoride Mouthrinse Program at 804-786-3556.

Revised 8/95

CENTERS FOR DISEASE CONTROL POSITION ON MANAGEMENT OF WASTE GENERATED BY FLUORIDE MOUTHRINSE PROGRAMS

This document was developed in response to several requests for clarification on the management of waste generated by fluoride mouthrinse (FMR) programs in schools and institutions.

The following measures are suggested:

1. **Gloves need not be worn during the collection of waste generated by the FMR program (i.e., the used disposable cups and napkins) unless there is visible blood associated with these materials.** Universal precautions do not apply to saliva, except during dental procedures, when contamination of saliva with blood is predictable[1]. Procedures comprising an FMR program can be interpreted as differing from those commonly identified as dental procedures (e.g., bleeding would not be anticipated from rinsing fluoride solution in the mouth, sharp instruments would not be used). Universal precautions, therefore, would not be essential for an FMR program.

2. Special precautions for the collection of water generated from the FMR program may not be necessary. Identifying wastes for which special precautions are indicated is largely a matter of judgment about the relative risk of disease transmission. CDC defines infectious waste as microbiological waste (e.g., cultures and stocks), blood and blood products, pathological waste, and sharps[2]. Waste generated by most FMR programs would not be expected to include microbiological waste, blood or blood products, pathological waste, or sharps. Thus, under most circumstances, the collection of this waste does not require special precautions.

It is important to recognize that national or state laws, rules, and regulations may take precedence over these CDC recommendations.

If simple hygienic measures are used, fluoride mouthrinse programs can be administered without incurring additional costs for gloves or special waste containers.

References

1. Centers for Disease Control. Update: universal precautions for prevention of transmission of human immunodeficiency virus, hepatitis B virus, and other bloodborne pathogens in health-care settings. MMWR 1988;37(24):377-82, 377-88.
2. Centers for Disease Control. Recommendations for prevention of HIV transmission in health-care settings. MMWR 1987;36(2S):377-82,377-88.

(Division of Oral Health, National Center for Prevention Services, Centers for Disease Control and Prevention, Atlanta, GA 30333.)

MEDICAL PRODUCTS LABORATORIES
9990 GLOBA OAD
PHILADELPHIA, Pa. 19115

PROCEDURE FOR ADMINISTRATION THE MOUTHRINSE PROGRAM IN A CLASSROOM

The following instructions are merely guidelines; you may use any method that will accomplish the same purpose.

MIXING THE FLUORIDE SOLUTION

The solution should be prepared somewhat in advance. It requires about one minute to do so. The exact instructions for mixing are on the label of each polyethylene jug. They are simple and easy to follow.

PREPARATION FOR RINSING

Each child is provided with a cup filled with 10ml. of the fluoride solution and one paper napkin. (The cup is filled from a jug with a special pump, which dispenses the exact amount of solution with every stroke).

The favorite method of distribution can be determined by the classroom teacher or by the person in charge of the program. We offer the following two methods.

METHOD 1, The distribution of the cups and paper napkins, and filling the cups with the fluoride solution is accomplished while the pupils are at their desks.
One of the pupils in the classroom will distribute the cups, and another pupil will distribute the paper napkins, one of each to every pupil. The teacher will then walk from desk to desk with the jug of fluoride solution, place the jug on top of the pupil's desk and with one stroke of the pump fill the cup with the fluoride. The rinsing process is now ready to begin.

METHOD 2, The filled jug with fluoride solution is set up on a table or teacher's desk together with a stack of paper cups and napkins. One pupil is in charge of the cups and another is in charge of the napkins. The teacher is in charge of the jug. The pupils form a line in front of the table or desk. Each pupil receives a cup and a napkin, after which the cup is then filled with fluoride solution by one stroke of the pump. After the cup is filled, the pupil returns to his or her desk until

THE RINSING PROCESS

1. When all the children have their filled cups and napkins in their hands, remind them not to swallow the solution. (If a child were to accidentally swallow the 10ml. of fluoride it would produce no adverse reaction).
2. Have all the children slowly empty the contents of the cups into their mouths and begin to rinse for one minute.

CORRECT RINSING

To rinse correctly with maximum results, requires the swishing of the solution all around the teeth, so that the liquid is strained back and forth through the spaces between the front and back teeth. When correctly done, the cheeks and lips will puff rhythmically. Some children may just shake their heads back and forth without accomplishing anything; they should be watched. The first rinsing excerise should be done at a practice session using water. Instruct them exactly what to do while they are rinsing.
You should have on hand or preferably on the classroom wall a timepiece with a sweep second hand. Supervise the rinsing for the full 60 seconds either by instruction or by rinsing with the class.
3. When the mouthrinsing has ended, direct the pupils to expectorate the solution back into the cup, blot their lips with their napkins, and slowly stuff them into the paper cups to absorb the liquid. The cups are then deposited into the plastic waste bag and tied. The entire procedure after practice can be accomplished in 5 to 6 minutes.
4. The children are then instructed not to eat or drink for 30 minutes after mouthrinsing. Therefore, do not schedule the mouthrinsing immediately before lunch. The most beneficial time for rinsing is the first thing in the morning, which is shortly after they brushed their teeth.
The same basic procedure (with some possible deviation) may be set up for groups larger than classroom size, but a student to supervisor ratio should not exceed 35 or 40:1.

BASIC DENTAL UNIT AND EQUIPMENT

1. One(1) Mobile Dental Trailer Unit
2. Two(2) Highspeed Handpieces
3. Two(2) ADEC Units
4. Two(2) ADEC Chairs
5. Four(4) ADEC Stools
6. Two(2) ADEC Cabinets
7. One(1) Safe Light
8. One(1) Lead Apron
9. One(1) Visilux
10. Two(2) Amalgamators
11. One(1) Eyewash Station
12. One(1) Heatsealer
13. One(1) Compressor
14. One (1) Evacuation Pump
15. Two(2) Pelton Lights
16. One(1) X-Ray Unit
17. One(1) Automatic Processing Unit
18. One(1) Autoclave Table Top
19. One(1) Refrigerator
20. Dental Instruments
21. Two(2) File Cabinets
22. One(1) File Bone DE #10
23. One(1) Lab Plier
24. One(1) Matrix Analg Comp
25. One(1) Emergency Oxygen System
26. Two(2) Portable Lead Screens

GENERAL LIST OF START-UP SUPPLIES FOR DENTAL CLINIC

Articulating Paper
330S Friction Grip Burrs
Latch Hook Burrs Sizes 2, 4, 6 and 8
Ultra Sonic Cleaner
AutoClave Tape and Bags
Facemasks
Saliva Ejectors
Disposable Needles - 27 ga long and 30 ga short
Air/Water Syringe - Disposable
Bitewing Tabs
DF58 and DF54 Film
Developer and Fixer
Spray 2000
Disposable Prophy Cups
Prophy Paste - individual
Dental Floss
Flouride Foam and Trays
Cotton Rolls
Dri-Angles
Sealant
Patient Towels
Headrest Covers
Tray Covers
Despenalloy - 2 spill
Copalite
Dycal
Lidocaine 2%
Cotton Tipped Applicators
IRM
High Speed Handpiece
Slow Speed Handpiece
2x2 Gauze
3mm Strips
FormoCresol
Matrix Strips
Sharps Container
Sutures
Enviraid
Cavitron Insert and Cavitron Tips
Spatula and Slab

Light Cure Composite
Composite Instruments
Cotton Pellets
Composite Discs
Alignate-Jeltrate
Vibrator
Denstone
Spray-a-Day
Snap-on Mandrels
Topical Gel
Cida-Steryl 28
Omi Cleanser
Vacuum System Cleaner
Matrix bands Adult/Pedo
Burr Block Holder
Matrix retainers Universal/Jr
T-bands
Wedges

DENTAL SUPPLIES

Disposable Items
Patient Towels, Tray Covers, Headrest Covers, Light Handle Covers, Saliva Ejectors, Air/Water Syringes, Prophy Angles, Prophy Paste-Individual Cups, Flouride Trays

Exam Pack
Explorer, Mirror, Cotton Pliers, Air/Water Syringe

Operative Pack
Explorer, Mirror, Cotton Pliers, Needle Syringe, Small-Medium Excavators - spoons, Amalgam Carrier, Small/Medium Condenser, Acorn, Ball Burnisher, Half-Holland Back, Cleo-Discord, Air/Water Syringe

Surgical Pack
Explorer, Mirror, Cotton Pliers, Needle Syringe, Air/Water Syringe, Bone File, Molt, Elevators, Scissors, Hemostat Curette

Equipment
X-Ray Developer
Autoclave
Ultra Sonic Cleaner
Ultra-Light for Composite and Sealant
Wig - L - Bug - Amalgam
Two(2) High-speed handpieces
One(1) Slow-speed handpiece

Extracting forceps for Pedo and Adult
#16S East-West Root tips Elevators
#150S
#151S
#53R
#53L
#88L
#88R
Rongeur
One Set of Composite Instruments

Radiation Badges and Monitoring provided by:

ICM Dosimetry Service
P.O. Box 20889
Fountain Valley, CA 92728-0889
1-800-888-1936

Accomack County Schools
School Health Services
6 College Avenue
Onancock, VA 23417
(757) 787-4968

SCHOOL-BASED DENTAL CLINIC REGISTRATION

The Accomack County School-Based Dental Clinic is available to all children who attend Accomack County Public Schools and qualify for the "**Free and Reduced Lunch Program".**

The dental clinic provides complete restorative and preventive dentistry, during school hours, by licensed dental providers, at our fully equipped dental unit.

The dental unit is located at North Accomack Elementary School for the 1997-1998 school year.

If you want to enroll your child in the dental program please complete the following information and health history sheet and we will set up an appointment for your child to see the dentist.

If your child does not attend North Accomack Elementary School we will contact you and set up a time when you can transport your child to the clinic. If you have any questions call the Dental Unit at 824-6345.

STUDENTS NAME:_____BIRTHDATE_____

SCHOOL:_____GRADE:_____ROOM:_____

SOCIAL SECURITY NUMBER:_____-_____-_____

CONTACT PARENT/GUARDIAN AT: _____

MY CHILD IS ELIGIBLE FOR FREE LUNCH: _____YES _____NO

MY CHILD IS ELIGIBLE FOR REDUCED LUNCH: _____YES _____NO

MY CHILD HAS MEDICAID: _____YES _____NO

MEDICAID # _____

DENTAL FEES:
Medicaid Participants: Medicaid will be billed.
Free Lunch Students: No Charge.
Reduced Lunch Students: $ 15.00 per visit payable at time of appointment.

For further information please call the School Health Office at 787-4968 or 824-5080. Thank you.

Marjorie Briden, R.N.,C.S.N.
Dental Clinic Coordinator

denreg97.wpd

ACCOMACK COUNTY SCHOOL-BASED DENTAL PROGRAM

PATIENT DENTAL RECORD

PATIENT NAME_____**DATE OF BIRTH**_____**ID#**_____
PLEASE FILL OUT THE FOLLOWING INFORMATION FOR THE PERSON RECEIVING CARE

SSN#_____SEX_____RACE_____

PART I – GENERAL INFORMATION DATE_____

ADDRESS_____CITY_____STATE_____ZIP_____

PHONE #-HOME_____ WORK/EMERGENCY #_____

PARENT/GUARDIAN_____

HAS YOUR CHILD BEEN TO A DENTIST BEFORE? YES___ NO____

DO YOU PRESENTLY HAVE A VA MEDICAID CARD? YES____NO____MEDICAID#_____

PART II - PERMISSION

DENTAL TREATMENT MAY INCLUDE EXAMINATION, X-RAYS, CLEANING, TREATMENT OF GUM DISEASES, FLUORIDE AND SEALANT APPLICATIONS, AND FILLINGS USUALLY WITH LOCAL ANESTHESIA.

IF THE CAVITY IN THE TOOTH IS VERY DEEP AND THEIR NERVE AND BLOOD SUPPLY ARE AFFECTED, THE REMOVAL OF THE NERVE OR THE TOOTH, USING LOCAL ANESTHESIA, MAY BE NECESSARY.

PROBLEMS ARISING FROM DENTAL TREATMENT ARE VERY RARE. THE DENTIST WOULD LIKE TO PROVIDE YOU WITH COMPLETE INFORMATION REGARDING HE RISKS AND BENEFITS OF YOUR OR YOUR CHILD'S DENTAL TREATMENT. I UNDERSTAND THAT IF I CANNOT COME WITH MY CHILD TO THE DENTAL CLINIC, I MAY CALL THE DENTAL UNIT DURING REGULAR SCHOOL HOURS TO DISCUSS MY CHILD'S TREATMENT.

Section 32. 1-45 of Virginia Code Provides that whenever any Physician or any person employed by (or under the direction and control of) Hospital or Physicians is directly exposed to Patient's body fluid in a manner that may, according to the then current guidelines of the Center for Disease Control, transmit human immunodeficiency virus (the AIDS virus), Patient will be deemed to have consented to testing for infection with AIDS virus without his or her actual consent. The results of this test may be released to the person who was exposed to Patient's body fluids, also without Patient's acutal consent.

THE INFORMATION GIVEN IN PARTS I, II, AND III OF THIS FORM IS ACCURATE TO THE BEST OF MY KNOWLEDGE OR BELIEF.

I GIVE INFORMED CONSENT FOR MY CHILD TO RECEIVE DENTAL TREATMENT AS PRESCRIBED BY THE DENTIST. YES_____NO_____

DATE_____**SIGNATURE**_____

(PLEASE COMPLETE BOTH SIDES)

PART III - HEALTH HISTORY

PLEASE CHECK **YES** OR **NO** BESIDE ALL OF THE FOLLOWING:

1. IS YOUR CHILD IN GOOD HEALTH? ..... YES___NO____
   IF NOT, PLEASE EXPLAIN_____

2. ARE THEY CURRENTLY BEING TREATED BY A PHYSICIAN FOR ANY CONDITION?YES___NO____
   IF YES, WHAT?_____DOCTOR'S NAME_____

3. ARE THEY TAKING ANY PRESCRIPTION OR NON-PRESCRIPTION MEDICINES OR DRUGS?
   YES_____NO_____IF YES, WHAT?_____

4. ARE THEY ALLERGIC TO ANY MEDICINES, POLLEN OR FOODS? ..... YES___NO____

5. HAVE YOU EVER BEEN TOLD BY A DOCTOR THAT THEY ARE ALLERGIC TO OR SHOULD NOT TAKE PENICILLIN? ..... YES___NO

6. HAVE THEY EVER HAD A REACTION TO A DENTAL INJECTION? ..... YES___NO____

7. DO THEY HAVE A HISTORY OF FAINTING? ..... YES___NO____

8. HAVE THEY HAD A WEIGHT CHANGE RECENTLY? ..... YES___NO____

9. DO THEY USE TOBACCO PRODUCTS? ..... YES___NO____

10. HAVE THEY EVER HAD CANCER, LEUKEMIA, OR A TUMOR? ..... YES___NO____

11. HAVE THEY EVER HAD RADIATION THERAPY? ..... YES___NO____

12. DO THEY HAVE ASTHMA, A RESPIRATORY PROBLEM, OR USE AN INHALER? ..... YES___NO____

13. HAVE THEY EVER RECEIVED BLOOD PRODUCTS OR A BLOOD TRANSFUSION? ... YES___NO____

14. HAVE THEY EVER TESTED POSITIVE FOR HIV/AIDS? ..... YES___NO____

15. DO THEY NOW HAVE OR EVER HAD:

• UNUSUAL SHORTNESS OF BREATH	YES____NO_____	RHEUMATISM OR ARTHRITIS	YES____NO_____
• HEART DISEASE	YES_____ NO_____	HEART MURMUR	YES____NO_____
• HEART VALVE REPLACEMENT	YES____NO_____	ANY JOINT REPLACEMENT?	YES____NO_____
• CHEST PAIN WHEN EXERCISING	YES____NO_____	HEPATITIS (LIVER PROBLEMS)	YES____NO_____
• HIGH BLOOD PRESSURE	YES____NO_____	SEIZURES	YES____NO_____
• RHEUMATIC FEVER	YES____NO_____	KIDNEY PROBLEMS	YES____NO_____
• ANEMIA	YES____NO_____	TUBERCULOSIS	YES____NO_____
• DIABETES	YES____NO_____	MENTAL DISORDERS	YES____NO_____

- GOITER, THYROID, OR GLANDULAR PROBLEMS YES____NO_____
- BLEEDING DISORDER OR BLEEDING TOO LONG AFTER AN EXTRACTION? YES____NO_____

PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL.

ACCOMACK COUNTY SCHOOL-BASED DENTAL PROGRAM

PATIENT DENTAL RECORD

NOMBRE DE PACIENTE_____**FECHE DE NACIMIENTO**_____**ID#**
POR FAVOR LLENE LA SIGUIENTE INFORMACION PARA LA PERSONA RECIVIENDO ATENCION DENTAL

 # DE SEGYRI SOCIAL_____**SEXO**_____**RAZO**_____

PARTE I – INFORMACION GENERAL
DIRECCION_____CITY_____STATE_____ZIP_____

DE TELEFONO(CASA)_____DE TRABAJO/EMERGENCIA_____

PADRE/GUARDIAN_____

USTED TIENE AL PRESENTE TARJETA DE VIRGINIA MEDICAID? SI_____ NO____
DE NUMERO MEDICAID?_____

DESEA USTED ESTAR CON SU HIJO(A) CUANDO LO VEA EL DENTISTA? SI____NO____

PART II - PERMISSION

TRATAMIENTO DENTAL PUEDO INCLUIR EXAMINACION, RAYOS X, LIMPIEZA, TRATAMIENTO DE ENCIAS ENFERMAS, APLICACION FLORUROS, Y EMPASTES USUALMENTE CON ANESTESIA LOCAL.

SI LA CARIE EN EL DIENTE ESTA MUY PRODUNDO Y EL NERVIO Y LA DISTRIBUCION DE SANGRE SON AFECTADAS. LA ELIMINACION DEL NERVIO DEL DIENE, USANDO ANESTESIA LOCAL PUEDE SER NECESARIO.

PROBLEMAS RESULTANDO DEL TRATEMIENTO DENTAL IS MUY RARO. LOS DENTIST AS DE LA SALUD PUBLIC QUIEREN PROPORCIONARLES CON INFORMACION COMPLETA RESPETO A LOS RIESGOS Y BENEFICIOS DE LOS TRATAMIENTOS DENTALES DE USTED O DE SUS HI JOS. ENTIENDO QUE SI NO PUEDO ACOMPANAR A MI HI JO A LA CLINICA DENTAL. PUEDO LLAMAR A DENTISTA DE SALUD PUBLICA DURANTE HORAS REGULARES DE TRABAJO PARA HABLAR SOBRE EL TRATAMIENTO DE MI HI JO.

SESSIONS32.1-45 DEL CODIGO DE VIRGINIA ESTIPULA QUE CUANDO ALGUN DOCTOR O ALGUNA PERSONAA EMPLEDO PRO(O BAJO LA DIRECCION Y CONTROL DE) EL HOSPITAL O DOCTORES SE DIRECTAMENTE EXPUESTO A LOS FLUIDOS DE CUERPO DE UN PACIENTE EN UNA MANERA QUE PUEDA, SEGUN A LOS DIRECTIVOS CORRIENTES DE EL CENTRO DE CONROL DE ENFERMEDADES, TRANSMITIR EL VIRUS DE SIDA, EL PACIENTE SERA CONSIDERADO DE SER ANALISADO PARA LA INFECCION CON EL VIRUS DE SIDA CON O SIN SU CONSEMIENTO ACTUAL. LOS RESULTADOS DE ESTA ANAISIS PUEDEN SER DADOS A LA PERSONA QUE FUE EXPONIDO CON LOS FLUIDOS DE CUERPO DEL PACIENTE TAMBIEN SIN EL CONSENTIMENTO ACTUAL DEL PACIENTE.

LA INFORMACION DADA EN PARTES I, II, Y III DE ESTA FORMA SON CORRECTAS.

DOY MI CONSENTIMIENTO PARA MI O MI HI JO PARA RECIVIR TRATAMIENTO DENTAL ORDENADO POR EL DENTISTA SI____NO____

FECA_____**FIRMA**_____

(PLEASE COMPLETE BOTH SIDES)

PARTE III - HISTORIA DE SALUD

POR FAVOR NOTE SI O NO L LADO DE TODO LO SIGUIENTE, PARA LA PERSONA RECIVIENDO TRATAMIENTO DENTAL:

1. ESTA EN BUENA SALUD?..... YES___NO____

2. ESTA RECIVIENDO AHORA TRATAMIENTO DE UN DOCTOR? ..... YES___NO____
   DE QUE?_____NOMBRE DOCTOR? _____

3. ESTA TOMANDO MEDICAMENTO RECETADO O NO RECETADO ? YES___NO____
   QUE ES?_____QUE FREQUENTE?_____

4. ESTA LERGICO A MEDICINAS, POLE, O COMIDAS? ..... YES___NO____

5. LE A DICHO ALGUN DOCTOR QUE ESTA ALERGICO A/O NO DEBE DE TOMAR PENICILINA?
   ..... YES___NO

6. A TENIDO ALGUNA REACION A UNA INYECCION DENTAL? ..... YES___NO____

7. TIENE HISTORIA DE DESMAYOS? ..... YES___NO____

8. A TENIDO UN CAMBIO DE PESO RECIENTEMENTE? ..... YES___NO____

9. USA PRODUCTOS DE TABACO? ..... YES___NO____

10. A TENIDO CANCER, LEUCEMIA, O UN TUMOR? ..... YES___NO____

11. JAMAS A TENIDO TERAPIA DE RADIACION? ..... YES___NO____

12. TIENE ASMA, PROBLEMA DE RESPIRACION, O USA UN APARATO DE INHALER?... YES___NO____

13. NO A SIDO ANALISADO POSITIVO PARA HIV/SIDA? ..... YES___NO____

14. JAMAS A RECIVIDO PRODUCTOS O TRANSFUSION DE SANGRE? ..... YES___NO____

15. A TIENDO O TIENE:

• REUMATISMO ARTRITIS	SI___NO___	ALTA PRESION	SI___NO___
• ENFERMEDAD DE CORAZON	SI___NO___	ANEMIA	SI___NO___
• REPLACIMIENTO DE ALGUNO COYUNTURA	SI___NO___	TUBERCULOSIS	SI___NO___
• DOLORES D PECHO AL HACER EJERCISIOS.	SI___NO___	DESORDEN MENTALES	SI___NO___
• SUSTITUCION DE VALVULA DE CORAZON	SI___NO___	ATAQUES APOPLETICOS	SI___NO___
• DIABETES	SI___NO___	PROBLEMAS DE RINONES	SI___NO___
• HEPATITIS (PROBLEMAS DEL HAGADO)	SI___NO___	MURMULLO DE CORAZON	SI___NO___
• DIFUCULTAD A RESPIRAR	SI___NO___	FIEBRE REUMATICA	SI___NO___
• PROBLEMES DE COCIO M TIROIDES OR GLANDUKARESYES			SI___NO___

- ENFERMEDA TRANSMITIDA SEXUALMENTEYES_____

_____SI___NO___

ACCOMACK COUNTY DENTAL ENCOUNTER FORM

Name:_____ **Date:**_____
Birthdate:_____ **SS#:**_____
Medicaid Number:_____
Grade_____ **School:**_____ **Pay Source:** Free Reduced Medicaid
Type Clinic:_____ **Appt. Status:** 1-scheduled 2-unscheduled
Visit Status: 1-First Visit this year (7/1 - 6/30) 2-Revisit
Provider Time: _____ __:__ _____ __:__ _____ __:__

Charge	N/C	Description	Diag	Qty
DIAGNOSTIC SERVICES				
00110	00110F	Initial Oral Exa		
00120	00120F	Periodic Oral Exam		
00130	00130F	Emergency Oral Exam		
00220	00220F	X-Ray, Single		
00230	00230F	X-Ray, Additional		
00270	00270F	X-Ray, BW, Single		
00272	00272F	X-Ray, BW, 2 film		
Other Diagnostic Service:				
RESTORATIVE SERVICES				
02110	02110F	Amalgam 1 Surf.(Dec)		
02120	02120F	Amalgam 2 Surf.(Dec)		
02130	02130F	Amalgam 3 Surf.(Dec)		
02131	02131F	Amalgam 4 Surf.(Dec)		
02140	02140F	Amalgam 1 Surf.(Per)		
02150	02150F	Amalgam 2 Surf.(Per)		
02160	02160F	Amalgam 3 Surf.(Per)		
02161	02161F	Amalgam 4 Surf.(Per)		
02330	02330F	Comp. Resin 1 Sur.		
02331	02331F	Comp. Resin 2 Sur.		
02332	02332F	Comp. Resin 3 Sur.		
02335	02335F	Comp. Resin 4 Sur.		
02930	02930F	Stainless Steel Crown		
02920	02920F	Recement Crown		
02940	02940F	Sedative Fill. (Temp.)		
03120	03120F	Dycal		
03220	03220F	Pulpotomy		
	03140F	Int. Base Liner		
Other Restorative Services:				
PROSTHODONTIC SERVICES				
05410	05410F	Adj. Denture Comp. Up		
05411	05411F	Adj. Denture Comp. Lo		
05421	05421F	Adj. Partial Upper		
05422	05422F	Adj. Partial Lower		
06930	06930F	Recement Bridge		
Other Prosthodontic Services:				

Charge	N/C	Description	Diag	Qty
PREVENTIVE SERVICES				
01110	01110F	Prophy Adult		
01120	01120F	Prophy Child		
01204	01204F	Fluoride -Adult		
01203	01203F	Fluoride -Child		
01351	01351F	Sealant Per Tooth		
01330	01330F	Oral Hygiene Educat.		
01341		Toothbrush		
Other Preventive Svcs:				
ORAL SURGERY				
07110	07110F	Single Extrac, Simple		
07120	07120F	Add. Extrac, Simple		
07130	07130F	Root Tip		
07210	07210F	Surg. Rem. of Erupted		
07220	07220F	Extract Impact,Soft		
07230	07230F	Extract Impact.Part.		
07240	07240F	Extract Impact. Bony		
07430	07430F	Benign Tumor		
07510	07510F	I&D of Abcess		
07910	07910F	1 Suture.		
07971	07971F	Excision-Per. Gingiva		
Other Oral Surgery:				
PERIODONTIC SERVICES				
04341	04341F	Scal & Root P.(Per Q)		
Other Periodontic Services:				
OTHER SERVICES				
09110	09110F	Palliative TX		
09230	09230F	Loc. Anes. w/Proc.		
	09630F	Prescription Written		
09930	09930F	Dry Socket Trtmnt		
09951	09951F	Occ Ady		
	09954F	Blood Pressure		
Other Services:				

FORM COMPLETED BY:_____

COOL

FANTASTIC

Accomack County
School-Based Dental Program

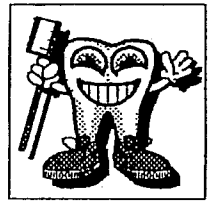
_____

has an appointment with the dentist

date_____

time_____

COOL



FANTASTIC

Accomack County
School-Based Dental Program

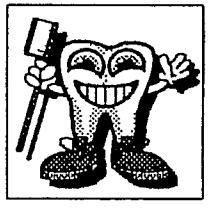
_____

has an appointment with the dentist

date_____

time_____

COOL



FANTASTIC

Accomack County
School-Based Dental Program

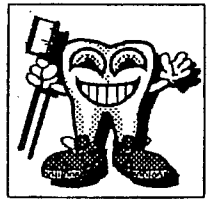
_____

has an appointment with the dentist

date_____

time_____

COOL



FANTASTIC

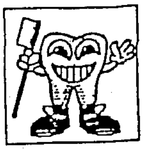
Accomack County
School-Based Dental Program

_____

has an appointment with the dentist

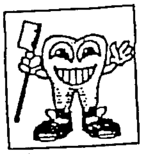
date_____

time_____



MOUTH SLEEPING

PLEASE DO NOT ALLOW
__________________ TO BITE
OR CHEW ON HIS CHEEK, LIP,
OR TONGUE WHILE NUMB. PLEASE
REMIND THE STUDENT AS NEEDED.
THANKS



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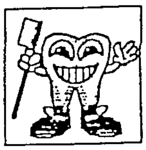

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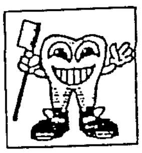

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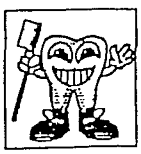

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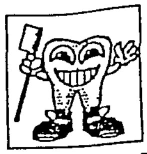

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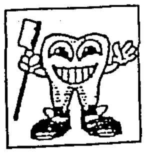

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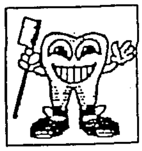

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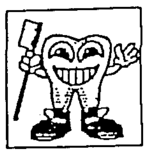

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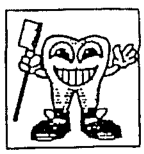

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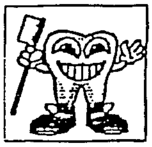
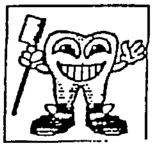


FLUORIDE WORKING

NO FOOD OR DRINK FOR 1/2 HOUR

THANKS



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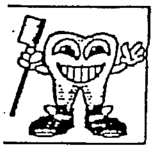

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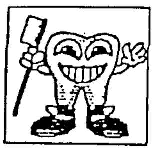

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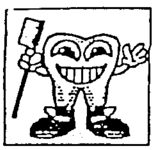

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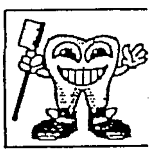

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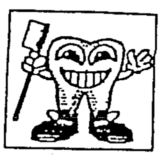

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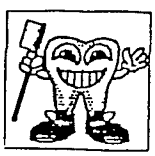

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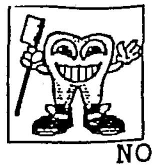

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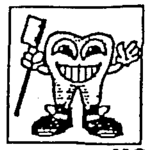

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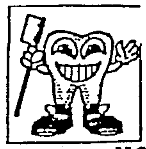

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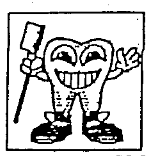

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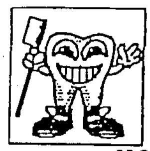

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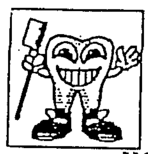

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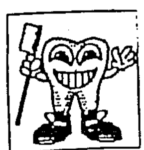

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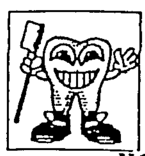


FLUORIDE WORKING

NO FOOD OR DRINK FOR 1/2 HOUR

THANKS

Accomack County Schools

School Health Services

6 College Avenue

Onancock, VA 23417

(757) 787-4968

Dear Parent:

Your child was seen by the dentist today in the Accomack County School Based Dental Program at North Accomack Elementary School. The following treatments were done.

_____ Screening for defects

_____ Cleaning

_____ Flouride applied

_____ Sealant applied

_____ X-rays done

_____ Extraction

_____ Cavity repaired with filling

_____ Perscription given for infection

Your child's dental work is:

_____ Completed

_____ Not Complete. He/She will be seen again within _____weeks.

Special Instructions:

_____

_____

_____

_____

You may call 824-6345 for any questions or concerns regarding your child's dental health.

Thank you

_____

Dentist Signature
Accomack County School
Based Dental Program

Dental.Doc

Accomack County Schools
School Health Services
6 College Avenue
Onancock, VA 23417
(757) 787-4968

Estimados Padres:

Su nino fue visto hoy por el dentista en el Programa Dental Basado en el Condado de Accomack en la aEscuela ade South Accomack Elementary. Los siguientes tratamientos fueron hechos:

_____ Reviso para defectos _____ Limpieza _____ Lacracion

_____ Aplicacion de Floruro _____ Extraccion _____ Rayos X

_____ Empastara Caries

Instruciones Especiales:

_____

_____

_____

Puede llamara al 787-7170 para cualquier pregunta o la salud dental sobre su nino.

Gracias,

_____
Firma del Dentista
Accomack County School Based
Dental Program

Accomack County School-Based Dental Program Patient Satisfaction Survey Results

Since our project is school-based and we service children without parents present it is difficult to get immediate feedback from their perspective.

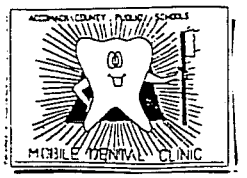
Our basic communication is in writing and by phone contact. Approximately 10% of our children are accompanied by parents. We therefore developed the attached "Parent/Child Survey" as a tool to measure the following:

	Present time	For the future
Parents	* Do they know what's going on? * Do they value what's going on?	* Do they notice a change in kid's behavior? * Any comments?
Children	* What was your old dental health history? * What was the best thing about your visit?	* How has the clinic changed your behavior? * What was the worst thing about your visit? (possible changes?)

ACCOMACK COUNTY SCHOOL-BASED DENTAL CLINIC

PARENT SATISFACTION SURVEY

HOW ARE WE DOING?



Dear Parent /Guardian:

The Accomack County School-Based Dental Clinic is doing a survey of participating children and their parents/ guardians to determine how we might improve our dental program.

Would you please take a minute of your time and answer the following questions?

1.Did your child tell you about going to the dentist at school? Yes No

2. Did the dental visit report you received tell you what you wanted to know about the dental services they received? Yes No
If no, what would you like to see added? _____

_____

3. Do you feel the dental program has improved your child's dental hygiene? Yes No
If yes, what have you observed? _____

_____

4. Comments or suggestions for improving our school-based dental program?

_____

_____

Your input will be very valuable for future planning for dental services at school.

Please return this form to school with your child. Thank you.

Margie Briden, R.N.,C.S.N.
Dental Project Director
(757) 787-4968

ACCOMACK COUNTY SCHOOL-BASED DENTAL CLINIC

CHILDREN'S SATISFACTION SURVEY

HOW ARE WE DOING?

Questions to be completed by the child: **(CIRCLE YOUR ANSWER)**

1. Was this the very first time you saw a dentist? Yes No

2. Before you learned about taking care of your teeth at school:

   Did you brush your teeth? Yes No
   Did you have a toothbrush at home? Yes No
   Did you floss your teeth? Yes No

3. What was the best thing you liked about going to the dentist at school?

_____

_____

4. What didn't you like about going to the dentist at school?

_____

_____

5. Do you do the **"MOUTH RINSE SWISH"** with your class in school? Yes No

   If you **do not swish** in school why not?

_____

_____

6. Did you tell your parent or care giver about your visit to the dentist? Yes No

7. How old are you? _____Grade_____

Thank you for helping us know about your visit to the dentist! Take this home to have your parent fill out the top sheet and bring it back to the dentist for a "surprise"!

CHILD'S SURVEY

Dental Claim Form

See reverse for instructions

1.	2.	3. Carrier name and address
☐ Dentist's pre-treatment estimate ☐ Dentist's statement of actual services Provider ID #	☐ Medicaid Claim ☐ EPSDT Prior Authorization # Patient ID #	

PATIENT COVERAGE INFORMATION

4. Patient name first m.i. last	5. Relationship to employee ☐ self ☐ child ☐ spouse ☐ other _____	6. Sex m f	7. Patient birthdate MM DD YYYY	8. If full time student school city

9. Employee/subscriber name and mailing address	10. Employee/subscriber dental plan I.D. number	11. Employee/subscriber birthdate MM DD YYYY	12. Employer (company) name and address	13. Group number

14. Is patient covered by another dental plan yes no If yes, complete 15-a. Is patient covered by a medical plan? yes no	15-a. Name and address of carrier(s)	15-b. Group no.(s)	16. Name and address of other employer(s)

17-a. Employee/subscriber name (if different from patient's)	17-b. Employee/subscriber dental plan I.D. number	17-c. Employee/subscriber birthdate MM DD YYYY	18. Relationship to patient ☐ self ☐ parent ☐ spouse ☐ other _____

19. I have reviewed the following treatment plan and fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted under applicable law, I authorize release of any information relating to this claim. › _____ _____ Signed (Patient* – see reverse) Date	20. I hereby authorize payment of the dental benefits otherwise payable to me directly to the below named dental entity. › _____ _____ Signed (Employee/subscriber) Date

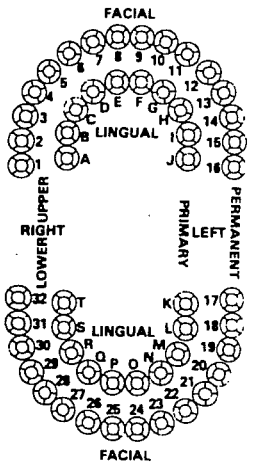
BILLING DENTIST

21. Name of Billing Dentist or Dental Entity	30. Is treatment result of occupational illness or injury?	No	Yes	If yes, enter brief description and dates
22. Address where payment should be remitted	31. Is treatment result of auto accident?			
23. City, State, Zip	32. Other accident?			

24. Dentist Soc. Sec. or T.I.N. (see reverse**)	25. Dentist license no.	26. Dentist phone no.	33. If prosthesis, is this initial placement?			(If no, reason for replacement)	34. Date of prior placement

27. First visit date current series	28. Place of treatment Office Hosp. ECF Other	29. Radiographs or models enclosed?	No	Yes	How many?	35. Is treatment for orthodontics?			If service already commenced enter:	Date appliances placed	Mos. treatment remaining

36. Identify missing teeth with "x"



37. Examination and treatment plan – List in order from tooth no. 1 through tooth no. 32 – Using charting system shown.

Tooth # or letter	Surface	Description of service (including x-rays, prophylaxis, materials used, etc.)	Date service performed Mo. Day Year	Procedure Number	Fee

For administrative use only

38. Remarks for unusual services

39. I hereby certify that the procedures as indicated by date have been completed and that the fees submitted are the actual fees I have charged and intend to collect for those procedures.

Signed (Treating Dentist) License Number Date

40. Address where treatment was performed

City State Zip

41. Total Fee Charged	
42. Payment by other plan	
Max. Allowable	
Deductible	
Carrier %	
Carrier pays	
Patient pays	

J504 (Same as ADA Dental Claim Form - J510, J511, J512) Z90-0035

Project Expenditures FY1997

Classification	Cash Amount	In-Kind Amount	Total Expenditure
Staff Salaries and Benefits	$47,456	$20,511	$67,967
Volunteer Providers		$300	$300
Dental Supplies	$11,449		$11,449
Dental Equipment		$10,000	$10,000
Rent, Maintenance, Utilities	$500	$3,300	$3,800
Office Supplies	$640	$250	$890
Health Education Materials		$573	$573
Administrative Services	$678	$3500	$4,178
Totals	*$60,723*	*$38,434*	***$99,157***

Project Income FY1997

Source of Income	Cash Amount	In-Kind Amount
Virginia Health Care Foundation	$40,000 (28%)	
Private Sources:		
Community Health Center		$2,500 (02%)
Volunteer Providers		$300 (<01%)
Public Sources:		
Public School System	$1,000 (01%)	$34,061 (23%)
Local Government	$2,500 (02%)	$573 (<01%)
State Government	$9,911 (07%)	$1,000 (01%)
Federal Government	$3,000 (02%)	
Revenue Sources:		
Medicaid	$47,958 (33%)	
Self-Pay/ Sliding Fee	$2,213 (01%)	
Total Cash Contributions	$106,582 (73%)	
Total In-Kind Contributions		$38,434 (27%)

Total Income: $145,016