Children's Health & Community Schools

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June 3, 2015

Objectives

- Each participant will have an increased understanding of potential resources to improve children's health.
- Each participant will have one new idea to try within their community to increase access to health care services.

Who Are Our Children?

Profile of NY Children

- There are 5.1 million children 0-21 years
  - NYC 42%
  - Rest of State 58%
- Approximately 1 in 5 children live below poverty level (0 – 17 years, 2011)
  - Bronx County has the highest percentage of children and youth living in poverty (40%)
- Percent of children by race/ethnicity (0 – 18 years, 2013):
  - 50% Non-Hispanic White
  - 24% Hispanic
  - 16% Non-Hispanic Black
  - 7% Non-Hispanic Asian
  - 3% Non-Hispanic Multiracial

Source: www.kidscount.org

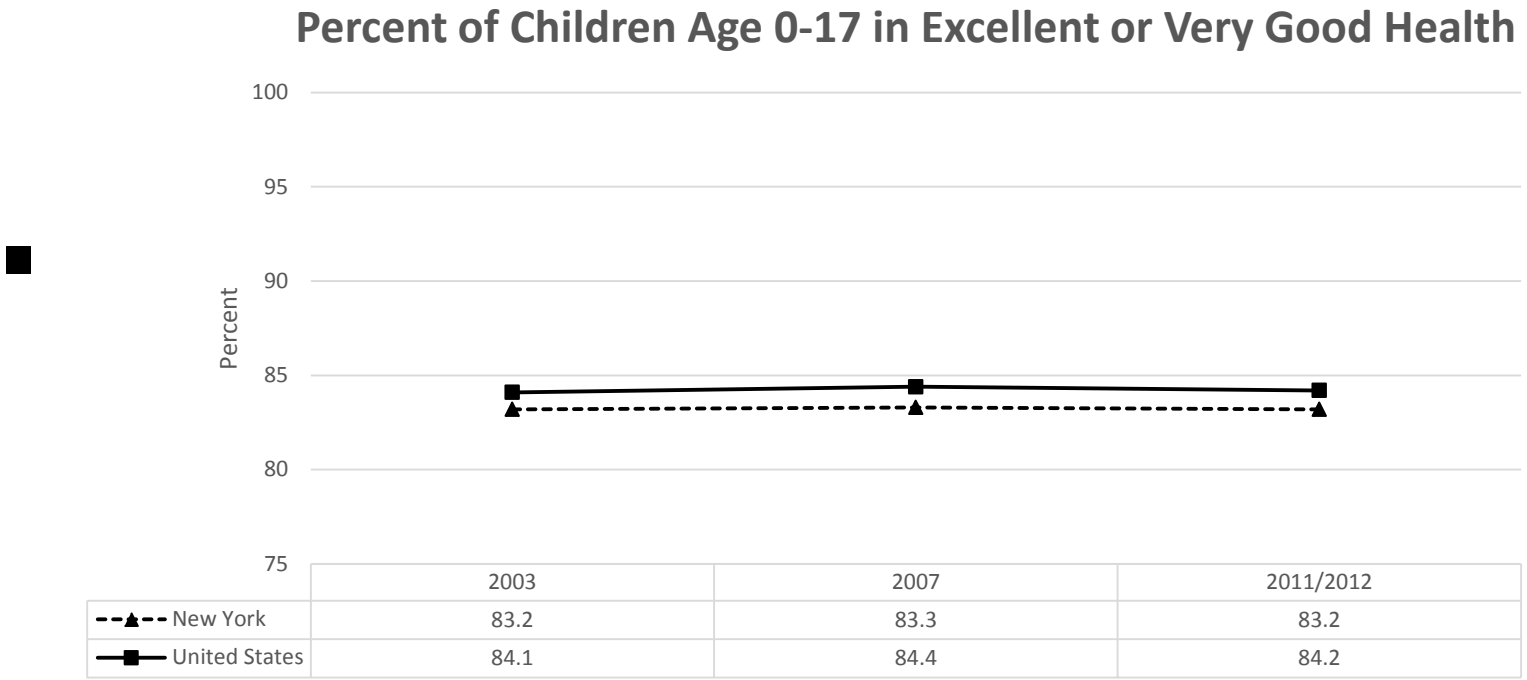
Profile of NY Children

- 35% are foreign-born or reside with at least one foreign-born parent (2012)
- Children and youth 0 – 18 years by household type:
  - 64% married-couple households
  - 29% mother only households
  - 7% father only households
  - <1% other housing situations (with neither parent, with cohabiting domestic partners, in kinship care, in care of grandparents)
- 4.5/1,000 children living in foster care

Source: www.kidscount.org

How Are NY Children Doing?

Health Status: Child Health



Source: National Survey of Children's Health

Health Status: Child Health

- Child health status is positively correlated with income.
  - 94.2% of children whose families are at or above 400% of the federal poverty level (FPL) enjoy excellent/very good health compared to 67.9% of those below the FPL.

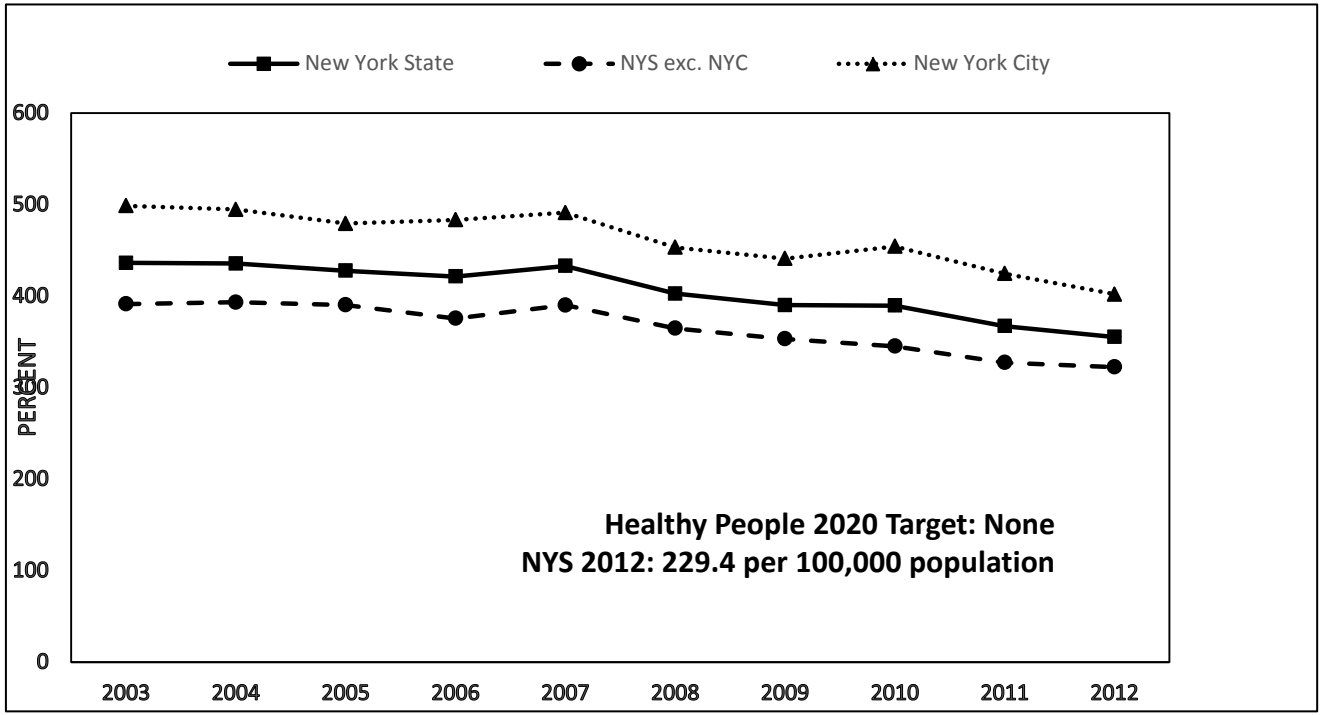
- Children with private insurance (90.4%) are more likely to be in good health compared to children with no insurance (70.4%) or public insurance (73.4%) in 2011/2012.

- White, non-Hispanic (91.1%) are more likely to be in excellent or very good health compared to other racial/ethnic groups.
  - Hispanic children have the lowest percentage of children in excellent or very good health (74.8%)

Source: National Survey of Children's Health

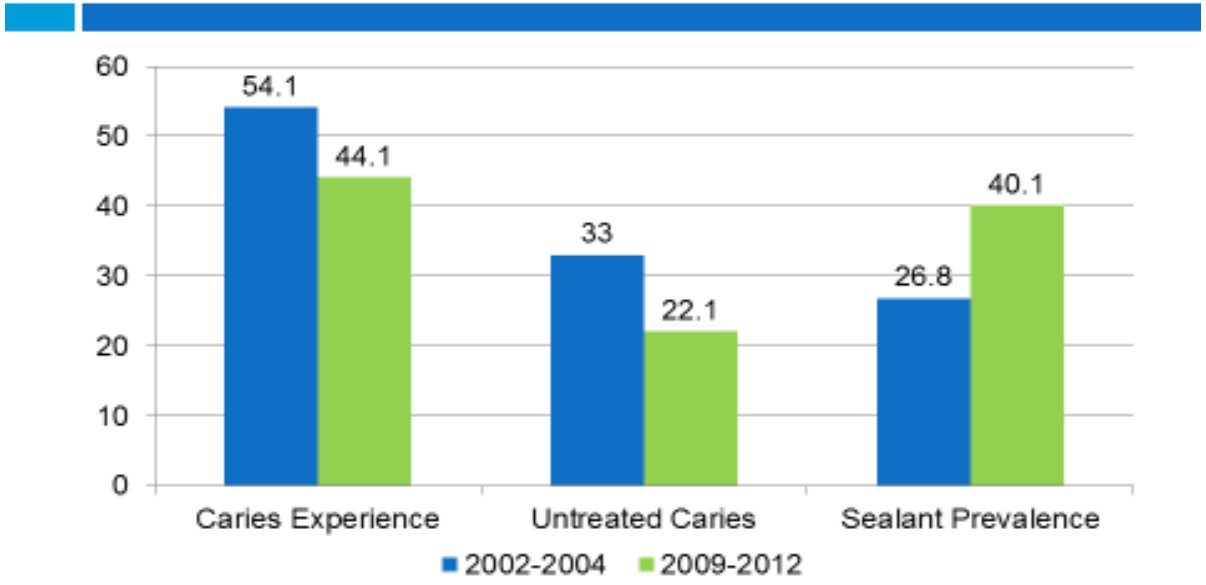
Health Status: Child Health

Non-fatal unintentional injury-related hospital admissions rate per 100,000 population aged 0-19 years

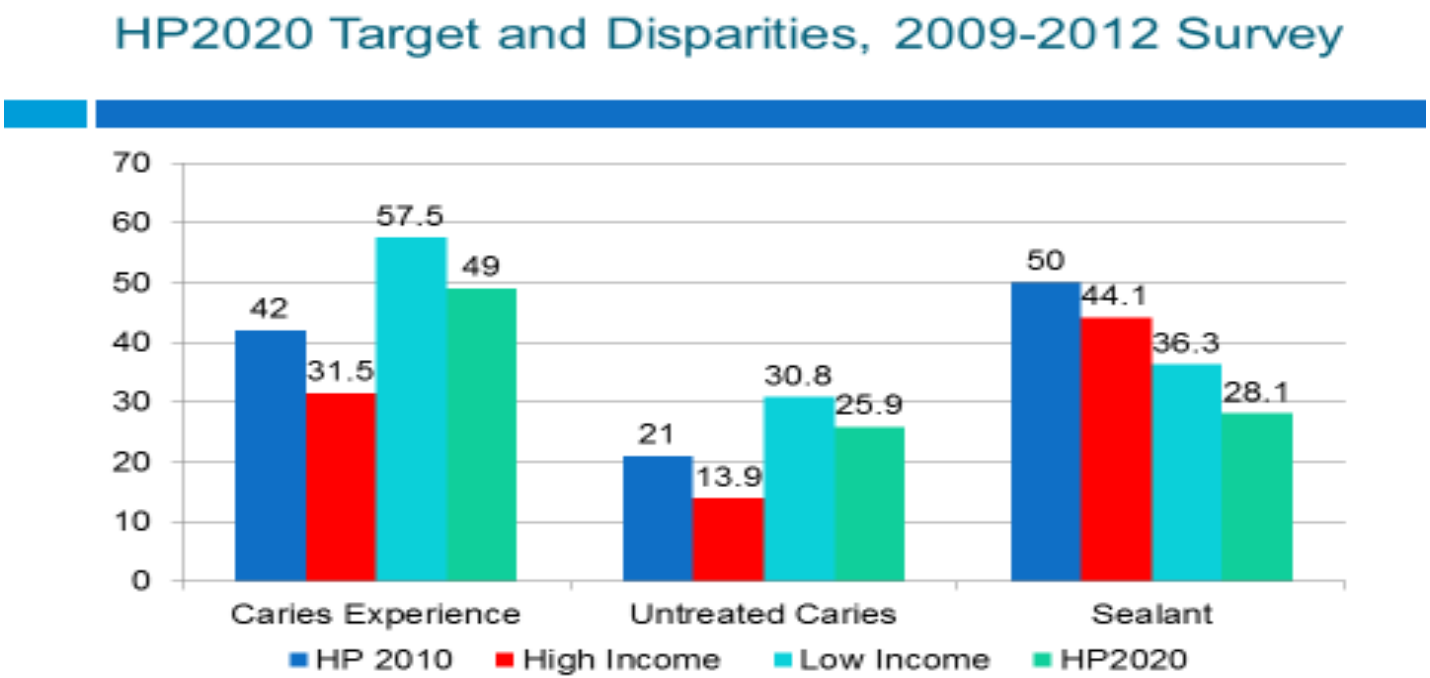


Health Status: Child Health

Prevalence of caries, untreated caries and dental sealant, 2002-04 and 2009-12. New York State 3rd Grade Survey.



Health Status: Child Health



Health Status: Child Health

The percent of NYS children and adolescents who are obese (BMI at or above the 95th percentile)

- Almost one in five NYS children are obese.
  - 17.6% of children in NYS, excluding NYC, and 20.7% of children in NYC are obese

- Obesity rates for younger children have remained relatively stable since 2005
  - 14.4% of children ages 2-4 in WIC are obese

Source: Counties outside of NYC: 2010-2012 Student Weight Statues Reporting System; NYC 2010-2011 Fitnessgram; 2009-2011 NYS Pediatric Nutrition Surveillance System Data

Contributing Factors: Child Health

The percent of children ages 6 through 11 and adolescents ages 12 through 17 who are **physically active** at least 20 minutes per day has remained relatively stable over the last decade.

- **Parental report** of daily physical activity daily:
  - 30% of Children 6-11 years
  - 19.6% of children 12-17 years
  - Males 40% more likely than females to be active

Source: National Survey of Children's Health

Contributing Factors: Child Health

Students (grades 9-12) achieving 1 hour or more of physical activity daily

Year	Percent
2013	25.7
2011	25.1
2009	23.1
2007	20.6

Source: Youth Risk Behavior Surveillance System

Contributing Factors: Child Health

- The proportion of children **without health insurance** fell from 7.9% in 2010 to 5.6% in 2012.
  - The percent of children without insurance is highest in the American Indian (10%) population and lowest in the non-Hispanic, White population (3%).

Source: Census: Small Area Health Insurance Estimates

Contributing Factors: Child Health

Percent of Children with Recommended Number of Well Child Visits in Government Sponsored Insurance Programs

Source: NYSDOH Office of Patient and Quality Safety Data

Contributing Factors: Child Health

- Young people are experimenting with alcohol and drugs at an early age
  - 19% have consumed alcohol and 7.3% marijuana before the age of 13
    - Research has shown that 47% of those who started drinking before the age of 14 developed an alcohol use disorder in their lifetime compared to only 9% who started drinking after turning 21

Source: CDC Youth Risk Behavior Survey; Hingson RW, Heeren T, Winter MR. Age of alcohol-dependence onset: Associations with severity of dependence and seeking treatment. *Pediatrics*. 2006;118:755-763.

Challenges, Gaps and Inequities: Child Health

- Many risk factors and poor outcomes disproportionately affect racial, ethnic and socioeconomic groups

- Poverty: NYS ranks 4th highest in US for individuals living in poverty; 21.2% of NYS children <18 years live in poverty

Challenges, Gaps and Inequities: Child Health

- Availability of affordable, healthy foods and safe neighborhoods: "*My kids would be healthier if they could go out to play instead of watching TV*."

- Lack of parental knowledge of normal child health and development and parenting skills
  - Need to normalize the notion that **all** parents could benefit from parenting education

Challenges, Gaps and Inequities: Child Health

- Despite many health care services in NYS, there are professional shortages areas, i.e. mental and dental health
  - Lack of pediatric hospitalists in some community hospitals requiring families to drive long distances for children to be admitted to a tertiary hospital

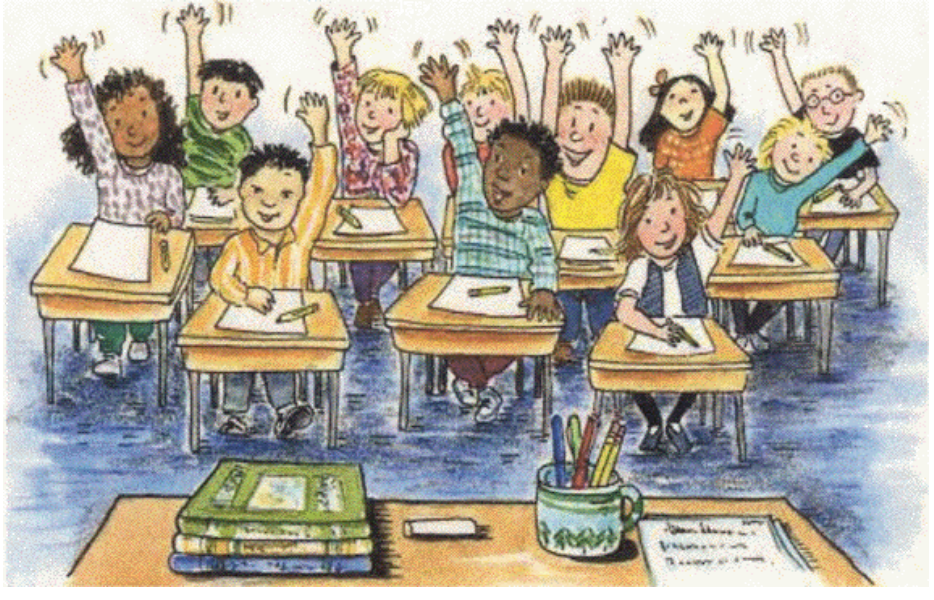
- Some types of services are not as readily available for children as adults (i.e. substance abuse services)

Challenges, Gaps and Inequities: Child Health

- Children may experience long waiting periods for some specialists: developmental pediatricians and child psychiatrists
  - Brief/early intervention services in childhood may prevent/reduce more serious developmental, socio-emotional and substance abuse problems

For Discussion

What impacts the health of students in your Community School?



For Discussion

What areas are you addressing as a Community School?

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CACFP + Community Schools=

Healthy Students

by Mary Ellen Flynn RD

June 3, 2015

Childhood Obesity in NYS

- - 17.6% of public school students are obese

- - 16.2% are overweight

Health Issues Related to Obesity:

- - Childhood obesity is a strong predictor of obesity in adulthood
- - Diabetes
- - Hypertension
- - Heart Disease
- - Orthopedic problems
- - Asthma

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All about Good Nutrition…

- Teach healthy eating habits
- Make meal times a pleasant and sociable experience
- Promote positive attitudes about nutrition and health

Why connect Schools and Students to CACFP?

- Meet Students' Nutritional Needs
- Help Local Families
- Schools are certified
- Help Students and Your Community

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- 100% of the funding is from the United States Department of Agriculture

- Administered by the New York State Department of Health

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The benefits of CACFP participation:

- Improve the quality of meals and snacks served

- Receive monthly reimbursement for eligible meals and/or snacks

- Receive free program materials, technical assistance and training opportunities

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Who is eligible to participate?

- Child Care Centers
- Afterschool Programs
- Family, Group Family and Legally Exempt Day Care Homes
- Emergency Shelters
- Adult Day Care Centers

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At Risk- Eligibility

- May be operated by a school, public or private organization
- Must operate an afterschool program in an eligible, low income area
- Must provide regularly scheduled educational or enrichment activities in an organized setting

At Risk- Reimbursement

- At Risk provides reimbursement for a snack and/or supper at the free rate

- Income eligibility applications are not required

At Risk- Requirements

- Operate during non-school hours
- Operate on a regular basis
- Provide educational or enrichment activity
- Teens must be enrolled in and attend school

How does CACFP define a low income area?

An area is considered to be low income if it is served by a public school (elementary, middle or high school) in which 50% or more of the children enrolled are eligible for free or reduced price school meals

- Eligibility determinations are **valid** for **5 years**

Reimbursement Rates

	Breakfast	Lunch/Supper	Snacks
Free	**$1.62**	**$2.98**	**$0.82**
Reduced	$1.32	$2.58	$0.41
Paid	$0.28	$0.28	$0.07
At Risk	**N/A**	**$2.98 (Supper Only)**	**$0.82**

Effective from July 1, 2014 to June 30, 2015

Sample Reimbursement

- 100 children present
- 1 month (open 20 days)
- Serves snack and supper

- Total: $8,095 for the month
- Total: $80,950 for the School year

CACFP Healthy Child Meal Pattern

Helps guide the types of foods that are served at each meal and snack.

- Results in more well rounded and varied meals.
- Improves the nutritional value of meals and snacks.

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Menu Planning

- - 1% or fat free milk
- - Limit juice to once daily
- - Fat free or low fat yogurt
- - Sweet grains and cereals may not be served at Lunch or Supper

Provide Healthy Eating Experiences

- Serve healthy snacks and meals including:

  - - 1% or fat-free milk (unflavored)
  - - Vegetables and fruits with no added sugar, salt or fat
  - - Low fat meat/meat alternates
  - - Whole grain breads/grains

What is in a snack?

(Select 2 of 4 components)

-1 cup (8 ounces) Milk
-3/4 cup Fruit and/or Vegetable
-1 ounce Meat/ Meat Alternate
-1/2 cup Grain/1 slice Bread

What is in a Supper?

(Serve all 5 components)

-1 cup (8 ounces) Milk

-1/2 cup Grain/1 slice Bread

-2 ounces Meat/Meat Alternate

-3/4 cup total Vegetables and/or Fruit
(select 2)

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CACFP Jeopardy!

Vegetables for $100

This vegetable is not only orange but is high in vitamin A and a sweet treat baked or mashed.

What is a sweet potato?

Low fat for $200

This food, often a favorite with children should be limited to 1 time a week unless low fat.

What is cheese?

Grains for $200

Whole wheat bread, brown rice, oatmeal

What are examples of whole grains?

Sodium for $100

1500 milligrams (mg.) a day

What is sodium limit for kids?

Miscellaneous for $200

Fish instead of fish sticks, apple instead of apple juice, yogurt in place of cookies.

What are healthier, less processed foods to serve in place of more processed items?

Healthy Students for $300

CACFP Healthy Child Meal Pattern

What is a step in the right direction to improve NYS' obesity rates?

CACFP SCHOOL DISTRICT SPONSORS

http://www.schoolfoodnyc.org/OurPrograms/breakfast.htm#snack

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Together

We Can Raise

Healthy Children

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Website

www.health.ny.gov/cacfp

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Contact Information

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Albany, NY 12204-2719

1-800-942-3858
Option 6

Mary Ellen Flynn, Outreach Unit
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Substance Abuse Services:
Screening, Brief Intervention, and Referral to Treatment (SBIRT)

by Brett R. Harris Dr.P.H.

Andrew M. Cuomo
Governor

Arlene González-Sánchez
Commissioner

Substance Use Services

- Historically, the focus has been on
  - Prevention: prevent abstainers from initiating use
  - Treatment: provide substance abuse treatment for those with substance use disorders (SUDs) with the goal of abstinence
- What about for everyone else?
  - Most who drink or use drugs do not have an SUD and do not seek treatment
  - Can benefit from early intervention outside of substance abuse treatment settings to reduce risky use before more severe problems occur

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Approximate distribution of young *drinkers* at lower, moderate, and highest risk levels

*34% of US high school students have never had a drink in their lifetimes (1)

Source: National Institute for Alcohol Abuse and Alcoholism. Alcohol screening and brief intervention for youth: A practitioner's guide. *National Institutes of Health*. Available at: http://pubs.niaaa.nih.gov/publications/Practitioner/YouthGuide/YouthGuide.pdf (2)

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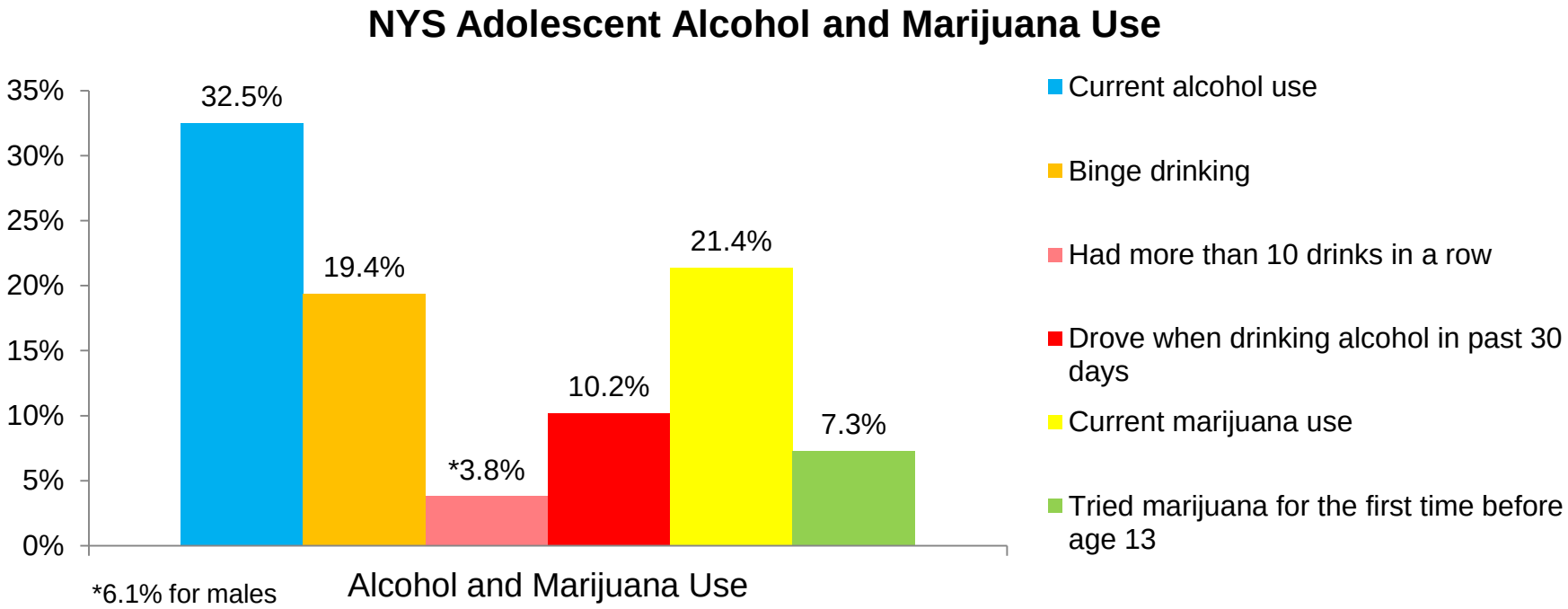
Prevalence of Use



Source: 2013 Centers for Disease Control and Prevention Youth Risk Behavior Survey (YRBS) (1)

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Negative Consequences of Use

- Adolescent substance use is associated with…
  - Risky sexual behavior, STDs, pregnancy (3-5)
  - Motor vehicle accidents, other accidents, and injuries (5,6)
  - Chronic diseases (4)
  - Substance dependence and cognitive impairment (6,8)
  - Depression (1)
  - Fights (1)
  - Criminal and delinquent behavior (7)
  - Poor school performance, school misconduct, and dropout (9)

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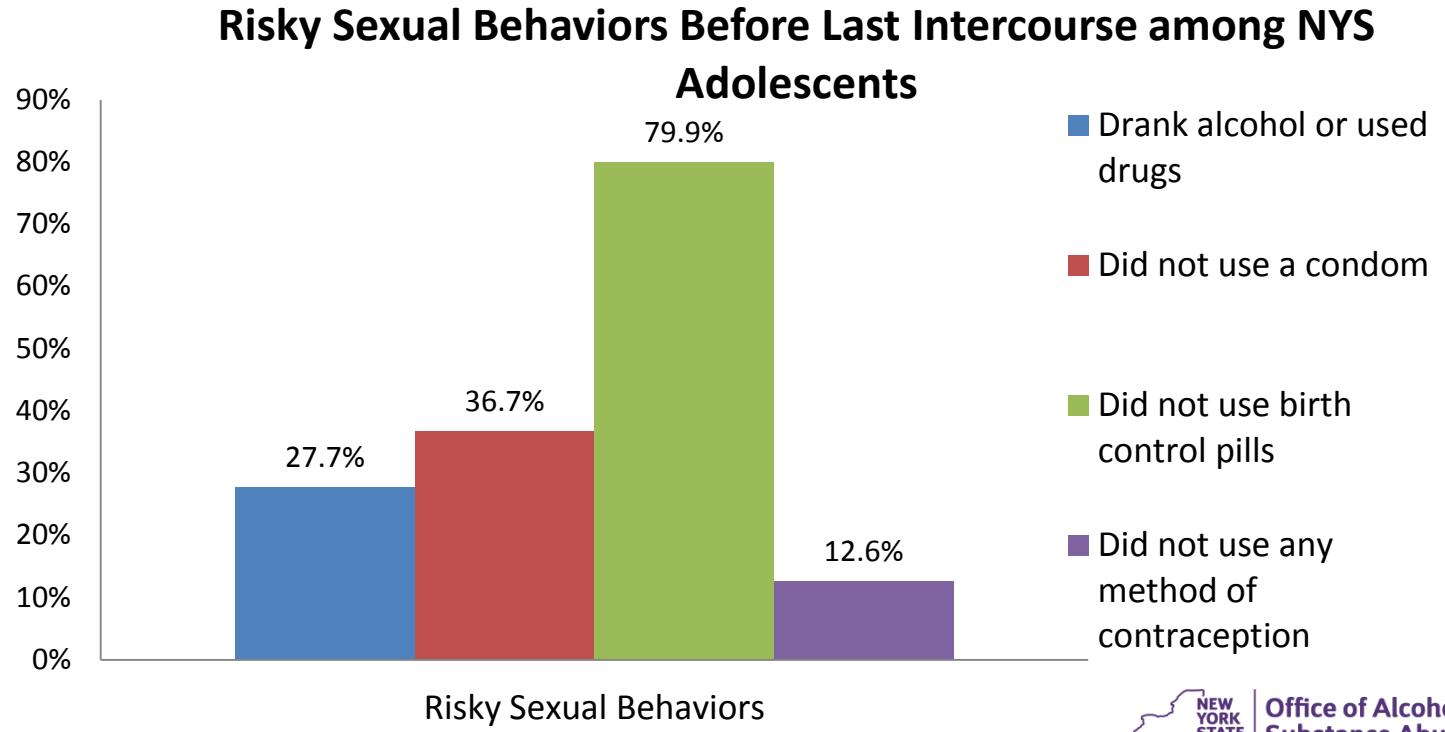
Substance Use and Risky Sexual Behavior



Source: 2013 Centers for Disease Control and Prevention Youth Risk Behavior Survey (YRBS) (1)

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What is SBIRT?

An evidence-based prevention and early intervention model to address the full spectrum of substance use

- **Screening**
- **Brief Intervention**
- **Referral to Treatment**
- **Goal:** Identification of *at-risk substance users* in non-substance abuse treatment settings and provision of appropriate services

CRAFFT Screening Tool

- The CRAFFT is a validated screening tool for use with adolescent patients
- Because it screens for both alcohol and other drug problems simultaneously, it is especially handy for providers
- CRAFFT consists of
  - ✓ Part A: 3 prescreening questions and
  - ✓ Part B: 6 items (Car, Relax, Alone, Forget, Friends, Trouble)
  - ✓ Scoring Algorithm
- A positive CRAFFT means the student should be assessed for alcohol/drug abuse or dependence

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The CRAFFT Screening Questions

Please answer all questions honestly; your answers will be kept confidential.

Part A

During the PAST 12 MONTHS, did you:	No	Yes
1. Drink any alcohol (more than a few sips)?	☐	☐
2. Smoke any marijuana or hashish?	☐	☐
3. Use anything else to get high?	☐	☐

"anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff"

If you answered NO to ALL (A1, A2, A3) answer **only B1** below, then STOP.

If you answered YES to ANY (A1 to A3), answer **B1 to B6** below.

Part B

	No	Yes
1. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	☐	☐
2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?	☐	☐
3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?	☐	☐
4. Do you ever FORGET things you did while using alcohol or drugs?	☐	☐
5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	☐	☐
6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?	☐	☐

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CRAFFT Scoring

Each “Yes” is added to produce the screening score

- CRAFFT Scores of 0 or 1: “Low Risk”
  - Provide positive feedback, brief advice and encouragement
- CRAFFT Scores 2-6: “High Risk” Screens
  - Assess for acute danger/signs of addiction
  - Provide brief intervention; consider referral to treatment (RT)
- CRAFFT Scores 5-6: “Very High Risk”
  - Assess for acute danger/signs of addiction
  - Provide brief intervention with goal of acceptance of referral to treatment

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Brief Intervention

- Engage
- Explore pros and cons
- Provide feedback
- Explore readiness to change
- Negotiate an action plan
- Summarize

Use OARS motivational interviewing techniques

- Open-ended questions, affirmations, reflective listening, summaries

Research Support for Adolescent SBIRT

- Research with adolescents found that SBIRT…
  - Increased identification of risky alcohol and drug use (10)
  - Decreased intention to use (11,12)
  - Reduced alcohol and drug use (11,13)
  - Prevented initiation of alcohol and drug use among abstainers (12)
  - Reduced drinking and driving (14)
- Youth are satisfied with services, plan to follow through with advice, and are honest when reporting their use (12,13)
- SBIRT is recommended by the American Academy of Pediatrics (15)

SBIRT in School-Based Health Centers

- OASAS has assisted school-based health centers (SBHCs) in implementing SBIRT. They provide…
  - Convenience
  - Confidentiality (HIPAA)
  - Trained medical and behavioral health providers (nurse practitioners, physician assistants, mental health staff)
- 3 month pilot project in the Bronx and Hempstead, Long Island in 2012

Pilot Project: Screen Results and Services

	Morris Heights	Winthrop	Total
Screens	213	188	401
Positive (≥2)	46 (22%)	11 (6%)	57 (14%)
Use in Past 12 Months			
Any Use	88 (42%)	52 (28%)	140 (35%)
Alcohol	74 (35%)	39 (21%)	113 (28%)
Marijuana	43 (20%)	21 (11%)	64 (16%)
Services Provided			
Brief Interventions	42	8	50
Referrals to Treatment	0	8	8

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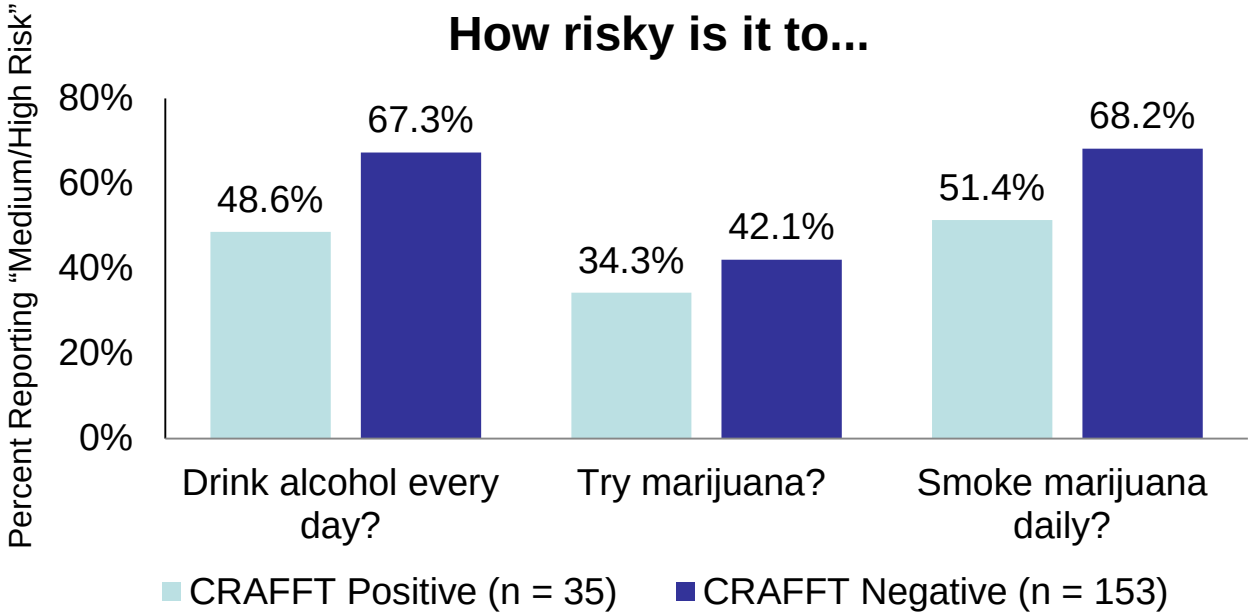
Student Perceptions



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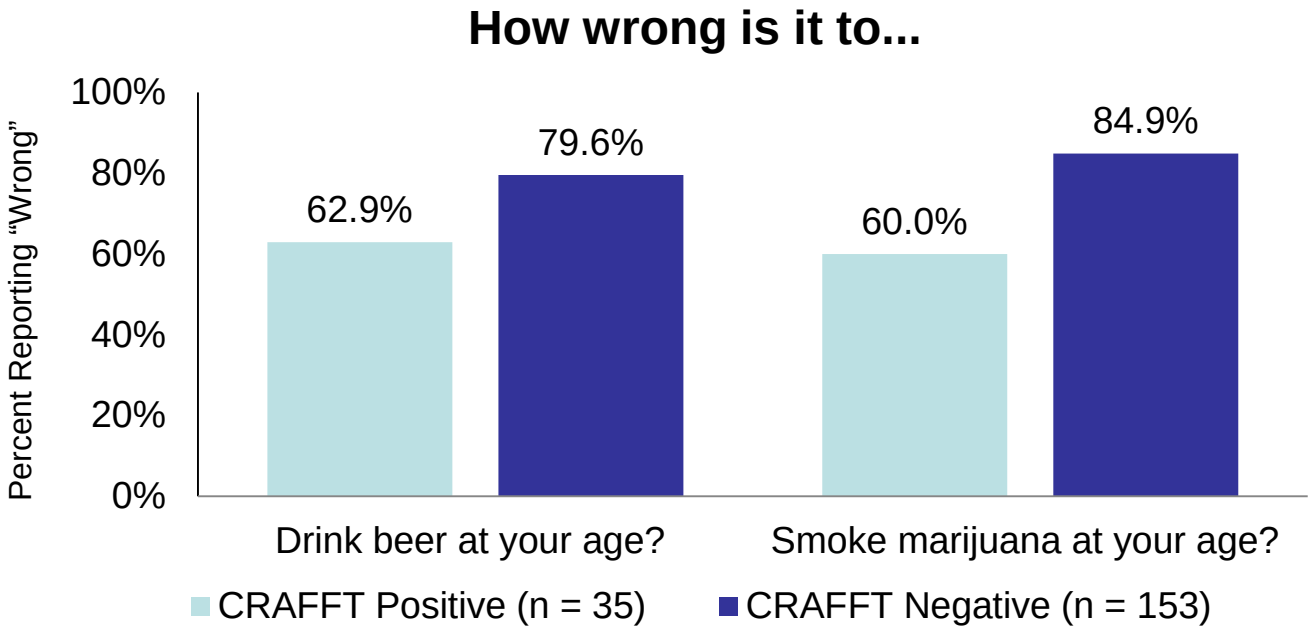
Student Perceptions



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Staff and Student Feedback

- Students were receptive
  - Open and honest about their use
  - Understood that what they disclosed would not be shared with their parents
- Staff did not feel an added burden on workload
  - Helped them standardize their protocol for addressing alcohol and drug use and found it easier to do

Expansion of SBIRT to Serve More Adolescents

Pilot project was followed by training and technical assistance in upstate and downstate SBHCs (both rural and urban). However, SBHCs are only in a limited number of schools in NYS

- Goal to develop a model for implementing SBIRT in schools/community schools
  - Adolescents spend most of their day in school
    - Provides convenience
    - Provides increased access to SBIRT services
    - Allows staff to follow up with students and monitor behavior change over time
  - **But there are challenges which must be addressed…**
    - Who will provide services?
    - What about confidentiality?
    - Administrator attitudes/perceptions
    - Any others?

References

1. Centers for Disease Control and Prevention. Youth risk behavior survey. 2013. Available at http://www.cdc.gov/healthyyouth/yrbs/factsheets/index.htm. Accessed on March 12, 2015.
2. National Institute for Alcohol Abuse and Alcoholism. Alcohol screening and brief intervention for youth: A practitioner's guide. *National Institutes of Health*. Available at: http://pubs.niaaa.nih.gov/publications/Practitioner/YouthGuide/YouthGuide.pdf. Accessed on May 12, 2015
3. American Academy of Pediatrics. Policy statement – Alcohol use by youth and adolescents: A pediatric concern. *Pediatrics.* 2010;125:5 1078-1087.
4. Sterling S, Valkanoff T, Hinman A, Weisner C. Integrating substance use treatment into adolescent health care. *Curr Psychiatry Rep*. 2012;14:453-461.
5. Mertens JR, Flisher AJ, Fleming MF et al. Medical conditions of adolescents in alcohol and drug treatment: Comparison with matched controls. *J Adolesc Health*. 2007;40:173-179.
6. Schweer LH. Pediatric SBIRT: Understanding the magnitude of the problem. *Journal of Trauma Nursing.* 2009;16:3 142-147.
7. Pacific Institute for Research and Evaluation (PIRE). Underage drinking in New York: The facts. Office of Juvenile Justice and Delinquency Prevention; 2011.
8. Hingson RW, Heeren T, Winter MR. Age of alcohol-dependence onset: Associations with severity of dependence and seeking treatment. *Pediatrics*. 2006;118:755-763.
9. Bryant AL, Schulenberg JE, O'Malley PM, Bachman JG, Johnston LD. How academic achievement, attitudes, and behaviors relate to the course of substance use during adolescence: A 6-year, multiwave national longitudinal survey. *Journal of Research on Adolescents*. 2003;13:3 361-397.
10. Wilson CR, Sherrit L, Gates E, Knight JR. Are clinical impressions of adolescent substance use accurate? *Pediatrics*. 2004;114:5 e536-40.
11. D'Amico EJ, Miles JNV, Stern SA, Meredith LS. Brief motivational interviewing for teens at risk of substance use consequences: A randomized pilot study in a primary care clinic. *J Subst Abuse.* 2008;35: 53-61.
12. Grenard JL, Ames SL, Wiers RW, Thush C, Stacy AW, Sussman S. Brief intervention for substance use among at-risk adolescents: A pilot study. *J Adolesc Health*. 2007;40:2 188-191.
13. Harris SK, Csemy L, Sherritt L, Starostova O, Van Hook S et al. Computer-facilitated substance use screening and brief advice for teens in primary care: An international trial. *Pediatrics*. 2012;129:6.
14. Knight JR, Sherritt L, Van Hook S, Gates EC, Levy S, Chang G. Motivational interviewing for adolescent substance use: A pilot study. *J Adolesc Health*. 2005;37:167-169.
15. American Academy of Pediatrics. Substance use screening, brief intervention, and referral to treatment for pediatricians. *Pediatrics*. 2011;128:e1330-40.

Questions

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School Based Health Center Services

by Susan Slade M.S., M.C.H.E.S.

School Based Health Centers (SBHCs): Description

- Health clinics operated by a hospital or diagnostic and treatment center
- Located in school buildings of high-need communities
  - Backup provider ensures 24/7 access to services during non-school hours and vacations
- Provide services to **students** who are enrolled in the clinic

SBHC: Services

- Primary & preventive care: physical exams, immunizations, screenings
  - Some SBHCs may also provide dental services
- Acute condition management: i.e., ear infection, asthma attack
- Chronic condition management: i.e. diabetes
- Provide or refer for behavioral and reproductive health

SBHCs: Demographics

- 234 SBHCs: Grade Configuration
  - 32% - Junior High/High Schools
  - 13% - Junior High/Middle Schools
  - 41% - Elementary only
  - 6% - K-12
  - 8 % - Mixed (Elementary/High, Elementary/Middle, Primary School)

- Based on 2012-2013 data:
  - 214,723 students enrolled in schools with SBHCs (of which 76% are enrolled in the clinics)
  - 664,273 visits annually

SBHC Application Process

- Request an application package from School Health Program at (518) 474-5027 or **sbhcreports@health.ny.gov**
- Send a letter of intent to NYSDOH, Bureau of Child Health
  - Letter is sent by the **Sponsor** not the school
- Complete the paper application
  - Include Memorandum of Understanding signed by sponsor, principal of school/superintendent
  - For sites in NYC, an email or letter confirming NYCDOE's intent to open a SBHC is needed
- A site visit is performed after paper review is complete
- Approval letter sent to sponsor; notice to OHSM to add a SBHC to the sponsor's operating certificate

Questions?

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Dental Services

by Kara Connelly, M.S.

SBHC-Dental

THE PROVISION OF DENTAL SERVICES AT SCHOOLS OR PRE-SCHOOLS IS CONTINGENT UPON THE SUBMISSION AND SUBSEQUENT APPROVAL OF AN APPLICATION, PROJECT PLAN, AND COMPLETION AND APPROVAL OF A PRE-OPENING CERTIFICATION.

THE APPLICATION PROCESS IS APPLICABLE TO MOBILE VANS, THE USE OF PORTABLE EQUIPMENT, AND FIXED FACILITIES DESIGNED TO PROVIDE CHILDREN PREVENTIVE AND TREATMENT SERVICES ON SITE IN SCHOOLS OR PRE-SCHOOL PROGRAMS DURING SCHOOL HOURS.

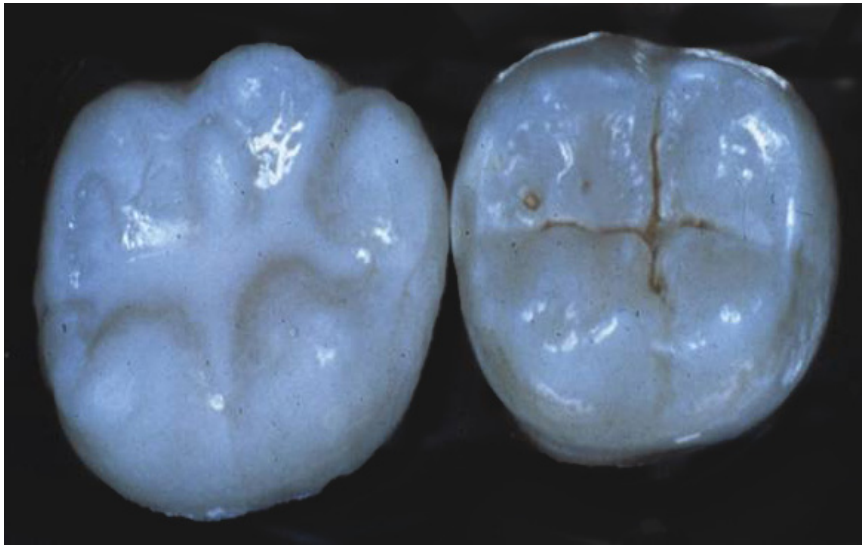
The purpose of SBHC-Ds is to provide preventive DENTAL services to children in high need areas and link these children with a dental home (usually back to the Article 28). A few SBHC-D programs provide treatment.

PREVENTIVE SERVICES :
EXAM OR ASSESSMENT
PROPHY (CLEANING)
SEALANTS
FLUORIDE
REFERRAL IF NEEDED

TREATMENT SERVICES:
RESTORATION
EXTRACTION
OTHER

Sealants

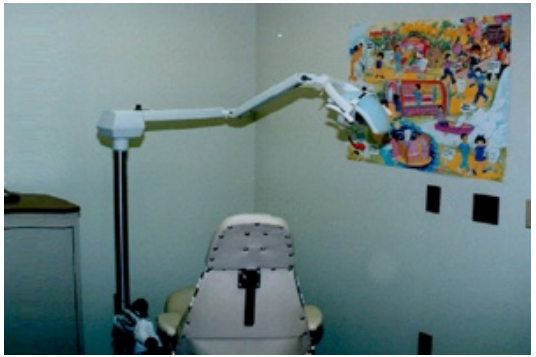
- Dental sealants are thin plastic coatings that are applied to the grooves on the chewing surfaces of the back teeth to protect them from tooth decay.



SBHC-D Delivery Methods

- Portable dental equipment

- Mobile van



- Fixed school site

SBHC-D Delivery Methods

- Portable Dental Equipment
  - Most cost effective
  - Can be set up any place (literally!)

SBHC-D Delivery Methods

- Mobile van
  - Least cost effective
  - Very expensive

SBHC-D Delivery Methods

- Fixed School Site
  - Least common
  - Dental office in a school

Questions?

NYSDOH Bureau of Dental Health

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