

# The Oral Health Forum

## The Oral Health Education Program, 2015

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### INTRODUCTION

Public health attention to oral health care remains inadequate as evidenced by prevalence of dental caries and periodontal disease in general and especially in low-income communities. These common oral infections are almost completely preventable with education, effective self-care and timely access to professional oral health intervention. The Oral Health Forum (OHF) works with the public health system, key oral health care providers and community leaders to coordinate, expand, and improve existing oral health resources in health promotion, prevention and treatment.

In 2012, the OHF developed a comprehensive oral health education curriculum for pre-kindergarten to 12<sup>th</sup> grade. This was presented to and endorsed by the Health and Wellness Materials Review Committee of Chicago Public Schools. To implement this health education initiative in schools, the oral health educators work closely with staff from the Chicago Department of Public Health, CPS's Health and Wellness Office and directly with school administrators.

The OHF OHEP serves Chicago Public Schools (CPS) students in Pre-Kindergarten through Grade 12. OHF presenters visit schools that are part of the Chicago Department of Public Health (CDPH) School-Based Oral Health Program (SBOHP), a program that facilitates dental teams' visits to CPS. All students qualify to receive oral assessment, dental cleaning, fluoride treatment, and dental sealant (s), if signed consent is provided by a parent/caregiver. Because students from low-income homes are at an increased risk for experiencing oral disease, the OHF OHEP visits schools with the greatest proportion of students who are low-income and thus who are in most need of its preventive education services.

### PROJECT OBJECTIVE

The Oral Health Education Program (OHEP) is organized to meet the objectives of expanding health and oral health promotion with a focus on enhancing oral health knowledge and improved self-care practices. The OHF teaches importance of proper nutrition, self-care and preventive practices. Concepts of oral disease progression and consequences of not taking care of their teeth and gingivae are also reviewed. Students and parents are provided with written materials and information about participating in the Chicago Department of Public Health's School Based Oral Health Program. **Annual objectives for the OHEP are 1) reach 20,000 Chicago Public School children and 2,500 Chicago Park District children and 2) a 30% increase in oral health knowledge as measured by surveying twenty 5th grade classrooms with pre and post surveys.**

### PROJECT METHODS OR ACTIVITY/PROCESS

This program provides age-appropriate oral health education by oral health educators, trained dental hygiene, pre-dental and dental school students and other volunteers supervised by OHF OHEP staff. Engaging and informative oral health education sessions take place in English and in Spanish (when requested by schools). Additionally, OHF provides written oral health materials for parents to complement and support education received by students in the classrooms. The communication to parents is a direct result of parent focus group data that informed OHF of significant gaps in oral health and prevention practice knowledge in the parent/caregiver community.

At the programmatic level OHF:

- Educators make contact with schools to establish a go-to person to coordinate OHEP visit
- Educators work closely with school's academic and events calendar for optimal schedule.
- The oral health educators contact the schools several ways to schedule school visits. First a letter is sent to the principal by email followed up with a phone call and visit the school speak to someone in person to try to schedule the oral health education.

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- Educators prepare dental hygiene kits (toothbrush, floss, toothpaste and sugar free gum, if appropriate) for each of the schools' students
- Educators teach classroom by classroom for 25 minutes with time for questions and answers
- Program is available all CPS schools;
- Utilizes three staff oral health educators as well as pre-dental clubs, the Kennedy King College Dental Hygiene Program (up to 26 students) and other trained volunteers
- Educators distribute teacher evaluation forms for each classroom and pre and post-tests to 5<sup>th</sup> grade classrooms
- All collected feedback forms and pre & post session tests are entered into evaluation spread sheets.

## FINDINGS

- From January 2015 through December 2015, OHF reached 20,893 students with oral health education. Teachers report presentations to be very informative with age-appropriated content. OHEP also reached 4,277 children enrolled in the Chicago Park District summer day camps.
- A selected a sample of 5th grade classrooms was used to evaluate students' increase in knowledge after the oral health education session (results presented below). Findings revealed an increase in students' knowledge on basic oral health. Teacher evaluation, also assessed at the end of the oral health education session was rated and received an average score of 4.86 out of 5.

From January 2015 to December 2015, the total numbers of school aged children in Chicago reached with oral health education by this program was 25,170.

## LEARNING & CONCLUSION

Chicago data from the Basic Screening Survey of third graders completed in the 2013-2014 school year show beneficial trends:

- The presence of dental sealants in first molars increased from 42% in 2008-2009 to 57.2% in 2013-2014,
- Untreated caries decreased from 35.6% to 17.2%,
- Urgent treatment needs decreased from 6.4% to 0.5%.

Given that dental caries is almost entirely preventable, these statistics show that oral health status of Chicago 3<sup>rd</sup> graders is improving. Working in concert, OHF's education program works to prevent oral disease in Chicago's students while the CDPH SBOHP provide greater access to preventive services arresting the development of oral disease.

Challenges:

- An annual challenge that the OHEP faces is in the scheduling of schools and follow through on the schools end.
- Schools are reluctant to give up instructional time for oral health education sessions.
- Another problem we see is that there is not a designated contact person to speak to at the schools, such as school nurse, case manager etc. In each of the schools, the OHEP has to navigate the system to find the decision maker to schedule the education session