

Missouri Oral Health Preventive Services Program

Facilitated Through:

The Missouri Department of Health and Senior Services
Office of Dental Health
Oral Health Program

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What Is The Preventive Services Program?

The Missouri Oral Health Preventive Services Program (PSP) is a **community-based, systems approach** to population-based prevention of oral disease.

Purpose of PSP

The intent of PSP is to provide;

- a program to improve oral health of this at-risk population
- an evaluation of oral health in the community's children
- implement prevention strategies
- provide oral health educational information
- initiate referrals for dental services to those identified with unmet dental needs
- is available to all children, infant to 18 years old

About 25,000,000 Americans live in areas lacking adequate oral health care services; and approx. 11% of the nation's rural populations have never been to a dentist. (*2000 Surgeon General Report on Oral Health in America*)

Rationale for Missouri Oral Health Preventive Services Program

- Desire to provide program to improve oral health of at-risk populations
- Devised alternative appropriate fluoride intervention for population; fluoride varnish
- Developed comprehensive plan for including; surveillance, oral health education, fluoride varnish application and referral for dental treatment.

Program Methodology

The 4 basic steps in the program include:

- **1. Screening/Surveillance**; Complete an **annual** standardized oral health screening for a statewide database of the children in a community. This Basic Screening Survey(BSS)-provides nationally recognized data.
- **2. Education**; Provide oral health education, toothbrush and toothpaste to all participating children
- **3. Prevention**; Two applications of a fluoride varnish treatment. The first at a screening event, the second follow-up varnish application within a three to six month period.
- **4. Referral**; Provide a structure for dental care for children with unmet dental need

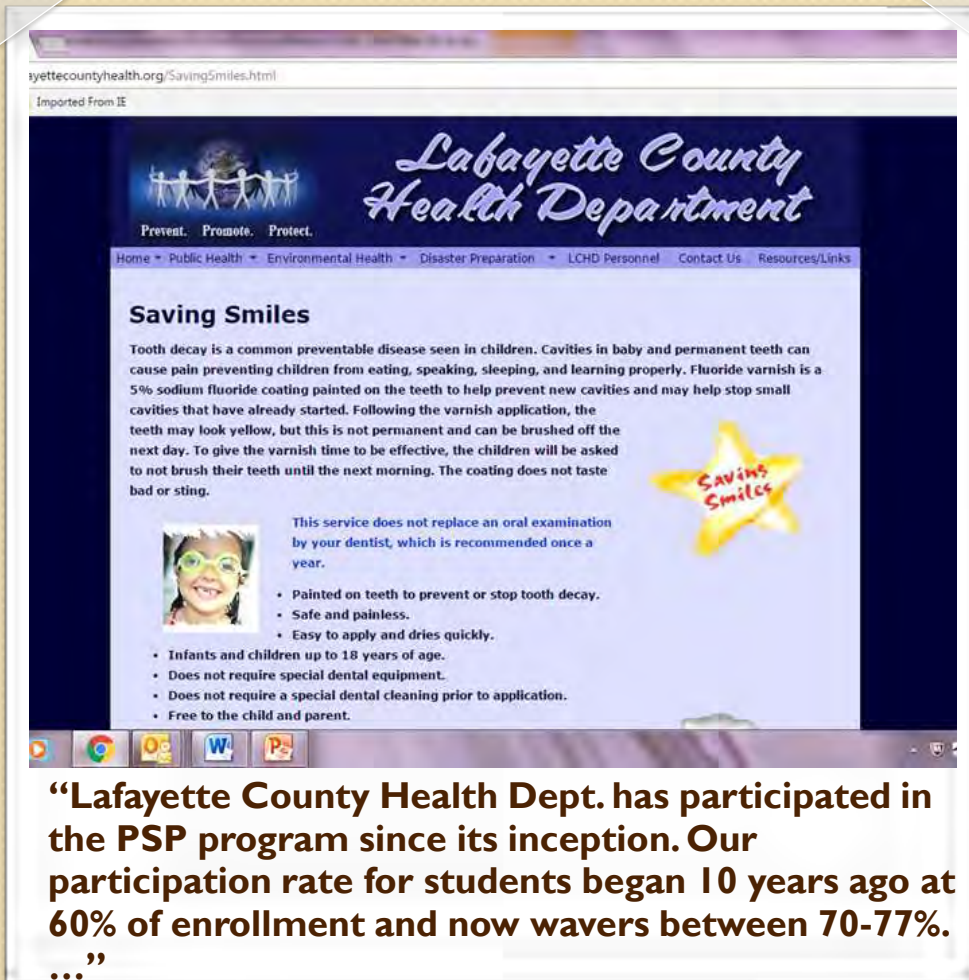
Community Partnerships & Coalitions

Consider involving these organizations:

- A broad and diverse range of people and organizations, including people directly affected by problems/issues.
- Representatives and individuals from different parts of the community:
 - coalition groups, schools, foundations, state and local government bodies, civic organizations, local public health agencies, clinics, hospitals (dentists, dental hygienists, physicians, nurses), etc.



PSP Participant Lafayette County Health Department



The screenshot shows a web browser window displaying the Lafayette County Health Department website. The URL is lafayettecountyhealth.org/SavingSmiles.html. The page features the department's logo, which includes a globe and the text "Lafayette County Health Department" and "Prevent. Promote. Protect.". A navigation menu includes links for Home, Public Health, Environmental Health, Disaster Preparation, LCHD Personnel, Contact Us, and Resources/Links. The main content area is titled "Saving Smiles" and contains the following text:

Tooth decay is a common preventable disease seen in children. Cavities in baby and permanent teeth can cause pain preventing children from eating, speaking, sleeping, and learning properly. Fluoride varnish is a 5% sodium fluoride coating painted on the teeth to help prevent new cavities and may help stop small cavities that have already started. Following the varnish application, the teeth may look yellow, but this is not permanent and can be brushed off the next day. To give the varnish time to be effective, the children will be asked to not brush their teeth until the next morning. The coating does not taste bad or sting.

This service does not replace an oral examination by your dentist, which is recommended once a year.

- Painted on teeth to prevent or stop tooth decay.
- Safe and painless.
- Easy to apply and dries quickly.

- Infants and children up to 18 years of age.
- Does not require special dental equipment.
- Does not require a special dental cleaning prior to application.
- Free to the child and parent.

The page also includes a small image of a smiling child wearing dental glasses and a yellow star graphic with the text "Saving Smiles".

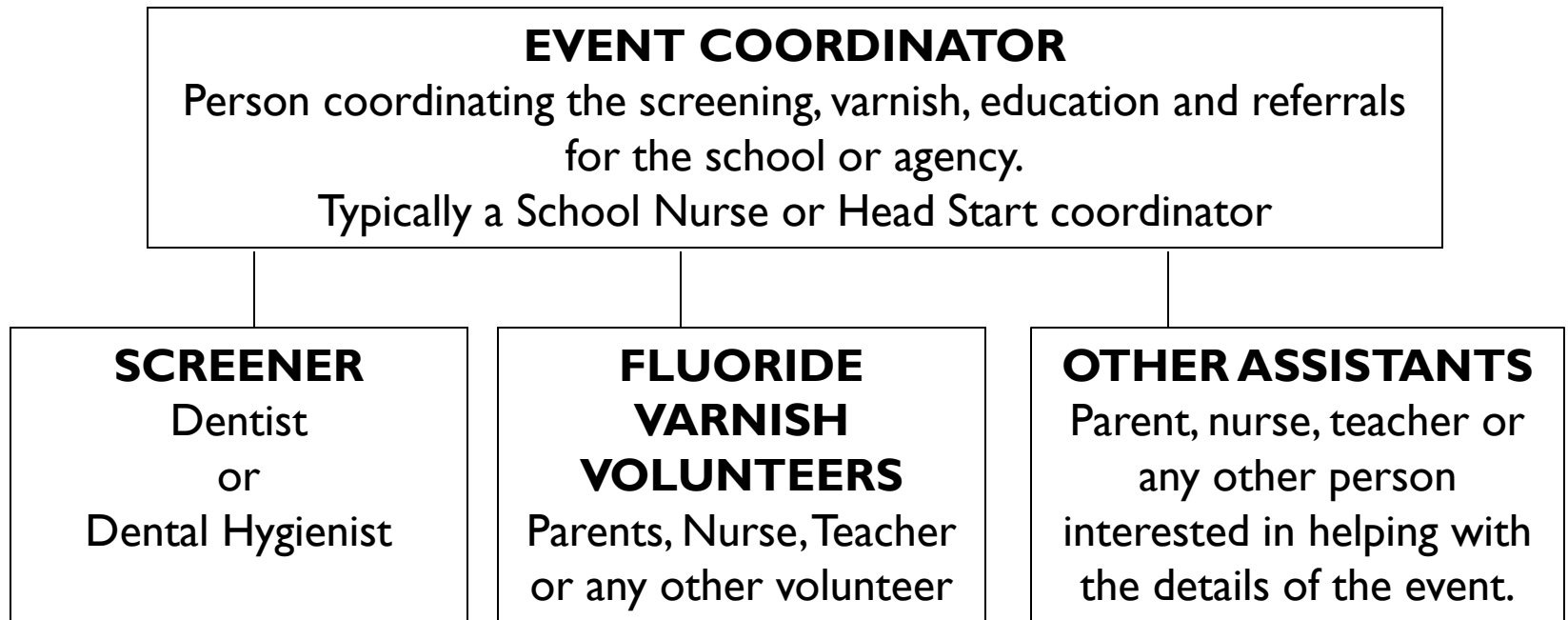
“Lafayette County Health Dept. has participated in the PSP program since its inception. Our participation rate for students began 10 years ago at 60% of enrollment and now wavers between 70-77%. ...”

Public Health Nurse; Martha McReynolds, RN

“The PSP program is fun, beneficial and well known in our county. Dental providers, along with our staff and volunteers, look forward each year to participating.”

“I cannot convey how much our dentist like participating. We had a dentist move from our area who told me he would come back and help any time we needed another set of eyes...”

People Involved in the Event



- You will be one of many involved in a PSP Event
- Many hands working together for the oral health of the community

PSP State Roles and Responsibilities

- **Oral Health Program will provide:**
 - **Program Coordinator/Oral Health Program Consultant**
 - **Educational Materials**
 - **Screening supplies, toothbrushes, fluoride varnish**
 - **Online training of volunteers to apply fluoride varnish**
 - **Online calibrating dental professionals to collect surveillance data**

Responsibilities of Event Coordinator

- **Recruit community dental professionals & other volunteers**
- **Obtain parental consent for fluoride varnish application**
- **Order supplies through Oral Health Consultant**
- **Provide oral health education to children**
- **Schedule screening/varnish application event and second varnish application event**
- **Develop referral system with community dentist for children with dental needs.**

Provide Statewide Database with Annual Screenings

Purpose is to:

- describe oral health status of MO children
- identify need for services/interventions
- provide comparison among regions and communities
- track outcomes

Show Me Your Smile Survey



2005 and 2010 Survey

Survey Results of 3rd Graders

3,500 children's teeth in 2005

2,600 children's teeth in 2010

Key Findings

- **Dental caries is a significant problem**
- **Oral health varies across SES levels**
- **Oral health varies across racial groups**

Key Findings

- **A considerable share of children do not have access to oral health care**
- **Missouri's children have a low level of dental sealants**
- **Higher income children have less decay than lower income children statewide**

Overall Results

Show Me Your Smile Survey

2004-2005

- 55% with caries experience
- 27% untreated decay
- 29% with dental sealants

2009-2010

- 52% with caries experience
- 25% untreated decay
- 24% with dental sealants

Tooth decay is the most common chronic childhood disease, five times higher than Asthma and seven times higher than Hay fever.

Treatment Needs

Show Me Your Smile Survey

2004-2005

- 72% with no obvious problem
- 23% needing early dental care
- 5% needing urgent dental care

2009-2010

- 76% with no obvious problem
- 20% needing early dental care
- 4% needing urgent dental care

The 2004-2005 Oral Health of Missouri's Children Executive Summary

Available at:

<http://health.mo.gov/living/families/oralhealth/oralhealthsurv.php>



Program Methodology

The 4 basic steps in the program include:

- **1. Screening/Surveillance:** Complete an **annual** standardized oral health screening for a statewide database of the children in a community. This Basic Screening Survey(BSS)-provides nationally recognized data
- **2. Education:** Provide oral health education, toothbrush and toothpaste to all participating children
- **3. Prevention:** Two applications of a fluoride varnish treatment. The first at a screening event, the second follow-up varnish application within a three to six month period
- **4. Referral:** Provide a structure for dental care for children with unmet dental need

Step I: Oral Screening

What is an Oral Screening?

- **Not** a thorough clinical exam, no x-rays
- Does **not** involve making a clinical diagnosis that results in a treatment plan
- Only identifies gross oral lesions
- **Must** be conducted by licensed dentists or dental hygienists

Screening Needs


- Lighting source
- Retraction/Visualization
- Infection Control Supplies
- Other Supplies
- Data Recording Material



General Screening Rules

- When in doubt, be conservative!!!
- If you are not sure a condition is present, assume it is **not**.
- A broken or chipped tooth is sound, unless an obvious cavity is also found.

Standardized PSP Screening Form



Missouri Department of Health and Senior Services
 P.O. Box 876, Jefferson City, MO 65116-0876 Phone: 800-491-7415 FAX: 573-522-6146

Preventive Services Program (PSP) Survey

Screening Date:	School Name (Print, stamp, or affix a label):	Screened Name:
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DO NOT LEAVE ANY QUESTIONS UNANSWERED. Mark the circle and print in the blank space.

<p>1. Gender:</p> <p><input type="radio"/> Male</p> <p><input type="radio"/> Female</p> <p>2. Race/Ethnicity:</p> <p><input type="radio"/> White</p> <p><input type="radio"/> African-American</p> <p><input type="radio"/> Asian or Pacific Islander</p> <p><input type="radio"/> American Indian</p> <p><input type="radio"/> Multi-Racial</p> <p><input type="radio"/> Unknown (Non White)</p> <p><input type="radio"/> Hispanic</p> <p>3. Oral Hygiene:</p> <p><input type="radio"/> Not Satisfactory:</p> <p><input type="radio"/> Satisfactory:</p> <p>4. Treated Decay:</p> <p><input type="radio"/> None</p> <p><input type="radio"/> Primary Only</p> <p><input type="radio"/> Primary and Permanent</p> <p><input type="radio"/> Permanent Only</p> <p>5. Presence of Dental Sealants:</p> <p><input type="radio"/> No Sealants</p> <p><input type="radio"/> Sealants</p> <p>6. History of Rampant Caries:</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p>7. White Spot Lesions (WSL): (White spots on at least one primary max. anterior)</p> <p><i>(Only complete for children 3 years old and younger)</i></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p>	<p>8. Age:</p> <p><input type="radio"/> 0 to 11 Mo.</p> <p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5</p> <p><input type="radio"/> 6</p> <p><input type="radio"/> 7</p> <p><input type="radio"/> 8</p> <p><input type="radio"/> 9</p> <p><input type="radio"/> 10</p> <p><input type="radio"/> 11</p> <p><input type="radio"/> 12</p> <p><input type="radio"/> 13</p> <p><input type="radio"/> 14</p> <p><input type="radio"/> 15</p> <p><input type="radio"/> 16</p> <p><input type="radio"/> 17</p> <p><input type="radio"/> 18</p> <p>9. Untreated Decay:</p> <p><input type="radio"/> None</p> <p><input type="radio"/> Primary Only</p> <p><input type="radio"/> Primary and Permanent</p> <p><input type="radio"/> Permanent Only</p> <p>10. Treatment Urgency:</p> <p><input type="radio"/> No Obvious Problem:</p> <p><input type="radio"/> Early Dental Care:</p> <p><input type="radio"/> Urgent Care:</p> <p>11. Early Childhood Caries (ECC): (Caries history on at least one primary max. anterior) <i>(Only complete for children 5 years old and younger)</i></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p>	<p>12. Grade:</p> <p><input type="radio"/> Preschool</p> <p><input type="radio"/> Kindergarten</p> <p><input type="radio"/> First Grade</p> <p><input type="radio"/> Second Grade</p> <p><input type="radio"/> Third Grade</p> <p><input type="radio"/> Fourth Grade</p> <p><input type="radio"/> Fifth Grade</p> <p><input type="radio"/> Sixth Grade</p> <p><input type="radio"/> Seventh Grade</p> <p><input type="radio"/> Eighth Grade</p> <p><input type="radio"/> Ninth Grade</p> <p><input type="radio"/> Tenth Grade</p> <p><input type="radio"/> Eleventh Grade</p> <p><input type="radio"/> Twelfth Grade</p>
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Healthy Missouri for All

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The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and enhancing for people an EQUAL OPPORTUNITY AFFIRMATIVE ACTION (EEO/AA) workplace free from harassment and a nondiscriminatory environment. Rev-02/08

Data Reported in a Community-Based Format

- **Community** is our Patient
- **Community** is encouraged to assume responsibility
- **Community** as a whole is assessed
- **Community** data is collected and utilized state and nationally
- **Community** is encouraged to build a network of care

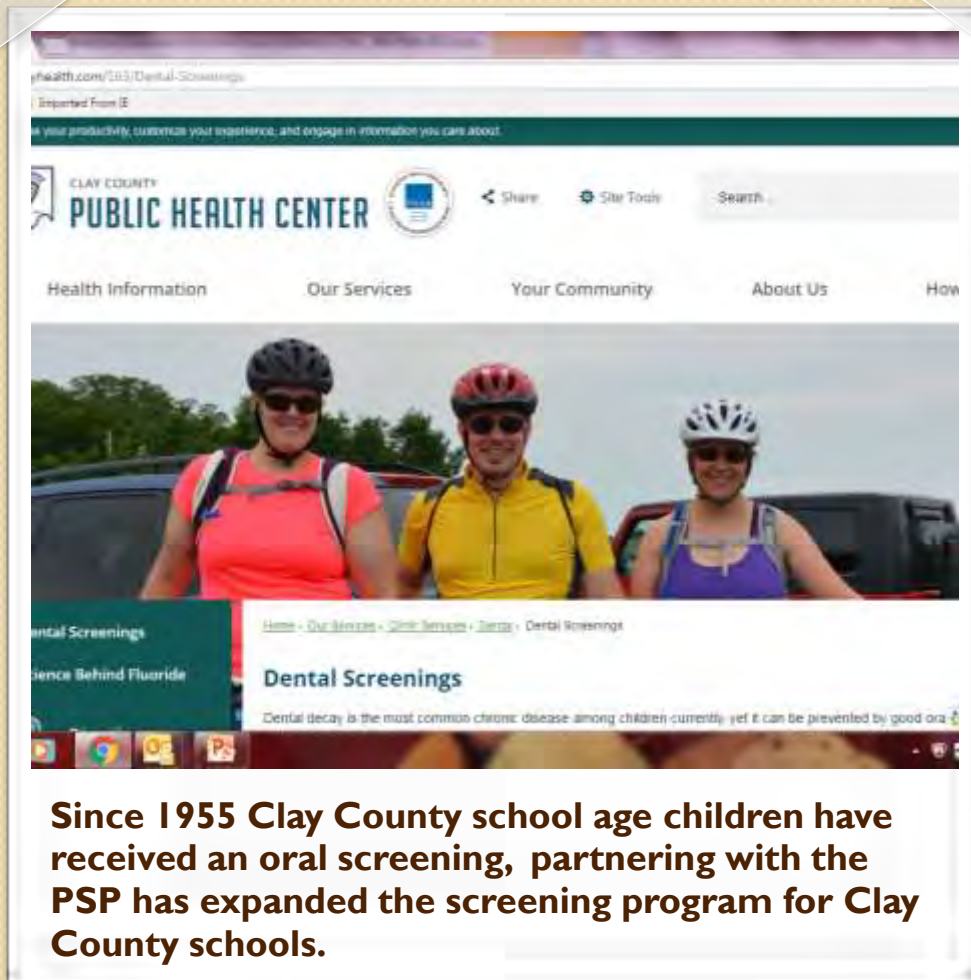
Oral Screening Results Provided

Missouri Oral Health Preventive Services Program
Screening Results for School Year 2012-2013

Sugar Creek - Independence School District
Jackson County

Gender	Kindgrn	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grand Total
Female	13	15	18	18	15	9	88
Male	20	16	11	20	18	10	95
Grand Total	33	31	29	38	33	19	183
Age	Kindgrn	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grand Total
5	12						12
6	21	11					32
7		19	8				27
8		1	19	16			36
9			1	22	16		39
10					16	8	24
11					1	11	12
BLANK			1				1
Grand Total	33	31	29	38	33	19	183
Race	Kindgrn	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grand Total
African-American	1	1	2	2	1	1	8
Hispanic	6	6	6	5	5	2	29
Unknown Non-White	4	3	4	2	4		14
White	22	21	21	29	23	16	132
Grand Total	33	31	29	38	33	19	183
Oral Hygiene	Kindgrn	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grand Total
Satisfactory	29	17	16	20	22	7	111
Not Satisfactory	4	14	13	18	11	12	72
Grand Total	33	31	29	38	33	19	183
Treated Decay	Kindgrn	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grand Total
None	25	17	12	7	10	3	74
Primary Only	6	14	17	30	16	13	96
Primary and Permanent				1	6	3	10
Permanent Only					1	1	1
Grand Total	33	31	29	38	33	19	183
Untreated Decay	Kindgrn	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grand Total
None	28	30	27	27	27	16	165
Primary Only	6	1	1	7	6	2	22
Primary and Permanent				2		1	3
Permanent Only			1	2			3
Grand Total	33	31	29	38	33	19	183
Dental Sealants	Kindgrn	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grand Total
No Sealants	32	29	27	29	22	18	157
Sealants	1	2	2	9	11	1	28
Grand Total	33	31	29	38	33	19	183
Treatment Urgency	Kindgrn	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grand Total
No Obvious Problem	28	30	27	27	27	16	155
Early Dental Care	5	1	2	8	4	3	23
Urgent Care				3	3		6
Grand Total	33	31	29	38	33	19	183
History of Rampant Caries	Kindgrn	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grand Total
No	30	24	24	24	28	17	147
Yes	3	7	5	14	6	2	37
Grand Total	33	31	29	38	33	19	183

PSP Participant Clay County Public Health Center



Since 1955 Clay County school age children have received an oral screening, partnering with the PSP has expanded the screening program for Clay County schools.

Karmen Vaughn, RDH

“Our school-based dental program used to provide dental screenings and education yearly. In partnership with PSP we are now including fluoride varnish applications and dental supplies biannually. “

“A few kids excited about receiving dental goodies have told me, “I haven’t had a new toothbrushes in years!...”

47 Clay County Schools are participating with the PSP; representing approximately 9,000-10,000 children.

Program Methodology

The 4 basic steps in the program include:

- **1. Screening/Surveillance:** Complete an **annual** standardized oral health screening for a statewide database of the children in a community. This Basic Screening Survey(BSS)-provides nationally recognized data
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- **4. Referral:** Provide a structure for dental care for children with unmet dental need

Step 2: Oral Health Education

- **Inform of the benefits of fluoride varnish to parents and children through brochures, flyers, and handouts**
- **Instruct in basic oral hygiene measures (brushing and flossing) through video/DVD and verbal presentations**

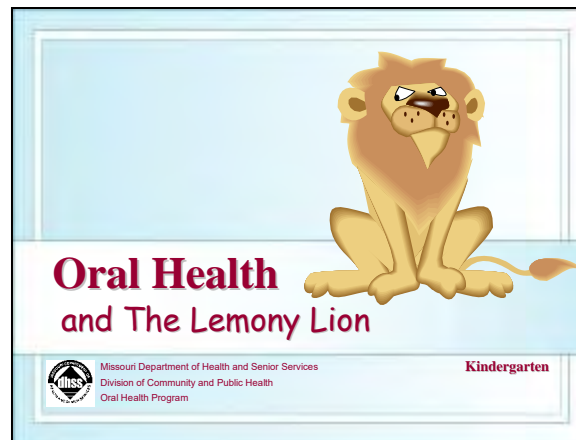
Free Toothbrushes, Toothpaste and Floss

- **Appropriately sized toothbrushes for the children being screened will be provided by PSP on the day of the screening and an additional toothbrush at the second application.**
- **Toothpaste for all children**
- **Grades 4th and up receive dental floss**

Oral Health Education Curriculum Presentations

- Oral health curriculum presentations
- Kindergarten through 12th grade is available on website:

<http://health.mo.gov/living/families/oralhealth/oralhealtheducation.php>



Free Oral Health Materials

<http://health.mo.gov/living/families/oralhealth/oralhealtheducation.php>

Show-Me *Healthy Smiles for Healthy Life*



Nutrition Tips for a Healthy Smile

- Drink water or low-fat milk and stay away from sugary drinks like soda.
- Don't eat too much candy or desserts that are high in sugar and stick to your teeth.
- Eat plenty of fruits and vegetables to promote healthy gums and teeth.

Infants

- You can pass cavity-causing germs to your baby when you put baby's spoon or pacifier in your mouth.
- Clean your newborn baby's gums with a soft, clean, damp washcloth after every feeding, even if no teeth have come in yet.
- Baby begins cutting teeth at around six months old.
- Brush your baby's teeth as soon as the first tooth comes in. Use a small, soft toothbrush and a "smear" of fluoride toothpaste.
- Your baby should have a dental exam by their first birthday.
- Don't put juice, soda or any sweet drinks in baby's bottle or sippy cup.
- Don't put baby to bed with a bottle or sippy cup.



Don't forget to Brush



- Brush two times a day
- Use a small amount of toothpaste (about the size of a pea)
- Brush for two minutes
 - Top and bottom
 - Front and back
 - Brush your tongue
- Floss at least once a day



health.mo.gov/oralhealth #103

Oral Health is Overall Health

Take Good Care of Your Teeth and Gums

- Brush your teeth and tongue for two minutes at least twice a day.
- Use a toothbrush with soft bristles and brush gently so you do not damage your gums.
- Don't share toothbrushes.
- Get a new toothbrush every six months.
- Use fluoride toothpaste.
- Clean between your teeth with dental floss at least once a day.
- Avoid tobacco products.
- Limit alcohol use.
- See a dentist at least once a year.
- Avoid sugary foods and drinks.

Avoid Tobacco for a Healthy Mouth

- Smokers are four times more likely to develop gum disease than non-smokers.
- Smokeless tobacco can contain sugar, which increases the risk of tooth decay.

Oral health problems can cause serious health issues like diabetes, heart disease, stroke and osteoporosis.



Fluoride Historical Value

**Dramatic reduction in cavities for 50 years.
Reduction due to both systemic and topical
fluorides.**



Fluoride Varnish



Preventing and Arresting Dental Decay

Has been used in Europe and Canada for more than 40 years in preventing tooth decay.

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Step 3: Fluoride Varnish

- **Fluoride varnish comparable in efficacy to traditional topical fluorides.**
- **Fluoride varnish can be applied in a variety of settings.**
- **Can be applied by non-dental staff with training**



Fluoride Varnish is Endorsed by the Following Associations ...



American Dental Association

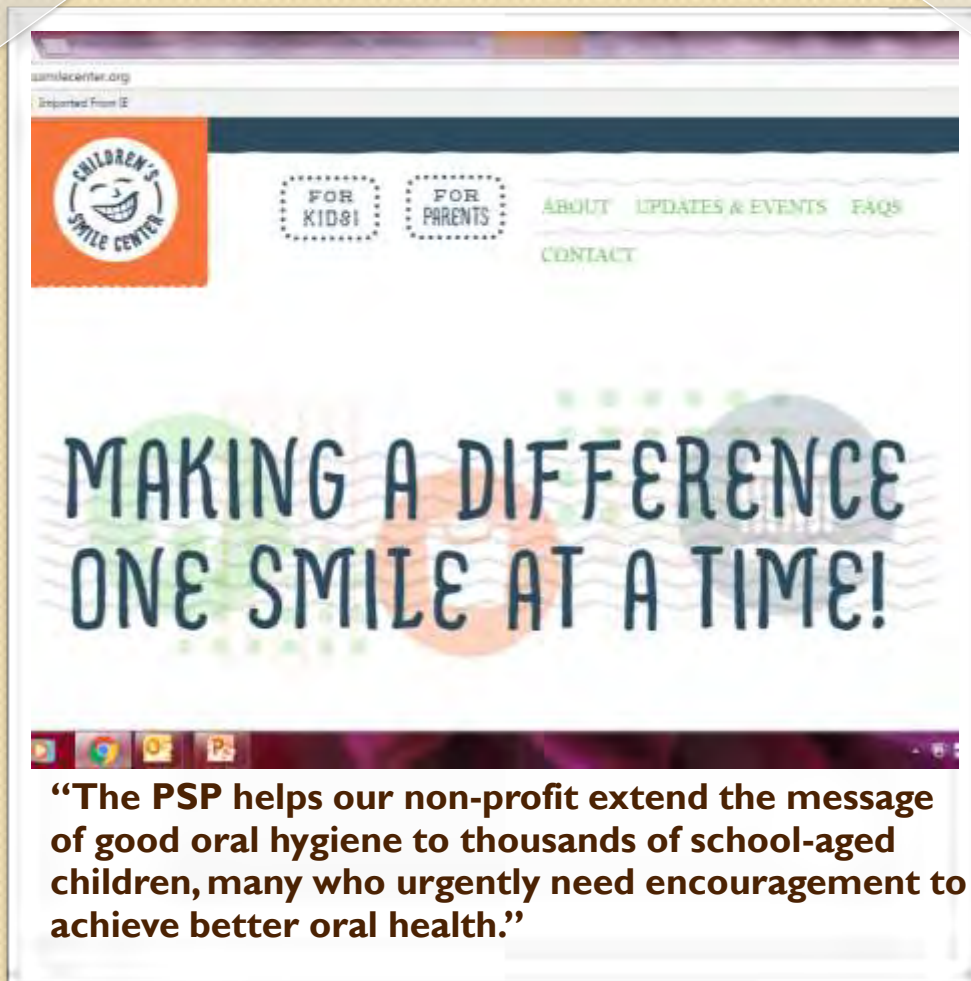


Association of State and Territorial
Dental Directors



Centers for Disease Control and
Prevention

PSP Participant Children's Smile Center Dental Clinic



The screenshot shows the website for the Children's Smile Center. At the top left is the logo, which is a white circle with a smiling face and the text "CHILDREN'S SMILE CENTER" around it, set against an orange square background. To the right of the logo are two buttons: "FOR KIDS!" and "FOR PARENTS", both with dashed borders. Further right are navigation links: "ABOUT", "UPDATES & EVENTS", "FAQS", and "CONTACT". The main content area features the text "MAKING A DIFFERENCE ONE SMILE AT A TIME!" in a large, blue, hand-drawn font. Below the text is a Windows taskbar with several application icons.

“The PSP helps our non-profit extend the message of good oral hygiene to thousands of school-aged children, many who urgently need encouragement to achieve better oral health.”

**Carrie Burke;
Administrator**

“We are impressed with how user-friendly the PSP is for our non-profit dental clinics. From the clear-cut instructions, to ease in ordering, and the entering of data online, our consultant makes it literally a turn-key operation.”

Fluoride Varnish Characteristics

- Easy to learn to apply and perform
- Quickly completed
- Sets on contact with moisture (saliva)
- Not rendered inactive by plaque
- Taste is tolerable and well accepted

How Fluoride Varnish Works

- Decreases the acidic environment caused by plaque
- Retards, arrests, and may reverse the decay process
- Can promotes the remineralization of the tooth enamel

Parental Consent

- Positive Consent Required
- Parent Fluoride Varnish note will be sent home after fluoride varnish application

Dear Parent or Guardian: _____ Date: _____

A preventive oral health program is available through the Missouri Department of Health and Senior Services and **(add your school information)**. This program is offered to all children in the state of Missouri, including those who receive regular dental care.

A licensed dental professional will provide an oral screening for your child and a trained volunteer will apply a thin coating of fluoride varnish to your child's teeth as a preventive measure against tooth decay. This thin coating of fluoride varnish will be applied **three** during the school year. Fluoride varnish has been proven to be safe and effective in preventing and reversing small areas of early tooth decay. This preventive program also includes a free toothbrush and oral health information.

*** This service does not replace a regular dental check-up, which is recommended at least once a year. ***

To receive this **no cost** screening and fluoride varnish application, you must provide consent:

____ Yes, I want my child to receive a dental screening and two applications of fluoride varnish approximately three to six months apart.

____ Yes, I want my child to have the dental screening, but I do **not** want my child to have the fluoride varnish.

____ No, I do not want my child to participate in this program.

Child's Name: _____

Teacher: _____ Grade: _____

Health History

Has your child ever had serious health problems? Yes: ____ No: ____ If yes, please explain: _____

Does your child have any allergies? Yes: ____ No: ____ If yes, please list: _____

Parent/Guardian Signature: _____ Date: _____

Cost Effective



- **Nu Radiance costs less than \$.72 per application**
- **Free to participants/community**

*Dental care is the most commonly cited unmet health care need in the nation(*Pediatr Clin N AM* 2000;47:1177-1189).*

Who Benefits

- Infants & toddlers
- Children
- Teens
- Adults



Application

- No dental chair needed
- Application takes 1-3 minutes
- Varnish is “painted” on all surfaces of all teeth with disposable applicator

Application Supplies



- Disposable Mouth Mirror (state provides)
- Varnish (state provides)
- Gloves, (latex free) and Mask & Flashlights- (community provides)

Knee to Knee/Lap and Chair Positions



Knee to Knee/Lap Position

<http://www.scdhec.gov/health/mch/oral/early.htm>



Chair Position

Application Appearance



Post Application

- May offer drink immediately
- Okay to eat and drink as usual
- **No brushing until the next morning**



Reapply Fluoride Varnish

- To maintain its caries-preventive effect
- Department of Health will provide two applications per year
- Application of fluoride varnish twice per year can help reduce decay dramatically

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Step 4: Referral Network

- Community action **essential**
- Involve local dentists, community health clinics, federally qualified health clinics, other health providers
- Continued networking important to obtain and maintain good referral system

The PSP Web Site:

<http://health.mo.gov/blogs/psp/>

The screenshot shows a Windows Internet Explorer browser window displaying the Missouri Department of Health & Senior Services website. The browser's address bar shows the URL <http://health.mo.gov/blogs/psp/>. The website header features the Missouri Department of Health & Senior Services logo and the names of Governor Jay Nixon and Director Gail Vasterling. A search bar is located on the right side of the header. Below the header is a navigation menu with links for Home, PSP Articles, Program Summary, Training, Medical Professionals, Find a Consultant, and Become a Volunteer. The main content area is titled "Information about PSP" and includes an "About Us" section, a "NEW! Preventive Services Program Brochure" link, an "Oral Health Report 2012-2013" link, a "Snapshot of PSP" section, and a "PSP 5-Minute Snapshot" video link. A "Calendar" widget on the right side of the page lists upcoming events for Friday, January 17, Monday, January 20, and Tuesday, January 21. The Windows taskbar at the bottom shows the system tray with the date and time as 1:46 PM on 1/16/2014.

PSP Report 2012-2013 School Year

<http://health.mo.gov/blogs/psp/>

Missouri Preventive Services Program A Report from the 2012-2013 School Year



*Promoting Healthy
Smiles through
Prevention and
Education*

*Healthy
Smiles for a
Healthy Life*



Missouri Department of Health and Senior Services
Office of Primary Care and Rural Health
Oral Health Program
P.O. Box 570, Jefferson City, Missouri 65102-0570
Health.mo.gov/oralhealth
1-800-891-7415
Relay Missouri for Hearing and Speech Impaired: 1-800-735-2966



Positive PSP Data

PSP Activity of children screened and varnished:

2006-2007 school year- 8,529
2007-2008 school year - 18,139
2008-2009 school year - 35,308
2009-2010 school year- 54,187
2010-2011 school year- 64,657
2011-2012 school year- 64,764
2012-2013 school year- 72,320
2013-2014 school year-76,320
2014-2015 school year- 83,258
2015-2016 school year- 83,139

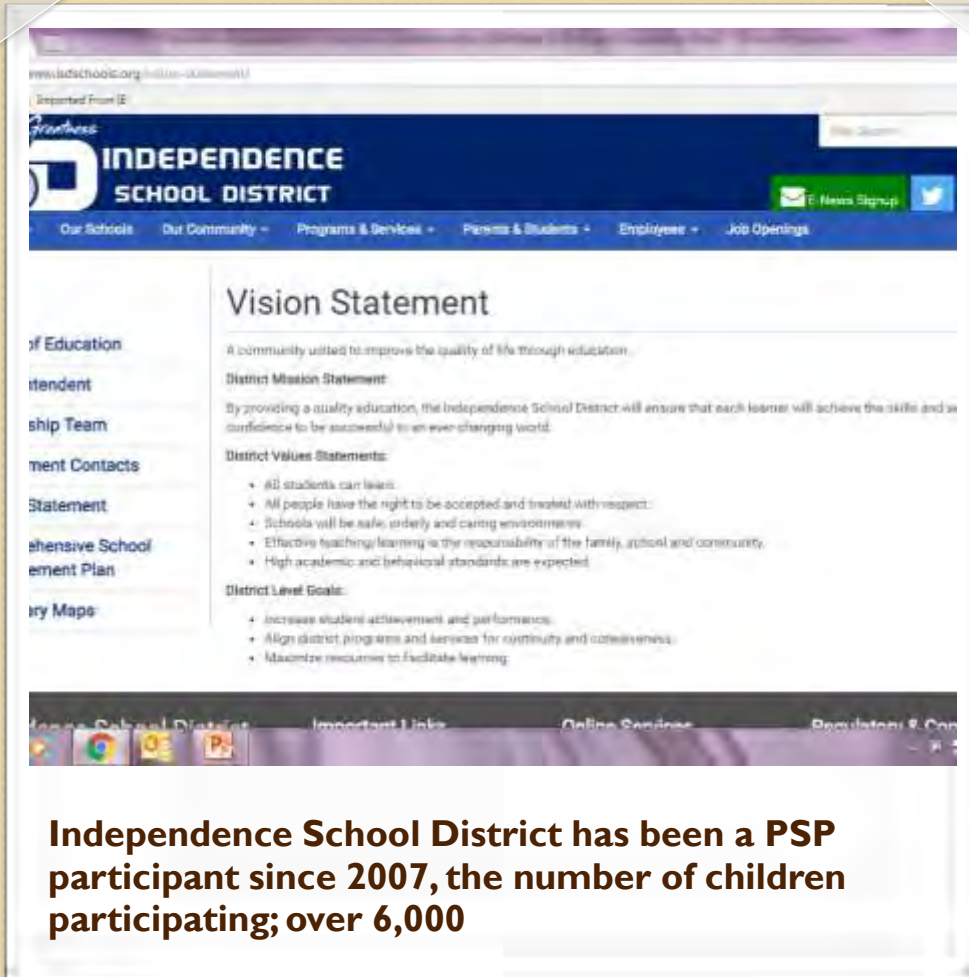
Volunteers

Over 1,296 licensed dental professionals have been calibrated to conduct oral screenings

Plus approximately 6,529 volunteers trained to apply varnish



PSP Participant Independence School District



The screenshot shows the website for Independence School District (ISD). The header includes the URL www.isdschools.org, the text "Reported From IE", and the ISD logo with the name "INDEPENDENCE SCHOOL DISTRICT". Navigation links include "Our Schools", "Our Community", "Programs & Services", "Parents & Students", "Employees", and "Job Openings". There is also a "News Signup" button and social media icons for Facebook and Twitter.

Vision Statement

A community united to improve the quality of life through education.

District Mission Statement:
By providing a quality education, the Independence School District will ensure that each learner will achieve the skills and confidence to be successful in an ever-changing world.

District Values Statements:

- All students can learn.
- All people have the right to be accepted and treated with respect.
- Schools will be safe, orderly and caring environments.
- Effective teaching/learning is the responsibility of the family, school and community.
- High academic and behavioral standards are expected.

District Level Goals:

- Increase student attainment and performance.
- Align district programs and services for continuity and cohesiveness.
- Maximize resources to facilitate learning.

At the bottom of the page, there are sections for "Joining School District", "Important Links", "Online Services", and "Regulatory & Compliance".

**Courtney Wall,
Health Screener**

“A positive is that PSP provides the students of Independence School District (ISD) the opportunity to receive fluoride twice a year at no cost to their parents.”

Independence School District has been a PSP participant since 2007, the number of children participating; over 6,000

Early Childhood Caries



The Anticipated Results



- **Improved Health Outcomes.**
 - Lower rates of acute and chronic diseases
 - Higher rates of preventive services
 - Lower rates of disability
- **Improved Education Outcomes**
 - Less absenteeism
 - Higher test scores
 - Fewer Drop Outs
- **Improved Business Outcomes**
 - Reduce Health Care Expenditures
 - More Productive Workforce

Questions/Find a Consultant

Office of Dental Health

Missouri Department of Health and Senior Services

P.O. Box 570 Jefferson City, MO 65102-0570

1-800-891-7415

<http://health.mo.gov/blogs/psp/>

To locate an Oral Health Consultant in your community;

<http://health.mo.gov/blogs/psp/>

Click icon on left side "Find a consultant"

Thank You!

Department of Health/Office of Dental Health

Dental Director:

- **Dr. John Dane, DDS**

Oral Health Program Coordinator:

- **Amy Kelsey, MPH**

Oral Health Program Consultants:

- **Jeffrey Bellamy, RDH, BSGS**
- **Karen Eslinger, RDH**
- **Audrey Hendee, RDH**
- **Ann Hoffman, RDH, BSDH**
- **Molly McBride-Mooty, RDH**



References

- Evidence-based Clinical Recommendation: Professionally Applied Topical Fluoride. Report of the Council on Scientific Affairs. American Dental Association. May, 2006
- Synopses of State and Territorial Dental Public Health Programs . Center for Disease Control and Prevention. Feb. 6 2004. Available at: apps.nccd.cdc.gov/synopses/aboutv/asp. Accessed on : 03/12/07.
- Fluoride Varnish Protocol. Iowa Department of Public Health. 4/2002. Available at: http://www.idphstate.ia.us/hpcdp/commomn/pdf/oral_health/fluoride_protocol.pdf. Accessed on: 03/07/07.
- Gold-Autio,Jaana,Courts, Frank (2001). Assessing the effect of fluoride varnish on early enamel carious lesions in the primary dentition. *J Am Dent Assn.* 132(9):1247-53.
- Seppa,Lisa (2004). Fluoride varnishes in caries prevention. *Medical Principles & Practice.* 13(6):307-11.
- Vivaldi-Rodrigues, G. et al (2006). The effectiveness of a fluoride varnish in preventing the development of white spot lesions. *World J of Ortho.* 7(2):138-44.
- Wientraub,J.A. et al (2006). Fluoride varnish efficacy in preventing early childhood caries. *J Dent Res.* 85(2):172-176.
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