Central Health and Wellness Center:

providing holistic health for children and the local community

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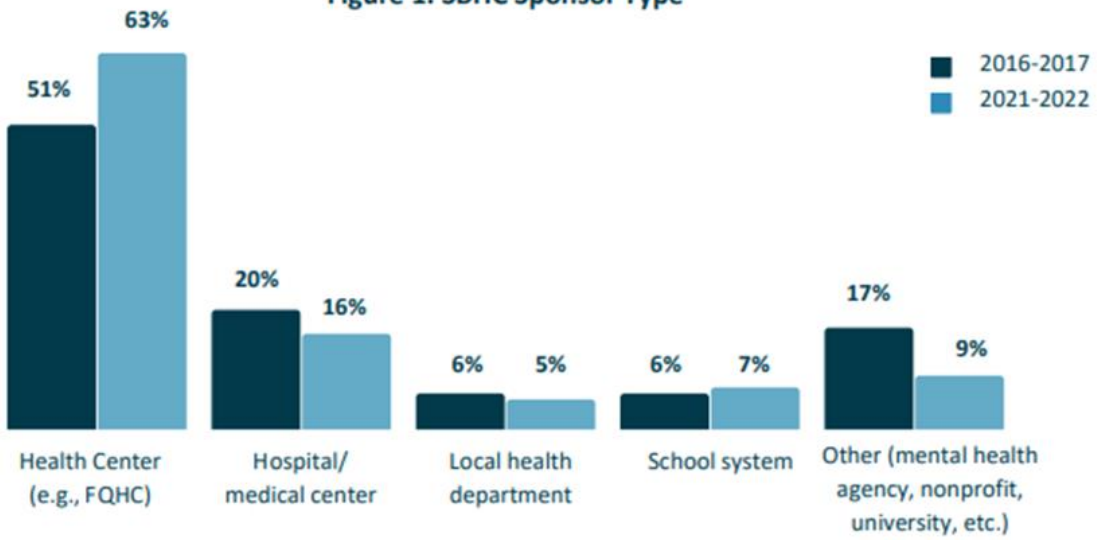
Capitol Dental

US School-Based Health Centers

- 3900 SBHCs in the US
- 2022 Survey included 1518 SBHCs, all had primary care and most either vision, dental or behavioral/mental health services
- The dominant model is a traditional school-based in a fixed facility on campus.

Figure 1. SBHC Sponsor Type



2022 data from SCHOOL-BASED HEALTH ALLIANCE
The National Voice for School-Based Health Care

US School-Based Health Centers

- About half the SBHCs see students' family members and school staff
- Only 1/3 see community members
- Most 71% have primary care, BH, and expanded care (vision, dental, etc)

Figure 4. SBHC Populations Served

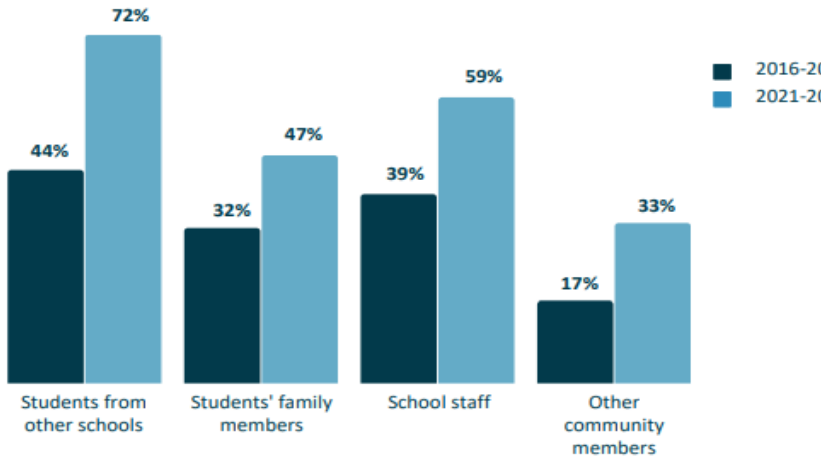
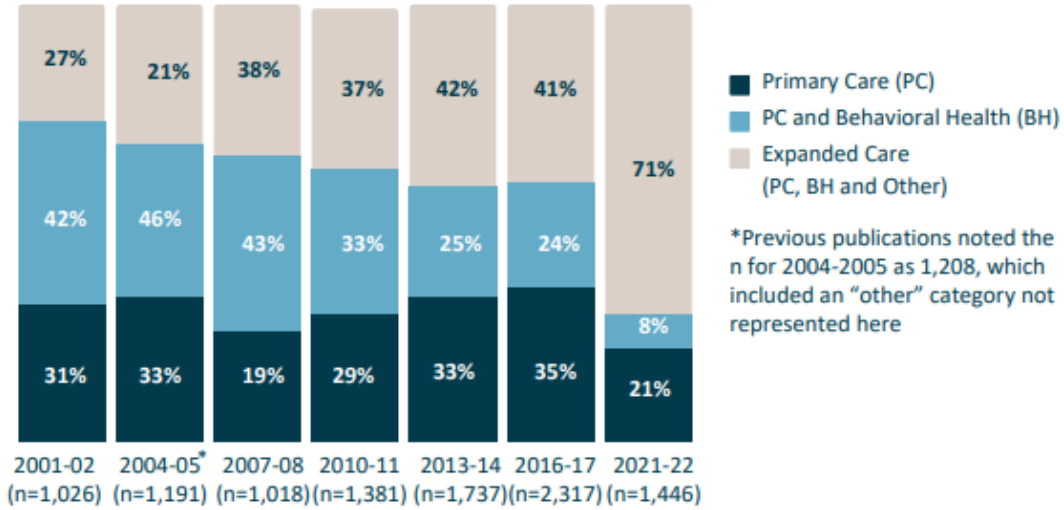
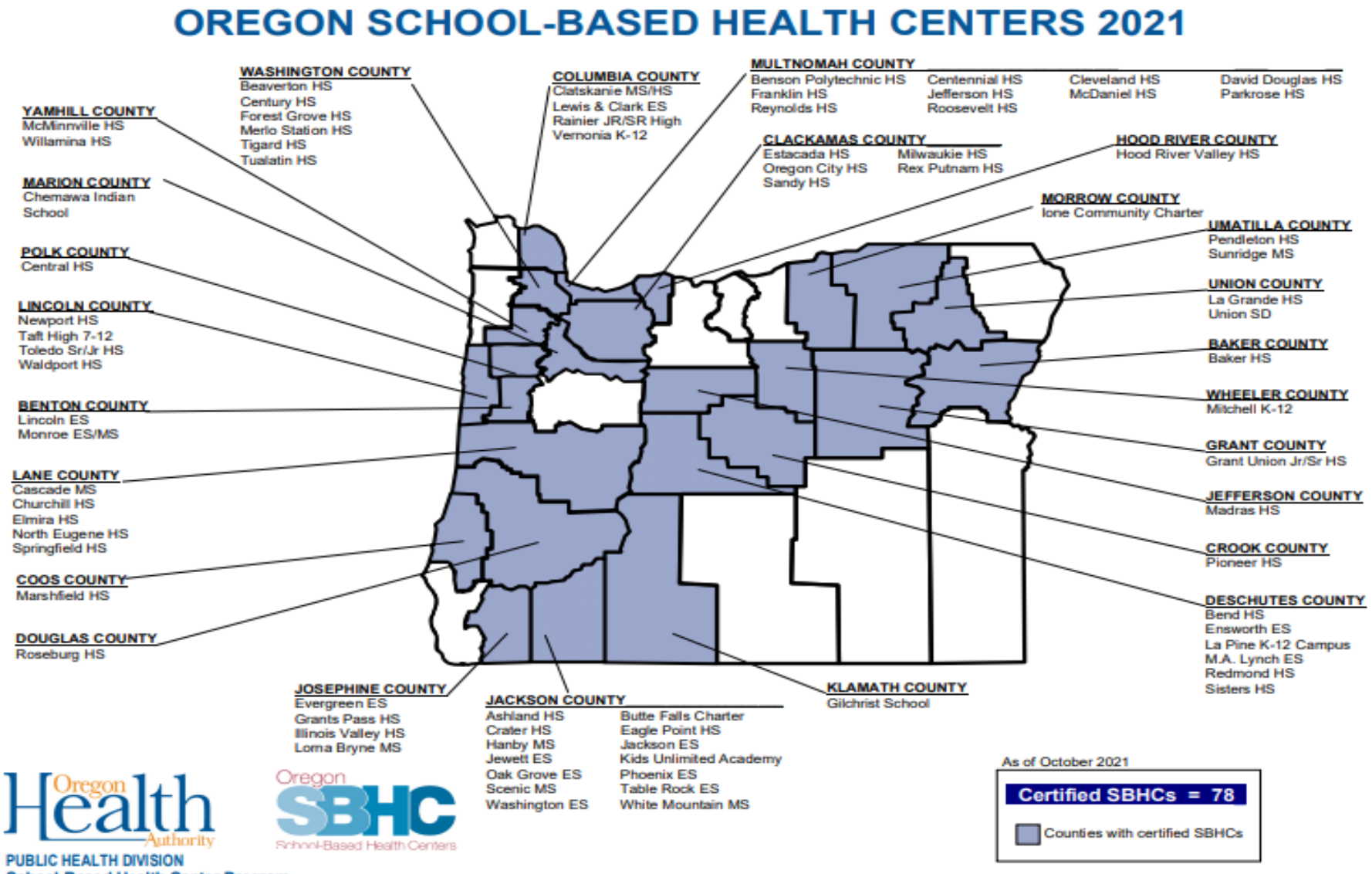


Figure 6. Trends in SBHC Staffing



2022 data from SCHOOL-BASED HEALTH ALLIANCE
The National Voice for School-Based Health Care

OR School-Based Health Centers



CENTRAL HEALTH

AND WELLNESS CENTER

Offering Medical, Dental & Behavioral Health Services to the Central School District and broader community

Capitol Dental

Services Provided

The focus is on preventing illness and promoting wellness

Medical Services

- Health education and wellness promotion
- Comprehensive physical exams
- Sports physicals
- Well child checks
- Treatment of illness and injury
- Routine laboratory tests
- Medications
- Immunizations
- Referrals to specialists as needed for services not provided at the center

Behavioral Health Services

- Mental health screenings and assessments
- Mental health family and individual therapy
- Addiction assessments and screenings (drug, alcohol, and gambling)
- Addiction counseling (drug, alcohol, and gambling)

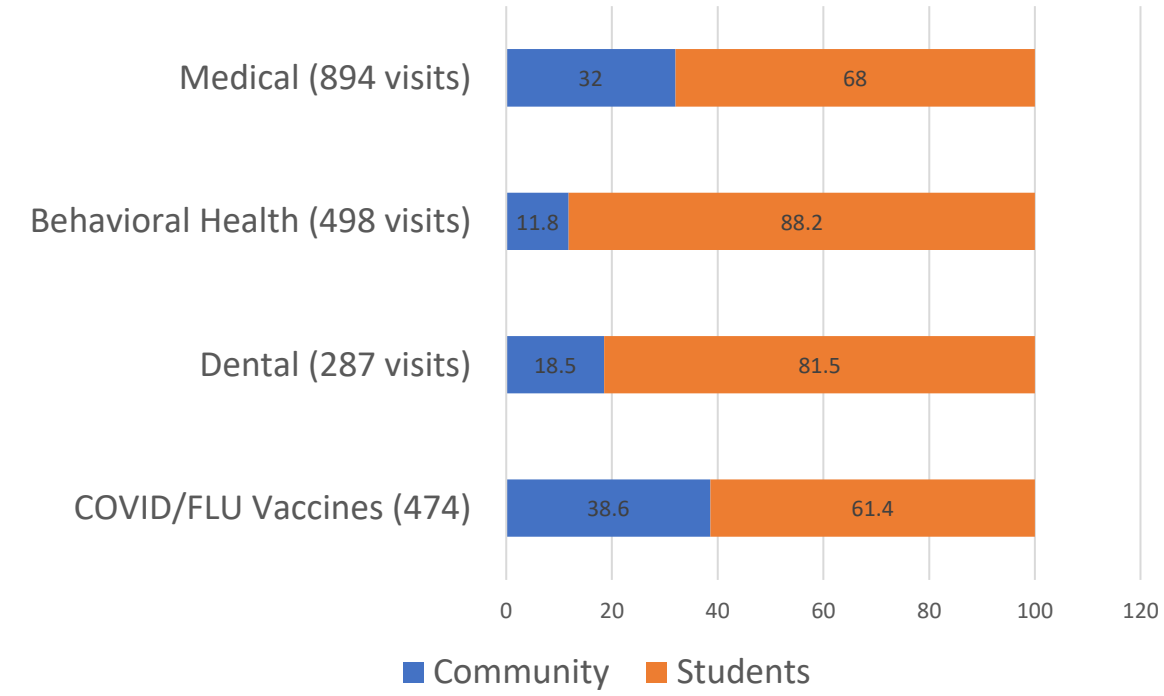
Dental Services Provided

The focus is on preventing illness and promoting wellness

- Dental screenings and assessments
- Dental cleanings and sealants
- Fluoride varnish application
- X-rays and exams
- Basic restorative (fillings)
- Extractions (excluding wisdom teeth)
- Oral health education onsite and in district schools
- Behavioral Health Screening Tool to refer for BH services
- Participation in community fairs and events

Community Impact

Central Health & Wellness Center
Full-year data 2022-2023
2153 total visits
(unique patients: 828 students/438 community)



Interprofessional Impact

Provider quotes

Dentist, dental hygienist-
"I have worked at the SBHC since 2016 and I have learned how well the entire team works together and the great retention in the medical and public health staffing. We are not always there when other providers are there, but when we are there on the same days we are able to work with the other staff to create stronger interprofessional relationships."

Primary care-
"With all 3 modalities onsite- physical, dental and mental health can be addressed, The support staff are aware of social resources in the community which families can access."
The dental hygienist taught us how to do dental assessments and fluoride varnish so we can do that especially on the days the dental team is not here for a warm hand-off."

Interprofessional Impact

Provider quotes

Behavioral Health-
"We have patients that use all three entities for services. Entire families can schedule appointments back to back or with different family members seeing different providers at the same time."
"Mental health issues are extremely common and many kids we see have never seen a dentist, so having all these available makes access so much easier."

Receptionist/ care coordinator-
"I think Central has achieved holistic health care. In one facility the patients are able to see a medical provider, dental provider and mental health provider-treating the WHOLE PATIENT and not just one aspect of health. This keeps patients from falling through the cracks and makes sure their health needs are being met."

Patient Story

Thank you!

Questions?

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Capitol Dental

BASIC PACKAGE OF ORAL CARE FOR MENTAL HEALTH PATIENTS

Kudzai Murembwe-Machingauta MBChB , MPH ,MSc RM
Cleopatra Matanhire-Zihanzu BDS, MBA , MSc GH

Oral and Mental health service delivery

“Medicine is a complex discipline.

It is a natural science whose perspective and tools it must use;

a social science dealing with the influence that diseases of society such as poverty, famine and war have on health;

a political science seeking to influence governmental processes to advance the health of the community;

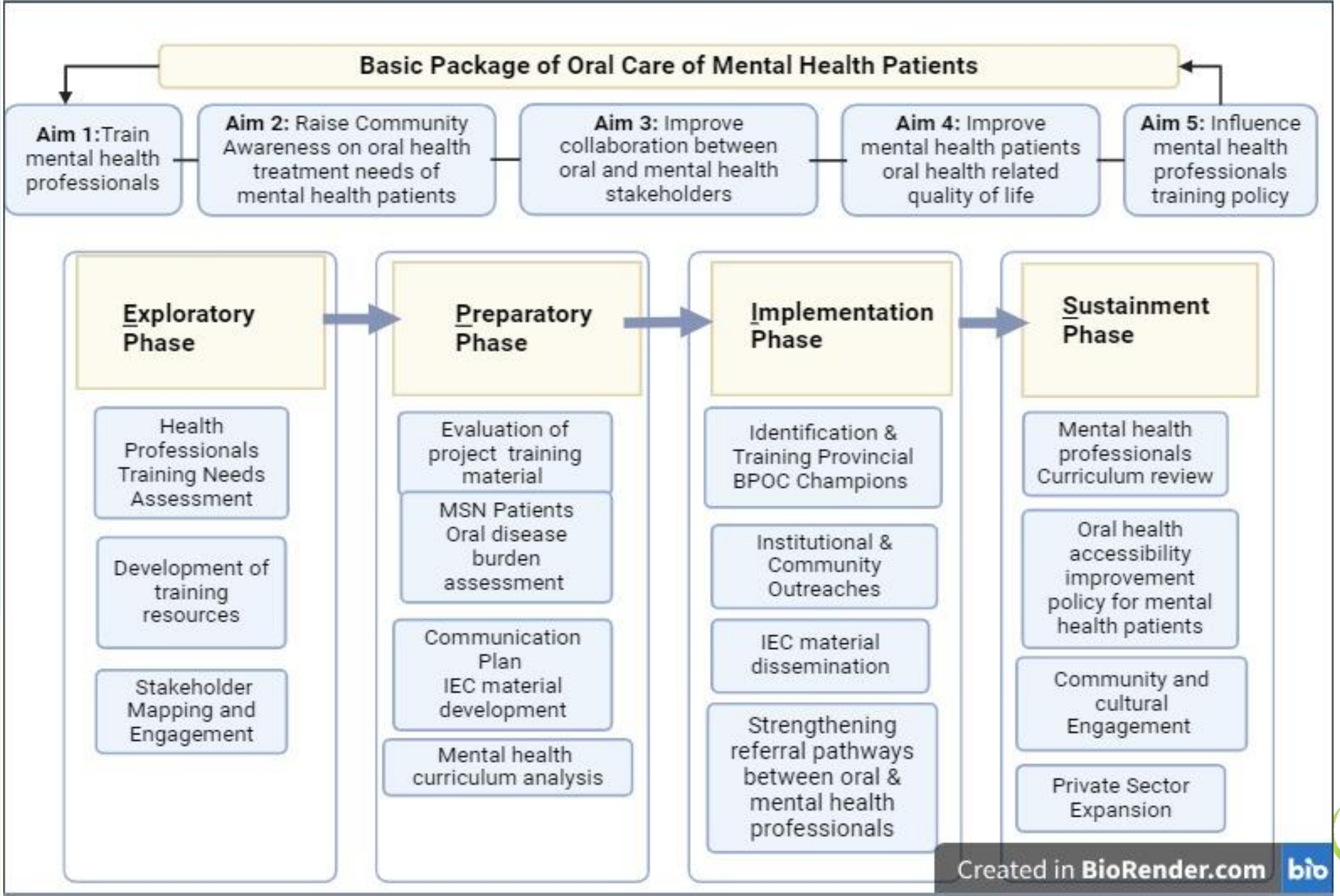
a psychological science dealing with human behaviour;

and an art using beauty, feelings and emotions in the service of health. Physicians must understand the interrelationships of these.

*Physicians can choose to be technicians whose human understanding is narrow and whose ability to adapt to change and impact on their community is limited or they **can be learned men** understanding the forces of history and consequently **expecting change and adapting to it**. HISTORY ACTS AS A UNIFYING FORCE!”*

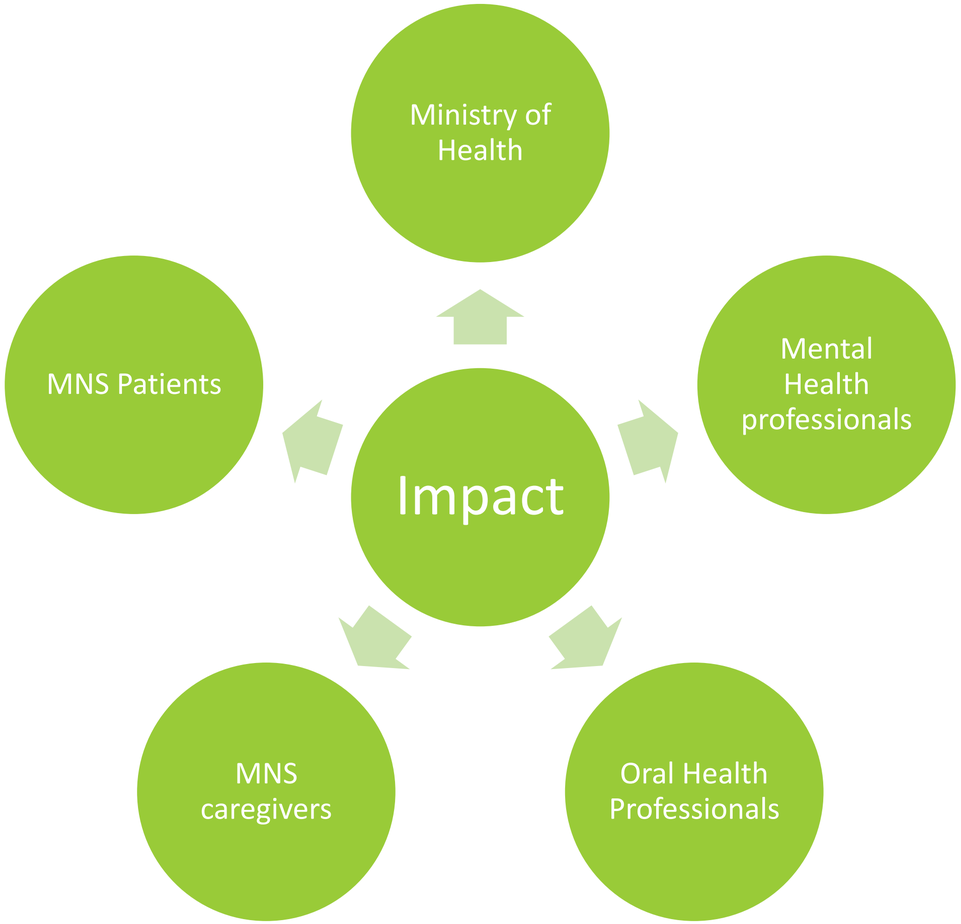
Loewy E. H. (1985). Teaching the history of medicine to medical students. Journal of medical education, 60(9), 692–695. https://doi.org/10.1097/00001888-198509000-00004

ORLAT
ORAL-LUNG AXIS TRUST



ORLAT
ORAL-LUNG AXIS TRUST

Task shifting of some oral health services to mental health professionals



- ✓ **Almost 50%** of Mental Health Professionals in public health facilities trained in patient oral health management
- ✓ **more than 700** mental health patients oral health status assessed in a pilot at the largest mental health facility
- ✓ **5** publications to date
- ✓ oral and mental health stakeholder meetings in **2** of the country's 10 provinces

ORLAT
ORAL-LUNG AXIS TRUST

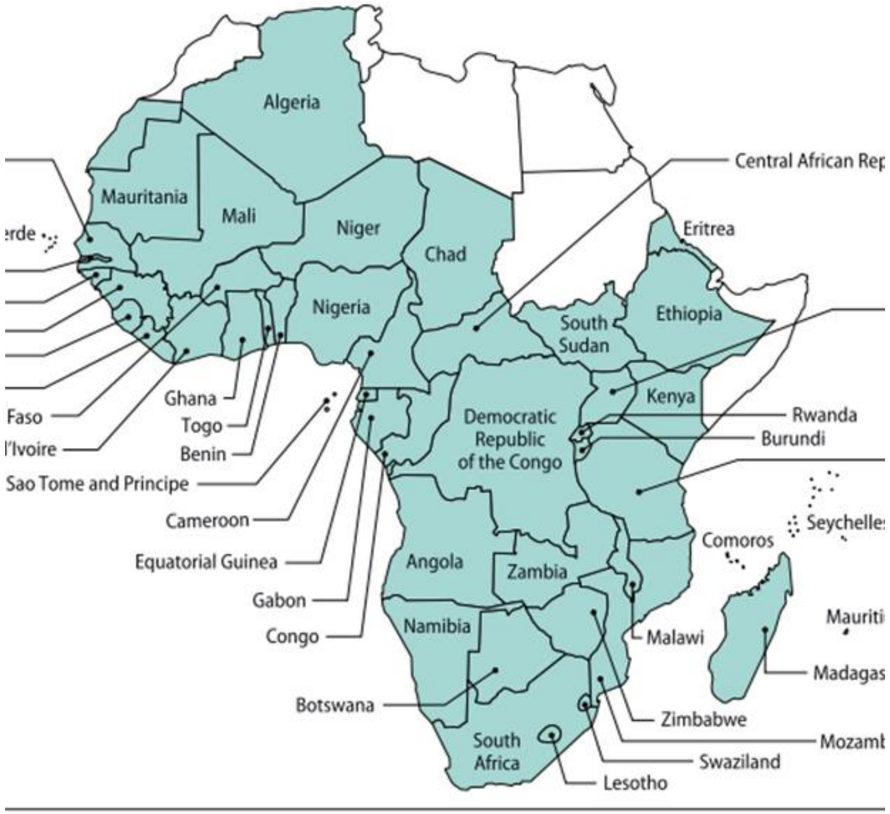

Effects of Cannabis (mbanje) on Oral Health
Effects of Methamphetamine (crystal meth/ guka makatefa/ mutarira) on Oral health


Project Zimbabwe
fdi
ZDA


Oral effects of substance abuse
Did you know?
Effects of Cannabis (mbanje) on Oral Health
Effects of Methamphetamine (crystal meth/ guka makatefa/ mutarira) on Oral health


Oral Health for Mental Health Patients
Project Zimbabwe
fdi

Future plans



PROJECT FORECAST

2024

Institutional & Community Outreaches

Establish in-house mental health institution dental facilities commencing

Traditional oral medicines research & mapping

2025

Project expansion into Private Sector 2025

Launch Virtual training platform 2025

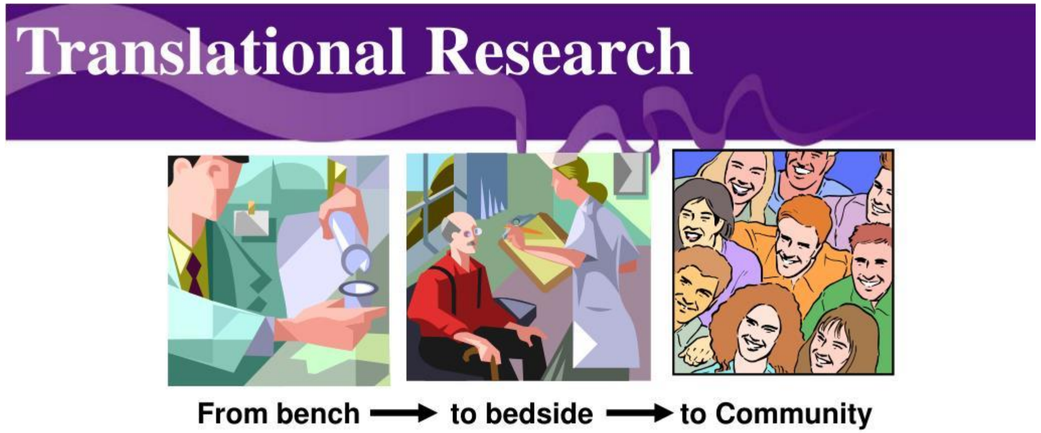
Evidence based National Oral Health Policy

WHO co-financing partner GEF7 Dental Amalgam Phase Down

2027

Mental Health Professionals Training Curriculum Review

Thank you, Tatenda!



ORLAT
ORAL-LUNG AXIS TRUST

Oral Health into General Health: Joint a Mother-Child-Vaccination Program to reduce ECC

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Pediatric Dentistry Department
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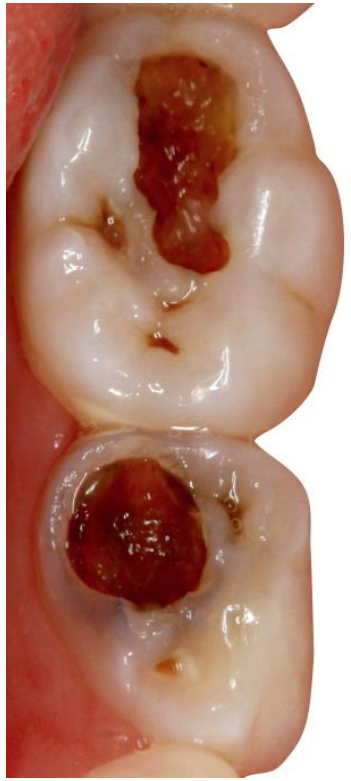
Background

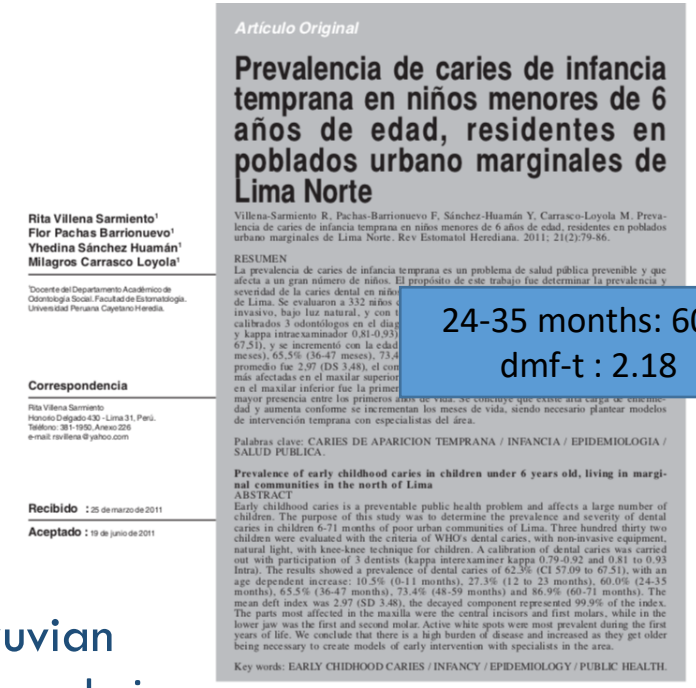


Dental Caries Prevalence - Perú National Report 2012-2014

Tipo de dentición	Estudio 2012-2014		Estudio 2001-2002	
	Prevalencia Global (%)	I.C. 95%	Prevalencia Global (%)	I.C. 95% ★
Caries en dentición Mixta	85,6	(85,0 - 86,2)	90,4	(87,6 - 93,2)
Primary dentition	59,1	(58,3 - 59,9)	60,5	(57,6 - 63,5)
Caries en dentición Permanente	57,6	(56,8 - 58,5)	60,6	(56,2 - 65,1)

Fuente: Estudio Perfil Epidemiológico de Salud Bucal en escolares de 3 a 15 años, Perú 2012-2014

* Centro Nacional de Epidemiología, Prevención y Control de Enfermedades- ESNSB-MINSA No published.



Artículo Original

Prevalencia de caries de infancia temprana en niños menores de 6 años de edad, residentes en poblados urbano marginales de Lima Norte

Rita Villena Sarmiento[1]
Flor Pachas Barrionuevo[1]
Yhedina Sánchez Huamán[1]
Milagros Carrasco Loyola[1]

[1]Docente del Departamento Académico de Odontología Social. Facultad de Estomatología. Universidad Peruana Cayetano Heredia.

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Aceptado : 19 de junio de 2011

Villena-Sarmiento R, Pachas-Barrionuevo F, Sánchez-Huamán Y, Carrasco-Loyola M. Prevalencia de caries de infancia temprana en niños menores de 6 años de edad, residentes en poblados urbano marginales de Lima Norte. Rev Estomatol Herediana. 2011; 21(2):79-86.

RESUMEN

La prevalencia de caries de infancia temprana es un problema de salud pública prevenible y que afecta a un gran número de niños. El propósito de este trabajo fue determinar la prevalencia y severidad de la caries dental en niños de Lima. Se evaluaron a 332 niños con luz natural, y con t... calibrados 3 odontólogos en el diag... y kappa intraexaminador 0.81-0.93)... 67.51), y se incrementó con la edad... meses), 65.5% (36-47 meses), 73.4... promedio fue 2.97 (DS 3.48), el com... más afectadas en el maxilar superior... en el maxilar inferior fue la primer... mayor presencia entre los primeros años de vida. Se concluye que existe una carga de enfermedad y aumenta conforme se incrementan los meses de vida, siendo necesario plantear modelos de intervención temprana con especialistas del área.

Palabras clave: CARIES DE APARICION TEMPRANA / INFANCIA / EPIDEMIOLOGIA / SALUD PUBLICA.

Prevalence of early childhood caries in children under 6 years old, living in marginal communities in the north of Lima

ABSTRACT

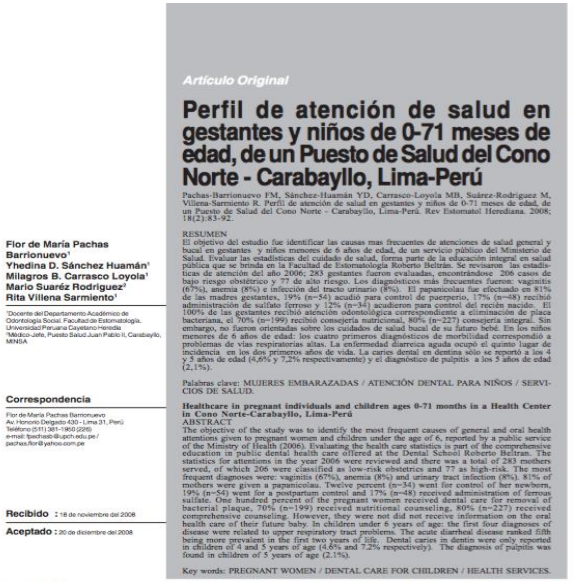
Early childhood caries is a preventable public health problem and affects a large number of children. The purpose of this study was to determine the prevalence and severity of dental caries in children 6-71 months of poor urban communities of Lima. Three hundred thirty two children were evaluated with the criteria of WHO's dental caries, with non-invasive equipment, natural light, with knee-knee technique for children. A calibration of dental caries was carried out with participation of 3 dentists (kappa interexaminer kappa 0.79-0.92 and 0.81 to 0.93 Intra). The results showed a prevalence of dental caries of 62.3% (CI 57.09 to 67.51), with an age dependent increase: 10.5% (0-11 months), 27.3% (12 to 23 months), 60.0% (24-35 months), 65.5% (36-47 months), 73.4% (48-59 months) and 86.9% (60-71 months). The mean deft index was 2.97 (SD 3.48), the decayed component represented 99.9% of the index. The parts most affected in the maxilla were the central incisors and first molars, while in the lower jaw was the first and second molar. Active white spots were most prevalent during the first years of life. We conclude that there is a high burden of disease and increased as they get older being necessary to create models of early intervention with specialists in the area.

Key words: EARLY CHIDHOOD CARIES / INFANCY / EPIDEMIOLOGY / PUBLIC HEALTH.

24-35 months: 60%
dmf-t : 2.18

Dental caries in Peruvian children starts very early in life, despite being a preventable condition

- Children reach the dental office when the problems appear, generating symptoms, pain and the necessity of invasive treatment.



Artículo Original

Perfil de atención de salud en gestantes y niños de 0-71 meses de edad, de un Puesto de Salud del Cono Norte - Carabayllo, Lima-Perú

Flor de María Pachas Barrionuevo[1]
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Milagros B. Carrasco Loyola[1]
Mario Suaréz Rodríguez[2]
Rita Villena Sarmiento[1]

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Recibido : 18 de noviembre del 2008
Aceptado : 20 de diciembre del 2008

Pachas-Barrionuevo FM, Sánchez-Huamán YD, Carrasco-Loyola MB, Suárez-Rodríguez M, Villena-Sarmiento R. Perfil de atención de salud en gestantes y niños de 0-71 meses de edad, de un Puesto de Salud del Cono Norte - Carabayllo, Lima-Perú. Rev Estomatol Herediana. 2008; 18(2):83-92.

RESUMEN

El objetivo del estudio fue identificar las causas mas frecuentes de atenciones de salud general y bucal en gestantes y niños menores de 6 años de edad, de un servicio público del Ministerio de Salud. Evaluar las estadísticas del cuidado de salud, forma parte de la educación integral en salud pública que se brinda en la Facultad de Estomatología Roberto Beltrán. Se revisaron las estadísticas de atención del año 2006; 283 gestantes fueron evaluadas, encontrándose 206 casos de bajo riesgo obstétrico y 77 de alto riesgo. Los diagnósticos mas frecuentes fueron: vaginitis (67%), anemia (8%) e infección del tracto urinario (8%). El papanicolau fue efectuado en 81% de las madres gestantes, 19% (n=54) acudió para control de puerperio, 17% (n=48) recibió administración de sulfato ferroso y 12% (n=34) acudieron para control del recién nacido. El 100% de las gestantes recibió atención odontológica correspondiente a eliminación de placa bacteriana, el 70% (n=199) recibió consejería nutricional, 80% (n=227) consejería integral. Sin embargo, no fueron orientadas sobre los cuidados de salud bucal de su futuro bebé. En los niños menores de 6 años de edad: los cuatro primeros diagnósticos de morbilidad correspondió a problemas de vías respiratorias altas. La enfermedad diarreica aguda ocupó el quinto lugar de incidencia en los dos primeros años de vida. La caries dental en dentina sólo se reportó a los 4 y 5 años de edad (4,6% y 7,2% respectivamente) y el diagnóstico de pulpitis a los 5 años de edad (2,1%).

Palabras clave: MUJERES EMBARAZADAS / ATENCIÓN DENTAL PARA NIÑOS / SERVICIOS DE SALUD.

Healthcare in pregnant individuals and children ages 0-71 months in a Health Center in Cono Norte-Carabayllo, Lima-Perú

ABSTRACT

The objective of the study was to identify the most frequent causes of general and oral health attentions given to pregnant women and children under the age of 6, reported by a public service of the Ministry of Health (2006). Evaluating the health care statistics is part of the comprehensive education in public dental health care offered at the Dental School Roberto Beltran. The statistics for attentions in the year 2006 were reviewed and there was a total of 283 mothers served, of which 206 were classified as low-risk obstetrics and 77 as high-risk. The most frequent diagnoses were: vaginitis (67%), anemia (8%) and urinary tract infection (8%). 81% of mothers were given a papanicolau. Twelve percent (n=34) went for control of her newborn, 19% (n=54) went for a postpartum control and 17% (n=48) received administration of ferrous sulfate. One hundred percent of the pregnant women received dental care for removal of bacterial plaque, 70% (n=199) received nutritional counseling, 80% (n=227) received comprehensive counseling. However, they were not did not receive information on the oral health care of their future baby. In children under 6 years of age: the first four diagnoses of disease were related to upper respiratory tract problems. The acute diarrheal disease ranked fifth being more prevalent in the first two years of life. Dental caries in dentin were only reported in children of 4 and 5 years of age (4.6% and 7.2% respectively). The diagnosis of pulpitis was found in children of 5 years of age (2.1%).

Key words: PREGNANT WOMEN / DENTAL CARE FOR CHILDREN / HEALTH SERVICES.

How to reach them?

Mother-child Health Program that includes Vaccination program

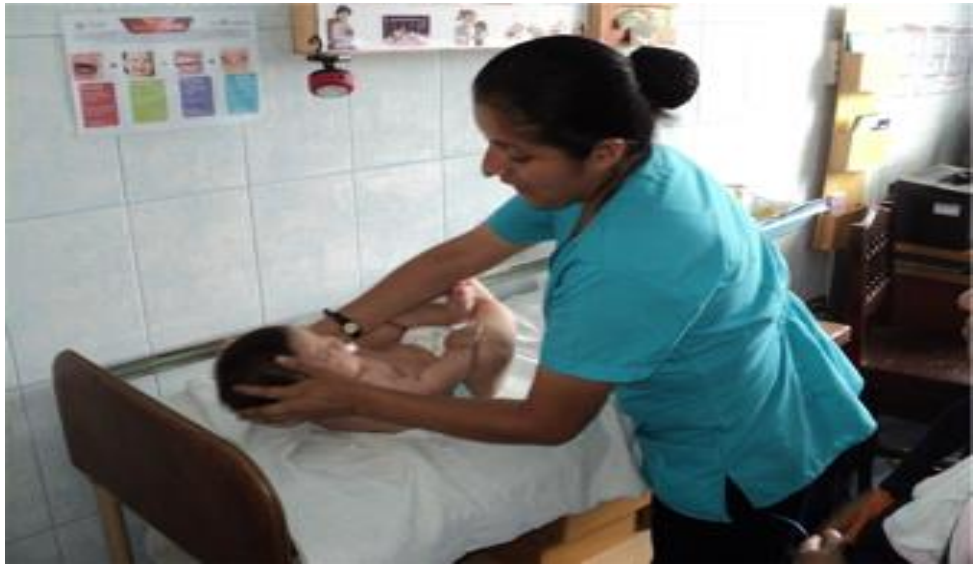
REDUCING INEQUALITIES IN ORAL HEALTH

Public Preschools

Private practice Interprofessional

NATIONAL HEALTH STRATEGY
A GOLDEN OPPORTUNITY

- There is a **unique opportunity** to include oral health in general health approaches in mother-child clinics
- Vaccination program (led by nurses) have shown a **92% compliance rate** nationally
- Nurses are the **first health-care professionals** who contact young children
- They could be an important link in **caries prevention strategies**



Study Design

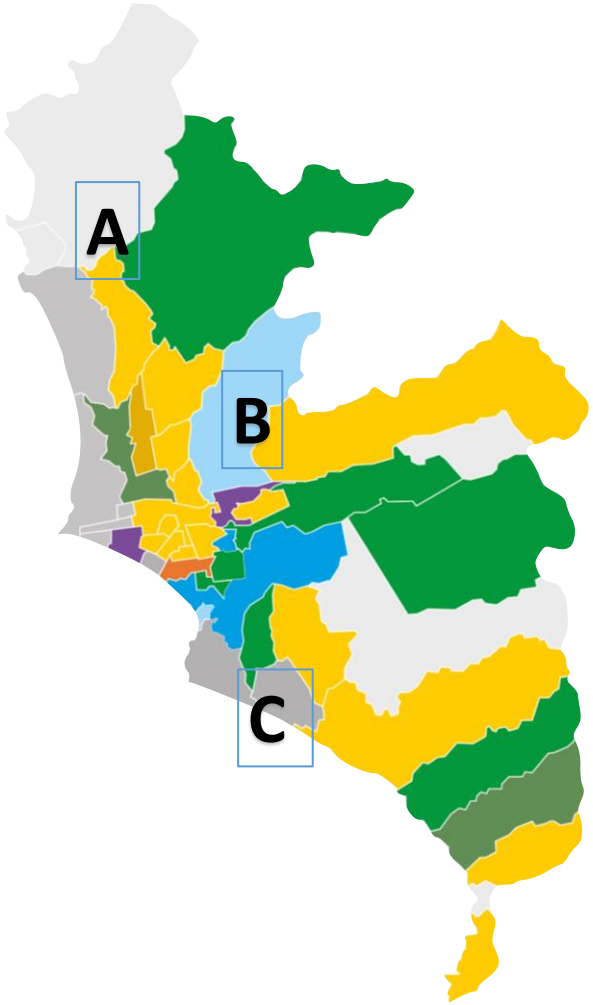
"Integrating Oral Health into General Health"
Working with primary health providers to reduce ECC in Lima, Peru

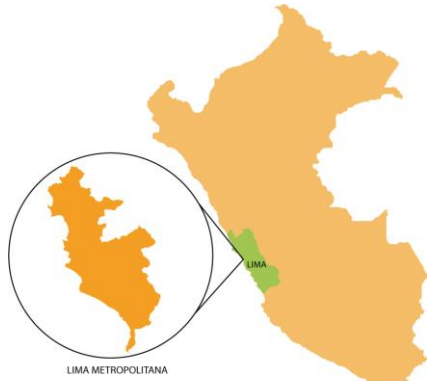
Nurses barriers

Design and validation of advice oral health cards

Randomization

Active Intervention Group (A)	Passive Intervention Group (B)	Control Group (C)
Training of nurses Training of dentists Oral health advices and OH control cards	Training of dentists Oral health advices and control cards (without training)	1 hour lecture on importance of oral health MINSA Standard of care





3 low income Districts in Lima

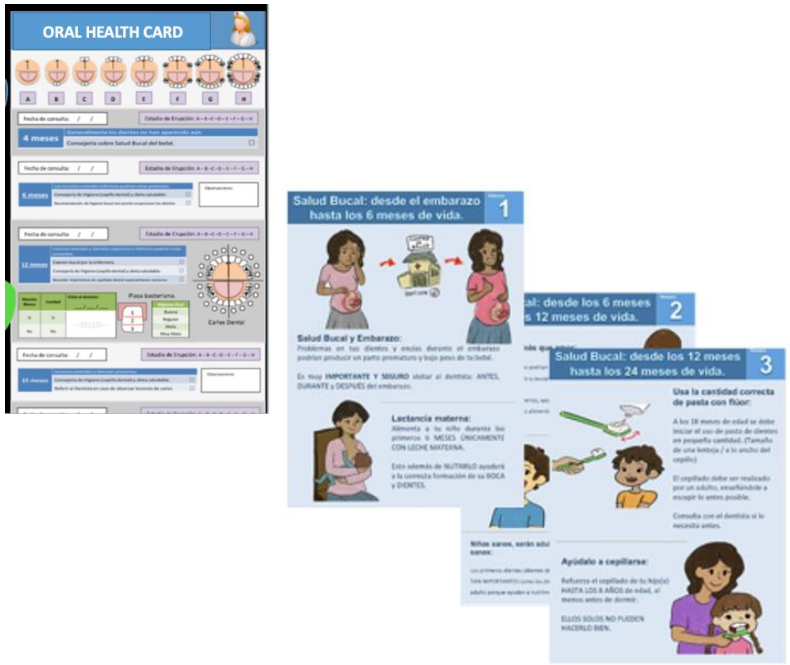
FIRST STEP: ANALYSIS OF BARRIERS FROM PRIMARY HEALTH CARE PROVIDERS

Study design

Nurses barriers

Epidemiological and quality of life survey

Design and validation of advice oral health cards



FOCUS GROUP

Experts in pediatric Dentistry; Nurses, Linguistics Experts, Psychologist; Physicians.

Pesaressi et al. BMC Oral Health 2014, 14:17
http://www.biomedcentral.com/1472-6831/14/17

BMC Oral Health

RESEARCH ARTICLE Open Access

Barriers to adopting and implementing an oral health programme for managing early childhood caries through primary health care providers in Lima, Peru

Eraldo Pesaressi[1], Rita S Villena[1*], Wil JM van der Sanden[2], Jan Mulder[2] and Jo E Frencken[2]

Abstract

Background: To identify barriers to participation in a primary oral health care programme aimed at preventing early childhood caries, as perceived by nurses.

Methods: Of a total of 140 randomly selected nurses employed in 40 government health centres in Lima, 123 completed a pre-tested questionnaire. Background variables were districts' 'socio-economic status' (SES) and 'years of experience'. Factor analysis was performed. ANOVA was applied for testing the influence of the background variables on the barrier factors. Chi-square test was applied to test for differences between single item barriers and the background variables. The Likert-scale (1–4) was used.

Results: There was no statistical significant effect of 'SES' or of 'years of experience' of nurses on any of the 7 barrier factors, nor on the 11 single item barrier factors. The highest mean score (3.81) was obtained for the barrier factor *'importance of oral health'*, followed by *'perceived responsibility'* (3.44). The lowest mean score was (1.70) for *'knowledge on caries prevention'*.

Conclusions: Nurses consider oral health very important and are willing to participate actively in programmes aimed at reducing Early Childhood Caries, provided that they will be trained well and that the director and dentists of the health centre give their consent.

Keywords: Oral health, Early childhood caries, Caries prevention, Nurses perception, Peru, Primary health care

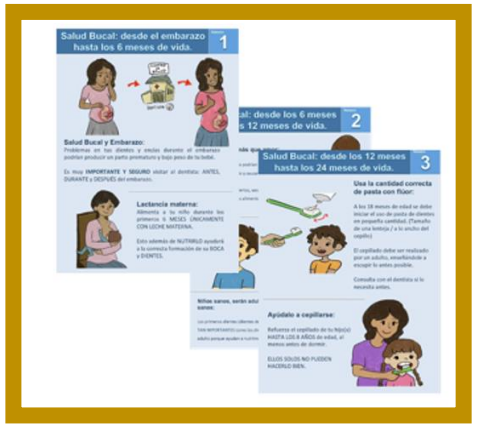
Nurses consider oral health very important and they were very willing to participate actively in oral health programmes aimed at reducing ECC, given their consent and that they have been trained well in the tasks which they are supposed to perform

Study Design

Training the nurses

Randomization

Active Intervention Group (A)	Passive Intervention Group (B)	Control Group (C)
Training of nurses **Training of dentists** **Oral health advices and OH control cards**	**Training of dentists** **Oral health advices and control cards (without training)**	**1 hour lecture on importance of oral health** **MINSA Standard of care**



Oral health information cards

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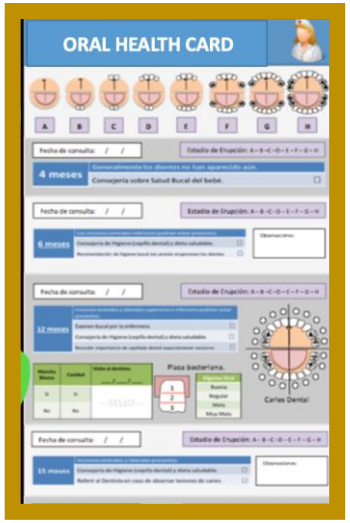
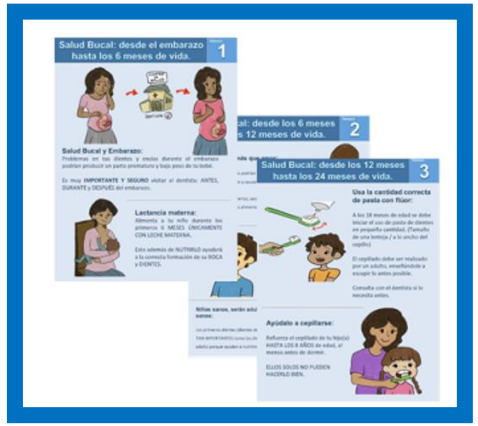


Oral health record card



Oral health information cards

Without Oral health Informatition cards or record card

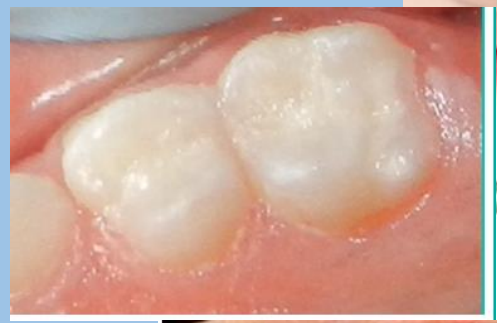
Training of primary health care providers

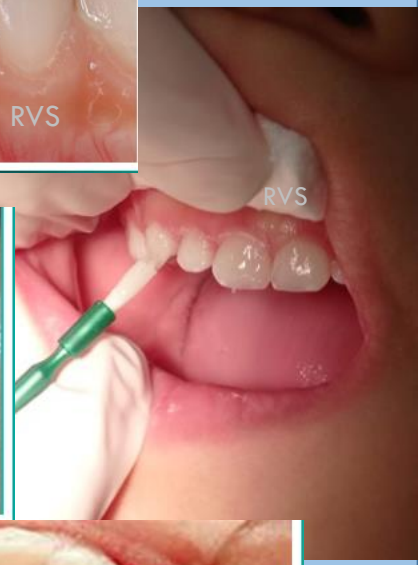
Active Group

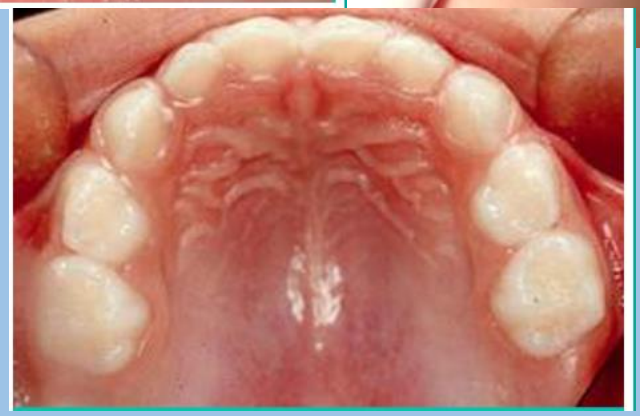
Methodology

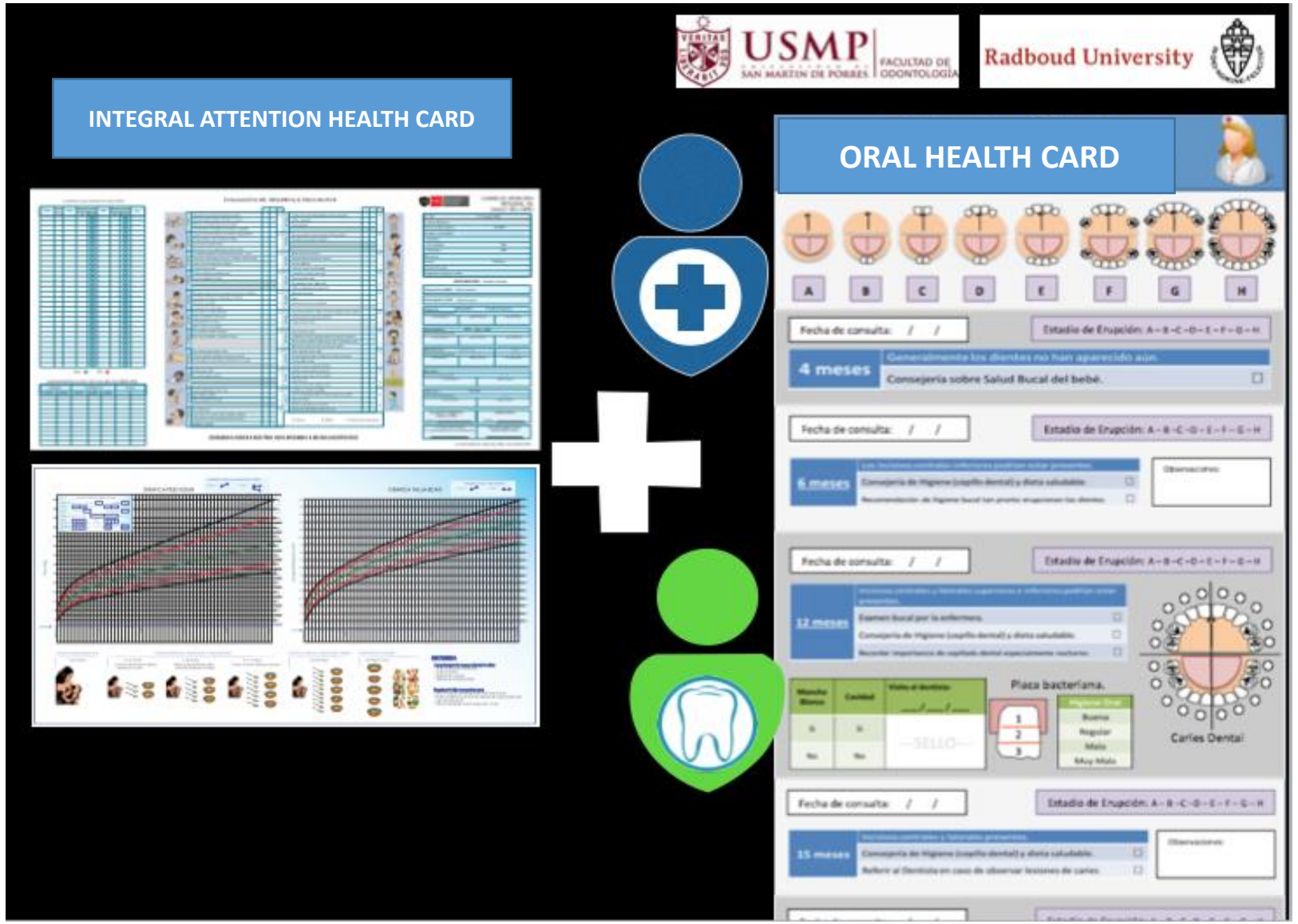
4 modules
(45 minutes each)
- Oral anatomy
- Dental Caries
- Prevention of dental disease
- Use of the oral health control card

3 modules
(45 minutes each)
- Fluorides for caries prevention
- Atraumatic Restorative Treatment (Sealants and Restorations)
- Use of the oral health control card (oral health advices) & SDF









NURSES

DENTISTS

WORKING TOGETHER

ARTICLE IN PRESS

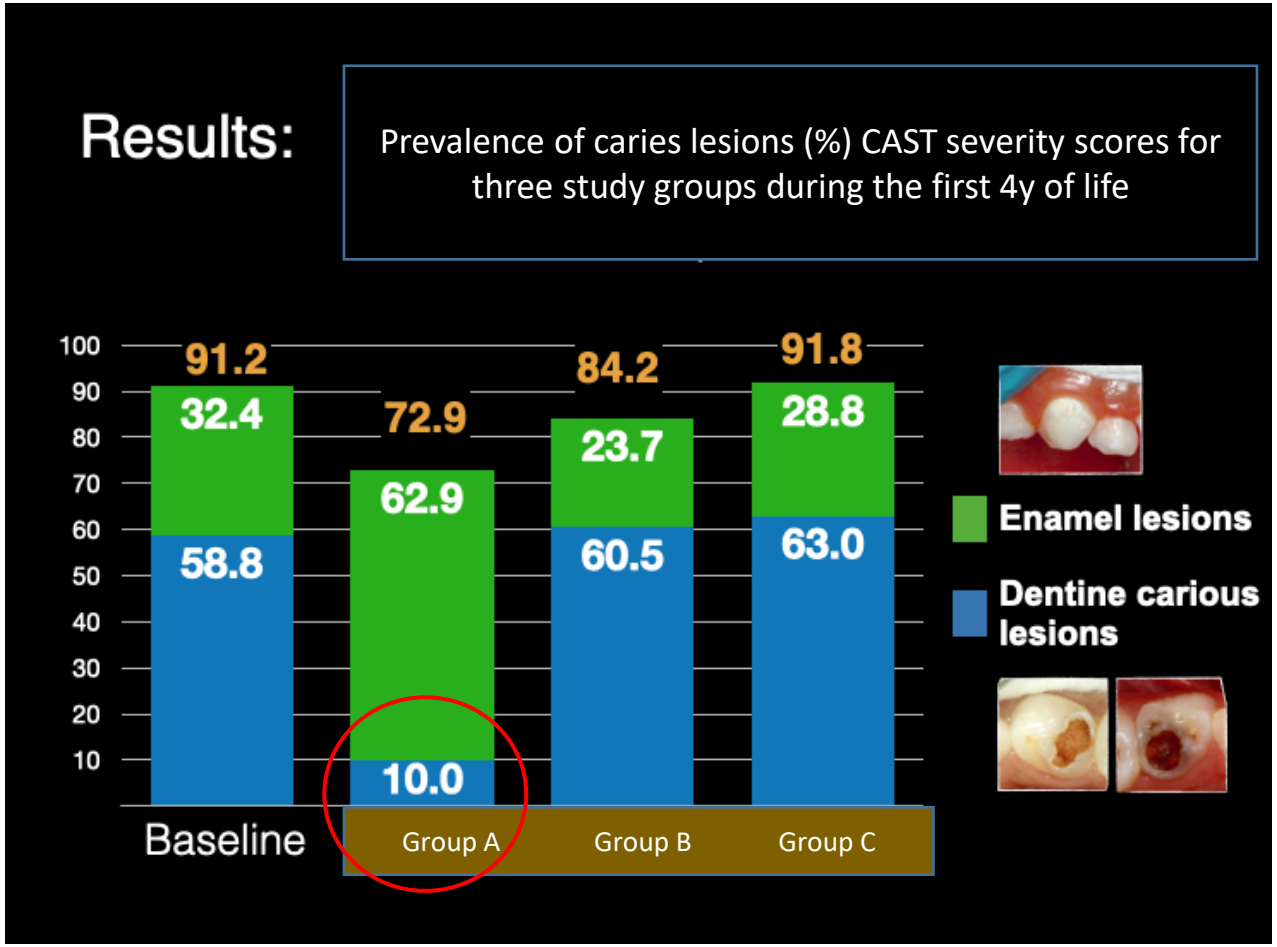
Original Contributions

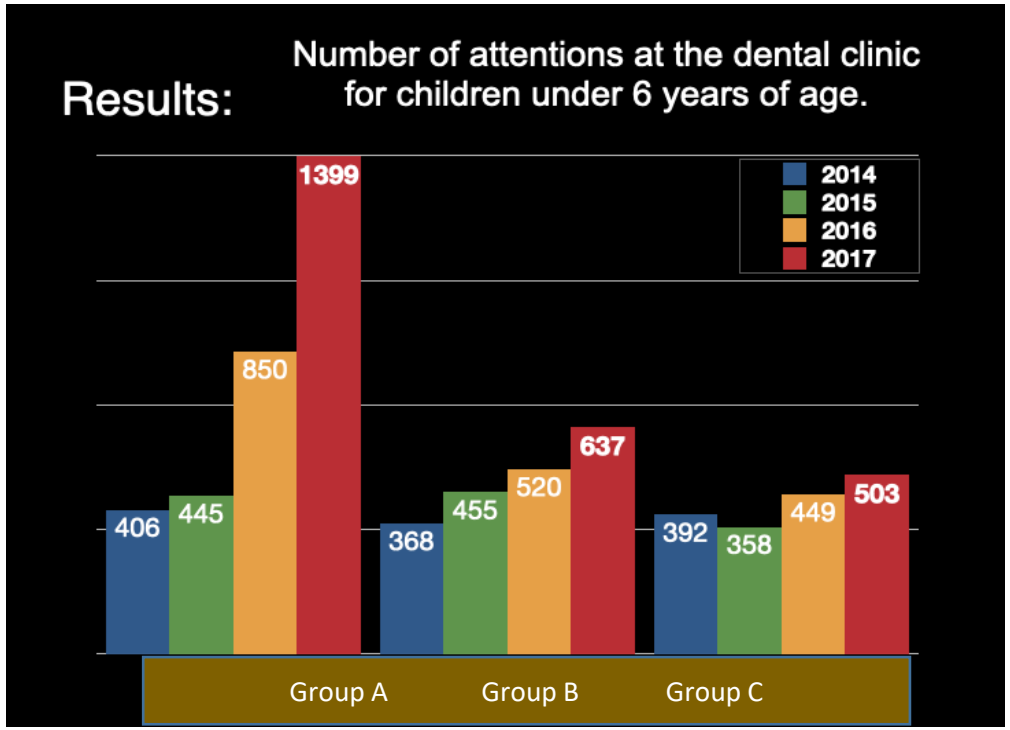
Reducing carious lesions during the first 4 years of life

An interprofessional approach

Rita S. Villena, DDS, MSc, PhD; Eraldo Pesaressi, DDS; Jo E. Frencken, DDS, MSc, PhD

ABSTRACT





No necessity of invasive treatments in the active group
No necessity to referr to Hospitals
Better cost-benefit

Conclusions

- Incorporation of oral healthcare into the existing mother-and-child healthcare program, implemented during 4y by trained nurses and supported by health center dentists reduced the burden of ECC.

- Inclusion of the oral health care strategy into the existing MCH care could reduce inequalities, offering the possibility to include dentistry in a universal coverage.

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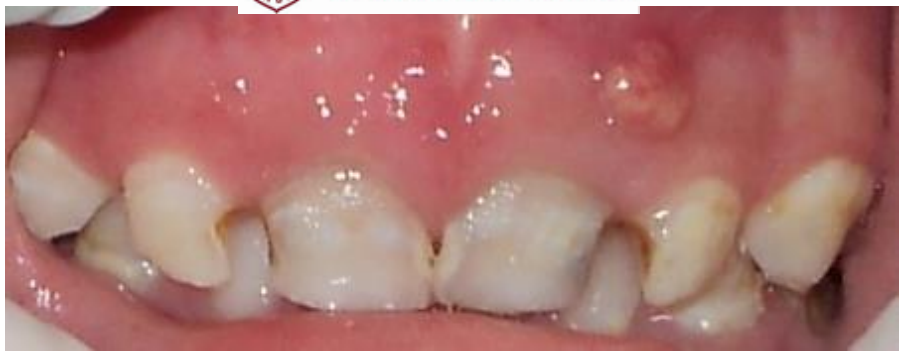

Experience Learned

- Oral Health care has to start during the first years of life to reduce the still high prevalence of ECC in vulnerable populations.
- Working with primary health workers could be a good strategy to be considered as a public health measure.
- General dentists had barriers to attend infants.
- Including oral health care in graduate studies at the universities or Institutes would be recommendable for future health professionals

Acknowledgments

- This project suggested in 2010 could be developed with the support of **Dr Jo E. Frencken** (Netherlands) and an agreement between the Radboud University in Nijmegen and the Dental School of San Martin de Porres University (Lima, Perú), generating the PhD thesis of **Eraldo Pesaressi**.
- Special thanks to the FDI for the financial support for the implementation of this research.
- Nurses and dentists of the Health Centers and to the Mothers and children who were part of the study.

I declare no conflict of interest

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Texto

Rita Villena

UF UNIVERSITY of FLORIDA
College of Dentistry

Putting Families First

Olga S. Ensz, DMD, MPH

Clinical Assistant Professor

Department of Community Dentistry & Behavioral Science

Putting Families First (PFF)

- Interprofessional service-learning experience involving first-year health professional students and faculty from all six University of Florida Health Science Center Colleges.

- Students work on interprofessional teams of 4-5 students with an assigned family or individual community member participant to learn about their health needs and challenges.

- Students complete a collaborative health promotion project that aligns with the health goals of their community participant.

PFF Goals

- To explain how cultural, social, economic, and political determinants affect individual, animal, and population health.
- To advocate a person-centered approach in healthcare.
- To recognize the importance of interprofessional collaboration in healthcare.

Students Involved in PFF

- Clinical Health Psychology
- Counselor Education
- Dental
- Medical
- Nursing
- Nutrition
- Occupational Therapy
- Pharmacy
- Physical Therapy
- Physician Assistant
- Veterinary Medicine

Each Academic Year, PFF Involves…

- 160+ student teams
- 800+ students
- 80+ faculty facilitators
- 200+ family or individual community member participants

- Coordinated by UF Office of Interprofessional Education

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Putting Families First 2023 - 2024

Gainesville PFF Home

Review the information in each tab to orient yourself, and then refer back to these materials to stay on track throughout the PFF experience.

Schedule | Syllabus | Home Visit | Gainesville Community Resources

- Orientation
- Module 1 - September
- Module 2 - October
- Module 3 - November
- Module 4 - January
- Module 5 - February
- Module 6 - April

PFF Structure

- Six Zoom meetings with UF faculty facilitators and student teams
  - 3 student teams assigned to 1-2 faculty facilitators
  - 3 meetings per semester
  - Discussion and assignments on the topics of:
    - Interprofessional teamwork in healthcare
    - Person-centered care
    - Social determinants of health
    - Health literacy
    - Access to care
  - Preparation for home visits

Canvas Module

LEARNING OBJECTIVES

Upon completion of this module, you should be able to:

- Describe effective teamwork behaviors.
- Recognize different professions' roles in healthcare and a team.
- Recognize the benefits of interprofessional teams.
- Prepare for first home visit.

BEFORE CLASS

1. **Read:** "Effective Teamwork Behaviors" -- TeamSTEPPS Concepts in Putting Families First
2. **Watch:** Teamwork Videos
   - Teamwork in Healthcare
   - Teamwork: Mutual Support & Situational Monitoring
   - Teamwork: Outcomes
   - Teamwork: Leadership & Communication
   - Care One Clinic
3. **Complete:** Teamwork Quiz

Canvas Module

IN CLASS

- Activity 1: *Team Challenge*
  - ACCESS TEAM CHALLENGE HERE
- Activity 2: *Jones Family Home Visit Case Discussion*
  - You will read the "Jones Family First Home Visit" case and discuss in your small group and class.
- Activity 3: *Preparing for First Home Visit*
  - Read and review the PFF Home Visit Instructions. Discuss a plan for contacting the family/patient.

AFTER CLASS

Complete your Home Visit by Monday, October 16, 2023

- **Schedule** your home visit as soon as possible.
- **Individual Assignment – ONE SUBMISSION PER STUDENT**
  - Home Visit Report 1 - Complete and Submit Individually
    - **IMPORTANT:** *Each member* of the team must *always* submit an individual home visit report.
- **Team Assignment – ONE SUBMISSION PER TEAM**
  - Life Situation Survey - Complete and Submit as a team.

PFF Structure

- Team home visits with assigned family or individual
  - Witness factors in homes or neighborhoods that contribute to health needs of participants
  - Application of behavioral science approaches to person-centered care (e.g., active listening, open-ended questions, motivational interviewing)
  - Fall Semester: 2 home visits
  - Spring Semester: 2 home visits

Oral Health in PFF

- Dental faculty facilitators
- First-year dental students (93) on interprofessional teams
- Assess participants' oral health needs and barriers
- Provide oral hygiene education
- Bridge connection between oral health and overall health
- Referrals to accessible community oral health resources

Oral Health-Related Projects

- Creation of Infant/Children's Oral Health educational handout for parents
- Connection with tobacco cessation services
- Enrollment in dental school clinic program
- Coordination of transportation for dental appointments
- Completion and submission of application for Medicaid or Food Assistance (SNAP)

Access to Dental Care

Barriers to Access	Dimensions of Access	Description
Structural	Accessibility	Location of resources with respect to patient distribution.
	Availability	Adequacy of the supply of services and resources with respect to demand.
	Accommodation	Ability to accept patients in a timely manner.
Financial	Affordability	Financial costs of services and ability to pay.
Personal/cultural	Acceptability	Patient perceptions about personal and practice characteristics of providers.
	Awareness	Effective communication about services or programs and use of that information to make health decisions.

Burt and Eklund's Dentistry, Dental Practice, and the Community, Seventh Edition.

Community Participant Outcomes

- Enhanced knowledge of health topics and accessible community resources.
- Positive social interactions and emotional support.
- Sense of contribution to the educational experience of future health care providers.

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Putting Families First

Gainesville, FL

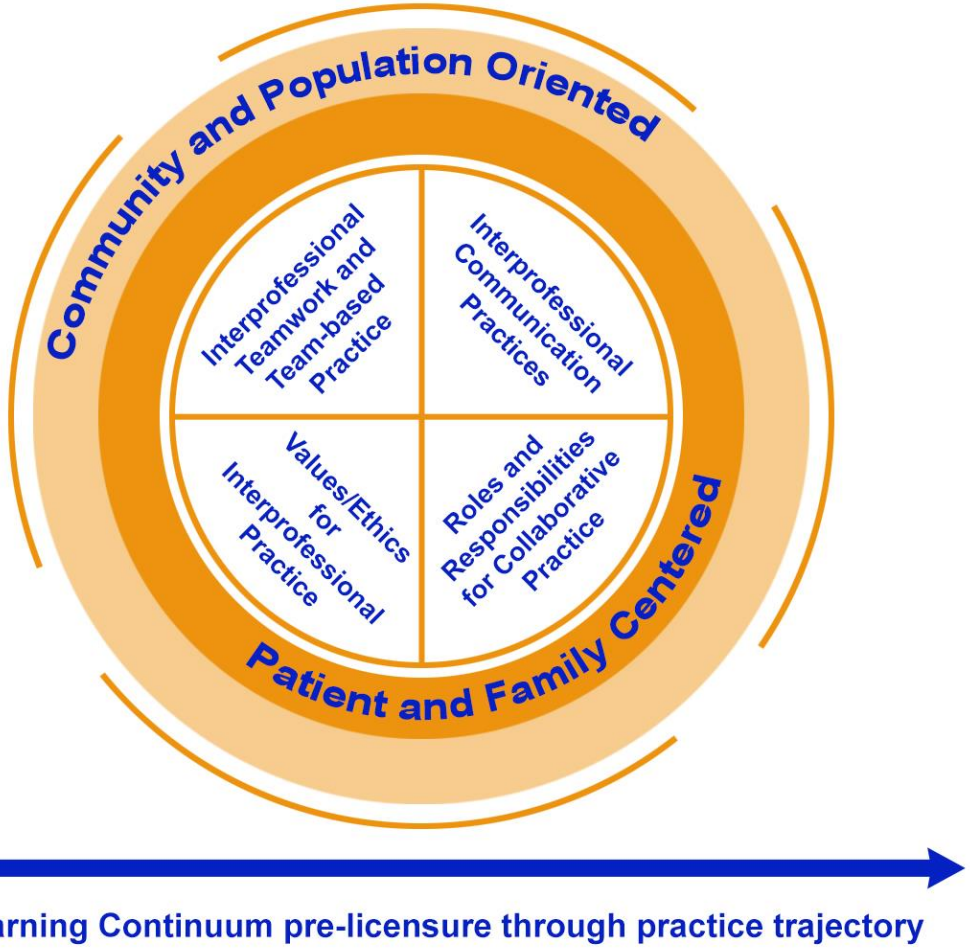
Student Outcomes

- Project-based learning, assessment of teamwork skills.
- Reflection on the impact of the social determinants of health on individual and community health outcomes.
- Fostering of a culture of service extending beyond curricular requirements.

Benefits of IPE

- Enhance students' competency in the domain of interprofessional communication & collaboration.
- Improve health outcomes for individuals and populations.

Interprofessional Collaboration Competency Domain



IPEC. (2016). Core competencies for interprofessional collaborative practice.

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Thank you!

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Mini Mouth Care Matters

Empowering medical and allied healthcare professionals to Make Every Contact Count

Urshla (Oosh) Devalia
Consultant Paediatric Dentist, Eastman Dental Hospital, UCLH (London)
National Lead for Mini Mouth Care Matters

NHS England

Mini Mouth Care Matters

British Society of Paediatric Dentistry
Improving children's oral health

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NHS England

- Budget of £155.1 billion (22/23) for health services funded by general taxation and national insurance contributions*
- £3.10bn per year on dental services (21/22)
  - Just under 2% of total budget
- £60 million on hospital extractions under general anaesthetic 0–19-year-olds

*** 1% of total budget comes from patient charges (e.g. prescriptions and dental treatment) (Kings Fund, 2023)**

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Bold action or slow decay?

(Nuffield Trust, 2023)

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NHS Foundation Trust

Tweets | Tweets & replies | Media | Likes

#MentalHealthAwarnessWeek
#RCPCH19

4 10

[redacted] · 7h

Why are we, in this day, still separating 'mental health' & 'physical health'...isn't it all just health?! Fantastic question at #RCPCH19 from a courageous young woman on her journey through AN recovery. V powerful @yphsig @YoungMindsUK @MHM_Info #mentalhealthmatters

10 35

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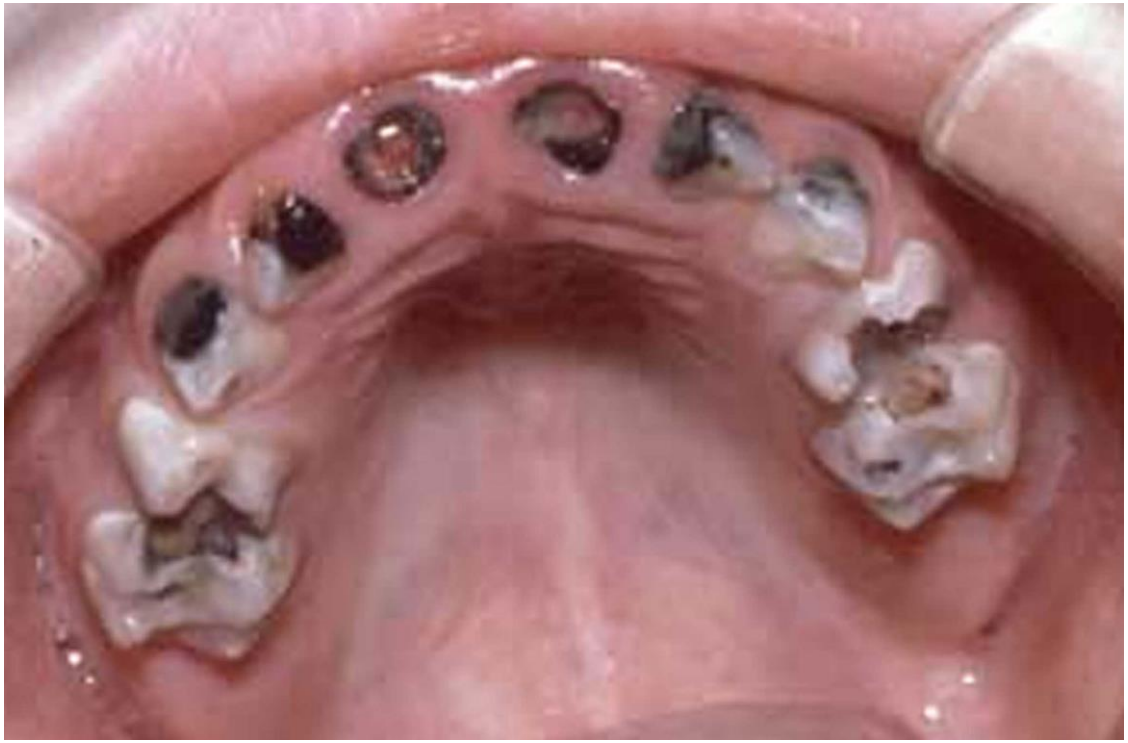
The case for integrated healthcare services



Illustrative photo

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Congenital cardiac patient in-patient admissions

Cardiothoracic	05/10/99 – 08/10/99
Nephrology	25/10/99 – 27/10/99
Nephrology	16/06/00 – 18/06/00
Nephrology	05/07/01 – 07/07/01
Endocrinology	16/08/04 – 19/08/04
Dental	09/05/05 – 09/05/05
Urology	28/06/10 – 29/06/10
Cardiology	23/03/11 – 25/03/11
Endocrinology	22/03/12 – 24/03/12
Cardiology	10/06/14 – 12/06/14
Cardiology	16/05/17 – 18/05/17
Dental	09/07/18 – 11/07/18

80+ outpatient visits

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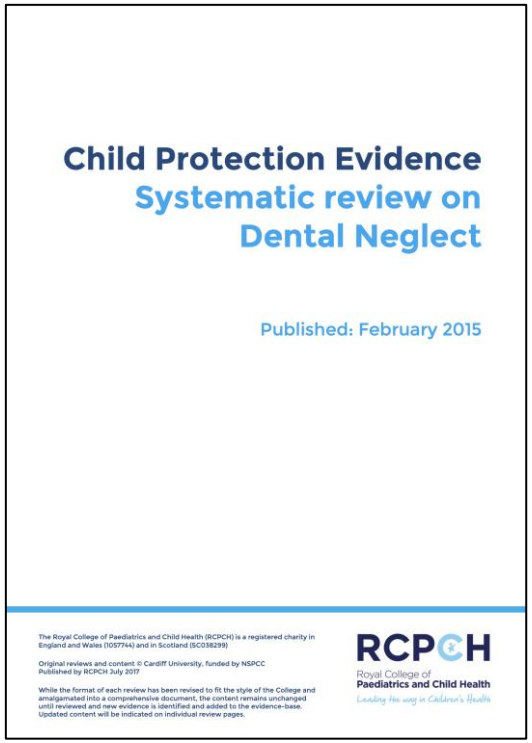
Child Protection Evidence
Systematic review on Dental Neglect

Published: February 2015

The Royal College of Paediatrics and Child Health (RCPCH) is a registered charity in England and Wales (1057744) and in Scotland (SC038299)

Original reviews and content © Cardiff University, funded by NSPCC
Published by RCPCH July 2017

While the format of each review has been revised to fit the style of the College and amalgamated into a comprehensive document, the content remains unchanged until reviewed and new evidence is identified and added to the evidence-base. Updated content will be indicated on individual review pages.

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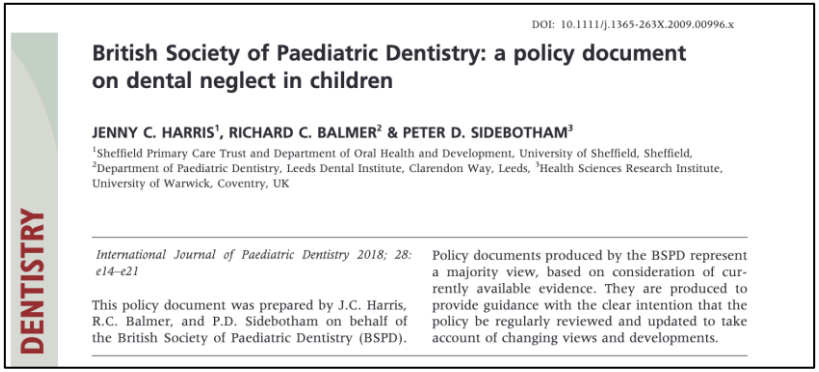
DOI: 10.1111/j.1365-263X.2009.00996.x

DENTISTRY

British Society of Paediatric Dentistry: a policy document on dental neglect in children

JENNY C. HARRIS[1], RICHARD C. BALMER[2] & PETER D. SIDEBOTHAM[3]
[1]Sheffield Primary Care Trust and Department of Oral Health and Development, University of Sheffield, Sheffield, [2]Department of Paediatric Dentistry, Leeds Dental Institute, Clarendon Way, Leeds, [3]Health Sciences Research Institute, University of Warwick, Coventry, UK

International Journal of Paediatric Dentistry 2018; 28: e14–e21

This policy document was prepared by J.C. Harris, R.C. Balmer, and P.D. Sidebotham on behalf of the British Society of Paediatric Dentistry (BSPD).

Policy documents produced by the BSPD represent a majority view, based on consideration of currently available evidence. They are produced to provide guidance with the clear intention that the policy be regularly reviewed and updated to take account of changing views and developments.

Dental Neglect

'...the persistent failure to meet a child's basic oral health needs, likely to result in the serious impairment of a child's oral or general health or development.'

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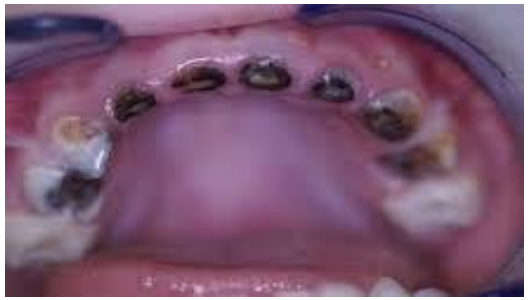
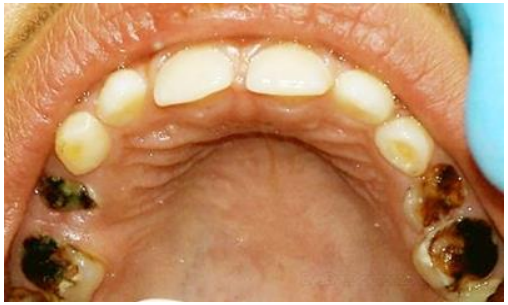
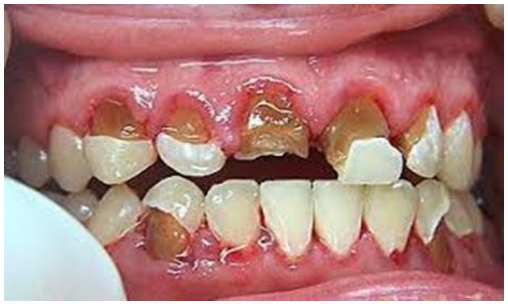
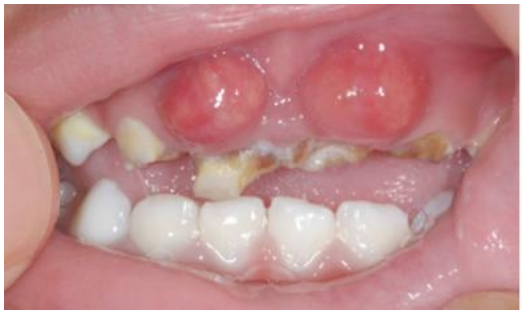
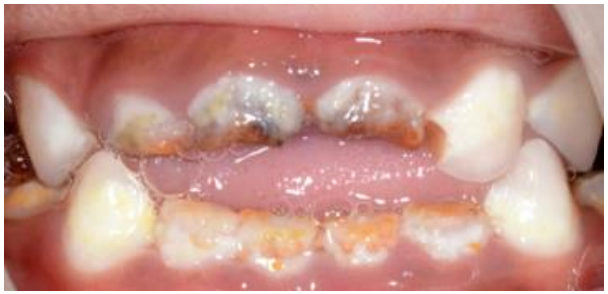
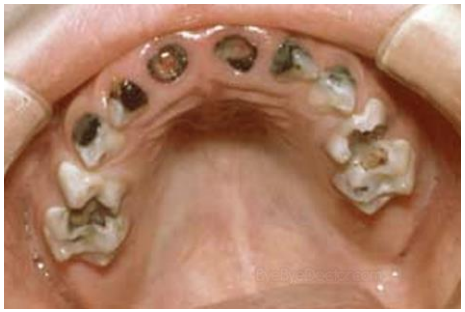

Are we as health care professionals guilty of Dental Neglect?

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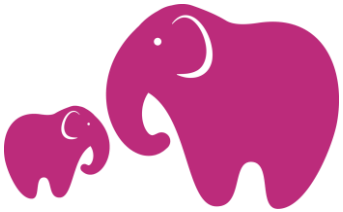
Mini Mouth Care Matters

"Make every contact count"



"Put the mouth back into the body"

Mini Mouth Care Matters

- Training
- Knowledge
- Skills
- Tools

Recognise a healthy and unhealthy mouth & to ensure good quality, effective daily mouth care is delivered to every child

NHS England

Mini Mouth Care Matters

Mini Mouth Care Matters

Health Education England

Mouth Care Assessment & Record

To be completed for every patient within **24 hours** of admission

1. Has the patient got:

Teeth	Y ☐ N ☐	Promote DCby1
A dentist	Y ☐ N ☐	Encourage to visit
Toothbrush	Y ☐ N ☐	Provided ☐
Toothpaste	Y ☐ N ☐	Provided ☐
Denture/Orthodontic appliance ☐	Y ☐ N ☐	Storage pot? Y ☐ N ☐ P

3. Does the patient have any pain or discomfort i
signs) Y ☐ N ☐ Why? _____

Patients with **NO TEETH**, **NIL BY MOUTH** or **UNSAFE S**
Consider use of suction toothbrush, suction o

Level of support with Mouth Care required:
Independent/ minimal parental assistance patients:
Full staff Assistance/Shared assistance patients:

Look in patient's mouth with a **PEN TORCH**. Carry ou
as **L**, **M** or **H** in the white box under today's date & sig

	LOW RISK (L)	MEDIUM RISK
Teeth and oral hygiene status Advise the patient to visit dentist on d/c if problems with teeth not requiring urgent hospital treatment	• No teeth! • No obvious decay or broken teeth • Clean mouth	• Decay – no pain • Broken teeth – n • Visible plaque, d tartar on teeth
Action	**Twice daily tooth brushing/mouth cleaning with a fluoride toothpaste**	**Same as Low Risk, H advise to visit dentis discharge, Monitor d stay for any pain**
Lips, tongue, gums & saliva An ulcer present for more than 2 weeks must be referred to medics	• Pink (or brown-depending on child's skin colour) • Moist • Smooth	• Lips dry, chappe broken at the cor • Tongue dry, patc coated • Reddened, puffy • Dry mouth • Sticky secretions
Action	**Twice daily mouth cleaning including tongue and gums with a fluoride toothpaste Monitor weekly for any changes**	**Same as Low Risk, H additional Dry mouth and removal of secre**
How does the patient respond to having their teeth brushed?	• Likes to have teeth brushed • Will brush teeth if encouraged	• Teeth brushed w difficultly, but ma clean all teeth • Distraction neede deliver oral care
Action	**Twice daily tooth brushing, Follow the child's home routine for oral care management**	**Same as Low Risk, keep calm and kind approach Speak directly to the Ask family or carer f assistance Brush in short bursts Use patient preferred products**

Risk factors: These factors place the patient at a Higher Risk of ha

High sugar diet	Reflux /fi
Dentures/Orthodontic appliance	Medically
Dysphagia	Inability t

Mini Mouth Care Matters

Health Education England

Mini Mouth Care Matters

A guide for hospital healthcare professionals

Developing people for health and healthcare

www.hee.nhs.uk

NHS England and NHS Improvement

th care guide

completed, check this guide for actions going forward:

mber - Medium Risk | **Red - High Risk**

Teeth

laque and tartar present
at next remote oral health

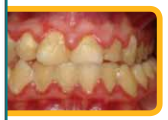
Decayed, broken teeth
Speak to senior regarding bringing remote oral health check-in forward

de of cheeks, roof of mouth, underneath tongue)

cked lips or coated tongue
ge sips of water (if able to),
ry mouth gel around the mouth
y. Brush tongue and consider
g remote oral health check-in
if tongue is coated.

Sore, ulcerated lips or tongue
Speak to senior regarding bringing remote oral health check-in forward

Gums



leeding, on brushing, slightly
d
mprove brushing

Puffy, inflamed gums with lots of bleeding or gum swelling present
Speak to senior regarding bringing remote oral health check-in forward
If gum swelling present, follow local protocol and arrange urgent dental care

Saliva

dry mouth
ge sips of water (if able to),
ry mouth gel around the mouth
ly - onto tongue and inside of

Thick, stringy saliva
Same actions as amber, if not improving speak to senior regarding bringing remote oral health check-in forward

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Mini Mouth Care Matters

- More than 40+ NHS trusts across the UK

- Mini Mouth Care Matters:
  - Special educational settings (SES)
  - Complications of Excessive Weight Clinics (CEW)
  - Paediatric End of Life care and Hospices
  - Resources for CYP with Sickle Cell
  - Looked after children

- Recently acquired funding: NHS CYP Health and Justice
  - Secure Settings and Young Offenders Institutes

- International request for sharing resources in New Zealand, Hong Kong and Singapore

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Mini Mouth Care Matters

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Mouth check for: .....

Date of Birth: ..... Today's Date: .....

Any medical conditions/ disability which can affect mouth care:

Any obvious dental problems e.g. dental pain / facial swellings / broken teeth?
(G) Yes (R) No

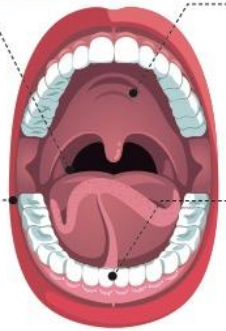
Has this child ever had a dental GA?
(G) Yes (R) No

Has this child seen a Dentist in the past year for: Routine check-up?
(G) Yes (R) No

Emergency appointment?
(G) Yes (R) No

Please lift the lip and check all areas of the mouth. Tick what applies and record any concerns in the box beneath each section:

Saliva:
(G) Mouth moist, visible saliva
(A) Visibly dry mouth
(R) Thick, stringy saliva



Lips, tongue and soft tissues (inside of cheeks, roof of mouth, underneath tongue):
(G) Smooth, moist, clean
(A) Dry, cracked, coated
(R) Sore, ulcerated

Gums:
(G) Firm gums, no bleeding
(A) Some bleeding on brushing, slightly inflamed
(R) Puffy and inflamed gums, lots of bleeding on brushing or gum swelling present, bad breath

Teeth:
(G) Clean teeth, little to no plaque
(A) Some plaque and tartar present
(R) Decayed or broken teeth, very wobbly or loose teeth (not including baby teeth)

Mouth Check Completed Yes No
If no, please give reason

Mouth Check Result
If all GREEN (G): advise to continue with mouth care routine and regular dental visits
If any AMBER (A): advise to see a dentist, refer to mouth care guide for actions
If any RED (R): advise to book urgent dental appointment, refer to mouth care guide for actions

Mouth check completed by:
Name: .....
Signature .....
Job Title: .....

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The Value Proposition- A Collaborative Effort

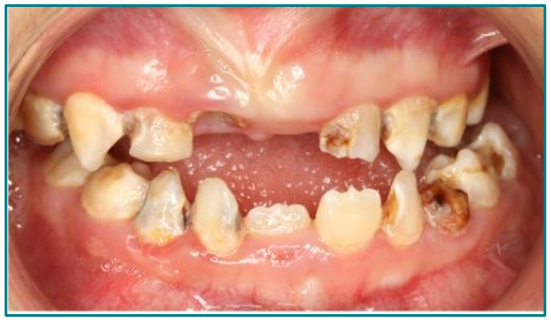
Take the initiative to the Persons

Engagement with the Providers (MECC)

Communicate and advocate for Payers/Policymakers to invest (financially & as a priority)

- Integrate into services already in place
- Remove barriers (MECC and care directly to Persons with an unmet need)
- Equality and access for all (NHS policy & clinical guidance)

Early intervention
Prevention is better than the cure



NHS England

Mini Mouth Care Matters

REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE

NHS

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

Target population

CORE20 PLUS 5

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Key clinical areas of health inequ ies

1. **ASTHMA**
Address over reliance on reliever medications and decrease the number of asthma attacks

2. **DIABETES**
Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks

3. **EPILEPSY**
Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

4. **ORAL HEALTH**
Address the backlog for tooth extractions in hospital for under 10s

5. **MENTAL HEALTH**
Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

British Society of Paediatric Dentistry
Improving children's oral health

NHS
University College London Hospitals
NHS Foundation Trust

MAKING EVERY CONTACT COUNT

A simple way for all NHS, local authority, community and voluntary staff to make an even bigger difference in their day-to-day roles.

A time-consuming addition to daily workload. It doesn't involve lecturing people or giving expert support.

NHS England

Mini Mouth Care Matters

Collaborative working

Progress in all the areas described, has only been possible through effective interdisciplinary collaborations between dental health professionals and researchers from different specialties and environments. However, considering public health issues that pervade oral health, there is only so much that can be achieved if dentists only work with dentists. There is now real recognition that for us to see real progress in children's oral health, we need to address the wider determinants of health and influence a broader audience including health visitors, paediatricians, school nurses, social workers and local authority partners. Nationally, there was a call to 'put the mouth back in the body' from the Chief Dental Officer and supported by the British Society of Paediatric Dentistry (BSPD) championing the fact that 'Children's oral health is everybody's business'.[71,72] BSPD's Dental Check by One and Mini Mouth Care Matters programmes began to ask non-dental healthcare professionals to 'Lift the lip' and engage in children's oral health.[73,74] These ideas were not new, but they effectively embraced social

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Classification: Official

Publication approval reference: PAR1514

NHS

Clinical standard - oral healthcare for autistic children and young people and/or those with a learning disability in special educational settings

30 October 2023

BACD British Academy of Childhood Disability

Annual Scientific Meeting 2024 | BACD-Castang Fellowship Programme | Weigh to Go!

About BACD | Careers | Education | Events | Research | Resources | Members' Area | Membership

Mini Mouth Care Matters

13 Apr 2022

Mouth Care Matters

The overall aim of **Mouth Care Matters** (MCM) is to empower staff through training and education, to identify patients that need help with mouth care and ensure it is delivered in a safe and compassionate way.

Mini MCM aims to empower medical and allied medical healthcare professionals to take ownership of the oral health care of any paediatric in-patient with a hospital stay of more than 24 hours.

RCPCH Learning

Discover, develop, inspire

Home | Online learning | Webinars | Podcasts | Live courses | External resources | Help

Home | Mini Mouth Care Matters

Mini Mouth Care Matters

The overall aim of Mini Mouth Care Matters (Mini MCM) is to empower staff through training and education, to identify patients that need help with mouth care and ensure it is delivered in a safe and compassionate way.

UPFRONT

Mini Mouth Care Matters targets children's oral health on hospital wards

The oral health of children in hospital is recognised as fundamental to their wellbeing thanks to the Mini Mouth Care Matters programme. The programme is benefitting thousands of children throughout the UK, thanks to the work of Dr Urshla (Oosh) Devalia, the national lead for Mini MCM (pictured).

A consultant in paediatric dentistry, Dr Devalia began devising Mini Mouth Care Matters (Mini MCM) nearly three years ago. At the heart of the programme is training for ward staff in hospitals to ensure that young in-patients always benefit from an oral health check. Hospital teams are taught to 'lift-the-lip' so they have the confidence to look inside the mouth of young patients and understand any warning signs.

In addition to training, a range of resources, including an assessment tool, is made available to hospital-based healthcare practitioners. The programme branding includes a little elephant by the name of Elwood, a reminder to 'never forget' tooth brushing. Images of Elwood are now to be found in hospitals up and down the country beside the beds of paediatric patients, and also on posters and leaflets in hospital staff rooms and waiting areas.

The British Society of Paediatric Dentistry (BSPD) has applauded the programme. Spokesperson Claire Stevens said: 'It's incredible to see the way in which this programme is not only embedded as routine in hospitals with paediatric wards but also that it's extending into other settings including the training of health visitors and hospice staff.

"The small adaptations in care delivered by Mini MCM can significantly improve the quality of life of this cohort of children and young people and also provide new knowledge and skills for healthcare practitioners who learn to "lift the lip". As

an innovative and transferable programme, Mini MCM has outstripped its vision.'

Mini MCM was modelled on the Mouth Care Matters programme devised and led by Mili Doshi to benefit older patients in residential and hospital settings by training their carers in mouth care.

The Mini MCM resources can be downloaded from: https://www.bspd.co.uk/Professionals/Resources/mini-mouth-care-matters.

August 2019

Position Statement

Royal College of Surgeons

FACULTY OF DENTAL SURGERY

Children's oral health

Introduction

The need to improve children's oral health is recognised as a major public health issue, both in this country and globally. Child tooth decay has been described as "a highly prevalent worldwide disease that has high costs to society and has a major impact on parents' and children's quality of life",[1] while a recent series on oral health in *The Lancet* said that oral diseases such as tooth decay represent "a global public health challenge".[2] In the UK there has been rising awareness in recent years of the impact that tooth decay has on children's wellbeing and the need to address the problem.

As well as being distressing in itself, tooth decay can have wider consequences for children, such as making it difficult for them to sleep, eat, socialise and putting them at risk of developing acute sepsis. Dental pain caused by decay can also be detrimental to performance at school, affecting children's concentration in lessons and potentially requiring them to take time off for dental appointments. At worst, children with untreated tooth decay may require multiple dental extractions under general anaesthesia.[3]

In January 2015, the Faculty of Dental Surgery (FDS) at the Royal College of Surgeons began campaigning on this issue with the publication of its report into *The state of children's oral health in England*. Since its release, there have been several significant policy developments relevant to our efforts to highlight the serious consequences of child tooth decay. These include the implementation of a soft drinks industry levy across the UK to encourage the reformulation of high sugar drinks, and the introduction of a new "Starting Well" scheme by NHS England to improve the oral health of young children in 13 areas with high levels of decay. The recent Prevention Green Paper, published at the end of Theresa May's tenure as Prime Minister, also included several commitments aimed specifically at improving children's oral health.[4]

While important progress has been made, it is vital that policy-makers and the oral health profession remain focused because there is undoubtedly more that needs to be done. Analysis by the FDS has found that in the period since the publication of *The state of children's oral health in England*, there have been over **100,000** hospital admissions for children aged under 10 due to tooth decay. This is despite the condition being almost entirely preventable through simple steps such as brushing twice a day with appropriate strength fluoride toothpaste, visiting the dentist regularly and reducing sugar consumption.

This statement updates the FDS position on children's oral health in light of developments since 2015, and sets out a series of recommendations that describe

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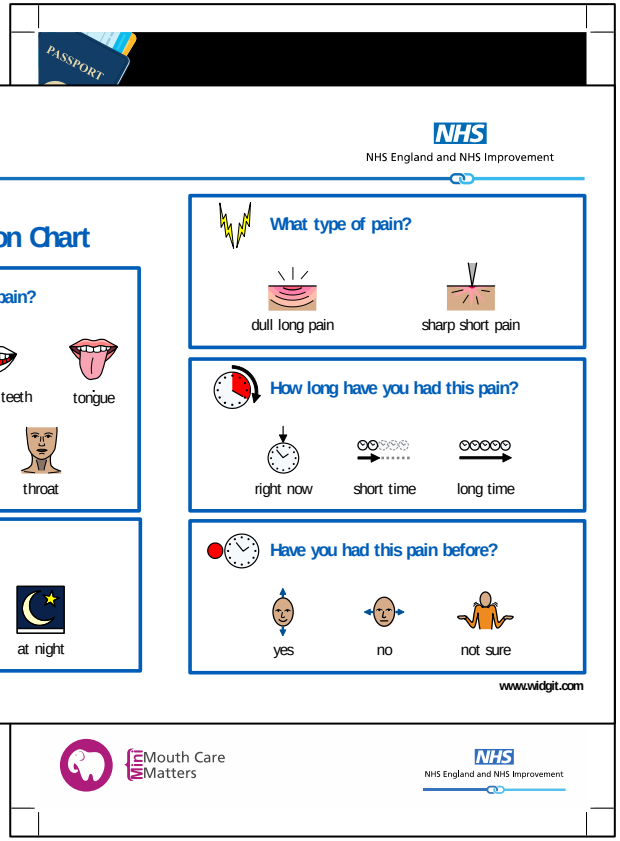

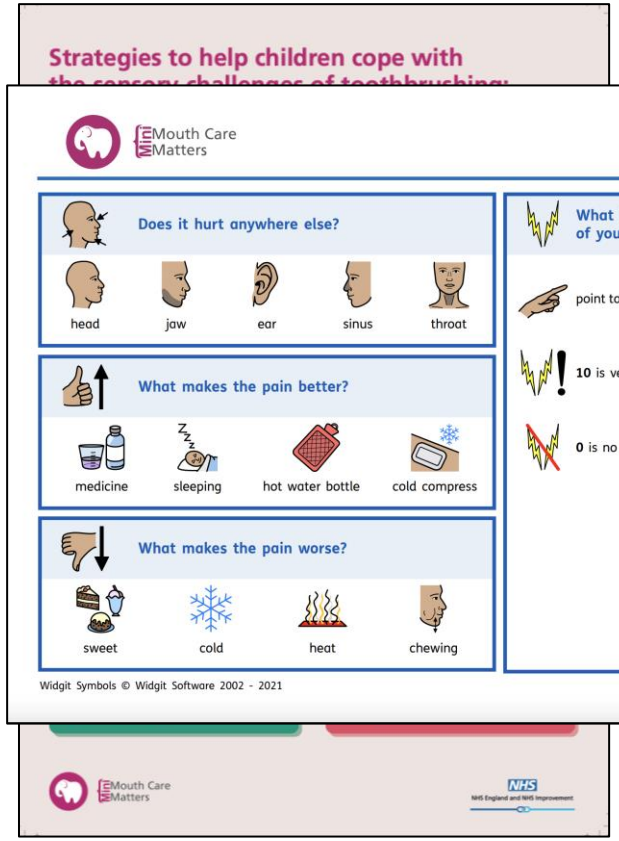

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Children's Oral Health is Everybody's Business

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Thank you for listening

Mini Mouth Care Matters

E-mail: urshla.devalia@nhs.net

X (formerly Twitter): @Mini_MCM

#liftthelip
#putthemouthbackinthebody
#MiniMouthcareMatters

NHS England

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