



THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Testimony

of

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before the

New York City Council Committee on Health

regarding

An Update on the Department of Health and Mental Hygiene's Restructuring of School-Based Oral Health Services

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Good afternoon Chairperson Rivera and members of the Health Committee. I am Louise Cohen, Deputy Commissioner for Health Care Access and Improvement at the Department of Health and Mental Hygiene (DOHMH). Thank you for the opportunity to testify regarding the oral health program. This morning I will provide progress updates since the last hearing on this topic and discuss our re-structured oral health program.

In the months since the last hearing we have had the opportunity to meet with 9 City Council members to discuss the changes to our program, and help in both identifying new sites and publicizing the program. The response was positive and we appreciate the offers of assistance.

The Oral Health program provides services in several different types of locations. We have five full-service sites located in DOHMH Health Centers which operate year round. We also have forty-three full-service school-based sites that run from September until June. Each year, the program assesses each of these school sites to determine if the site will remain open the following year. Criteria include whether the principal continues to support the program and will make the space available the following year, the number of parental consents relative to the size of the student body, the location of the school in relation to other dental sites, and program staffing.

Full service school-based sites operate on average one to three days per week for between four and-eight hours per day and provide-examinations, x-rays, cleanings, sealants, fillings, and,-on a limited basis, specialty care procedures.

The sealant program, which is new this school year, offers a more intensive, short-term, prevention-oriented public oral health program that reaches more students in more schools. Our current plan is to operate up to 30 school-based sites each academic year, visiting 10 schools per trimester from September through June.

The first seven months (September 07 – March 08) of the sealant program has been a success and we are continuously evaluating and improving the program. The sealant sites have served approximately 2500 children from September to March. Of the total number of children treated in all our sites, over a quarter of children seen are from our sealant sites.

I would like to describe the process we use to establish and run a sealant site. First, the principal is contacted and offered the opportunity to participate in the program, based on their ability to provide adequate space for the three months, including a sink and appropriate electrical outlets. Principals then organize school or grade-wide assemblies at which we teach children about oral health and sealants and distribute parental consent forms for them to take home. School staff assists with the collection of the written parental consents, some holding competitions or offering incentives. Once a batch of parental consents is received, we move equipment into the site and start seeing children. We continue to collect parental consents for approximately two months.

The most important factor in the success of any particular site is the active participation and commitment of the principal. Many of them have been very engaged in assisting the program by finding space, holding assemblies, and offering incentives for participating children. In these sites, we have found that the rate of return of parental consents is higher. In sites where the principal is less enthusiastic or less involved, we have found that we receive fewer parental consents.

Once the consents are received, the equipment is set up and the staff are prepared, we begin to see children. Each child is called by the dental assistant to come to the dentist. She or he receives a thorough examination by a dentist, including x-rays as needed, followed by a cleaning of the child's teeth, application of sealants as determined by the dentist, and a fluoride treatment. The dentist then determines if the child needs further treatment. If so, they are given a letter to take home, directing their parent/guardian to call one of our Regional Administrative Offices for information on referral sites. The parent/guardian is given several potential sites that they could visit to get the needed care and an appointment within our own system of oral health Clinics – including both schools-based sites that accept outside students and Health Centers. We also refer children to HHC and New York University, both of which see children without regard to insurance status, and other convenient community providers. We transfer the child's dental records to the new provider upon request.

In our full-service school-based sites and Health Center Clinics, we also provide examinations, cleanings, x-rays as necessary, sealants, fluoride treatments, fill cavities, and as appropriate, more extensive specialty care procedures. If a dentist conducts an examination and determines that the child requires dental work that cannot be performed in that clinic, the child is given the DOHMH Oral Health Program's Referral for Consultation Treatment Form to take home to their parent/guardian. The form is completed by the dentist and up to three (3) referral sites are offered, giving the parent/guardian options of where their child can be seen. A copy of this form is placed in the child's dental chart and the referral is noted in the progress section of the dental chart.

In the past 7 months, dentists from the sealant sites have referred approximately 14% of children that they have seen for further care. In addition, during the same time period, dentists have made referrals for further treatment to approximately 6% of children seen in all other DOHMH sites.

We look forward to continuing to implement and improving the sealant program. We appreciate the time that City Council members have taken to meet with us individually and at this hearing, and especially for the outreach that you all have done in your communities to identify potential new schools sites. We look forward to continuing to work collaboratively with you to improve children's oral health.