SBH Dental Services Timeline

2001 - NYSDOH
   Otsego Public Health Partnership
   Sealant and education program at all Otsego Co Schools

2001 - NYSDOH-TANF
   Delhi, South Kortright, Laurens, Morris and Edmeston SBHC
   Oral Health Education & Referrals

2003 - Rural Health Network of South Central New York
   Delhi SBHC and South Kortright
   Sealant and education program at all Otsego Co Schools

2005 - NYSDOH
   Preventative Dental Services
   Screening, Cleaning Fluoride, Sealants and Referrals

2007 - NYS Dental Foundation Grant
   Educate SBHC and Pediatric health practitioners about Caries Risk Assessment and Fluoride Varnish Application

2009 - HRSA Oral Health Access Grant
   Full integration of oral health care within a SBHCs to include restorative care
   Laurens, Morris, Sidney and Sherburne

2011 - Dental Trade Alliance Foundation Grant
   Integration of oral health care within SBH care
   All Sites

2013 - NYSDOH
   Preventative Dental Services
   Expand to all 17 SBHC

2015 - National Assembly of SBHC
   Expansion of Preventative Dental Services—Focus
   Caries Risk Assessment and Fluoride Varnish
   Sidney

2015 - HRSA-SBHC Capitol Grant
   Additional needed equipment
This Risk Assessment Tool is embedded into the Electronic Medical Record on all patients’ Well Child visits under the age of 7. The score is calculated automatically by the EMR.

**Pediatric Oral Health Risk Assessment Tool**

The child is at automatically considered **high risk** for caries if any risk factors or clinical finding marked with a ! are noted. In the absence of ! risk factors or ! clinical findings, the child is determined to be **low risk if score is 0-1**, **medium risk if score is 2**, and **high risk if score is 3+**.

<table>
<thead>
<tr>
<th>PROTECTIVE FACTORS (-1 to score for each “yes”)</th>
<th>RISK FACTORS (+1 to score for each “yes”)</th>
<th>CLINICAL FINDINGS (+1 to score for each “yes”)</th>
</tr>
</thead>
</table>
| • Does patient have a regular dental care/ denta home (active past 12 months):□ Yes □ No □ Unknown | • !Primary caregiver had active decay in the past 12 months: □ Yes □ No □ Unknown  
• Frequent exposure to fluid other than water (continual bottle/sippy cup use): □ Yes □ No □ Unknown  
• Frequent snacking- high carb foods: □ Yes □ No □ Unknown  
• Special Healthcare Needs: □ Yes □ No □ Unknown  
• Medicaid Eligible: □ Yes □ No □ Unknown | • !White spots or visible decalcification: □ Yes □ No |
| • Does patient drink fluoridated water or take a fluoride supplement: □ Yes □ No □ Unknown | | • !Obvious decay: □ Yes □ No |
| | | • !Dental restorative work visibly present: □ Yes □ No |
| | | • Poor Oral Hygiene: □ Yes □ No |

**Caries Risk:**

□ **LOW** (score 0-1): No varnish application recommended, refer to dental provider if no regular dental care/home identified  
□ **MEDIUM** (score 2): Order and apply fluoride varnish, refer to dental provider if no regular dental care/home identified  
□ **HIGH** (! Positive answer, or score 3+): Order and apply fluoride varnish, refer immediately to a dental provider for more urgent evaluation
New Initial Enrollment Form

On initial enrollment form, the question "Would you like a Dental enrollment packet?" if they check yes

- Send dental enrollment packet home (Form #9719)

- Put SBHC initial enrollment form in pending (yellow) dental folder. Stamp date that it was sent out in the "for office use only" section

- Received Dental enrollment form back. Remove initial enrollment form (yellow copy) from yellow pending folder. Shred yellow initial enrollment form. Place dental enrollment form into the dental green "Yes" folder

- Enter dental insurance in IDX per SBHC Dental Grid -2015 (in binder)

- If you use Dentrix (See Dentrix form B) enter patient and insurance information. Input any medical condition into Dentrix.

- Review the dental enrollment form as to when their last dentist visit to determine when to schedule the visit (6 months + 1 day)

- Place enrollment form/initial health history in green "Yes" dental folder. This needs to be signed by the RDH at time of visit.

If NO to Dental is checked, then nothing further needs to be done. Place in red "No" dental folder.

Medical/Dental

Updated enrollment form

- If they answer Yes to the question I would like my child to receive preventative dental.

Things to check for:
- Is the original dental enrollment form in EPIC under the media tab. If no original dental enrollment form, follow directions for Initial Enrollment Form
- Is there a Health History on file (updated within the last 12 months)
- If Health History form is over 12 months from date signed send Medical/Dental Initial Health History home. Put Yellow copy of Updated Enrollment form in Pending YELLOW dental folder and follow directions from Initial Enrollment Form.
- Hasn't had a cleaning in SBHC or with a dentist less than 6 months and 1 day then schedule appropriately
- Make sure insurance information is current in IDX (per SBHC Dental Grid 2015) and information is current in Dentrix (if using)

Look up last cleaning with SBHC and document on the lower right hand corner of Updated Enrollment Form

Put the Updated enrollment form in the Yes GREEN dental folder

Medical/Dental Updated enrollment Form

If NO is checked for dental, then yellow copy of Updated enrollment form goes into the red "No" dental folder.
Have not received SBHC Updated Enrollment form back but has been seen in dental before:

AOA to call home to verify insurance and any medical updates, date of last cleaning, and yes or not to wanting a cleaning from SBHC. We need a current Updated Enrollment form or health history, within the last 12 months, on file.

Consult with registered dental hygienist with any additional medical updates.

Note conversation in EPIC under outgoing telephone message.
### UPDATED ENROLLMENT FORM

Please complete and return to the School-Based Health Center in the provided envelope.

#### Student Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Name:</td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>/</td>
</tr>
<tr>
<td>Gender (M/F)</td>
<td></td>
</tr>
<tr>
<td>Home Phone #:</td>
<td></td>
</tr>
<tr>
<td>Student’s Cell #:</td>
<td></td>
</tr>
<tr>
<td>Social Security #:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>Zip</td>
<td></td>
</tr>
<tr>
<td>County</td>
<td></td>
</tr>
<tr>
<td>Primary Care Provider</td>
<td></td>
</tr>
<tr>
<td>Name/Address/Phone:</td>
<td></td>
</tr>
<tr>
<td>Pharmacy/Address/Phone:</td>
<td></td>
</tr>
<tr>
<td>Dentist Name/Address/Phone:</td>
<td></td>
</tr>
<tr>
<td>Date of last dental exam:</td>
<td></td>
</tr>
<tr>
<td>Date of last dental cleaning:</td>
<td></td>
</tr>
</tbody>
</table>

#### Parent/Guardian Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian Name:</td>
<td></td>
</tr>
<tr>
<td>DOB</td>
<td></td>
</tr>
<tr>
<td>Mom</td>
<td></td>
</tr>
<tr>
<td>Dad</td>
<td></td>
</tr>
<tr>
<td>Guardian</td>
<td></td>
</tr>
<tr>
<td>Home #:</td>
<td></td>
</tr>
<tr>
<td>Work #</td>
<td></td>
</tr>
<tr>
<td>Cell #:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>(If different than student)</td>
<td></td>
</tr>
<tr>
<td>Social Security #:</td>
<td></td>
</tr>
<tr>
<td>E-Mail:</td>
<td></td>
</tr>
<tr>
<td>Mother’s Maiden Name:</td>
<td></td>
</tr>
</tbody>
</table>

#### Emergency Contact

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Relationship to Student:</td>
<td></td>
</tr>
<tr>
<td>Home #:</td>
<td></td>
</tr>
<tr>
<td>Cell #:</td>
<td></td>
</tr>
<tr>
<td>Work #:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
</tbody>
</table>

#### Dental Enrollment

Please check only one box below which best fits your needs:

- [ ] No SBHC dental services are requested at this time. My child receives regular dental care.
- [ ] Yes I would like my child to receive preventative dental care at SBHC.

If Yes, please sign below:

I give permission for School-Based Health to evaluate my child’s teeth at school and if appropriate, provide preventative dental services (cleanings, fluoride treatment, sealants). I also give permission for the School-Based Medical Staff to apply fluoride varnish to my child’s teeth.

Parent/Guardian Signature: __________________________ Date: ______________

If you would like to be present for the dental visit please call the SBHC

For office use only: last SBHC cleaning date: __/__/____ Date Dental Packet Sent: ____________

New to SBHC Dental [ ]
Health Update

Please list any illness/injuries/allergies (pine nuts, latex) your child had during the previous year:

Has your child had any heart problems or surgeries this year? □ Y □ N If yes, please list:

Has your child had any immunizations outside of the SBHC in the last year? □ Y □ N If yes, please list:

Does your child take any medications? (include vitamins/fluoride-supplements) □ Y □ N If yes, please list:

Do you have any additional health concerns about your child (dental, emotional, and physical)? □ Y □ N If yes, please explain:

I give consent for my child to receive health care services. I understand that every effort will be made to contact me prior to any treatment that requires parental consent according to New York State law. New York State law does not require parental consent for treatment or advice about drug abuse, alcoholism, sexually transmitted disease, reproductive health or mental health issues.

I WILL NOTIFY THE SCHOOL-BASED HEALTH CENTER IN WRITING IF I WISH TO REMOVE MY CHILD FROM THE HEALTH PROGRAM.

In order to provide optimal health care to your child, it is necessary for the School-Based Health Center staff and school nurse to regularly communicate and share medical and health related information. I hereby authorize the release of information from the School-Based Health Center to the school nurse and the school nurse to the School-Based Health Center. I understand that the information to be released is confidential and protected from re-disclosure. It will not be released except to the School-Based Health Center or school nurse without a completed authorization to do so. It may also be necessary, if your child is receiving services from a SBHC Mental Health clinician, for information to be discussed with other clinicians in the SBH mental health program as part of the case supervisory process. I understand that any shared information is confidential and protected from re-disclosure.

X

Parent/Guardian Signature

Date: ________ / ________ / ________

Please be sure to read and sign the authorization below.

Authorization to release information: I hereby authorize and direct The Mary Imogene Bassett Hospital, O'Connor Hospital, Cobleskill Regional Hospital, Little Falls Hospital, Tri-Town Regional Hospital and Bassett Medical Group to release to government agencies, insurance carriers, managed care companies or others who are financially liable for my hospitalization and medical care and their authorized agents all information needed to substantiate payment for this hospitalization and medical care and to permit representatives thereof to examine and request copies of records to this care and treatment. This authorization includes information such as psychological or psychiatric impairments, drug use and/or alcoholism, information indicating HIV-related test, HIV infection, HIV related illness, AIDS or any information which would indicate potential exposure to HIV and any information related to or regarding genetic testing. I further authorize the Mary Imogene Bassett Hospital, O'Connor Hospital, Cobleskill Regional Hospital, Little Falls Hospital, Tri-Town Regional Hospital and Bassett Medical Group to release billing information to any provider involved in my care.

Assignment of Insurance Benefits: I hereby assign and transfer to The Mary Imogene Bassett Hospital, O'Connor Hospital, Cobleskill Regional Hospital, Little Falls Hospital, Tri Town Regional Hospital, and Bassett Medical Group sufficient monies and/or benefits to which I may be entitled from governmental agencies, insurance carriers, or others who are financially liable for my medical care to cover costs of the care and treatment rendered to myself or my dependent.

X

Signature of Parent/Guardian

Date

Time
### UPDATED ENROLLMENT FORM

#### Health Insurance Information

<table>
<thead>
<tr>
<th>Student's Name:</th>
<th>Date of Birth:</th>
<th>Gender: M/F</th>
</tr>
</thead>
</table>

**Does the student have Health Insurance?**
- □ Y If Yes, please continue
- □ N Would you like a call to help you obtain health insurance? □ Y

**PLEASE SEND A COPY OF YOUR INSURANCE CARD, BOTH FRONT AND BACK**

<table>
<thead>
<tr>
<th>Insurance Name:</th>
<th>Is this Child Health Plus? Y/N</th>
</tr>
</thead>
</table>

**Policy #:**
*If there is a two-digit # next to student's name please provide after policy #.*

<table>
<thead>
<tr>
<th>Policy Holder's Name:</th>
<th>Group #:</th>
<th>Effective Date:</th>
</tr>
</thead>
</table>

**Employer of Policy Holder:**

<table>
<thead>
<tr>
<th>Relationship to Student:</th>
</tr>
</thead>
</table>

**Copay Amounts:**

<table>
<thead>
<tr>
<th>(SBHC does not collect copays)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Medicaid #:</th>
<th>Access #:</th>
<th>Seq #:</th>
</tr>
</thead>
</table>

**Effective Date:**

---

### DENTAL INSURANCE

Dental insurance coverage varies. Most plans will allow for only one cleaning (prophylaxis) **every six months**. Please become familiar with your child's dental insurance coverage in order to avoid confusion with benefit payments.

*Please copy both sides of insurance card and send with this form.*

- □ My child **does not** have dental insurance – STOP
- □ My child has dental insurance – (continue)

<table>
<thead>
<tr>
<th>Insurance Company:</th>
<th>Is this Child Health Plus Y/N</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone # of Company:</th>
<th>Effective Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Insurance Co. Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Subscriber ID #:</th>
<th>Group #:</th>
</tr>
</thead>
</table>

*If there is a two digit # next to student's name please provide after ID #*

<table>
<thead>
<tr>
<th>Legal Name of Policy Holder:</th>
<th>Date of Birth:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Social Security # of Policy Holder:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Policy Holder’s Mailing Address:</th>
<th>Phone #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employer of Policy Holder:</th>
<th>Policy Holder’s Relationship to child:</th>
</tr>
</thead>
</table>

**Does your child have more than one Health Insurance Plan?**
- □ Yes
- □ No (If yes please copy card or contact SBHC)

<table>
<thead>
<tr>
<th>Medicaid ID#</th>
<th>Access #:</th>
<th>Seq#</th>
</tr>
</thead>
</table>

---

**9567 1/15/12/15 (\(Forms\SBHC\).doc)**

**White – Chart  Yellow – Dental**
It may be more convenient to have prior authorization in place so that medical care may be delivered directly to minors if a parent or legal guardian cannot be present prior to treatment. Please review the following authorization for treatment and complete the information if you want to authorize such treatment for your minor child in advance.

**AUTHORIZATION**

I (we) have the legal right to preauthorize this facility to deliver medical treatment to my (our) child. I (we) request and authorize this facility and its personnel to deliver medical care to my (our) child listed below:

Child's Name: ___________________________   DOB: ___________________________

**LIMITATIONS**

Specify the types of medical services for which this authorization is given.

________________________________________

________________________________________

________________________________________

Specify the time frame for which this authorization is given. (Time frame not to exceed three months)

________________________________________

________________________________________

**CONTACT INFORMATION**

If the nature of the medical care is not routine, please try to contact me (us) regarding the health care of my (our) child at the following telephone number(s).

Parent's Name: ___________________________   Parent's Name: ___________________________
Daytime Phone: ___________________________   Daytime Phone: ___________________________
Evening Phone: ___________________________   Evening Phone: ___________________________
Cell Phone: ___________________________   Cell Phone: ___________________________

_________________________  ___________________________
Parent or Legal Guardian  Parent or Legal Guardian

Original – Chart  Copy – Parent
The Risk For Cavities Increases In The Teen Years.

To protect your healthy smile remember to

✓ Brush each day, especially before bed and be sure to brush by your gums
✓ Dental Check-Up schedule once a year
✓ Aim For 0 sugary drinks such as soda and energy drinks
✓ Don't forget a mouth guard when it comes to contact sports

When reaching for snacks, make it healthy!

The best time for a treat is right after a meal when the saliva levels are naturally rinsing your mouth.

✓ CHOOSE healthy snacks like: Nuts, popcorn, yogurt tubes, pre-cut fruits and vegetables and cheese sticks

✓ LIMIT cavity snacks like: Sugary cereals, pretzels, crackers cookies, candy, sticky fruit snacks and juice

✓ AVOID: Sports drinks and soda
Pediatric Dental Care

5 Things You Might Not Know About Teeth

Snacking for Healthy Teeth
The best time for a treat is right after a meal when the saliva levels are higher and naturally rinsing your mouth. When reaching for snacks, make it healthy.

CHOOSE healthy snacks like:
Nuts, popcorn, yogurt tubes, pre-cut fruits and vegetables and cheese sticks

LIMIT cavity snacks like:
Sugary cereals, pretzels, crackers, cookies, candy, sticky fruit snacks and juice

AVOID:
Sports drinks and soda

#1 Baby Teeth Matter Teeth help us chew, talk and smile.
Baby teeth are designed for a specific job when it comes to digesting, speaking and self-esteem. It is important to protect baby teeth and fix when necessary

#2 Kids Need Help Brushing For healthy teeth, help kids brush their teeth until they can tie their own shoes
Think 2X2, help kid’s brush teeth for 2 minutes each time, 2 times per day.

#3 It Is Not Just What You Eat, But How Often Snacking all day increases the risk of cavities
Each time you eat the acid level in your mouth rises. When combined with germs found in the mouth, the greater the risk is for dental cavities.

#4 The Risk For Cavities Increase In The Teen Years Teens need reminders to protect their healthy smiles
Remind teens to brush before falling asleep. Limit sugary drinks and don’t forget a mouth guard when it comes to contact sports!

#5 How To Be Cavity Free! Cavities do not have to be part of growing up, they can be prevented!
Here's How:
• Brush and floss each day
• Add fluoride to strengthen teeth
• Limit snacking and aim for zero sugary drinks
• Place sealants on molars around ages 6 and 12
• See a dental professional each year
National School Based Health Alliance Webinar -
http://www.sbh4all.org/events/the-intersection-of-primary-care-and-public-health-through-oral-health-services-for-students/

Multidiscipline presentation, engaging providers and community partners

With the assistance of a professional videographer, Bassett Healthcare Network School Based Health created a series of videos aimed to educate different audiences; potential funders, school administrators and caregivers. Below are the direct links to our Youtube videos.

School-Based Health Dental Care at Bassett - Full Version
https://www.youtube.com/watch?v=xrgvpHhEhCO

This is the full version which includes the four target themes; Why oral health for children matters, How it works, Why it works and Integrating Pediatric Care.

School-Based Health: Why Oral Health for Children Matters
https://www.youtube.com/watch?v=kmL-P9UnPlI

This video identifies the connection between oral health and total wellness in children.

School-Based Health Dental Care - How It Works
https://www.youtube.com/watch?v=URLiY5zyLYo

Treating kids at school translates into missing less class time while eliminating the barriers to care. This video clarifies ways students can access the SBH dental services.

School-Based Health Dental Care - Why It Works
https://www.youtube.com/watch?v=n-xQoDBglb0

Patient and school administrator testimonials highlight the SBH dental service and state how the services have made a difference in their school community.

School-Based Health Dental Care: Integrating Pediatric Care
https://www.youtube.com/watch?v=PW42WfF2lfg

A Bassett SBH medical provider discusses how the dental services impact the medical care provided and how the integration comes together.

School-Based Health Dental Care - Health Tips
https://www.youtube.com/watch?v=Ytn4pcIqYDU

This link was created in collaboration with the corporate communications department at Bassett. This video is utilized in pediatric waiting rooms targeting caregivers.

Applying Fluoride Varnish on School Aged Child
https://www.youtube.com/watch?v=8umXLmd3mAs

This amateur video was created to assist a non dental provider, such as an LPN, in the fluoride application process.
Help us keep our dental program going strong!

Dear Parent, Guardian,

We would like to keep our school-based dental program going and the best way to do that is to show how well it is working in your community. And we need students in 3rd and 8th grade to help us!

We would like to check out your student’s smile. With your consent, the dental hygienist will simply check your child’s teeth by looking in their mouth. It is easy, will take less than 10 minutes and each student will receive a thank you gift.

Please know that this screening does not take the place of a check up by your dentist. Even if you have a family dentist, we hope you will participate in the study.

By letting your child take part in this dental screening, you will provide us with information that will benefit the children in your community. Please know all information is kept confidential.

If you agree to have your child in the study, please:

1. Sign the consent form
2. Complete the short survey

   For 3rd graders- Please return both the consent form and the survey to your child’s teacher.

   For 8th graders- Please return both the consent form and the survey back to us with the self addressed envelope.

Thank you for your consideration,

Betsy Bray RDH           David Strogatz MSPH, PH.D           Chris Kjolhede MD, MPH
                            
Dental project Coordinator      Dental Project Evaluator      Director
Bassett School Based Health         Bassett Research Institute    Bassett School-Based Health
Hey 8th graders!

Want to help out and earn a $5 Subway giftcard?

We would like to keep our dental program going and the best way to do that is to show how well it is working in our community.

It is easy...

1. Bring a consent home, have it signed and bring back to SBHC
2. We will take a look in your mouth
3. Collect your gift card
4. Enjoy your sub!

It takes less than 5 minutes—

THANK YOU!!!
School-Based Health - Dental Satisfaction Survey

Please take a moment to complete this survey. Your comments are very important to us. Your feedback will remain confidential. Thank you!

Age of your child: __ School: ___________________________ N= 36

The dental care I have received here has been?

94% Excellent 3% Good 3% Average 0% Poor

How well was the plan for dental treatment explained to you?

94% Excellent 3% Good 3% Fair 0% Poor

The Health center staff listened to my concerns and answered my questions?

100% Always 0% Usually 0% Sometimes 0% Never

Do you think the dental care your child has received at the SBHC has improved your child’s health? 100% Yes 0% No

Have you changed your child’s diet to include healthy foods as a result of something you learned from the Health Center staff? 44% Yes 33% No 23% NA

The reason that my family has chosen to use the Health Center for dental care is?

47% We do not have a regular dentist 9% We do not have transportation to go anywhere else

34% We like the care I get here 10% We do not have dental insurance

Other: (please explain) ____________________________________________

How did you hear about the SBH dental services?

47% School nurse/School staff 14% SBHC referral 22% Mailing sent home 17% NA

Would you recommend this service to others? 93% Yes 0% No 7% NA

Comments:

It is at our school....Awesome

The care my children get is amazing....Best care for my children!... My kids feel safe and happy. Thank you so much!!..Very good with my daughter.

Thank you!

Parent version, patient under 12
MEMO

To: All Bassett Network
From: Dr. Vance M. Brown, President and CEO
       Dr. Philip Heawyer, Chief of Pediatrics
       Dr. Chris Jasper, Co-Director, School-Based Health
       Dr. Kim LeBlanc, Co-Director School-Based Health
Date: Thursday, June 25, 2015
Subject: Statewide Award to School-Based Health Oral Health Program

Please join us in congratulating Jane Hamilton, manager of the Bassett Healthcare Network School-Based Health Program, and her Oral Health team on a tremendous achievement—the Healthcare Association of New York State (HANYS) has named the Bassett School-Based Health Oral Health Program the recipient of the HANYS 2015 Community Health Improvement Award.

The award was announced today at HANYS’ annual meeting in Bolton Landing. It is recognition of the significant and very positive impact the SBH oral health program is having on the lives of children and their families in the region Bassett serves.

As a direct result of the success of the school-based health dental program, Bassett this spring also began offering the application of fluoride varnish at pediatric well-child visits on the Cooperstown campus and will soon begin doing this in the 125 Main Street, Oneonta pediatric clinic.

It is also significant that the Centers for Disease Control and Prevention Community Preventative Services Task Force, in March of this year, recommended school-based health centers (SBHCs) as an effective intervention for improving health equity and influencing health and educational outcomes—further proof of the value of the Bassett School-Based Health Program to the rural region we serve.

In addition to dental services, the SBH program offers primary medical and mental health services for students from pre-kindergarten through 12th grade at 19 SBHCs in four counties. Our SBH program is the largest in NYS and a previous recipient of the National Rural Health Association Outstanding Rural Health Program Award.

Below is the HANYS news release on the Community Health Improvement Award announced today. Congratulations to the SBH team and thank you for your commitment to the health of our children.

Bassett Healthcare Network’s School-Based Health/Oral Health Program Honored for Community Health Improvement Effort

Columbia Memorial Health, Montefiore New Rochelle Also Commended

BOLTON LANDING, N.Y.—By providing both preventive and restorative services at schools throughout four counties, Bassett Healthcare Network has improved the oral and overall health of children and young people through its School-Based Health/Oral Health Program. This program significantly increases access to dental care, providing more than 2,000 students with preventive dental services and over 400 with treatment and restorative care in 2014—and is the winner of the Healthcare Association of New York State’s (HANYS) 2015 Community Health Improvement Award.

“Our hospitals and health systems are taking on the significant challenge of improving health within their communities. Through their efforts and collaborations with local schools and organizations, Bassett Healthcare Network has created an infrastructure to address a critical need throughout their region,” said HANYS President Dennis Whalen.

The School-Based Health/Oral Health Program has provided dental services—from cleanings and fluoride varnish to extractions and root canals, to assistance finding a dentist and dental insurance—in partnership with primary medical and mental health staff at 19 school-based health centers, all at no out-of-pocket cost to patients.

HANYS’ Community Health Improvement Award recognizes outstanding initiatives that improve community health and well-being. Established in 1997, the award is presented to facilities and programs that target specific community health issues, demonstrate leadership, create partnerships among diverse groups, and achieve quantifiable results.

This year, two programs also received Honorable Mentions:

Columbia Memorial Health’s Mobile Dental Services Program provides comprehensive mobile dental services for residents in two counties, including children in pre-kindergarten to 12th grade, and uses portable dental equipment for preventive dentistry within the schools and education for parents and children. Through partnership with school districts, community groups, and government organizations, this program has improved access to preventive dental and treatment services for rural students and Medicaid/Child Health Plus recipients—more than 3,500 patients of all ages residing in a Dental Health Professional Shortage Area.

Montefiore New Rochelle’s Healthy Lifestyle-Fit WIC focuses on preventing childhood obesity through improved nutrition and promotion of physical fitness activities and to make behavioral, positive, healthy choices that lead to life-long change. The program measures and monitors body mass indices (BMIs) and tracks improvement in partnership with primary care physicians. Nutritionists, dieticians, and personal trainers provide education and safe activities for parents and children. Of the more than 450 “at risk” participants, 61% lowered their BMI, and 50% completed the program.

The Healthcare Association of New York State (HANYS) is the only statewide hospital and continuing care association in New York State, representing 500 non-profit and public hospitals, nursing homes, home care agencies, and other healthcare organizations.