



South Carolina's Bright Futures Story

Beth Zimmerman, M.H.S.

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Introduction

In South Carolina, Bright Futures has been an integral tool in the State's efforts to improve children's oral health. These efforts focused initially on school-age children and, with support from the Robert Wood Johnson Foundation, have expanded to address the oral health needs of younger children, including infants, toddlers, and preschoolers, as well as children with special health care needs. The State's Department of Health and the Environment (DHEC) has spearheaded the use of *Bright Futures in Practice: Oral Health* in policy development, family and community education and outreach, and provider training initiatives designed to address the oral health goals out-

South Carolina has utilized Bright Futures to develop oral health promotion policies, curricula, and campaigns.

lined in *Healthy People 2010*. This case study, based on key informant interviews conducted in spring 2005,

tells the story of how *Bright Futures in Practice: Oral Health* has been used in South Carolina to reduce the significant burden of oral disease among its young citizens.

Context for Bright Futures

As the State agency charged with promoting and protecting the health of the public, DHEC has been a central player in the State's effort to improve the oral health of children. Oral health activities within DHEC are spearheaded by the Division of Oral Health, housed within the Bureau of Maternal and Child Health. This

division has championed the use of Bright Futures in South Carolina's oral health promotion efforts. The Bright Futures philosophy is also clearly reflected in the Division's guiding principles, which are as follows:

- Prevention and education are priorities.
- Treatment is available, accessible, affordable, timely, and culturally competent.
- Responsibility is shared among patients, parents, providers, employers, and insurers.
- Collaboration by government, higher education, and the private sector ensures resources, quality, and patient protection.

Although the Division of Oral Health is currently a vibrant and active unit within the broader DHEC agency, this was not always the case. In fact, between 1991 and 2001, South Carolina did not have a State Oral Health Director. Without this key leadership position filled, the State's dental public infrastructure suffered.

However, the publication in 2000 of the U.S. Surgeon General's landmark report, *Oral Health in America*, renewed the State's attention to oral health problems. The Surgeon General's report documented the widespread problems of unmet oral health needs among Americans, especially those in low-income populations, and also highlighted the high prevalence of decay among children and the negative impact of untreated dental disease on children's development and ability to learn. In response to these problems, South Carolina undertook a variety of actions to address the oral health problems of its population. For

example, the State established a Children's Oral Health Coalition¹ and developed a State oral health plan which provided a comprehensive blueprint for oral health promotion and disease prevention.

Another critical action taken by the State was to fill the long-vacant State Oral Health Director position through an agreement between DHEC and the Federal Health Resources and Services Administration, which designated a Federal assignee for this role. In 2001, Dr. Ray Lala became South Carolina's Oral Health Director. As described below, he also became the State's primary Bright Futures champion as he worked to rebuild the State's public health infrastructure.

Initiating Bright Futures

The use of *Bright Futures in Practice: Oral Health* was initiated by the State's new Oral Health Director, who had prior experience using Bright Futures as a resource for oral health training. This section describes how Bright Futures was used initially to address the oral health needs of South Carolina's school-age children.

School Nurse Training

Upon joining DHEC as the State's first Oral Health Director in a decade, Dr. Lala became quickly engaged in the range of State initiatives underway to improve oral health. Particular priority, however, was placed on efforts to enhance the oral health status of school-age

children. The Governor at this time had an initiative to improve school performance, one which recognized the role of health in academic achievement. Building on this initiative, the Children's Oral Health Coalition conducted a survey of school nurses which identified oral health as their top priority concern. In turn, the Coalition asked Dr. Lala for help in training school nurses in how to address students' oral health needs.

In determining how best to respond, Dr. Lala drew on his past experience as a clinical and administrative dentist in the Indian Health Service, during which time he provided training to Head Start programs

Bright Futures was a useful resource for training school nurses in how to address student's oral health needs.

in oral health. For that endeavor, he found the *Bright Futures in Practice: Oral Health* guidelines to be a useful resource for communicating about oral health to individuals without formal dental training and facilitating interdisciplinary coordination. He noted Bright Futures' clear and concise information as helping to convey information in an easily understandable way.

Based on that experience, DHEC's Oral Health Director, in collaboration with the State's Department of Education (DOE), utilized Bright Futures to train and serve as an educational resource in oral health for South Carolina's school nurses:

- **Training.** Dr. Lala conducted four regional trainings for the State's school nurses. In

¹ The Coalition was established as part of the South Carolina Department of Education's Healthy Schools project, funded by the Centers for Disease Control and Prevention.

developing the training content, he drew heavily on *Bright Futures in Practice: Oral Health*, especially in relation to the delivery of age-appropriate anticipatory guidance to the child and family regarding oral health. Four regional trainings were conducted for 400 of the State's 500 school nurses. To make the training available for the remaining school nurses as well as newly hired nurses, a telecast was conducted and video-taped copies were shared with local health departments. The content also has been incorporated into ongoing trainings conducted by the health department for new school nurses and other public health nurses.

▪ **Educational resources.** DHEC and the Children's Oral Health Coalition decided that Bright Futures materials also would be

“At DHEC, Bright Futures is the bible for health education. It is clear, concise, and easily understandable.”

-HEALTH DEPARTMENT STAFF

useful for school nurses to have on hand in developing their schools' interventions. A limited num-

ber of *Bright Futures in Practice: Oral Health* books were provided as resources to the schools. In addition, *Bright Futures Oral Health Cue Cards* were purchased for school nurses to be used as tools to support the provision of oral health supervision including risk assessment, anticipatory guidance, and delivery of recommended services.

Dental Health Program Guidelines for Schools

Building on the trainings for school nurses, the next step in bolstering schools' ability to improve children's oral health and, in turn, enhance their ability to learn was the development of formal guidelines for school dental health programs. No national guidelines for school dental programs were available on which to base State guidelines, so DHEC's Oral Health Director set out to write his own. Once again, the Bright Futures oral health guidelines were a major resource to which he turned.

The resulting *Guidelines for South Carolina School-Based Dental Prevention Programs* explicitly indicates that school dental programs should include services recommended in *Bright Futures in Practice: Oral Health*, including dental assessment, treatment and/or referral, followup, and case management. Other examples of how Bright Futures is reflected in the guidelines include its emphases on:

- Prevention of dental caries over treatment
- Community involvement in planning and development of school-based dental programs
- Educational efforts for individual and community awareness of oral health and the benefits of dental preventive measures such as dental sealants
- Collaboration among oral health providers and other health services staff members and regular school personnel to assess and meet the health, developmental, and educational needs of the students

- Advocacy for the establishment and retention of oral health education in the school's overall curriculum
- Coordination of services delivered at the school with those delivered in the community
- Integration of school dental programs with the overall community public health and oral health systems.

Dr. Lala noted the importance of Bright Futures in successfully obtaining support for the guidelines from key stakeholders including DHEC leadership and legislators, who were

The use of Bright Futures helped to garner support for new oral health promotion guidelines for schools.

very receptive to guidelines based on a nationally developed model of care with support from the

Federal Government and a broad range of dental professional and other organizations. A particularly important outcome of this support was DHEC's allocation of resources to hire a School Oral Health Program Coordinator to work with DOE's Healthy Schools Oral Health Project to implement the new school dental program. This position, which was filled by a dental hygienist, added a critical new component to the State's re-emerging dental public health infrastructure. Moreover, when Christine Veschusio joined DHEC in this role in October 2002, the State obtained another important Bright Futures champion.

Once the guidelines were developed, the next step was to implement them. A central compo-

nent of the dental preventive program guidelines was the specification that oral health education services be provided in the schools. To implement this specification, curricula were needed for use in the classrooms. Given the need to build lessons within the existing academic framework, the DOE took the lead in developing the oral health curricula, with input from DHEC and members of the Children's Oral Health Coalition Curriculum Committee. Oral health curricula were developed for kindergarten, second grade, and seventh grade to reinforce DOE's health and safety learning standards at these grade levels. The guides contain lessons, primarily designed for classroom use, that encourage students to take care of their teeth as well as teach them oral health concepts. Kindergarten lessons, for example, include hands-on activities on the proper way to brush and floss teeth, the dental office, healthy recipes, and safety rules to prevent oral health injuries. In seventh grade, lessons address additional age-appropriate oral health topics such as resisting tobacco use and orthodontics.

Bright Futures' role in this phase of curriculum development was not explicit; the DOE staff drew on other resources in developing their content in accordance with academic standards. However, curricula for younger ages were later developed under DHEC's leadership that more extensively drew upon Bright Futures as a resource.

Evolution of Bright Futures over Time

Bright Futures was an important tool in the State's work during 2000–2002 to address the

oral health needs of children, as described above, and has continued to be an extremely valuable tool for its ongoing and expanded efforts in this area. In late 2002, South Carolina was awarded a 3-year \$960,000 grant from the Robert Wood Johnson (RWJ) Foundation through its State Action for Oral Health Access Program. This grant supported South Carolina's establishment and operation of its More Smiling Faces in Beautiful Places (MSF) initiative, which is aimed at increasing access to oral health for children from birth to age 6 and for children and adolescents with special needs, with particular focus on minorities and economically disadvantaged populations who are uninsured or underinsured. This focus responds to the findings of a statewide dental needs assessment conducted during the 2001–2002 school year showing that one-third of kindergarteners had untreated tooth decay, with Black children experiencing significantly more untreated decay than White children.

In addition to the needs assessment findings, program planners cite *Bright Futures in Practice: Oral Health*, as well as Healthy

Bright Futures is one of the underpinnings of the State's extensive efforts, funded by the RWJ Foundation, to improve oral health.

People 2010 goals and the recommendations of dental professional organizations, as providing support for

the project. DHEC officials also point to Bright Futures as an underlying framework for MSF's major components, which include:

- Creation of an integrated oral health network of dentists, physicians, nurse practitioners, dental hygienists, public and private health providers, community health centers, and churches to increase access to oral health care
- Provision of pediatric oral health training programs for medical and dental professionals
- Establishment of a system to link medical homes with oral health care providers, provide patients with resources, screen for eligibility for Medicaid or other insurance programs, and arrange patient transportation
- Provision of educational guidance and support to parents and families that enable them to become effective managers of their children's oral health needs.

In interviewing key informants, several specific examples of how Bright Futures has been utilized as part of the MSF oral health initiative were noted:

- **Staff orientation.** All staff working on DHEC's oral health initiatives are introduced to *Bright Futures in Practice: Oral Health* to communicate the guiding philosophy of the DHEC Oral Health Program. The Oral Health Director, who utilized Bright Futures in his program development work, provided it to the School Oral Health Program Coordinator when she joined DHEC, and she, in turn, has provided it to staff and consultants working with her. She also provided copies of the book to the MSF coordinators in each of the six target counties. Use of Bright Futures by staff at the

State and local levels helps to foster the development of consistent messages across program components.

▪ **Partnership development.** Strengthening partnerships among dentists, other health professionals, and community organizations is at the core of the MSF initiative. Bright Futures' merging of dental and medical information was noted as helping to facilitate interdisciplinary communication and partnerships, and its emphasis on the community role in health helps to build connections between health professionals and community agencies and organizations serving children. At the local level, public health staff members trained in Bright Futures have assisted schools with imple-

Bright Futures can help to deliver consistent messages over time to different audiences and through multiple messengers.

mentation of the oral health curricula developed and shared by DOE, providing a foundation

for broader involvement of public health staff members in health education and health promotion activities for school-age children. However, the cost of Bright Futures materials limited the number of copies that could be shared with schools and other partners. State officials noted that funding for additional copies would help to make the resources more readily recognized and available by partners.

▪ **Curriculum development and training.** Under MSF, DHEC has spearheaded the develop-

ment of several curricula for both medical and nonmedical professionals for which *Bright Futures in Practice: Oral Health* served as a major resource. These include *Pediatric Oral Health for the Medical Professional*; *Infant Oral Health 101*, a practical guide for planning to integrate infant oral health into a general dental practice; and a *Child Care Center Oral Health Training Curriculum*, which includes activities to be used in child care centers to educate and engage young children in oral health, as well as parent education sheets. The South Carolina Dental Hygienists Association has supported the use of the latter curriculum by hosting a train-the-trainer session at its 2005 annual meeting. Trainings also have been conducted for lay health workers in faith-based organizations to support their role in addressing the oral health needs of their communities. Participants in curriculum trainings receive copies of the *Bright Futures Oral Health Pocket Guide*.

▪ **Advocacy.** Bright Futures was also noted as being a useful tool for advocacy with the Medicaid agency regarding children's dental benefits. Its recommendation, reflective of those of professional dental and pediatric associations, that children see a dentist upon eruption of the first tooth or by age 1, whichever comes first, has been used to support requests that the State Medicaid agency update the Early and Periodic Screening, Diagnosis, and Treatment dental periodicity schedule to cover dental screenings for infants. This schedule currently indicates that dental screening services begin at age 3.

- **Community outreach.** Another component of MSF is the conduct of a “Happy 1st Birthday” social marketing campaign which, based on the aforementioned recommendations, encourages parents to begin oral health care for infants, including brushing their children’s teeth early and taking them to the dentist, by their first birthday.

Challenges and Lessons Learned

South Carolina’s experience in using Bright Futures to improve children’s oral health provides important lessons into how this resource can be used to address public health goals. These include the following:

- **Bright Futures champions are critical.** South Carolina’s experience with Bright Futures demonstrates how one person in a leadership position – especially with the capacity to influence staff orientation, training, and policy development – can foster widespread institutionalization of Bright Futures principles and messages into a State’s public health infrastructure.
- **Use of Bright Futures materials for staff orientation can help to create champions.** This case study supports the value of using Bright Futures guides to communicate a philosophical approach to public health and related activities. Individuals who are introduced to Bright Futures as a guide by their supervisors and mentors are likely to draw on it for various purposes, thus influencing the shape and focus of programs, partnerships, and training pursued by these individuals.

- **Bright Futures can be a valuable resource for policy and program development.** By drawing on Bright Futures as a resource during critical periods of change in the State’s oral health system, South Carolina was able to foster the development of oral health programs and policies that are strongly grounded in Bright Futures principles. These include the importance of prevention, health education, a focus on the family, and community partnerships.

While Bright Futures has been used extensively by DHEC to foster a health promotion/disease prevention model for oral health efforts in the State, the importance of expanding the explicit use of Bright Futures by key partners was noted. In particular, further work is needed to build Bright Futures into curricula for health professionals. Dentists were noted as being less likely than other kinds of child health professionals to know about Bright Futures. (The recently completed pediatric oral health curricula aimed at medical and dental professionals are aimed at supporting these critical partners in applying Bright Futures to their particular environments.) Encouraging schools to be partners in community health efforts and to use Bright Futures also can be challenging, as the academic framework for school-based lessons may make Bright Futures a less-than-obvious choice as a resource, given its health orientation.

More opportunities exist to expand the network of Bright Futures partners.

The cost of Bright Futures materials limited the number of copies that could be shared with

schools and other partners. Funding for additional copies would help to make the resources more readily recognized and engage new partners.

Future Directions and Sustainability of Bright Futures

Bright Futures has been instrumental in South Carolina's efforts to strengthen its dental public health infrastructure and efforts to improve children's oral health, beginning with school-based activities and expanding to include the broader initiatives funded through MSF. Bright Futures messages have formed the foundation for and are reflected in the policies and programs that have been developed in South Carolina over recent years related to children's oral health.

By utilizing Bright Futures as the underlying framework for oral health promotion policies, curricula, and campaigns, and therefore embedding Bright Futures principles and messages into South Carolina's infrastructure and tools for oral health promotion, sustainability prospects are strong. This form of sustainability, however, acknowledges that Bright Futures' role may not be recognized by the many partners involved in the varied oral health promotion activities that have been grounded in Bright Futures. Indeed, while local-level key informants interviewed for this case study were familiar with Bright Futures, they noted its most explicit use at the State level by DHEC in crafting oral health initiatives.

Given the end of RWJ funding for the MSF project in early 2006, there have been numerous efforts to integrate the project's Bright

Futures-based activities into the ongoing work of DHEC and various partner organizations. For example:

- Oral health education based on Bright Futures has been integrated into ongoing trainings conducted by DHEC for public health nurses and school nurses.
- DHEC is partnering with the South Carolina Dental Hygiene Association to provide training to child care centers statewide using the *Child Care Center Oral Health Training Curriculum* based largely on Bright Futures. An online training curriculum is envisioned in the future.
- DHEC is working with faith-based partners to implement a lay oral health education program, again incorporating Bright Futures messages, in high-risk communities.
- DHEC collaborates with the WIC program to promote oral health to WIC clients. In addition to providing anticipatory guidance to clients, training will also soon begin for WIC eligibility staff to complete an oral screening on infants and young children to assess their oral health status.
- Bright Futures-based oral health educational components are being integrated into medical and dental school curricula and continuing education programs for practicing providers.

Bright Futures can serve as a resource for crafting messages related not only to children but to broader populations as well.

The DHEC oral health staff indicated that other divisions within the agency have utilized Bright Futures or are interested in doing so. That DHEC leadership was also noted as being supportive of Bright Futures indicates an opportunity to expand use of Bright Futures materials more broadly within the health department.

In looking to future oral health promotion efforts, DHEC officials indicated that they would like to expand the focus from young and school-age children to adolescents and eventually to elders. Although these populations of interest extend beyond Bright Futures' focus on children, DHEC officials indicated their belief that, although the Bright Futures messages would need to be tailored, they are relevant across the age spectrum. Use of Bright Futures in health promotion activities for these broader populations would represent another important evolution in the use of Bright Futures to a broad array of public health efforts.

Key Informants

Christine Veschusio

Dental Health Program Coordinator
South Carolina Department of Health
and Environmental Control

Ray Lala

Oral Health Director (2001–2004)
South Carolina Department of Health
and Environmental Control

Mary Kenyon Jones

Curriculum Development Consultant
South Carolina Department of Education
South Carolina Department of Health
and Environmental Control

Brad Smith

Director of Health Education
Low Country Public Health District

Trisha Collins

Director of Health Education
Pee Dee Public Health District

Rocky Napier

Pediatric Dentist
Aiken, SC