



Dental Public Health Activities & Practices

Practice Number: 21001
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SECTION I: PRACTICE OVERVIEW		
Name of the Practice: "Bright Smiles for Bright Futures"		
Public Health Functions: Assessment – Acquiring Data Assessment – Use of Data Assurances – Building Linkages and Partnerships for Interventions		
HP 2010 Objectives: 21-2 Reduce untreated dental decay in children and adults. 21-8 Increase sealants in 8 year-olds' first molars and in 14 year-olds' first and second molars. 21-10 Increase utilization of the oral health system. 21-12 Increase preventive dental services for low-income children and adolescents.		
State: Louisiana	Region: Southeast Region VI	Key Words: School nurses, third grade school children, oral health screenings, surveillance, school program
Abstract: The "Bright Smiles for Bright Futures" program was planned and implemented by the Louisiana Oral Health Program as a surveillance component for oral health. The first survey was conducted in 1997-1998 (prior to the release of the ASTDD Basic Screening Surveys model). The program provided oral health screenings to 3 rd grade children to assess oral health status and treatment needs, made referrals for needed care, and followed up on whether care was received. This program was created by the Louisiana Oral Health Advisory Committee in response to state mandates under the Early Periodic, Screening, Diagnostic and Treatment (EPSDT) program of Medicaid and to meet the reporting requirement of oral health indicators and needs assessment for the MCH Block Grant. School nurses were recruited as volunteer survey examiners to perform oral health screenings at the time of annual vision and hearing screenings at their assigned schools. The volunteered school nurses were trained to use a standardized screening process and recorded the presence of untreated tooth decay, fillings and sealants, as well as assign a treatment urgency level for needed dental care. The school nurses followed up with families of children surveyed, who needed dental care, to evaluate treatment status. CDC, Division of Oral Health analyzed the data from the oral health screenings. The survey will be repeated every five years and the second survey is scheduled for 2002-2003.		
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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

The Louisiana Oral Health Advisory Committee developed the "Bright Smiles for Bright Futures" program to address the need for oral health data using an inexpensive surveillance technique. The program conducted the first survey in 1997-1998 and will repeat the survey every five years. The next survey will be completed in FY 2002-2003.

The survey was directed by the Louisiana Oral Health Program and included the training of school health nurses to use a standardized screening process to determine oral health status and treatment urgency. This program also included data collection related to barriers in the access of dental care and utilization of dental services, and a referral process for needed dental care.

Justification of the Practice:

In 1995, Early Periodic, Screening, Diagnostic, and Treatment (EPSDT) of Medicaid required dental screenings of 80% of Medicaid eligible children. Nationwide, only 31-37% were screened. In 1996, the Office of the Inspector General found that 20% of Medicaid-eligible children received preventive services.

According to the Surgeon General's Report on Oral Health, tooth decay is one of the most common chronic childhood diseases and 51 million school hours are lost annually to dental related illness. The third grade children that are targeted in this survey program provide information on the oral health needs of the children in Louisiana and will guide preventive treatment and oral health education services for the children.

Administration, Operations, Services, Personnel, Expertise and Resources of the Practice:

The Louisiana Oral Health Program administers the "Bright Smiles for Bright Futures" program. Almost 90 volunteer school nurses were recruited in 1997 at the Louisiana School Nurses' Association annual meeting. The Oral Health Program Coordinator trained the school nurses to perform screenings on third grade students during annual hearing and vision screenings at their schools. School nurse training provided at each parish of the state (equivalent to a county) consists of slide shows, demonstration models, Bright Futures in Practice books, and printed training manuals. The school nurses were taught to visually screen for sealants, caries, injury, and clinical infections using toothpicks, tongue depressors, and a flashlight. The nurses were also instructed on first aid for dental emergencies.

A convenience sample was used for the survey since only schools with school nurses, who volunteered for the program, participated. Each school nurse was asked to randomly select one 3rd grade classroom from his/her school for the survey. An optional Parent Questionnaire was sent home to parents along with a request for permission to screen. The questionnaire collected data on water sources, parental perception of need, access, and the recency of dental treatment.

For the oral health screening, the school nurses determined the presence/absence of oral soft tissue lesions, untreated decay, fillings and dental sealants. A Screening Reporting Form was completed for each child surveyed. Gender, birthdate, and ethnicity were recorded. Socioeconomic status was measured by participation in the school free lunch program or Medicaid status. Children were assigned a treatment urgency level based on their need for dental care (no obvious treatment needed, early treatment needed, or immediate treatment needed).

Children receiving a treatment urgency level of 2 or 3 (needing early or immediate care) received a referral form that explained the child's need for care to the parent and an additional form to be taken to a dentist for completion and returned to the school nurse. The nurses tracked the care received by the children after the screening by following up with a telephone call, letter or visit to the parents/guardians. They then reported their findings to the Oral Health Program by completing the Referral Evaluation/Questionnaire. This questionnaire obtained information on the progress made on dental treatment, the reasons for not accessing dental treatment, prior dental care, and the receptiveness of parent/caregiver.

Centers for Disease Control and Prevention (CDC), Division of Oral Health provided technical support on the survey. CDC analyzed the data and reported the results. The 1997-1998 survey had the following findings:

- 1,435 children returned a consent and 1,390 received an oral health screening;
- 247 children (17.32%) were Medicaid recipients and 489 (34.07%) were enrolled in the free lunch program;
- 529 children (38.1%) have untreated caries;
- 374 children (26.1%) needed early dental treatment and 124 (8.6%) needed immediate treatment;
- 317 children (22.1%) have at least one dental sealant.

Of the 532 children who received referral to a dentist for treatment, the school nurses found that less than 5% received dental treatment shortly after the referral was made. The school nurses were unable to continue tracking the children who needed dental treatment for an extended period of time.

The next survey scheduled for FY 2002-2003 will look at disparities by using a double blind random sampling technique and stratifying by racial/ethnicity groups and socio-economic status.

Budget Estimates and Formulas of the Practice:

The additional funding for conducting the first survey was negligible. The Oral Health Program Coordinator integrated the survey activities with her duties. The Oral Health Program Coordinator's traveling cost to train the school nurses was \$1,160.00. Printing of manuals, consent forms, referral forms, etc. was provided by the Office of Public Health. There were no other outlying costs. MCH funds were used for travel and printing.

Lessons Learned and/or Plans for Improvement:

The Oral Health Program educated schools nurses on the importance of oral health through this program. Survey training will be improved for the next survey by incorporating suggestions from the school nurses who participated. Data gathering tools will be refined to include socioeconomic status of the children surveyed. For the next survey, the Oral Health Program will also recruit local dentists for referrals.

Available Resources - Models, Tools and Guidelines Relevant to the Practice:

- Training manuals, presentation slides, and demonstration models for training nurses to conduct oral health screenings.
- 1998 Evaluation Report of "Bright Smiles Bright Futures" by the CDC.
- Follow-up reports from school nurses who participated in the "Bright Smiles Bright Futures" survey.

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

Does the practice demonstrate impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence and outcomes of the practice)?

The 1997-1998 "Bright Smiles for Bright Futures" survey recruited almost 90 school nurses to conduct the survey screenings for 1,390 3rd grade children. The program integrated the role of school nurses to support early diagnosis of dental disease and referral for care. In addition, the survey findings allowed the Oral Health Program to meet the reporting requirements of the MCH Block Grant and MCH Needs Assessment. The survey further contributed data to the National Oral Health Surveillance System. Also, the survey findings have been used to support community fluoridation efforts. As the survey is repeated every five years, surveillance data will be able to monitor the progress made for oral health in the state.

Efficiency

Does the practice demonstrate cost and resource efficiency where expenses are appropriate to benefits? Are staffing and time requirements realistic and reasonable?

This program was cost efficient in utilizing school nurses to deliver oral health screenings at their schools during annual vision and hearing screening events. There was efficiency for the school nurses to work within their school environment. The Maternal and Child Health Program printed all the survey materials. Travel money in the amount of \$1,160 was budgeted for the coordinator to provide parishwide training and follow-up with school nurses.

Demonstrated Sustainability

Does the practice show sustainable benefits and/or is the practice sustainable within populations/communities and between states/territories?

With some continued fine-tuning, this program will demonstrate its sustainability. The Oral Health Program has continued to foster the partnership and education of nurses through the Louisiana School Nurses Association for the next survey to be completed in 2003. The evaluation of the first survey in 1997-1998, included telephone interviews, showed that school nurses were positive about the survey and would support the next survey. It is expected that more school nurses will volunteer for the next survey.

Collaboration/Integration

Does the practice build effective partnerships/coalitions among various organizations and integrate oral health with other health projects and issues?

This practice builds and maintains a strong partnership with school nurses. This program places value on the interdisciplinary health team approach. School nurses are a key resource for the oral health education of school children as they provide a direct link to a population with a need for oral health education, prevention, and treatment.

Objectives/Rationale

Does the practice address HP 2010 objectives, the Surgeon General's Report on Oral Health, and/or build basic infrastructure and capacity for state/territorial oral health programs?

The "Bright Smiles for Bright Futures" program addresses four HP 2010 objectives related to increasing the proportion of children who have received dental care, increasing the utilization of the oral health system, increasing preventive health service, and reducing untreated decay in primary and permanent dentition. This program also demonstrates several of the findings in Chapter 9 of the Surgeon General's Report on Oral Health, specifically that Medicaid eligibility does not ensure enrollment, nor does enrollment ensure treatment. The "Bright Smiles for Bright Futures" program also hopes to address the Surgeon General's Report suggestion of removing barriers between people and oral health services by attempting to enlist local dentists for referrals and refine methods in following up on the children who needed dental care.

Extent of Use Among States

Is the practice or aspects of the practice used in other states?

We do not know the extent of this practice in other states where training is provided to school nurses to conduct oral health screenings.