

School/Nurse Coordination Improves Assessment Compliance

The Context

Dental disease is one of the primary causes of missed school days, resulting in close to 1 million days lost annually in California alone. In 2005, a law was passed requiring all kindergarten children and 1st graders entering public school in California for the 1st time to receive an oral health assessment (OHA). (Ed Code 49452.8)

The Concern

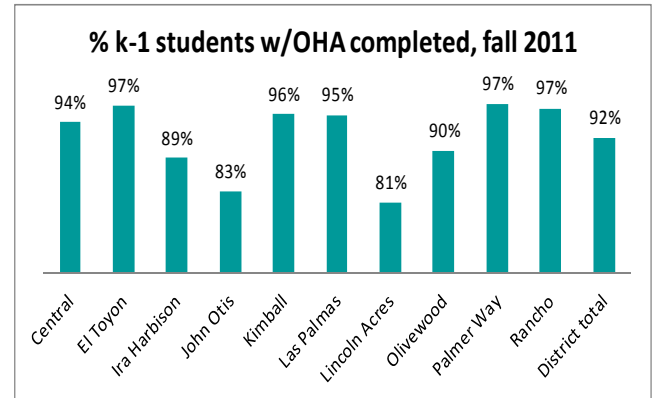
There have been disappointing compliance rates state-wide. In San Diego County, some of the lowest reported compliance rates have been in South County, including National School District.

Although data is reported to the County by school district, many districts have had no coordinated OHA plan for the schools, resulting in a haphazard system of data collection and submission.

The Solution

The National School District has a unique partnership with Rady Children's Hospital (RCH). The District contracts with the Hospital to provide the health team for their ten elementary schools and pre-school program. At the urging of Diana Chase, Supervisor of School Health, the assessments became a responsibility and priority of the health team.

Working with the Anderson Center for Dental Care at RCH, a standardized format and set of forms were developed for use in all of the district schools to ensure consistent data collection and reporting. The next step was to call a meeting of the District Ad-



ministration; Supervisor of School Health; Anderson Center; and the prior year's volunteer screeners. All were familiarized with the new format and forms. Existing volunteers agreed to continue on this basis, and schools and assessment dates were scheduled. A school health team and Anderson Center staff member were present to coordinate each assessment event.

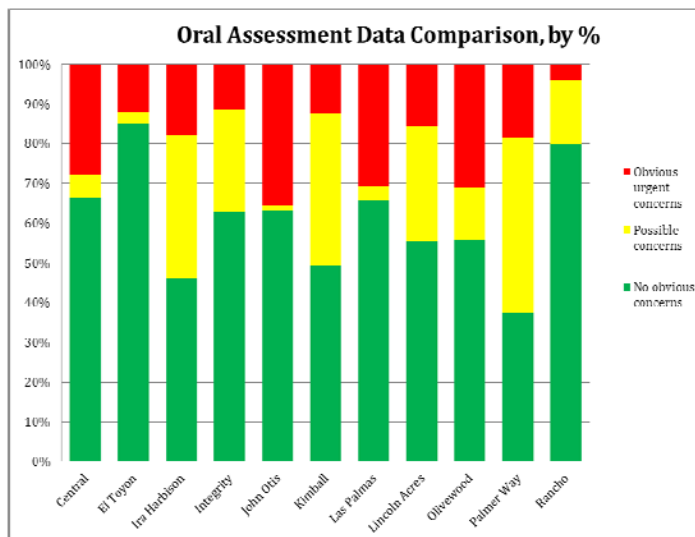
As the assessments are visual only, involving no treatment, a "reverse permission" form was used—parental permission was assumed unless the form was returned with a signature denying permission. This strategy was much more successful than seeking signatures for assessments.

Conclusions

This system of coordinating in-school assessments works. **District compliance so far in the 2011-12 school year is more than double that of 2009-10, the most recent data available: 92% vs. 43%.** Other important observations include:

- Almost 250 children were identified with obvious urgent oral concerns that might otherwise have gone unnoticed, and referred to the school nurse for care follow-up.
- Documentation was provided regarding the effectiveness of the long-term presence of on-campus dental care at two of the schools. El Toyon and Rancho had the highest compliance, and the lowest rates of urgent concerns. Identified several years ago as having very high rates of decay, these schools have been the focus of concerted efforts from several dental community organizations and the results provide evidence that in-school dental education and service is effective.

The Anderson Center is a resource for schools to develop and test models of effective oral disease prevention. Contact info below.



For more information, contact Susan Lovelace, Program Manager, slovelace@rchsd.or, 858-576-1700, ext. 3745 or Cheri Fidler, CHC Director, cfidler@rchsd.or, ext. 4389