

Preventive Dental Services/Basic Screening Survey Project Satisfaction Survey Results 2012-2013

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August 2013

Background:

Professional care is necessary to maintain oral health.¹ However, many families in Texas cannot afford or do not have easy access to dental care. These barriers mean many children go without preventive dental services or oral treatment. Lack of care can lead to serious oral health conditions, dental disease and injuries. Left untreated, conditions such as early childhood caries (ECC) can be costly and lead to devastating disease with lasting detrimental effects on the dentition and systemic health.²⁻⁷

In an effort to (1) emphasize the importance of initiating professional oral health intervention, (2) educate schools and parents to address oral health in children and (3) to determine the status of oral health in Texas school children, the Texas Department of State Health Services (DSHS) Oral Health Program (OHP) provides on-going Preventive Dental Services (PDS) through a team of regional dentists and dental hygienists. Prior to site visits by the regional teams, a Memorandum of Understanding (MOU) is put in place with the school district or school as appropriate; followed by a packet of materials, including information about the Health Insurance Portability and Accountability Act (HIPAA), a parent letter explaining what services will be provided during the regional team visit, and a parent permission form initiating consent for a child to participate in the service. These packets are defined as the “sealant package” for the purposes of this survey. The regional teams focus on providing PDS to schools that are in economically disadvantaged areas with an 85% or higher free and reduced price lunch (FRL) population. Some of the components of PDS include a limited oral evaluation to assess dental care need and treatment urgency among other observations, the application of fluoride varnish, and the placement of dental sealants.

The DSHS OHP also provided a Basic Screening Survey (BSS) to a random sample of schools with third grade students that represented the non-border urban/rural and border urban/rural target population throughout the State of Texas. Similar to the PDS, MOUs and a sealant package are sent to the schools prior to the regional team visit. The BSS is a visual limited oral evaluation (LOE) given to third grade students in school year 2012-2013, whose parents consented to the “in mouth” evaluation. Additionally, fluoride varnish may have been applied on all teeth and dental sealants may have been applied to permanent molars as consent and time permitted. The urgency of need for dental care was identified for each participating child and communicated to the parents through a completed results form for follow-up with their child’s dental home.

Purpose:

With the aim of determining satisfaction with recent Texas DSHS OHP services related to the 2012-2013 PDS and third grade BSS, the DSHS OHP sent an on-line project satisfaction survey to several of the participating Texas school nurses. The purpose of the survey was to collect data from schools that participated in the BSS and/or PDS in order to understand from the school

nurses about any future improvements that might be applicable to the BSS/PDS process. School nurses were chosen to receive the survey as they were the contacts for the BSS and/or PDS for the regional dental teams. The purpose of this report is to describe the results of the satisfaction survey.

Results:

A link to the on-line survey was sent to 141 school nurses across Texas who participated in either the PDS or the third grade BSS. Of the 141 surveys that were sent via email only 113 included an up-to-date email address and reached participants. The remaining 28 emails were returned to the sender. According to the survey details, only 13 surveys (7 from selected BSS schools, representing all four strata, and 6 from PDS schools) were completed, providing a response rate of 11.5 percent.

The survey results included seven school nurses who responded that their school received BSS services and six nurses who stated that their schools received PDS services, 53.8 versus 46.2 percent, respectively. Of those who responded, 92.3 percent indicated that they believed that the projects were done in an efficient and timely manner. One respondent specified that the project at his/her school was not done in an efficient or timely manner. The respondent commented that the “screening team was late arriving and still had to set up upon arrival. The plan was for the screening team to arrive and set up to be ready to go when school day began so that the screenings could be done before 3rd grade PE (*physical education*)/lunch periods”.

When asked about whether or not their schools benefitted from the oral health services provided by the DSHS OHP, 76.9 percent of the nurses who responded indicated that their school did benefit from the services provided by the DSHS OHP. Table 1 below includes comments made by those nurses who stated that their school benefitted from the services. Overall comments were positive and indicated that several school nurses stated that these projects were the only exposure and education that many of the children had even had to a dentist. Additionally, subsequent preventive measures, such as dental sealants or referrals for dental follow-ups due to noted tooth decay, would not otherwise have been given to some students if it were not for access to these projects.

Table 1: Comments from those nurses who stated that their school did benefit from either the PDS or BSS services provided by the Texas DSHS OHP, 2012-2013

Half of the children had not been to dentist. The exposure and education was much needed.
I am sure students in need were notified by the Health Dept. However, I did not get a list nor make copies of reports.
Letters were sent home to parents of screened students with noted decay for dental follow-up. Those parents that followed up with dental care for these students improved students attention to classroom activity as they were free from pain and also reduced.

Quite a few students that were screened and subsequently provided preventive sealants would not otherwise have received services.
Students evaluated received treatment. Appreciation was expressed by families of those students.
Students that had not received dental screening were provided with this service.
Students were provided with good dental care. A healthy child is ready to learn.
The project was able to provide services and screenings to students who do not have regular dental care. It also helped to identify students needing additional dental care.
This program and its staff were great in providing screening and education for oral hygiene and maintenance in which many of our students might not receive at home; plus letting the parents know the results of the dental assessment.
Students received sealants and referrals. Most parents here would not have taken their child to dentist for initial evaluation despite having Medicaid.

Despite this positive response, 23.1 percent of nurses responded that their school did not benefit from the oral health services provided by the DSHS OHP. Reasons given for a school not benefitting from the services included the school nurse specifying that:

- students would have benefitted more from preventive services rather than just screenings;
- the majority of the students at some campuses regularly saw a dentist already; and
- the school district already received services from an outside organization that did screenings on all students in all their schools.

When asked about whether or not the school would consider participating in future projects of a similar nature, 84.6 percent of the nurses indicated that their schools would consider participating again in the future. Of the 15.4 percent that said that they would not consider participating again in the future, many indicated that their school already received services from another outside organization or that the majority of their students already saw and received regular care from a dentist.

84.6 percent of the school nurses stated that the sealant package they received was informative and helpful to them. For the 15.4 percent of nurses who indicated that the package was not informative or helpful, many said that the school did not receive a packet or that the school already received sealants from another program.

Additional comments were also provided and are included in Table 2 below. In general, most of the nurse's responses were positive and indicated support and appreciation for the services provided by the DSHS OHP as well as the possibility to extend the program to more students throughout the district. Two comments communicated the need for possible process improvements. First, a reference was made that the cover letter given to parents with the consent form needed more explanation and instructions on how to fill out each section of the self-reported form. Second, an email requested that more detailed information should be sent along

with a new MOU when the projects are initiated. As a result, OHP is developing a future checklist for nurses outlining the steps for completing the MOU process before the site visit, as well as what to expect during and after the visit. Additionally, one nurse made reference to the fact that since their district already participated in an outside program, the projects offered by the State were a waste of time and caused students to miss additional class time.

Table 2: Additional Overall Comments, Texas DSHS OHP BSS/PDS Project Satisfaction Survey, 2012-2013

Although preventative services were not performed, the dentist who provided the dental service on my campus was very informative and worked well with the students. He was very pleasant.
I would like to see this program extended to more students throughout our district.
I think an explanatory cover letter should be provided with the consent form for the parents with instructions on filling out each section of the form.
It is a beneficial and worthwhile project.
Our Elementary Campus was so excited that we were chosen and the students as well as the staff hope to be selected for upcoming school year. Thank you for all that you do in making the world a better place. Your work is greatly appreciated.
Receiving a list of students referred would be helpful for reporting to health services. Although, as a State Dept., you already have the results. Thank you for letting us participate. If another NEISD school is chosen, please consider Regency Place Elem.
The program gave students a pleasant exposure to what to expect from a dental care provider. Sometimes fear of dental care providers is the greatest hurdle.
We went to the West Side Clinic and the whole experience from front door to exit was exceptionally well run. We received both excellent care, education, and service. Thank you.
When this program is set to be initiated an email with detail information needs to be sent along with a new memorandum of understanding (MOU).
Great beneficial program
Since our school district already is working with the JPS healthy smiles program, and all students in the school are able to benefit from it, this was a waste of time for me and the dental staff. And it pulled students out of the class missing classroom time.

Summary:

Although the response rate to the nurse’s satisfaction survey was low, the DSHS OHP has gained some insight into the current PDS and BSS projects. First, in general, several of the responses indicated that the project had a positive effect in the most of the responding schools. The exposure of some of the students to the regional dental care providers built some confidence and helped to reduce fears for some children. Additionally, the education provided to some of the districts and students was much needed and well received. In quite a few cases, some of the

students that were screened and subsequently provided preventive dental sealants would not have otherwise received services.

Most importantly, DSHS OHP has learned that work may be needed to develop future processes that support these projects, such as sending along more detailed information about MOUs and more explanatory documentation upfront to help parents fill out the self-reported data collection forms. Without doubt, the DSHS OHP will take these items under advisement to improve future projects of this nature.

While one of the focuses for the DSHS OHP is to initiate oral health interventions and to provide education to schools and parents about oral health in children, the DSHS OHP is required to report data to the National Oral Health Surveillance System to determine the status of oral health in Texas children. In conjunction with these efforts, the DSHS OHP is grateful to other outside outreach programs, such as the JPS Health Network Healthy Smiles Program in Tarrant County, Texas, which provides critical resources to support the oral health of all students in various school districts.

Reference:

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