

Health Assessment Prior to School Entry

Internship with Nevada Department of Health
and Human Services Division of Public and
Behavioral Health, Oral Health Program

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Current School Screening Requirements in Nevada

- Enrolled children in Nevada receive a vision, auditory, and scoliosis screening on the following time table:
 - Kindergarten or 1st grade, 4th grade, 7th grade, 10th grade, and 12th grade
- Screenings are done by school nurses
- Nevada requires no health assessment prior to school entry

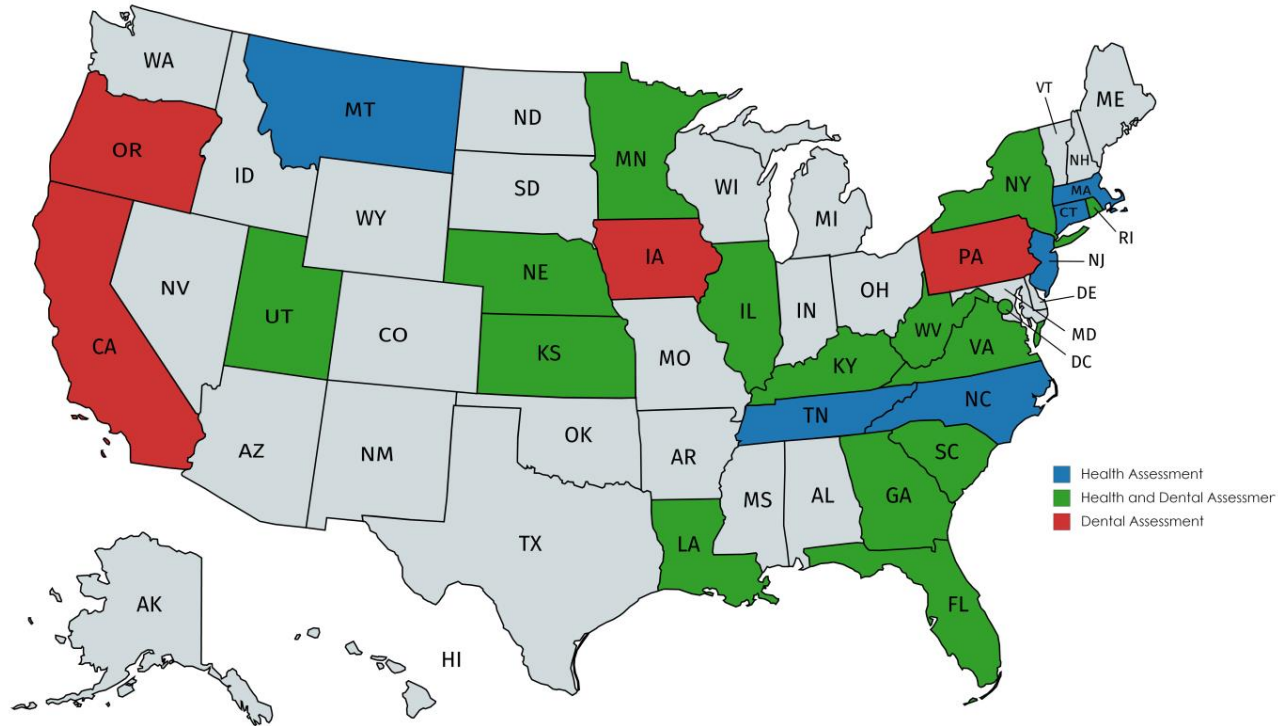
The Oral Health Program's Proposal

- Health Assessment Prior to School Entry that will apply to the same age groups that are currently receiving vision and auditory screenings
- Screenings will be done outside of school and data will be collected by Nevada Department of Health and Human Services
 - What will be screened for:
 - Allergies, Asthma, Diabetes, Seizure Disorders, Medications, Vision, Auditory, Scoliosis, Oral Decay, BMI, TB

Why Nevada Needs a Health Assessment Prior to School Entry

- Evidence shows there are 7 health barriers to learning (Gracy et al., 2018)
- This screening addresses these health barriers and ensures children are ready to learn
- Encourages families to find medical and dental homes
- Builds the framework for implementing more high impact public health policies such as school based sealant programs

What Other States Are Doing



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Total: 25

Health and Dental Assessment (Green): 15 (Includes District of Columbia)

Dental Assessment Only (Red): 4

Health Assessment Only (Blue): 6

Goals of Internship

- Research states who have implemented similar policies
- Identify stakeholders who can assist the Oral Health Program in creation and implementation of this policy
- Create presentation materials that can be given to stakeholders to explain goals of policy

Creation of Questionnaire

- Background research was used to write 16 questions to send to state dental directors
- Questions Addressed:
 - Data collection tools
 - Funding
 - Policy Impact
 - Lessons learned during implementation
 - Reception to legislation from other departments
- 15 states were contacted
 - 8 states responded
 - 6 questionnaires have been completed

Results

- Other states experienced resistance from school districts due to increasing school nurse workload
- Iowa showed younger students had greater compliance returning screening forms than older students
- Rhode Island and West Virginia have been able to successfully implement electronic data collection (among states who responded)
 - Rhode Island uses a free tool from CDC to collect and manage data
 - West Virginia uses their immunization data collection platform

Results- West Virginia

- Partnering with the West Virginia Dental Association created high compliance in dentists inputting exam data into the data collection platform
- West Virginia avoided creating policy through legislation by modifying current Board of Education policy
- Cost to build out immunization data collection system was approximately \$200,000 - \$300,000 and was grant funded
- The ultimate goal of West Virginia's system is to rank students by need
 - Only students that do not have a dental home receive preventative services in school

Recommendations

- Begin policy with kindergarten instead of 12th grade
- Further research on the CDC tool Rhode Island uses for free data collection and storage
- Create workflow diagrams that demonstrate how this policy will change school nurse workload
- Maintain open communication with Nevada Department of Education to ensure a smooth transition during the implementation of the policy
- Use the data collected to influence higher impact policies such as school based sealant programs

Where To Go From Here

- Continue outreach to states who have not responded
- Continue to develop relationships with states willing to partner (Iowa, Rhode Island, West Virginia, and Kentucky)
- Initial contacts have been made with Nevada Department of Education → continue to develop these relationships
- Outreach to other stakeholders identified
 - Nevada State Education Assessment
 - Nevada Dental Association
 - Western Society of Pediatric Dentistry
 - Nevada Institute for Children's Research and Policy

References

- Bertness, J., Holt, K., and Barzel, R. eds. 2016. Promoting Oral Health in Schools: A Resource Guide (3rd ed.). Washington, D.C.: National Maternal and Child Oral Health Resource Center.
- Gracy D, Fabian A, Basch CH, Scigliano M, MacLean SA, MacKenzie RK, et al. (2018) Missed opportunities: Do states require screening of children for health conditions that interfere with learning? PLoS ONE 13(1): e0190254. <https://doi.org/10.1371/journal.pone.0190254>
- The Pew Center on the States. (2011, May 24). The State of Children's Dental Health. Retrieved April 18, 2018, from <http://www.pewtrusts.org/en/research-and-analysis/reports/0001/01/01/the-state-of-childrens-dental-health>

Background Slide 1- Evidence for Screening

- 7 Health barriers to learning:
 - Vision deficits
 - Hearing deficits
 - Uncontrolled asthma
 - Mental and behavioral problems
 - Dental pain
 - Persistent Hunger
 - Effects of Lead Exposure
- It has been shown that students with very good oral health have better attendance and better classroom performance than their peers with worse oral health (Bertness and Holt, 2013)
- The Pew Center on the States has included data collection and reporting that allows the public to track improvements as one of its four core policy areas to strengthen children's oral health. The other three areas include sealants and fluoridation, Medicaid improvements, and innovative workforce models (Pew, 2015)

Background Slide 2 – Questions Asked

- Who inputs the data collected from health assessment forms into a database (school nurses or public health employees)?
- How long is the data stored for?
- What database system is used and how much does it cost your state?
- Is the same database system used for this project used for any other public health data collection projects?
- Is funding for this project through a grant or state funds?
- Was policy impacted by data collected in this project?
- Has any health status improvement or interventions been placed based on the health data collected?
- How long has assessment been in place?
- Were school districts receptive to this new policy?
- What would say are the lessons you learned while implementing this policy?
- Would you be willing to review our health assessment form?
- What is the case management for the school nurse?
- What referral system do you have in place based upon the health assessment forms, and what follow up is done based upon these referrals?
- Does the school or social services provide any assistance in making a dental or medical exam for students?
- Can a private dentist access the data collection system?
- Were any revisions in your initial legislative language required based upon problems that may have arisen after initial implementation?

Background Slide 3 – Table of States Contacted

CA	DC	GA	IL	IA	KS	KY	MN
No Response	No Response	Questionnaire Completed	No Response	Questionnaire Completed	No Response	Questionnaire Completed	Policy Not Applicable
NE	OR	PA	RI	SC	UT	VA	WV
Questionnaire Completed	No Response	Policy Not Applicable	Questionnaire Completed	No Response	No Response	No Response	Questionnaire Completed

Partnerships Created

- Iowa sent workflow documents and history of legislative changes
 - Has agreed to work as a partner and review our legislation and screening forms
- Kentucky has agreed to review screening form
 - Is currently working on school based sealant program so there is potential that they will be a key partner in the future
- Rhode Island has agreed to help Nevada work with the CDC Data Collection Tool
- West Virginia has offered to give any additional information about using immunization system for data collection.