

Improving Oral Health by Building Infrastructure and Developing School and Community Partnerships

Public Health Problem

In 1998, Rhode Island did not have an oral health program within the state department of health. Without a state dental director or program, Rhode Island had limited capacity to plan, conduct, and evaluate oral disease prevention programs for at-risk children or gather surveillance information. In 1996, only 28% of children under age 14 years in Rhode Island's Medicaid program had received dental sealants (plastic coatings placed in the pits and grooves of molar teeth to prevent cavities). In 1998, 35% of children screened in 10 Providence inner-city elementary schools had unmet oral health needs.

Program Example

The Healthy Schools! Healthy Kids! Oral Health Initiative is a statewide effort supported by CDC to improve the oral health of Rhode Island children through school and community partnerships. The program is a collaborative effort by the Rhode Island Department of Education and the Rhode Island Department of Health. Activities have included the formation of the statewide Healthy Schools! Healthy Kids! Steering Committee, made up of members from more than 30 state, public, and private agencies, foundations, and organizations. The state also has hired a dental director, a health promotion specialist, and an oral health program coordinator. The oral health staff, in conjunction with the Rhode Island Department of Education, worked to change state regulations and to carry out these changes beginning with the 2000–2001 school year. Schools are now required to provide standardized oral health screenings each year for children in grades K–5 and once for those in the grades 7-12. Parents of children requiring follow-up treatment are notified and given a list of community-based oral health providers. A standardized screening form is used to collect data on children's oral health to define current needs and guide future oral health programs.

Implications and Impact

Rhode Island has been successful in expanding and enhancing its state oral health programs because it has in place the three components of oral health infrastructure mentioned in the Association of State and Territorial Dental Directors report, Building Infrastructure and Capacity in State and Territorial Oral Health Programs: leadership to address oral health problems, development and promotion of policies for better oral health, and improvement of oral health systems.