OBJECTIVE

To plan and implement a rural school-based oral health prevention program in eastern North Carolina.

METHODS

Twenty school districts of significant interest were evaluated based on multiple factors, such as: total number of schools and students, percentage of economically disadvantaged students, poverty level, dentist to population ratio, regional kindergarten and third grade decay rates, the number of children sealed by Medicaid providers in the region, and proximity to an ECU dental clinic.

RESULTS

Districts evaluated ranged in size from two schools with 580 students to 36 schools with nearly 23,000 students. More than 90% of students in sixteen districts were considered economically disadvantaged and the poverty rate was greater than 20% for 11 districts. The dentist to population ratios ranged from 2090:1 to 13,690:1. Kindergarten and third grade decay rates were 9.8-24.1%. The number of children sealed by Medicaid providers ranged from less than 1,900 to over 10,000. Fourteen of the districts had an ECU School of Dental Medicine Community Service-Learning Center in the same or adjacent county.

CONCLUSION

Multiple school districts in eastern North Carolina were an appropriate choice for a rural school-based oral health prevention program. Jones County was the best choice due to total number of schools and students, the percentage of economically disadvantaged students, poverty level, dentist to population ratio, and regional kindergarten decay rate.

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