



# **Oral Health Status of Florida's Third Grade Children 2013-2014**



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This project is supported in part with the Health Resources and Services Administration Grants to States to Support Oral Health Workforce Activities Program.

Suggested Citation: Florida Department of Health Public Health Dental Program. (2016). *The Oral Health Status of Florida's Third Grade Children 2013-2014*.

The Public Health Dental Program: [www.flhealth.gov/dental](http://www.flhealth.gov/dental) or 850-245-4333

# Table of Contents

<b>Executive Summary</b> .....	4
Key Findings .....	4
<b>Introduction</b> .....	5
<b>Methodology</b> .....	5
Basic Screening Survey .....	5
Sampling Procedure .....	6
Screening Methods .....	7
Data Analysis .....	8
<b>Results</b> .....	9
Demographic Characteristics of Participating Children.....	9
Oral Health Indicators.....	9
National Status .....	13
<b>Limitations</b> .....	15
<b>Recommendations</b> .....	15
<b>References</b> .....	16
<b>Appendices</b> .....	17
Appendix A: Consent and Questionnaire Form for Parents .....	17
Appendix B: Third Grade Oral Health Screening Form.....	18
Appendix C: Screening Results Letter Sent to Parents .....	19
Appendix D: Other Indicators from Parent Questionnaire .....	20
Toothache.....	20
Last Dental Visit.....	20
Reason for Last Dental Visit .....	21
Need for Care .....	21
Reason for Not Seeking Care .....	22
Medical and Dental Insurance.....	23

## Executive Summary

During the 2013-2014 school year, the Florida Department of Health's Public Health Dental Program (PHDP) completed the first statewide oral health surveillance of Florida's third grade children. The "2013 Third Grade Oral Health Screening Project" was conducted in 41 public elementary schools across 19 Florida counties. The project had a participation rate of 41.4% among third grade children enrolled in selected schools. Dental screenings were provided by contracted Florida Dental Hygiene Association Registered Dental Hygienists (RDHs) following the Association of State and Territorial Dental Directors' Basic Screening Survey (BSS) protocols.

### Key Findings:

- Approximately one in four children (23.4%) presented with untreated decay.
  - The prevalence of untreated decay was highest for non-Hispanic Black children (34.8%) and for children from schools with the highest percent of students enrolled in free/reduced lunch (33.5%).
- Almost half of children (43.1%) presented with caries experience (treated or untreated decay).
- One in three children (36.9%) had at least one dental sealant.
  - The prevalence of dental sealants was highest for non-Hispanic White children (43.7%).
- Early dental treatment need among Florida's third grade population was 18.3%.
- Urgent dental treatment need among Florida's third grade population was 4.1%.

Florida's overall third grade population estimates are in alignment with the Healthy People 2020 goals related to the prevalence of untreated decay, dental caries, and dental sealants among 6-9 year olds (Table 1).

Table 1. Oral Health Status of Florida's Third Grade Population compared to National Healthy People 2020 Goals		
Oral Health Indicator	Florida's Status	National Target for 6-9 Year Olds based on Healthy People 2020 Goals <sup>1</sup>
Dental Caries Experience	43.1%	49.0%
Untreated Dental Decay	23.4%	25.9%
Dental Sealants	36.9%	28.1%

<sup>1</sup> U.S. Department of Health and Human Services, 2015

## Introduction

Oral health is essential to general health and well-being. There is a strong correlation between poor oral health status and other systemic diseases, such as diabetes, heart disease, stroke, and preterm and low-weight births.<sup>2</sup> Though the prevalence and severity of tooth decay has declined among school-aged children in recent years, it remains a significant problem in some populations, particularly among certain racial and ethnic groups and low-income children.<sup>3</sup>

Tooth decay (dental caries) is a transmissible, infectious oral disease resulting from an imbalance of multiple risk factors and protective factors over time.<sup>4</sup> Dental caries remain the most prevalent chronic infectious disease among young children and adolescents.<sup>5</sup> If dental decay is left untreated, it can cause pain and infection leading to problems with chewing, swallowing, speaking, and learning. These problems jeopardize children's physical growth, self-esteem, and capacity to socialize.<sup>6</sup>

Poor oral health is also associated with missing school and poor school performance. It is estimated that U.S. children miss more than 51 million school hours annually due to dental problems.<sup>2</sup> Children with poor oral health are three times more likely to miss school and four times more likely to perform poorly when compared to their healthy counterparts.<sup>7</sup> Additionally, parents miss on average 2.5 days from work per year due to their children's dental problems.<sup>8</sup>

Oral health data are needed for ongoing surveillance, establishing the burden of oral health disease, and to inform statewide programmatic planning efforts. To address the need for state level oral health surveillance data, the Florida Department of Health (DOH) Public Health Dental Program (PHDP) has established a surveillance system for monitoring oral health status, risk factors, and access to dental services among various populations. Florida's third grade population was the first in a series of three statewide oral health surveillance projects to determine the oral health status of Floridians. The following sections of this report detail project specifics including the methodology, results, limitations, and recommendations.

## Methodology

### Basic Screening Survey

The Florida Third Grade Oral Health Screening Project was based on the Basic Screening Survey (BSS) tool supported by the Association of State and Territorial Dental Directors (ASTDD). The primary purpose of the BSS tool is to provide state and local health jurisdictions with a consistent model for monitoring oral disease in a timely manner, at the lowest possible cost, with minimum burden on survey participants, and that will support comparisons within and between states.<sup>9</sup> The goal of the BSS is to obtain regional and statewide estimates of the oral health status in children.

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<sup>2</sup> U.S. Department of Health and Human Services, 2000

<sup>3</sup> Benjamin, R.M., 2010

<sup>4</sup> Heymann, H.O., 2014

<sup>5</sup> Dye, B., 2012

<sup>6</sup> U.S. Department of Health and Human Services, 2015

<sup>7</sup> Jackson, S., 2011

<sup>8</sup> Seirawan, H., 2012

<sup>9</sup> ASTDD, 2011

The BSS is designed to capture information on the following dental indicators that are directly related to oral health status in children.<sup>10</sup>

1. Untreated Decay: screener can readily observe breakdown of the enamel surface
2. Treated Decay: screener can observe previous treatment of decay such as amalgam and/or composite restorations, temporary restorations, crowns, teeth missing due to decay
3. Caries Experience: prevalence of untreated or treated decay
4. Dental Sealants on permanent molars: presence of partially and fully retained dental sealants
5. Urgency of Need for Dental Care: early dental care (needs to see a dentist within the next several weeks because of untreated decay or broken restorations) or urgent care (needs dental care within 24 to 48 hours because of signs and symptoms that include pain, infection, or swelling)

### Sampling Procedure

A representative statewide sample of third grade students in Florida public elementary schools was used. Enrollment data by school for the 2013-2014 academic year was provided by the Florida Department of Education (DOE). A Stratified Probability Proportional to Size sample (PPS) design was used to select the representative statewide sample of schools and the data from DOE were used to construct the sample frame. The list of schools was sorted by region and then by school free/reduced lunch percentage (the percentage of students in each school who receive free or reduced lunch) within each region to achieve geographic and socio-economic status (SES) stratification. A systematic sample interval was drawn with a calculated sampling proportional to the region population (based on total 3<sup>rd</sup> grade enrollment) to ensure a minimum of three school selections in each region of the state.

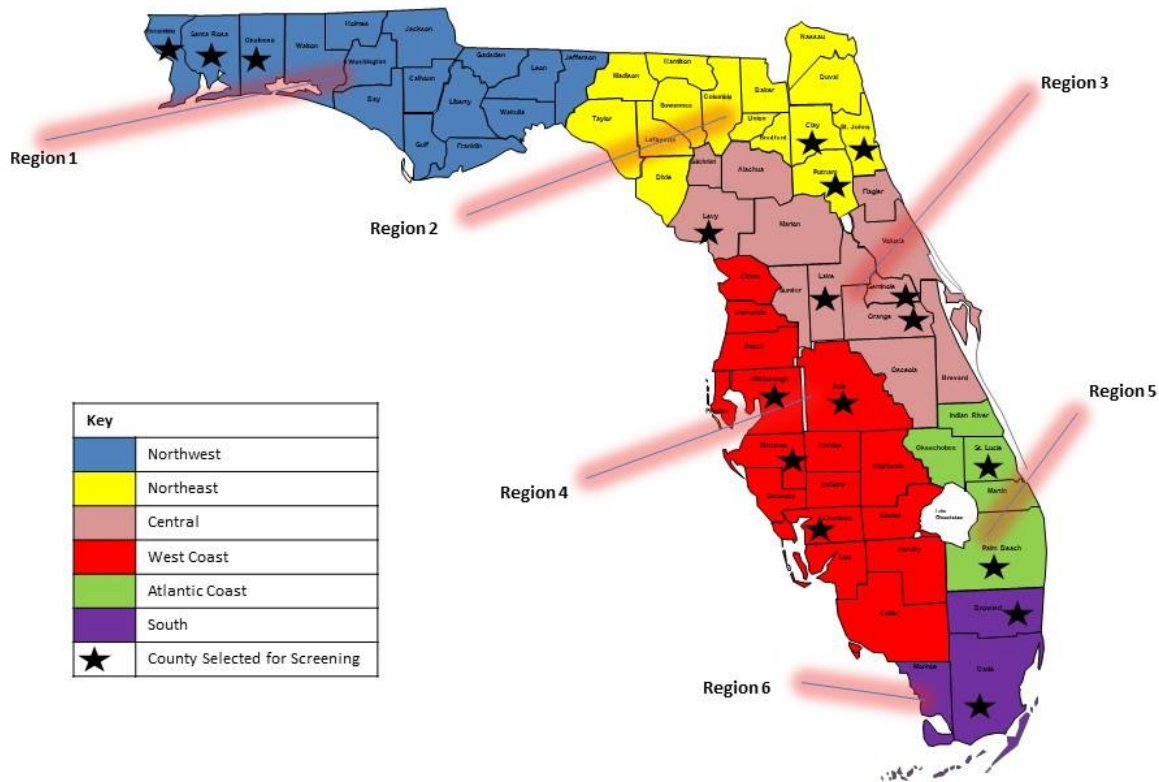
With a random start, the sampling interval was then repeatedly added with selections made based on where the sampling intervals fell in cumulative enrollment, for a total of 41 selections. Schools were contacted and consented to participate in the survey. Schools that refused to participate were replaced with a random PPS school selection from the same interval.

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<sup>10</sup> ASTDD, 2008

The regional designations used for the Florida Third Grade Oral Health Screening Project and those counties selected to participate are shown in Figure 1.

**Figure 1: Florida's 2013-2014 Third Grade Oral Health Surveillance Region Map and Selected Counties**



The number of public elementary schools selected for each region are listed below:

- Atlantic Coast: 4
- Central: 9
- Northeast: 4
- Northwest: 3
- South: 10
- West Coast: 11

### Screening Methods

After obtaining permission from the selected schools, parents of third grade children were given the opportunity for individual participation in the project. Consent forms (Appendix A), data collection forms (Appendix B), and screening results letters (Appendix C) were created based on BSS guidelines.<sup>11</sup> Consent forms were sent to the participating schools and distributed to the children. Parents were encouraged to complete and return the consent form questionnaire even if they did not want their child to participate in the screening. Only those children returning a positive parental consent form with a parental or guardian signature were screened.

<sup>11</sup> ASTDD, 2008

Florida licensed dental hygienists were trained in BSS guidelines and provided screenings to participating children following procedures to prevent the spread of disease as set by the Centers for Disease Control and Prevention (CDC) for this type of oral health screening. Dental gloves and masks were worn, and the dental hygienists used a disposable mirror for each child, which was thrown away after each screening. The screening was not intended to take the place of a regular dental checkup or an exam by a dentist. There were 23 hygienists who collected information on the presence of untreated decay, caries experience, dental sealants, and treatment urgency. The screenings and data were collected at the child level in accordance with BSS guidance, not the tooth level.

Maintaining screening and data collection consistency across calibrated screeners was the foundation of the project. The BSS provided a framework to collect data in a consistent manner. Data was collected in accordance with all the guidelines and policies defined in the BSS for the third grade population. This was a cross-sectional (looking at a population at a point in time) and descriptive (intended to determine estimates of oral health status for a defined population) survey.

### Data Analysis

Data analysis was completed utilizing Statistical Analysis Software (SAS) version 9.3, a high-level data analysis tool. Outcome data were weighted and adjusted for non-response based upon the Stratified Probability Proportional to Size sample design with a 95% Confidence Interval (CI).

Demographic indicators including age, race/ethnicity, gender, and insurance status of the participating children were obtained from the survey questions on the parental consent form. Participation in the free or reduced school lunch program, as reported on the consent form, was used to determine the child's family income status. Due to low participation of children among American Indian/Alaska Native, Native Hawaiian/Pacific Islander, and multi-racial groups, their responses were combined with those of unknown race/ethnicity into an "Other" category for analysis and reporting.



## Results

There were a total of 4,973 children enrolled in third grade at the 41 participating schools. Of the 4,973 children, 50.8% (2,526) consent forms were returned. Of the returned positive consent forms, 81.6% (2,061) of children participated and were screened. The project had an overall participation rate of 41.4% (2,061 of 4,973) and a positive consent rate of 81.6% (2061 of 2526).

### Demographic Characteristics of Participating Children

The breakdown of demographic characteristics counts of the participating children is shown in Table 2. Note: these data are not weighted.

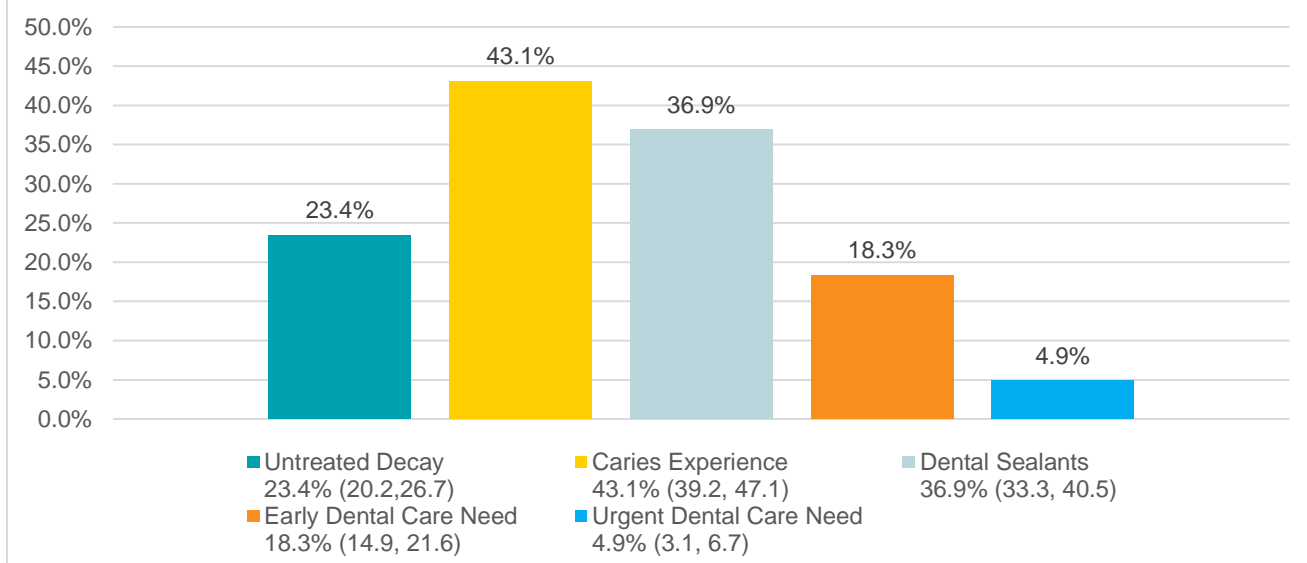
<b>Table 2. Demographic Characteristics of Children Participating in Florida Third Grade Oral Health Screening Project 2013-2014, n=2061</b>	
<b>Characteristic</b>	<b>N (%)</b>
Age (Years)	
7	18 (8.7%)
8	1564 (75.9%)
9	421 (20.4%)
10/11	39 (1.9%)
Missing	19 (0.9%)
Gender	
Male	1007 (48.9%)
Female	1041 (50.5%)
Missing	13 (0.6%)
Race/Ethnicity	
Non-Hispanic White	902 (43.8%)
Non-Hispanic Black	337 (16.4%)
Hispanic	452 (21.9%)
Other	241 (11.7%)
Missing	129 (6.3%)
Eligible for Free/Reduced Lunch	
Yes	1026 (49.8%)
No	664 (32.2%)
Missing	371 (18.0%)

The majority of the participating children were 8 years of age (75.9%), female (50.5%), non-Hispanic White (43.8%) and eligible for free/reduced lunch (49.8%). The average age of participating children was 8.23 years (SD:  $\pm$  0.49).

### Oral Health Indicators

The BSS data were weighted to achieve regional and state-level estimates of the various indicators. The data shown in the rest of the report represents the entire third grade population attending public schools in Florida. Prevalence estimates are provided along with 95% Confidence Intervals.

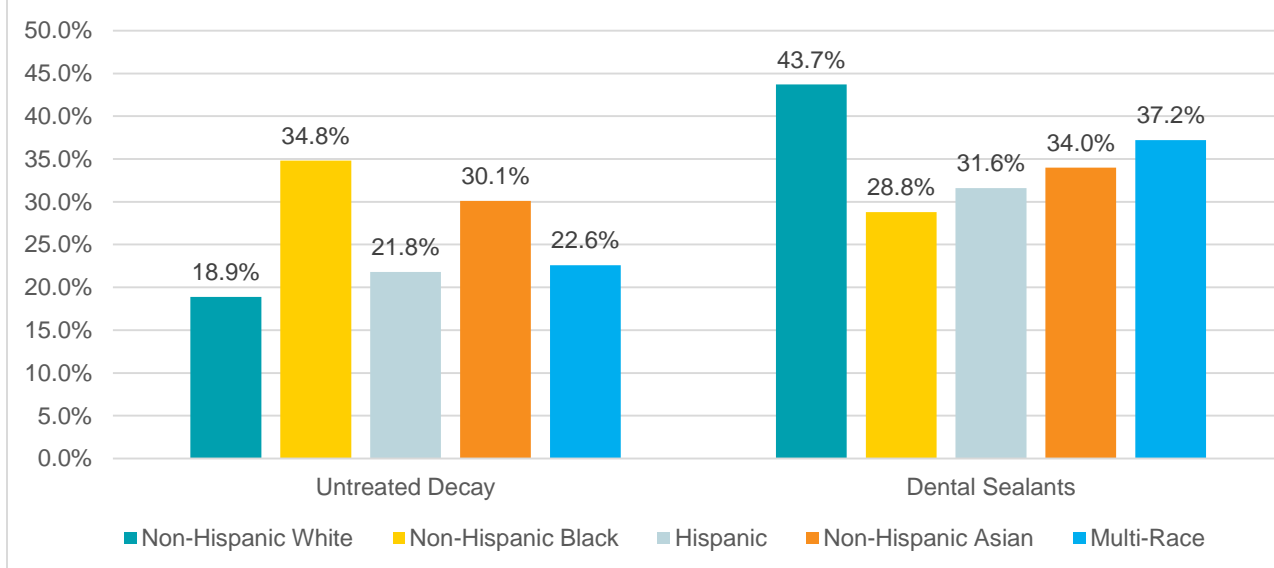
**Figure 2: Oral Health Status (Percent and 95% C.I.) of Florida's Third Grade Children 2013-2014**



In Florida, 23.4% of third graders had untreated decay, 43.1% had caries experience, 36.9% had at least one dental sealant, 18.3% had an early dental care need, and 4.9% had an urgent dental care need (Figure 2). These oral health indicators did not vary by gender in Florida.

There were differences observed by race/ethnicity among Florida's third grade population, most notable among untreated decay and dental sealant prevalence estimates.

**Figure 3. Percent of Untreated Decay and Dental Sealants among Florida's Third Grade Children 2013-2014, by Race/Ethnicity**



Non-Hispanic Black children had the highest percentage of untreated decay, with 34.8%, when compared to children of other racial and ethnic groups. This group also had the lowest percentage of dental sealants (Figure 3).

Prevalence estimates and 95% Confidence Intervals are provided for all oral health indicators by race/ethnicity in Table 3 below.

<b>Table 3. Prevalence (95% Confidence Interval) of the Oral Health Indicators, by Race/Ethnicity</b>					
	Oral Health Indicator, Prevalence (95% Confidence Interval)				
Race/Ethnicity	Caries Experience	Untreated Decay	Dental Sealants	Early Need for Dental Care	Urgent Need for Dental Care
Non-Hispanic White	40.4% (34.7, 46.0)	18.9% (14.2, 23.6)	43.7% (39.2, 48.2)	15.4% (10.5, 20.4)	3.6 % (2.2, 5.0)
Non-Hispanic Black	49.8% (42.2, 57.4)	34.8% (27.8, 41.7)	28.8% (22.2, 35.4)	28.4% (22.7, 34.1)	6.6% (3.0, 10.3)
Hispanic	40.7% (31.7, 49.7)	21.8% (15.5, 28.1)	31.6% (27.1, 36.1)	17.7% (12.3, 23.1)	3.9% (1.3, 6.5)
Non-Hispanic Asian	46.2% (33.2, 59.2)	30.1% (22.5, 37.7)	34.0% (26.3, 41.6)	13.4% (2.3, 24.5)	12.9% (0.0, 28.2)
Multi-Race	44.7% (39.0, 50.4)	22.6% (17.0, 28.3)	37.2% (21.3, 53.2)	17.1% (11.8, 22.4)	4.5% (1.7, 7.2)

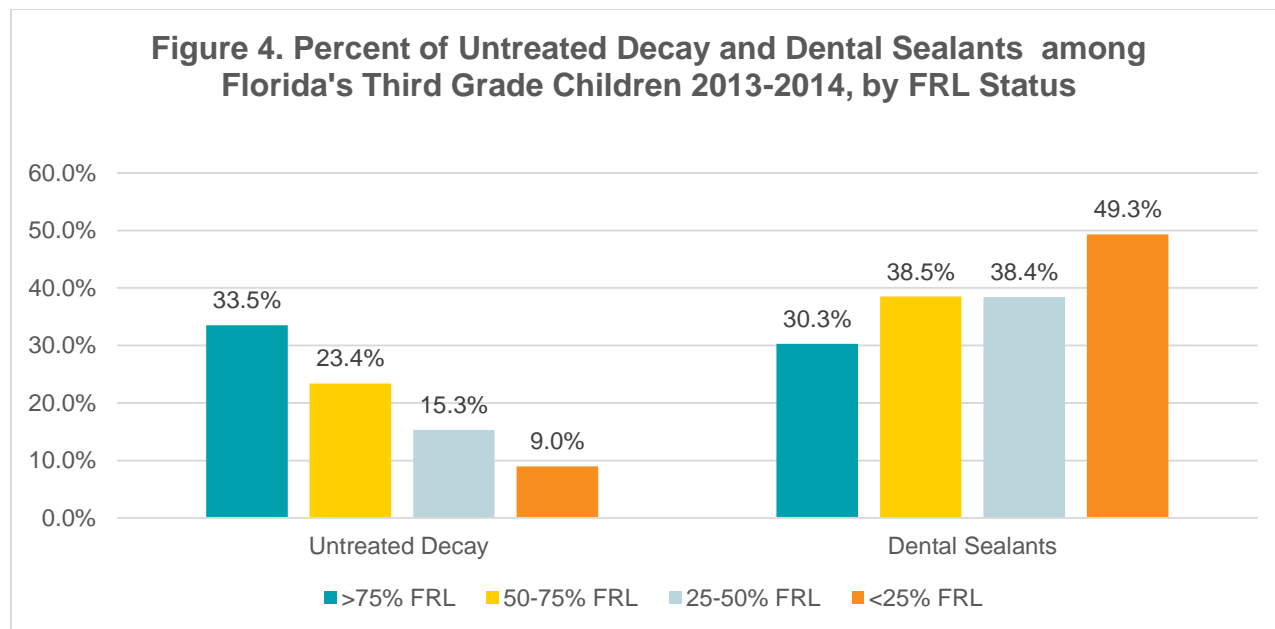
The survey sample was stratified by Florida Department of Health, into six regions in order to observe regional estimates and assess if geographic disparities exist. The Northwest region had the highest rates of untreated decay and caries experience in the state, whereas the Northeast region had the lowest rate of untreated decay and the Atlantic coast region had the lowest rate of caries experience. Presence of dental sealants also varied by region; the Northwest region had the highest percentage of dental sealants and the South region had the lowest percentage.

Prevalence estimates and 95% Confidence Intervals are provided for all oral health indicators by region in Table 4 below.

<b>Table 4. Prevalence (95% Confidence Interval) of the Oral Health Indicators, by Region</b>					
	Oral Health Indicator, Prevalence (95% Confidence Interval)				
Region	Caries Experience	Untreated Decay	Dental Sealants	Early Need for Dental Care	Urgent Need for Dental Care
Atlantic Coast	36.3% (29.7, 42.9)	22.0% (15.4, 28.6)	44.8% (30.5, 59.1)	16.8% (10.4, 23.2)	5.1% (1.8, 8.4)
Central	41.4% (35.4, 47.5)	23.8% (17.2, 30.3)	34.1% (28.2, 39.9)	20.1% (15.0, 25.1)	4.1% (1.5, 6.7)
Northeast	43.6% (28.1, 59.2)	21.7% (13.1, 30.2)	36.4% (23.9, 48.9)	20.7% (11.5, 29.9)	1.0% (0.0, 2.5)
Northwest	52.4% (35.4, 69.4)	28.0% (8.3, 47.8)	48.5% (45.6, 51.4)	20.9% (0.0, 42.9)	4.2% (1.5, 6.8)
South	38.1% (28.9, 47.3)	22.9% (14.8, 30.9)	27.3% (19.4, 35.2)	19.2% (14.0, 24.3)	3.6% (0.0, 7.9)
West Coast	48.4% (41.1, 55.8)	23.5% (19.0, 28.0)	42.5% (34.7, 50.5)	14.9% (7.0, 22.8)	8.5% (3.9, 13.1)

The percentage of students receiving free and/or reduced lunch (displayed as FRL percentage in Table 5) at the selected schools was used as a proxy for individual student income and

poverty status. These variables are highly correlated with poor oral health outcomes and it was important to assess this in the Third Grade population.



There was a direct relationship observed between untreated decay and FRL percentage; as the FRL percentage increased, so did the percentage of untreated decay and other oral health indicators of need. As expected, the percentage of dental sealants was the opposite; the percentage of dental sealants was highest in the FRL <25% category (49.3%) and lowest in the FRL >75% category (30.3%).

Prevalence estimates and 95% Confidence Intervals for all of the oral health indicators by the percentage of students receiving free/reduced lunch are provided in Table 5 below.

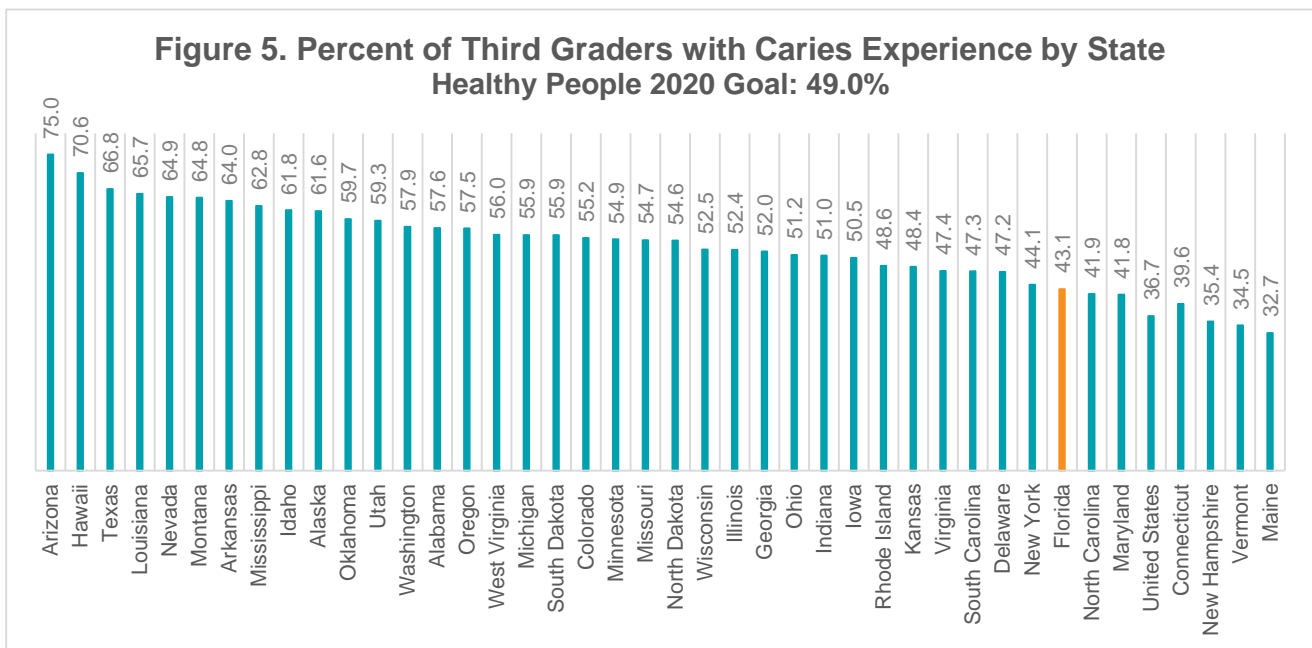
<b>Table 5. Prevalence (95% Confidence Interval) of the Oral Health Indicators, by Free/Reduced Lunch Percentage of School</b>					
	Oral Health Indicator, Prevalence (95% Confidence Interval)				
Free/Reduced Lunch (FRL) Percentage	Caries Experience	Untreated Decay	Dental Sealants	Early Need for Dental Care	Urgent Need for Dental Care
FRL >75% <i>Lowest income</i>	52.4% (43.6, 61.2)	33.5% (26.8, 40.2)	30.3% (24.4, 36.1)	25.7% (18.2, 33.1)	8.1% (3.4, 12.7)
FRL 50-75%	44.9% (36.5, 50.4)	23.4% (20.0, 26.8)	38.5% (31.4, 45.6)	18.4% (15.4, 21.4)	4.8% (3.1, 6.6)
FRL 25-50%	36.6% (31.5, 41.6)	15.3% (11.5, 19.1)	38.4% (31.8, 45.1)	12.5% (8.4, 16.7)	2.2% (0.3, 4.0)
FRL <25% <i>Highest income</i>	23.0% (19.2, 26.9)	9.0% (5.3, 12.8)	49.3% (38.4, 60.3)	7.0% (2.9, 11.1)	1.2% (0.1, 2.4)

## National Status

Other states across the nation have utilized the BSS methodology to assess the oral health status of their third grade children. The Centers for Disease Control and Prevention (CDC) collects this information via the State Oral Health Survey (OHS).<sup>12</sup>

State-level estimates of various oral health status indicators are provided below. It is important to note that not all states have completed a BSS of their third grade population and thus national estimates using the BSS methodology are not available. In order to enhance comparability between states, results from the individual state BSS were only included in the graphs below if they were conducted within the past five years (from 2008 forward).

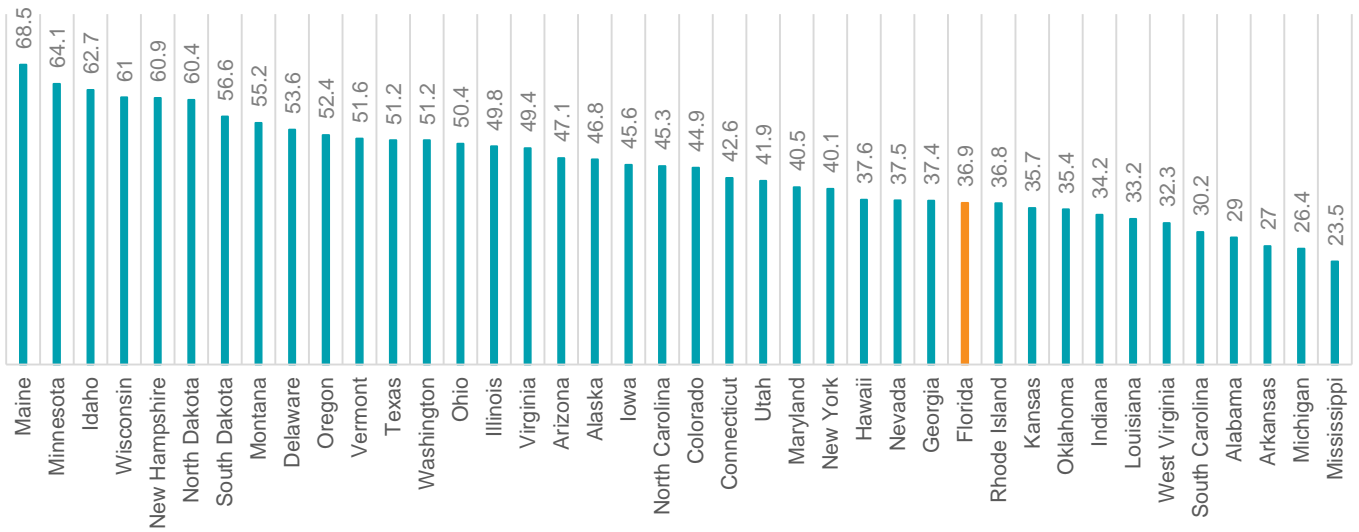
Overall, Florida ranked 8<sup>th</sup> for lowest percent of third graders with caries experience among the 41 participating states (Figure 5). Lower percent of caries experience translates to a better oral health status. The Healthy People 2020 goal is that only 49.0% of children aged 6-9 years old have caries experience; Florida is meeting this goal with 43.1% of Florida third graders having caries experience.



<sup>12</sup> "Oral Health Data," 2015

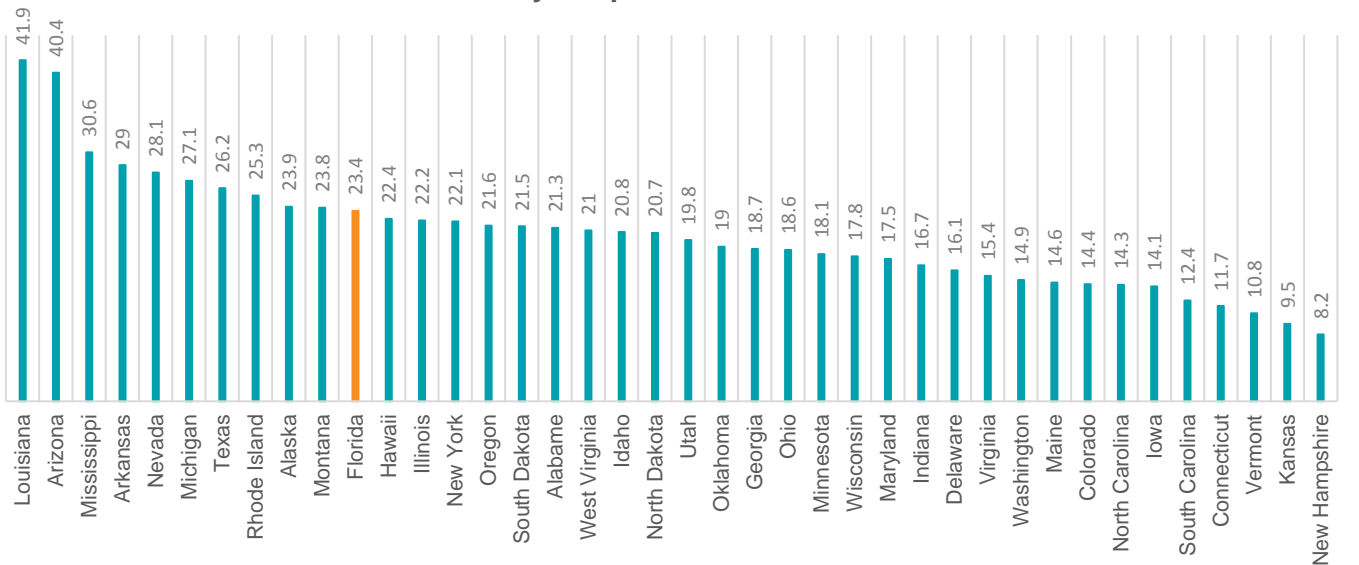
Overall, Florida ranked 12<sup>th</sup> lowest for percent of third graders with at least one dental sealant among the 41 participating states (Figure 6). Dental sealants are a preventive service proven to reduce decay, thus the goal is to increase this percentage. Only 36.9% of Florida third graders had a dental sealant, however, Florida is still meeting the Healthy People 2020 goal of 28.1% of children aged 6-9 years old with at least one dental sealant.

**Figure 6. Percent of Third Graders with Dental Sealants, by State**  
Healthy People 2020 Goal: 28.1%



Lastly, Florida ranked 11<sup>th</sup> highest for percent of third graders with untreated decay among the 41 participating states, with 23.4% of children with untreated decay (Figure 7). As untreated decay can cause pain, swelling, and infection, the goal is to reduce untreated decay. Florida has met the Healthy People 2020 Goal of 25.9% of children aged 6-9 years with untreated decay.

**Figure 7. Percent of Third Graders with Untreated Decay, by State**  
Healthy People 2020 Goal: 25.9%



## Limitations

There are several limitations to the information presented from this survey. First, these screenings were conducted without the use of radiographs (x-rays), therefore the findings may differ from those observed by clinicians. Second, this survey was conducted only on public school children and may not be representative of all third grade children in Florida. Lastly, the screeners are encouraged to be conservative, thus the results represented here may be an underrepresentation of the true oral health status of Florida's third grade children.

## Recommendations

The state of Florida works to make continued progress to improve access to preventive dental care for children in Florida.

Based on the results of screening, continued collaborative partnerships with school-based dental programs to share information on evidence-based prevention and early intervention practices facilitates promotion of oral disease prevention efforts (dental sealants) starting in school age children. Additional opportunities for improving the oral health status of Florida's third grade children include:

- Evaluate, address, and overcome barriers that exist in promoting dental sealant services for school age children, specifically for children from minority race/ethnic groups.
- Increase the dental workforce to provide increased school-based dental services, including cost effective dental sealants.
- Encourage school teacher and parent involvement in developing a culturally and linguistically appropriate oral health literacy campaign for school age children.
- Continue oral health surveillance activities for school-age children and track progress in the reduction of oral health disparities.

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# Appendices

## Appendix A: Consent and Questionnaire Form for Parents

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Vision:** To be the Healthiest State in the Nation

**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

### 2013 Third Grade Oral Health Screening Parent Consent Form and Questionnaire

Please complete this form and return it to your child's teacher tomorrow. Thank you.

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Child's Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

\_\_\_\_ Yes, I give permission for my child to have his/her teeth screened

\_\_\_\_ No, I do not give permission for my child to have his/her teeth screened

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please answer the following questions to help us learn more about your child's dental care. Your answers will remain private and will not be shared. If you do not want to answer the questions, you may still give permission for your child to have his or her teeth Screened.

1. During the past 6 months, did your child have a toothache more than once, when biting or chewing?  
 No  Yes  Don't know/don't remember
2. About how long has it been since your child last visited a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists. (Check one)  
 6 months or less  More than 3 years ago  More than 6 months, but not more than 1 year ago  Never has been to the dentist  More than 1 year ago, but not more than 3 years ago  Don't know/don't remember
3. What was the main reason that your child last visited a dentist? (Check one)  
 Went in on own for check-up, examination or cleaning  Was called in by the dentist for check-up, examination or cleaning.  
 Something was wrong, bothering or hurting  Went for treatment of a condition that dentist discovered at earlier check-up or examination  Other  Don't know/don't remember
4. During the past 12 months, was there a time when your child needed dental care but could not get it?  
 No (Go to Question 6)  Yes (Go to Question 5)  Don't know/don't remember (Go to Question 6)
5. The last time your child could not get the dental care he/she needed, what was the **main reason** he/she couldn't get care? (Check one)  
 Could not afford it  Health of another family member  Not a serious enough problem  
 No insurance  Difficulty in getting appointment  Dentist hours are not convenient  
 Dentist did not take Medicaid/insurance  No way to get there  Don't like/trust/believe in dentists  
 Speak a different language  Didn't know where to go  Other reason  
 Wait is too long in clinic/office  No dentist available  Don't know/don't remember
6. Do you have any kind of insurance that pays for some or all of your child's MEDICAL OR SURGICAL CARE? Include health insurance obtained through employment or purchased directly, as well as government programs like Medicaid.  
 No  Private Insurance  Medicaid  Don't know
7. Do you have any kind of insurance that pays for some or all of your child's DENTAL CARE? Include health insurance obtained through employment or purchased directly, as well as government programs like Medicaid.  
 No  Private Insurance  Medicaid  Don't know
8. Which of the following best describes your child? (Check all that apply)  
 White  Black/African American  Hispanic/Latino  Asian  American Indian/Alaska Native  Native Hawaiian/Pacific Islander
9. Is your child eligible for the free or reduced price lunch program?  No  Yes (*School children only*)

**THANK YOU FOR PARTICIPATING IN "2013 Third Grade Oral Health Screening Project!"**

**Florida Department of Health**

Division of Community Health Promotion • Bureau of Family Health Services  
4052 Bald Cypress Way, Bin A-13 • Tallahassee, FL 32399-1721  
PHONE: 850/245-4100 • FAX 850/488-2341

**www.FloridaHealth.com**

TWITTER: HealthyFLA  
FACEBOOK: FLDepartmentofHealth  
YOUTUBE: fdoh

## Appendix B: Third Grade Oral Health Screening Form

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Vision:** To be the Healthiest State in the Nation

**Rick Scott**

Governor

**John H. Armstrong, MD, FACS**

State Surgeon General & Secretary

### Third Grade Oral Health Screening Form

Screen Date: ___/___/_____	School Code:	Screener's Name (printed):
ID Number:	Grade:	Age:
Gender:  1=Male 2=Female	Race/Ethnicity: 1=White 2=Black/African American 3=Hispanic/Latino 4=Asian 5=American Indian/Alaska Native 6=Native Hawaiian/Pacific Islander 7=Multi-racial 8=Unknown	
Untreated Cavities: 0=No apparent untreated cavities 1=Apparent untreated cavities	Treated Decay: 0=No apparent treated decay 1=Apparent treated decay	
Sealants on Permanent Molars: 0=No sealants 1=Sealants	Treatment Urgency: 0=No obvious problem 1=Early dental care 2=Urgent care	
Comments:		

**Florida Department of Health**

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## Appendix C: Screening Results Letter Sent to Parents

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Vision:** To be the Healthiest State in the Nation

**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

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### 2013 Third Grade Oral Health Screening Results

#### FLORIDA DEPARTMENT OF HEALTH

Child's Name: \_\_\_\_\_

Dear Parent or Guardian,

As part of the *2013 Third Grade Oral Health Screening Project*, your child's teeth and mouth were screened at school today. No x-rays were taken and the screening does not replace an in-office dental examination by your family dentist. The results of the screening indicate that:

\_\_\_\_\_ Your child appears to have no obvious dental problems but should continue to have routine examinations by your family dentist.

\_\_\_\_\_ Your child has a tooth, or teeth which should be evaluated by your family dentist to determine if treatment is needed.

\_\_\_\_\_ Your child has a tooth, or teeth which appear to need immediate care and contact your family dentist as soon as possible for a complete evaluation.

If you do not have a family dentist or you need help with arranging dental care for your child, please contact your county health department on the top of the attached list of providers for your area.

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**Florida Department of Health**  
Division of Community Health Promotion • Bureau of Family Health Services  
4052 Bald Cypress Way, Bin A-13 • Tallahassee, FL 32399-1721  
PHONE: 850/245-4100 • FAX 850/488-2341

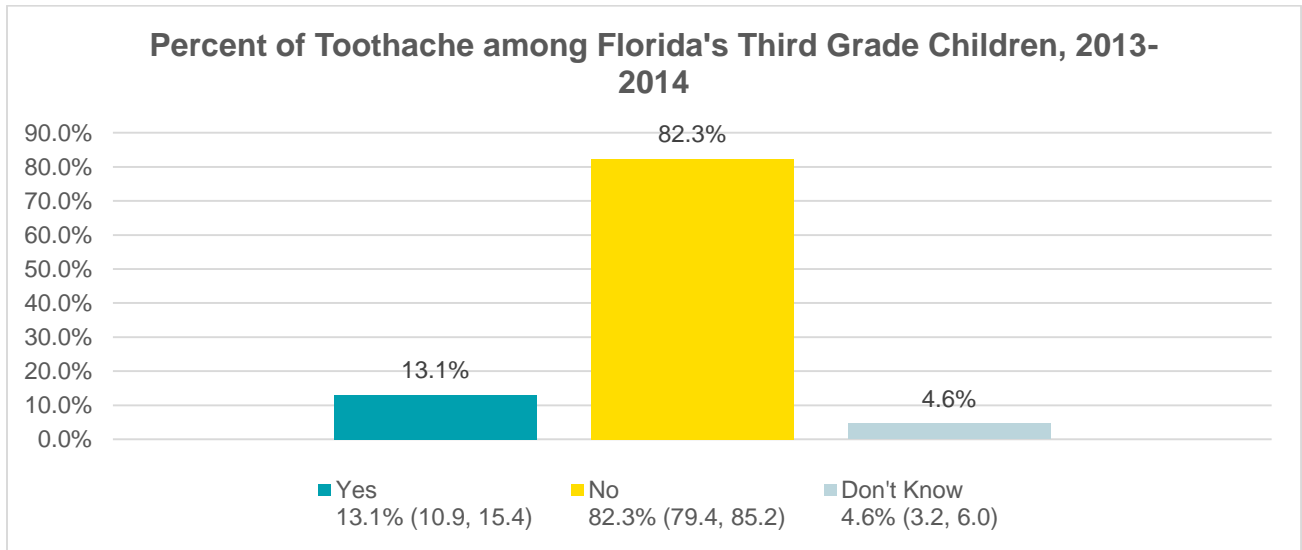
**www.FloridaHealth.com**  
TWITTER: HealthyFLA  
FACEBOOK: FLDepartmentofHealth  
YOUTUBE: fldoh

## Appendix D: Other Indicators from Parent Questionnaire

The following questions were asked on the parent questionnaire and consent form for the Florida Third Grade Oral Health Screening Project (Appendix A). While supplemental to the BSS, these questions provide additional information about the current oral health status and oral health history of the third grade population.

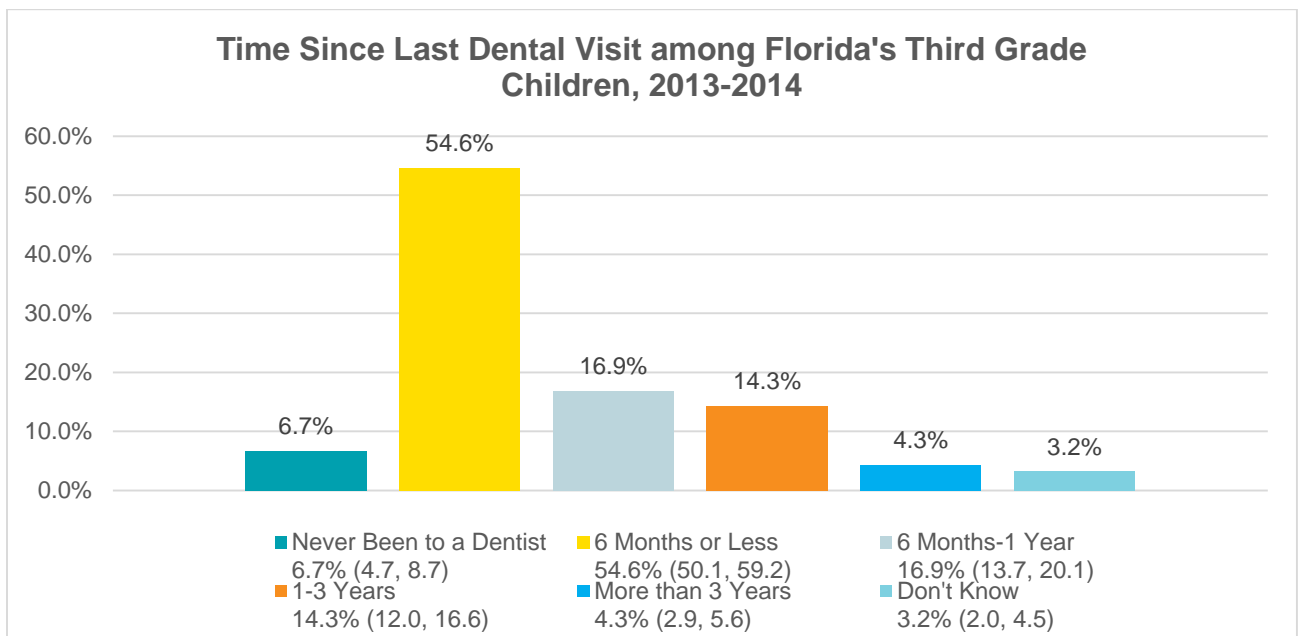
### Toothache

Question: During the past six months, did your child have a toothache more than once when biting of chewing?



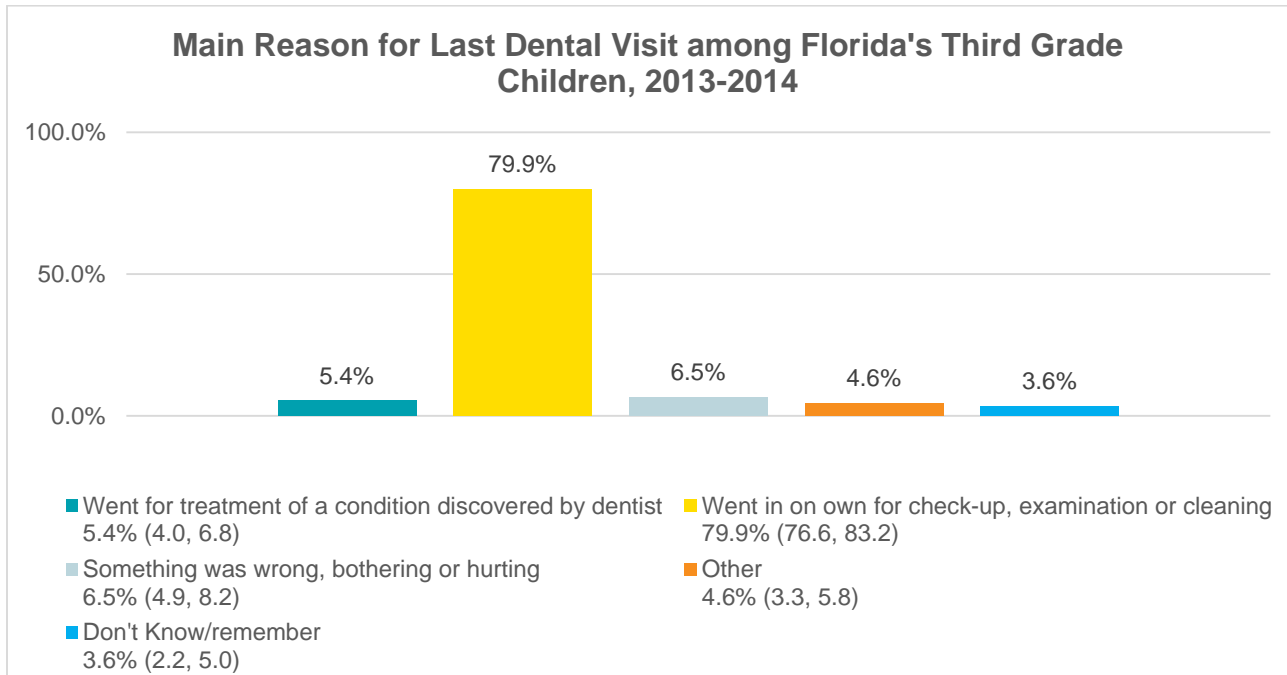
### Last Dental Visit

Question: About how long has it been since your child last listed a dentist?



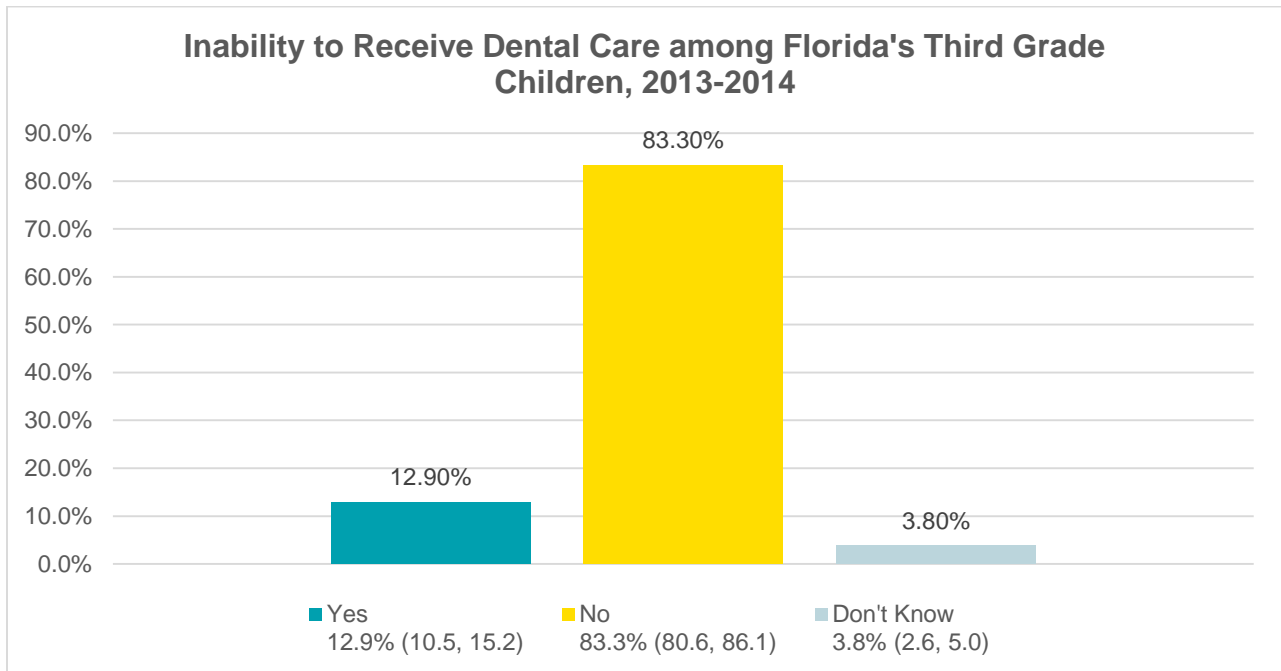
### Reason for Last Dental Visit

Question: What was the main reason that your child last visited a dentist?



### Need for Care

Question: During the past 12 months, was there a time when your child needed dental care but could not get it?



### Reason for Not Seeking Care

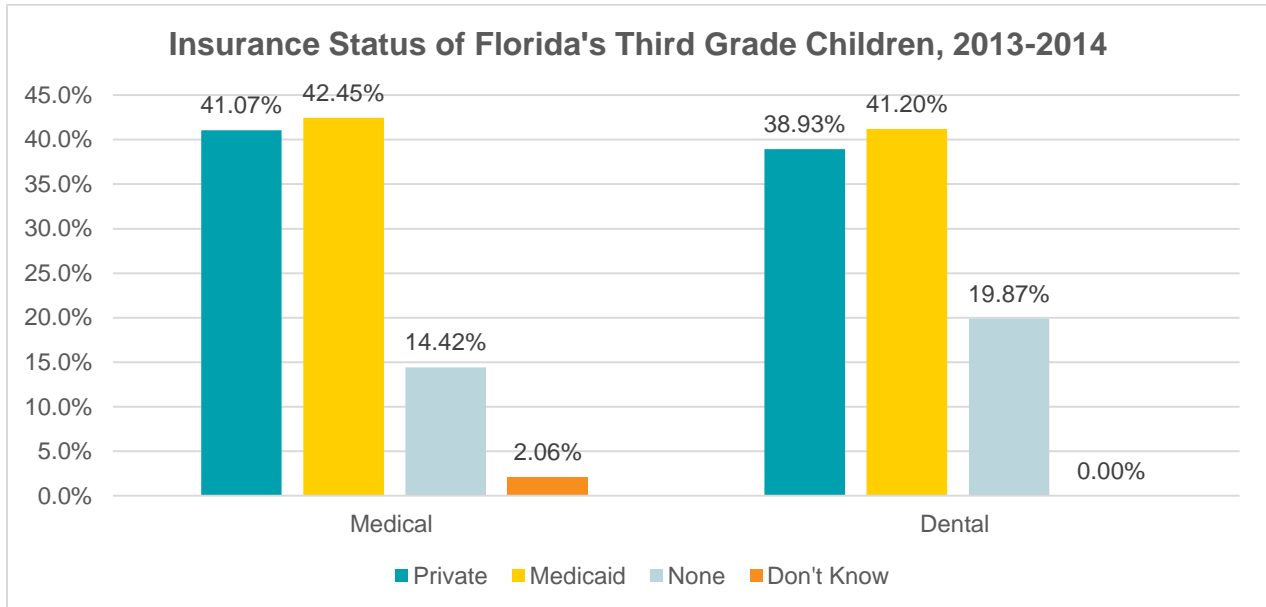
Question: The last time your child could not get the dental care he/she needed, what was the main reason he/she couldn't get care?

<b>Main Reason for Not Seeking Care among Florida's Third Grade Children, 2013-2014</b>	
<b>Main Reason</b>	<b>% (95% C.I.)</b>
Could not afford it	26.0% (20.4, 31.6)
No insurance	21.5% (15.4, 27.6)
Don't remember/know	16.5% (13.4, 19.5)
Dentist did not accept Medicaid/health insurance	11.4% (7.2, 15.7)
Difficulty in getting appointment	8.0% (5.4, 10.7)
Not a serious enough problem	6.6% (4.0, 9.1)
No way to get there	3.1% (1.2, 4.9)
No dentist available	1.8% (0.1, 3.6)
Don't like/trust in dentists	1.7% (0.0, 3.3)
Wait is too long in dentist clinic	1.4% (0.4, 2.4)
Dentist hours are not convenient	1.2% (0.2, 2.3)
Health of another family member	0.8% (0.0, 1.9)

## Medical and Dental Insurance

Question: Do you have any kind of insurance that pays for some or all of your children's medical or surgical care?

Question: Do you have any kind of insurance that pays for some or all of your child's dental care?



<b>Insurance Status among Florida's Third Grade Children, 2013-2014</b>	
<b>Medical Insurance</b>	<b>% (95% C.I.)</b>
Private	41.1% (36.6, 45.6)
Medicaid	42.5% (37.7, 47.2)
None	14.4% (11.5, 17.3)
Don't Know	2.1% (1.3, 2.8)
<b>Dental Insurance</b>	<b>% (95% C.I.)</b>
Private	38.9% (34.6, 43.3)
Medicaid	41.2% (36.5, 45.9)
None	19.9% (16.7, 23.0)
Don't Know	--