THE NEW & IMPROVED CHILDREN’S BASIC SCREENING SURVEY
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GENERAL REMINDERS

- This webinar will be recorded & archived (www.astdd.org)
- Phones will be muted during the presentation
- Please hold questions until the end
  - If you have questions, please make a note of them
  - At the end of the session, we will give you the opportunity to ask questions
- Please respond to the polling questions
Acknowledgements

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A BRIEF HISTORY OF THE BSS
20 YEARS AGO

- States did not have the tools necessary to monitor oral health
- ASTDD & CDC recognized the need for state screening tools
  - Collaborated with the Ohio Department of Health
  - Screening Training Project
Two committees with nationally recognized experts

- Policy/Content Committee determined what items were included in the screening and the questionnaire
- Technical/Criteria Committee determined the “diagnostic” criteria

The committees developed two different models

- Advanced Screening Survey
- Basic Screening Survey

ASTDD adopted the *Basic Screening Survey (BSS)* model
1999 - ASTDD PUBLISHED BSS MANUAL

- Included indicators for children & adults
  - Children
    - Untreated decay
    - Caries experience
    - ECC (preschool children)
    - Sealants on perm. molars (school kids)
    - Treatment urgency
  - Adults
    - Untreated decay
    - Edentulism
    - Treatment urgency

Basic Screening Surveys: An Approach to Monitoring Community Oral Health
STATES REPORTED PROBLEMS WITH ORIGINAL BSS

Using input from states, ASTDD has published several revisions to the BSS.
BSS REVISIONS

2003
- Race & ethnicity combined into 1 field
- Multi-racial added as an option

2008
- Treated decay replaced caries experience as an indicator
- Data collection options expanded (no/yes and more complex)
- Separate BSS manual for children and older adults

2015
- ECC indicator, decay on maxillary incisors, was removed
- Survey questions were updated
2017 REVISIONS

- Optional questions were updated to match national surveys
- Based on input from states, 2 *optional* indicators were added...
  - Dental sealants on primary molars (HP2020 objective for 3-5 year olds)
  - Potentially arrested decay (usually associated with SDF)
Why are the 2 indicators optional?

- Both events are rare...
  - General U.S. population
    - 1% of children 3-5 years had primary molar sealants in 1999-2004
    - No data regarding prevalence of arrested decay
  - Children served by IHS/tribal programs
    - 9% of AI/AN children 3-5 years had primary molar sealants in 2014-2015
    - 2% of AI/AN children 6-9 years had arrested decay in 2016-2017
CURRENT BSS INDICATORS FOR CHILDREN

**Recommended Indicators**
- Untreated decay
- Treated decay
- Sealants on permanent molars
- Treatment urgency

**Optional Indicators**
- Sealants on primary molars
- Potentially arrested decay
OPTIONAL INDICATORS

"FRIDAYS ARE NOT FRIDAYS OPTIONAL"
"PANTS ARE NOT PANTS OPTIONAL"
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"FRIDAYS ARE NOT FRIDAYS OPTIONAL"
"PANTS ARE NOT PANTS OPTIONAL"
SEALANTS ON PRIMARY MOLARS

- Includes transparent, opaque and tinted sealants on 1 or more primary 1\(^{st}\) and/or 2\(^{nd}\) molars
Why is it called “potentially” arrested decay?

- The BSS model is non-invasive and does not use instruments. Because of this it is not possible to test for hardness which is required for the diagnosis of arrested decay.
- The indicator is based on a visual assessment only.
A tooth has potentially arrested decay when there is a breakdown of the enamel surface that is dark/black and appears to have a hard glossy appearance.
EXAMPLE

Treated Decay=Yes

Arrested Decay=Yes

Untreated Decay=Yes
**VERY IMPORTANT**

- *When using recommended indicators only...*
  - Teeth with arrested decay are classified as untreated
    - Follows current NHANES coding
  - The NOHSS indicator “caries experience” is created using the untreated and treated decay variables
**When using optional indicators...**

- The NOHSS indicator “caries experience” is created using the untreated decay, arrested decay and treated decay variables.
- The NOHSS indicator “untreated decay” is created using the untreated decay and arrested decay variables.
CALCULATING CARIES EXPERIENCE

- Recommended indicators only
  - If untreated decay=no and treated decay=no then caries experience=no
  - If untreated decay=yes or treated decay=yes then caries experience=yes

- Arrested decay
  - If untreated decay=no and arrested decay=no and treated decay=no then caries experience=no
  - If untreated decay=yes or arrested decay=yes or treated decay=yes then caries experience=yes
CALCULATING UNTREATED DECAY

- Recommended indicators only
  - No calculations needed, use untreated decay indicator

- Arrested decay
  - If active decay=no and arrested decay=no then untreated decay=no
  - If active decay=yes or arrested decay=yes then untreated decay=yes
PARENT QUESTIONNAIRE
CHANGES TO PARENT QUESTIONNAIRE

- Questions for 4 general domains
  - Parent reported oral health status
  - Dental visit
  - Problems accessing dental care
  - Dental insurance

Sample Consent Form & Parent Questionnaire

Please answer the next questions to help us learn more about access to dental care. Your answers will remain private and will not be shared. These questions are optional. If you do not want to answer the questions, you may still give permission for your child to have their teeth checked.

1. How would you describe the condition of your child's teeth? (Please check one)
   - [ ] Excellent
   - [ ] Very Good
   - [ ] Good
   - [ ] Fair
   - [ ] Poor

2. During the past 12 months, did your child have a toothache, decayed teeth, or unfilled cavities? (Please check one)
   - [ ] No
   - [ ] Yes
   - [ ] Don’t know

3. During the past 12 months, did your child see a dentist for any kind of dental care, including check-ups, dental cleanings, X-rays, or filling cavities? (Please check one)
   - [ ] No
   - [ ] Yes
   - [ ] Don’t know

4. During the past 12 months, was there any time when your child NEEDED dental care (including check-ups) but didn’t get it because you couldn’t afford it? (Please check one)
   - [ ] No
   - [ ] Yes
   - [ ] Don’t know

5. 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
   - [ ] Yes
   - [ ] Don’t know

6. 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

7. Is your child eligible for the free or reduced price school lunch program? (Check one)
   - [ ] No
   - [ ] Yes
   - [ ] Don’t know

8. Do you have any concerns about your child's dental health or their ability to get dental care?
   - [ ] Yes
   - [ ] No
   - [ ] Don’t know

THANK YOU FOR PARTICIPATING IN “MAKE YOUR SMILE COUNT!”
PARENT REPORTED ORAL HEALTH STATUS

- How would you describe the condition of your child’s teeth?

- During the past 12 months, did your child have a toothache, decayed teeth, or unfilled cavities?

- During the past 12 months, has your child had frequent or chronic difficulty with any of the following?
  - Toothaches (no/yes)
  - Bleeding gums (no/yes)
  - Decayed teeth or cavities (no/yes)
During the past 12 months, did your child see a dentist or other oral health care provider for any kind of dental or oral health care?


About how long has it been since your child last visited (saw) a dentist?


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

During the past 12 months, was there any time when your child NEEDED dental care (including check-ups) but didn't get it because you couldn't afford it?

Source: National Health Interview Survey, 2016

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

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.
WHERE CAN I FIND THE NEW BSS INFO?

Go to:
Members Only
WHERE CAN I FIND THE NEW BSS INFO?

Scroll down to:
Basic Screening Survey
NEED HELP, ADVICE, GUIDANCE, ETC?

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If you have a question, please click on the *little man with his arm raised* icon on either the upper left or the top of your screen. Click on “raise hand.” We will then call on you to ask your question over the phone.