
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

This presentation was supported by Cooperative Agreement NU58DP004919-05-00 from CDC, Division of Oral Health. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.



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***

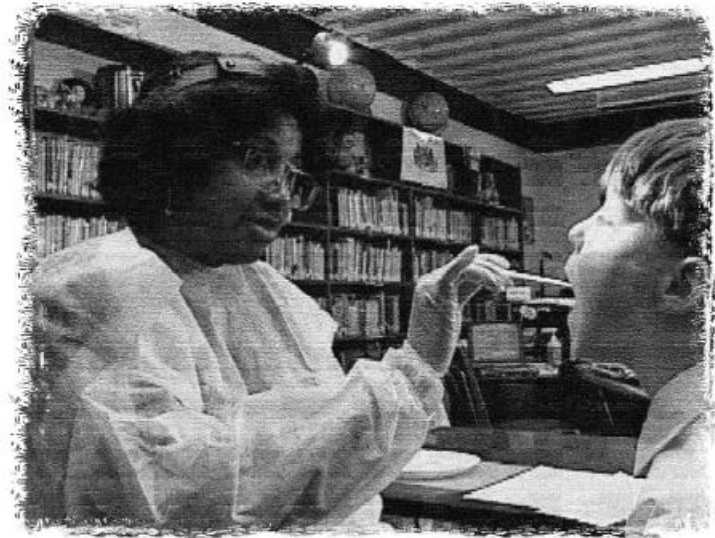
SCREENING TRAINING PROJECT

- 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

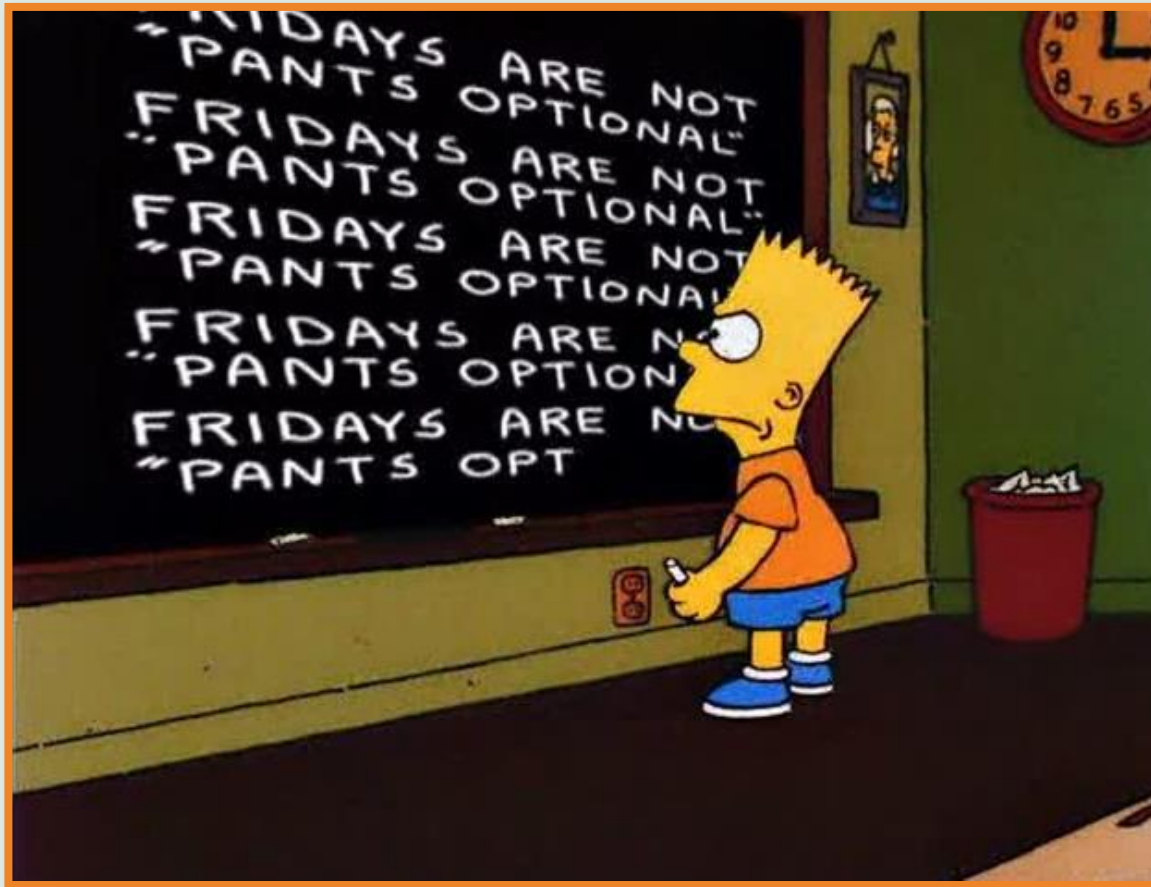
Recommended Indicators

- Untreated decay
- Treated decay
- Sealants on permanent molars
- Treatment urgency

Optional Indicators

- Sealants on primary molars
- Potentially arrested decay

OPTIONAL INDICATORS



SEALANTS ON PRIMARY MOLARS

- Includes transparent, opaque and tinted sealants on 1 or more primary 1st and/or 2nd molars



POTENTIALLY ARRESTED DECAY

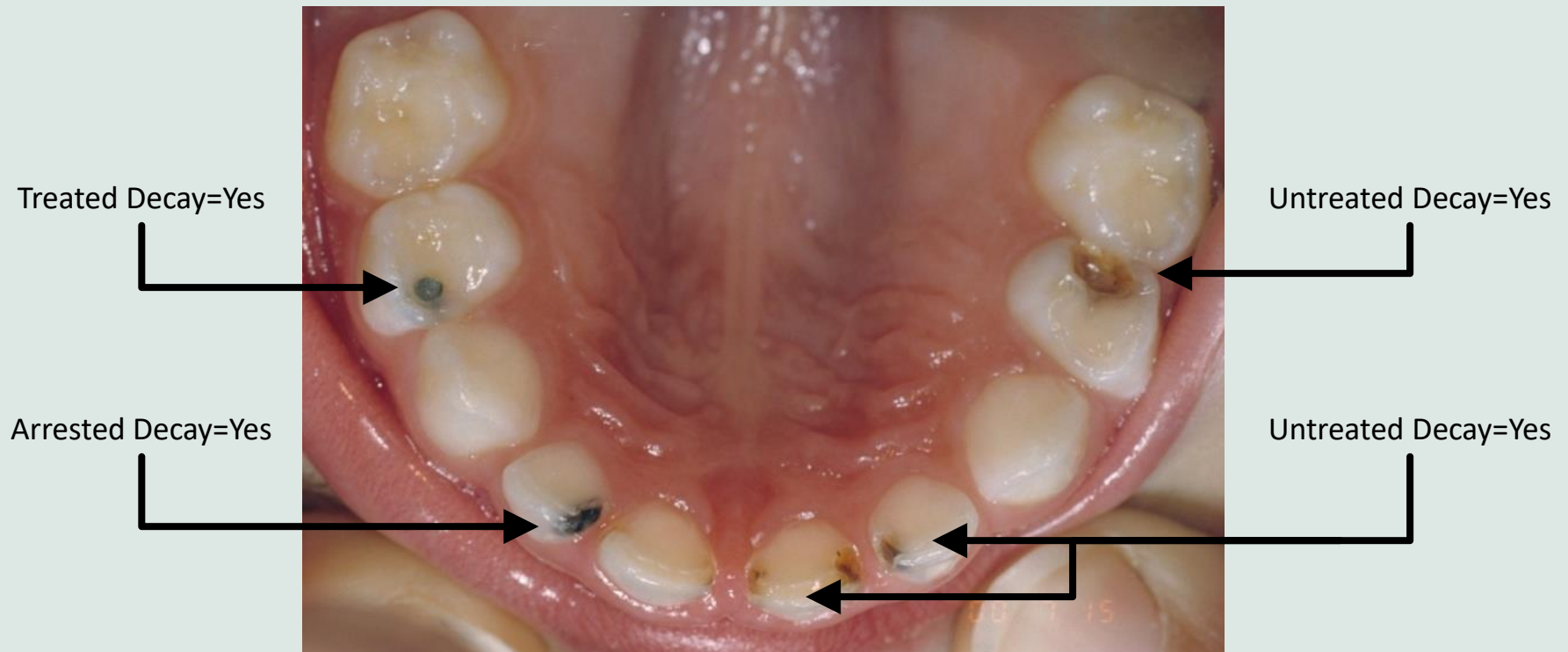
- Why is it called “potentially” arrested decay?
 - The BSS model is non-invasive and does not use instruments. Because of this it is not possible to test for hardness which is required for the diagnosis of arrested decay.
 - The indicator is based on a ***visual assessment only***

POTENTIALLY ARRESTED DECAY

- 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



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

VERY IMPORTANT

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

Child's Name: _____	Child's Age: _____
<input type="checkbox"/> Yes, I give permission for my child to have his/her teeth checked.	
<input type="checkbox"/> No, I do not give permission for my child to have his/her teeth checked.	
Signature of Parent or Guardian: _____	Date: _____

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 his or her teeth checked.

- How would you describe the condition of your child's teeth? (Please check one)
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor
- During the past 12 months, did your child have a toothache, decayed teeth, or unfilled cavities? (Please check one)
☐ No ☐ Yes ☐ Don't know
- 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
- 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
- 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
- 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
- Is your child eligible for the free or reduced price school lunch program? (Check one)
☐ No ☐ Yes ☐ Don't know
- Do you have any concerns about your child's dental health or their ability to get dental care?

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?
 - Source: National Survey of Children's Health, 2016
- During the past 12 months, did your child have a toothache, decayed teeth, or unfilled cavities?
 - Source: National Survey of Children's Health, 2011-2012
- 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)
 - Source: National Survey of Children's Health, 2016

DENTAL VISIT

- 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?
 - Source: National Survey of Children's Health, 2016
- About how long has it been since your child last visited (saw) a dentist?
 - Sources: National Health and Nutrition Examination Survey, 2015-2016; National Health Interview Survey, 2016
- What was the main reason your child last visited a dentist?
 - Source: National Health and Nutrition Examination Survey, 2015-2016

PROBLEMS ACCESSING CARE

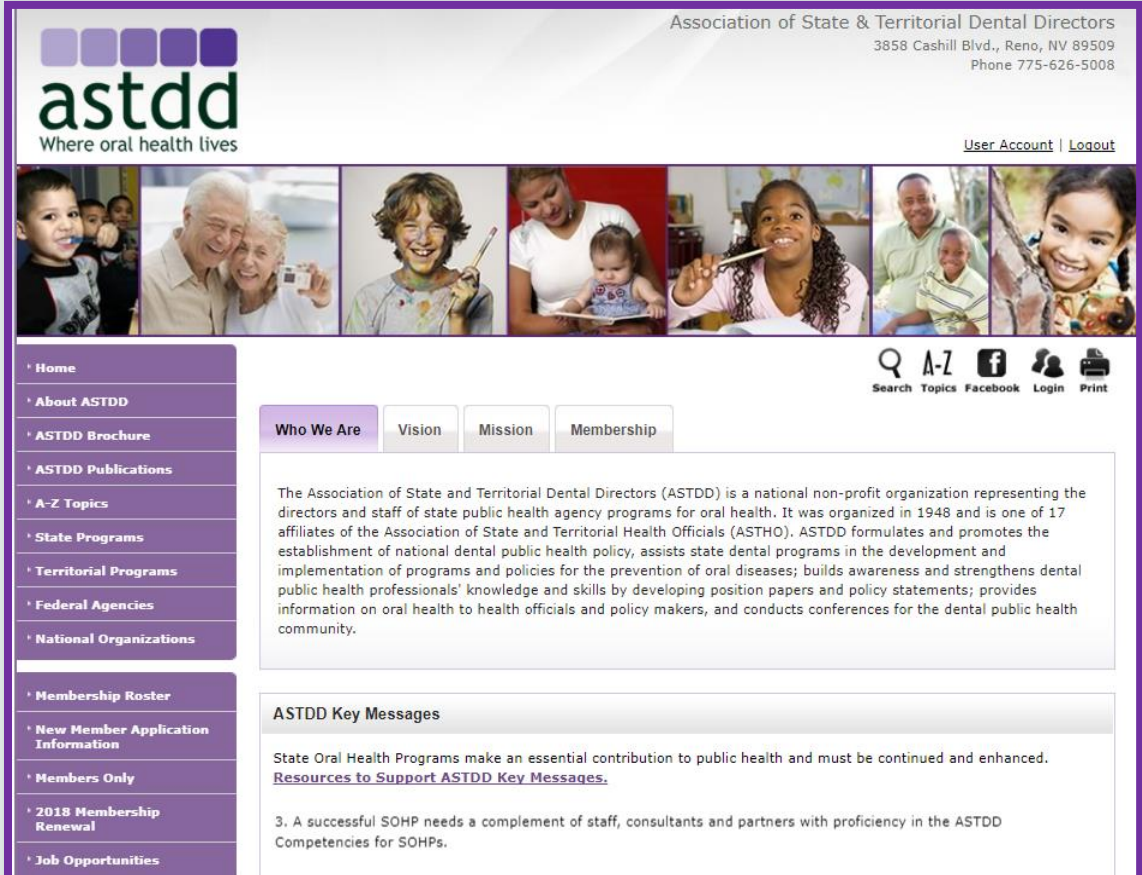
- During the past 12 months, was there any time when your child **NEEDED** dental care (including check-ups) but didn't get it because you couldn't afford it?
 - Source: National Health Interview Survey, 2016
- During the past 12 months, was there a time when your child needed dental care but could not get it at that time?
 - Source: National Health and Nutrition Examination Survey, 2015-2016

DENTAL INSURANCE

- 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



The screenshot shows the ASTDD website. The left sidebar contains a list of links, with 'Members Only' highlighted. An arrow points from the text 'Go to: Members Only' to this link. The main content area shows the 'Who We Are' tab selected, displaying information about the organization and its mission.

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The Association of State and Territorial Dental Directors (ASTDD) is a national non-profit organization representing the directors and staff of state public health agency programs for oral health. It was organized in 1948 and is one of 17 affiliates of the Association of State and Territorial Health Officials (ASTHO). ASTDD formulates and promotes the establishment of national dental public health policy, assists state dental programs in the development and implementation of programs and policies for the prevention of oral diseases; builds awareness and strengthens dental public health professionals' knowledge and skills by developing position papers and policy statements; provides information on oral health to health officials and policy makers, and conducts conferences for the dental public health community.

ASTDD Key Messages

State Oral Health Programs make an essential contribution to public health and must be continued and enhanced. [Resources to Support ASTDD Key Messages.](#)

3. A successful SOHP needs a complement of staff, consultants and partners with proficiency in the ASTDD Competencies for SOHPs.

WHERE CAN I FIND THE NEW BSS INFO?

Scroll down to:
Basic Screening Survey

Basic Screening Survey

Download Basic Screening Survey Planning and Implementation Toolkits

- ▶ [Children](#) (.zip, 221MB)
- ▶ [Children - Spanish](#) (.zip, 389MB)
- ▶ [Older Adults](#) (.zip, 106MB)

All the documents, videos, and manuals listed below are included in the corresponding toolkits.

- ▶ [The Basic Screening Survey - A Tool for Oral Health Surveillance not Research](#)
- ▶ [Sample Budget for a Basic Screening Survey](#)
- ▶ [IRB Review, HIPAA and Oral Health Surveys](#)
- ▶ [Guidance on Selecting a Sample for a School-Based Oral Health Survey](#)
- ▶ [Guidance on How to Analyze Data from a School-Based Oral Health Survey](#)
- ▶ [Using Oral Health Data to Inform Decision's And Policy Development](#)
- ▶ [National School Lunch Program, FERPA, PPRA, and Oral Health Surveys](#)
- ▶ [Assessing Oral Health Needs: ASTDD Seven-Step Model](#)
- ▶ [NOHSS Submission Form - Head Start](#)
- ▶ [NOHSS Submission Form - K, 1st, 2nd, and 3rd Grade](#)
- ▶ [States with BSS Oral Health Data](#)
- ▶ [Technical Assistance Request Form](#)
- ▶ [Oral Health Data and Surveillance Resources](#)
- ▶ [Basic Screening Survey Manual for Children](#)
If you are interested in the manual but are not interested in the full BSS Tool
- ▶ [Basic Screening Survey Tool for Children Video](#)

NEED HELP,ADVICE, GUIDANCE, ETC?

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QUESTIONS?



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.

