



# Dental Public Health State Activity Submission Form

ASTDD's goal in collecting information about successful state Dental Public Health activities (e.g., practice, program, service, event, or policy) is to share this information with other states, territories, and stakeholders who may be interested in implementing similar activities. We thank you for your time and willingness to share your experiences.

Please complete the form below and return to Lori Cofano, ASTDD Best Practices Project Coordinator, at [lcofano@astdd.org](mailto:lcofano@astdd.org)

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STATE DENTAL PUBLIC HEALTH ACTIVITY (e.g., practice, program, service, event, or policy) Minimum=300 Maximum=500	
Activity title:	<b>2018-2019 Third Grade California Smile Survey</b>
State/Territory:	<b>CA</b>
Summary overview, which may include the following:	
<ul style="list-style-type: none"> <li>• Objectives</li> <li>• Rationale</li> <li>• Personnel</li> <li>• Key partners</li> <li>• Costs &amp; sustainability</li> </ul>	
<p>The 2018-2019 <i>California Smile Survey</i> (CSS) is a statewide oral health assessment of third grade children in California. CSS results will inform oral health indicators of the <a href="#">California Oral Health Plan 2018-2028</a> and serve as baseline measures for monitoring progress in preventing early childhood tooth decay in California. The California Department of Public Health (CDPH) Office of Oral Health (OOH) in partnership with the California Department of Education (CDE) and Los Angeles Department of Public Health conducted CSS during the 2018-2019 and 2019-2020 school years. Registered dental hygienists screened a representative sample of 12,652 third graders per the <a href="#">Association of State and Territorial Dental Directors' Basic Screening Survey (BSS)</a> protocol. The total survey costs of \$831,578 included administrative personnel, dental professionals, dental consultant, materials, and supplies. Despite modest improvements in oral health status since the last assessment of California children in 2004-2005, tooth decay remains a significant public health concern. The 2018-2019 CSS results found that among third grade children, three in five (61%) have experienced tooth decay and one in five (22%) suffer from untreated dental decay while nearly two in five (37%) have dental sealants. These findings demonstrate the continued need to improve oral health care and</p>	

preventive measures in children throughout California. The results were published in the [California Dental Association Journal](#), a journal that reaches 25,000 dental offices and their staff. The results were also disseminated to 59 local oral health programs representing a vast majority of California's population. In addition, implications of the findings were presented at the project directors' meeting and programs and policies to address the disparities in oral health were discussed.

OOH intends to repeat the survey of third graders every five years as part of the *California Oral Health Surveillance System*. For this effort, planning early is key. Lessons learned from the 2018-2019 CCS suggest contacting schools in advance of the school year for timely screenings. The collaboration with CDE ensured school engagement. By linking BSS and CDE individual child information profound disparities were identified with high oral disease burden among African American and Latinx children and economically disadvantaged children.

Lessons learned (Successes and **Challenges**):

Linkage of BSS and CDE data had several advantages. Information on child race/ethnicity and family socioeconomic were obtain for this survey without relying on parent questionnaires. While using passive consent for dental screenings, the CCS was able to obtain information for important social determinants of children's oral health. Information obtained from CDE included child's race/ethnicity, socioeconomic disadvantage, and the parent's primary language, among others. This approach greatly enhanced the surveillance of race/ethnic and socioeconomic disparities in oral health of children in California. With these results, specific targets can be established for reductions in disparities and facilitate data-driven decisions for accountability and advancing health equity. Additionally, CDE data maximized the external validity of the 2018-2019 CCS by allowing for more complex weighting scheme to ensure generalizability of results and account for nonparticipation bias.

Advanced planning will significantly improve the likelihood in completing timely school screenings. Lessons learned from the 2018-2019 CSS suggest contacting schools in advance of the school year as despite initial contact in the spring for the forthcoming fall school year the first school was not screened until November resulting in the survey being completed in Fall of 2019.

**TO BE COMPLETED BY ASTDD**

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