

Dental Public Health Activity Descriptive Summary

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Iowa Oral Health Survey – Oral Health Surveillance

In 2016, the Iowa Department of Public Health (IDPH), Bureau of Oral and Health Delivery Systems, conducted a survey to measure the oral health status of third-grade children in Iowa. Oral health staff conducted calibration training for Maternal and Child Health (MCH) agency I-Smile Coordinators and direct service dental hygienists from across the state who would complete the survey screenings. A computerized random sample of 5,660 third-grade children from 72 schools was selected (2,470 or 43.6 percent participated). The survey included schools with school-based sealant programs, which had been previously excluded. The survey found that 59.4 percent of the children had at least one sealant on a permanent first molar, 47.1 percent had at least one filled tooth, and 16 percent had a cavitated lesion. The 2016 sealant rate (59.4 percent) was higher than the 2012 survey's rate (45.6 percent). In 2016, more children had untreated decay (16 percent) than in 2012 (14.1 percent); however, that untreated decay was isolated to one tooth for 54.4 percent and to two teeth for 24.4 percent of the children with decay. Also, more Iowa children now have a payment source for their dental care than in previous years (87.9 percent in 2016 compared to 79.4 percent in 2012). The Bureau of Oral and Health Delivery Systems utilizes survey findings to develop strategies to increase prevalence of dental sealants, decrease the number of children with tooth decay and assure children have access to dental care in Iowa.

Lessons Learned:

It was advantageous for IDPH staff to start the survey process early. As expected, it was time-consuming to get permission from school administrators to participate in the survey. Often, multiple emails and/or phone calls were necessary. Starting the process early allowed us time to replace schools in the event that participation was refused.

In hindsight, it would have been advantageous to have a list of back-up schools prepared at the same time the targeted schools list was formulated. Finding a back-up school (after one denied participation) using the same random sampling technique required the time of the statistical analyst, who was not always immediately available. Time was of the essence and immediate information would have been beneficial.

We benefit, in Iowa, from having a statewide infrastructure through the I-Smile program that provides the local manpower to carry out the survey. Without this infrastructure, the process would be very different.

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