

# Dental Public Health Activity Descriptive Summary

**Practice Number:** 19007  
**Submitted By:** Kansas Department of Health and Environment, Bureau of Oral Health  
**Submission Date:** May 2005  
**Last Updated:** August, 2011

## Smiles Across Kansas 2004

The Kansas Department of Health and Environment (KDHE) and the Kansas Health Institute (KHI) collaborated on an oral health survey called Smiles Across Kansas 2004. The purpose of the project was to complete a comprehensive oral health survey of third-grade children in Kansas. The project was funded by a Health Resources and Services Administration (HRSA) grant of \$ 50,000. Third graders were chosen for the study group because they typically have at least one set of permanent molars and because they have been the subject of comparable studies in other states. The survey collected information on tooth decay, the prevalence of dental sealants on permanent molar teeth, and the need for urgent dental treatment. Other important information was also collected, such as the ability of families to obtain dental care, their dental insurance status, and intervals between visits to dental care providers.

Forty-nine schools across the state participated in the Smiles Across Kansas 2004, and more than 1,000 children were screened. This sample was large enough to draw sound conclusions about third graders' oral health for the entire state. The oral health screening process followed the protocols outlined in the Basic Screening Survey developed by the Association of State and Territorial Dental Directors (ASTDD). Kansas replicated this research design used by other states to ensure state-to-state comparability. The examiner observed and recorded caries experience (treated and untreated decay), and sealants on permanent molars for each child on a standardized data collection form, and urgency of their need for treatment. The consent form collected information on the age and race of the child, dental insurance status, prior use of dental care services, and other demographic characteristics. All of the data collected was handled confidentially.

This important, first-time study in Kansas showed many areas where oral health improvements could benefit children. The final report documents that the oral health care needs of Kansas children need to be improved:

- One out of four children in third grade has untreated dental decay.
- Only three out of 10 children have dental sealants on their molar teeth to prevent decay.
- Minority children and children attending schools in low-income areas have poorer oral health and are less likely to receive dental treatments.
- More than seven percent of all third graders have never been to a dentist.

The study also shows that there specific racial and ethnic groups of children, and specific regions of the state need extra attention. The survey helped identify several options for improving the oral health of Kansas children, such as use dental hygienists and other mid-level professionals to provide some treatments, explore the use of incentives to encourage dental professionals to practice in underserved areas of the state, address dental treatment disparities among minority children in Kansas, encourage more widespread use of dental sealants, actively address oral health disparities observed among minority Kansas children, and implement "promising practices" interventions used in other states including school-based programs, oral health strategic planning, institutionalized capacity for monitoring and surveillance of oral health status, and the creation of new dental provider types. A full report of the survey (*Smiles Across Kansas: 2004 Oral Health Report of Kansas Youth*) is on the Kansas Bureau of Oral Health Webpage [www.kdheks.gov/ohi](http://www.kdheks.gov/ohi).

The Bureau is repeating the Basic Screening Survey in the fall of 2011, with a new report due out in June of 2012. The project will utilize the same questions and protocol as the 2004 survey. The Bureau will complete this project using in-house staff with assistance from ASTDD and the University

of Kansas Medical Center, Center for Community Health Improvement. This year the survey will also collect height and weight data, in collaboration with our Bureau of Health Promotion who will analyze and utilize this data in their work.

**Lessons Learned:**

The key to a successful survey is a close relationship with schools, in particular school nurses. School nurses can assist in obtaining parental questionnaires and make the process run smoothly. Since 2004 the Bureau has worked extensively in schools, and many of the same schools were included in this year's sample. Because of this, schools were much more willing to be included in the survey, and assisted Bureau staff in the setting of screening dates and obtaining student data. The 2012 survey data will also be collected in the fall semester, which is much easier time to approach schools than the spring, when students are subject to bad weather, standardized testing and spring break.

In the original 2004 survey the data collection was contracted to independent hygienists. This process created an administrative nightmare in the reimbursement and calibration of multiple hygienists located across the state. In 2012 we are using only using five hygienists, four of which are employees of the Bureau of Oral Health. They are able to meet frequently to discuss survey progress, and have all been trained together in the BSS protocol. This will create a better dataset as well as eliminating the need for multiple consultant contracts and reimbursements.

---

**Contact Person(s) for Inquiries:**

Jenni Ferguson, Children's Oral Health Coordinator  
Curtis State Office Building  
Kansas Department of Health & Environment  
1000 SW Jackson Street, Suite 300  
Topeka, KS 66612  
Phone: 785-296-5116  
Fax: 785-291-3959  
Email: [jferguson@kdheks.gov](mailto:jferguson@kdheks.gov)