The Utah Department of Health (UDOH), Oral Health Program (OHP), in recognition of the need for current community oral health status and dental care access data, conducted a statewide dental survey in the fall of 2000. Utilizing the Association of State and Territorial Dental Directors Basic Screening Surveys: An Approach to Monitoring Community Oral Health as guidelines, the OHP collected data to compare the dental health status of children in Utah to the Healthy People 2000 Objectives and to establish baseline data for the HP2010 Objectives. The Institutional Review Board of the UDOH approved the survey protocol. A UDOH data specialist selected a random sample of schools stratified by local health departments. With the consent of the local health officers, specific school district superintendents and school principals, thirty-seven public elementary schools were selected for the survey and one classroom each of first, second and third graders were screened for each school. The survey screeners, a dentist and a dental hygienist from the OHP, were trained using the ASTDD video and manual on screening protocol. A total of 1551 children six through eight years of age in grades 1-3 were screened. The age specific data included caries experience, untreated decay, and sealant utilization. Access to care, ethnicity and dental insurance information were collected from the consent form signed by parents. Data collection took approximately three months. Funding sources for the survey included state FACT and federal MCH funds. Costs was kept to a minimum since the portable equipment used for the screenings were already owned by the OHP and the survey was staffed by full-time OHP employees. There were expenses for a new laptop computer to enter data in the field, incentive for returned permission slips, printing, mailing, and travel totaling approximately $7000. It is expected that the survey will be repeated in five years. Survey findings were used: (1) to educate key policy makers, local advocacy organizations and stakeholders, (2) to determine local needs and for appropriate planning by each local health department, and (3) to set future directions for the Oral Health Program.

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