

Dental Public Health Activity Descriptive Summary

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The Healthy Smiles Healthy Growth Survey of Third Grade Children in Wisconsin

During the 2012-2013 school year the Wisconsin Department of Health Services (DHS) conducted the "Healthy Smiles/Healthy Growth" survey to assess the oral health and body mass index (BMI) status of Wisconsin's third grade children. The survey included a representative sample of Wisconsin's third grade students in public schools in all five of the DHS regions. Sixty-nine schools ultimately agreed to participate in the survey. Passive consent was used for all schools except for three, which required active consent to participate. Parents were able to opt out of either portion of the survey or out of both. A total of 2,780 third grade children received an oral health screening. In addition, height and weight data were collected as indicators of proper growth and development from 2,757 children. Dental hygienists and dentists provided the screenings, following the protocol of the Basic Screening Survey from the Association of State and Territorial Dental Directors (ASTDD).

Tooth decay is a significant public health problem, as 53% of Wisconsin third grade children have caries experience. Over 18% of Wisconsin third grade children have untreated dental decay and 3% have an urgent condition causing pain and/or infection. While this is an improvement over previous surveys, there are still approximately 2,000 Wisconsin third graders in public schools requiring urgent dental care because of pain or infection. Over 60% of third grade children in Wisconsin have at least one dental sealant on a permanent molar. This is an improvement over previous surveys and a positive finding as dental sealants are well-accepted clinical intervention to prevent dental caries. The oral health disparity gap seems to be shrinking for access to dental sealants as children of all races and socioeconomic groups have similar levels of dental sealants. The school-based programs are likely to play a major role in expanding availability of dental sealants to all children.

The survey was successfully conducted through partnerships that included the Wisconsin Division of Public Health, Wisconsin Department of Public Instruction, Children's Health Alliance of Wisconsin, participating school districts, Centers for Disease Control and Prevention and ASTDD.

The survey data have been used to assess the burden of disease among third grade students, monitor progress towards *Healthy People* and *Healthiest Wisconsin* objectives, target populations with disparities, demonstrate need for primary preventive programs and pursue funding opportunities. The survey findings serve as a catalyst for oral health program planning, funding MCH Block grant reporting, education, and advocacy.

Lessons Learned:

The change from active consent in the 2001-02 baseline survey to passive consent in the subsequent surveys has greatly increased participation rates.

When using paper forms for data collection clear handwriting reduces data errors and makes the data entry process more efficient.

Accurate collection of height data was easier during this survey because portable stadiometers were purchased that did not depend on a flat wall for measurement.

Some school districts had concerns or would not participate because the screening would identify oral disease without treatment.

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