Oral Health Status of Florida’s Third Grade Children 2013-2014
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Executive Summary
During the 2013-2014 school year, the Florida Department of Health’s Public Health Dental Program (PHDP) completed the first statewide oral health surveillance of Florida’s third grade children. The "2013 Third Grade Oral Health Screening Project" was conducted in 41 public elementary schools across 19 Florida counties. The project had a participation rate of 41.4% among third grade children enrolled in selected schools. Dental screenings were provided by contracted Florida Dental Hygiene Association Registered Dental Hygienists (RDHs) following the Association of State and Territorial Dental Directors’ Basic Screening Survey (BSS) protocols.

Key Findings:
- Approximately one in four children (23.4%) presented with untreated decay
  - The prevalence of untreated decay was highest for non-Hispanic Black children (34.8%) and for children from schools with the highest percent of students enrolled in free/reduced lunch (33.5%).
- Almost half of children (43.1%) presented with caries experience (treated or untreated decay).
- One in three children (36.9%) had at least one dental sealant.
  - The prevalence of dental sealants was highest for non-Hispanic White children (43.7%).
- Early dental treatment need among Florida’s third grade population was 18.3%.
- Urgent dental treatment need among Florida’s third grade population was 4.1%.

Florida’s overall third grade population estimates are in alignment with the Healthy People 2020 goals related to the prevalence of untreated decay, dental caries, and dental sealants among 6-9 year olds (Table 1).

<table>
<thead>
<tr>
<th>Oral Health Indicator</th>
<th>Florida’s Status</th>
<th>National Target for 6-9 Year Olds based on Healthy People 2020 Goals¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Caries Experience</td>
<td>43.1%</td>
<td>49.0%</td>
</tr>
<tr>
<td>Untreated Dental Decay</td>
<td>23.4%</td>
<td>25.9%</td>
</tr>
<tr>
<td>Dental Sealants</td>
<td>36.9%</td>
<td>28.1%</td>
</tr>
</tbody>
</table>

¹ U.S. Department of Health and Human Services, 2015
Introduction

Oral health is essential to general health and well-being. There is a strong correlation between poor oral health status and other systemic diseases, such as diabetes, heart disease, stroke, and preterm and low-weight births. Though the prevalence and severity of tooth decay has declined among school-aged children in recent years, it remains a significant problem in some populations, particularly among certain racial and ethnic groups and low-income children.

Tooth decay (dental caries) is a transmissible, infectious oral disease resulting from an imbalance of multiple risk factors and protective factors over time. Dental caries remain the most prevalent chronic infectious disease among young children and adolescents. If dental decay is left untreated, it can cause pain and infection leading to problems with chewing, swallowing, speaking, and learning. These problems jeopardize children’s physical growth, self-esteem, and capacity to socialize.

Poor oral health is also associated with missing school and poor school performance. It is estimated that U.S. children miss more than 51 million school hours annually due to dental problems. Children with poor oral health are three times more likely to miss school and four times more likely to perform poorly when compared to their healthy counterparts. Additionally, parents miss on average 2.5 days from work per year due to their children’s dental problems.

Oral health data are needed for ongoing surveillance, establishing the burden of oral health disease, and to inform statewide programmatic planning efforts. To address the need for state level oral health surveillance data, the Florida Department of Health (DOH) Public Health Dental Program (PHDP) has established a surveillance system for monitoring oral health status, risk factors, and access to dental services among various populations. Florida’s third grade population was the first in a series of three statewide oral health surveillance projects to determine the oral health status of Floridians. The following sections of this report detail project specifics including the methodology, results, limitations, and recommendations.

Methodology

Basic Screening Survey

The Florida Third Grade Oral Health Screening Project was based on the Basic Screening Survey (BSS) tool supported by the Association of State and Territorial Dental Directors (ASTDD). The primary purpose of the BSS tool is to provide state and local health jurisdictions with a consistent model for monitoring oral disease in a timely manner, at the lowest possible cost, with minimum burden on survey participants, and that will support comparisons within and between states. The goal of the BSS is to obtain regional and statewide estimates of the oral health status in children.

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2 U.S. Department of Health and Humans Services, 2000
3 Benjamin, R.M., 2010
4 Heymann, H.O., 2014
5 Dye, B., 2012
6 U.S. Department of Health and Human Services, 2015
7 Jackson, S., 2011
8 Seirawan, H., 2012
9 ASTDD, 2011
The BSS is designed to capture information on the following dental indicators that are directly related to oral health status in children.\textsuperscript{10}

1. Untreated Decay: screener can readily observe breakdown of the enamel surface
2. Treated Decay: screener can observe previous treatment of decay such as amalgam and/or composite restorations, temporary restorations, crowns, teeth missing due to decay
3. Caries Experience: prevalence of untreated or treated decay
4. Dental Sealants on permanent molars: presence of partially and fully retained dental sealants
5. Urgency of Need for Dental Care: early dental care (needs to see a dentist within the next several weeks because of untreated decay or broken restorations) or urgent care (needs dental care within 24 to 48 hours because of signs and symptoms that include pain, infection, or swelling)

**Sampling Procedure**

A representative statewide sample of third grade students in Florida public elementary schools was used. Enrollment data by school for the 2013-2014 academic year was provided by the Florida Department of Education (DOE). A Stratified Probability Proportional to Size sample (PPS) design was used to select the representative statewide sample of schools and the data from DOE were used to construct the sample frame. The list of schools was sorted by region and then by school free/reduced lunch percentage (the percentage of students in each school who receive free or reduced lunch) within each region to achieve geographic and socio-economic status (SES) stratification. A systematic sample interval was drawn with a calculated sampling proportional to the region population (based on total 3\textsuperscript{rd} grade enrollment) to ensure a minimum of three school selections in each region of the state.

With a random start, the sampling interval was then repeatedly added with selections made based on where the sampling intervals fell in cumulative enrollment, for a total of 41 selections. Schools were contacted and consented to participate in the survey. Schools that refused to participate were replaced with a random PPS school selection from the same interval.

\textsuperscript{10} ASTDD, 2008
The regional designations used for the Florida Third Grade Oral Health Screening Project and those counties selected to participate are shown in Figure 1.

Figure 1: Florida's 2013-2014 Third Grade Oral Health Surveillance Region Map and Selected Counties

The number of public elementary schools selected for each region are listed below:

- Atlantic Coast: 4
- Central: 9
- Northeast: 4
- Northwest: 3
- South: 10
- West Coast: 11

Screening Methods

After obtaining permission from the selected schools, parents of third grade children were given the opportunity for individual participation in the project. Consent forms (Appendix A), data collection forms (Appendix B), and screening results letters (Appendix C) were created based on BSS guidelines. Consent forms were sent to the participating schools and distributed to the children. Parents were encouraged to complete and return the consent form questionnaire even if they did not want their child to participate in the screening. Only those children returning a positive parental consent form with a parental or guardian signature were screened.

11 ASTDD, 2008
Florida licensed dental hygienists were trained in BSS guidelines and provided screenings to participating children following procedures to prevent the spread of disease as set by the Centers for Disease Control and Prevention (CDC) for this type of oral health screening. Dental gloves and masks were worn, and the dental hygienists used a disposable mirror for each child, which was thrown away after each screening. The screening was not intended to take the place of a regular dental checkup or an exam by a dentist. There were 23 hygienists who collected information on the presence of untreated decay, caries experience, dental sealants, and treatment urgency. The screenings and data were collected at the child level in accordance with BSS guidance, not the tooth level.

Maintaining screening and data collection consistency across calibrated screeners was the foundation of the project. The BSS provided a framework to collect data in a consistent manner. Data was collected in accordance with all the guidelines and policies defined in the BSS for the third grade population. This was a cross-sectional (looking at a population at a point in time) and descriptive (intended to determine estimates of oral health status for a defined population) survey.

Data Analysis
Data analysis was completed utilizing Statistical Analysis Software (SAS) version 9.3, a high-level data analysis tool. Outcome data were weighted and adjusted for non-response based upon the Stratified Probability Proportional to Size sample design with a 95% Confidence Interval (CI).

Demographic indicators including age, race/ethnicity, gender, and insurance status of the participating children were obtained from the survey questions on the parental consent form. Participation in the free or reduced school lunch program, as reported on the consent form, was used to determine the child’s family income status. Due to low participation of children among American Indian/Alaska Native, Native Hawaiian/Pacific Islander, and multi-racial groups, their responses were combined with those of unknown race/ethnicity into an “Other” category for analysis and reporting.
Results
There were a total of 4,973 children enrolled in third grade at the 41 participating schools. Of the 4,973 children, 50.8% (2,526) consent forms were returned. Of the returned positive consent forms, 81.6% (2,061) of children participated and were screened. The project had an overall participation rate of 41.4% (2,061 of 4,973) and a positive consent rate of 81.6% (2061 of 2526).

Demographic Characteristics of Participating Children
The breakdown of demographic characteristics counts of the participating children is shown in Table 2. Note: these data are not weighted.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (Years)</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>18 (8.7%)</td>
</tr>
<tr>
<td>8</td>
<td>1564 (75.9%)</td>
</tr>
<tr>
<td>9</td>
<td>421 (20.4%)</td>
</tr>
<tr>
<td>10/11</td>
<td>39 (1.9%)</td>
</tr>
<tr>
<td>Missing</td>
<td>19 (0.9%)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1007 (48.9%)</td>
</tr>
<tr>
<td>Female</td>
<td>1041 (50.5%)</td>
</tr>
<tr>
<td>Missing</td>
<td>13 (0.6%)</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>902 (43.8%)</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>337 (16.4%)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>452 (21.9%)</td>
</tr>
<tr>
<td>Other</td>
<td>241 (11.7%)</td>
</tr>
<tr>
<td>Missing</td>
<td>129 (6.3%)</td>
</tr>
<tr>
<td>Eligible for Free/Reduced Lunch</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1026 (49.8%)</td>
</tr>
<tr>
<td>No</td>
<td>664 (32.2%)</td>
</tr>
<tr>
<td>Missing</td>
<td>371 (18.0%)</td>
</tr>
</tbody>
</table>

The majority of the participating children were 8 years of age (75.9%), female (50.5%), non-Hispanic White (43.8%) and eligible for free/reduced lunch (49.8%). The average age of participating children was 8.23 years (SD: ± 0.49).

Oral Health Indicators
The BSS data were weighted to achieve regional and state-level estimates of the various indicators. The data shown in the rest of the report represents the entire third grade population attending public schools in Florida. Prevalence estimates are provided along with 95% Confidence Intervals.
In Florida, 23.4% of third graders had untreated decay, 43.1% had caries experience, 36.9% had at least one dental sealant, 18.3% had an early dental care need, and 4.9% had an urgent dental care need (Figure 2). These oral health indicators did not vary by gender in Florida.

There were differences observed by race/ethnicity among Florida’s third grade population, most notable among untreated decay and dental sealant prevalence estimates.

Non-Hispanic Black children had the highest percentage of untreated decay, with 34.8%, when compared to children of other racial and ethnic groups. This group also had the lowest percentage of dental sealants (Figure 3).
Prevalence estimates and 95% Confidence Intervals are provided for all oral health indicators by race/ethnicity in Table 3 below.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Oral Health Indicator, Prevalence (95% Confidence Interval)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Caries Experience</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>40.4% (34.7, 46.0)</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>49.8% (42.2, 57.4)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>40.7% (31.7, 49.7)</td>
</tr>
<tr>
<td>Non-Hispanic Asian</td>
<td>46.2% (33.2, 59.2)</td>
</tr>
<tr>
<td>Multi-Race</td>
<td>44.7% (39.0, 50.4)</td>
</tr>
</tbody>
</table>

The survey sample was stratified by Florida Department of Health, into six regions in order to observe regional estimates and assess if geographic disparities exist. The Northwest region had the highest rates of untreated decay and caries experience in the state, whereas the Northeast region had the lowest rate of untreated decay and the Atlantic coast region had the lowest rate of caries experience. Presence of dental sealants also varied by region; the Northwest region had the highest percentage of dental sealants and the South region had the lowest percentage.

Prevalence estimates and 95% Confidence Intervals are provided for all oral health indicators by region in Table 4 below.

<table>
<thead>
<tr>
<th>Region</th>
<th>Oral Health Indicator, Prevalence (95% Confidence Interval)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Caries Experience</td>
</tr>
<tr>
<td>Atlantic Coast</td>
<td>36.3% (29.7, 42.9)</td>
</tr>
<tr>
<td>Central</td>
<td>41.4% (35.4, 47.5)</td>
</tr>
<tr>
<td>Northeast</td>
<td>43.6% (28.1, 59.2)</td>
</tr>
<tr>
<td>Northwest</td>
<td>52.4% (35.4, 69.4)</td>
</tr>
<tr>
<td>South</td>
<td>38.1% (28.9, 47.3)</td>
</tr>
<tr>
<td>West Coast</td>
<td>48.4% (41.1, 55.8)</td>
</tr>
</tbody>
</table>

The percentage of students receiving free and/or reduced lunch (displayed as FRL percentage in Table 5) at the selected schools was used as a proxy for individual student income and
poverty status. These variables are highly correlated with poor oral health outcomes and it was important to assess this in the Third Grade population.

There was a direct relationship observed between untreated decay and FRL percentage; as the FRL percentage increased, so did the percentage of untreated decay and other oral health indicators of need. As expected, the percentage of dental sealants was the opposite; the percentage of dental sealants was highest in the FRL <25% category (49.3%) and lowest in the FRL >75% category (30.3%).

Prevalence estimates and 95% Confidence Intervals for all of the oral health indicators by the percentage of students receiving free/reduced lunch are provided in Table 5 below.

<table>
<thead>
<tr>
<th>Free/Reduced Lunch (FRL) Percentage</th>
<th>Caries Experience</th>
<th>Untreated Decay</th>
<th>Dental Sealants</th>
<th>Early Need for Dental Care</th>
<th>Urgent Need for Dental Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRL &gt;75% Lowest income</td>
<td>52.4% (43.6, 61.2)</td>
<td>33.5% (26.8, 40.2)</td>
<td>30.3% (24.4, 36.1)</td>
<td>25.7% (18.2, 33.1)</td>
<td>8.1% (3.4, 12.7)</td>
</tr>
<tr>
<td>FRL 50-75%</td>
<td>44.9% (36.5, 50.4)</td>
<td>23.4% (20.0, 26.8)</td>
<td>38.5% (31.4, 45.6)</td>
<td>18.4% (15.4, 21.4)</td>
<td>4.8% (3.1, 6.6)</td>
</tr>
<tr>
<td>FRL 25-50%</td>
<td>36.6% (31.5, 41.6)</td>
<td>15.3% (11.5, 19.1)</td>
<td>38.4% (31.8, 45.1)</td>
<td>12.5% (8.4, 16.7)</td>
<td>2.2% (0.3, 4.0)</td>
</tr>
<tr>
<td>FRL &lt;25% Highest income</td>
<td>23.0% (19.2, 26.9)</td>
<td>9.0% (5.3, 12.8)</td>
<td>49.3% (38.4, 60.3)</td>
<td>7.0% (2.9, 11.1)</td>
<td>1.2% (0.1, 2.4)</td>
</tr>
</tbody>
</table>
National Status

Other states across the nation have utilized the BSS methodology to assess the oral health status of their third grade children. The Centers for Disease Control and Prevention (CDC) collects this information via the State Oral Health Survey (OHS).  

State-level estimates of various oral health status indicators are provided below. It is important to note that not all states have completed a BSS of their third grade population and thus national estimates using the BSS methodology are not available. In order to enhance comparability between states, results from the individual state BSS were only included in the graphs below if they were conducted within the past five years (from 2008 forward).

Overall, Florida ranked 8th for lowest percent of third graders with caries experience among the 41 participating states (Figure 5). Lower percent of caries experience translates to a better oral health status. The Healthy People 2020 goal is that only 49.0% of children aged 6-9 years old have caries experience; Florida is meeting this goal with 43.1% of Florida third graders having caries experience.

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12 “Oral Health Data,” 2015
Overall, Florida ranked 12th lowest for percent of third graders with at least one dental sealant among the 41 participating states (Figure 6). Dental sealants are a preventive service proven to reduce decay, thus the goal is to increase this percentage. Only 36.9% of Florida third graders had a dental sealant, however, Florida is still meeting the Healthy People 2020 goal of 28.1% of children aged 6-9 years old with at least one dental sealant.

Lastly, Florida ranked 11th highest for percent of third graders with untreated decay among the 41 participating states, with 23.4% of children with untreated decay (Figure 7). As untreated decay can cause pain, swelling, and infection, the goal is to reduce untreated decay. Florida has met the Healthy People 2020 Goal of 25.9% of children aged 6-9 years with untreated decay.
Limitations
There are several limitations to the information presented from this survey. First, these screenings were conducted without the use of radiographs (x-rays), therefore the findings may differ from those observed by clinicians. Second, this survey was conducted only on public school children and may not be representative of all third grade children in Florida. Lastly, the screeners are encouraged to be conservative, thus the results represented here may be an underrepresentation of the true oral health status of Florida’s third grade children.

Recommendations
The state of Florida works to make continued progress to improve access to preventive dental care for children in Florida.

Based on the results of screening, continued collaborative partnerships with school-based dental programs to share information on evidence-based prevention and early intervention practices facilitates promotion of oral disease prevention efforts (dental sealants) starting in school age children. Additional opportunities for improving the oral health status of Florida’s third grade children include:

- Evaluate, address, and overcome barriers that exist in promoting dental sealant services for school age children, specifically for children from minority race/ethnic groups.
- Increase the dental workforce to provide increased school-based dental services, including cost effective dental sealants.
- Encourage school teacher and parent involvement in developing a culturally and linguistically appropriate oral health literacy campaign for school age children.
- Continue oral health surveillance activities for school-age children and track progress in the reduction of oral health disparities.
References


Appendices
Appendix A: Consent and Questionnaire Form for Parents

2013 Third Grade Oral Health Screening Parent Consent Form and Questionnaire
Please complete this form and return it to your child's teacher tomorrow. Thank you.

Child's Name: ___________________________ Child's Age: ________
Child's Gender: Male______ Female______

Yes, I give permission for my child to have his/her teeth screened

No, I do not give permission for my child to have his/her teeth screened

Signature of Parent or Guardian: ___________________________ Date: ____________

Please answer the following questions to help us learn more about your child's dental care. Your answers will remain private and will not be shared. If you do not want to answer the questions, you may still give permission for your child to have his or her teeth screened.

1. During the past 6 months, did your child have a toothache more than once, when biting or chewing?
   □ No □ Yes □ Don't know/Don't remember

2. About how long has it been since your child last visited a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists. (Check one)
   □ 6 months or less □ More than 3 years ago □ More than 6 months, but not more than 1 year ago □ Never has been to the dentist □ More than 1 year ago, but not more than 3 years ago □ Don't know/Don't remember

3. What was the main reason that your child last visited a dentist? (Check one)
   □ Went in on own for check-up, examination or cleaning □ Was called in by the dentist for check-up, examination or cleaning.
   □ Something was wrong, bothering or hurting □ Went for treatment of a condition that dentist discovered at earlier check-up or examination □ Other □ Don't know/Don't remember

4. During the past 12 months, was there a time when your child needed dental care but could not get it?
   □ No (Go to Question 6) □ Yes (Go to Question 5) □ Don't know/Don't remember (Go to Question 6)

5. The last time your child could not get the dental care he/she needed, what was the main reason he/she couldn't get care? (Check one)
   □ Could not afford it □ Health of another family member □ Not a serious enough problem
   □ No insurance □ Difficulty in getting appointment □ Dentist hours are not convenient
   □ Did not take Medicaid insurance □ No way to get there □ Don't like/trust believe in dentists
   □ Speak a different language □ Don't know where to go □ Other reason
   □ Wait is too long in clinic/office □ No dentist available □ Don't know/Don't remember

6. Do you have any kind of insurance that pays for some or all of your child's MEDICAL OR SURGICAL CARE? Include health insurance obtained through employment or purchased directly, as well as government programs like Medicaid.
   □ No □ Private Insurance □ Medicaid □ Don't know

7. Do you have any kind of insurance that pays for some or all of your child's DENTAL CARE? Include health insurance obtained through employment or purchased directly, as well as government programs like Medicaid.
   □ No □ Private Insurance □ Medicaid □ Don't know

8. Which of the following best describes your child? (Check all that apply)
   □ White □ Black/African American □ Hispanic/Latino □ Asian □ American Indian/Alaska Native □ Native Hawaiian/Pacific Islander

9. Is your child eligible for the free or reduced price lunch program? □ No □ Yes (School children only)

THANK YOU FOR PARTICIPATING IN “2013 Third Grade Oral Health Screening Project!”
Appendix B: Third Grade Oral Health Screening Form

<table>
<thead>
<tr>
<th>Screen Date:</th>
<th>School Code:</th>
<th>Screener’s Name (printed):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ID Number:</th>
<th>Grade:</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender:</th>
<th>Race/Ethnicity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1=Male</td>
<td>1=White</td>
</tr>
<tr>
<td>2=Female</td>
<td>2=Black/African American</td>
</tr>
<tr>
<td></td>
<td>3=Hispanic/Latino</td>
</tr>
<tr>
<td></td>
<td>4=Asian</td>
</tr>
<tr>
<td></td>
<td>5=American Indian/Alaska Native</td>
</tr>
<tr>
<td></td>
<td>6=Native Hawaiian/Pacific Islander</td>
</tr>
<tr>
<td></td>
<td>7=Multi-racial</td>
</tr>
<tr>
<td></td>
<td>8=Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Untreated Cavities:</th>
<th>Treated Decay:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0=No apparent untreated cavities</td>
<td>0=No apparent treated decay</td>
</tr>
<tr>
<td>1=Apparent untreated cavities</td>
<td>1=Apparent treated decay</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sealants on Permanent Molars:</th>
<th>Treatment Urgency:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0=No sealants</td>
<td>0=No obvious problem</td>
</tr>
<tr>
<td>1=Sealants</td>
<td>1=Early dental care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments:</th>
</tr>
</thead>
</table>
2013 Third Grade Oral Health Screening Results

FLORIDA DEPARTMENT OF HEALTH

Child’s Name: ____________________________________________

Dear Parent or Guardian,

As part of the 2013 Third Grade Oral Health Screening Project, your child’s teeth and mouth were screened at school today. No x-rays were taken and the screening does not replace an in-office dental examination by your family dentist. The results of the screening indicate that:

_____ Your child appears to have no obvious dental problems but should continue to have routine examinations by your family dentist.

_____ Your child has a tooth, or teeth which should be evaluated by your family dentist to determine if treatment is needed.

_____ Your child has a tooth, or teeth which appear to need immediate care and contact your family dentist as soon as possible for a complete evaluation.

If you do not have a family dentist or you need help with arranging dental care for your child, please contact your county health department on the top of the attached list of providers for your area.

Florida Department of Health
Division of Community Health Promotion · Bureau of Family Health Services
4052 Bald Cypress Way, Ste A-13 · Tallahassee, FL 32306-1721
PHONE: 850-410-4100 · FAX: 850-488-2341

www.FloridaHealth.com
TWITTER: HealthyFLA
FACEBOOK: FloridaHealth
YOUTUBE: 8d4m
Appendix D: Other Indicators from Parent Questionnaire

The following questions were asked on the parent questionnaire and consent form for the Florida Third Grade Oral Health Screening Project (Appendix A). While supplemental to the BSS, these questions provide additional information about the current oral health status and oral health history of the third grade population.

Toothache

Question: During the past six months, did your child have a toothache more than once when biting or chewing?

![Percent of Toothache among Florida's Third Grade Children, 2013-2014](image)

- **Yes**: 13.1% (10.9, 15.4)
- **No**: 82.3% (79.4, 85.2)
- **Don't Know**: 4.6% (3.2, 6.0)

Last Dental Visit

Question: About how long has it been since your child last listed a dentist?

![Time Since Last Dental Visit among Florida's Third Grade Children, 2013-2014](image)

- **Never Been to a Dentist**: 6.7% (4.7, 8.7)
- **6 Months or Less**: 54.6% (50.1, 59.2)
- **1-3 Years**: 16.9% (13.7, 20.1)
- **More than 3 Years**: 14.3% (12.0, 16.6)
- **Don't Know**: 4.3% (2.9, 5.6)
Reason for Last Dental Visit

Question: What was the main reason that your child last visited a dentist?

Main Reason for Last Dental Visit among Florida's Third Grade Children, 2013-2014

- Went for treatment of a condition discovered by dentist: 5.4% (4.0, 6.8)
- Went in on own for check-up, examination or cleaning: 79.9% (76.6, 83.2)
- Something was wrong, bothering or hurting: 6.5% (4.9, 8.2)
- Other: 4.6% (3.3, 5.8)
- Don't Know/remember: 3.6% (2.2, 5.0)

Need for Care

Question: During the past 12 months, was there a time when your child needed dental care but could not get it?

Inability to Receive Dental Care among Florida's Third Grade Children, 2013-2014

- Yes: 12.9% (10.5, 15.2)
- No: 83.3% (80.6, 86.1)
- Don't Know: 3.8% (2.6, 5.0)
Reason for Not Seeking Care

Question: The last time your child could not get the dental care he/she needed, what was the main reason he/she couldn’t get care?

<table>
<thead>
<tr>
<th>Main Reason</th>
<th>%</th>
<th>(95% C.I.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Could not afford it</td>
<td>26.0</td>
<td>(20.4, 31.6)</td>
</tr>
<tr>
<td>No insurance</td>
<td>21.5</td>
<td>(15.4, 27.6)</td>
</tr>
<tr>
<td>Don’t remember/know</td>
<td>16.5</td>
<td>(13.4, 19.5)</td>
</tr>
<tr>
<td>Dentist did not accept Medicaid/health insurance</td>
<td>11.4</td>
<td>(7.2, 15.7)</td>
</tr>
<tr>
<td>Difficulty in getting appointment</td>
<td>8.0</td>
<td>(5.4, 10.7)</td>
</tr>
<tr>
<td>Not a serious enough problem</td>
<td>6.6</td>
<td>(4.0, 9.1)</td>
</tr>
<tr>
<td>No way to get there</td>
<td>3.1</td>
<td>(1.2, 4.9)</td>
</tr>
<tr>
<td>No dentist available</td>
<td>1.8</td>
<td>(0.1, 3.6)</td>
</tr>
<tr>
<td>Don't like/trust in dentists</td>
<td>1.7</td>
<td>(0.0, 3.3)</td>
</tr>
<tr>
<td>Wait is too long in dentist clinic</td>
<td>1.4</td>
<td>(0.0, 3.3)</td>
</tr>
<tr>
<td>Dentist hours are not convenient</td>
<td>1.2</td>
<td>(0.2, 2.3)</td>
</tr>
<tr>
<td>Health of another family member</td>
<td>0.8</td>
<td>(0.0, 1.9)</td>
</tr>
</tbody>
</table>
Medical and Dental Insurance

Question: Do you have any kind of insurance that pays for some or all of your children’s medical or surgical care?

Question: Do you have any kind of insurance that pays for some or all of your child’s dental care?

<table>
<thead>
<tr>
<th>Medical Insurance</th>
<th>% (95% C.I.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>41.1% (36.6, 45.6)</td>
</tr>
<tr>
<td>Medicaid</td>
<td>42.5% (37.7, 47.2)</td>
</tr>
<tr>
<td>None</td>
<td>14.4% (11.5, 17.3)</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>2.1% (1.3, 2.8)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dental Insurance</th>
<th>% (95% C.I.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>38.9% (34.6, 43.3)</td>
</tr>
<tr>
<td>Medicaid</td>
<td>41.2% (36.5, 45.9)</td>
</tr>
<tr>
<td>None</td>
<td>19.9% (16.7, 23.0)</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>--</td>
</tr>
</tbody>
</table>