Mississippi State Department of Health

Every Smile Counts

The Oral Health of Mississippi Children 2018

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EXECUTIVE SUMMARY OF KEY FINDINGS

During the 2015-2016 school year, the Mississippi State Department of Health conducted a statewide oral health survey of third grade children enrolled in Mississippi's public elementary schools. Dental professionals screened 3,972 children in 94 randomly selected elementary schools using disposable dental mirrors and penlights. 2,764 children were included in the final analysis. Following are the key findings.

Key Findings

- ⇨ Dental decay is a significant health problem for Mississippi's third grade children.
  - 61% have cavities and/or fillings (decay experience).
  - 22% have untreated dental decay (cavities).
- ⇨ Many Mississippi children are attending school with infection or pain from dental disease.
  - 6% needed urgent dental care because of pain or possible infection. This could mean that more than 1,850 third grade children have pain or possible infection because of dental decay.
- ⇨ While dental sealants are a proven method for preventing decay, the majority of Mississippi's third grade children do not have access to this valuable preventive service.
  - Only 34% of the third grade children have dental sealants.
- ⇨ African American children have poorer oral health and less access to preventive dental sealants.
  - Compared to white children, African American children have a higher prevalence of decay experience and untreated decay. In addition, about 8% of African American children are in need of urgent care because of pain or infection compared to 5% white children.
- ⇨ Lower-income children have poorer oral health and less access to preventive dental sealants.
  - Compared to children not eligible for the free/reduce price school lunch program (FRL), children eligible for FRL have a significantly higher prevalence of decay experience, untreated decay and urgent treatment.
- ⇨ Many children in Mississippi have limited access to regular dental care.
  - Almost 29% of parents reported that their child had not been to the dentist within the last year including 1.5% who had never been to a dentist.
  - 12.5% of parents reported that during the last year their child needed dental care but were unable to get it with the primary reasons reported being inability to afford dental care and difficulty in getting an appointment.
- ⇨ The majority of children in Mississippi have dietary habits that increase their risk of dental decay.
  - Almost 39% of children drink sweetened beverages with their meals including juice, juice drinks, and soda.
  - Only 20% of parents reported that milk was the primary beverage at meals.
- ⇨ Since 2010, there has been a decline in the prevalence of decay experience, untreated decay and need for urgent dental care in Mississippi's third grade children.
- ⇨ In general, children in Mississippi, compared to children from other states, have poorer oral health[1].
- ⇨ Considerable progress has been made in Mississippi to meet the Healthy People 2020 oral health objectives.

[1] State data source: Centers for Disease Control and Prevention, National Oral Health Surveillance System Data, 2014-2017

Methods

Sampling and Data Analysis

An electronic data file of all public elementary schools in Mississippi was obtained from the Mississippi Department of Education. The data file, which was for the 2015-2016 school year, contained the following information for each school – district, county, total enrollment, 3rd grade enrollment, number of children participating in the free or reduced price lunch program, enrollment by race/ethnicity, and school address. During the 2015-2016 school year, there were 427 schools in Mississippi with 3rd grade students (37,326 students). All 427 schools were included in the sampling frame. Using Probability Proportional to Size (PPS) sampling with explicit (public health districts) and implicit stratification (by urban/rural counties along with percent of children eligible for the free or reduced price lunch (FRL) program), a systematic sampling scheme was used to select a sample of 94 schools. The sampling frame was ordered by public health district regions, by urban/rural counties within regions and then by percent of students eligible for the FRL program. A random number between 1 and 100 was selected (Random Start Number=92); and the school with the 92nd child was selected followed by adding the sampling interval (397) to 92 to select the next school. Selecting a sample using implicit stratification assures that the sample is representative of the state's schools in terms of both the public health district region and free/reduced lunch participation. If a school refused to participate, the schools immediately preceding and following a school that refused in the explicit stratum, were designated as its replacement schools. Of the 94 schools in the original sample, 82 agreed to participate while 12 schools were replaced. Data is available for all 13 sampling strata.

Data analysis was completed using the survey procedures within SAS 9.4 (SAS Institute, Cary, North Carolina). Unless otherwise noted, all data were adjusted for the sampling scheme and non-response within each school. For the non-response sampling weight, the number of children enrolled in each school was divided by the number of children screened.

Parent Questionnaire and Screening Methods

An informational letter, consent form and dental health questionnaire was sent home with all third grade children in the 94 sample schools. Those children who returned a signed consent form were screened (positive consent). Mississippi licensed, registered dental hygienists completed the screenings using gloves, penlights, and disposable mouth mirrors. The diagnostic criteria outlined in the Association of State and Territorial Dental Directors publication *Basic Screening Surveys: An Approach to Monitoring Community Oral Health* was used. The dental hygienists attended a full-day training session which included a didactic review of the diagnostic criteria along with a hands-on calibration session. Information on age was obtained from the child while gender and race was provided by the parent on the dental questionnaire. If the parent did not provide gender and/or race it was determined by the screener.

Results

Demographic Characteristics

Of the 94 schools in the original sample, 82 agreed to participate while 12 schools were replaced. There were 7,240 children enrolled in the participating schools of which 3,972 were screened (positive consent); 2,764 were included in the analysis (a fixed set number of 40 students were randomly sampled from within each school). The percentage of children eligible for the free and/or reduced price meal program was similar between those children screened (70%) and all 3rd grade children in Mississippi (72%). In addition, the percent of children screened who were African-American (54%) was similar to all 3rd grade children in Mississippi (53%). Refer to Table 1A.

The majority of the children screened (91%) were either 8 or 9 years of age. 45% of the children were male, 38% were white non-Hispanic and 54% were African-American. Refer to Table 1B.

Oral Health Status

Overall, sixty-one percent of the children screened had decay experience (untreated decay or fillings) in their primary and/or permanent teeth while 22% had untreated decay at the time of the screening. About 23% of the children screened needed dental treatment including 6.4% in need of urgent dental care because of pain or possible infection. Refer to Table 2.

Only 34% of the children had a dental sealant on at least one permanent molar. Dental sealants provide an effective way to prevent decay on the chewing surfaces of molars (back teeth), which are most vulnerable to caries. A clear resin is used to cover the “pits and fissures” on the top of the teeth so that cavity-causing bacteria cannot reach areas that are difficult to clean and for fluoride to penetrate. Refer to Table 2.

Impact of Race and Ethnicity

Table 3 compares the oral health of white non-Hispanic children with African-American children. In Mississippi, African American children have a significantly higher prevalence of decay experience, untreated decay, and urgent treatment needs. It should be noted that 90% of African-American children were eligible for the free and/or reduced price lunch (FRL) program while 61% of the white non-Hispanic children were eligible for the FRL program.

Impact of Socioeconomic Status

Eligibility for the free and/or reduced price lunch (FRL) program is often used as an indicator of overall socioeconomic status. To be eligible for the FRL program during the 2015-2016 school year, annual family income for a family of four could not exceed $44,863.[2]

Children eligible for the FRL program, compared to those not eligible, had a significantly higher prevalence of decay experience, untreated decay, urgent treatment needs. There was also a significantly lower prevalence of dental sealants among lower income children. Refer to Table 4.

Impact of Race/Ethnicity and Socioeconomic Status

[2] U.S. Department of Agriculture, Child Nutrition Programs, School Lunch Program, Income Eligibility Guidelines SY 2015-2016, https://www.gpo.gov/fdsys/pkg/FR-2015-03-31/pdf/2015-07358.pdf.

Table 5 presents the oral health of Mississippi's third grade children stratified by both race and eligibility for the free and/or reduced price lunch (FRL) program. Among white children, those eligible for the FRL program, compared to those not eligible, had a significantly higher prevalence of decay experience, untreated decay, and urgent treatment needs plus a significantly lower prevalence of dental sealants. Among lower income children eligible for the FRL program, the prevalence of dental sealants was similar between white and African-American children; however, the prevalence of decay experience and untreated decay was significantly higher among African-American children.

Parent Questionnaire

Parents were asked to complete a short questionnaire to obtain information on time since last dental visit, access to dental care, dental insurance, and beverage consumption at meals. About 71% of parents reported that their child had a dental visit in the last year while 1.5% reported that their child had never been to a dentist. 12.5% percent of parents reported that their child needed dental care during the last year but were unable to obtain it with the primary reasons being inability to pay and difficulty in getting an appointment. The majority of children in Mississippi (67%) have publicly funded dental insurance while 18% have private insurance and 7% have no dental insurance. In terms of beverage consumption at meals, 54% reported that their child drank milk or water most with meals. Sugared beverages were the primary beverage at meals for 39% of children. Refer to Table 6

Impact of Time since Last Dental Visit

As would be expected, children who had not been to the dentist in the last year had a significantly higher prevalence of untreated decay and urgent dental needs because of associated pain and/or possible infection. These children also had a significantly lower prevalence of dental sealants. Children without a dental visit were more likely to be poor, minority, and have no insurance coverage. Refer to Table 7.

Impact of Beverage Consumption at Meals

Table 8 compares main beverage consumption at meals with oral health status of third graders. In terms of beverage consumption at meals, children who drink sugar-sweetened beverages (juice, juice drinks, soda, sweet tea) at meals had a significantly higher prevalence of untreated decay and urgent dental needs. In addition, these children are more likely to be poor and are less likely to visit a dentist in the last year.

Between children who drink a specific type of sugar-sweetened beverage, there was no significant difference on the impact of oral health among third graders who drink juice/juice drinks and soda/sugared drink. Refer to table 9.

Impact of Dental Insurance Coverage

Compared to children with private dental insurance, children with publicly funded insurance or no insurance have a significantly higher prevalence of decay experience, untreated decay and a significantly lower prevalence of dental sealants. Children without dental insurance were more likely to have urgent treatment needs and were less likely to have had a dental visit in the last year. Refer to Table 10.

Parent Questionnaire Information by Race

African-American children were significantly less likely to have had a dental visit in the last year, were more likely to report the inability to obtain dental care, and were more likely to have publicly funded dental insurance. In addition, African-American children were more likely to drink sugared beverages with meals and most often eligible for free-reduced lunch program. Refer to table 11.

Parent Questionnaire Information by FRL Status

Those eligible for the FRL program were significantly less likely to have had a dental visit in the last year, were more likely to report the inability to obtain dental care, and were more likely to have publicly funded dental insurance. In addition, lower income children were more likely to drink sugared beverages with meals. Refer to table 12.

Parent Questionnaire Information by Race and FRL Status

There were no significant differences between lower income white and lower-income African-American children in terms of dental visit in the last year and the inability to obtain needed dental care. There were significant differences, however, in terms of insurance coverage and sugared beverage consumption at meals. Lower income white children were more likely to have no dental insurance coverage while lower income African-American children were more likely to drink sugared beverages with meals. Refer to table 13.

Trends over Time

Since the last statewide oral health survey in 2009-10 and 2004-05, there has been a decrease in the prevalence of decay experience and untreated decay. However, the need for urgent dental care slightly increased. There has been a huge increase in the prevalence of dental sealants. Refer to Table 14.

MISSISSIPPI ORAL HEALTH SURVEY 2015-2016
DATA TABLES

General Information:

- The original dataset included 7,240 records
  - 4,526 provided permission
  - 476 denied permission (no oral health data)
  - 32 did not return a permission slip and were not screened (no oral health data)
- Of the 4,018 that provided permission for the screening
  - 46 were absent on the day of the screening
  - ***3,972 received a screening***
  - ***2,764 were included in the final analysis***
    - A set number of 40 students were randomly sampled from within each school
    - 131 children had missing data for both untreated and treated decay
    - 145 children had missing data for dental sealants
    - 137 children had missing data for treatment urgency
- Unless otherwise noted, all data presented have been adjusted for the sampling design and non-response within each school.
- Data analysis were completed using the Survey Procedures within SAS 9.4.

Table 1A: Comparison of all Mississippi schools, participating schools and children screened (2015-2016 School Year)

	# Schools	# 3rd Graders	% Black	% White	% FRL
All schools with 3rd Grade	427	37,322	55.6	40.5	79.4
Participating schools	94	7,240	53.3	39.9	80.6
Children Included in Analysis	94	2,764	54.4*	37.7*	78.7*

Data sources: Mississippi Department of Education and 2015-2016 oral health survey
* Unadjusted percent of children who provided an answer (missing and unknown are excluded)

Table 1B: Demographic Characteristics of Third Grade Children Screened (2015-2016 School Year)

Characteristic	Number of Children	Percent of Children
Race/Ethnicity		
White	1041	37.7
Black/African American	1502	54.4
Hispanic/Latino	113	4.0
Asian	52	1.8
American Indian	4	0.1
Multi-racial	24	0.9
Missing/Unknown	28	1.0
Gender		
Male	1224	44.7
Female	1455	52.1
Missing/Unknown	85	3.2
Age		
7 years	7	0.2
8 years	1273	46.0
9 years	1237	44.8
10 years	201	7.1
11 years	21	1.0
12 years	2	0.1
Missing/Unknown	19	0.8
Eligible for Free/Reduced Lunch		
Yes	2130	78.7
No	488	16.2
Missing/Unknown	146	5.1

Table 2: Oral Health of Third Grade Children in Mississippi (2015-2016 School Year)

Variable	# with Data	Percent	95% CI
History of Decay	2763	61.3	58.1 – 64.5
Treated Decay	2764	49.6	46.5 – 50.0
Untreated Decay	2764	22.2	19.8 – 24.5
Sealants	2764	33.8	30.2 – 37.4
Treatment Urgency			
None	2764	73.8	71.2 – 76.4
Early		16.1	14.0 – 18.3
Urgent		6.4	5.2 – 7.6
Need Treatment (Early & Urgent)	2674	22.6	20.3 – 24.9

Table 3: Oral Health of Third Grade Children in Mississippi by Race (2015-2016 School Year)

Variable	White		Black/African American	
	Percent	95% CI	Percent	95% CI
History of Decay	56.3	52.1 – 60.4	64.1	59.2 – 69.0
Treated Decay	45.8	42.1 – 49.6	52.0	47.7 – 56.2
Untreated Decay	18.1	14.2 – 22.1	26.1	22.2 – 29.8
Sealants	34.8	28.5 – 41.1	34.3	29.5 – 38.9
Need Treatment (Early & Urgent)	19.1	15.2 – 22.9	26.1	22.3 – 29.8
Need Urgent Treatment	4.9	3.4 – 6.3	7.6	5.5 – 9.6
Eligible for Free/Reduced Lunch	61.0	55.9 – 66.1	90.2	87.1 – 93.4

Table 4: Oral Health of Third Grade Children in Mississippi by FRL Status (2015-2016 School Year)

Variable	Not Eligible for FRL		Eligible for FRL	
	Percent	95% CI	Percent	95% CI
History of Decay	50.5	44.5 – 56.6	63.5	59.6 – 67.4
Treated Decay	42.0	36.5 – 47.5	51.0	47.6 – 54.6
Untreated Decay	14.2	9.7 – 18.7	23.6	21.1 – 26.2
Sealants	36.7	27.0 – 45.3	33.4	29.7 – 37.1
Need Treatment (Early & Urgent)	14.4	10.0 – 18.7	24.2	21.6 – 26.7
Need Urgent Treatment	2.7	1.0 – 4.4	7.1	5.7 – 8.6
Race = White	79.4	74.4 – 84.4	29.2	23.8 – 34.6

Table 5: Oral Health of Third Grade Children in Mississippi by Race and FRL Status (2015-2016 School Year)

Variable	White No FRL N=378	White Yes FRL N=614	Black No FRL N=76	Black Yes FRL N=1339
History of Decay	47.4 (40.8-54.0)	60.9 (56.3-65.6)	65.0 (52.3-77.7)	64.1 (58.9-69.2)
Untreated Decay	13.6 (8.4-18.8)	19.6 (15.6-23.7)	17.9 (10.7-25.1)	26.6 (22.6-30.6)
Sealants	38.2 (28.1-48.5)	33.2 (27.1-39.2)	30.9 (18.3-43.5)	34.4 (29.5-39.3)
Need Treatment (Early & Urgent)	13.6 (8.5-18.7)	21.2 (17.2-25.2)	18.8 (11.4-26.1)	26.7 (22.7-30.7)
Need Urgent Treatment	2.4 (0.3-4.5)	6.1 (4.2-8.0)	2.6 (0.00-6.2)	7.8 (5.7-10.0)

NOTE: The number of black/African American children *not eligible* for the FRL program was small and this information should be viewed with caution.

Table 6: Information from Parent Questionnaire (2015-2016 School Year)

Characteristic	Number of Children	Percent of Children
Q1: Time since last dental visit		
Within the last year	1,948	70.7%
1-3 years ago	473	17.3%
More than 3 years ago	94	3.4%
Never	47	1.5%
Q2: Needed dental care but could not get it		
No	2,213	79.9%
Yes	345	12.5%
Q3: Reason could not get care*		
Could not afford it	306	NA
Dentist did not accept Medicaid	81	NA
Difficulty in getting appointment	194	NA
No way to get to dentist office	94	NA
Q4: Dental insurance		
Private insurance	497	18.3%
CHIP	256	9.2%
Medicaid	1470	58.1%
None	198	7.1%
Other	195	7.0%
Q5: Beverage drank most with meals		
Milk/soy milk	523	20.0%
Water	915	33.7%
Juice or juice drinks	753	28.5%
Regular soda / sugar drinks	250	9.6%
Diet soda / sugar free drinks	23	1.2%
Other	179	6.9%

* The denominator for this question is unknown as it is a multiple response question, so calculating percent is not appropriate.

Table 7: Oral Health of Third Grade Children in Mississippi by Time since Last Dental Visit (Adjusted) (2015-2016 School Year)

Variable	Within Last 12 Months (n=1,260)			More than 1 Year Ago or Never Been (n=508)		
	Percent	95% CI		Percent	95% CI	
History of Decay	62.7	59.8	65.5	62.3	57.9	66.7
Treated Decay	52.6	49.7	55.6	34.2	29.9	38.6
Untreated Decay	24.1	21.8	26.5	44.6	40.2	49.0
Sealants	29.6	26.9	32.3	9.1	6.5	11.7
Need Treatment (Early & Urgent)	24.0	21.6	26.3	44.9	40.6	49.3
Need Urgent Treatment	3.6	2.6	4.6	7.7	5.2	10.1
Race = White*	53.2	50.4	56.0	39.2	34.9	43.5
Eligible for Free/Reduced Lunch*	65.3	62.5	68.1	79.8	76.0	83.7
Has Private Insurance*	35.1	32.2	37.9	17.6	14.1	21.1
Sugared Drinks with Meals*	61.7	58.8	64.5	63.5	59.1	67.9

* Percent of children with data

Sugared drinks = juice, juice drinks, regular soda and other drinks with sugar such as sweet tea

Table 8: Oral Health of Third Grade Children in Mississippi by Main Beverage at Meals (Adjusted) (2015-2016 School Year)

Variable	No Sugar: Milk, Water, Diet Sodas (n=683)			Sugar: Juice, Juice Drinks, Soda, Sweet Tea (n=1,153)		
	Percent	95% CI		Percent	95% CI	
History of Decay	55.0	51.1	59.0	67.2	64.3	70.0
Treated Decay	42.3	38.3	46.2	49.6	46.6	52.7
Untreated Decay	23.7	20.5	26.8	34.7	31.8	37.5
Sealants	26.8	23.3	30.4	21.9	19.3	24.5
Need Treatment (Early & Urgent)	23.5	20.4	26.7	34.7	31.9	37.5
Need Urgent Treatment	3.6	2.2	5.1	5.5	4.1	6.8
Race = White*	57.3	53.5	61.0	42.2	39.2	45.1
Eligible for Free/Reduced Lunch*	58.7	55.0	62.5	77.2	74.5	79.8
Has Private Insurance*	37.4	33.5	41.3	24.5	21.7	27.2
Dental Visit in Last Year*	73.4	69.9	76.9	71.9	69.1	74.7

* Percent of children with data

Table 9: Caries History, Untreated Decay and Need for Urgent Dental Care by Beverage Type (Adjusted) (2015-2016 School Year)

Variable	Milk/Soy Milk (n=275)			Water (n=346)			Juice/Juice Drinks			Soda & Sugared Drinks		
	Percent	95% CI		Percent	95% CI		Percent	95% CI		Percent	95% CI	
History of Decay	52.3	46.1	58.6	58.0	52.4	63.5	66.2	62.5	69.9	68.3	63.9	72.8
Untreated Decay	21.9	17.2	26.6	25.9	21.2	30.5	35.1	31.5	38.8	34.1	29.7	38.5
Need Urgent Treatment	0.8	0.0	1.8	6.2	3.5	8.8	5.9	4.0	7.7	5.0	3.1	6.9
Race = White	68.4	62.9	73.9	44.8	39.4	50.3	24.9	21.4	28.4	64.1	59.8	68.3
Eligible for FRL	49.5	43.4	55.6	67.1	62.0	72.2	81.8	78.6	85.0	71.3	66.9	75.8

Table 10: Oral Health of Third Grade Children in Mississippi by Dental Insurance Coverage (Adjusted) (2015-2016 School Year)

Variable	Private Insurance (n=477)			Medicaid/CHIP (n=966)			No Insurance (N=227)		
	Percent	95% CI		Percent	95% CI		Percent	95% CI	
History of Decay	50.6	45.8	55.3	69.7	66.7	72.8	63.5	57.0	70.0
Treated Decay	41.8	37.2	46.5	52.1	48.7	55.4	36.5	29.8	43.2
Untreated Decay	16.7	13.3	20.1	36.0	32.9	39.1	42.6	36.1	49.1
Sealants	32.6	28.2	37.0	22.0	19.2	24.8	12.3	7.9	16.8
Need Treatment (Early & Urgent)	17.5	14.0	20.9	35.9	32.8	39.0	41.6	35.2	48.1
Need Urgent Treatment	2.1	0.9	3.3	5.9	4.4	7.3	8.3	4.7	11.9
Race = White*	73.8	70.0	77.7	29.3	26.3	32.4	56.9	50.5	63.3
Eligible for Free/Reduced Lunch*	30.3	26.2	34.5	96.0	94.6	97.5	70.4	63.9	76.9
Sugared Drinks with Meals*	51.8	47.1	56.6	69.5	66.4	72.6	61.3	54.5	68.0
Dental Visit in Last Year*	84.0	80.8	87.3	72.9	69.9	75.9	42.0	34.9	49.1

* Percent of children with data

Sugared drinks = juice, juice drinks, regular soda and other drinks with sugar such as sweet tea

Table 11: Parent Questionnaire Information by Race (Adjusted) (2015-2016 School Year)

Variable	White Non-Hispanic			Black/African-American		
	Percent	95% CI		Percent	95% CI	
Dental Visit in Last Year (% yes)	78.0	75.0	81.0	67.0	63.8	70.3
Could Not Get Care (% yes)	13.7	11.2	16.2	25.1	22.2	28.0
Insurance Coverage						
Private	45.0	41.4	48.7	14.8	12.4	17.2
Medicaid/CHIP	30.8	27.4	34.2	71.1	68.1	74.2
No Insurance	14.9	12.2	17.6	9.5	7.5	11.5
Other	9.3	7.1	11.4	4.6	3.2	6.0
Sugared Drinks with Meals (% yes)	55.0	51.3	58.7	70.8	67.8	73.9
Eligible for FRL (% yes)	49.0	45.4	52.5	91.8	89.9	93.8

Table 12: Parent Questionnaire Information by FRL Status (Adjusted) (2015-2016 School Year)

Variable	Not Eligible for FRL			Eligible for FRL		
	Percent	95% CI		Percent	95% CI	
Dental Visit in Last Year (% yes)	81.8	78.3	85.3	68.2	65.5	70.9
Could Not Get Care (% yes)	7.2	4.9	9.5	24.9	22.4	27.3
Insurance Coverage						
Private	68.1	63.7	72.4	12.7	10.7	14.7
Medicaid/CHIP	6.7	4.3	9.2	70.0	67.3	72.6
No Insurance	12.2	9.1	15.3	12.5	10.6	14.4
Other	13.0	9.9	16.0	4.8	3.6	6.0
Sugared Drinks with Meals (% yes)	47.6	42.9	52.4	68.3	65.7	71.0
Race = White	81.8	78.3	85.2	33.5	30.9	36.1

Table 13: Parent Questionnaire Information by Race and FRL Status (Adjusted) (2015-2016 School Year)

Variable	White – Not Eligible for FRL			White – Eligible for FRL			Black – Eligible for FRL		
	Percent	95% CI		Percent	95% CI		Percent	95% CI	
Dental Visit in Last Year (% yes)	84.3	80.6	88.0	70.5	65.6	75.4	66.8	63.4	70.2
Could Not Get Care (% yes)	7.2	4.6	9.7	21.1	16.8	25.4	26.9	23.8	30.0
Insurance Coverage									
Private	70.8	66.0	75.6	18.5	14.0	23.0	10.4	8.3	12.5
Medicaid/CHIP	5.3	2.7	7.8	57.6	52.2	63.0	76.5	73.5	79.5
No Insurance	12.7	9.1	16.2	16.6	12.7	20.5	9.8	7.7	12.0
Other	11.3	8.0	14.5	7.3	4.4	10.1	3.3	2.1	4.5
Sugared Drinks with Meals (% yes)	47.1	41.8	52.4	62.8	57.7	68.0	71.4	68.3	74.6

Table 14: Oral Health Status of Mississippi's 3rd Grade Children – 2004-05, 2009-10 and 2015-16

Variable	2004-05			2009-10			2015-16		
	Percent	95% CI		Percent	95% CI		Percent	95% CI	
History of Decay (% yes)	68.9	67.5	70.2	62.8	60.6	65.1	61.3	58.1	64.5
Untreated Decay (% yes)	39.1	37.7	40.5	30.6	28.5	32.7	22.2	19.8	22.2
Sealants (% yes)	25.6	24.	26.8	23.5	21.5	25.5	33.8	30.2	37.4
Need Urgent Treatment (% yes)	9.9	9.0	10.8	4.8	3.8	5.8	6.4	5.2	7.6

Figure 1: Prevalence of Decay Experience in Mississippi Third Grade Children Compared to Other States

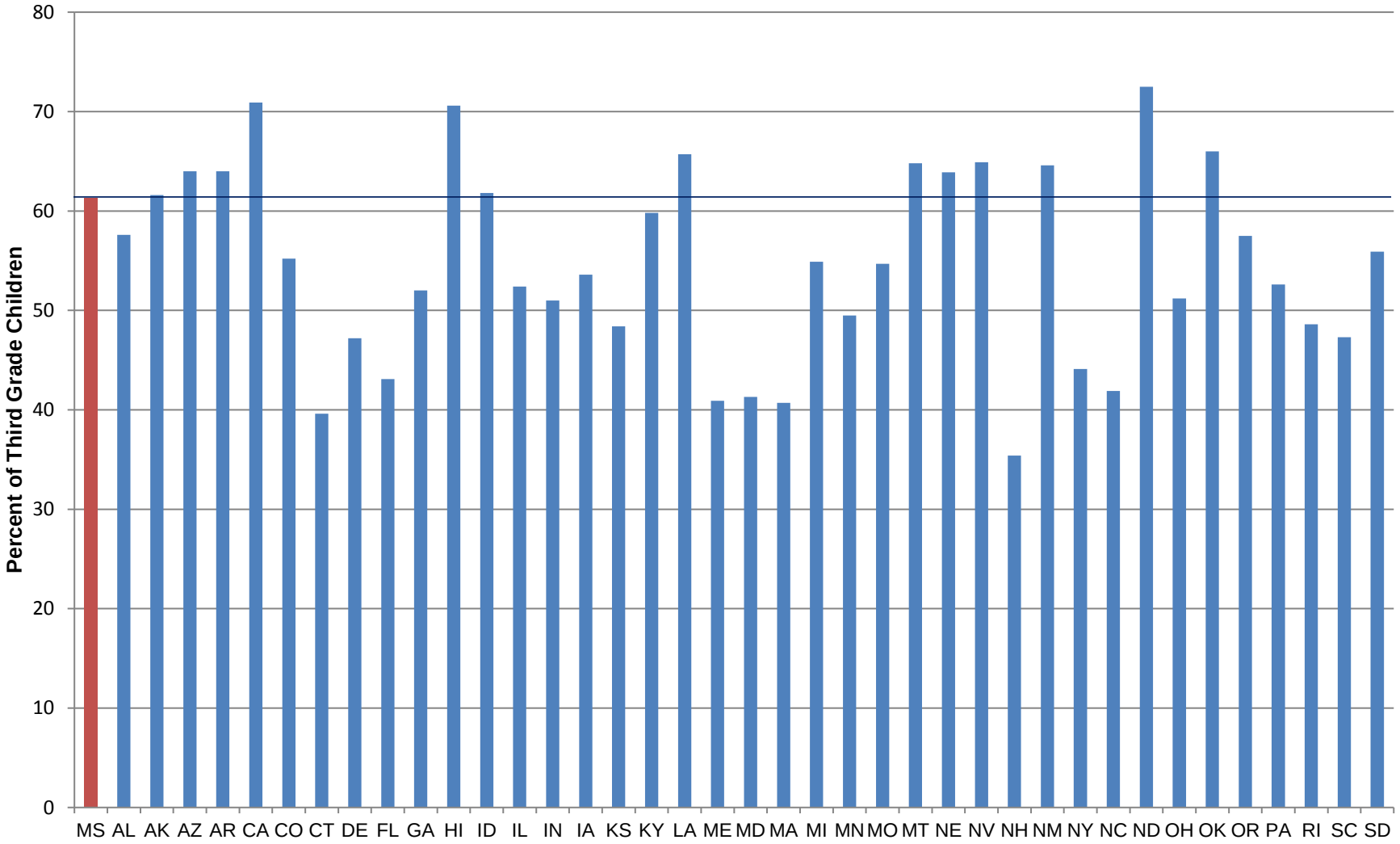


Figure 2: Prevalence of <u>Untreated Decay</u> in Mississippi Third Grade Children Compared to Other States

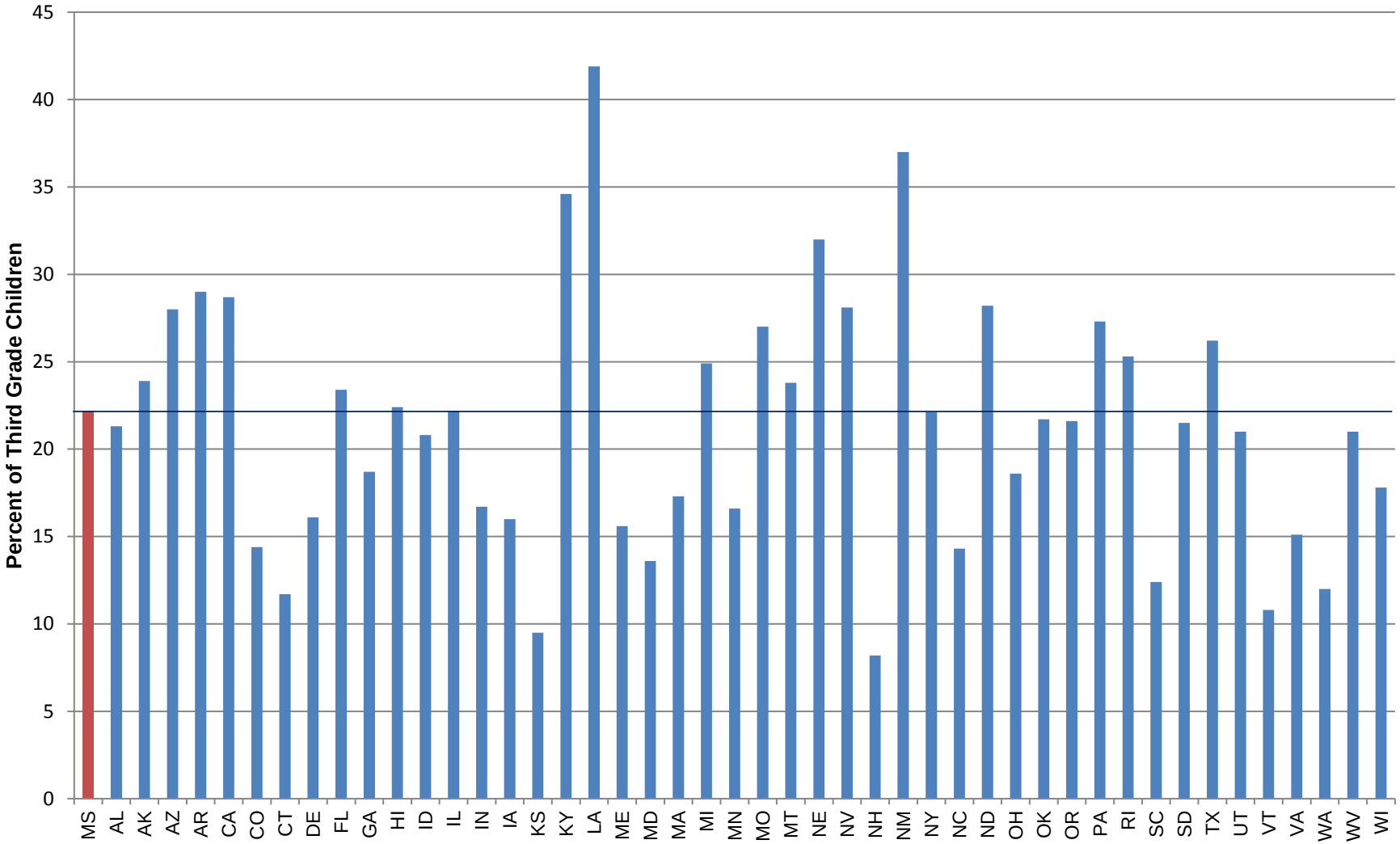


Figure 3: Prevalence of Dental Sealants in Mississippi Third Grade Children Compared to Other States

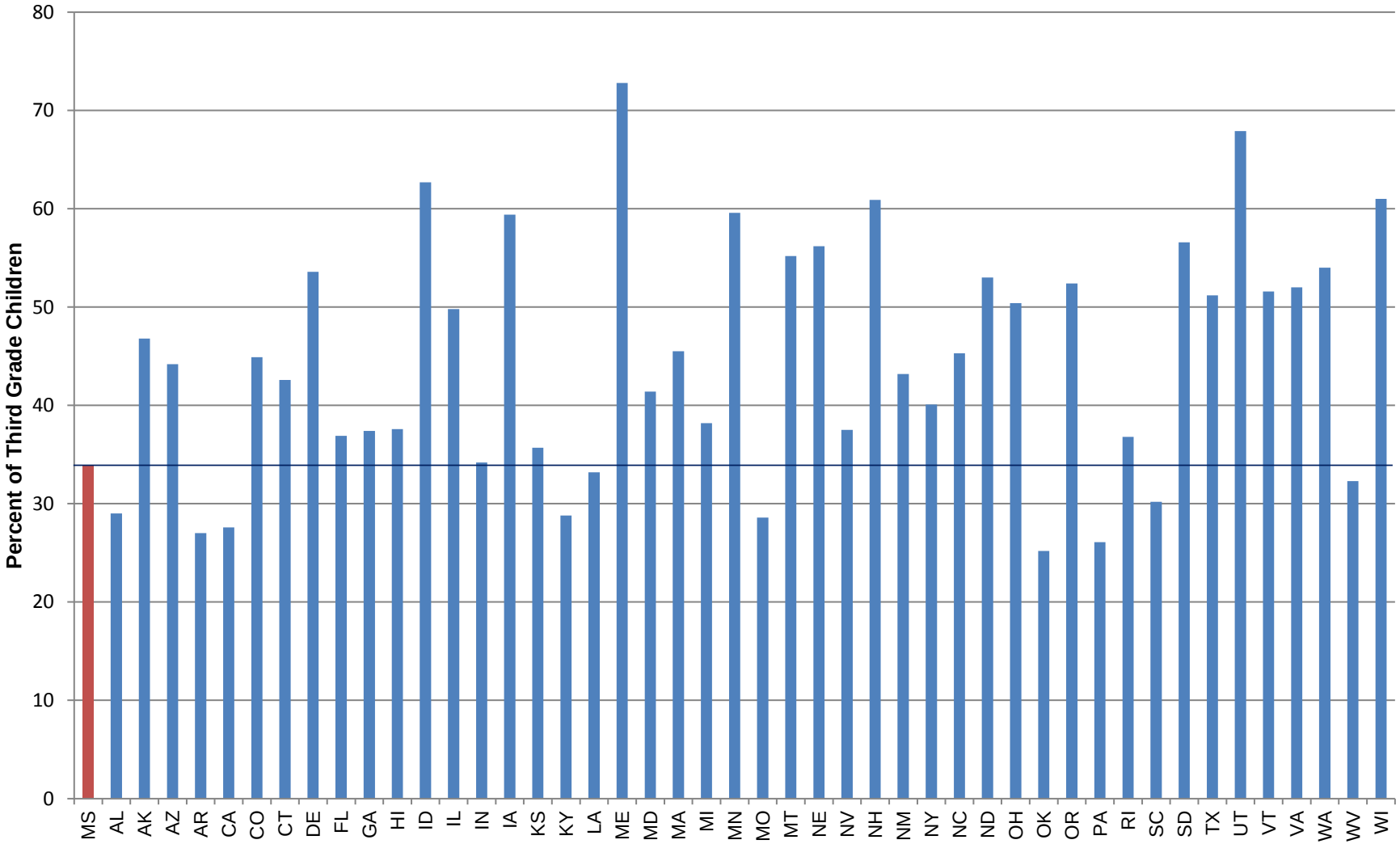
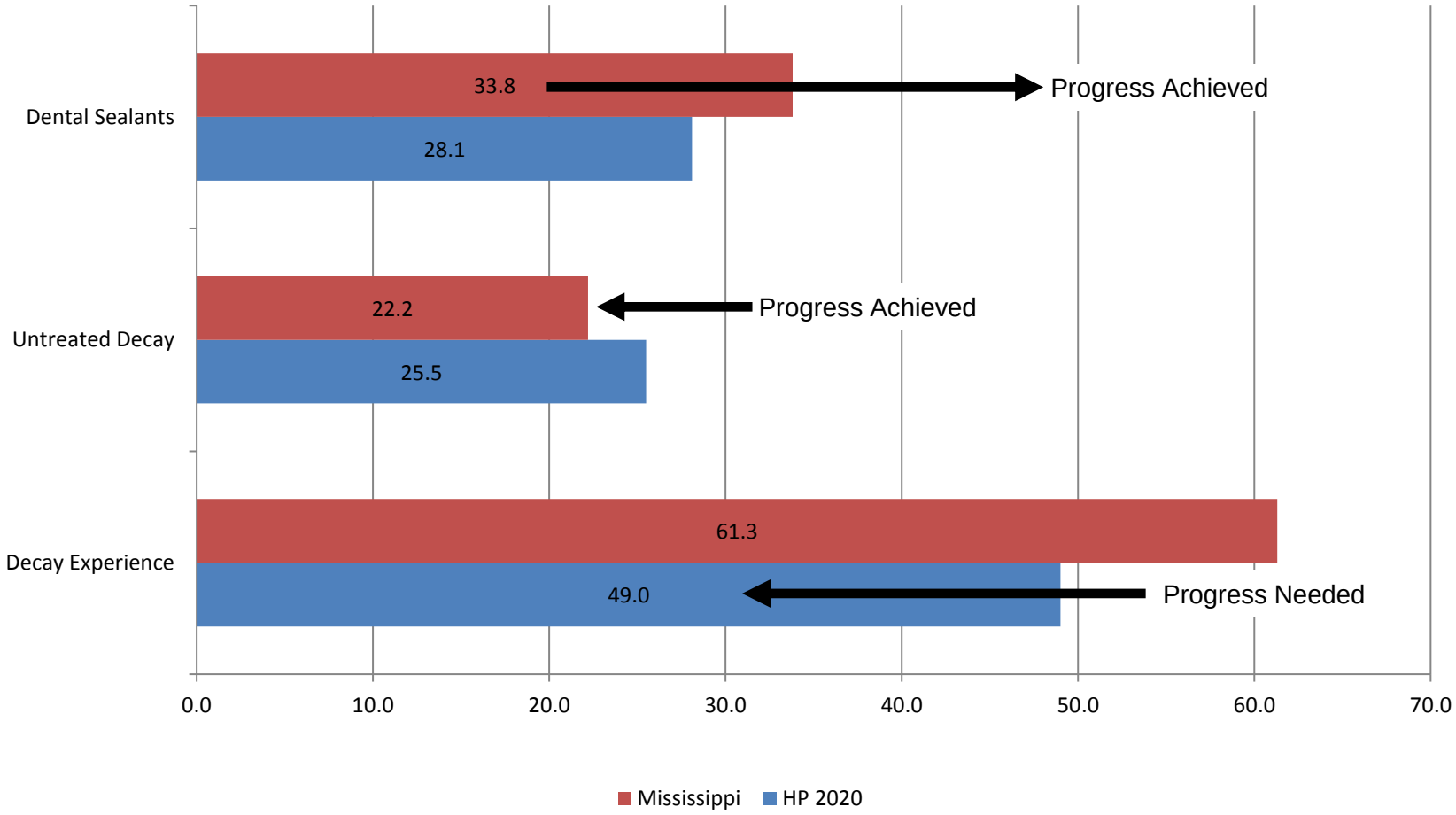


Figure 4: Oral Health of Mississippi Third Grade Children Compared to Healthy People 2020 Objectives



Participating Schools

ACKERMAN ELEMENTARY
ARLINGTON HEIGHTS ELEM
BATESVILLE INTERMEDIATE
BAY SPRINGS ELEM
BEAT FOUR ELEMENTARY
BELLE ELEMENTARY
BOGUE CHITTO
BOYD ELEMENTARY
CAMDEN ELEMENTARY
COMO ELEMENTARY
CRESTWOOD ELEMENTARY
CROSSROADS ELEMENTARY
DANA ROAD ELEMENTARY
DELISLE ELEMENTARY
EAST HANCOCK ELEMENTARY
EAST TATE ELEMENTARY
FINCH ELEMENTARY
FRENCH ELEMENTARY
GALLOWAY ELEMENTARY
GASTON POINT ELEMENTARY
GAUTIER ELEMENTARY
GLADE ELEMENTARY
GORENFLO ELEMENTARY
HIGHLAND ELEMENTARY
HOLLY SPRINGS PRIMARY
I T MONTGOMERY ELEMENTARY
JIMMIE M. GOODLOE ELEMENTARY
JOHNSON ELEMENTARY
JOSEPH L FRAZIER ELEMENTARY
KIRKPATRICK HEALTH /WELLNESS
LAKE CORMORANT ELEMENTARY
LAKE ELEMENTARY
LEAKE CENTRAL ELEMENTARY
LOUISVILLE ELEMENTARY
LUTHER BRANSON
MANNSDALE ELEMENTARY
MARTIN BLUFF
MC LEOD ELEMENTARY
McCOY ELEMENTARY
MCCOY ELEMENTARY
MCLAURIN ELEMENTARY
MCLAURIN ELEMENTARY
NEW AUGUSTA ELEMENTARY
NORTH JACKSON ELEMENTARY
NORTHEAST LAUDERDALE ELEMENTARY
NORTHSIDE ELEM
NOXAPATER ATTENDANCE CENTER
OAK GROVE LOWER ELEMENTARY
PHILADELPHIA ELEMENTARY
POPLARVILLE UPPER ELEMENTARY
POPPS FERRY ELEMENTARY
QUITMAN COUNTY ELEMENTARY
R H BEARDEN ELEMENTARY
RAINES ELEMENTARY
RAYBROOKS
RAYMOND ELEMENTARY
REDWOOD ELEMENTARY
RIPLEY ELEMENTARY
ROBINSONVILLE ELEMENTARY
ROWAN ELEMENTARY
SOUTH DELTA ELEMENTARY
SOUTH SIDE ELEMENTARY
SOUTHAVEN INTERMEDIATE
ST MARTIN ELEMENTARY
STONEBRIDGE ELEMENTARY
SUMRALL ELEMENTARY
THOMAS L REEVE ELEMENTARY
THRASHER HIGH
THREADGILL ELEMENTARY
THREE RIVERS ELEMENTARY
TIMBERLAWN ELEMENTARY
TOPEKA TILTON ATTENDANCE CENTER
TUNICA ELEMENTARY
TYLERTOWN LOWER ELEMENTARY
WALLS ELEMENTARY
WALNUT ATTENDANCE CENTER
WARD-STEWART ELEMENTARY
WARRENTON ELEMENTARY
WAYNESBORO ELEMENTARY
WEBB ELEMENTARY SCHOOL
WEIR ELEMENTARY
WEST BOLIVAR ELEM
WEST CLAY ELEMENTARY
WEST HANCOCK ELEMENTARY
WEST HILLS ELEMENTARY
WEST KEMPER ELEMENTARY
WEST MARION PRIMARY
WOOLMARKET ELEMENTARY

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