



## Expanding the Basic Screening Survey Beyond Third Grade

April 20, 2009  
Ardell A. Wilson, D.D.S., M.P.H  
Chief, Office of Oral Health  
Connecticut State Department of Public Health

## “EVERY SMILE COUNTS”

- To gather statewide information on the oral health status of **pre-school and elementary school children** in Connecticut that can be used as a baseline for ongoing surveillance.



## Experience is a Great Teacher

### What we learned from Other States

- Don't use dentists as screeners
- Don't rely on volunteers if possible
- Don't constrict your screening schedule
- Do use passive consent
- Do get and give feedback to selected sites
- Do form partnerships



## Advisory Group

- State Department of Education
- Association of School Nurses
- Association of School-based Health Centers
- COHI
- CT Dental Hygienists' Association
- CT State Dental Association
- DPH Epidemiologists
- Local Health Administration
- Head Start Association
- South West AHEC
- School of Dental Medicine
- School of Dental Hygiene

With Support from the Superintendents' Association

## Experience is a Great Teacher

### What we learned from the Advisory Group

- Incentives Work!
- Don't forget to work with Local Health Departments
- Pay attention to the Head Start timetable for required dental examinations
- Secretaries are important gatekeepers – be nice to them
- Don't burden schools with administrative work

## BSS Planning Guide



### DEVIL IN THE DETAILS

LETTERS, FACT SHEETS, PERMISSION FORMS, SUPPLIES  
QUESTIONNAIRES, HEALTH INFORMATION, GATEKEEPERS  
CONTRACTS, COMPUTERS, TRAINING SCHEDULING  
DIRECTIONS, REQUISITIONS, BUDGETING, IRB

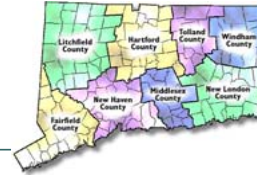
## “EVERY SMILE COUNTS” Survey Team

- Screeners:
  - Dental Hygienists
  - School and Travel
- Recorders
  - Administrative Staff
  - Travel



## “EVERY SMILE COUNTS”

- Stratified Random Sample of Schools/HS Programs
  - Geographic Area (Counties)
  - Race/ethnicity
  - Income (FRLP)



## “Beyond Third Grade”

- Pre School – 114 Programs
  - Head Start – 6,476 children
  - 20 Programs Selected
- Elementary schools – 634 Schools
  - Kindergarten 41,810
  - Third Graders 43,006
  - 78 Schools Selected

## “EVERY SMILE COUNTS”

- Clinical
  - Treated/Untreated cavities
  - Location of filling/cavities (e.g. primary and or permanent teeth)
  - Sealants on permanent teeth
  - Rampant cavities (5 or more cavities/fillings)
  - Treatment urgency

## “EVERY SMILE COUNTS”

- Non Clinical
  - Gender
  - Race/Ethnicity
  - Age
  - Grade
- Parental Questionnaire

## RESULTS

### “EVERY SMILE COUNTS” Response Rate

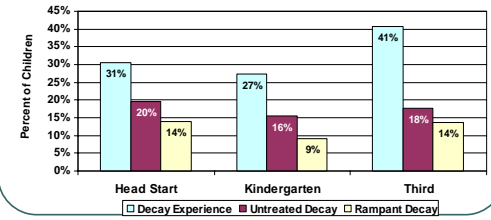
- |                           |                                    |
|---------------------------|------------------------------------|
| <u>Elementary Schools</u> | <u>Head Start</u>                  |
| • 76 schools participated | • 20 Head Start sites participated |
| • Screened                | • Screened - 609                   |
| • Kindergarten 4315       | • Third 4440                       |
| • Third 4440              |                                    |

**81% Response Rate**      **68% Response Rate**

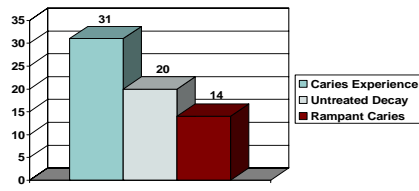
### “EVERY SMILE COUNTS” Children Screened by Race

- |   |                          |
|---|--------------------------|
| • <u>Kindergarten</u>                         | • <u>Head Start</u>      |
| • 63% - White                                 | • 17% - White            |
| • 11% - African American                      | • 25% - African American |
| • 10% - Hispanic                              | • 32% - Hispanic         |
| • 16% - Other (other minority not identified) | • 26% - Other            |

### Decay Experience Untreated Tooth Decay Rampant Decay

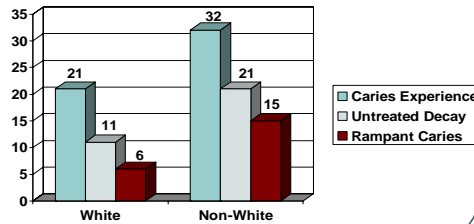


### Oral Health Status of Head Start Children

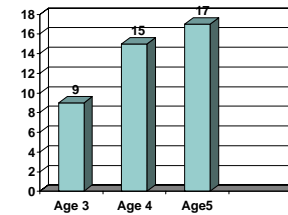


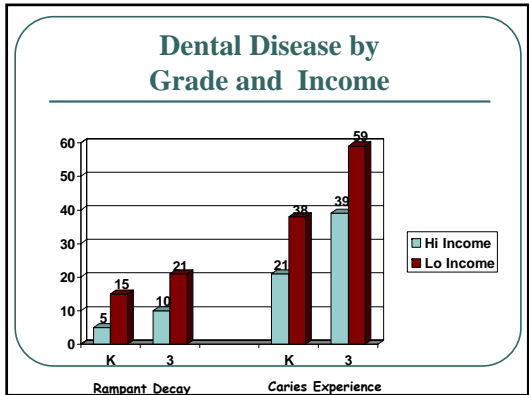
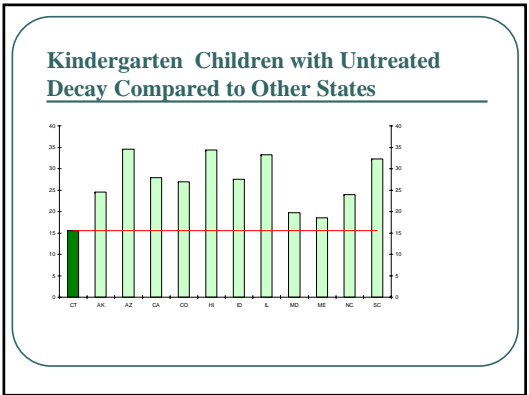
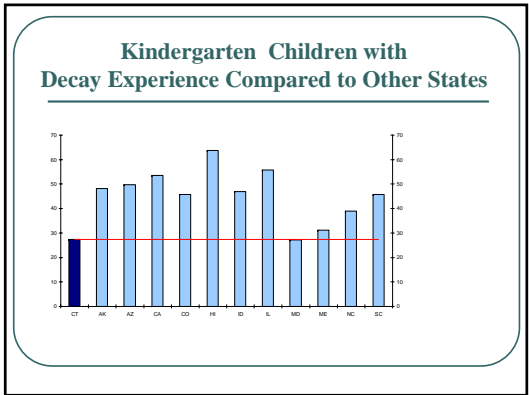
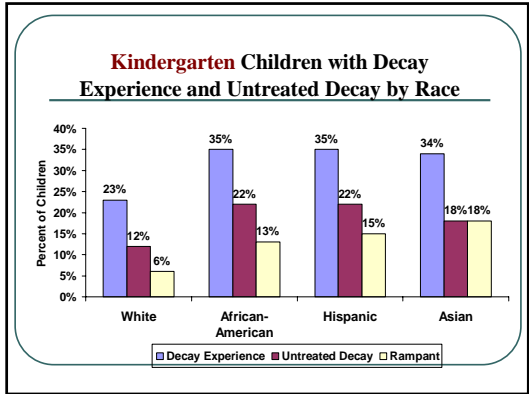
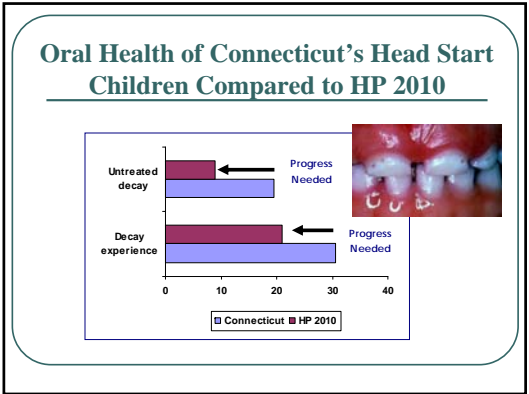
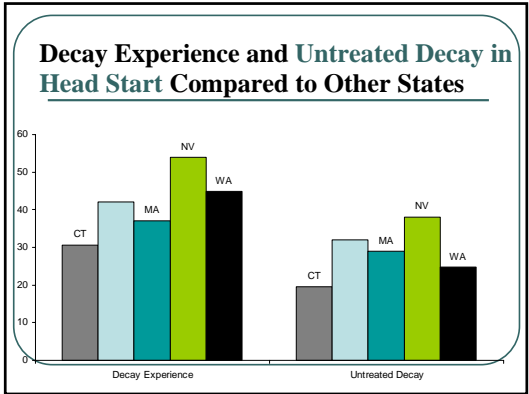
Untreated Decay and Rampant Caries is a Subset of Caries Experience

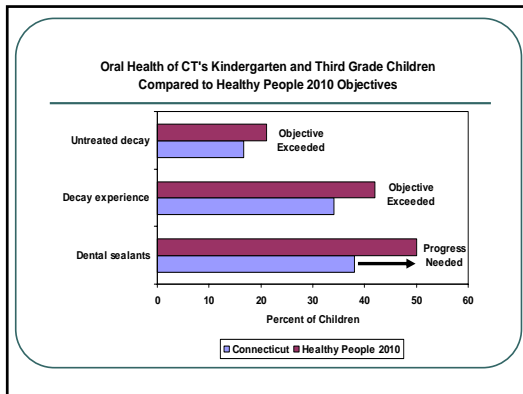
### Head Start Children by Race/Ethnicity



### Rampant Decay in Head Start Children by Age







- ### Lessons Learned
- Ensure most of the funding is available for use at the beginning of the project
  - Adequate financial compensation enhances the commitment of examiners
  - Include clerical support in budgeting
  - Advisory Committee is essential for success

- ### Lessons Learned
- Be prepared for frequent changes in school administrators/superintendents
  - Ensure that communication between all involved is timely and make sure roles are clearly delineated from the very beginning
  - Use electronic communication whenever possible

- ### Lessons Learned
- Incentives work well, but make sure the materials arrive early to ensure distribution as promised.
  - Tracking system
  - Multiple examiners is a benefit for scheduling but too many could cause irregularities in data collection and results

- ### Lessons Learned
- Grant Opportunities
    - Home by One (TOHSS Grant)
  - Integration Opportunities
    - Health Disparities
    - Early Childhood Education
    - Perinatal Care

- ### Basic Screening Survey for Older Adults
- ASTDD Healthy Aging Committee
  - Assessment Team
    - BSS for older adults
  - Policy Development Team
  - Assurance Team
  - Research Team

CT Department of Public Health  
Keeping Connecticut Healthy  
*THANK YOU*

Ardell A. Wilson, D.D.S., M.P.H.  
Department of Public Health  
Office of Oral Health  
410 Capitol Avenue  
Hartford, CT 06106  
860-509-7654 860-509-7853 (fax)  
[ardell.wilson@ct.gov](mailto:ardell.wilson@ct.gov)

**AGD  
3059**