

Oral Health Assessment in North Carolina

Rebecca King, DDS, MPH

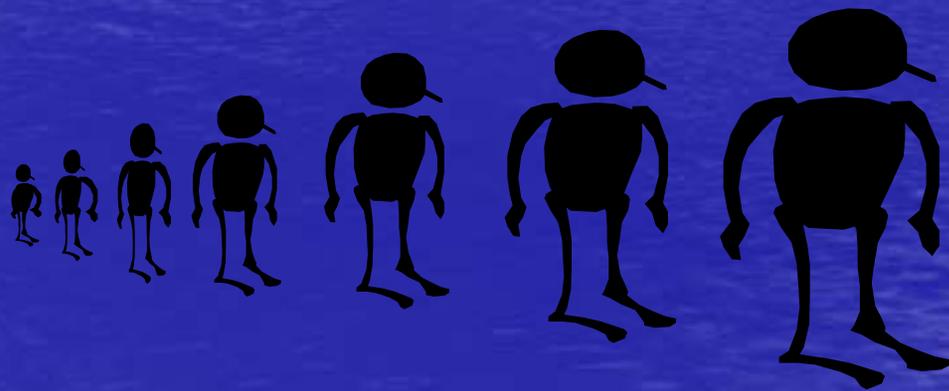
National Oral Health Conference, 2007

May 1, 2007

Situation 1994

Division dental screenings since mid-70s:

- Tongue blade and flashlight
- 270,000 school children
- Case-finding only
- Not calibrated



Background and Significance

- History of surveys
- Science for planning
- Survey shortcomings
- Demands for county specific data

Universe v Sentinel Sample?

- Dual purpose
 - Screening
 - Surveillance
- State and local collaboration
 - Use existing resources

Surveillance

- *"...ongoing systematic collection (assessment), analysis and interpretation of health data essential to planning, implementation and evaluation of public health practice closely integrated with timely dissemination of these data to those who need to know."*

(Declich S, Carter AO, 1994)

Screening

- *...process which searches a large population for cases with as simple a test as will reveal helpful results.*

Dunning, Principles of Public Health, 4th Edition

Both

- Simple
- Applicable to masses
- Acceptable
- Reproducible
- Valid

“Enhanced Screening” Aims

- Performed by Public Health RDH
- Provide info on caries
- Provide county or school specific data
- Track changes over time
- Rank disease levels and treatment needs
- Provide data for county program use
- Negative/passive consent

Participants

- State and locally employed public health dental hygienists and dentists
- Clinical folks have more trouble with conservative criteria
- Those who provide data for database
 - Training
 - Annual calibration

Data Collection

- Prevalence:
 - Whole mouth scores
 - K: primary -- fmt, dt
 - 5: permanent -- FMT, DT, sealants
- Referrals for care

Pilot Test

- September 1995 and March 1996
- System developed and piloted:
 - Reliable
 - Valid
 - Practical
 - Useful for program planning, evaluation and accountability



Oral Health Assessment

Statewide Implementation

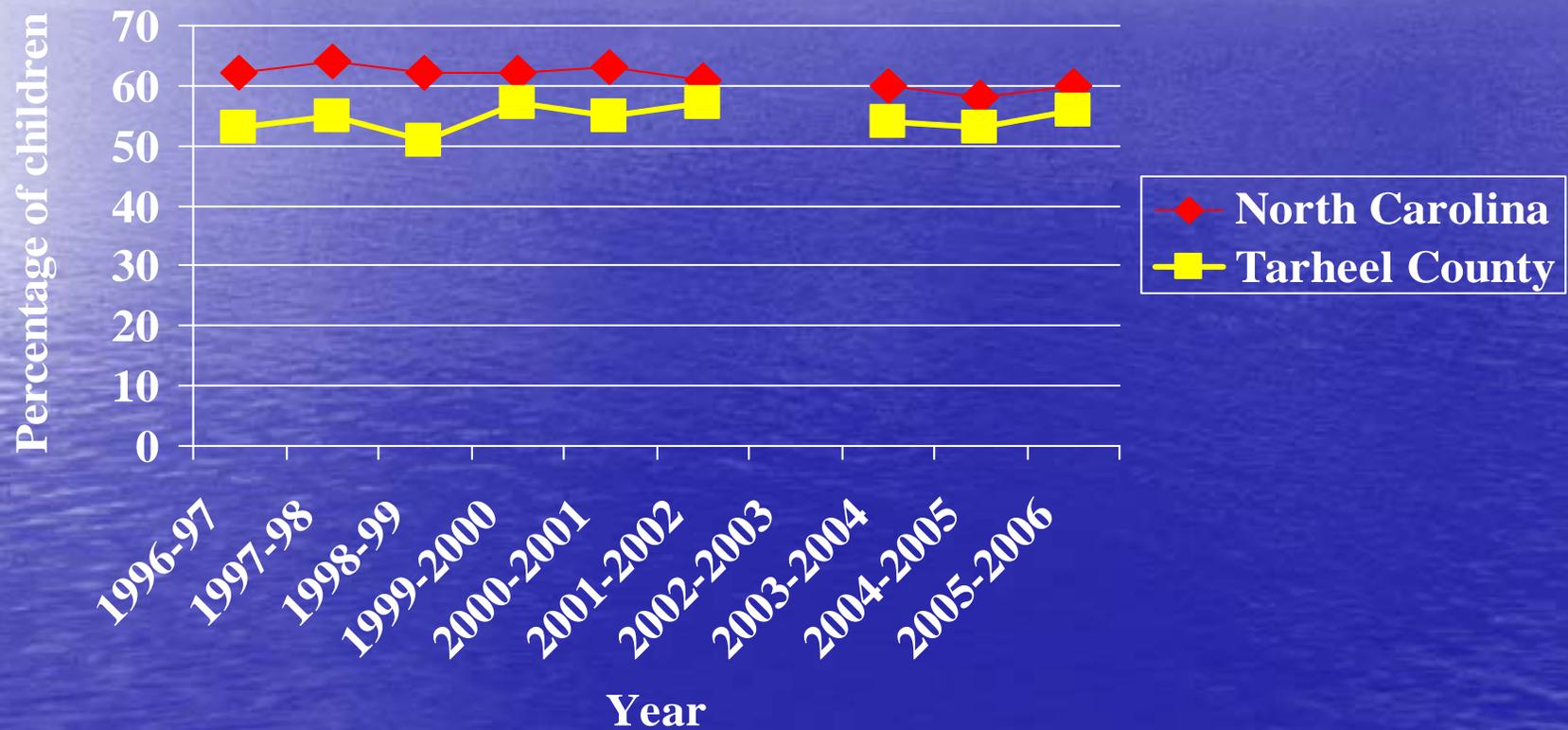
Fall 1996

Requirements

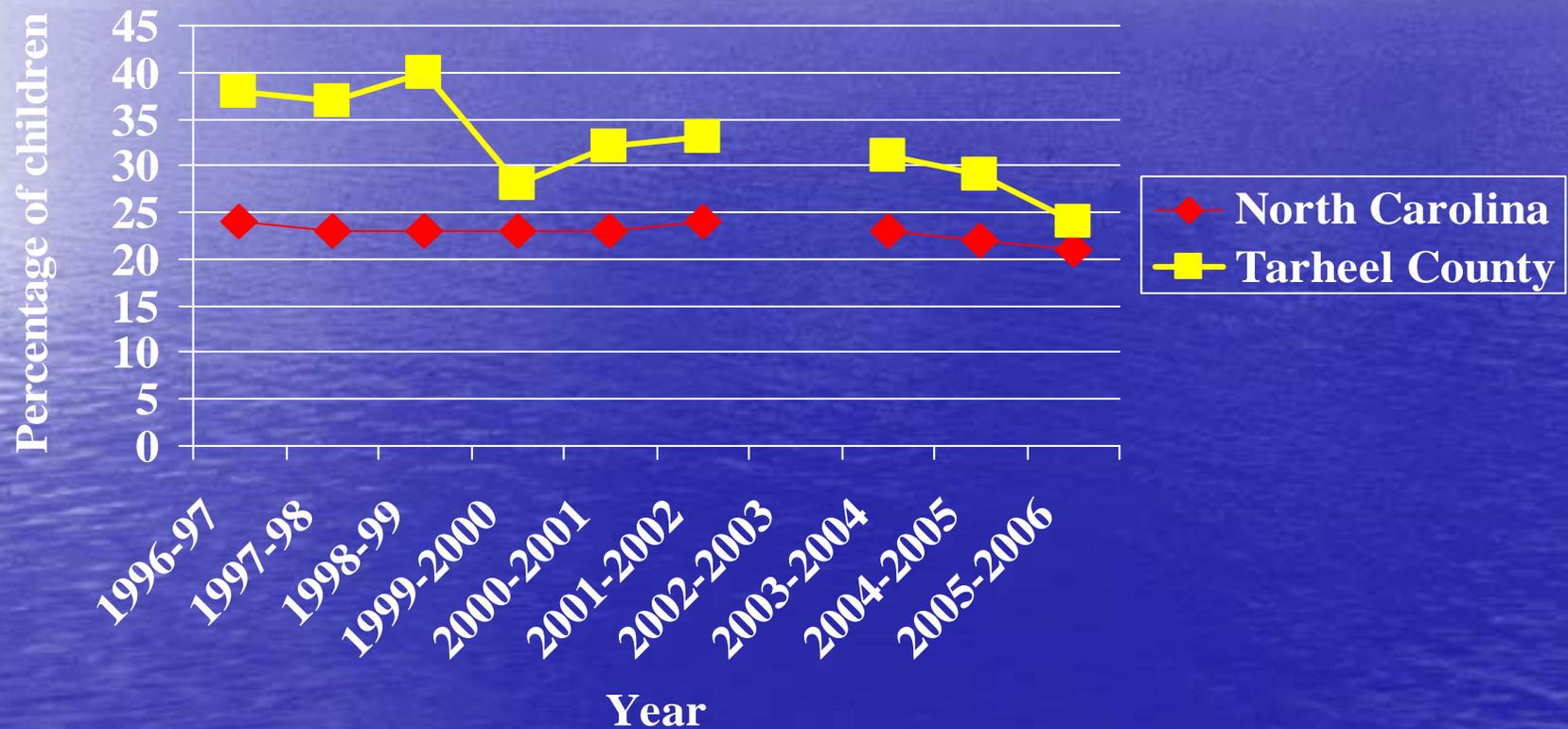
All participants must

- Participate in a training session once
- Calibrate annually

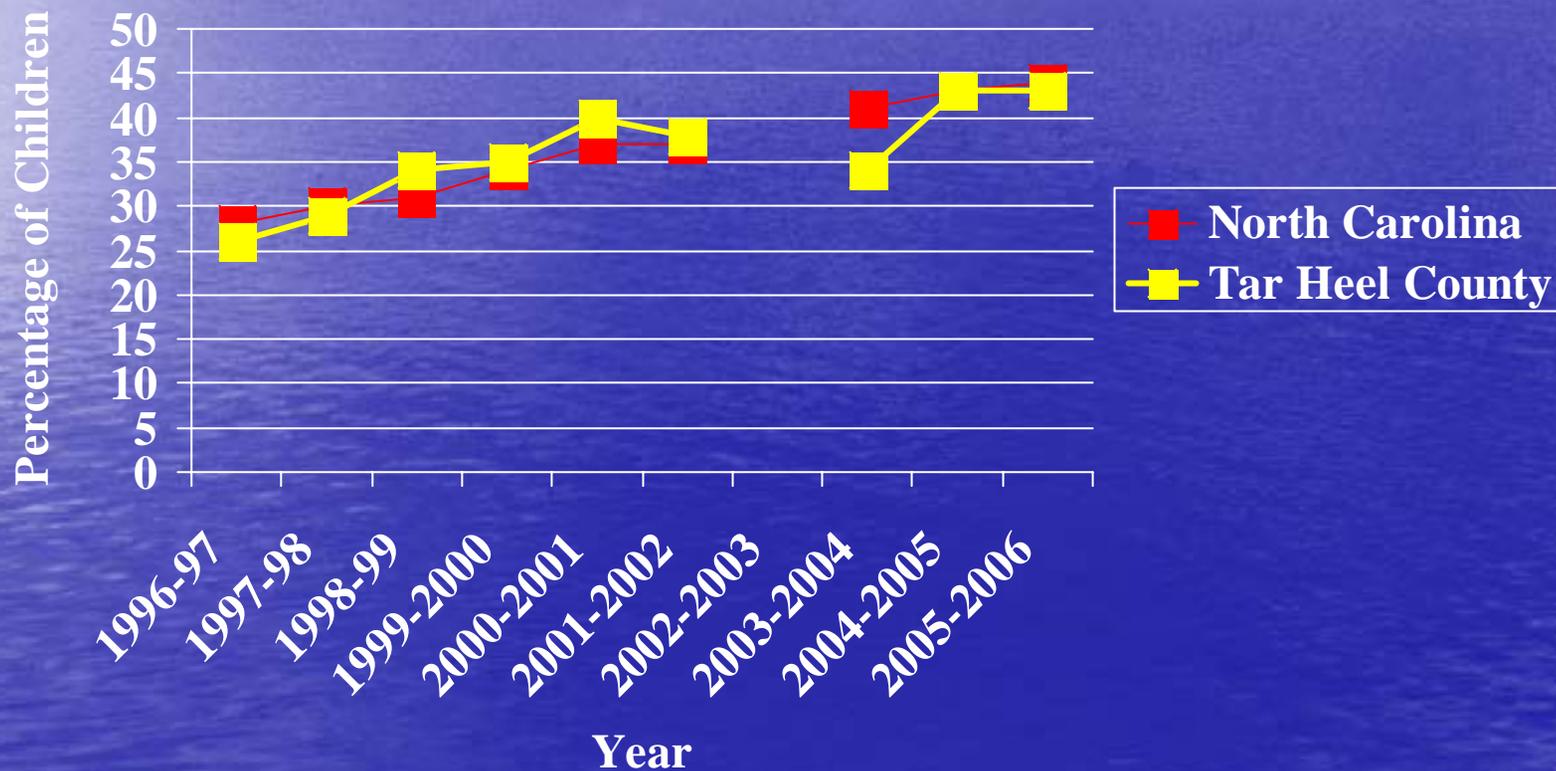
Kindergarten Children Caries-free



Kindergarten Children Untreated Caries



Fifth Grade Children Sealant Presence



Challenges

- Sealants
 - Clear - Can't see on a wet tooth
 - Opaque – is it
 - Composites (disease)
 - Sealants (no disease – prevention)
 - Can't see at all
 - Potential impact on disease levels
- Clinical folks tend to over report
- Standardizing large group

Surveillance to Obtain Funding

- Smart Smiles/Into the Mouths of Babes
- Smart Start funding
- Referrals to safety net clinics - increase revenue

Advantages

- County/school specific data annually
- Track changes over time
- Follow % caries-free and in need of care
- Complement epidemiologic survey
- Provide data for Year 2010 Healthy People and Healthy Carolinians Oral Health Objectives

Further Information

NC Oral Health Section web site:

www.oralhealth.ncdhhs.gov

Rebecca S. King, DDS, MPH

Section Chief

919-707-5487

Rebecca.King@ncmail.net