



# Third Grade Oral Health Screening Survey 2017- 2018

## Access to Oral Health Care

### Introduction

Access to dental care means getting the dental care you need when you need it. It is the “timely use of personal health services to achieve the best health outcomes”.<sup>1</sup> According to Healthy People 2020, access to care consists of four components, including: having access to health insurance coverage, receiving recommended screening and prevention services, getting care when the need is known, and finally, having a capable, qualified, culturally competent provider.<sup>2</sup>

This data brief looks at results of the statewide oral health screening survey of third grade schoolchildren in Texas. The survey measures access to oral health care by asking about the use of dental care, factors affecting dental care in the past year and the impact coverage of dental services on oral health.

### Methods

The Texas Department of State Health Services conducted an open-mouth oral health screening survey of third grade schoolchildren during the 2017-2018 school years. A randomized sample of 140 public elementary schools was selected to yield data for Texas and each of its 8 public health regions. Approximately 4,630 schoolchildren were screened.

With consent from parents, schoolchildren were screened by a trained team of dental hygienists and dentists. Four indicators of oral health were measured: history of tooth decay (cavities, fillings, crowns or teeth missing due to dental disease), untreated tooth decay, the presence of dental sealants, and early and urgent treatment needs.

The consent form asked parents questions about getting dental care for their child, such as how recently their child had been to a dentist and if they had dental insurance.



Other data collected on each child were race, ethnicity, and enrollment in the Free and Reduced Lunch Program (as an estimate of family income). Children were classified by whether they lived in a border/rural, border/urban, non-border/rural, or non-border/urban county. These data were collected so disparities in oral health status and access to dental care across different geographic locations across Texas could be studied.

For more information, contact the Texas Oral Health Surveillance Program at (512) 776-7323 or visit [dshs.texas.gov/dental](http://dshs.texas.gov/dental)

## Results

### How often do third grade Texas schoolchildren visit a dentist?

By the third grade, most children have several permanent (adult) teeth. The American Academy of Pediatric Dentistry (AAPD) recommends that every child should visit a dentist by their first birthday or by the time their first tooth erupts.<sup>3</sup> A total of 75 percent of parents reported their child saw a dentist within the past year. Nearly 6.5 percent of parents reported their child has never been to a dentist.

### What factors affect whether a child goes to a dentist?

The 254 counties in Texas are assigned to one of eight regional public health offices identified as public health regions (PHR). PHR labels are defined as follow: PHR 1 - Texas Panhandle, PHR 2/3 - North Texas, PHR 4/5N - East Texas, PHR 1/5S - Houston Area, PHR 7 - Central Texas, PHR 8 - San Antonio Area, PHR 9/10 - West Texas, PHR 11 - South Texas.

The important factors in whether a third-grade child saw a dentist in the past year are having Medicaid or CHIP and the PHR where they live (Figure 1).

All third-grade children in Texas meet the Healthy People 2020 objective for the proportion of children who used the oral health care system in the past year, regardless of the type of dental coverage or the public health region in which they live.

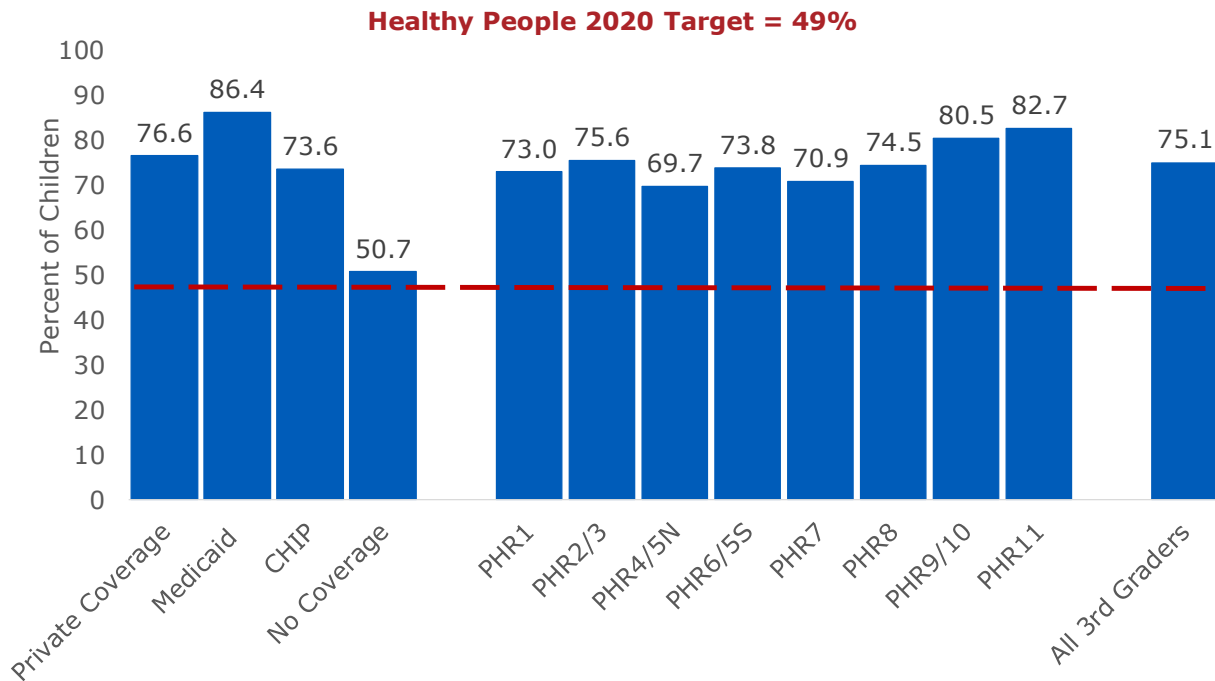
A total of 86.4 percent of children with Medicaid visited a dentist in the past year.

Children with no dental coverage - 50.7 percent - were significantly less likely to visit a dentist in the past year, compared to children who had private coverage or who participated in Medicaid or CHIP programs.

Children who lived in PHR 11 were significantly more likely to have visited the dentist in the past year, compared to their counterparts in PHR 1, 4/5N, 6/5S, 7, and 8.



Figure 1: Percentage of Texas Third Grade Schoolchildren Who Visited a Dentist in the Past Year\*, by Type of Dental Coverage and Public Health Region (PHR), 2017-2018



\*Statistically significant at p≤0.05.

### What impact does coverage of dental services have on oral health?

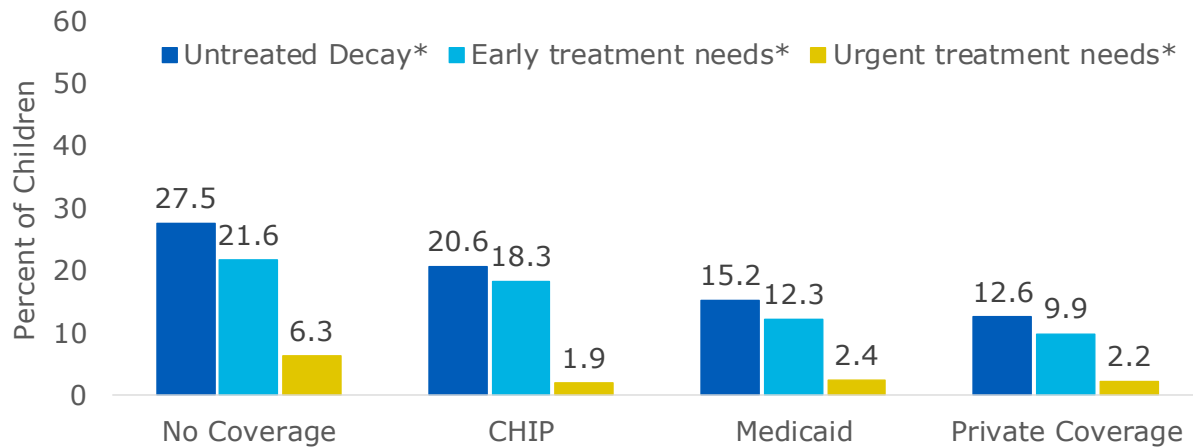
Texas third graders without dental coverage were significantly more likely to have untreated tooth decay and early and urgent treatment needs than children who had either Medicaid or private dental coverage.

Children without dental coverage were nearly three times more likely to have urgent treatment needs than those with dental coverage. While those with CHIP were least likely to have urgent treatment needs. Urgent treatment needs indicate the need for care within 24-48 hours because of signs or symptoms include pain, infection, or swelling in the mouth.

Children with private dental coverage were less likely to have early treatment needs than any other coverage group. Those without dental coverage had the highest early treatment needs. Early treatment needs indicate untreated decay, but no pain or infection, requiring a dental visit within several weeks.



Figure 2: Percentage of Texas Third Grade Schoolchildren with Untreated Decay and Early and Urgent Treatment Needs\*, by Type of Dental Coverage, 2017-2018



\*Statistically significant at  $p \leq 0.05$ .

## References

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