



Kindergarten Oral Health Screening Survey

2018-2019

Introduction

Oral health is critical to overall health and well-being. Dental disease prevention efforts are important for maintaining good oral health in children. If dental disease is left untreated, the pain, discomfort and potential infection can lead to problems in eating, speaking, and learning.¹

The Texas Department of State Health Services (DSHS) Oral Health Improvement Program (OHIP) conducts a school-based Basic Screening Survey (BSS) every five years to collect oral health data in a way that is consistent with national standards. This consistency enables comparisons of Texas oral health data to national goals and other states that may also use the BSS.

This data brief reports the results of the first oral health screening survey of Texas kindergarten schoolchildren, conducted during the 2018-2019 school year.

Methods

DSHS conducted an open-mouth oral health screening survey of third grade schoolchildren during the 2018-2019 school year. A randomized sample of 140 public elementary schools was selected to yield data for Texas and each of its 8 public health regions. However, only 139 schools are included in the final sample as parents of one school, with 8 kindergarten children, all declined to participate in the survey. Approximately 4,722 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 classifications 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, please contact the Texas Oral Health Improvement Program at (512) 776-2008 or visit our website at dshs.texas.gov/dental.

Results

This section compares the results of the 2018-2019 screening survey to the Healthy People 2020² national targets.

Table 1: Comparison of 2018-2019 Texas Survey Results to National Targets for 2020²

	2018-19 Survey	National Target	Targets Met?
Percent of children with history of tooth decay	52.9	30.0	No
Percent of children with untreated cavities	19.7	21.4	Yes
Percent of children who visited the dentist within the past year	78.0	49.0	Yes

Overall Findings

Even though tooth decay is preventable, nearly 53 percent of kindergarten children in Texas had a history of tooth decay in their primary (baby teeth) or permanent teeth. This means they either had a filling or crown, cavity that had not yet been treated, or tooth that had been extracted (pulled) due to decay. Additionally, 19.7 percent had untreated tooth decay. Furthermore, 15.1 percent of children had never been to a dentist.

Nearly 18 percent (17.7 percent) and 1.5 percent of kindergarten children in Texas, respectively, had early and urgent treatment needs. Early treatment needs indicate untreated decay, but no pain or infection, requiring a dental visit in the next several weeks. Urgent treatment needs indicate the need for care within 24-48 hours because of signs or symptoms that include pain, infection, or swelling in the mouth or teeth.



What's Next

While Texas meets the national standard for untreated cavities and dental visits in the past year, the number of kindergarteners with a history of decay is nearly twice the national goal. Providers and caregivers should continue to encourage healthy habits early in life. A child's first dental visit should be before age one. Nutrition plays a major role in the cavity process. Children who consume sugar-sweetened drinks and snacks throughout the day are at a higher risk of tooth decay. Many programs, such as Smiles for Moms and Babies, educate pregnant mothers on the importance of oral health. This leads to a healthier pregnancy and good oral health from the start.

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References

1. World Health Organization. World Oral Health Report 2003. Published 2003. https://www.who.int/oral_health/publications/world-oral-health-report-2003/en/ Accessed Jul 2018.
2. Healthy People 2020. US Department of Health and Human Services. <https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives> Accessed 7/6/18.