



# **Healthy Smile-Happy Child Head Start Survey Summary 2004**

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Department of Human Resources**

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## **INTRODUCTION**

In early 2004 the Nevada State Health Division Oral Health Program began the groundwork necessary to conduct oral health screenings at the Head Start/Early Head Start programs throughout the state. These programs were chosen for convenience of access to children ages three to five.

The Association of State and Territorial Dental Directors (ASTDD) *Basic Screening Surveys: An Approach to Monitoring Community Oral Health, 1999* (BSS) guidelines were used to perform the screenings and collect data. These are the same guidelines that were followed in 2003 for the statewide screening of third grade students. One licensed dental hygienist performed all of the screenings to maintain consistency in screening procedures. The Oral Health Program biostatistician accompanied the dental hygienist so that data could be entered directly at the time of screening.

The screening is known as the Healthy Smile-Happy Child Head Start Survey. It is part of an ongoing effort to document the oral health of children in the state of Nevada. Funding for this project was provided by the Centers for Disease Control and Prevention through the Chronic Disease Prevention and Health Promotion Programs Component 4: State-Based Oral Disease Prevention Program (U58/CCU922830-01-2).

## **METHODS**

Once the decision had been made to screen children in all 51 Head Start Programs, the next task was to collect enrollment numbers from each program. This was done by contacting the directors of the various programs who then delegated a person to be the contact for the Healthy Smile-Happy Child survey. The contacts ranged from program directors, to health services personnel to program nurses.

Enrollment numbers were requested in January 2004. The contacts were given a deadline by which to submit enrollment numbers. This was necessary in order to begin scheduling screenings and the associated travel. All screenings needed to be completed by the time the Head Start Programs concluded their year. This ranged from late May to early June.

Nevada is a very large state geographically, therefore an attempt was made to schedule based on geographic location in an effort to minimize travel dollars spent. The first two programs to be screened were those closest to the office. This allowed us to be close to the office should we be missing any necessary materials, in essence our “trial run.”

Having enrollment numbers also helped to project the amount of screening materials that would be necessary. Materials included gloves, masks, disposable mouth mirrors, cotton-tipped applicators, toothbrushes, stickers, treatment urgency forms and letters explaining that this was not a complete dental examination. Instead of sending pre-printed parent letters (Appendix A) and consent forms (Appendix B), these were sent electronically to the contact person who then made copies to be distributed to Head Start parents. The forms were sent to the contacts in both English and Spanish.

To determine the amount of time needed at each facility, the number of children enrolled was multiplied times three minutes. For example, a program with twenty children enrolled would be scheduled for sixty minutes. This allowed us time to adjust for the various situations that arose. Constant communication with the program contact was essential to keeping the schedule intact.

## **PRODEDURES**

Experience with the previous year's third grade oral health screening gave the dental hygienist and biostatistician knowledge of what was and was not effective. This experience led to screening materials being transported to each site, with the exception of the Las Vegas area. By transporting the materials there was a substantial savings in shipping costs and no unused materials were left behind. In order to make transportation more efficient; toothbrushes, mouth mirrors, gloves, and masks were taken out of boxes and placed in large Ziploc bags. This allowed more items to be placed in a suitcase.

Due to the number of children enrolled in the Las Vegas programs it would have been difficult to transport all of the necessary materials via commercial flights. Arrangements were made to ship the materials to the University of Nevada, Las Vegas (UNLV) School of Dental Medicine. Restocking of materials was done as necessary from that location. At the end of the screenings any remaining materials were shipped back to the Health Division.

The screeners arrived at each location approximately twenty minutes prior to the scheduled screening time. This allowed them to collect the parental consent forms, review them for consent and signatures and enter each child's name into the database. Only children who had signed parental consent forms with the appropriate box checked were screened. This also provided time to set up the screening area.

Each site decided the location to be used for screening and how the classes would be screened. In some locations it was several children at a time and at other locations the entire classroom came in together. The screeners were flexible in using whatever location was preferable for the facility.

Children were screened one at a time by the dental hygienist, using a flashlight and disposable mouth mirror. The dental hygienist would call out to the biostatistician areas of untreated decay, previous caries experience, missing teeth, sealants and treatment urgency. This information was immediately entered into the database. Each child was given a sticker after being screened. Treatment urgency forms (Appendix C), letters to parents explaining that the screening was not a replacement for a routine dental examination (Appendix D), and a toothbrush were given to the teachers for each child screened to take home. The treatment urgency forms indicated:

**Urgent Care** (Pain or Swelling Present) - criteria included signs or symptoms that included pain, infection, swelling, or soft tissue ulceration of more than two weeks duration. Children were questioned regarding the above conditions, however 3-5 year old children are not always able to comprehend the question. Language was also a barrier.

**Needs Restorative Care** – criteria included visible areas of decay without accompanying signs or symptoms, individuals with spontaneous bleeding of the gums, suspicious white or red soft tissue areas.

**No Obvious Problem/Needs Routine Preventive Care**-criteria was any patient without the above mentioned problems.

In children whose permanent molars had erupted a note was made on the Treatment Urgency form recommending assessment for placement of dental sealants.

The screeners provided each program with tooth brushing charts, a sheet explaining different types of fluoride and sealants, and several pages of songs relating to tooth brushing. The programs were asked to make copies to be sent home with the children as follow-up.

Flexibility was a key component in the screening process. In one situation snow made the road impassable and that site had to be rescheduled. In Las Vegas there were several situations when screening days and times had to be switched with other sites. If a site in Las Vegas had a substantial number of absences, efforts were made to revisit those sites and screen those children. It took approximately four weeks to complete the screenings in the Las Vegas area.

Whenever possible we used volunteers to: help keep the children in order, write the child's name on the take home sheets, give the biostatistician the child's data tracking number, and hand the children their stickers. This was particularly important in the programs with larger enrollments.

## **SUMMARY**

The screening took approximately three months to complete. A total of 1,835 forms with usable data were returned. However not all of those children were screened. This was due to absence and lack of consent. A total of 1,677 children were screened. Data collected from the Early Head Start locations is not being used due to sample size and the lack of erupted teeth in that population. Therefore, of the original 51 programs, data from 44 programs is cited in the final data.

The average age of the Head Start children screened is 4.16 years. Initial data suggest that Nevada will need to see significant improvement in the percent of children ages 2 to 4 years with caries experience and untreated decay in order to meet the Healthy People 2010 goals of 11% and 9% respectively. According to the Healthy Smile-Happy Child Head Start screening, 54.0% of those screened had caries experience and 37.5% had untreated decay.

The total cost for materials and hard costs such as per diem, airfare, rental cars, motor pool, overtime, and added employee time was around \$13,792.66. Some of the materials used were in inventory from the previous screening project. Taking this into account, it breaks-down to between \$8.00 and \$9.00 per child screened. When budgeting for future screenings it is suggested that the figure of \$10.00 per child be used. This gives leeway in the budget for any unexpected expenses that may arise. Case in point for this project was the second trip to one of the sites due to weather conditions.

## **Healthy Smile-Happy Child Head Start Screening**

## Supply List & Cost Breakdown

Item	Description	Number Ordered	Cost
Flashlights	2 flashlights, batteries included.	On hand from previous screening project	N/A
Batteries	Size D	5 packages (8batteries/pkg.)	\$57.35
Stickers	Roll of Plak Smacker stickers		Free
Mouth Mirrors	Plastic disposable	1008 mirrors (72 mirrors/box); some on hand from previous screening project	\$200.25 (incl. shipping)
Toothbrushes	Plak Smacker child size	14 gross	\$362.88 (.18 ea) (1,677 x .18 = \$301.86)
Cotton Tipped Applicators		On hand from previous screening project	N/A (Used very few of these)
Facemasks	Ear loops	On hand from previous screening project	Approx. .61ea. (110 x .61 = \$67.10)
Anti-bacterial hand cleanser		Used 2 from previous screening project	N/A
Trash Bags	Draw-tie (13 Gal.)	4 boxes (100/box)	\$50.88
Ziploc bags	1 Gal.	donated	N/A
Vinyl Powder Free gloves	Medium	30 boxes (100 gloves/box); some on hand from previous screening project	\$201.00
Shipping costs	Materials sent to & returned from Las Vegas		Approx. \$150.00
<b>Printing</b>			
Post Screening Letter	English/Spanish (1/2 sheet); two sided	900 sheets; some on hand from previous screening	\$42.00
Treatment Urgency Form	English (1/2 sheet), 50 per pad	1,500 sheets; some on hand from previous screening	\$44.25
Treatment Urgency Form	Spanish (1/2 sheet), 50 per pad	1,000 sheets; some on hand from previous screening	\$30.75
<b>Total</b>			<b>\$1,145.44</b>

## RECOMMENDATIONS



The following recommendations are for future consideration in the interest of improving the screening program.

1. Revise the Treatment Urgency form and the letter explaining that this is not a complete dental exam so that they are together on one page, with English on one side and Spanish on the other. This would dramatically reduce the amount of paper being transported and handled. Include a line at the top of the page for the child's name.
2. Due to time constraints the screeners had to travel for several weeks at a time. This was difficult from many aspects such as; getting all of the necessary paperwork done in order to travel, restocking materials, financial outlay while traveling and waiting for reimbursement, and the hours spent away from home and office. In the future an effort would be made to alternate time spent traveling with time in the office.
3. In future Head Start screenings, the Early Head Start programs would be eliminated due to the small sample size and lack of fully erupted teeth.
4. It would be helpful to have access to a bi-lingual volunteer at many of the sites. It was difficult to determine if some of the children had pain or how teeth had been lost due to the language barrier.



Dear Parent/Guardian:

Your child's Head Start/Early Head Start program has been chosen to take part in the Nevada State Health Division's *Healthy Smile-Happy Child Survey*. The purpose of the *Healthy Smile-Happy Child Survey* is to gather information about the health of children's teeth in your county and across the state. This will allow us to create a plan to improve dental care for Nevada's children.

With your consent, a dental hygienist will check your child's teeth for tooth decay and other dental problems. The dentists or hygienist will wear dental gloves and use a new disposable, sterilized mirror and probe for each child. **Please note that this is NOT a full dental exam.**

Results of your child's screening will be added to those of other children, and your child will not be named in any *Healthy Smile-Happy Child* report.

A healthy mouth is part of total health and wellness and makes a child more ready to learn. Your child will receive a toothbrush and a letter to take home that tells you about the health of your child's teeth.

By letting your child take part in this dental assessment, you will help benefit all of Nevada's children. If you have any questions about the survey, please contact Chris Forsch at (775) 684-5953 or by email at [cforsch@nvhd.state.nv.us](mailto:cforsch@nvhd.state.nv.us).

**Please sign and complete the consent form. This will allow your child to take part in the *Healthy Smile-Happy Child Survey*. PLEASE return the form to your child's teacher tomorrow.**



Estimado Padre o Guardián:

El programa de Head Start/ Early Head Start de su hijo se ha elegido para participar en la encuesta de Sonrisas Saludables – Niños Felices de la División de Salubridad del estado de Nevada. El propósito de la encuesta de Sonrisas Saludables – Niños Felices es de recopilar la información sobre la salud de los dientes de los niños en su condado y a través del estado. Esto permitirá la creación de un plan para mejorar el cuidado dental para los niños de Nevada.

Con su consentimiento, un higienista dental examinará los dientes de sus hijo's para saber si hay caries y otros problemas dentales. El dentista o el higienista usará guantes é instrumentos dentales nuevos y de un solo uso como un espejo y una punta de prueba, esterilizados para cada niño. **Por favor tome en cuenta que esto no es un examen dental completo.**

Los resultados del examen de su hijo serán agregados a los de otros niños, y no nombrarán a su niño en ningún informe de Sonrisas Saludables – Niños Felices.

Una boca sana es parte de la salud total y bienestar y hace al niño más listo para aprender. Su niño recibirá un cepillo de dientes y una carta para llevar a casa que le informara sobre la salud de los dientes de su hijo.

Dejando a su niño participar en este estudio dental, usted ayudará a beneficiar a todos los niños de Nevada. Si usted tiene alguna pregunta sobre el examen, favor de ponerse en contacto con Chris Forsch al (775) 684-5953 o por correo electrónico a [cforsch@nvhd.state.nv.us](mailto:cforsch@nvhd.state.nv.us).

**Por favor firme y llene el formulario de consentimiento. Esto permitirá que su niño participe en la encuesta de Sonrisas Saludables – Niños Felices. Por favor devuelva el formulario al profesor de su hijo mañana.**

APPENDIX B

Please answer these questions to help us learn more about access to dental care. Your answers will remain private and will not be shared.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Age

\_\_\_\_\_  
Early Head Start/Head Start Location

**Child's Race (check all that apply)**

- White
- Black/African American
- Asian
- Hispanic
- Native Hawaiian/Pacific Islander
- American Indian/Alaska Native

1. About how long has it been since your child last visited a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists. **(Please check one)**

- Within the last 12 months
- More than 1 year ago, but not more than 3 years ago
- More than 3 years ago
- Never has been to the dentist

2. What was the main reason that your child last visited a dentist? **(Please check one)**

- Went in on own for check-up, examination or cleaning
- Was called in by the dentist for check-up, examination or cleaning
- Something was wrong, bothering or hurting
- Went for treatment of a condition that dentist discovered at earlier check-up or examination
- Other
- Never has been to the dentist

3. Do you have any kind of insurance that pays for some or all of your child's MEDICAL OR SURGICAL CARE? Include health insurance obtained through employment or purchased directly, as well as government programs like Medicaid.

- Yes
- No

4. Do you have any kind of insurance that pays for some or all of your child's DENTAL CARE? Include health insurance obtained through employment or purchased directly, as well as government programs like Medicaid.

- Yes
- No

5. During the past 12 months, was there a time when your child needed dental care but could not get it at that time?

- Yes (Please go to Question 6)
- No (You are done with the questionnaire)

6. The last time your child could not get the dental care he/she needed, what was the main reason he/she couldn't get care? **(Please check one)**

- Could not afford it
- No insurance
- Dentist did not accept Medicaid/insurance
- Speak a different language
- Wait is too long in clinic/office
- Health of another family member
- Difficulty in getting appointment
- No way to get there
- Didn't know where to go
- No dentist available
- Not a serious enough problem
- Dentist hours are not convenient
- Don't like/believe in dentists
- Other reason

Apellido del Niño/ a

Nombre del Niño/ a

Localización del Programa de Head Start/ Early Head

Edad del Niño/ a

<input type="radio"/> <b>Sí, doy permiso para que le revisen los dientes de mi hijo/a.</b> <input type="radio"/> <b>No, no doy permiso para que le revisen los dientes de mi hijo/a.</b>
_____ Firma de Padre o Guardián
_____ Fecha

**Raza** (marque todos a los que pertenecen)

<input type="radio"/> Blanco
<input type="radio"/> Negro/ Afroamericano
<input type="radio"/> Asiático
<input type="radio"/> Hispano
<input type="radio"/> Hawaiano/Islas Pacificas
<input type="radio"/> Indio Americano / Alaska

Conteste por favor a las preguntas siguientes para ayudarnos a aprender más sobre el acceso al cuidado dental. Sus respuestas se mantendrán privadas y no serán compartidas. Si usted no desea contestar las preguntas, usted puede dar permiso nada mas para el reviso de los dientes de su hijo/a.

1. ¿Ase cuanto tiempo tiene que su niño visitó por última vez al dentista? Incluya todos los tipos de dentistas, tales como ortodoncistas, cirujanos orales, y el resto de los especialistas dentales, así como higienistas dentales. **(Marque una respuesta)**

- |   |  |
|---|--|
| <input type="radio"/> Dentro los últimos 12 meses             | <input type="radio"/> Mas de tres años               |
| <input type="radio"/> Mas de un año, pero no más de tres años | <input type="radio"/> Nunca a visitado a un dentista |

2. ¿Cuál era la razón principal por la cual su niño visito por último al dentista? **(Marque una respuesta)**

- Fue por propia cuenta para un chequeo, un examen o limpieza
- Fue llamado por el dentista para un chequeo, un examen o limpieza
- Algo estaba mal, incomodo o lastimaba
- Fue para el tratamiento de una condición que el dentista descubrió en un chequeo o examen anterior.
- Otra razón
- Nunca ha visitado al dentista

3. ¿Usted tiene alguna clase de seguro medico que pague cierto o todo su CUIDADO MÉDICO O QUIRÚRGICO de su niño? Incluya el seguro médico obtenido por su empleo o comprado directamente, así como programas del gobierno como Medicaid.

- Sí       No

4. ¿Usted tiene alguna clase de seguro medico que pague algo o todo el CUIDADO DENTAL de su niño? Incluya el seguro médico obtenido por su empleo o comprado directamente, así como programas del gobierno como Medicaid.

- Sí       No

5. ¿Durante los últimos 12 meses, había una época en que su niño necesitó cuidado dental pero no podría conseguirlo en aquel tiempo?

- Sí (Siga a la pregunta #6)  
 No (Usted ha terminado de completar el formulario)

APPENDIX C

6. ¿La última vez que su niño no podría conseguir el cuidado dental que necesitó, qué era la razón principal por la cual no podría conseguir cuidado? **(Marque uno respuesta)**

- |  |   |  |
|--|---|--|
| <input type="radio"/> No podría pagarlo                      | <input type="radio"/> Salud de otro miembro de la familia | <input type="radio"/> No era bastante serio el problema          |
| <input type="radio"/> Falta de seguro medico o dental        | <input type="radio"/> Dificultad en llegar a las citas    | <input type="radio"/> Las horas del dentista no son convenientes |
| <input type="radio"/> El dentista no aceptó Medicaid/seguro  | <input type="radio"/> Falta de transportación             | <input type="radio"/> No me gustan ni creo en los dentistas      |
| <input type="radio"/> Hablaba diferente idioma               | <input type="radio"/> No había a quien llamar             | <input type="radio"/> Otra razón                                 |
| <input type="radio"/> Espera muy larga en la oficina/clinica | <input type="radio"/> Ningún dentista disponible          |  |

**Treatment Urgency:**

APPENDIX D

Dear Parents/Guardians:

Thank you for allowing your student to participate in the Statewide Oral Health Screening Program. The information obtained from these screenings will be used to assess the oral health of children in Nevada and help to plan and implement programs. All screening information will be kept confidential.

You have received a note indicating the treatment urgency for your child. Please note that this was not a full dental exam. Each tooth was not evaluated and x-rays were not taken. The Oral Health Screening is not meant to take the place of a routine dental examination.

A healthy mouth is part of total health and wellness. Studies show that a healthy child is more prepared to learn in school. It is recommended that your child have regular dental check-ups to ensure good oral health.

Estimados Padres/Guardianes:

Gracias por permitir a su estudiante tomar parte en el programa de revisión de la salud oral que esta tomando parte en todo el estado . La información obtenida de estas revisiones se usara para valorar la salud oral de niños en Nevada y se usara para planificar y aplicar programas. Toda la información obtenida por las revisiones será mantenida confidencial.

Usted ha recibido una nota que indica la urgencia del tratamiento para su niño. Favor de notar que esto no era un examen dental repleto. Cada diente no se evaluó y radiografías no fueron tomadas. Las revisiones de la salud oral no fueron tomadas para sustituir un examen dental rutinario.

Una boca saludable forma parte de el bienestar total de la salud. Estudios demuestran que un niño saludable esta mas preparado para aprender en la escuela. Se recomienda que su niño tenga exámenes dentales regulares para obtener buena salud oral.