NEVADA’S ORAL HEALTH SCREENING
2003
A CRITIQUE OF THE EXPERIENCE

Bureau of Family Health Services
Nevada State Health Division
Department of Human Resources

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June 2003
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INTRODUCTION

The last oral health assessment of Nevada’s youth was done in 1992. According to *A Youth Oral Health Needs Assessment* for the State of Nevada done by Cristman Associates, 67% of children had experienced decay in permanent or primary teeth. In order to have more current assessment numbers to determine access to care gaps, the Oral Health Program at the Nevada State Health Division began to research methods of obtaining this information.

It was decided that the Association of State and Territorial Dental Directors (ASTDD) Basic Screening Survey would be used to do a statewide screening of third graders. By using the Basic Screening Survey, the data collected could be compared to the data collected by other states using the same survey.

In the fall of 2002 the Nevada State Health Division (NSHD) began preparations for conducting an oral health screening of third graders statewide. A total of 51 schools were identified to participate in the screenings statewide. The schools were selected by the ASTDD consultant based on the number of students participating in the free and reduced lunch program and their location. There were twenty-nine schools from Clark County (which includes Las Vegas and Henderson), twelve schools from Washoe County (which includes Reno and Sparks), and ten schools from counties considered rural. Rural counties included Nye, Elko, Carson City, Humboldt, Churchill, and White Pine.
ORAL HEALTH SCREENING

The Nevada State Health Division Oral Health Program partnered with the Nevada Dental Association (NDA) to conduct the statewide oral health screening of third graders. The Healthy Smile-Happy Child survey as it was called was incorporated as part of the Nevada Dental Association’s “Give Kids A Smile Day,” held the week of February 17, 2003. The NDA’s actual “Give Kids A Smile Day” was February 21, 2003, however it was determined that all fifty-one schools could not be screened on that day due to the sampling size being a possible 5,352 third graders.

In September 2002, a meeting was held between representatives of the NSHD Oral Health Program and health representatives of the Department of Education to discuss the oral health screening for third graders. Information obtained at this meeting indicated that county school superintendents would have to be contacted for their support before proceeding. Additionally, individual school principals would then have to be contacted to determine their willingness to participate. A letter to the school superintendents of the targeted schools was drafted for review and approval by Health Division administration (Appendix 1). The letter was approved after confirmation from the State Superintendent of Public Instruction was received indicating continued support for oral health programs in the public schools.

The letter to school district superintendents was drafted and sent. The letter stated that the Health Division would be contacting them in several weeks to confirm receipt of the letter. The letter also asked them to support the oral health screening in their schools, and to contact the principals at the target schools located in their district to indicate their support of the oral health screening. After making contact with all the county superintendents or their representatives (Clark and Washoe Counties had chief school nurses) the Health Division representative next drafted a letter to the school principals of the targeted schools asking for their support and indicating a Health Division representative would be contacting them in several weeks (Appendix 2). The letters were sent and a follow up call was made confirming support and asking for the name of a primary school contact person. Of the original fifty-one schools selected, all fifty-one agreed to participate in the oral health screening.

A database was created that included the primary school contact persons at the fifty-one schools. The contacts included school nurses, principals, vice principals, clinical health aides, teachers, or first aid safety assistants. The primary school contact person was contacted by the Health Division representative who explained the nature of the oral health screening. It was explained that they would be receiving materials approximately three weeks in advance of screening day. School contact person protocols, explaining their duties, were faxed to the contact person upon initial contact (Appendix 3). The protocols were resent with the screening materials once the school had an assigned dentist.
Contacting all of the school principals and then the primary school contact person took almost six weeks. After establishing that all schools initially selected would be participating and identifying who the primary school contact person would be, this information was forwarded to the Nevada Dental Association (NDA). It was the NDA’s responsibility to recruit the dentists and assign them to schools (Appendix 4). The University of Nevada Las Vegas (UNLV) School of Dental Medicine recruited first year dental students to record screening information.

In mid-January the NDA began the process of recruiting dentists and assigning dates and times for the week of February 17th to the 21st. It should be noted that the 17th of February was President’s Day and schools in Nevada were closed, therefore four days were available that week for screenings. The process of recruiting the dentists and setting dates and times for dentists and schools took approximately three weeks. The logistics of working out details were taking place as late as the Friday prior to the oral health screening week. Examples of issues being dealt with at the last minute included:

1. Dentists changing their mind about volunteering.

2. Dentists requesting certain schools and not willing to go anywhere else.

3. Dentists only available to volunteer on certain days at certain times.

4. In some schools the third grade classes were only available on certain days at certain times.

5. Schools had to work around recess, lunch, reading programs, field trips, etc.
ORAL HEALTH SCREENING WEEK

Participating dentists were asked to attend training. The training was offered in Clark and Washoe Counties in the evening. The thirty-three dentists who attended the training viewed the training tape and were given copies of the screening form, post-screening evaluation forms (Appendix 5), a summary of important points (Appendix 6) and the dentist protocol (Appendix 7). Each volunteer dentist was sent a letter confirming the school where they would be doing the screening, the date and time, and the school contact with which they were to meet upon arriving at the school (Appendix 8). Thirty-two dentists were unable to attend training. They were sent a training packet including the tape, general guidelines, protocols, and forms.

Several weeks prior to the screenings the State Health Division issued a press release titled “Third Graders to Have Oral Health Screenings.” It provided the date, number of participating schools, mentioned the use of volunteers from the Nevada Dental Association, and mentioned the importance of good oral health (Appendix 9).

The screenings were scheduled as follows:

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Wednesday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 17</td>
<td>February 18</td>
<td>February 19</td>
<td>February 20</td>
<td>February 21</td>
<td>February 26</td>
<td>February 28</td>
</tr>
<tr>
<td>Holiday</td>
<td>4 schools in Las Vegas</td>
<td>5 schools in Las Vegas</td>
<td>8 schools in Las Vegas</td>
<td>11 schools in Las Vegas</td>
<td>1 school in Las Vegas</td>
<td></td>
</tr>
<tr>
<td>1 school in Winnemucca</td>
<td>4 schools in Washoe County</td>
<td>1 school in Washoe County</td>
<td>6 schools in Washoe County</td>
<td>1 school in Washoe County</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 school in Pahrump</td>
<td>1 school in Elko</td>
<td>1 school in Elko</td>
<td>1 school in Pahrump</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 school in Carson City</td>
<td></td>
<td></td>
<td>1 school in Elko</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total = 6 schools</td>
<td>Total = 11 schools</td>
<td>Total = 10 schools</td>
<td>Total = 22 schools</td>
<td>Total = 1 school</td>
<td>Total = 1 school</td>
<td></td>
</tr>
</tbody>
</table>

All schools completed the oral health screenings on the day and time assigned.

A letter was sent to school contacts prior to shipment of screening materials letting them know that their materials would be shipped within the next few days (Appendix 10). An inventory list of materials being shipped to each school was sent to the contact so they could verify receipt of all materials (Appendix 11). Materials necessary for screening were shipped to participating schools. The shipments included: toothbrushes, gloves (latex powdered or vinyl), mouth mirrors, cotton swabs, flashlights, garbage bags,
disinfectant wipes, facial masks, UPS mailers pre-addressed with the State Health Division’s address and return postage, and the necessary forms. The UPS mailers were sent to the schools in an effort to have the screening forms and evaluations returned in a timely manner. The forms that were sent to the schools included: the parental consent form in both English and Spanish (These were two-sided with a letter to parents on one side and the consent form on the other.) (Appendix 12), the treatment urgency form in both English and Spanish (Appendix 13), English and Spanish versions of the form stating that the screening is not a substitute for a complete dental examination, to be sent home to parents (Appendix 14), evaluation forms for participating school personnel (Appendix 15), and the screeners recording form (Appendix 16). The number of items supplied was based on the student numbers provided by the individual schools. The gloves provided were based on the screening dentist’s request. Large schools that had more than one screener required additional gloves, flashlights, wipes, etc. for the additional dentist. It was necessary to ship several boxes of supplies to each school due to the quantity of materials sent.

The week prior to the screenings a letter was sent to school contacts giving them the name of the dentist(s) who would be performing the screenings and a contact phone number in the event they needed to contact the dentist(s) (Appendix 17). The letter included a copy of the form stating the screening is not a substitute for a complete dental exam and asked that each child receive a copy of the form to take home. A list of resources was also included for referral of children with acute dental needs.

At the end of the screening week the State Dental Health Officer sent a letter to the volunteer dentists thanking them for their participation in the screenings (Appendix 18). Included with this letter was a copy of the evaluation questionnaire. Dentists were asked to please complete the questionnaire to help with improving future oral health screenings. The Oral Health Program Consultant at the State Health Division sent a letter to the Nevada Dental Association thanking them for partnering with the Health Division on the Statewide Oral Health Screening (Appendix 19).
SUMMARY

Fifty-one schools participated in the screening. One school’s data had to be eliminated due to improper recording of results. The remaining fifty schools submitted 2,705 records. Of those, 233 were returned with parental consent forms only, indicating that a screening was not performed on those students. This may be attributed to student absence, lack of parental consent, or possibly undocumented parents concern about immigration status. The total number of screening records received with usable data was 2,472. This equated to data being collected for 46.2% of the possible 5,352 students.

Completed evaluation questionnaires were received from 190 school personnel. Responses from evaluation forms completed by teachers, administrators and nurses indicated that many were very satisfied with the screenings. Some respondents expressed concern about follow-up by parents and lack of access to care. Requests for an oral health presentation and/or oral health materials were also received.

In Washoe County (Reno/Sparks) some of the third grade students had been screened and had sealants placed by Saint Mary’s Take-Care-A-Van. The possibility exists that some of their parents may have felt it was unnecessary to be screened again and did not return the consent form.

Dental personnel evaluation questionnaires were completed by forty-six dentists and one dental hygienist. (This equated to 77% of those who participated.) Comments from participating dentists addressed issues such as: the number of parental consent forms returned, concern that poor families may be intimidated by information requested on the parental consent form, data may be misleading due to mixed dentition, school contacts need to have a better understanding of the screening process.

The overall outcome for the initial oral health screenings was favorable. All comments have been reviewed and will be used to improve future screenings.

It took approximately six months from the time the schools were selected until the screenings took place. A timeline showing the process from the beginning to end has been included as Appendix 20.
RECOMMENDATIONS

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

1. Revise the letter to the school principal and school contact protocol sheet by providing clear instructions stating the school contact person needs to be a “hands on” position. This includes the responsibility of accounting for screening materials upon arrival, distributing parental consent forms to teachers, getting teachers to “buy in” to the importance of the screenings and the return of parental consent forms, participating as a recorder on screening day, and returning the screening and consent forms to the Nevada State Health Division within one week.

2. Provide information to contact person on various ways the screening might be organized. Several schools expressed dissatisfaction with the procedure used at their school. The organizational process had been left up to each individual school. Next time several suggestions should be offered for organizing the process. This would be included in the school contact packet.

3. Emphasize the importance of parental consent forms being returned. This includes the use of the form provided. Several schools elected to use field trip permission forms. These were not valid as they did not provide demographic information or dental history necessary for data collection. Also emphasize that the information is for data collection. It is important that all students participate regardless of socioeconomic circumstances.

4. Provide training for recorders, both school personnel and dental students. Errors in the recording process made some information invalid. Invalid data was not used in the final calculations.

5. Consider doing the screenings over a longer time period to allow the use of fewer screeners. It has been suggested that the NSHD Oral Health Program staff could perform the screenings. This would also allow for more flexibility in scheduling.

6. In order to perform screenings the screener must have training. In one school a screener had not attended the training and that school’s information had to be eliminated from the survey due to improper screening technique.

7. If volunteers are used for future screenings emphasis must be placed on several aspects: training prior to participation, flexibility in scheduling (certain dentists would only volunteer to screen at a particular school), commitment to volunteer
(to avoid last minute cancellation), and an understanding of what the screening is meant to accomplish.

8. Provide oral health information and/or arrange for oral health education prior to screenings. School staff suggested that this would be very beneficial to the children.

9. Several participants suggested that some type of participation incentive be offered for students who return their parental consent forms.

10. Provide each participating school with a report of survey results in order to keep them motivated to participate.

11. Keep track of the number of boxes and perhaps number the boxes such as 1, 2, 3, etc. sent to each school and the day they were sent. This would help with answering questions when school contacts call about their materials.

12. Consider contacting chosen schools two or three months prior to the proposed screening date to discuss possible conflicts in scheduling. This will help avoid testing dates, field trips, holidays, assemblies, etc. This would also allow a master schedule to be formed around other daily school activities such as lunch, recess, reading programs, tutoring, etc. for each school, as the times do vary from school to school.
## Oral Health Screening Supply List & Cost Breakdown

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Number Ordered</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flashlights</td>
<td>2 flashlights per pack, batteries included.</td>
<td>34 packages</td>
<td>$169.66</td>
</tr>
<tr>
<td>UPS postage</td>
<td>Cost to send materials to schools and have materials returned to us.</td>
<td></td>
<td>$5,000.00</td>
</tr>
<tr>
<td>ASTDD Basic Screening Surveys</td>
<td>Includes tape, manual, and disk for training.</td>
<td>5</td>
<td>$50.00</td>
</tr>
<tr>
<td>Mouth Mirrors</td>
<td>Plastic disposable</td>
<td>139 boxes (72 mirrors/box)</td>
<td>$2,247.63</td>
</tr>
<tr>
<td>Toothbrushes</td>
<td>Bright Choice</td>
<td>35 gross</td>
<td>$397.55</td>
</tr>
<tr>
<td>Cotton Tipped Applicators</td>
<td></td>
<td>75 boxes</td>
<td>$360.20</td>
</tr>
<tr>
<td>Facemasks</td>
<td>Ear loops</td>
<td>200 boxes</td>
<td>$800.00</td>
</tr>
<tr>
<td>Disinfectant wipes</td>
<td></td>
<td>60</td>
<td>Approx. $200.00</td>
</tr>
<tr>
<td>Trash Bags</td>
<td>Draw-tie</td>
<td>3 boxes</td>
<td>$41.97</td>
</tr>
<tr>
<td>Blank VHS tapes</td>
<td>Used to make copies of calibration training</td>
<td>5 at $1.77 ea.</td>
<td>$23.60</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 at $2.95 ea.</td>
<td></td>
</tr>
<tr>
<td>Gloves</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latex gloves</td>
<td>Perfect Saver Large</td>
<td>200 boxes</td>
<td>$590.00</td>
</tr>
<tr>
<td>Latex gloves</td>
<td>Perfect Saver Med.</td>
<td>200 boxes</td>
<td>$590.00</td>
</tr>
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<td>Latex gloves</td>
<td>Perfect Saver Small</td>
<td>50 boxes</td>
<td>$147.50</td>
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<td>Vinyl Powder Free</td>
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<td>10 boxes</td>
<td>$52.50</td>
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<tr>
<td>Vinyl Powder Free</td>
<td>Small</td>
<td>10 boxes</td>
<td>$52.50</td>
</tr>
<tr>
<td>Printing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent Letter/Consent</td>
<td>English (2 sided), 50 per pad</td>
<td>7,500 sheets</td>
<td>$540.00</td>
</tr>
<tr>
<td>Parent Letter/Consent</td>
<td>Spanish (2 sided), 50 per pad</td>
<td>7,500 sheets</td>
<td>$540.00</td>
</tr>
<tr>
<td>Screening Form</td>
<td>English</td>
<td>7,500 sheets</td>
<td>$352.50</td>
</tr>
<tr>
<td>Post Screening Letter</td>
<td>English (1/2 sheet)</td>
<td>7,500 sheets</td>
<td>$190.00</td>
</tr>
<tr>
<td>Post Screening Letter</td>
<td>Spanish (1/2 sheet)</td>
<td>7,500 sheets</td>
<td>$190.00</td>
</tr>
<tr>
<td>Treatment Urgency Form</td>
<td>English (1/2 sheet), 50 per pad</td>
<td>7,500 sheets</td>
<td>$190.00</td>
</tr>
<tr>
<td>Treatment Urgency Form</td>
<td>Spanish (1/2 sheet), 50 per pad</td>
<td>7,500 sheets</td>
<td>$190.00</td>
</tr>
</tbody>
</table>

**Grand Total**  **12,968.11**
APPENDIX 1

DEAR SUPERINTENDENT:

During the 2002-2003 school year, the Nevada State Health Division in cooperation with various organizations concerned with Nevada children’s oral health will be assessing the oral health of third grade school students throughout Nevada. The findings of this assessment will be used to evaluate the State’s preventive oral health programs, determine the need for additional dental programs, and describe the oral health of Nevada’s children.

Within your district, the following schools were randomly selected to participate in this assessment – SCHOOL. Within the next few months, we would like to contact the principal of each school to ask them to participate in this important assessment. If a principal chooses to participate, we will be assessing third graders at the selected schools. Children in these classrooms, with a signed consent form from a parent or caregiver, will be given the opportunity to have a free dental screening. The screening will take about one to two minutes per child using a sterile disposable mirror and gloves. No x-rays will be taken and no dental treatment will be provided. Each participating child will receive a letter to the parent or guardian noting the results of the screening. Your district will incur no cost for participating.

We would ask you for your support in carrying out this important assessment of our children’s oral health needs. Would it be possible for you to contact the principals in the selected school or schools in your district to inform them of this important oral health assessment and to encourage their support. The Nevada State Health Division coordinator for this project is Dennis Murphy. He will be contacting you in the next month to confirm yours’ and your principals support for this project. If you have any questions or concerns, please feel free to contact him. His telephone number is 775-684-4260 and his e-mail address is dmurphy@nvhd.state.nv.us.

As you know, the results of lack of dental care can become evident in school-age children with an increase in absenteeism, lack of concentration, lack of sleep, inability to eat, decreased school performance, poor social relationships, and less success later in life. For these reasons, we thank you in advance for making this contribution to the health and well being of Nevada’s children. We understand that nominal classroom disruption is essential to the operation of every school.

Sincerely,
APPENDIX 2

November 27, 2002

Principal <First> <Last>
<School Name>
<Address>
<City>, <State> <Zip code>
Dear Principal <Last>,

During the week of February 17, 2003, the Nevada State Health Division, in conjunction with various organizations concerned with Nevada children’s oral health, will be assessing the oral health of third grade students throughout Nevada. The findings of this assessment will be used to evaluate the State’s preventive oral health programs, determine the need for additional dental programs, and to describe the oral health of Nevada’s children. Your superintendent was sent a letter asking for her support in carrying out this important assessment of our children’s oral health needs. She has agreed to provide her support for this assessment. Your superintendent was also asked to contact you and to inform you of her support for this project and to let you know that we would be contacting you.

Your school was randomly selected to participate in this assessment. Third grade children who return a signed consent form from a parent or guardian will be given the opportunity to have a free visual dental screening. The visual dental screening will only take about one or two minutes per child. A new sterile disposable mouth mirror and gloves will be used for each child. No x-rays will be taken and no dental treatment will be provided. Each participating child will be provided with a form noting the results of the screening. We understand that nominal classroom disruption is essential to the operation of every school.

We would like to ask for your support and the support of your teachers to carry out this important assessment of our children’s oral health needs. The Nevada State Health Division coordinator for this project is Dennis Murphy. He will be contacting you within the next few weeks. If you have any questions or concerns, please feel free to contact him at 775-684-4260. His e-mail address is dmurphy@nvhd.state.nv.us.

Sincerely,

Robert O. Cooley, DDS, MS
State Dental Health Officer
APPENDIX 3

SCHOOL CONTACT PERSON PROTOCOL

«SCHOOL» ELEMENTARY SCHOOL

The following instructions for school personnel involved in the oral health screening are presented to assist you in getting set up and making the oral health screening process as stress free for you as possible.

DATE: «Date»

<table>
<thead>
<tr>
<th>DENTIST 1</th>
<th>DENTIST 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. «Dentist1_First» «Dentist1_Last»</td>
<td>Dr. «Dentist2_First» «Dentist2_Last»</td>
</tr>
<tr>
<td>«Dentist1_Phone»</td>
<td>«Dentist2_Phone»</td>
</tr>
<tr>
<td>«Start_Time1»</td>
<td>«Start_Time2»</td>
</tr>
</tbody>
</table>

1. **Two weeks before** the screening, the needed supplies will be shipped to the school site. When the box(s) arrive, open them and inventory the contents. You should have disposable mouth mirrors, gloves, facemasks, flashlights, cotton-tip applicators, toothbrushes, trash bags and forms. If you do not have all the needed supplies, call Dennis Murphy at (775) 684-4260 **immediately**.

2. **Two weeks before** the screenings are to take place, provide each third grade teacher with an adequate number of consent forms for the class. Parental consent forms have been provided in both English and Spanish. (Both forms have identical questions, asked in the same order.)

3. Request that the teacher remind the children daily to return the completed, **signed** consent forms.

4. Request that the teacher collect the forms at the start of each day and place them in an appropriate area for safekeeping until the day of the screening.

5. The teachers will need to let you know how many parental consent forms have been returned. These forms must be signed in order for the student to be screened.

6. **The day before or the day of** the screening, determine how many mouth mirrors, toothbrushes, gloves, masks, cotton tip applicators and forms are needed for each classroom and place an adequate number of each of these items in the screening area or classroom.
7. **On the day of** the screening, please meet the screener at the school office. The screeners have been directed to go to the school office and ask for the contact person.

8. Escort the oral health screener(s) to the oral health screening area.

9. Make sure the teacher has given students their signed parental consent form to present to you at the screening.

10. Have the students who have received parental consent to be screened, form a line. Students should be holding their own consent form.

11. When the student reaches the head of the line, ask for the consent form. Confirm that it has been signed. Staple a “3rd Grade Screening Form” to each signed and completed consent form. Record the data as provided by the screener on the 3rd Grade Screening Form. Complete a “Treatment Urgency Form” for each student and give it to him or her to take home. Give each student a toothbrush.

12. It is anticipated that the oral health screening should last no more than one or two minutes per student.

13. After all third grade students with parental permission have been screened in that classroom, proceed to the next classroom. Repeat the process.

14. Please dispose of used trash bags in a manner that eliminates the possibility of students retrieving the used materials.

15. When the screenings are completed, please escort the screener to the school exit.

16. Have all school staff who have been involved in the screening survey process (i.e. principal, school nurse, aid, teachers, etc.) complete an evaluation form.

17. Place all consent forms, screening forms and evaluation forms in the UPS packet that will be provided. Sign the UPS 2nd Day Air Sticker and return packet to the Nevada State Health Division.

The Nevada State Health Division and the Nevada Dental Association thank you for participating and assisting in this important oral health screening for the benefit of Nevada’s children.
APPENDIX 4

January 13, 2003

< FName> < LName>, «Title»
<Street>
<City>, «State» «Zip»

Dear Dr. <LName>:

The Nevada Dental Association is requesting your assistance for the *Children's Dental Health Month, Give Kid's A Smile* campaign. Fifty-two volunteer dentists from throughout the state are needed to participate in a dental screening of third-grade children that will be conducted between February 18 and 21, 2003. Each dentist will screen all the 3rd grade children in one school, whose parents have consented to have the child participate in the screening. It is expected that this will require a time commitment of approximately half a day.

The Nevada Dental Association is committed to improving access to care for all Nevadans. Current and accurate data on the status of oral health in Nevada’s children is needed in order to communicate effectively with legislators and help change policies. The last dental survey to compile information on the oral health of children in Nevada was conducted by Cristman Associates in 1992. In order to obtain current data, the Nevada Dental Association and the Nevada State Health Division Oral Health Program are partnering to conduct an oral health screening survey as part of the Nevada Dental Association’s *Children's Dental Health Month, Give Kid's A Smile* campaign.

The State Health Division's Oral Health Program has coordinated the screening of 3rd grade students at a cohort of schools that have been identified as being a representative sample for the state as a whole. The Association of State and Territorial Dental Directors developed the screening method that will be used. The data collected will allow us to compare our state to other states that have used the same methodology. All supplies will be provided at the screening sites.

If you are willing to help us perform this very important survey, please call the Nevada Dental Association at (702) 255-4211, or (800) 962-6710 by 5:00 p.m. on Monday, January 27, 2003. To insure that all of the information obtained by the screenings is standardized, training sessions to calibrate volunteers will be conducted approximately two weeks before the actual screening.

Please let us know what day of the week of February 18 – 21, 2003, you are available to volunteer. We will also need to know your glove size.

Sincerely,

Patricia Craddock, D.D.S.
Chair, Nevada Dental Association Access to Care Committee
APPENDIX 5

Healthy Smile-Happy Child
Dental Professional Questionnaire

1. What is your profession?  □ Dentist  □ Hygienist

2. Please indicate the average length of time it took to screen one child.

□ 1 minute or less  □ More than 2 minutes, but not more than 3 minutes  □ More than 4 minutes, but not more than 5 minutes
□ More than 1 minute, but not more than 2 minutes  □ More than 3 minutes, but not more than 4 minutes  □ More than 5 minutes

3. Please check any materials that you feel were insufficient for performing the screening.

□ Gloves  □ Disposable Mirrors  □ Flashlights  □ Masks  □ Cotton tip applicators  □ All were sufficient

If you checked any items, please explain how they were insufficient:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

4. The form used for recording data was easy to fill out. (check your level of)

□ Strongly Agree  □ Agree  □ Neutral  □ Disagree  □ Strongly Disagree

5. The screening was important for measuring the oral health of children. (check your level of agreement)

□ Strongly Agree  □ Agree  □ Neutral  □ Disagree  □ Strongly Disagree

6. The screening was important for measuring the overall health of children. (check your level of agreement)

□ Strongly Agree  □ Agree  □ Neutral  □ Disagree  □ Strongly Disagree

7. Would you participate in this screening again?

□ Yes  If “No” please indicate needed improvements: __________________________

□ No

__________________________________________________________________________

Comments:___________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
APPENDIX 6

General Guidelines

Make sure all data fields are completed (i.e. sex, race etc.)

Only one choice should be made for “Race”. The recorder may check the consent form to see if the parent/guardian has indicated race.

Instead of entering a value of “0” or “1” we are using “Yes” or “No” as the values.

*When in doubt, be conservative.* If you are not sure a condition is present, assume it is not.

Untreated Cavities

A cavity is detected when the screener can readily observe two things:

1. A loss of at least a _ mm of tooth structure at the enamel surface.
2. Brown to dark-brown coloration of the walls of the cavity.

Teeth that meet both these criteria are considered decayed, even if a filling is also present.

Individuals with at least one decayed tooth, whether primary or permanent are coded as “Yes”.

Broken or chipped teeth are considered sound unless a cavity is found.

If you notice a retained root, assume the whole tooth was destroyed by caries and code the individual as having a cavity.

Caries Experience

If the child has an untreated cavity, a filling, a crown or a permanent molar that is missing because it was extracted due to dental caries, the child is coded as “Yes”.

If the child has a crown on an anterior tooth, ask if the tooth was crowned as a result of an injury rather than caries.

If “Untreated Cavities” is checked as “Yes”, then “Caries Experience” must also be checked as “Yes”.

Sealants

*Only permanent molars* are considered for this indicator.

Even a partially retained sealant is codes as a “Yes”.

Treatment Urgency

*Only 1 choice* should be made for treatment urgency

Evaluation Forms

Please complete an evaluation form and return to the Nevada State Health Division (Fax to: 775- 684-4245).
APPENDIX 7

DENTIST’S PROTOCOL

SCHOOL NAME: «School» Elementary School

TELEPHONE: «Tel»

CONTACT PERSON: «Ms_or_Mr» «Contact_First_Name» «Contact_Last_Name», «Contact_Job_Title»

DATE:

TIME:

In order to make the oral health screening process as stress free as possible, the following is a list of the steps to be taken upon your arrival at the school.

1. Upon arrival, go to the school office and ask for the contact person named above.

2. The contact person will meet you and accompany you to the oral health screening area.

3. The contact person will have a supply of disposable mouth mirrors, gloves, facemasks, cotton tip applicators, flashlights and toothbrushes. The cotton-tipped applicators may be used to remove food debris or assist in determining whether a sealant is present. NOTE: If a mouth mirror or cotton-tipped applicator is used on a child, it must be disposed of and new ones must be used on subsequent children. Gloves do not need to be changed unless they have come into contact with oral tissues or bodily fluids.

4. Please dispose of mouth mirrors, gloves, facemasks and cotton tip applicators in the trash bags provided with the other screening materials. This is to eliminate the possibility of students retrieving any of the used materials.

5. The school nurse and the teacher will be responsible for processing the paperwork.

6. The children whose parents have completed and signed a consent form will form a line. Each child will have the completed and signed consent form in hand. When it is the child’s turn to be screened, they will hand their consent form to the school nurse. The school nurse will fill out the screening form and staple it to the consent form. The nurse will keep the consent forms and screenings forms. These will be sent to the State Health Division for data entry and analysis. The school nurse will fill out the “Treatment Urgency” form (referral slip) and give it to the child to take home.

7. The data elements you will record are:
   - Has the child ever had decay (are fillings or untreated decay present)? Yes or No
   - Is untreated decay present? Yes or No.
   - Does the child have a dental sealant on at least one permanent molar? Yes or No
   - Treatment Urgency:
     - No obvious problems / Needs routine preventive care.
     - Needs restorative care.
     - Urgent Care (Pain or swelling Present).

8. It is anticipated that the oral health screening should last no more than one or two minutes per student.
9. After all third grade students with parental permission have been screened, the school contact person will escort you from the school.

The Nevada State Health Division and the Nevada Dental Association thank you for volunteering your time and assisting in this important oral health screening for the benefit of Nevada’s children.
February 12, 2003

«FName» «MI» «LName», «Title»
«Street»
«City», «State» «Zip»

Dear Dr. «LName»:

Thank you for volunteering for the Healthy Smile-Happy Child oral health screening survey as part of the Nevada Dental Association’s *Give Kids A Smile* campaign.

You are confirmed for «School» Elementary School on «Date» at «Time». The address of the school is «School_Address», «School_City». The school telephone number is «School_Phone». Your contact at the school is «School_Contact_First_name» «School_Contact_Last_Name». When you arrive at the school, please proceed to the school office and ask for «School_Contact_First_name» «School_Contact_Last_Name».

If you were not able to participate in either of the calibrations held in Reno or Las Vegas, I have enclosed a copy of the training video, information on the indicators, a sheet with general guidelines, a set of the forms that will be utilized, a copy of the protocol for the school contact and a protocol for you, the screener. Please watch the video, review the protocols and general guidelines and familiarize yourself with the forms.

If you have any questions, please call Dennis Murphy at (775) 684-4260 or myself at (775) 684-5953. Once again, thank you for participating in this important project.

Sincerely,

Christine Forsch, RDH
Oral Health Program Consultant

APPENDIX 9
Third Graders to Have Oral Health Screenings
(For Immediate Release)

Carson City- The Health Smile-Happy Child Survey will be conducted during the week of February 17, 2003. The Nevada State Health Division’s Oral Health Program, in conjunction with the Nevada Dental Association, will be assessing the oral health of third grade students at 51 elementary schools that have been identified as being a representative sample for the state as a whole.

Volunteer dentists from throughout the state will participate in the screenings as part of Children’s Dental Health Month, Give Kid’s a Smile campaign. Each dentist will screen all of the third grade children in each of the 51 selected schools. It is expected that the screenings will require approximately a half-day commitment from each volunteer dentist.

Third grade children who return a signed consent form from a parent or guardian will be given the opportunity to have a free visual dental screening. The screening will note whether the child has any untreated cavities, filled cavities, or sealants on permanent molars. A note will be sent home indicating treatment urgency as: No Obvious Problem/Needs Routine Preventive Care; Needs Restorative Care; or Urgent Care (Pain or Swelling Present). Each child will also receive a toothbrush.

The State Health Division’s Oral Health Program and the Nevada Dental Association are committed to improving access to care for all Nevadans. Current and accurate data on the oral health status of Nevada’s children is needed in order to plan and implement programs. The Association of State and Territorial Dental Directors developed the screening method that will be used. It will allow Nevada to compare data with that of other states that have used the same screening method.

A healthy mouth is part of total health and wellness. Studies show that a healthy child is more prepared to learn in school. Poor oral health can contribute to lack of concentration, absenteeism, improper speech development due to missing teeth, and poor nutrition due to pain when eating.

For more information, contact Christine Forsch, Oral Health Program Consultant, (775) 684-5953.
January 28, 2003

«Contact_First_Name» «Contact_Last_Name»
«Contact_Job_Title»
«School» Elementary School
«Address»
«PO_Box»
«City», «State» «Postal_Code»

Dear «Ms_or_Mr» «Contact_Last_Name»:

In the next few days, you will be receiving your supplies for the Oral Health Screening. An inventory of the supplies is included in the shipment. Please review this list. The quantities of each item in the shipment will be listed on the materials packing list. Please verify that all of the supplies, in the correct quantities listed, have been received. This includes the parental permission forms and evaluation forms.

Included with your supplies will be a protocol. The protocol itemizes the things that you will need to do prior to, and the day of, the oral health screening. It is intended to assist you in making the oral health screening activities go as smoothly as possible.

Thank you again for participating in this oral health screening.

If you have any questions or if I can be of further assistance, please do not hesitate to contact me at 775-684-4260.

Sincerely,

Dennis Murphy
Health Information Specialist

APPENDIX 11
January 29, 2003

«Contact_First_Name» «Contact_Last_Name»
«Contact_Job_Title»
«School» Elementary School
«Address»
«City», «State» «Postal_Code»

Dear «Ms_or_Mr» «Contact_Last_Name»:

An Oral Health Screening Survey of 3rd graders is planned for the week February 17, 2003 at «School» Elementary School. Below is a list of the supplies for the screening that should be in this shipment. Please inventory the contents of the shipment right away to verify that all the supplies, in the quantities indicated below, have been received. If you do not have everything listed, please contact Dennis Murphy immediately at (775) 684-4260

Boxes of disposable gloves: «Gloves»
Boxes of disposable mouth mirrors: «mirors»
Boxes of disposable facemasks: «Masks»
Boxes of children’s toothbrushes: «TB»
No. of tablets of the English Parent Information letter / consent form: «M__of_tables_of_each_form»
No. of tablets of the Spanish Parent Information letter / consent form: «M__of_tables_of_each_form»
No. of tablets of the English Treatment Urgency Form: «M__of_tables_of_each_form»
No. of tablets of the Spanish Treatment Urgency Form: «M__of_tables_of_each_form»
No. of tablets of the Screening Form: «M__of_tables_of_each_form»
No. of trash bags: «trashbags»
Evaluation forms: «M__of_Evaluation_forms»
Federal Express package to return forms: 1

Thank you for your cooperation in this very important project.

Sincerely,

Dennis Murphy
Education and Information Officer
Dear Parent/Guardian,

Your child’s school 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 children.

With your consent, a dentist/dental hygienist will check your child’s teeth for tooth decay and other dental problems. The dentist or hygienist will wear dental gloves and use a new disposable, sterilized mirror and probe for each child. 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.

Please sign and complete the consent form on the reverse side of this page. 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.

Sincerely,

Robert Cooley, DDS
State Dental Health Officer
Consent Form
Please complete this form and return it to your child's teacher tomorrow. Thank you.

Last ________________________ First ________________________

Teacher’s Name ________________________ Room ________________________

Is your child eligible for the free or reduced lunch program?
☐ Yes  ☐ No

☐ Yes, I give permission for my child to have his/her teeth checked.
☐ No, I do not give permission for my child to have his/her teeth checked.

Signature of Parent or Guardian ________________________ Date ________________________

Please answer the next questions to help us learn more about access to dental care. Your answers will remain private and will not be shared. If you do not want to answer the questions, you may still give permission for your child to have his or her teeth checked.

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
   ☐ Health of another family member
   ☐ Difficulty in getting appointment
   ☐ No way to get there
   ☐ Not a serious enough problem
   ☐ Dentist hours are not convenient
   ☐ Don’t like/believe in dentists
   ☐ Too far to travel
   ☐ Other

Race (check all that apply)
☐ White
☐ Black/African American
☐ Asian
☐ Hispanic
☐ Native Hawaiian/Pacific Islander
☐ American Indian/Alaska Native
Estimado Padre o Guardián:

La escuela de su hijo se ha elegido para participar en la encuesta sobre Sonrisas Saludables – Niños Felices de la División de Salubridad del estado de Nevada. El propósito de la encuesta sobre Sonrisas Saludables – Niños Felices es 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. Los resultados de su investigación 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 hace al niño más listo para aprender. Su niño recibirá un cepillo de dientes y una carta para llevar a casa que le informará 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 email al cforsch@nvhd.state.nv.us. Por favor lea y llene el formulario y el consentimiento en el dorso de esta página. Esto permitirá que su niño participe en la encuesta sobre Sonrisas Saludables – Niños Felices. Por favor devuelva el formulario Sonrisas Saludables – Niños Felices al profesor de su hijo mañana.

Sinceramente,

Robert Cooley, DDS
Oficial De Salud Dental Del Estado
FORMA DE CONSENTIMIENTO
Por favor complete esta forma y regrésela mañana al profesor de su hijo. Gracias.

Apellido  Nombre  

Nombre del Profesor  No. de Salón  

¿Su hijo/a es elegible para recibir lonches gratis o a precio reducido?

☐ Sí  ☐ No  

☐ Sí, doy permiso para que le revisen los dientes de mi hijo/a.
☐ No, no doy permiso para que le revisen los dientes de mi hijo/a.

☐ Sí, doy permiso para que le revisen los dientes de mi hijo/a.
☐ No, no doy permiso para que le revisen los dientes de mi hijo/a.

Firma de Padre o Guardián  Fecha  

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

1. ¿Sobre cuanto tiempo tiene que su niño visitó por último al dentista? Incluya todos los tipos de dentistas, tales como ortodoncistas, cirujanos orales, y el resto de los especialistas dentales, así como higienistas dentales.

☐ Dentro los últimos 12 meses  ☐ Mas de tres años

☐ Mas de un año, pero no más de tres años  ☐ Nunca a visitado a un dentista

2. ¿Cuál era la razón principal que su niño visito por último al dentista?

☐ fue por propia cuenta para el chequeo, la examinación o la limpieza

☐ fue llamado por el dentista para el chequeo, la examinación o la limpieza

☐ algo era incorrecto, incomodo o lastimaba

☐ fue para el tratamiento de una condición que el dentista descubrió en chequeo anterior o la reexaminación

☐ Otra razón

☐ nunca ha visitado al dentista

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

☐ Sí  ☐ No

4. ¿Usted tiene alguna clase de seguro que pague algo o todo el CUIDADO DENTAL de su

☐ Sí  ☐ No

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

☐ Sí (Siga a la pregunta #6)

☐ No (Usted ha terminado de completar el formulario)

6. ¿La última vez que su niño no podría conseguir el cuidado dental que necesitó, qué era la

☐ No podría pagarlo  ☐ Salud de otro miembro de la familia  ☐ No era bastante serio el problema

☐ Falta de seguro medico o dental  ☐ Dificultad en llegar a las citas  ☐ Las horas del dentista no son convenientes

☐ El dentista no aceptó Medicaid/seguro  ☐ Falta de transporteación  ☐ No me gustan ni creo en los dentistas

Raza (marque todo lo que pertenece)

☐ Blanco  ☐ Negro/ Afroamericano

☐ Asiático  ☐ Hispano

☐ Hawaiian/Islas Pacificas  ☐ Indio Americano / Alaska
Treatment Urgency:

- No Obvious Problem/Needs Routine Preventive Care
- Needs Restorative Care
- Urgent Care (Pain or Swelling Present)

---

Urgencia del Tratamiento

- No hay problemas obvios; requiere examen rutinario
- Requiere restauraciones dentales
- Requiere cuidado inmediato (se presenta con hinchazón o dolor)
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 está tomando parte en todo el estado. La información obtenida de estas revisiones se usará para valorar la salud oral de niños en Nevada y se usará 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 está más preparado para aprender en la escuela. Se recomienda que su niño tenga exámenes dentales regulares para obtener buena salud oral.
Healthy Smile-Happy Child

School Personnel Questionnaire

1. What is your profession?

☐ School Principal  ☐ School Nurse  ☐ Teacher  ☐ Other: _______________________

2. The screening was important for measuring the oral health of children. (check your level of agreement)

☐ Strongly Agree  ☐ Agree  ☐ Neutral  ☐ Disagree  ☐ Strongly Disagree

3. The screening was important for measuring the overall health of children. (check your level of agreement)

☐ Strongly Agree  ☐ Agree  ☐ Neutral  ☐ Disagree  ☐ Strongly Disagree

4. The information provided to parents will benefit the students. (check your level of agreement)

☐ Strongly Agree  ☐ Agree  ☐ Neutral  ☐ Disagree  ☐ Strongly Disagree

5. The screening did not disrupt students’ learning. (check your level of agreement)

☐ Strongly Agree  ☐ Agree  ☐ Neutral  ☐ Disagree  ☐ Strongly Disagree

6. Parent feedback was: (check all that apply)

☐ Positive  ☐ Negative  ☐ No feedback was received

7. Would you like your school to participate in this screening again?

☐ Yes If “No” please indicate needed improvements: _______________________

☐ No ____________________________  ____________________________

Comments: ____________________________________________________________________________
3rd Grade Screening Form

Name: ________________________________

Age: ______

Gender: □ Male □ Female

Untreated Cavities:

☐ Yes ☐ No

Caries Experience:

☐ Yes ☐ No

Sealants on Permanent Molars:

☐ Yes ☐ No

Treatment Urgency:

☐ No Obvious Problem/Needs Routine Preventive Care
☐ Needs Restorative Care
☐ Urgent Care (Pain or Swelling Present)

Race:

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

Comments: ________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
February 13, 2003

«School_Contact_First_name» «School_Contact_Last_Name»
«School» Elementary School
«School_Address»
«School_City», NV «School_Zip»

Dear «School_Contact_First_name»:

Thank you for your assistance with the Healthy Smile – Happy Child Oral Health Screening. You are confirmed for «Date» at «Time» Your screener(s) is «DDS_1_First_Name» «DDS_1_Last_Name», «DDS_2_First_Name» «DDS_2_Last_Name» and «DDS_3_First_Name» «DDS_3_Last_Name». In the event you need to contact this individual(s), they may be reached at «DDS_1_Phone», «DDS_2_Phone», and «DDS_3_Phone» respectively.

If has been brought to our attention that some parents/guardians may mistakenly believe their child has received a complete dental exam. In order to address this concern, we are asking you to please provide each child screened with a copy of the enclosed disclaimer informing the parent/guardian that the screening is not a substitute for a complete dental examination.

In the event that during the screening, children with acute dental needs are identified who do not already have a family dentist, we have also enclosed a list of resources.

Once again, thank you so much and please do not hesitate to call if you have any questions.

Sincerely,

Dennis Murphy
APPENDIX 18

February 21, 2003

«FName» «LName», «Title»
«Street»
«City», «State» «Zip»

Dear Dr. «LName»:

On behalf of the Nevada State Health Division and the Nevada Dental Association, I would like to thank you for volunteering your time to participate in the Statewide Oral Health Screening conducted the weeks of February 17, 2003 and February 24, 2003. The Nevada State Health Division and the Nevada Dental Association are committed to improving access to care for all Nevadans. Current and accurate data on the status of oral health in Nevada’s children is needed in order to communicate effectively with policy makers and to design effective programs that address the oral health needs of the state. Your contribution of time was an important component in the collection of this data. The report on the data collected will be sent to you as soon as it is available.

Please take a moment to complete the attached questionnaire. Your comments will be used to improve future oral health screenings that may be conducted in the state. Once again thank you for your valuable contribution.

Sincerely,

Robert O. Cooley, D.D.S.
State Dental Health Officer
APPENDIX 19

February 25, 2003

Susan Jancar, DDS
President, Nevada Dental Association
50 East Haskell Street
Winnemucca, NV 89445

Dear Dr. Jancar:

On behalf of the Nevada State Health Division, I would like to thank the Nevada Dental Association for partnering with us on the Statewide Oral Health Screening conducted the weeks of February 17, 2003 and February 24, 2003. A special thank you goes to Maury Astley and the rest of the staff of the NDA. I know they put a tremendous number of hours into recruiting the volunteer dentists and then making the match between the dentists and the schools. I would also like to thank the 60 volunteer dentists who performed the screening, some of whom even volunteered to screen at more than one school.

Both the Nevada State Health Division and the Nevada Dental Association are committed to improving access to care for all Nevadans. As the recruitment letter sent by the NDA stated, “Current and accurate data on the status of oral health in Nevada’s children is needed in order to communicate effectively with policy makers and to design effective programs that address the oral health needs of the state.” The time contributed by the NDA and its members was an important component in the collection of this data. The report on the data collected will be sent to you as soon as it is available.

Once again thank you for your valuable contribution.

Sincerely,

Christine Forsch, RDH
Oral Health Program Consultant

cc: Maury Astley
3rd Grade Screening Timeline (2002-2003)

- August: Sample of schools selected
- September: School info collected and entered into database
- October: Meeting between representatives of the NSHD and DOE, Letters mailed to superintendents
- November: List of schools sent to NDA, Price quotes of screening materials obtained
- December: Follow-up phone calls to superintendents; districts agree to participate

NDA contacted, Letter sent to endorse screening and ask for volunteers.