

Indicator C.11. Percentage of Third-Grade Children with Urgent Dental Treatment Needs	
<b>Description:</b>	Percentage of third-grade children with urgent dental treatment needs.
<b>What data source is used?</b>	The Basic Screening Survey (BSS) is a tool for oral health surveillance that was developed by the Association of State and Territorial Dental Directors (ASTDD) to help state and local public health agencies monitor the burden of oral disease. These surveys include direct observation of a child's mouth.
<b>Who is the target population?</b>	This indicator is based on a state-level, population-based BSS of kindergarten children.
<b>How is the indicator measured?</b>	<p>The indicator is expressed as a percentage [numerator/denominator x 100%].</p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; margin: 10px 0;"> <p><b>Numerator:</b> The subset of children in the denominator needing urgent dental care</p> <hr style="border: 0.5px solid black;"/> <p><b>Denominator:</b> Number of third-grade children screened</p> </div>
<b>Are any children excluded?</b>	Children with missing information for the "needs urgent dental care" variable are excluded from the indicator.
<b>What does this indicator measure and why is it important?</b>	This indicator is a measure of oral health care <b>outcomes</b> among third-grade children and signifies an adverse oral health status that requires dental care. Dental caries is the most common chronic disease in children in the United States. <sup>i</sup> National guidelines from the American Academy of Pediatric Dentistry (AAPD) and the American Academy of Pediatrics (AAP) recommend that children receive oral health care services by age 1 and have regular visits thereafter. <sup>ii,iii</sup> In 2014, 52% of all children and 60% of poor children (FPL<100%) did not have a dental visit during the year. <sup>iv</sup> Monitoring trends in children's need for urgent dental care can help to guide the development of prevention and disease management programs and evaluate the effectiveness of those programs over time in reducing the incidence and severity of oral disease among children.
<b>Are there any limitations to this indicator?</b>	The BSS is typically conducted at a recommended interval of every 5 years within a state; consequently, this outcome indicator will not be updated annually. If a state uses positive consent, the information is representative only of children whose families returned a consent form. ASTDD encourages states to use passive (opt-out) consent.
<b>Where can I get more information about BSS?</b>	<ul style="list-style-type: none"> <li>Additional information about the BSS is available from <a href="#">ASTDD</a>.</li> </ul>

<sup>i</sup> Centers for Disease Control and Prevention. 2016. [Hygiene-Related Diseases: Dental Caries](#). Atlanta, GA: Centers for Disease Control and Prevention.

<sup>ii</sup> American Academy of Pediatric Dentistry, Council on Clinical Affairs. 2018. [Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents](#). 11 pp.

<sup>iii</sup> American Dental Association. 2020. [Your Baby's First Dental Visit](#). Chicago, IL: American Dental Association.

<sup>iv</sup> Nasseh K, Vujcic M. 2016. [Dental Care Utilization Steady Among Working-Age Adults and Children, Up Slightly Among the Elderly](#). Health Policy Institute Research Brief. Chicago, IL: American Dental Association.