

Indicator C.9. Percentage of Third-Grade Children with Dental Caries Experience (Treated or Untreated Tooth Decay)	
Description:	Percentage of third-grade children with dental caries experience (treated or untreated tooth decay).
What data source is used?	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.
Who is the target population?	This indicator is based on a state-level, population-based BSS of third-grade children.
How is the indicator measured?	<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>Numerator: The subset of children in the denominator with treated or untreated tooth decay</p> <hr style="border: 0.5px solid black;"/> <p>Denominator: Number of third-grade children screened</p> </div>
Are any children excluded?	The following children are excluded from the denominator: (1) children with missing information for both untreated and treated decay, (2) children with no treated decay and missing information about untreated decay, (3) children with no untreated decay and missing information about treated decay.
What does this indicator measure and why is it important?	This indicator is a measure of oral health care outcomes among kindergarten children and signifies an adverse oral health status (tooth decay). Dental caries is the most common chronic disease in children in the United States. ⁱ 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. ^{ii,iii} In 2014, 52% of all children and 60% of poor children (FPL<100%) did not have a dental visit during the year. ^{iv} Monitoring trends in tooth decay among children can help to guide the development of prevention and disease management programs and evaluate the effectiveness of those programs over time.
Are there any limitations to this indicator?	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.
Where can I get more information about BSS?	<ul style="list-style-type: none"> Additional information about the BSS is available from ASTDD.

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

ⁱⁱ 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.

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

^{iv} 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.