



ORAL HEALTH SURVEY NEVADA 2003

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

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PREFACE

In February 2003, the Nevada State Health Division in partnership with the Nevada Dental Association and the University of Nevada Las Vegas School of Dental Medicine conducted a statewide oral health survey of third grade children enrolled in Nevada's public elementary schools.

The purpose of the survey was to establish baseline data, determine the oral health status and needs of children in Nevada, make program decisions that are data driven and allow for meaningful program evaluation.

The Nevada State Health Division chose to utilize the Association of State and Territorial Dental Directors' (ASTDD) Basic Screening Survey model to ensure that Nevada's results are comparable with other states that have utilized the ASTDD Basic Screening Survey. Data collected includes caries experience, untreated decay, dental sealant status, treatment urgency, as well as socio-economic data including age, gender, race and ethnicity, participation in the Free and Reduced Price Meal Program, and insurance status.

This report describes the findings of the first comprehensive oral health screening survey of Nevada third graders since *A Youth Oral Health Needs Assessment* was completed by Cristman Associates in 1992.

The report is available on the State Health Division website www.health2k.state.nv.us/oral. Comments, suggestions, requests for additional information or hard copies may be directed to:

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Introduction

In June 2000, the U.S. Surgeon General's Office released the first-ever report entitled: *Oral Health in America: A Report of the Surgeon General*. This report alerts Americans to the full meaning of oral health and its importance to general health and well-being. The report describes dental and oral diseases affecting some population groups in the U.S. as a "silent epidemic." According to the report, dental caries is the single most common chronic childhood disease – Five times more common than asthma and seven times more common than hay fever. More than 51 million school hours are lost each year to dental-related illness.

Those who suffer the worst oral health are found among the poor of all ages, with poor children and poor older Americans particularly vulnerable. Members of racial and ethnic minority groups also experience a disproportionate level of oral health problems. Individuals who are medically compromised or who have disabilities are at greater risk for oral diseases and in turn, oral diseases further jeopardize their health. Uninsured children are 2.5 times less likely than insured children to receive dental care. For each child without medical insurance, there are at least 2.6 children without dental insurance. Poor children suffer twice as much tooth decay as their more affluent peers and their disease is more likely to be untreated.

How does this relate to Nevada? According to *Nevada Vital Statistics*, from 1990 to 2000, Nevada was the fastest growing state in the nation. In 2000, 66.8 percent of Nevada's population was White-Non Hispanic. The Hispanic population was 20.4 percent. Black-Non Hispanics accounted for 6.8 percent of the population. Asian-Non Hispanics were 5.0 percent of the population and Native American-Non Hispanics accounted for 1.1 percent of the population. Since 1990, the fastest growing ethnic groups in the state were of Hispanic and Asian origin, with increases of 233 percent and 180.5 percent respectively. Blacks have increased 80.5 percent, Whites 43.4 percent and Native Americans 27.1 percent.

According to Census 2000 data, close to 14 percent of Nevada's children were living in poverty in 1999. In the *Nevada Primary Care Handbook*, we learn that in 2002, 15.8 percent of Nevada's population was uninsured. That translates into almost 39,000 uninsured children. The significance of this is highlighted in the General Accounting Office report, *Dental Disease is a Chronic Problem Among Low-Income Populations*, April 2000. The report showed that poor children and adults across the United States visit the dentist at about half the rate of their higher-income counterparts.

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 percent of children had experienced decay in permanent or primary teeth. Active decay in primary or permanent teeth requiring routine dental treatment was found in almost half (48.6 percent) of first graders and more than half (51 percent) of sixth graders. Approximately 18 percent of first graders and 12 percent of sixth graders were found in need of some form of urgent care because of active caries that could result in pain or infection. About five percent of first graders and three percent of

sixth graders needed immediate attention due to severe pain and infection. Although the study provided detailed information, the results are now outdated.

In order to establish baseline data, determine the oral health status and needs of children in Nevada, make program decisions that are data driven and allow for meaningful program evaluation, the Nevada State Health Division in partnership with the Nevada Dental Association and the University of Nevada Las Vegas School of Dental Medicine conducted the Healthy Smile-Happy Child Oral Health Screening Survey in February 2003. The table below highlights the similarities and differences between the two surveys.

Table 1. Comparison of the 1992 Youth Oral Health Needs Assessment and the 2003 Healthy Smile-Happy Child Survey

	A Youth Oral Health Needs Assessment -1992	Healthy Smile-Happy Child Survey - 2003
Number of children screened	764	2,470
Grades screened	First and sixth grade	Third grade
Questions on the written portion of the survey	Gender Grade Race/ethnicity Have you visited a dentist within the past year? What was the reason for your visit to the dentist? Have you ever missed school because of a toothache or pain in your mouth? Does anyone in your family regularly smoke while you are in the same room? Have you visited a doctor or a health clinic in the last year?	Gender Age Race/ethnicity Participation in Free and Reduced Meal Program. About how long has it been since your child last visited a dentist? What was the main reason that your child last visited a dentist? Do you have any kind of insurance that pays for some or all of your child's dental care? During the past 12 months, was there a time when your child needed dental care but could not get it at that time? The last time your child could not get the dental care he/she needed, what was the main reason he/she could not

		<p>get care? (Only asked if responded, “yes” to the previous question).</p> <p>Do you have any kind of insurance that pays for some or all of your child’s medical or surgical care?</p>
Oral health data collected	<p>Decayed, missing, or filled adult teeth (DMFT)</p> <p>Decayed, missing, or filled surfaces on adult teeth (DMFS)</p> <p>Decayed or filled primary teeth (dft)</p> <p>Decayed or filled surfaces on primary teeth (dfs)</p> <p>Dental sealant status</p> <p>Plaque Index Score</p> <p>Treatment urgency</p>	<p>Caries experience</p> <p>Presence of untreated decay</p> <p>Dental sealant status</p> <p>Treatment urgency</p>
Statewide findings	<p>67% of children examined had experienced decay (cavities or fillings) in permanent or primary teeth.</p> <p>Active tooth decay in primary or permanent teeth requiring routine dental treatment was found in 48.6% of first graders and 51% of sixth graders. <i>(Note: Screeners used dental explorers)</i></p> <p>About 5% of first graders and 3% of sixth graders needed immediate attention due to severe pain or infection.</p> <p>Only 20% of children examined had evidence of dental sealants of their permanent molars.</p>	<p>67% of children examined had cavities or fillings (decay experience)</p> <p>39% of children had untreated decay <i>(Note: Screeners did not use dental explorers. Visual screening only.)</i></p> <p>7% of children examined were in need of urgent dental care because of pain or infection</p> <p>33% of children had dental sealants</p>

Sampling

The target population of the survey was all third graders in the State of Nevada. An electronic list of all public elementary schools in Nevada with third grade children was obtained from the Department of Education (306 schools and 29,128 third grade students).

All schools with at least 20 children in third grade were included in the sampling frame (267 schools and 28,853 students). The sampling frame was stratified by region and schools within each region were ordered by percent of children eligible for the free and/or reduced price meal program. The Oral Health Program had resources sufficient to sample approximately 50 schools. Twenty percent of the schools were sampled in each of the three defined regions (Clark County, Washoe County, and Rest of State). Fifty-one elementary schools were randomly selected for participation in the oral health survey.

The volunteer dentists only screened those children that returned a positive consent form. A total of 2,705 children returned the consent form and 2,470 were screened (46 percent of the 5,325 third grade children enrolled in 50 of the schools.) Data from one school was eliminated due to recording errors.



Methods

Data was collected utilizing two mediums: a consent form and a visual oral health screening. The consent form was answered by each student's parent/guardian and contained questions concerning socio-economic status and past oral health experience.

Volunteer dentists completed the oral health screenings. The screenings were completed using gloves, flashlights, cotton swabs, and disposable mouth mirrors supplied by the State Health Division. The diagnostic criteria outlined in **Basic Screening Surveys: An Approach to Monitoring Community Oral Health** were used. Each of the volunteer dentists either attended a survey training session or were sent the Basic Screening Survey training video developed by the ASTDD.

Data Management and Analysis: The data were entered into a Microsoft Access database that was exported to Epi Info 6.04 for analysis. Epi Info is a public access software program developed and supported by the Centers for Disease Control and Prevention. To account for differences in response rates between schools, the data were adjusted for non-response. The number of children enrolled in each school was divided by the number of children screened to obtain the non-response sampling weight for each school.

The cover letter, consent form and oral health screening data collection form, can be found at the end of the report (Appendix A, B and C).



KEY FINDINGS

- ⇒ Dental decay is a significant public health problem for Nevada’s children.
 - 67 percent of the children had cavities and/or fillings (decay experience).
 - 39 percent of the children had untreated dental decay (cavities).
- ⇒ While dental sealants are a proven method for preventing decay, most of Nevada’s children do not have access to this preventive service.
 - Only 33 percent of the children had dental sealants.
- ⇒ A large percentage of Nevada’s children have limited access to regular dental care.
 - Only 58 percent of the parents reported that their child had seen a dentist within the last 12 months.
 - A staggering 11 percent reported that their child had never been to a dentist.
 - 20 percent of parents reported that they had trouble accessing dental care during the last year. The primary reasons were “could not afford it” and “no insurance.”
- ⇒ The majority of Nevada’s children have some type of dental and medical coverage.
 - 65 percent of the parents reported that they had some type of **dental** insurance coverage for their child.
 - 71 percent of the parents reported that they had some type of **medical** insurance coverage for their child.
- ⇒ Low-income children have poorer oral health.
 - Compared to children not eligible for the free and/or reduced price meal program, a significantly **higher** proportion of eligible children had a history of decay (61% vs. 74%) and untreated decay (29% vs. 49%) while a significantly **lower** proportion had dental sealants (43% vs. 24%).
- ⇒ Children who have not been to the dentist in the last year, or who have never been to the dentist, have poorer oral health.
 - Compared to children who had been to the dentist in the last year, a higher proportion of children who had a dental visit more than one year ago or who had never been to the dentist had untreated decay (32% vs. 49% and 49% respectively). A significantly lower proportion of children with less than annual dental visits had dental sealants (46% vs. 19% and 5% respectively).
- ⇒ Minority children have poorer oral health.
 - Compared to White Non-Hispanic children, a significantly higher proportion of African American and Hispanic children had untreated decay (33% vs. 45% and 45% respectively) while a lower proportion had dental sealants (43% vs. 18% and 25% respectively).
- ⇒ Children with no dental insurance have poorer oral health.

- Compared to children with dental insurance, a significantly higher proportion of children without dental insurance had untreated decay (35% vs. 47%) while a significantly lower proportion had dental sealants (39% vs. 21%).
- ⇒ There are regional differences in the oral health of Nevada's children.
- A higher proportion of children in Clark County have untreated decay compared to children in Washoe County and the rest of the state. However, this difference is not statistically significant.
 - A significantly lower proportion of children in Clark County have dental sealants.
- ⇒ Considerable improvements in the oral health of Nevada's children must be made in order to meet the Healthy People 2010 objectives for caries experience, untreated decay and dental sealants.
- ⇒ Compared to children from several other states, children in Nevada have a higher prevalence of untreated decay and a lower prevalence of dental sealants.



Results

All of the 51 selected schools agreed to participate in the oral health survey but the data from one school had to be discarded because of improper recording of results. The 50 schools with valid data had a total third grade enrollment of 5,325 children. Questionnaires and consent forms were returned by 2,705 children and 2,470 children received a dental screening (46.3% response rate). The children ranged in age from 7-11 years with a mean of 8.5 years. About half of the children were female (52%) and about half were white (51%).

About 45 percent of the children screened were eligible for the free and/or reduced price meal program. To be eligible for the free and/or reduced price meal program during the 2002-2003 school year, annual family income for a family of four could not exceed \$33,485.¹ In terms of free and/or reduced meal status, the schools participating in the oral health survey were representative of the state as a whole. Statewide, thirty-nine percent of children in schools with third grade enrollment were eligible for the free and/or reduced price meal program and 39 percent of the children in the participating schools were eligible. Since 45 percent of the children screened were eligible (compared to 39 percent in the participating schools), it appears that lower income children were more likely to participate in the oral health survey.

Table 2. Comparison of Participating Schools to All Nevada Schools

	Children Screened (n=2,470)	Participating Schools (n=50)	All Schools with 3 rd Grade (n=306)
% Eligible for F/R Lunch	45.1	38.9	39.4
% Minority	53.4		

All of the data presented in the text of this report have been adjusted for non-response.

Oral Health Status Indicators (Tables 4A & 4B)

Sixty-seven percent of the children screened had decay experience (untreated decay or fillings) in their primary and/or permanent teeth. Thirty-nine percent of the children had untreated decay at the time of the screening,² while seven percent were in need of urgent dental care because of pain or infection.

Thirty-three percent of the children had a dental sealant on at least one permanent molar. Dental sealants provide an effective way to prevent decay on the chewing surfaces of molars (back teeth), which are most vulnerable to caries. A clear resin is used to cover the “pits and fissures” on the top of the teeth so that cavity-causing bacteria cannot reach areas that are difficult to clean and for fluoride to penetrate.

¹ U.S. Department of Agriculture, Child Nutrition Programs, School Lunch Program, Income Eligibility Guidelines SY 2002-2003, www.fns.usda.gov/cnd/Lunch/Governance/Notices/02-03iegs.htm (5/27/03).

² The percent of children with untreated decay is assumed to be an under estimation because radiographs (x-rays) were not taken.

Access to Care Indicators (Tables 5 and 6)

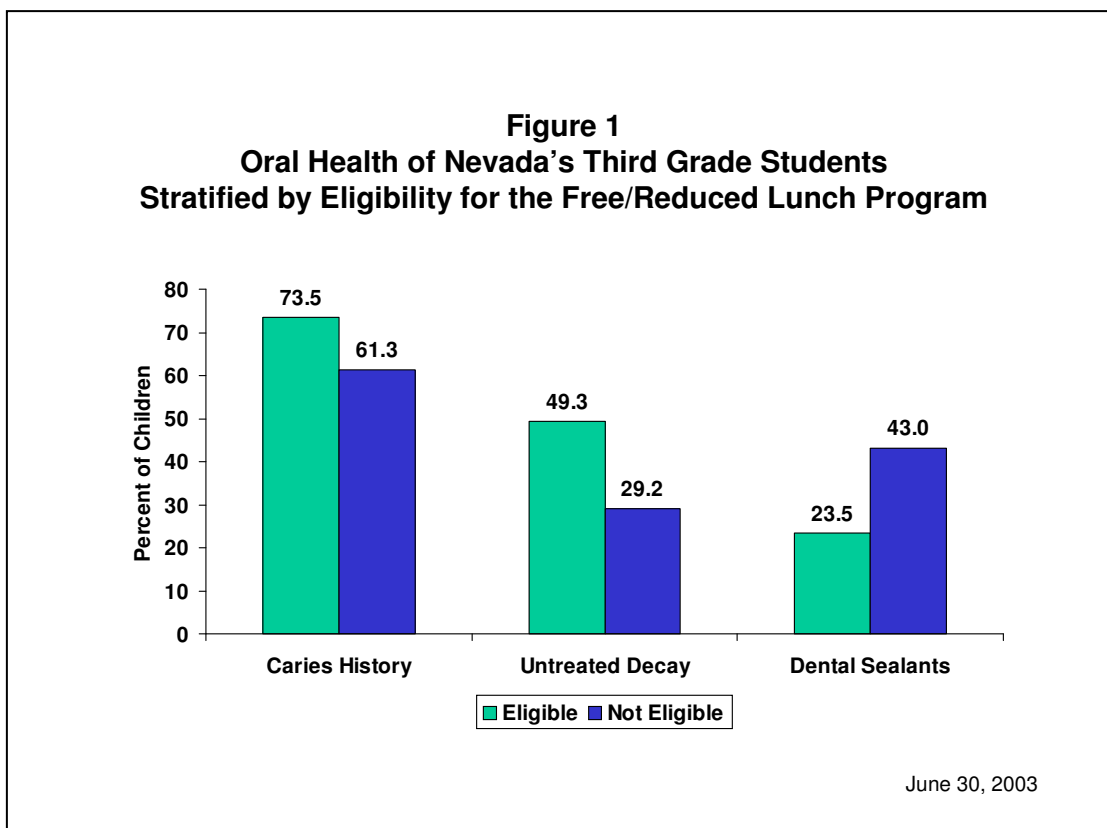
Information on access to care was available for 2,705 children. Some parents returned the questionnaire but refused the screening while other parents returned the questionnaire and granted consent, but their child was absent on the day of the screening. The response rate for returning the questionnaire was 51 percent.

The majority of parents (71%) reported having some type of medical insurance coverage for their child, while 65 percent reported some type of dental insurance.

Slightly more than 58 percent of the parents reported that their child had been to the dentist in the last year while a staggering 11 percent reported that their child had never been to the dentist. Almost 20 percent reported that during the last 12 months there was a time when their child needed dental care but could not get it. The primary reasons for not being able to get care were “could not afford it” (n=204) and “no insurance” (n=140).

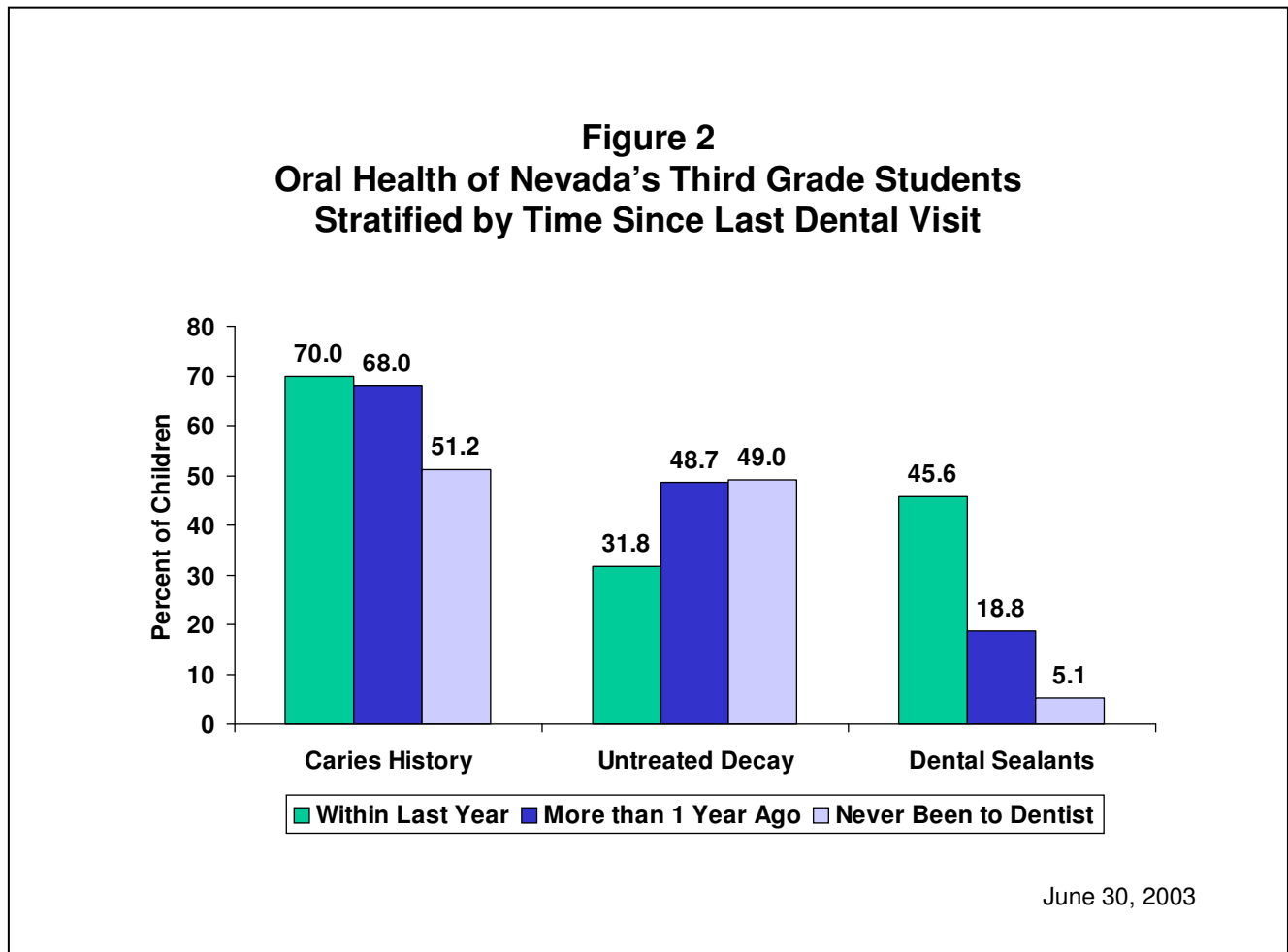
Impact of Socioeconomic Status (Tables 7A and 7B, Figure 1)

Eligibility for the free and/or reduced price meal program is often used as an indicator of overall socioeconomic status. A significantly higher proportion of children eligible for the meal program, compared to those not eligible, had a history of caries (74% vs. 61%), had untreated decay (49% vs. 29%), and had a need for urgent dental care because of pain or infection (11% vs. 3%).



Impact of Dental Visit Frequency (Tables 8A and 8B, Figure 2)

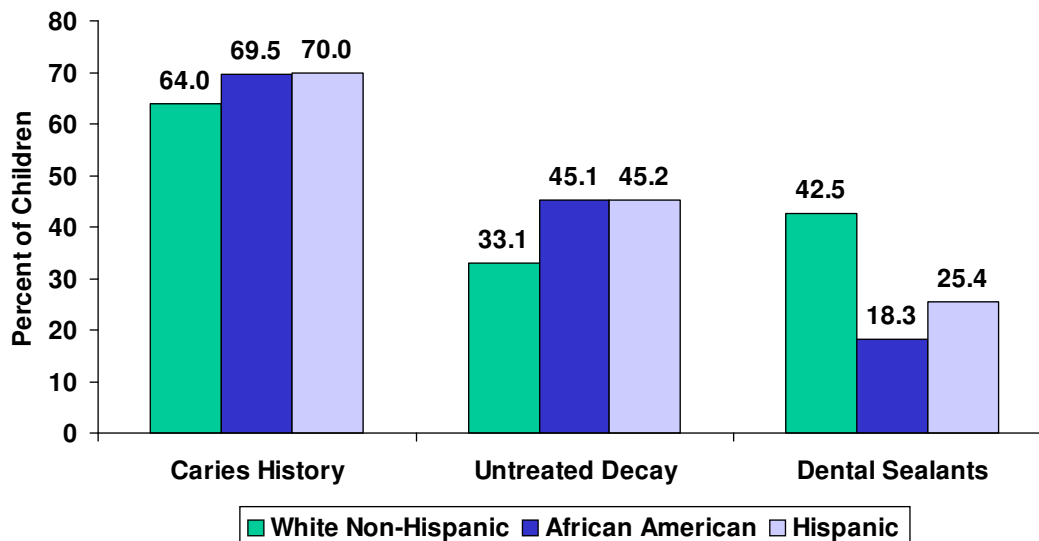
While the majority of the parents (58%) reported that their child had been to a dentist in the last year, 25 percent reported that their child had not seen a dentist in the last year and 11 percent reported that their child had never been to a dentist. Children whose parents reported a dental visit in the last year were significantly more likely to have dental sealants (46% vs. 19% and 5%), were significantly less likely to have untreated decay (32% vs. 49% and 49%), and were significantly more likely to have no need for restorative dental care (67% vs. 48% and 41%).



Impact of Race and Ethnicity (Tables 9A and 9B, Figure 3)

While there was no significant difference in the proportion of white and minority children with a history of dental decay, a significantly higher proportion of minority children have untreated decay (33% vs. 44%) and a significantly lower proportion of dental sealants (43% vs. 25%). It should also be noted that the minority children screened in Nevada were more likely to be eligible for the free and/or reduced price meal program and were less likely to have visited the dentist in the last year. Hispanic children were also less likely to have dental insurance compared to both white and black children.

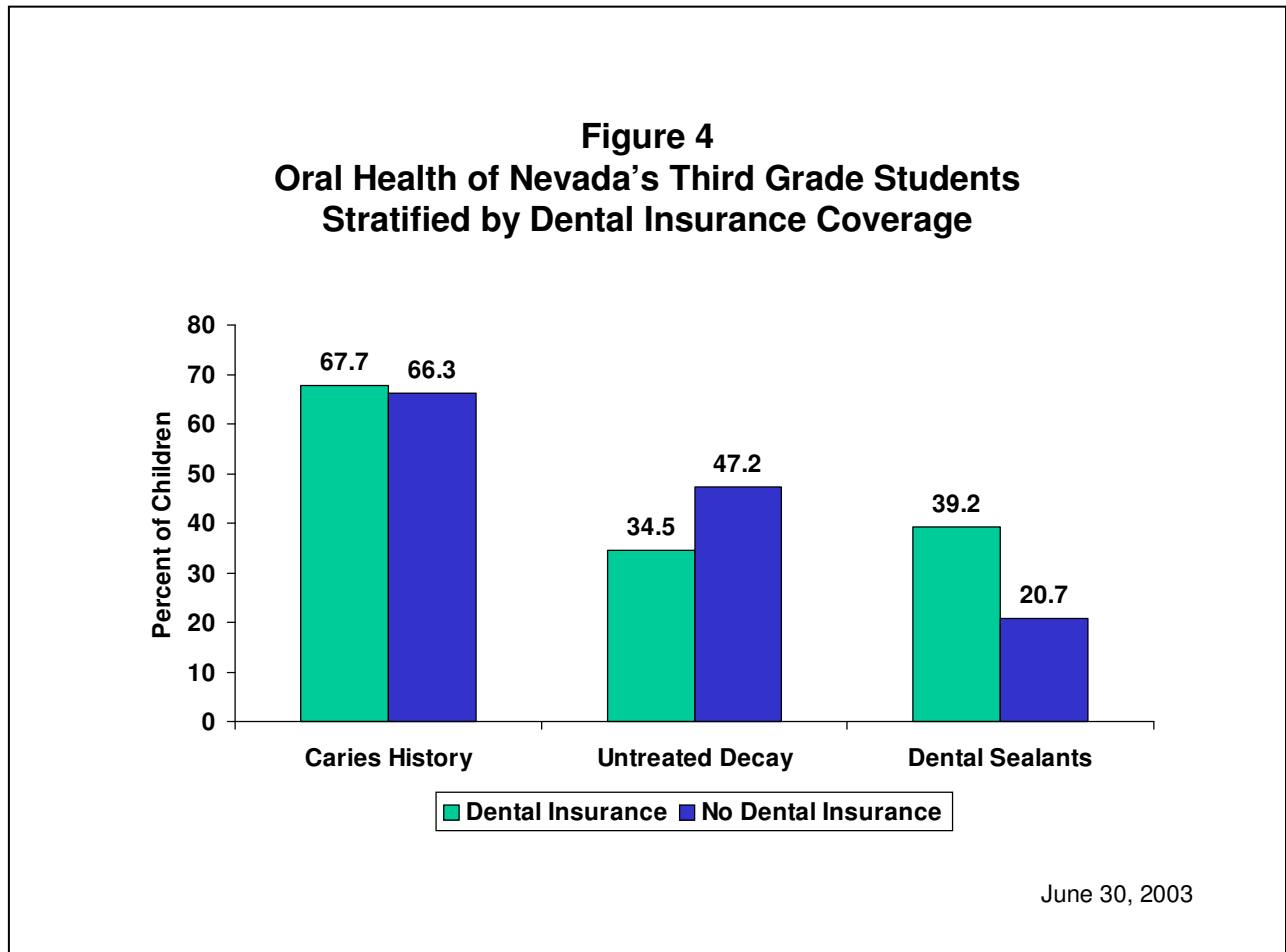
**Figure 3
Oral Health of Nevada's Third Grade Students
Stratified by Race and Ethnicity**



June 30, 2003

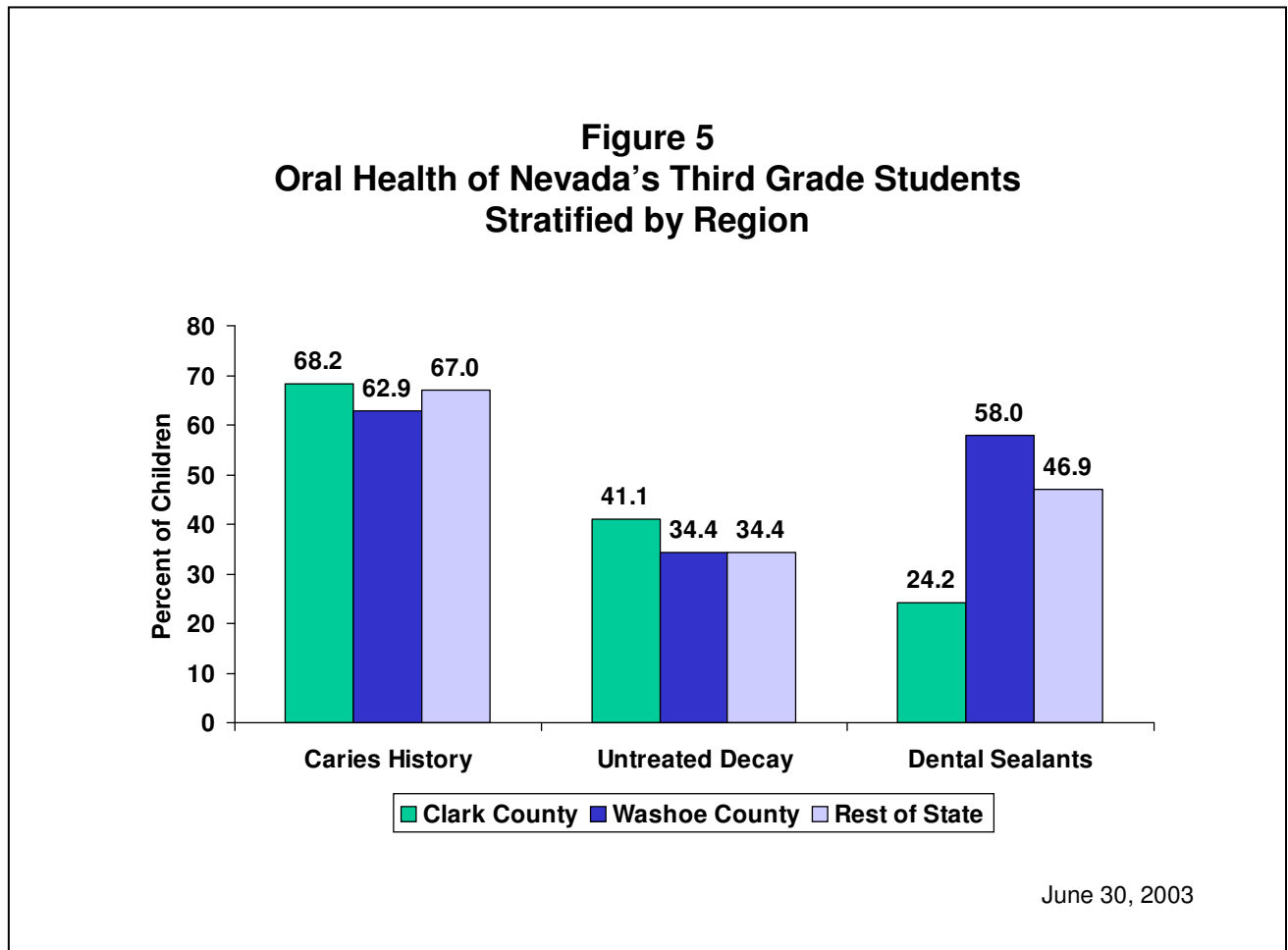
Impact of Dental Insurance Coverage (Tables 10A and 10B, Figure 4)

When stratified by dental insurance coverage (dental insurance vs. no dental insurance), significant differences in oral health status appeared. Compared to children with dental insurance, children without insurance were more likely to have untreated decay (35% vs. 47%) and less likely to have dental sealants (39% vs. 21%).



Regional Differences (Tables 11A and 11B, Figure 5)

The sampling scheme for the oral health survey allowed for stratification of the state into three different regions – Clark County, Washoe County, and Rest of State. The demographics of the children screened varied substantially by region. The children screened in Clark County were more likely to be minority, lower income, and less likely to have visited the dentist in the last year. These demographic differences may be partially responsible for some of the regional differences in oral health status. While the prevalence of untreated decay was highest in Clark County, the differences were not statistically significant. There were significant differences, however, in the prevalence of dental sealants. A substantially lower proportion of Clark County children (24%) had dental sealants compared to Washoe County and Rest of State children (58% and 47% respectively).



Healthy People 2010 Objectives (Tables 12A and 12B)

The National Oral Health Objectives for Healthy People 2010 (HP2010) outline several oral health status objectives for young children. For six- to eight-year-old children there are three primary oral health status objectives:

- To decrease the proportion of children who have experienced dental caries in permanent or primary teeth to 42 percent.
- To decrease the proportion of children with untreated dental caries in permanent or primary teeth to 21percent.
- To increase the proportion of eight-year-olds receiving protective sealing of the occlusal surfaces of permanent molar teeth to 50 percent.

The State of Nevada needs to make considerable progress if these objectives are to be met. More than 67 percent of the third grade children screened in Nevada had experienced dental caries – substantially higher than the HP2010 objective of 42 percent. Thirty-nine percent of the Nevada children had untreated caries compared to the HP2010 objective of 21 percent. Thirty-three percent of eight-year-old children surveyed had dental sealants compared to the HP2010 objective of 50 percent.



Comparison to Other States (Figures 6-8)

Figures 6-8 compare the oral health of Nevada's children with the oral health of children from several other states. Each of the states represented in the figure gathered oral health status information using the same protocols as Nevada.

Overall, children in Nevada tend to have poorer oral health. When compared to children from other states, a higher proportion of Nevada's children have untreated decay while a lower proportion have dental sealants.

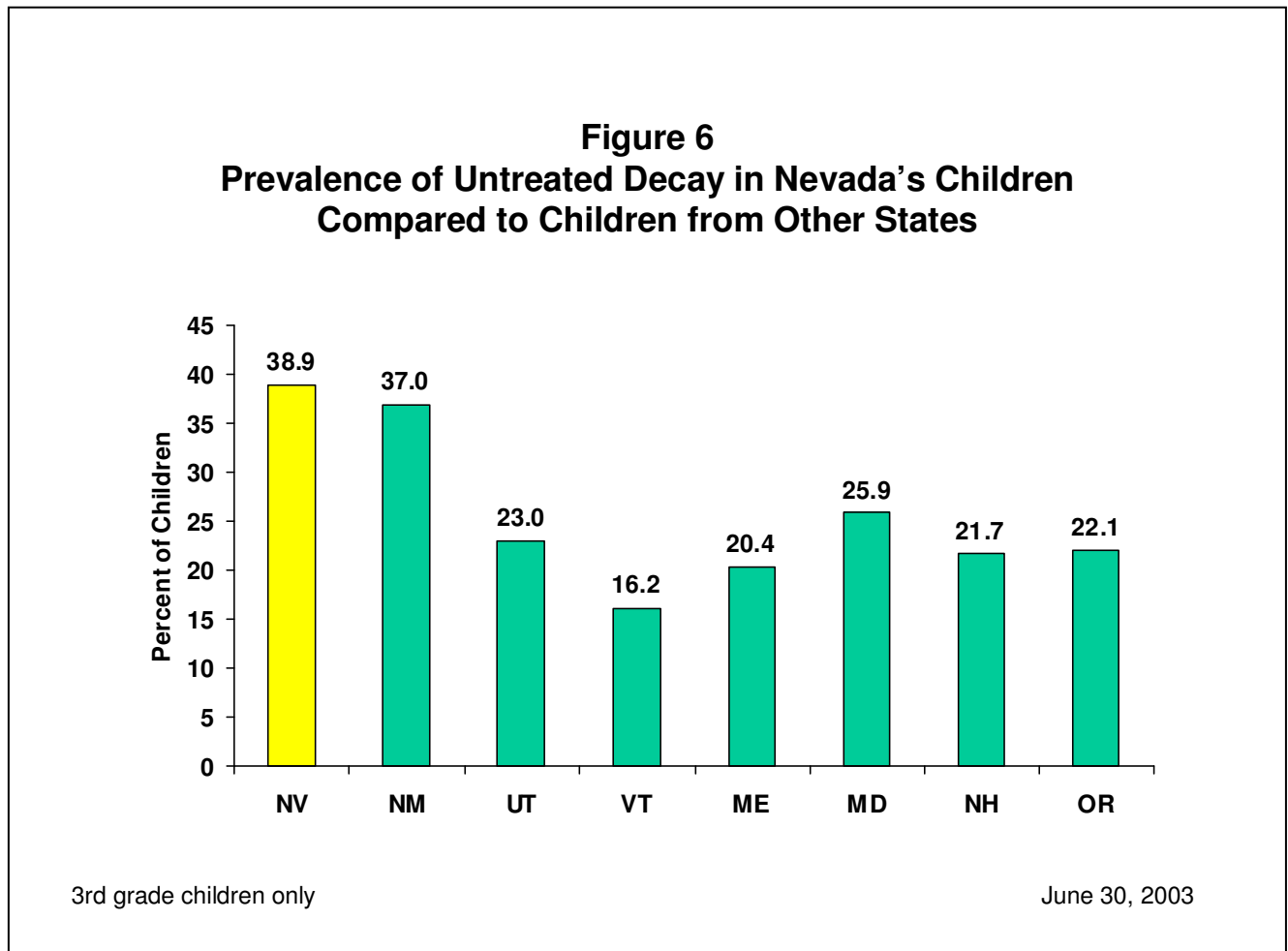


Figure 7
Prevalence of Decay Experience in Nevada's Children
Compared to Children from Other States

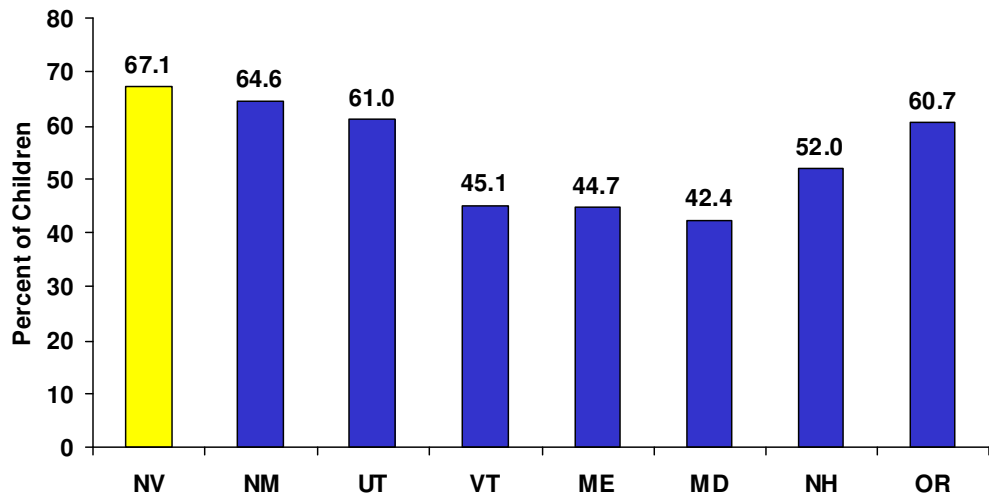
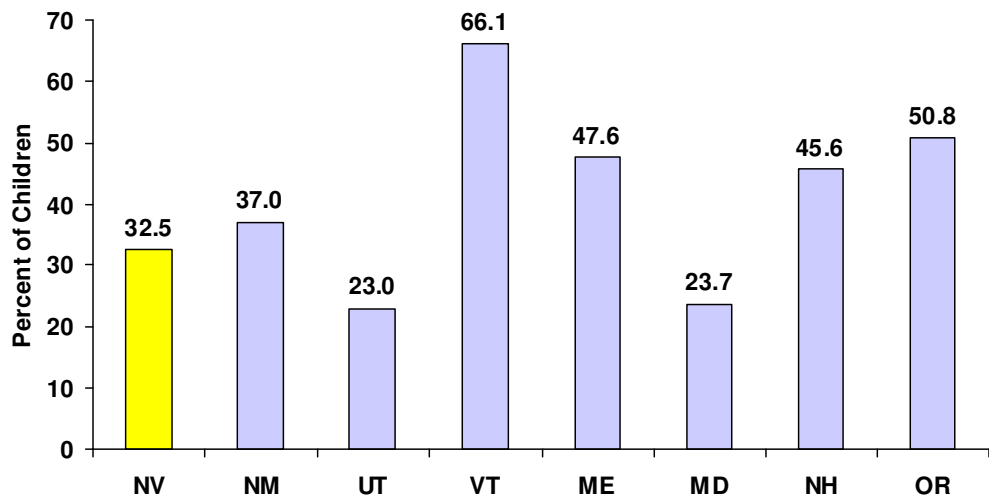


Figure 8
Prevalence of Dental Sealants in Nevada's Children
Compared to Children from Other States



3rd grade children only

June 30, 200

Table 3
Demographic Characteristics of Children Participating in Nevada’s Oral Health Survey
All Children who Returned a Questionnaire and Children Screened

Variable	Number	All Children who Returned a Questionnaire (n=2,705)
Gender	2,654	
% Male		47.7
% Female		52.3
Age:	2,702	
Mean age (S.D.)		8.5 (0.56)
Age range		7-11 years
Race and Ethnicity*	2,705	
% White		51.5
% African American		10.3
% Hispanic		34.7
% Asian		5.7
% Native Hawaiian/Pacific Islander		1.6
% American Indian/Alaska Native		2.4
% Unknown		3.4
Eligible for Free/Reduced Lunch	2,705	
% Yes		43.6
% No		47.1
% Unknown/Missing		9.3
		Children who were Screened (n=2,470)
Gender	2,425	
Percent Male		47.6
Percent Female		52.4
Age:	2,468	
Mean age (S.D.)		8.52 (0.55)
Age range		7-11 years
Race and Ethnicity*	2,470	
% White		51.3
% African American		10.6
% Hispanic		35.7
% Asian		5.7
% Native Hawaiian/Pacific Islander		1.5
% American Indian/Alaska Native		2.5
% Unknown/Missing		2.3
Eligible for Free/Reduced Lunch	2,470	
% Yes		45.1
% No		46.0
% Unknown/Missing		9.0

* Parents could select multiple categories; therefore, the sum is greater than 100. Two hundred thirty (230) parents selected more than one race/ethnicity.

Table 4A
Oral Health of Nevada's Third Grade Children
Not Adjusted for Non-Response

Variable	Number with Data	Percent of Children	95% Confidence Interval *
Caries Free	2,470	32.9	31.0 – 34.8
Caries History	2,470	67.1	65.2 – 69.0
Untreated Decay	2,465	38.9	37.0 – 40.9
Dental Sealants	2,467	32.5	30.7 – 34.4
Treatment Urgency	2,441		
-none		57.7	55.7 – 59.7
-early		35.0	33.1 – 37.0
-urgent		7.3	6.3 – 8.4

Table 4B
Oral Health of Nevada's Third Grade Children
Adjusted for Non-Response

Variable	Number with Data	Percent of Children	95% Confidence Interval*
Caries Free	2,470	32.9	29.9 – 35.8
Caries History	2,470	67.1	64.2 – 70.1
Untreated Decay	2,465	39.0	35.0 – 43.1
Dental Sealants	2,467	33.2	27.5 – 38.9
Treatment Urgency	2,441		
-none		58.0	53.3 – 62.7
-early		35.0	31.6 – 38.5
-urgent		7.0	4.1 – 9.9

* The true value lies within this range 95 percent of the time.

Table 5
Last Dental Visit, Insurance and Access to Care for Nevada’s Third Grade Children
All Children Who Returned a Questionnaire – Not Adjusted for Non-Response

Variable	Number	Percent of Children	95% Confidence Interval
Last Dental Visit	2,705		
Within last 12 months		58.3	56.4 – 60.2
1-3 years ago		19.7	18.3 – 21.3
More then 3 years ago		5.2	4.4 – 6.1
Never been to dentist		11.2	10.1 – 12.5
Unknown/Missing		5.5	4.7 – 6.4
Reason For Last Visit	2,705		
Went in on own for check-up		56.7	54.8 – 58.5
Called in for check-up		4.0	3.3 – 4.8
Something was wrong		9.9	8.9 – 11.1
Went for treatment		8.2	7.2 – 9.4
Other		3.6	2.9 – 4.4
Never been to dentist		11.5	10.3 – 12.7
Unknown/Missing		6.1	5.3 – 7.1
Medical Insurance	2,705		
Yes		70.9	69.1 – 72.6
No		23.0	21.4 – 24.6
Unknown/Missing		6.1	5.3 – 7.1
Dental Insurance	2,705		
Yes		65.0	63.1 – 66.7
No		27.4	25.7 – 29.1
Unknown/Missing		7.7	6.7 – 8.7
Trouble Accessing Care	2,705		
Yes		19.5	18.0 – 21.0
No		67.3	65.5 – 69.1
Unknown/Missing		13.2	12.0 – 14.5

Table 6
Reasons Why Child Could Not Get Care
All Children Who Returned a Questionnaire – Not Adjusted for Non-Response

Reason	Number of Responses
Could not afford it	204
No Insurance	140
Dentist did not accept Medicaid	32
Speak a different language	4
Wait is too long in clinic	13
Health of another family member	5
Difficulty in getting appointment	37
No way to get there	8
Didn't know where to go	6
No dentist available	4
Not a serious enough problem	14
Dentist hours are not convenient	6
Don't like/believe in dentists	1
Other	27

Table 7A
Demographics, Access to Care and Oral Health of Nevada's Third Grade Students
Stratified by Eligibility for the Free and/or Reduced Price Meal Program
Not Adjusted for Non-Response

Variable	Percent of Children (95% Confidence Interval)		
	Eligible (n=1,113)	Not Eligible (n=1,135)	Unknown/Missing (n=222)
Race/Ethnicity ⁺			
White non-Hispanic	25.5 (23.0-28.2)	64.7 (61.8-67.4)*	34.7 (28.4-41.3) *
Minority	73.5 (70.8-76.0)	32.4 (29.7-35.2) *	9.9 (53.1-66.4) *
Unknown/Missing	1.0 (0.5 - 1.8)	2.9 (2.0 - 4.1) *	5.4 (2.8 - 9.3) *
Last Dental Visit ⁺			
Within last year	43.1 (40.2-46.1)	75.2 (72.5-77.6) *	49.5 (42.8-56.3)
More than one year ago			
Never been	33.8 (31.0-36.7)	17.7 (15.6-20.1) *	28.4 (22.5-34.8)
Unknown/Missing	18.3 (16.1-20.8)	5.6 (4.3 -7.1) *	8.6 (5.2-13.0) *
Unknown/Missing	4.8 (3.6 - 6.2)	1.6 (1.0 -2.5) *	13.5 (9.3-18.7) *
Dental Insurance ⁺			
Yes	55.0 (52.0-57.9)	77.3 (74.7-79.7) *	56.3 (49.5-62.9)
No	37.5 (34.6-40.4)	19.6 (17.3-22.0) *	28.8 (23.0-35.3)
Unknown/Missing	7.5 (6.1 - 9.3)	3.2 (2.3 - 4.4) *	14.9 (10.5-20.2) *
Trouble Accessing Care ⁺			
Yes	29.8 (27.2-32.6)	11.4 (9.6 -13.4) *	19.8 (14.8-25.7)
No	51.4 (48.4-54.4)	85.0 (82.8-87.0) *	57.7 (50.9-64.2)
Unknown/Missing	18.8 (16.5-21.2)	3.6 (2.6 - 4.9) *	22.5 (17.2-28.6)
Caries History	73.0 (70.3-75.6)	61.9 (59.0-64.8)*	64.0 (57.3-70.3)
Untreated Decay	49.1 (46.1-52.1)	29.1 (26.5-31.8)*	37.8 (31.4-44.6)*
Dental Sealants	23.2 (20.8-25.8)	42.3 (39.4-45.2)*	29.3 (23.4-35.7)
Treatment Urgency			
None	45.8 (42.8-48.8)	69.1 (66.3-71.8)*	59.1 (52.3-65.7)*
Early	42.8 (39.9-45.8)	27.9 (25.3-30.6)*	32.7 (26.6-39.4)*
Urgent	11.4 (9.6-13.4)	3.0 (2.1 - 4.3)*	8.2 (4.9-12.6)

* $p \leq 0.05$ when compared those eligible for the free/reduced price meal program

+ of those children who were screened

Table 7B
Demographics, Access to Care and Oral Health of Nevada's Third Grade Students
Stratified by Eligibility for the Free and/or Reduced Price Meal Program
Adjusted for Non-Response

Variable	Percent of Children (95% Confidence Interval)		
	Eligible (n=1,113)	Not Eligible (n=1,135)	Unknown/Missing (n=222)
Race/Ethnicity⁺			
White non-Hispanic	26.3 (19.7-32.8)	64.7 (59.8-69.5) *	36.3 (27.2-45.5)
Minority	72.9 (66.2-79.5)	32.7 (27.7-37.7) *	58.7 (49.8-67.7)
Unknown/Missing	0.9 (0.3 - 1.5)	2.7 (1.4 - 3.9)	4.9 (1.6 - 8.3) *
Last Dental Visit⁺			
Within last year	43.2 (39.5-46.9)	74.8 (70.8-78.8) *	49.3 (41.9-56.8)
More than one year ago	34.1 (31.2-37.0)	18.2 (15.2-21.3) *	29.3 (22.7-35.8)
Never been	17.9 (14.9-20.8)	5.4 (3.9 - 7.0) *	8.2 (4.0-12.5) *
Unknown/Missing	4.8 (3.6 - 5.9)	1.5 (0.8 - 2.3) *	13.2 (8.4-18.0) *
Dental Insurance⁺			
Yes	54.7 (51.0-58.5)	77.0 (74.0-80.0) *	57.1 (50.3-64.0)
No	38.0 (34.4-41.6)	20.0 (17.3-22.7) *	28.7 (21.8-35.6)
Unknown/Missing	7.3 (5.7 - 8.9)	3.0 (1.9 - 4.0) *	14.2 (9.4-19.0) *
Trouble Accessing Care⁺			
Yes	30.7 (26.7-34.6)	11.6 (10.0-13.6) *	20.1 (13.4-26.8)
No	51.2 (46.8-55.5)	85.0 (82.5-87.5) *	57.7 (50.2-65.2)
Unknown/Missing	18.1 (14.3-21.9)	3.4 (2.3 - 4.5) *	22.2 (16.4-27.9)
Caries History			
	73.5 (70.4-76.7)	61.3 (57.8-64.8)	64.6 (57.9-71.2)
Untreated Decay			
	49.3 (46.2-52.4)	29.2 (24.8-33.5) *	37.9 (30.5-45.3) *
Dental Sealants			
	23.5 (17.8-29.2)	43.0 (37.2-48.8) *	31.4 (22.8-40.1)
Treatment Urgency			
None	46.5 (42.0-51.0)	68.9 (64.4-73.5) *	59.6 (51.8-67.3) *
Early	42.7 (38.7-46.7)	28.1 (24.1-32.1) *	31.9 (24.8-39.0)
Urgent	10.8 (6.5-15.0)	3.0 (1.7 - 4.2) *	8.6 (3.1-14.1)

* $p \leq 0.05$ when compared those eligible for the free/reduced price meal program

+ of those children who were screened

Table 8A
Demographics, Access to Care and Oral Health of Nevada's Third Grade Students
Stratified by Time Since Last Dental Visit
Not Adjusted for Non-Response

Variable	Percent of Children (95% Confidence Interval)		
	Within Last Year (n=1,443)	More Than 1 Year Ago (n=640)	Never Been to Dentist (n=286)
Race/Ethnicity⁺			
White non-Hispanic	52.8 (50.2-55.4)	36.6 (32.8-40.4) *	25.2 (20.3-30.6) *
Minority	45.3 (42.7-47.9)	61.6 (57.7-65.3) *	72.4 (66.8-77.5) *
Unknown/Missing	1.9 (1.3 - 2.8)	1.9 (1.0 - 3.3)	2.4 (1.0 - 5.0)
Eligible for F/R Lunch			
Yes	33.3 (30.8-35.8)	58.8 (54.8-62.6) *	71.3 (65.7-76.5) *
No	59.1 (56.5-61.7)	31.4 (27.9-35.2) *	22.0 (17.4-27.3) *
Unknown/Missing	7.6 (6.3 - 9.1)	9.8 (7.7-12.5)	6.6 (4.0-10.2)
Dental Insurance⁺			
Yes	78.3 (76.1-80.4)	56.9 (52.9-60.7) *	39.5 (33.8-45.4) *
No	19.1 (17.1-21.2)	40.2 (36.4-44.1) *	55.9 (50.0-61.8) *
Unknown/Missing	2.6 (1.9 - 3.6)	3.0 (1.8 - 4.7)	4.5 (2.4 - 7.6)
Trouble Accessing Care⁺			
Yes	14.6 (12.8-16.5)	33.8 (30.1-37.6) *	26.2 (21.2-31.7) *
No	80.0 (77.9-82.1)	56.4 (52.5-60.3) *	49.3 (43.4-55.3) *
Unknown/Missing	5.4 (4.3 - 6.7)	9.8 (7.7-12.5) *	24.5 (19.6-29.9) *
Caries History			
	70.5 (68.0-72.8)	67.7 (63.9-71.2)	50.3 (44.4-56.3)*
Untreated Decay			
	32.0 (29.6-34.5)	48.7 (44.7-52.6)*	48.3 (42.3-54.2)*
Dental Sealants			
	44.7 (42.1-47.3)	18.9 (16.0-22.2)*	4.5 (2.4 - 7.6)*
Treatment Urgency			
None	66.4 (63.9-71.2)	48.1 (44.2-52.1)*	40.5 (34.7-46.5)*
Early	29.4 (27.1-31.9)	40.1 (36.3-44.0)*	49.6 (43.7-55.6)*
Urgent	4.2 (3.3 - 5.4)	11.8 (9.4-14.6)*	9.9 (6.7-13.9)*

* $p \leq 0.05$ when compared to children with a dental visit within the last year

+ of those children who were screened

Table 8B
Demographics, Access to Care and Oral Health of Nevada's Third Grade Students
Stratified by Time Since Last Dental Visit
Adjusted for Non-Response

Variable	Percent of Children (95% Confidence Interval)		
	Within Last Year (n=1,443)	More Than 1 Year Ago (n=640)	Never Been to Dentist (n=286)
Race/Ethnicity⁺			
White non-Hispanic	53.2 (46.4-60.0)	37.2 (29.6-44.8) *	25.4 (16.7-34.2) *
Minority	45.1 (38.2-51.9)	61.0 (53.3-68.8) *	72.4 (63.7-81.0) *
Unknown/Missing	1.7 (0.9 - 2.6)	1.8 (0.6 - 2.9)	2.2 (0.4 - 3.9)
Eligible for F/R Lunch⁺			
Yes	33.4 (26.3-40.5)	58.1 (50.9-65.4) *	71.2 (64.0-78.5) *
No	58.7 (51.5-65.9)	31.6 (24.9-38.3) *	22.0 (15.6-28.3) *
Unknown/Missing	7.9 (6.7 - 9.0)	10.3 (7.6-13.0)	6.8 (3.4-10.1)
Dental Insurance⁺			
Yes	77.9 (75.3-80.6)	56.7 (51.5-61.8) *	40.0 (34.7-45.4) *
No	19.5 (17.1-21.8)	40.9 (35.7-46.1) *	55.8 (49.9-61.8) *
Unknown/Missing	2.6 (1.7 - 3.4)	2.4 (1.2 - 3.6)	4.1 (2.0 - 6.2)
Trouble Accessing Care⁺			
Yes	14.6 (12.0-17.2)	34.8 (30.7-38.9) *	27.3 (21.6-33.0) *
No	80.2 (76.6-83.9)	55.5 (50.7-60.2) *	49.4 (42.2-56.6) *
Unknown/Missing	5.1 (3.3 - 7.0)	9.7 (6.5-13.0)	23.3 (16.3-30.3) *
Caries History			
	70.0 (66.1-73.9)	68.0 (63.9-72.0)	51.2 (42.8-59.6) *
Untreated Decay			
	31.8 (27.2-36.5)	48.7 (44.5-53.0) *	49.0 (40.6-57.3)
Dental Sealants			
	45.6 (39.7-51.5)	18.8 (13.6-24.0) *	5.1 (1.1 - 9.0) *
Treatment Urgency			
None	66.7 (61.9-71.5)	48.2 (43.8-52.6) *	41.2 (35.4-47.0) *
Early	29.4 (25.6-33.1)	40.7 (36.2-45.3) *	48.6 (41.8-55.3) *
Urgent	3.9 (1.8 - 6.0)	11.1 (6.9-15.2) *	10.2 (5.1-15.3)

* $p \leq 0.05$ when compared to children with a dental visit within the last year

+ of those children who were screened

Table 9A
Demographics, Access to Care and Oral Health of Nevada's Third Grade Students
Stratified by Race and Ethnicity
Not Adjusted for Non-Response

Variable	Percent of Children					
	White Non- Hispanic (n=1,095)	African American (n=261)	Hispanic (n=883)	Asian (n=140)	Hawaiian or Pacific Islander (n=36)	American Indian or Alaska Native (n=61)
Eligible for F/R Lunch						
Yes	25.9	62.5	68.4	30.0	33.3	42.6
No	67.0	26.4	22.1	58.6	50.0	45.9
Unknown/Missing	7.0	11.1	9.5	11.4	16.7	11.5
Last Dental Visit						
Within last year	69.6	52.9	45.8	65.0	58.3	55.7
More than one year ago	21.4	32.6	29.6	25.0	38.9	26.2
Never been	6.6	9.2	18.8	9.3	2.8	18.0
Unknown/Missing	2.5	5.4	5.9	0.7	0.0	0.0
Medical Insurance						
Yes	82.7	73.2	54.8	78.6	86.1	80.3
No	14.9	21.5	37.7	20.0	13.9	18.0
Unknown/Missing	2.4	5.4	7.5	1.4	0.0	1.6
Dental Insurance						
Yes	73.7	72.4	50.2	75.7	86.1	77.0
No	22.6	22.2	40.1	20.7	11.1	21.3
Unknown/Missing	3.7	5.4	9.7	3.6	2.8	1.6
Trouble Accessing Care						
Yes	17.1	21.5	24.2	20.7	30.6	29.5
No	79.5	68.2	51.3	70.0	66.7	67.2
Unknown/Missing	3.4	10.3	24.5	9.3	2.8	3.3
Caries History	63.8	68.6	70.4	68.6	72.2	68.9
Untreated Decay	32.7	44.2	45.8	38.6	36.1	42.6
Dental Sealants	41.5	19.2	24.7	32.1	33.3	41.0
Treatment Urgency						
None	65.6	53.3	48.7	57.2	63.9	49.2
Early	29.1	39.7	40.5	39.1	33.3	42.6
Urgent	5.4	7.0	10.8	3.6	2.8	8.2

Note: Twenty (20) children were both African American and Hispanic. They are included in each category.

Table 9B
Reasons for Trouble Accessing Care Stratified by Race and Ethnicity
Not Adjusted for Non-Response

Race and Ethnicity	Primary Reasons (Percent of Respondents that Reported Reason)
White Non-Hispanic	Could not afford it (43%), No insurance (26%), Dentist did not accept Medicaid (8%), Difficulty in getting appointment (8%)
African American	No insurance (32%), Could not afford it (23%), Dentist did not accept Medicaid (18%), Difficulty in getting appointment (7%)
Hispanic	Could not afford it (46%), No insurance (30%), Not a serious enough problem (6%), Difficulty in getting appointment (4%)
Asian	No insurance (33%), Could not afford it (19%), Difficulty in getting appointment (11%), Dentist hours are not convenient (7%), Dentist did not accept Medicaid (7%)
Hawaiian or Pacific Islander	No insurance (36%), Could not afford it (21%), Difficulty in getting appointment (21%)
American Indian or Alaska Native	Could not afford it (32%), No insurance (21%), Difficulty in getting appointment (16%)

Table 10A
Demographics, Access to Care and Oral Health of Nevada's Third Grade Students
Stratified by Dental Insurance Status
Not Adjusted for Non-Response

Variable	Percent of Children (95% Confidence Interval)		
	Dental Insurance (n=1,614)	No Dental Insurance (n=703)	Missing/Unknown (n=153)
Race/Ethnicity⁺			
White non-Hispanic	50.0 (47.5-52.5)	35.3 (31.8-39.0) *	26.1 (19.4-33.9) *
Minority	47.8 (45.3-50.2)	63.3 (59.6-66.9) *	67.3 (59.3-74.7) *
Unknown/Missing	2.2 (1.6 - 3.1)	1.4 (0.7 - 2.7)	6.5 (3.2-11.7) *
Eligible for F/R Lunch⁺			
Yes	37.9 (35.6-40.3)	59.3 (55.6-63.0) *	54.9 (46.7-62.9) *
No	54.3 (51.9-56.8)	31.6 (28.2-35.2) *	23.5 (17.1-31.1) *
Unknown/Missing	7.7 (6.5 - 9.2)	9.1 (7.1-11.5)	21.6 (15.3-28.9) *
Last Dental Visit⁺			
Within last year	70.0 (67.7-72.2)	39.1 (35.5-42.8) *	24.8 (18.2-32.5) *
More than one year ago	22.6 (20.6-24.7)	36.6 (33.0-40.3) *	12.4 (7.6-18.7) *
Never been	7.0 (5.8 - 8.4)	22.8 (19.7-26.1) *	8.5 (4.6-14.1)
Unknown/Missing	0.4 (0.2 - 0.9)	1.6 (0.8 - 2.9)	54.2 (46.0-62.3) *
Trouble Accessing Care⁺			
Yes	15.9 (14.1-17.8)	34.3 (30.8-37.9) *	5.2 (2.3-10.0) *
No	78.4 (76.3-80.4)	52.3 (48.6-56.1) *	20.3 (14.2-27.5) *
Unknown/Missing	5.7 (4.6 - 7.0)	13.4 (11.0-16.2) *	74.5 (66.8-81.2) *
Caries History			
	68.0 (65.6-70.2)	66.0 (62.4-69.5)	63.4 (55.2-71.0)
Untreated Decay			
	34.6 (32.3-37.0)	46.9 (43.1-50.6)*	47.7 (39.6-55.9)*
Dental Sealants			
	38.8 (36.4-41.2)	19.5 (16.7-22.7)*	26.1 (19.4-33.9)*
Treatment Urgency			
None	63.6 (61.2-66.0)	46.4 (42.7-50.2)*	47.7 (39.5-56.0)
Early	31.0 (28.7-33.3)	42.7 (39.0-46.4)*	42.4 (34.4-50.7)
Urgent	5.4 (4.4 - 6.6)	10.9 (8.7-13.5)*	9.9 (5.7-15.9)

* $p \leq 0.05$ when compared to children with dental insurance

+ of those children who were screened

Table 10B
Demographics, Access to Care and Oral Health of Nevada's Third Grade Students
Stratified by Dental Insurance Status
Adjusted for Non-Response

Variable	Percent of Children (95% Confidence Interval)		
	Dental Insurance (n=1,614)	No Dental Insurance (n=703)	Missing/Unknown (n=153)
Race/Ethnicity⁺			
White non-Hispanic	50.4 (43.6-57.3)	35.7 (27.8-43.7)	26.2 (17.0-35.5) *
Minority	47.5 (40.5-54.5)	63.0 (55.0-71.0) *	67.6 (56.9-78.4) *
Unknown/Missing	2.0 (1.0 - 3.0)	1.3 (0.5 - 2.0)	6.1 (1.5-10.8)
Eligible for F/R Lunch⁺			
Yes	37.8 (30.7-44.9)	59.2 (50.9-67.4) *	55.0 (44.7-65.4)
No	54.0 (47.0-61.1)	31.6 (23.8-39.5) *	22.9 (14.9-30.7) *
Unknown/Missing	8.1 (6.7 - 9.6)	9.2 (6.9-11.5)	22.1 (14.4-29.8) *
Last Dental Visit⁺			
Within last year	69.7 (65.3-74.0)	39.2 (34.4-44.0) *	25.2 (18.6-31.7) *
More than one year ago	23.0 (19.8-26.2)	37.4 (33.0-41.7) *	10.7 (5.9-15.6) *
Never been	6.9 (5.0 - 8.9)	21.8 (17.6-26.0) *	7.8 (4.0-11.7)
Unknown/Missing	0.4 (0.1 - 0.7)	1.6 (0.5 - 2.7)	56.2 (48.1-64.4) *
Trouble Accessing Care⁺			
Yes	16.0 (13.4-18.6)	35.6 (31.5-39.7) *	4.5 (0.9 - 8.2) *
No	78.6 (75.0-82.1)	51.4 (45.9-56.9) *	20.2 (12.9-27.4) *
Unknown/Missing	5.4 (3.4 - 7.4)	13.0 (8.8-17.1) *	75.3 (68.3-82.3) *
Caries History			
	67.7 (64.5-70.9)	66.3 (62.3-70.2)	64.9 (56.7-73.1)
Untreated Decay			
	34.5 (30.4-38.7)	47.2 (42.6-51.8) *	48.6 (39.3-57.9) *
Dental Sealants			
	39.2 (33.3-45.1)	20.7 (14.7-26.6) *	28.0 (20.0-36.0)
Treatment Urgency			
None	64.0 (59.5-68.5)	46.6 (40.9-52.3) *	47.3 (38.0-56.7) *
Early	31.0 (27.7-34.3)	42.7 (37.6-47.8) *	42.1 (32.8-51.4)
Urgent	5.0 (2.3 - 7.7)	10.7 (6.7-14.7)	10.5 (5.4-15.7)

* $p \leq 0.05$ when compared to children with dental insurance

+ of those children who were screened

Table 11A
Demographics, Access to Care and Oral Health of Nevada's Third Grade Students
Stratified by Region
Not Adjusted for Non-Response

Variable	Percent of Children (95% Confidence Interval)		
	Clark County (n=1,658)	Washoe County (n=413)	Rest of State (n=399)
Race/Ethnicity⁺			
White non-Hispanic	37.6 (35.2-40.0)	48.4 (43.5-53.4)	68.2 (63.3-72.7)
Minority	60.4 (58.0-62.8)	49.9 (45.0-54.8)	27.8 (23.5-32.5)
Unknown/Missing	2.0 (1.4 - 2.8)	1.7 (0.7 - 3.6)	4.0 (2.4 - 6.6)
Eligible for F/R Lunch⁺			
Yes	48.4 (45.9-50.8)	36.6 (31.9-41.4)	40.1 (35.3-45.1)
No	42.0 (39.6-44.4)	54.2 (49.3-59.1)	53.9 (48.9-58.8)
Unknown/Missing	9.7 (8.3-11.2)	9.2 (6.7-12.5)	6.0 (4.0 - 8.9)
Last Dental Visit⁺			
Within last year	54.7 (52.3-57.1)	67.6 (62.8-72.0)	64.4 (59.5-69.1)
More than one year ago	27.6 (25.4-29.8)	20.1 (16.4-24.4)	25.1 (20.9-29.7)
Never been	13.6 (12.0-15.3)	7.7 (5.4-10.9)	7.3 (5.0-10.4)
Unknown/Missing	4.2 (3.3 -5.3)	4.6 (2.9 - 7.2)	3.3 (1.8 - 5.6)
Dental Insurance⁺			
Yes	63.6 (61.3-65.9)	66.8 (62.0-71.3)	70.9 (66.2-75.3)
No	30.2 (28.0-32.4)	27.1 (22.9-31.7)	22.8 (18.8-27.3)
Unknown/Missing	6.2 (5.1 - 7.5)	6.1 (4.0 - 8.9)	6.3 (4.2 - 9.2)
Trouble Accessing Care⁺			
Yes	20.9 (19.0-22.9)	17.7 (14.2-21.8)	21.6 (17.7-26.0)
No	66.5 (64.1-68.7)	68.8 (64.0-73.2)	69.9 (65.1-74.3)
Unknown/Missing	12.7 (11.1-14.4)	13.6 (10.5-17.3)	8.5 (6.1-11.8)
Caries History			
	67.6 (65.2-69.8)	64.6 (59.8-69.2)	67.9 (63.1-72.4)
Untreated Decay			
	40.9 (38.5-43.3)	33.9 (29.4-38.7)	35.8 (31.2-40.8)
Dental Sealants			
	23.7 (21.7-25.9)	55.3 (50.4-60.2)	45.4 (40.4-50.4)
Treatment Urgency			
None	57.0 (54.6-59.4)	60.2 (55.3-65.0)	57.9 (52.9-62.9)
Early	34.9 (32.6-37.3)	36.1 (31.5-41.0)	34.4 (29.7-39.3)
Urgent	8.0 (6.8 - 9.5)	3.7 (2.1 - 6.1)	7.7 (5.3-10.9)

+ of those children who were screened

Table 11B
Demographics, Access to Care and Oral Health of Nevada's Third Grade Students
Stratified by Region
Adjusted for Non-Response

Variable	Percent of Children (95% Confidence Interval)		
	Clark County (n=1,658)	Washoe County (n=413)	Rest of State (n=399)
Race/Ethnicity⁺			
White non-Hispanic	38.7 (31.0-46.3)	48.2 (31.2-65.2)	71.4 (60.2-82.7)
Minority	59.4 (51.7-67.2)	50.4 (33.0-67.8)	24.7 (13.2-36.2)
Unknown/Missing	1.9 (0.8 - 2.9)	1.4 (0.1 - 2.6)	3.9 (0.7 -7.0)
Eligible for F/R Lunch⁺			
Yes	47.9 (38.7-57.1)	38.5 (19.4-57.6)	38.6 (24.7-52.6)
No	42.4 (33.4-51.4)	51.8 (33.5-70.1)	55.1 (41.4-68.7)
Unknown/Missing	9.7 (8.4-11.1)	9.7 (7.0-12.5)	6.3 (3.8 -8.8)
Last Dental Visit⁺			
Within last year	54.7 (49.2-60.1)	66.5 (55.3-77.6)	65.8 (57.6-74.0)
More than one year ago	28.3 (25.1-31.5)	20.9 (15.1-26.7)	23.9 (19.5-28.3)
Never been	13.0 (9.9-16.0)	7.6 (2.6-12.6)	7.5 (3.1-11.8)
Unknown/Missing	4.0 (3.1 - 5.0)	5.0 (2.5 - 7.6)	2.9 (1.1 - 4.7)
Dental Insurance⁺			
Yes	63.9 (60.2-67.5)	65.5 (54.0-77.0)	71.3 (64.4-78.1)
No	30.2 (26.9-33.6)	28.2 (19.0-37.4)	23.1 (17.8-28.4)
Unknown/Missing	5.9 (4.7 - 7.2)	6.3 (3.4 - 9.2)	5.6 (2.3 - 8.9)
Trouble Accessing Care⁺			
Yes	21.3 (18.2-24.4)	19.3 (11.2-27.3)	21.4 (14.9-27.9)
No	66.8 (61.8-71.7)	66.5 (51.5-81.6)	70.6 (62.7-78.5)
Unknown/Missing	11.9 (8.3-15.4)	14.2 (5.8-22.6)	8.0 (3.8-12.1)
Caries History			
	68.2 (64.9-71.6)	62.9 (55.5-70.2)	67.0 (58.3-75.7)
Untreated Decay			
	41.1 (36.1-46.1)	34.4 (26.6-42.2)	34.4 (26.1-42.8)
Dental Sealants			
	24.2 (19.8-28.7)	58.0 (47.5-68.5)	46.9 (32.0-61.9)
Treatment Urgency			
None	57.2 (51.2-63.1)	60.3 (49.8-70.9)	59.1 (51.1-67.1)
Early	35.1 (31.0-39.2)	35.5 (25.7-45.3)	34.1 (27.7-40.5)
Urgent	7.7 (3.8-11.7)	4.2 (1.5 - 6.8)	6.8 (2.1-11.5)

+ of those children who were screened

Table 12A
Oral Health of Nevada's Third Grade Children Compared to Healthy People 2010
Not Adjusted for Non-Response

Variable	Percent of Children (95% Confidence Interval)	
	Nevada's Third Grade Children Mean age 8.5 Years	Healthy People 2010 Objective 6-8 Year Old Children
Caries History	67.1 (65.2-69.0)	42
Untreated Decay	38.9 (37.0-40.9)	21
8 Year Olds Only (n=1,236)		
Dental Sealants	32.2 (29.6-34.9)	50

Table 12B
Oral Health of Nevada's Third Grade Children Compared to Healthy People 2010
Adjusted for Non-Response

Variable	Percent of Children (95% Confidence Interval)	
	Nevada's Third Grade Children Mean age 8.5 Years	Healthy People 2010 Objective
Caries History	67.1 (64.2-70.1)	42
Untreated Decay	39.0 (35.0-43.1)	21
8 Year Olds Only (n=1,236)		
Dental Sealants	33.2 (27.5-38.9)	50

Table 13
Information about Participating Schools

School Name	Region	% of Children on F/R Lunch	Number Enrolled	Number Screened	Response Rate	Sample Weight for School*
ANN LYNCH	Clark	79	161	56	34.8%	2.88
BONNER	Clark	4	125	60	48.0%	2.08
CARLIN	Rest of State	22	39	22	56.4%	1.77
CAUGHLIN RANCH	Washoe	3	78	46	59.0%	1.70
CHESTER SEWELL	Clark	49	116	35	30.2%	3.31
CLARENCE PIGGOTT	Clark	11	140	52	37.1%	2.69
CLAUDE AND STELLA PARSONS	Clark	23	113	64	56.6%	1.77
DESERT HEIGHTS	Washoe	67	62	13	21.0%	4.77
DORIS FRENCH	Clark	28	98	31	31.6%	3.16
ECHO LODER	Washoe	82	89	40	44.9%	2.23
EDNA HINMAN	Clark	47	95	38	40.0%	2.50
EDWIN DODSON	Washoe	31	78	40	51.3%	1.95
ETHEL STATON	Clark	9	136	63	46.3%	2.16
FLORENCE DRAKE	Washoe	49	70	39	55.7%	1.79
FREMONT	Rest of State	33	110	32	29.1%	3.44
HAFEN	Rest of State	48	75	48	64.0%	1.56
HARVEY DONDERO	Clark	37	168	59	35.1%	2.85
HELEN JYDSTRUP	Clark	34	165	61	37.0%	2.70
HELEN SMITH	Clark	30	102	40	39.2%	2.55
JACK DAILY	Clark	75	256	139	54.3%	1.84
JOSEPH NEAL	Clark	16	99	44	44.4%	2.25
LAHONTAN	Rest of State	42	59	44	74.6%	1.34
LAURA DEARING	Clark	59	126	61	48.4%	2.07
LENA JUNIPER	Washoe	23	63	25	39.7%	2.52
LINCOLN	Clark	69	154	86	55.8%	1.79
LINCOLN PARK	Washoe	73	77	23	29.9%	3.35
MARION EARL	Clark	25	121	54	44.6%	2.24
MARK KAHRE	Clark	13	120	62	51.7%	1.94
MARSHALL DARNELL	Clark	7	113	58	51.3%	1.95
MARTIN LUTHER KING	Clark	54	92	42	45.7%	2.19
MARVIN MOSS	Washoe	18	78	55	70.5%	1.42
MCGILL	Rest of State	55	24	14	58.3%	1.71

School Name	Region	% of Children on F/R Lunch	Number Enrolled	Number Screened	Response Rate	Sample Weight for School*
MOUNTAIN VIEW	Rest of State	13	90	53	58.9%	1.70
MT CHARLESTON	Rest of State	44	81	29	35.8%	2.79
MYRTLE TATE	Clark	73	143	57	39.9%	2.51
NORTHSIDE	Rest of State	28	79	50	63.3%	1.58
OLLIE DETWILER	Clark	64	141	87	61.7%	1.62
PATRICIA BENDORF	Clark	12	144	38	26.4%	3.79
PAUL CULLEY	Clark	45	150	89	59.3%	1.69
RED ROCK	Clark	43	120	53	44.2%	2.26
RICHARD RUNDLE	Clark	53	144	63	43.8%	2.29
ROGER BRYAN	Clark	15	151	60	39.7%	2.52
RUTHE DESKIN	Clark	20	118	82	69.5%	1.44
SIERRA NEVADA AC	Washoe	45	36	17	47.2%	2.12
SILVER LAKE	Washoe	14	90	38	42.2%	2.37
SONOMA HEIGHTS	Rest of State	35	90	54	60.0%	1.67
SOUTHSIDE	Rest of State	63	72	53	73.6%	1.36
VAN GORDER	Washoe	6	123	42	34.1%	2.93
VETERANS MEMORIAL	Washoe	76	80	35	43.8%	2.29
WENDELL WILLIAMS	Clark	96	71	24	33.8%	2.96
ALL PARTICIPATING SCHOOLS		39	2,470	5,325	46.4	

* Sample weight=number enrolled/number screened



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	School
Teacher's Name	Room	Race (check all that apply)
Is your child eligible for the free or reduced lunch		<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes, I give permission for my child to have his/her teeth checked. <input type="checkbox"/> 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)

<input type="checkbox"/> Within the last 12 months	<input type="checkbox"/> More than 3 years ago
<input type="checkbox"/> More than 1 year ago, but not more than 3 years ago	<input type="checkbox"/> Never has been to the dentist

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

<input type="checkbox"/> Went in on own for check-up, examination or cleaning
<input type="checkbox"/> Was called in by the dentist for check-up, examination or cleaning
<input type="checkbox"/> Something was wrong, bothering or hurting
<input type="checkbox"/> Went for treatment of a condition that dentist discovered at earlier check-up or examination
<input type="checkbox"/> Other
<input type="checkbox"/> 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.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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5. During the past 12 months, was there a time when your child needed dental care but could not get it at that time?

<input type="checkbox"/> Yes (Please go to Question 6)
<input type="checkbox"/> 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)

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

Screener's Initials: _____
 Screen Date: _____
 School Code: _____
 District: _____

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)



Please mark if not reported on consent form.

Race:

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

Comments:

