

The background of the slide features a faint, light-colored illustration of two hands shaking, symbolizing agreement or partnership. The hands are rendered in a simple, stylized manner with soft shading.

Healthy Smiles Healthy Growth

2003-2004

**Basic Screening Survey of Illinois 3rd
Grade Children**

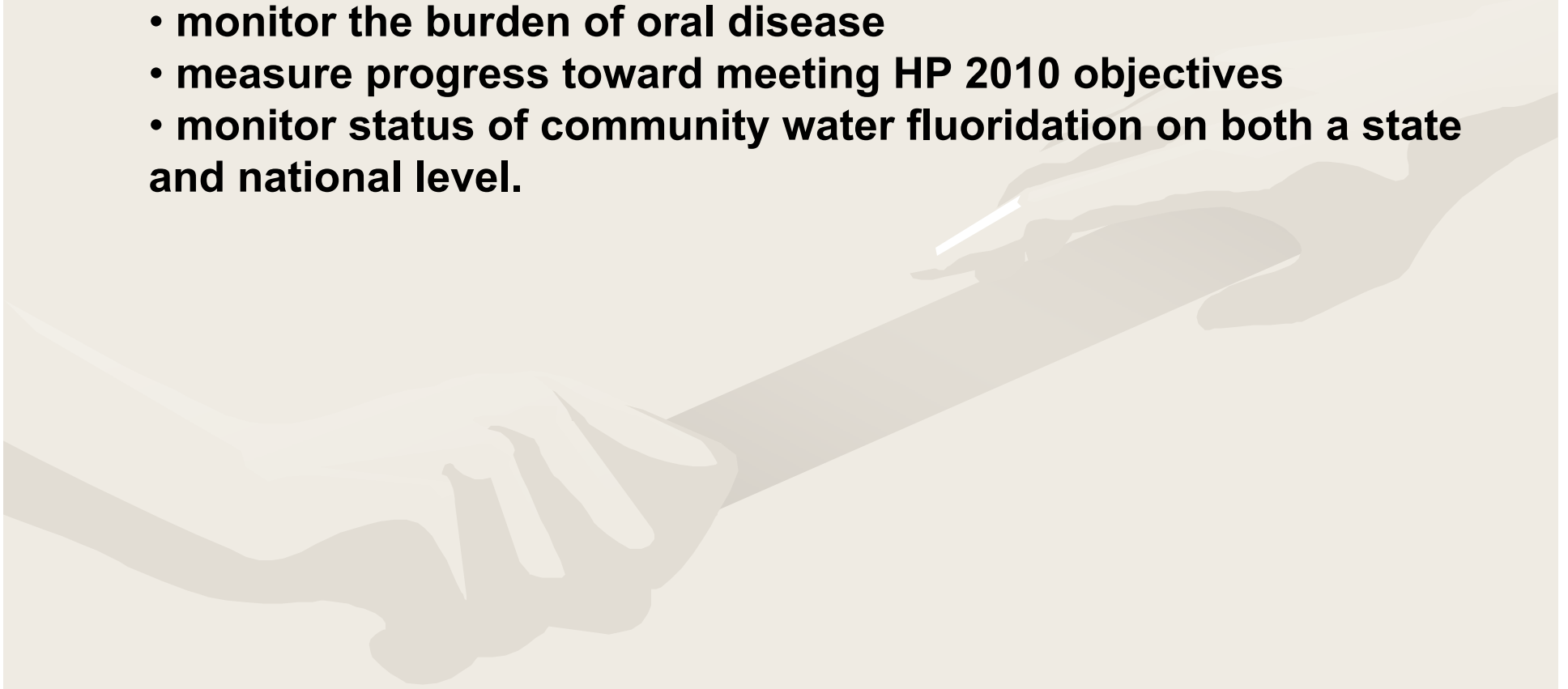
**Division of Oral Health (DOH)
Illinois Department of Public Health (IDPH)**

Why?

National Oral Health Surveillance System (NOHSS)

Joint effort between CDC, Association of State and Territorial Dental Directors (ASTDD) & Council of State and Territorial Epidemiologists (CSTE)

- **monitor the burden of oral disease**
- **measure progress toward meeting HP 2010 objectives**
- **monitor status of community water fluoridation on both a state and national level.**

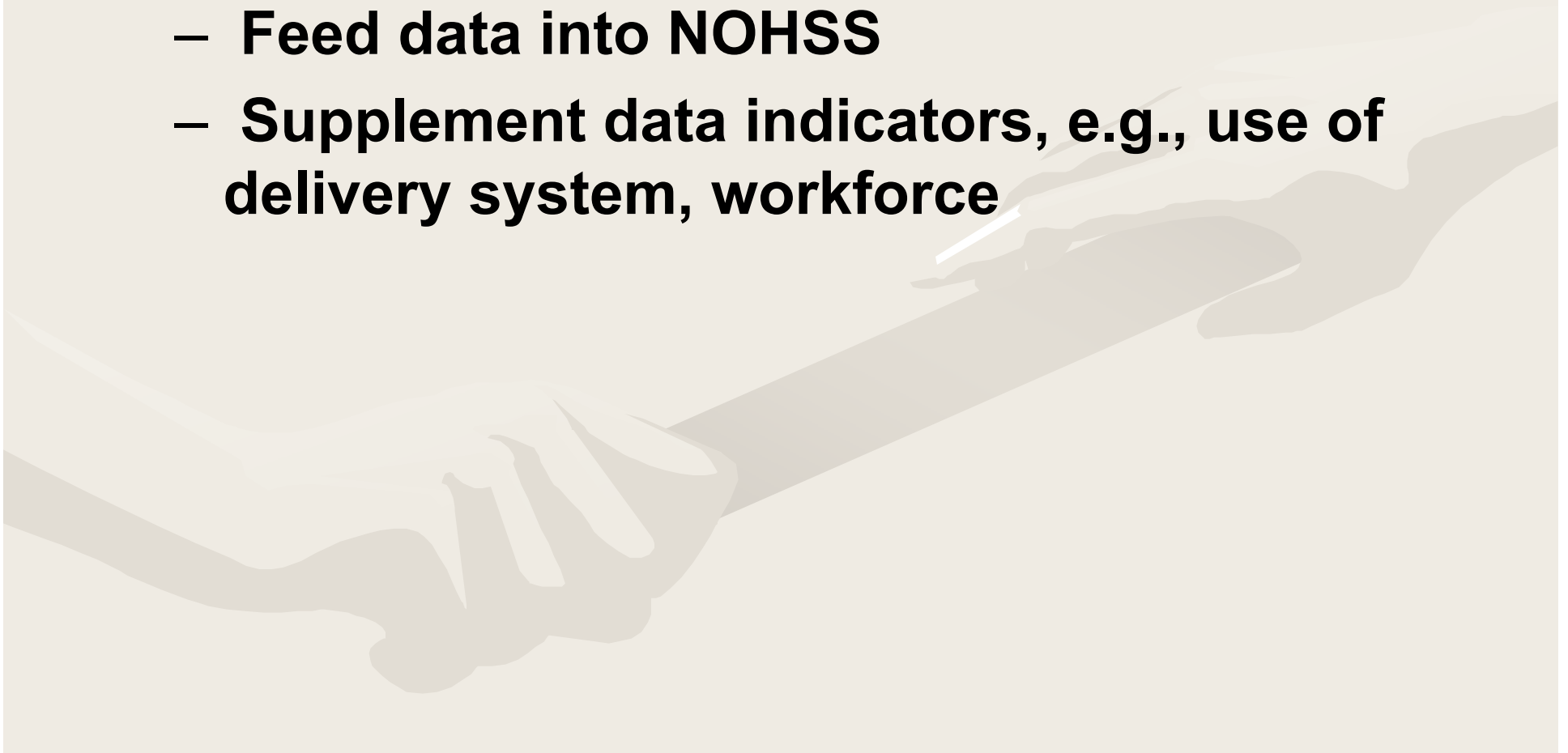


NOHSS indicators

- **Dental Visits**. Percentage of people who visited the dentist or dental clinic within the past year.
- **Teeth Cleaning**. Percentage of people who had their teeth cleaned in the past year.
- **Complete Tooth Loss**. Percentage of people aged 65 years and older who have lost all natural permanent teeth.
- **Fluoridation Status**. Percentage of people served by public water systems who receive fluoridated water.
- **Caries Experience**. Percentage of 3rd grade students with caries experience, including treated and untreated tooth decay.
- **Untreated Tooth Decay**. Percentage of 3rd grade students with untreated tooth decay.
- **Dental Sealants**. Percentage of 3rd grade students with dental sealants on at least one permanent molar tooth.
- **Cancer of the Oral Cavity and Pharynx**. Oral and Pharyngeal cancer death rate; Percent of oral and pharyngeal cancers detected at the earliest stages ;Percent of oral and pharyngeal cancer exam within past 12 months, age 40+ are the indicators.

Illinois Oral Health Surveillance System (IOHSS)

- **Feed data into NOHSS**
- **Supplement data indicators, e.g., use of delivery system, workforce**



Method

Association of State and Territorial Directors (ASTDD) model on **Basic Screening Surveys (BSS)**

The examiner (dentist or dental hygienist) performs *an open mouth visual examination* & records presence of **untreated cavities**, **urgency of need for treatment and presence of sealants** for all age groups.

Every child will be seen by an examiner

www.astdd.org

Oral Health is part of general health

Collaboration intuitive:

Division of Oral Health & Division of Chronic Disease Prevention and Control both within Office of Health Promotion at IDPH

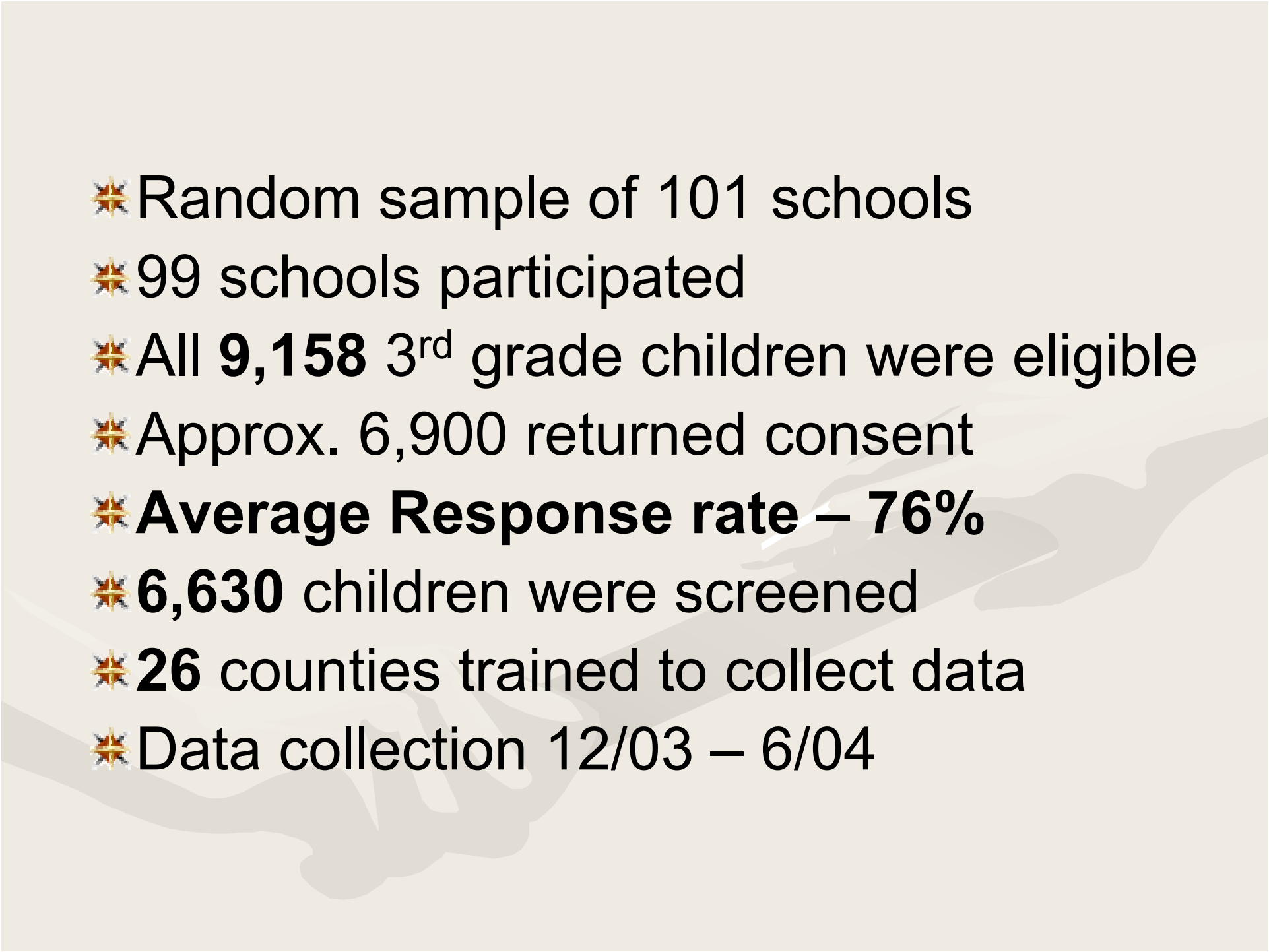
- Data collected will be generalizable to all third grade children & currently no statewide data on BMI for Illinois school children
- Two important health issues affecting children brought to the forefront
- Potential for pooling resources
- Potential for an increased response rate

Sampling & Training

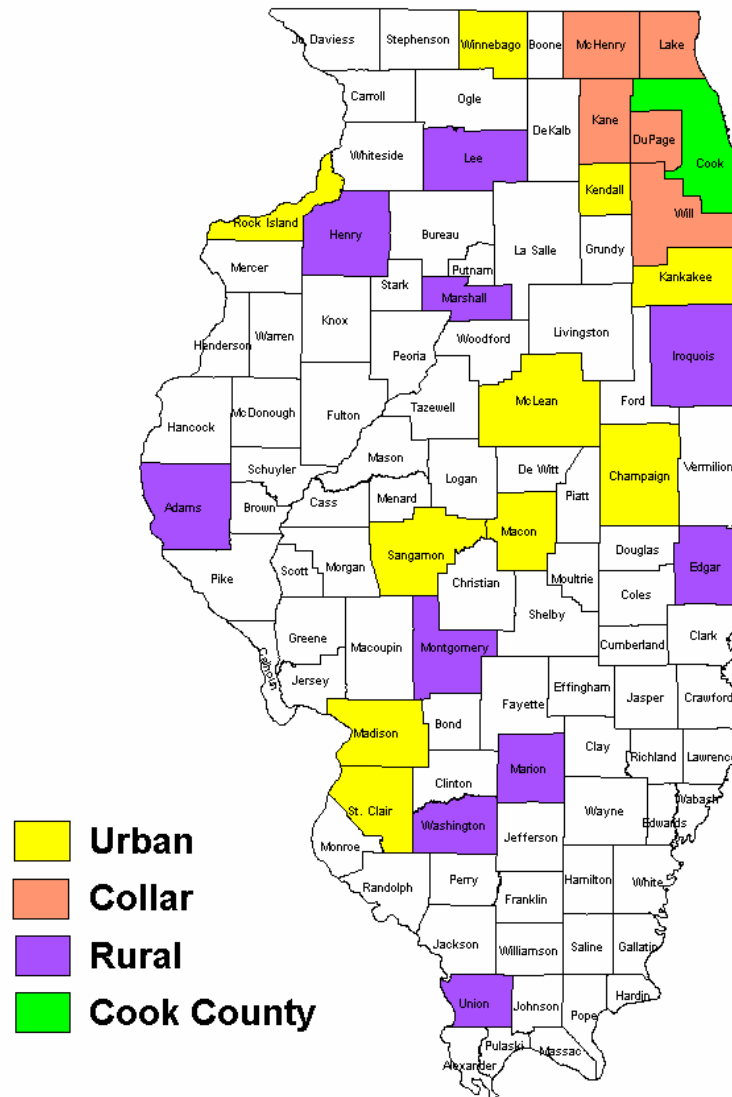
Probability Proportional to Size (PPS) sampling of schools was performed with implicit stratification on region, urban/rural status, and free/reduced lunch eligibility. (data would be representative and generalizable to all 3rd graders in Illinois)

Twenty-six local agencies were trained to conduct the assessment.

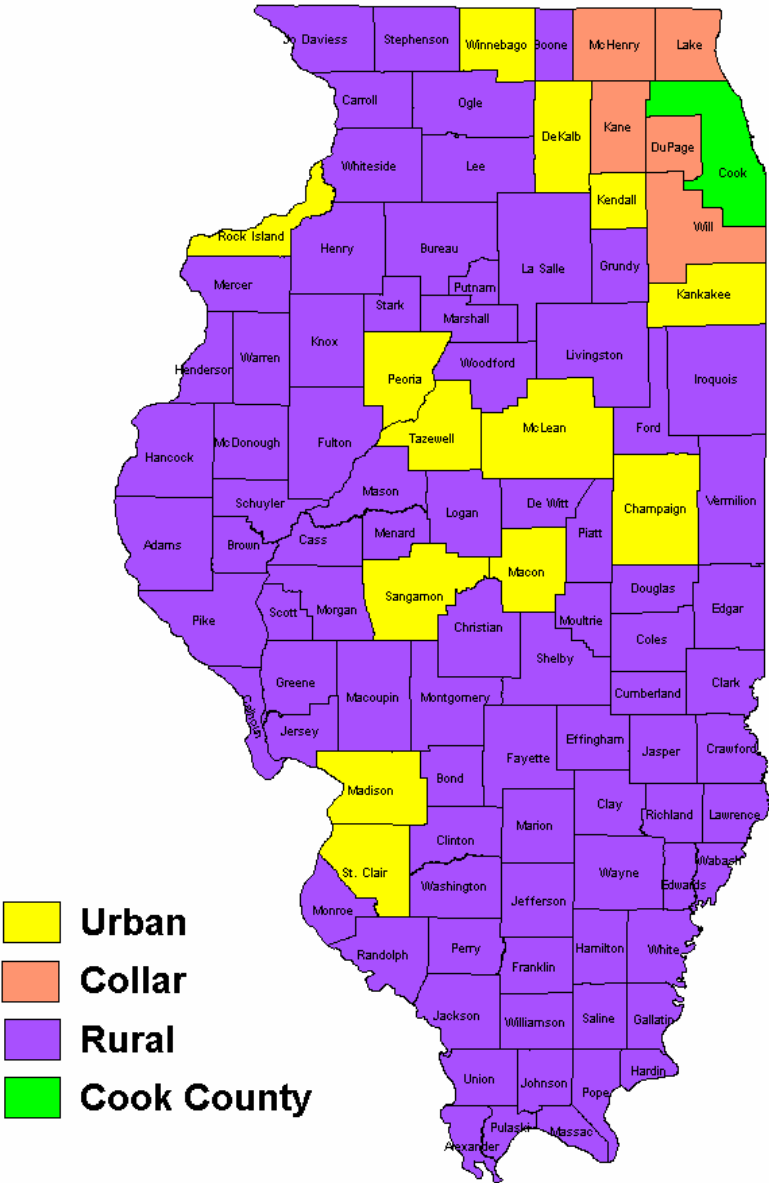
Dentists and Hygienists were trained to collect the height and weight using stadiometers and weighing scales provided by the IDPH

- 
- ✦ Random sample of 101 schools
 - ✦ 99 schools participated
 - ✦ All **9,158** 3rd grade children were eligible
 - ✦ Approx. 6,900 returned consent
 - ✦ **Average Response rate – 76%**
 - ✦ **6,630** children were screened
 - ✦ **26** counties trained to collect data
 - ✦ Data collection 12/03 – 6/04

Counties Participating in Healthy Smile / Healthy Growth (FY2004)



County Urbanicity



Source : Illinois Department of Public Health, Health Statistics

Survey Date (mm/dd/yy)	School ID	Student ID (Serial # 001-999)
__ / __ / __	_____	_____

Gender: Male / Female

Date of Birth MM / DD / YYYY

Caries Experience: Yes / No	(A filling (temporary/permanent, OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1 st molars)
Cavitated Lesion: Yes / No	At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.

Sealants (1st permanent Molars only): Yes / No

Treatment Urgency: 0 1 2

Category	Criteria
Code 0 No obvious problem	No problems observed
Code 1 Early dental care is needed	Cavitated lesion without accompanying signs or symptoms. Suspicious white or red soft tissue areas
Code 2 Immediate dental care is needed	Signs or symptoms that include pain, infection, or swelling.

Height (inches) __

Weight (lbs) ___

Demographic Characteristics

Total 3rd graders screened 6,630

Male 49%

Female 51%

Free & Reduced Lunch Participation Response

YES - 56%

NO - 44%

Language spoken at home

Only English 70%

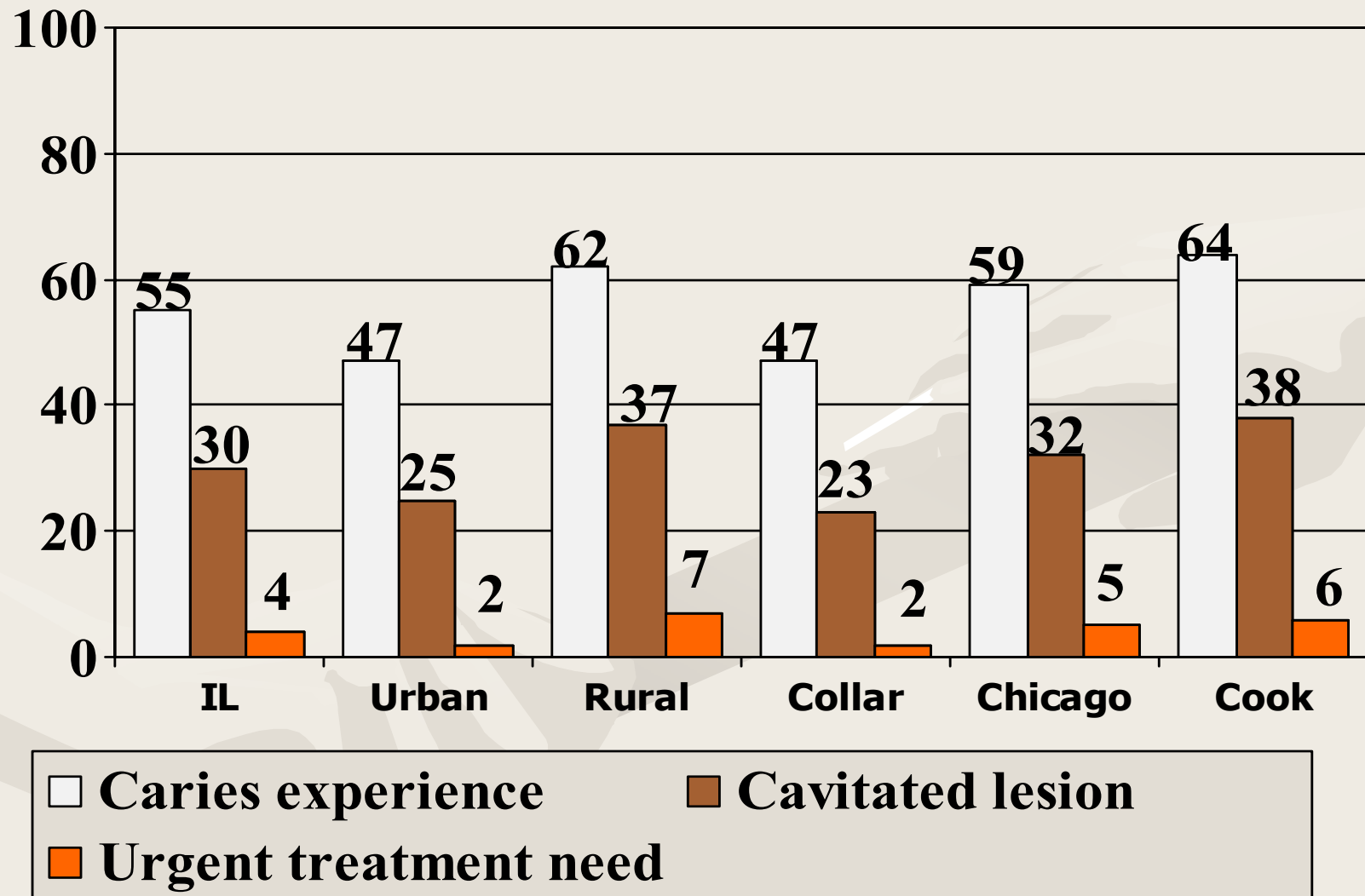
Only Spanish 18%

English & Spanish 6%

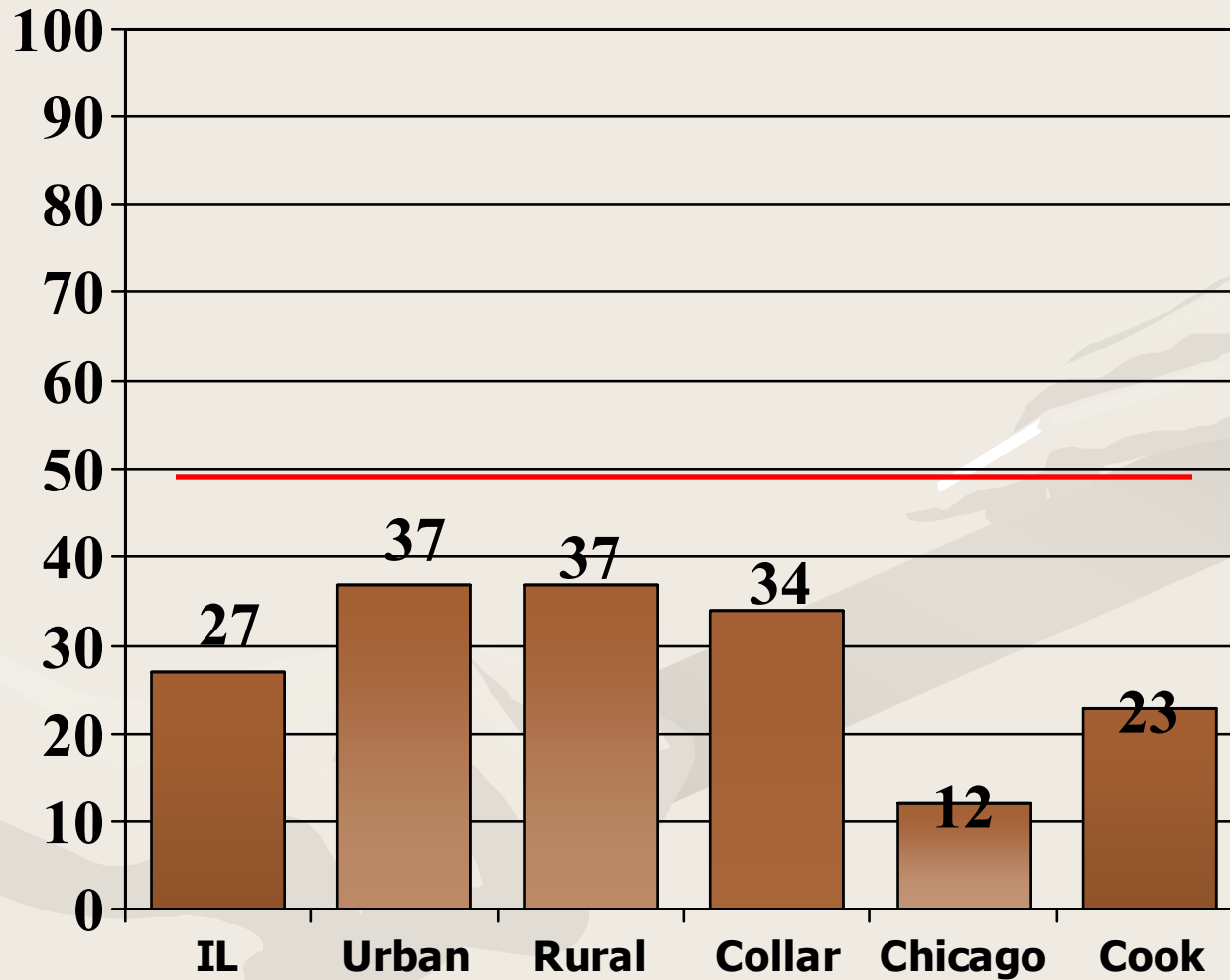
English & Other 2%

Only Other 4%

Percentage with Caries Experience, Cavitated lesion and Urgent treatment need

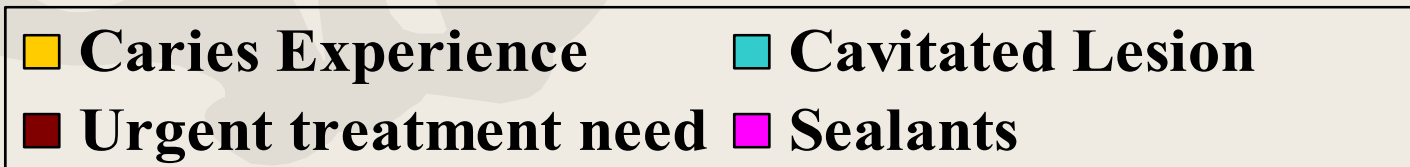
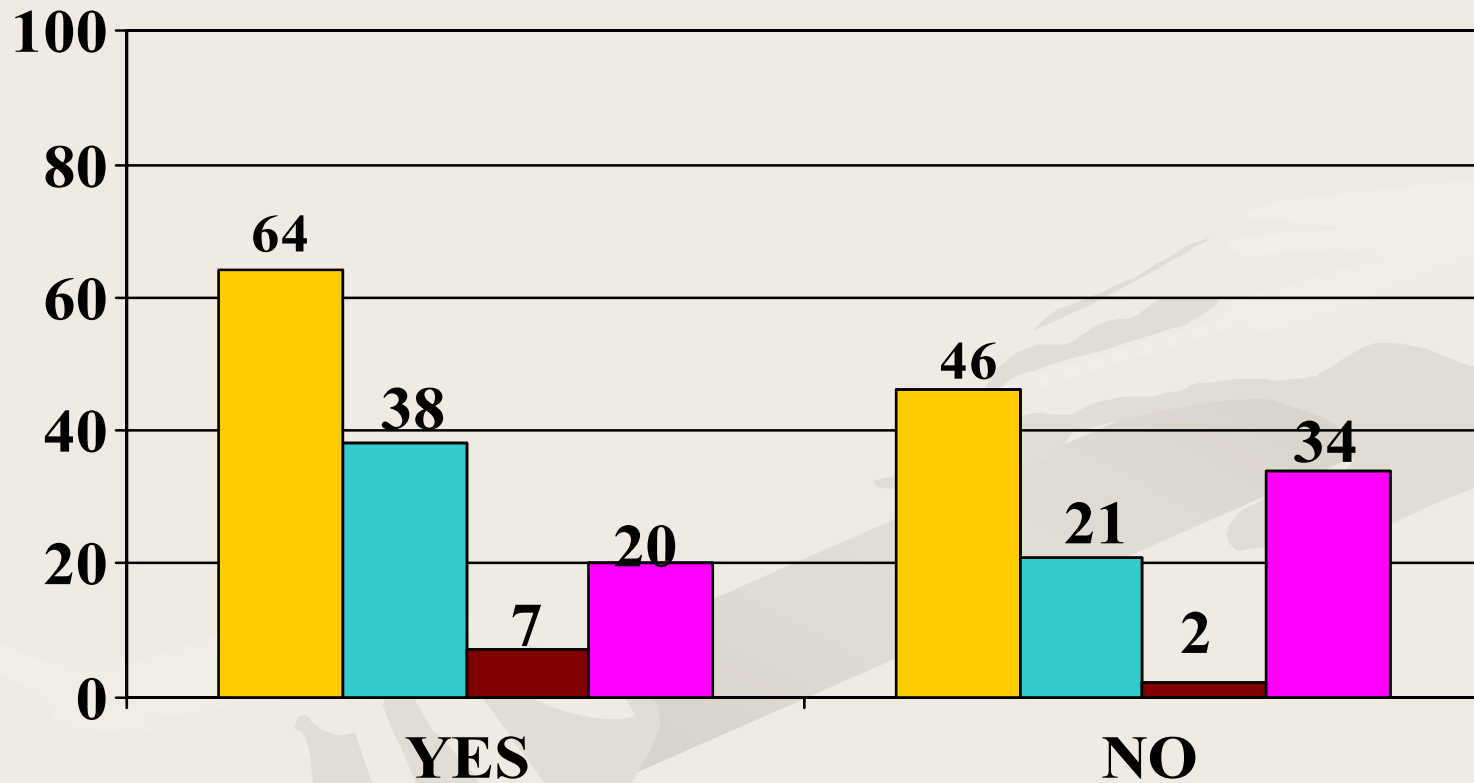


Percentage with Sealants

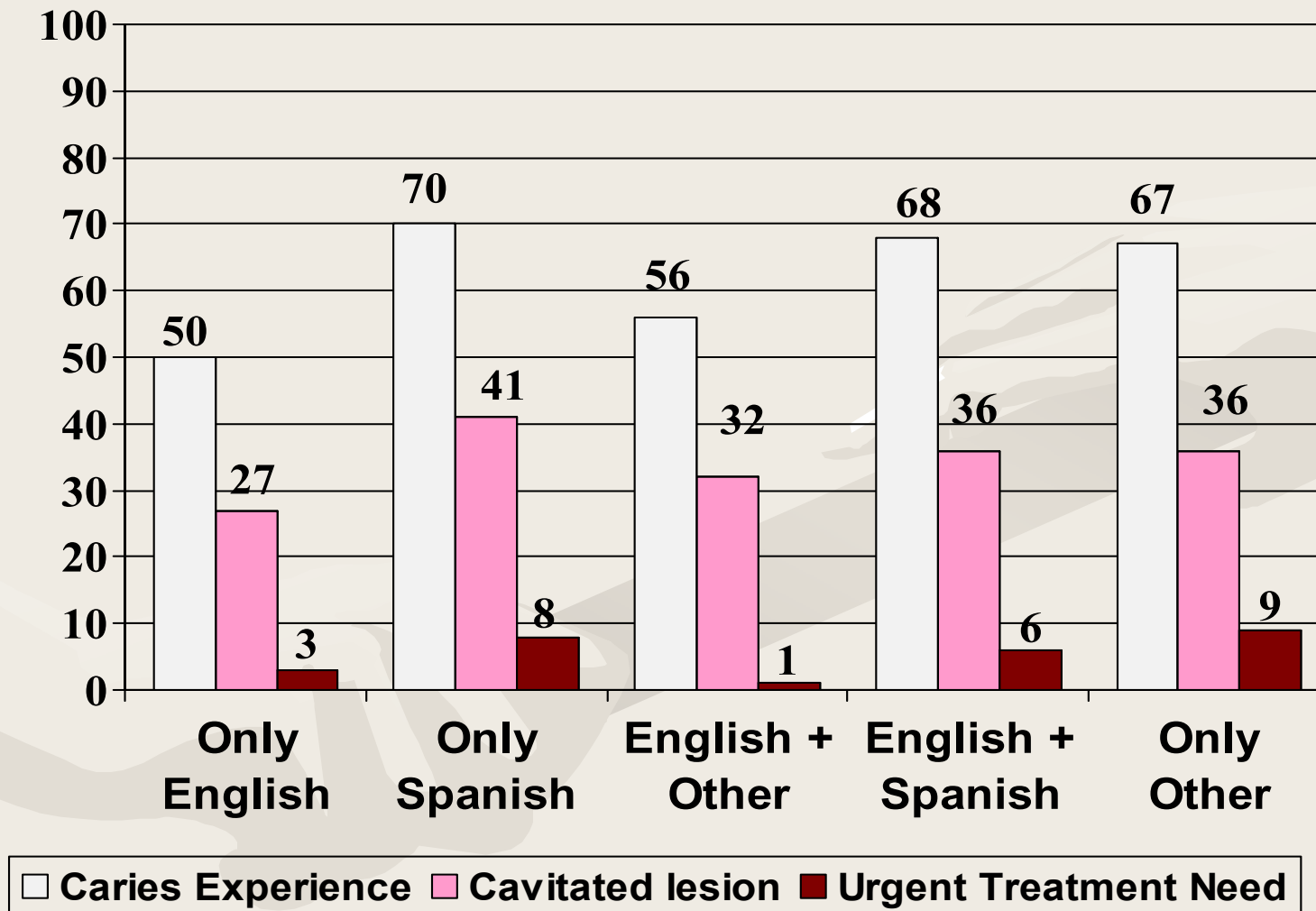


**HP 2010
50%**

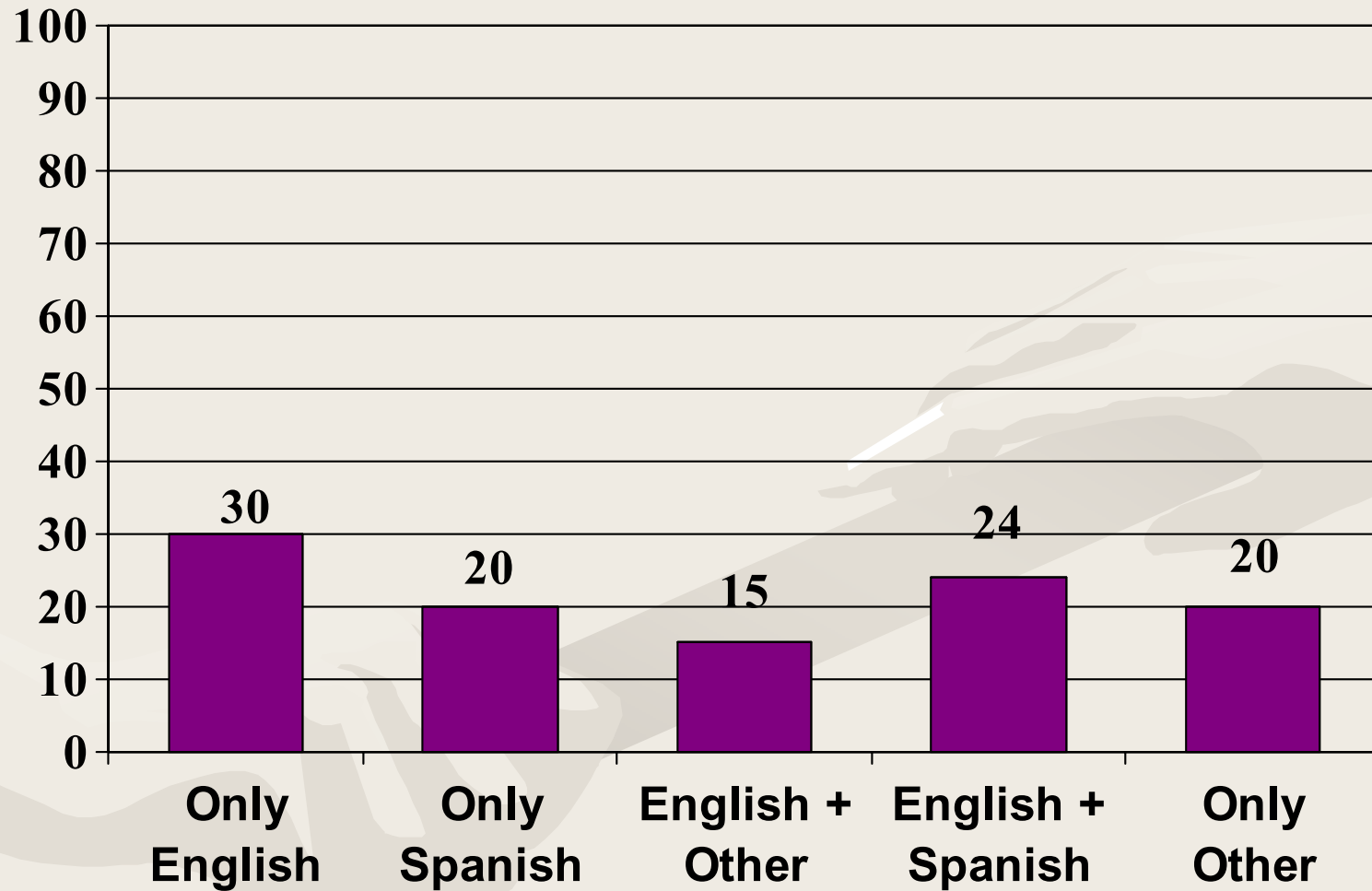
Caries Experience, Cavitated Lesions, Urgent Treatment Need & Sealants by **Free & Reduced Lunch Participation**



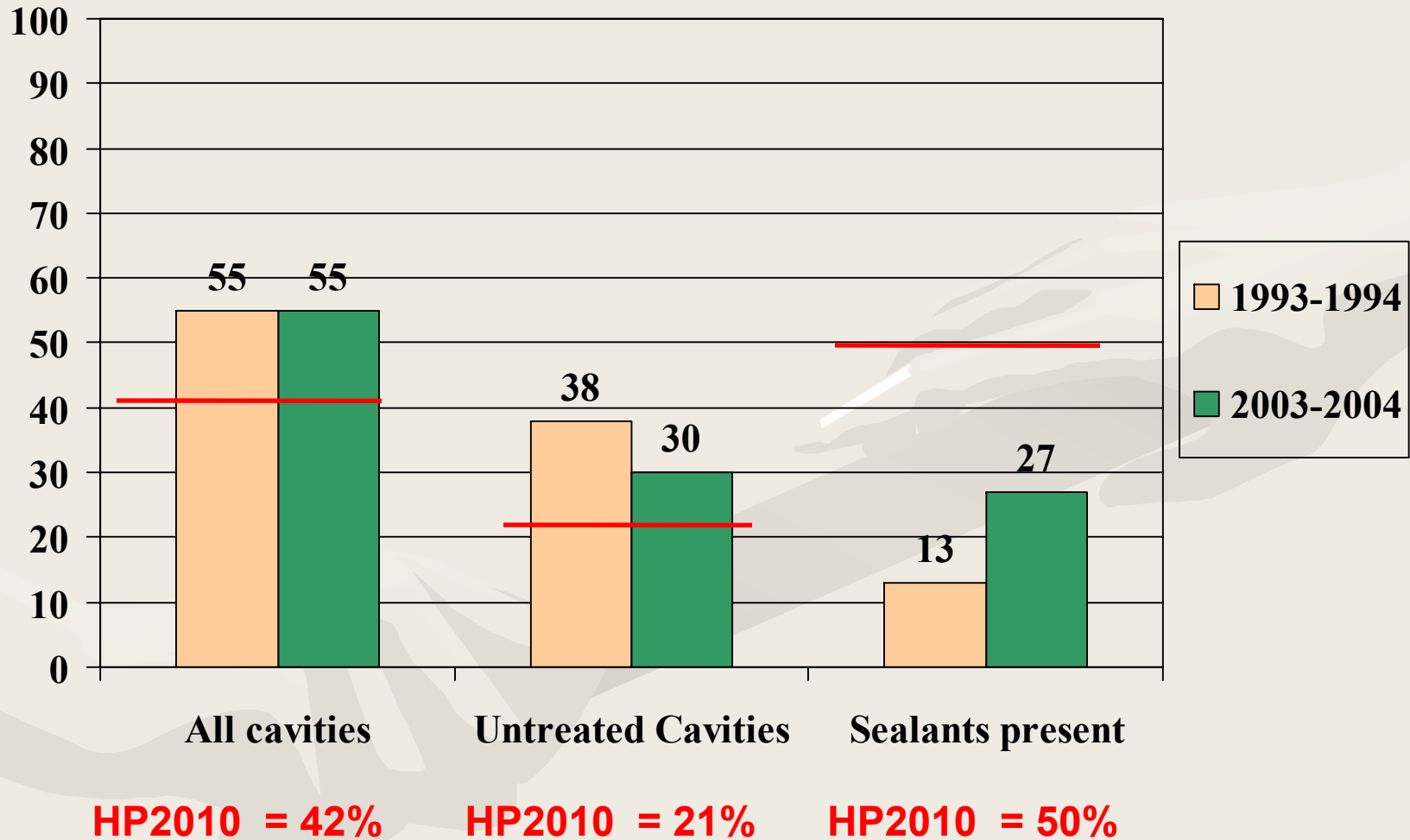
Percentage with Caries Experience & Cavitated Lesions & Urgent Treatment Need by Language spoken at Home



Percentage with Sealants by Language spoken at Home



HSHG 2003-04 vs. Project Smile 1993-94

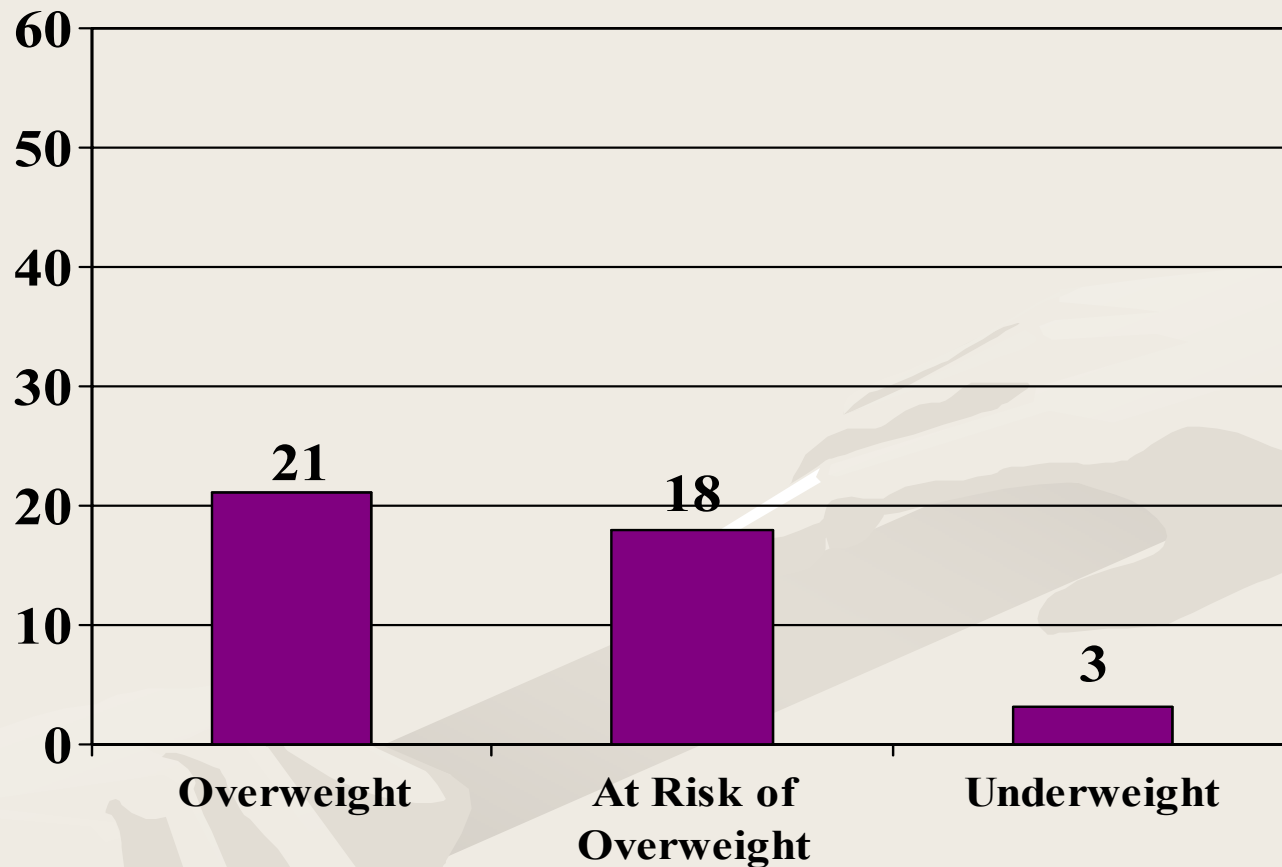


Height and Weight - BMI

- **BMI Calculations(Body Mass Index)**
 - BMI calculations were done using the height, weight, gender and age variables
 - A ratio between weight and height was plotted on gender specific growth charts for kids ages 2 to 20 years old

Percentage by BMI Percentile

HP 2010
Objective:
to reduce
the
proportion
of children
who are
overweight
to 5%

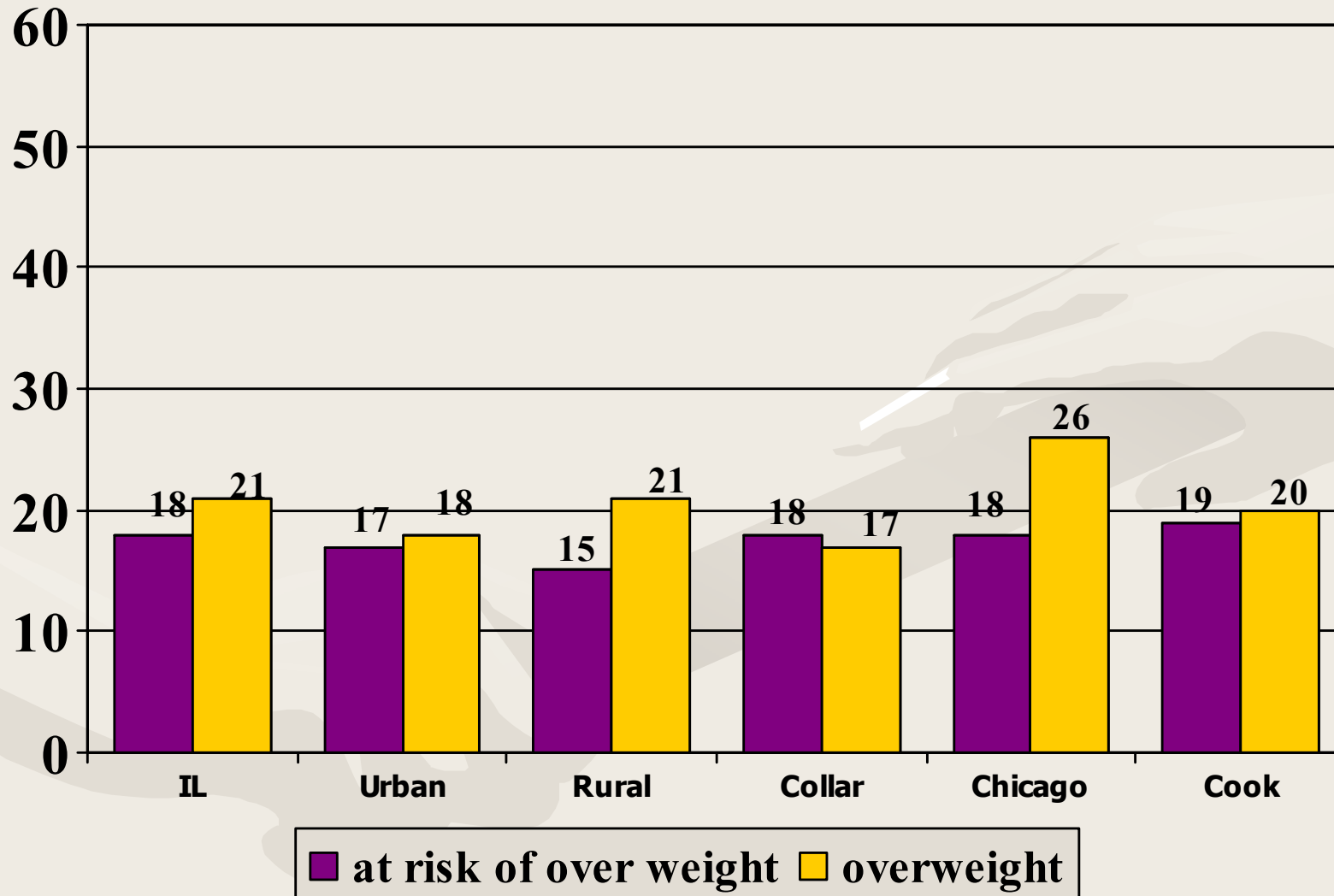


Overweight ≥ 95 th percentile

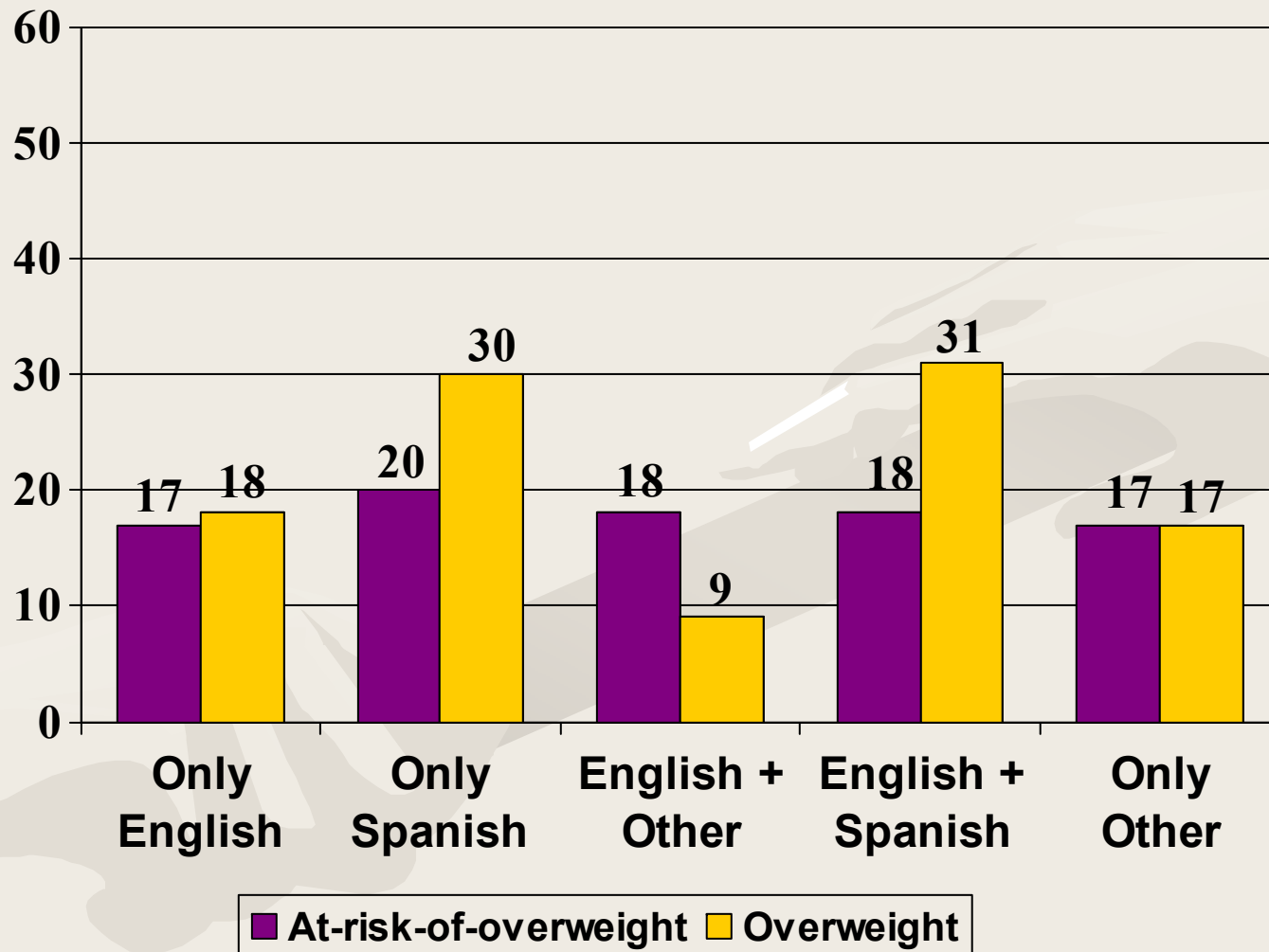
Underweight < 5 th percentile

At Risk of overweight 85th– 94.9th percentile

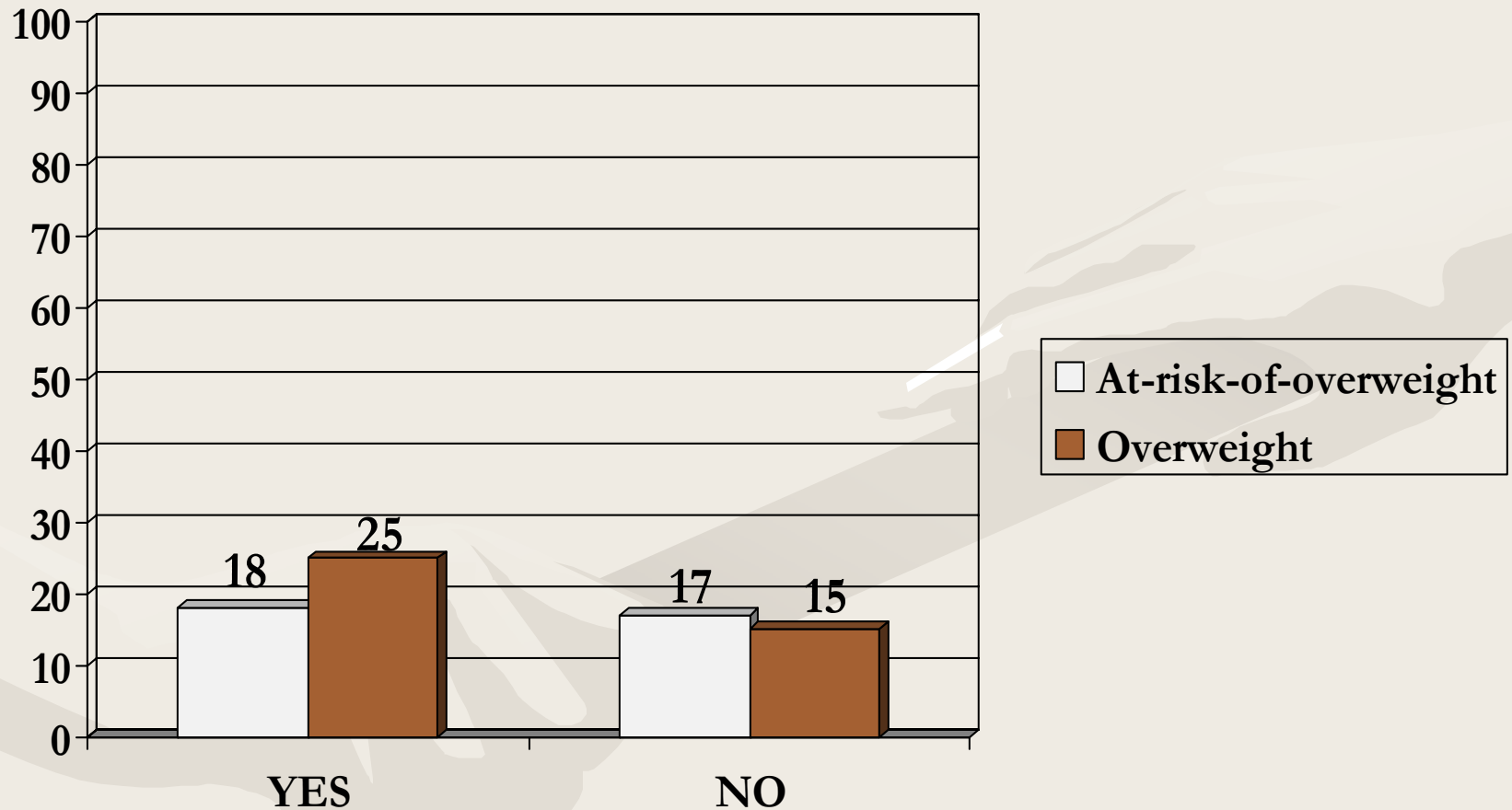
Percentage with at-risk-of-overweight and overweight



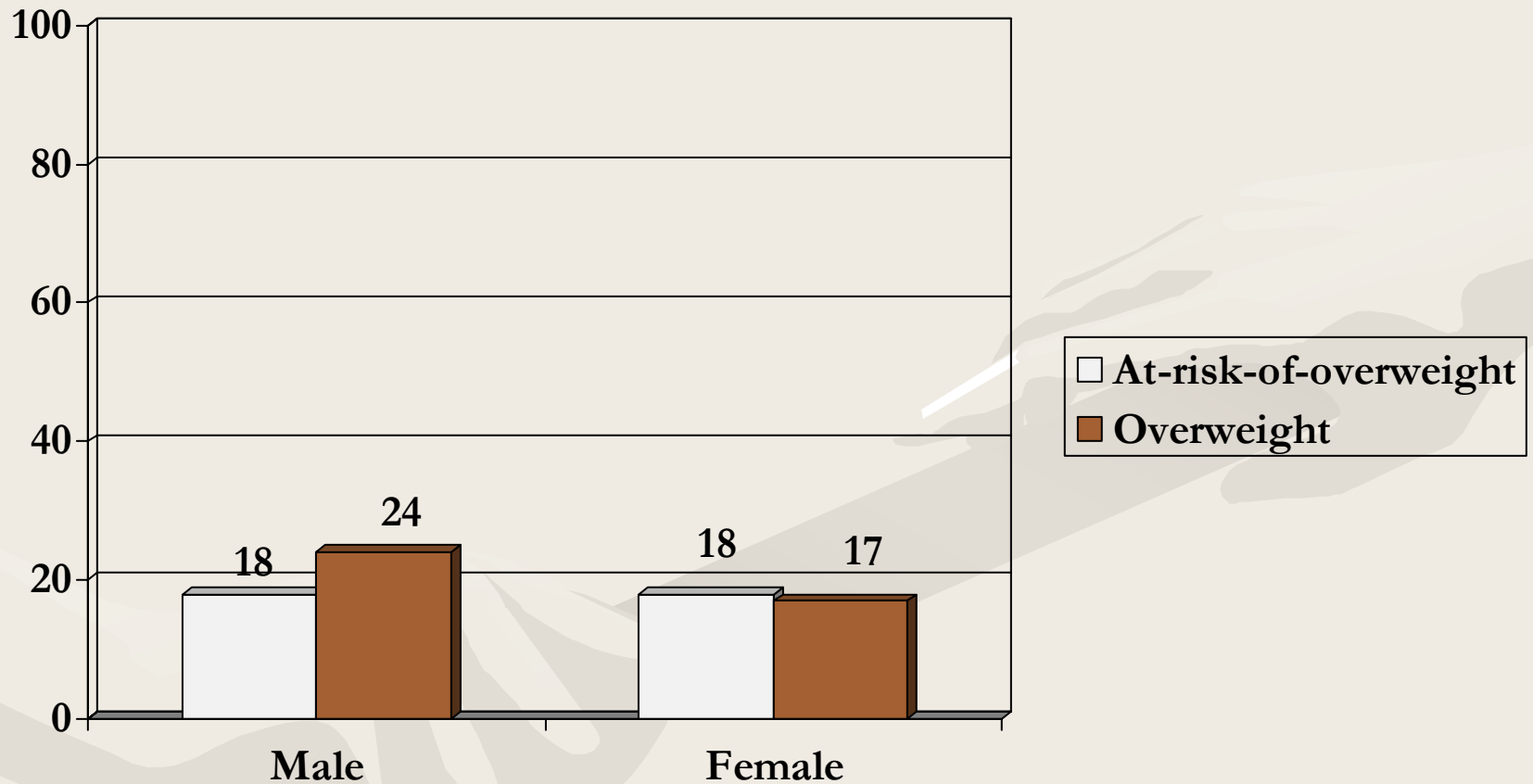
Percentage with At-risk-of-overweight and Overweight by Language spoken at Home



Percentage with At-risk-of-overweight and Overweight by Free and Reduced Lunch Participation status



Percentage with At-risk-of-overweight and Overweight by gender



Key points

- **Commonalities**
- Both are chronic diseases
- Minority, low income, Rural and children from Chicago have highest risk factors for Obesity & Oral disease
- Both health issues have a long way to go to meet HP 2010 objectives
- **This is an efficient & valid way of collecting data for both diseases.**
- **Continue to collaborate for data collections and program planning**