



Bright Smiles for Bright Futures

Basic Screening Survey

A Report on the Oral Health Status of
Louisiana's Third Grade Children

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Louisiana Department of Health and Hospitals
Oral Health Program
Bright Smiles for Bright Futures
Basic Screening Survey 2007-2009

Background

The Louisiana Oral Health Program is a part of the Department of Health and Hospitals - Office of Public Health. Every three to five years the Oral Health Program conducts a Basic Screening Survey (BSS) to collect information on the oral health status of Louisiana's third graders. The survey is conducted to meet the reporting requirements of the Maternal and Child Health Block Grant and to target the program's interventions. So far, the Oral Health Program has conducted two rounds of the BSS; once in 1998 and again in 2002. In 1998, 1,390 children were screened from 14 of the state's 64 parishes. Of those screened in 1998, 38.1% had untreated cavities, 22.1% had dental sealants and 34.7% were referred for treatment. In 2002, 871 children were screened from seven parishes; 37.3% had untreated cavities, 63.5% had caries experience, 18% had dental sealants and 38.5% were referred for treatment. The 2007-2009 screening period was the first to utilize a representative sample of third grade children in Louisiana. In the summer of 2007, the Oral Health Program began planning for the 2008 survey. The screening of third grade students began in the spring of 2008 (2007-2008 school year) and was completed in the spring of the 2009.

2007-2009 Basic Screening Survey

Methodology and Sampling Size: With the assistance of the Association of State and Territorial Dental Directors (ASTDD), the Oral Health Program Epidemiologist utilized a probability-proportional-to-size design to select the BSS's sample size. Louisiana has 64 parishes; all parishes were included in the sampling methodology. For the purpose of this survey, the 64 parishes were divided into four geographical areas: Northern, Central, Southern and River Parishes (See Map 1). The data has been analyzed according to these four areas. The State Oral Health Program also elected to analyze the data based on the DHH administrative regions (See Map 2). However, since the survey was not initially designed for the DHH regions, the data has a high standard error in Regions 5 and 6 due to insufficient sample size.

- In Louisiana, during 2007-2008 school year, there were 735 public schools and 258 private schools with third grade classes.
- Seventy-five public and private schools in 33 parishes were selected for the screening; 65 were public and ten were private.

- A total of 2,642 children were screened. According to the probability-proportional-to-size design, this number represents 55,996 third grade children in the state.
- The Louisiana Department of Education provided information on the number of schools with third grade classes and the number of students in the third grade.
- Selected schools not able to participate in the BSS were replaced by another school using the same methodology.
- As an incentive, each participating school was given an oral health curriculum kit, a summary of its results (Appendix V) and a certificate of participation (Appendix VI).

Training: The Oral Health Program developed a five-hour training course designed for school nurses providing instruction on conducting the BSS, screening protocol, recognition of oral health status, oral hygiene instruction and completion of screening forms.

- One hundred and twenty school nurses attended training; only trained school nurses were invited to participate in the dental screening.
- The training offered five CEU hours.
- Training was conducted in eight of the nine DHH administrative regions.

Screening: The Oral Health Program staff and the trained school nurses conducted the screenings. The Oral Health Program staff contacted each school personally to explain the program and obtain an agreement to participate (Appendix II). The Oral Health Program obtained a signed Memorandum of Understanding from each participating school outlining the program and the school's responsibility. Once an agreement was reached, the program provided the school with the necessary permission slips and other information to distribute to the students and scheduled the screening date.

- Three weeks prior to the scheduled screening, parents of eligible children were sent consent forms (Appendix III) and a parent questionnaire (Appendix I). No child was screened without the consent of his/her parent or guardian. The school nurse collected the permission slips and maintained an ongoing communication with the Oral Health Program to maximize participation.
- In schools where the Oral Health Program conducted the screening, the school helped manage the children.
- The program utilized portable equipment and available space to conduct the screenings.
- Screeners provided chair-side instruction in good oral hygiene.
- Participating children were given toothbrushes, toothpaste, floss, pencils, erasers, and stickers.
- A screening results form (Appendix IV) and contact information for Medicaid-enrolled dentists (in cases where follow-up care was needed) was sent home with each child.

Data Collection, Entry and Analysis: The screening was conducted in accordance with Louisiana Department of Health and Hospitals Institutional Review Board guidelines and practices. Information was collected on a hard copy form and the participant's information was not shared. Forms were completed by the screener, collected, and sent to the Oral Health Program to be entered into a database. The data was routinely checked for accuracy using a double entry system.

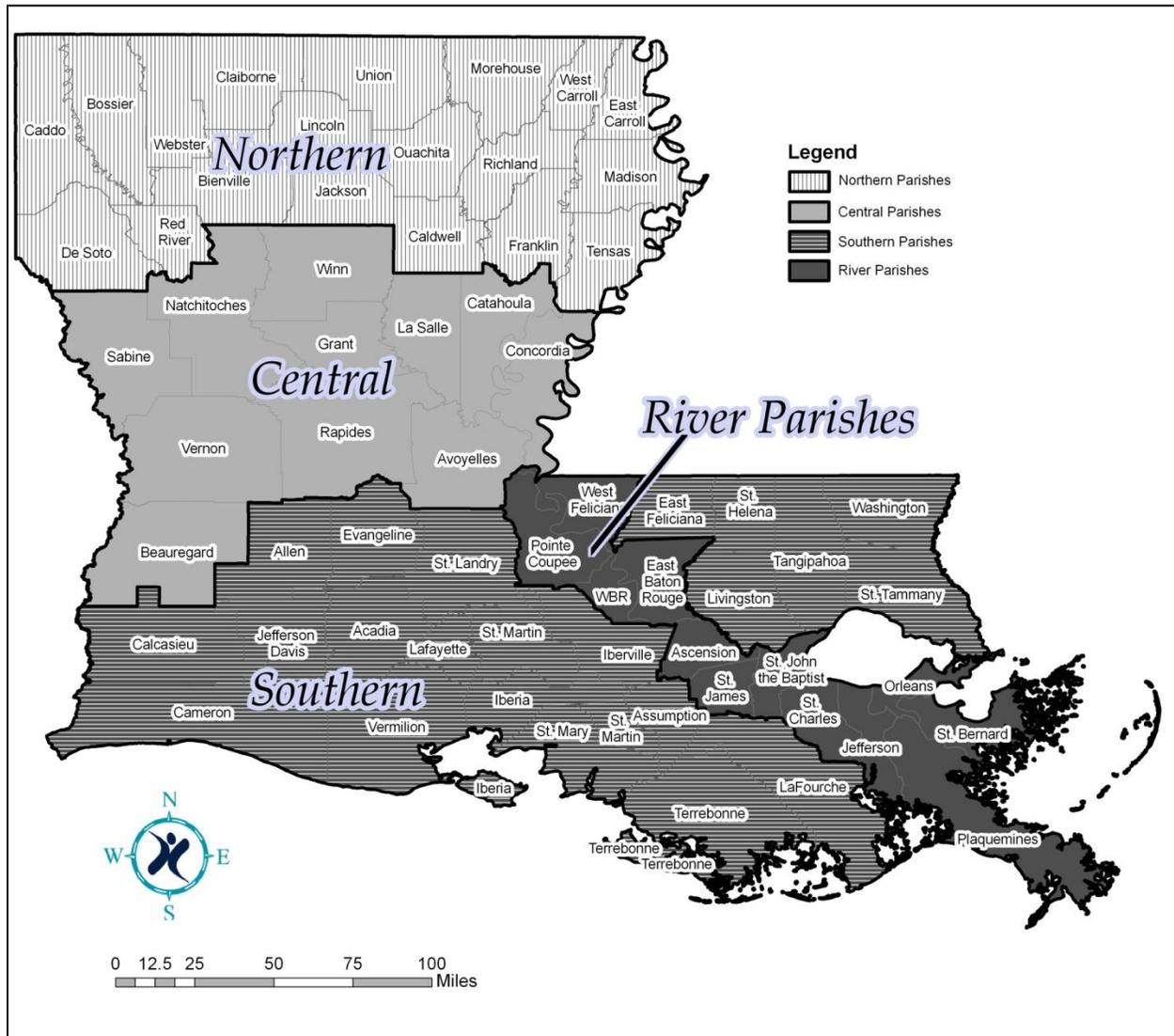
The data collection form was developed by the Oral Health program utilizing guidance from ASTDD, "Basic Screening Surveys: An approach to monitoring community health."

- The Oral Health Program Epidemiologist designed the database in Excel.
- Data entry was conducted by trained student workers and checked by the Epidemiologist.
- The analysis was conducted using SAS and SUDAAN software.

Parent Questionnaire: The parent questionnaire was a part of the informational packet sent home with the parent letter and permission slip (see Appendix I). This is the self-reported information and is subject to information bias.

- 16% of children reported to have had a toothache during the last six months;
- 49% of children have not seen a dentist for more than six months;
- 5% of children have never been to a dentist;
- Of the children that reported seeing a dentist, 72.3% went to get a routine examination or cleaning;
- Most of the parents reported having dental insurance for their children when needed;
- 11% of children could not receive dental care when needed;
- 90% of children have medical insurance; and
- 82% of the children reported having dental insurance, which is less than the prevalence of medical insurance (90%).

Map of the Four Geographical Areas Used for BSS Sampling



Map 1

Northern Area-14 Schools: Bienville, Bossier, Caddo, Caldwell, Claiborne, De Soto, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Red River, Richland, Tensas, Union, Webster and West Carroll

Central Area-8 Schools: Avoyelles, Beauregard, Catahoula, Concordia, Grant, La Salle, Natchitoches, Rapides, Sabine, Vernon and Winn

Southern Area-30 Schools: Allen, Acadia, Assumption, Calcasieu, Cameron, East Feliciana, Evangeline, Iberia, Iberville, Jefferson Davis, Lafayette, Lafourche, Livingston, Saint Helena, Saint Landry, Saint Martin, Saint Mary, Saint Tammany, Tangipahoa, Terrebonne, Vermillion and Washington

River Parishes Area-23 Schools: Ascension, East Baton Rouge, Jefferson, Orleans, Plaquemines, Pointe Coupee, Saint Bernard, Saint Charles, Saint James, Saint John the Baptist West Baton Rouge and West Feliciana

Statistics and Findings By Geographical Areas

Figure 1: BSS- State Oral Health Status of Louisiana's Third Grade Children

- 41.9% (CI= +/- 4.0) had untreated cavities.
- 65.7% (CI= +/- 3.4) had dental caries experience.
- Only 33.2% (CI = +/- 4.4) had sealants present.
- 42.7% (CI = +/- 3.8) had to be referred to dentists for treatment urgency.

The HP 2010 target for untreated cavities and caries experience is 20% and 42% respectively.

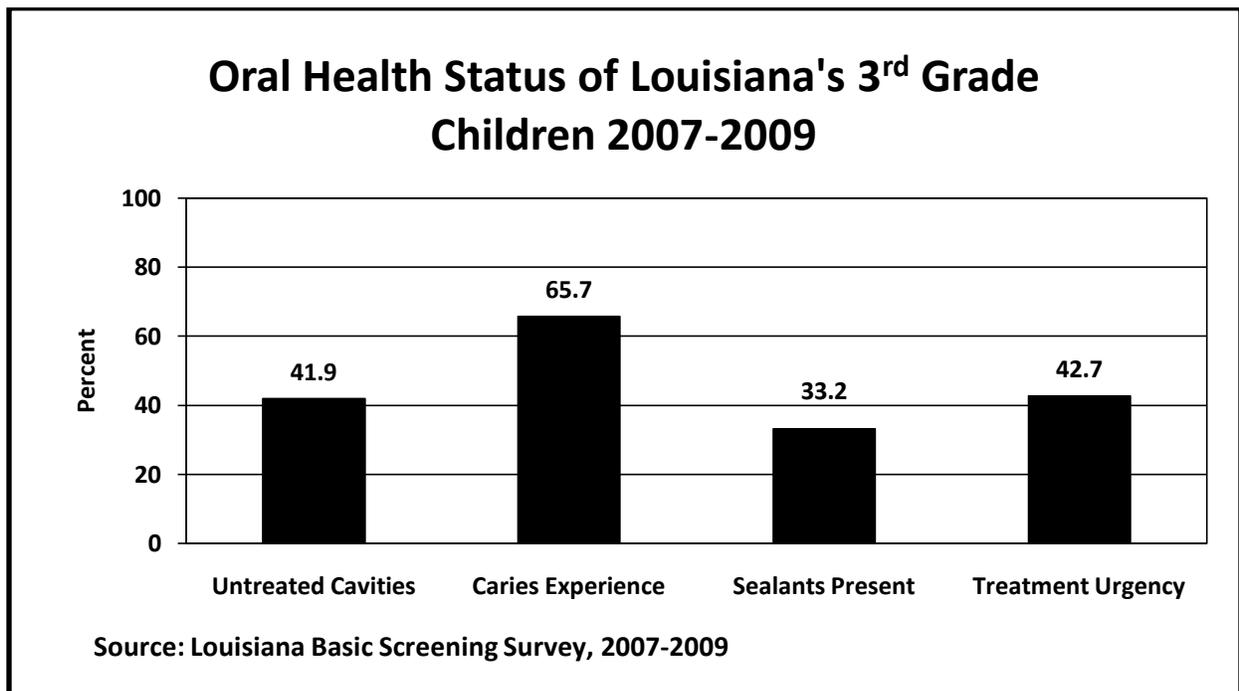


Figure 1

Note: CI stands for confidence interval, which is the probability that a value will fall between an upper and lower bound of a probability distribution. The confidence interval can take any number of probabilities, with the most common being 95% or 99%. In this report, 95% confidence interval values are reported.

Figure 2: BSS-State Oral Health Status by School Type

- 43% (CI = +/- 4.4) of public school students have untreated cavities as compared to 27% (CI = +/- 7.1) of private school students.
- 67% (CI = +/- 3.6) of public school children have caries experience compared to 51% (CI = +/- 10.9) of private school children.
- 44.4% (CI = +/- 4.2) of children in public schools require dental treatment as compared to 26.2% (CI = +/- 8.2) of private school children.

Oral health disparities continue to exist among Louisiana 3rd grade children in public and private schools, however the proportion of children with dental sealants does not differ much by school.

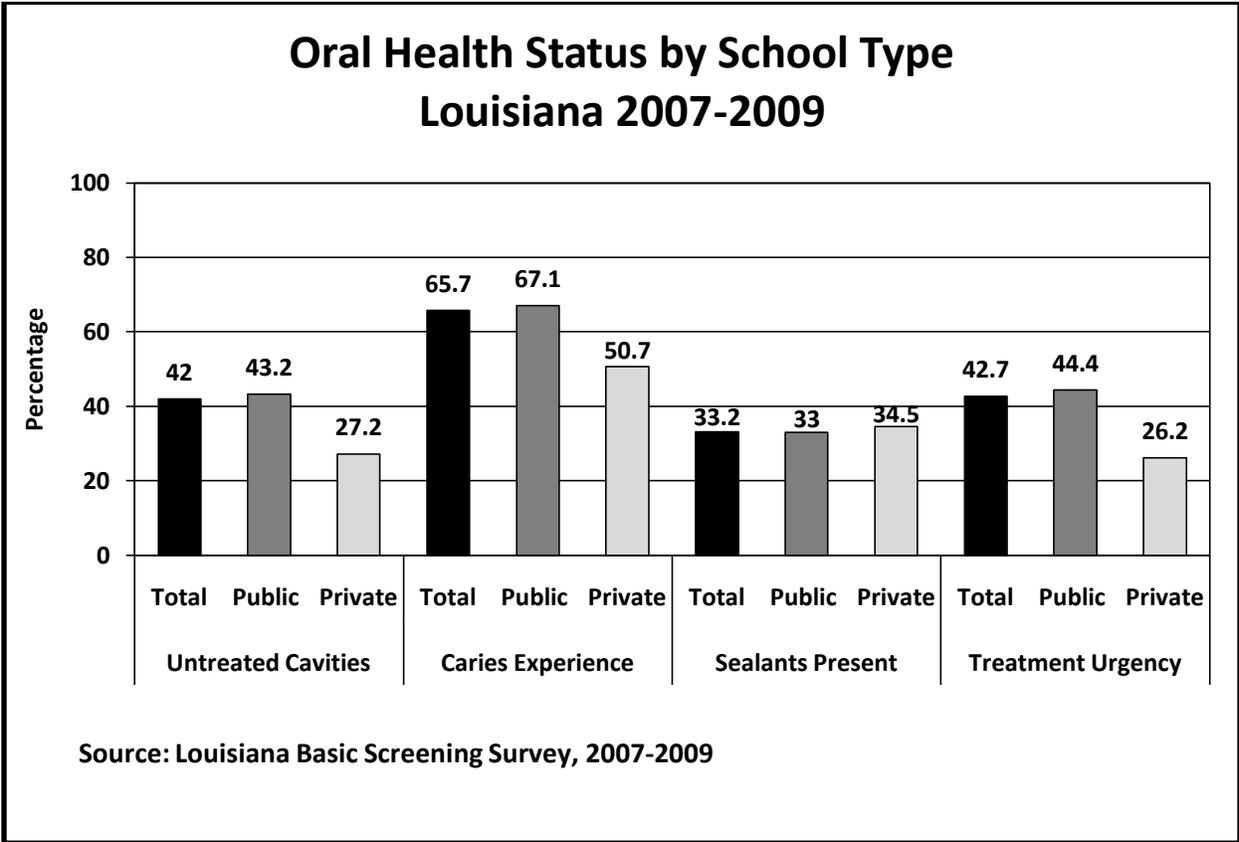


Figure 2

Figure 3: BSS – State Oral Health Status by Gender

- Similar proportion of boys and girls experience oral health issues.
- Presence of dental sealants is 2.2% greater in girls as compared to boys.

There is little difference in the oral health of boys as compared to girls among Louisiana third graders.

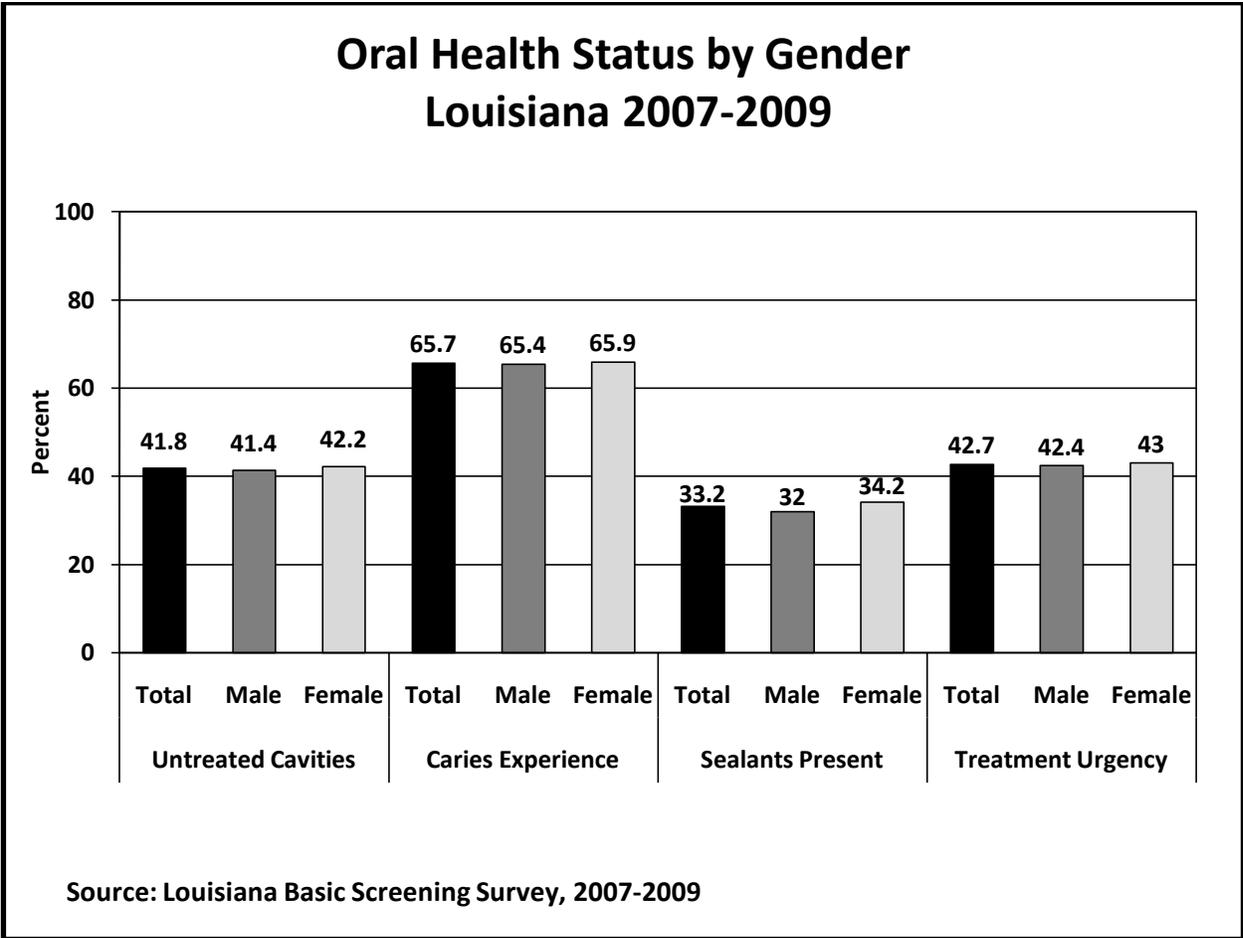


Figure 3

Figure 4: BSS – State Oral Health Status by Race

- Prevalence of untreated cavities is highest among “others” which consists of *Hispanic, Asian, American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, Multiracial and Unknown* followed by blacks.
- Black children are more likely to have caries experience than other races.
- The prevalence of dental sealants is higher in whites than blacks and others.
- Almost half of the Black children are in need of dental care followed by “others,” and whites.

Oral health disparities exist among different races in Louisiana.

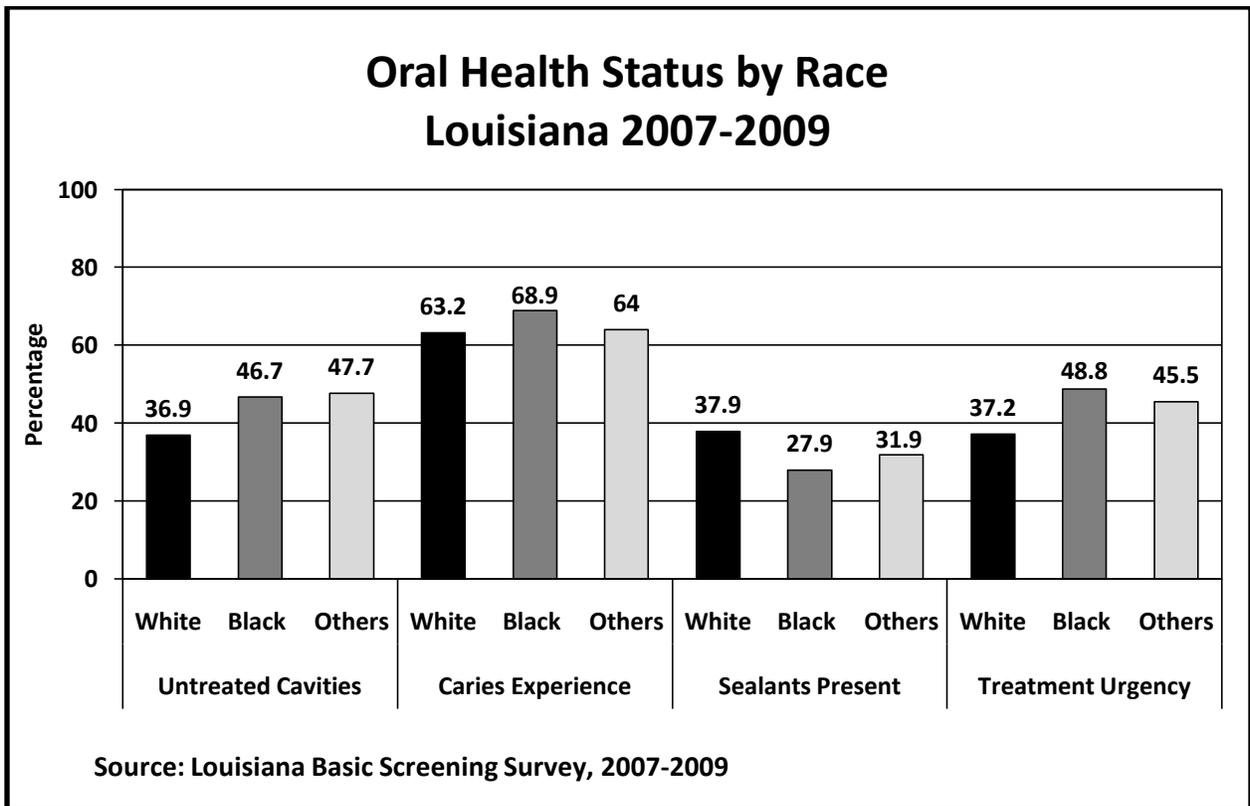


Figure 4

Figure 5: BSS – Geographical Estimates of Oral Health

Untreated Cavities:

- The Central Geographical Area has the highest percent of caries experience followed by North, River Parishes and Southern areas.

Caries Experience: This is a combined indicator of the presence of untreated cavities and/or the caries experience in the past based on the presence of restorative work or missing teeth.

- 65.7% of third grade children have caries experience.
- The highest percentage of caries experience is present in Northern Geographical Area, which is also supported by the DHH Regional Estimates for Regions 7 & 8. (Page 13)

Presence of Dental Sealants:

- The Southern and River Parishes Geographical Areas have a higher percentage of third graders with at least one or more dental sealants on their permanent molars.
- The Northern Geographical Area has the lowest percentage of children with dental sealants.
- Access to care is more challenging in the Northern area because of the limited availability of dentists.

Healthy People 2010 Objective 21-8 for dental sealants is to increase the proportion of children receiving dental sealants on their molar teeth to 50%.

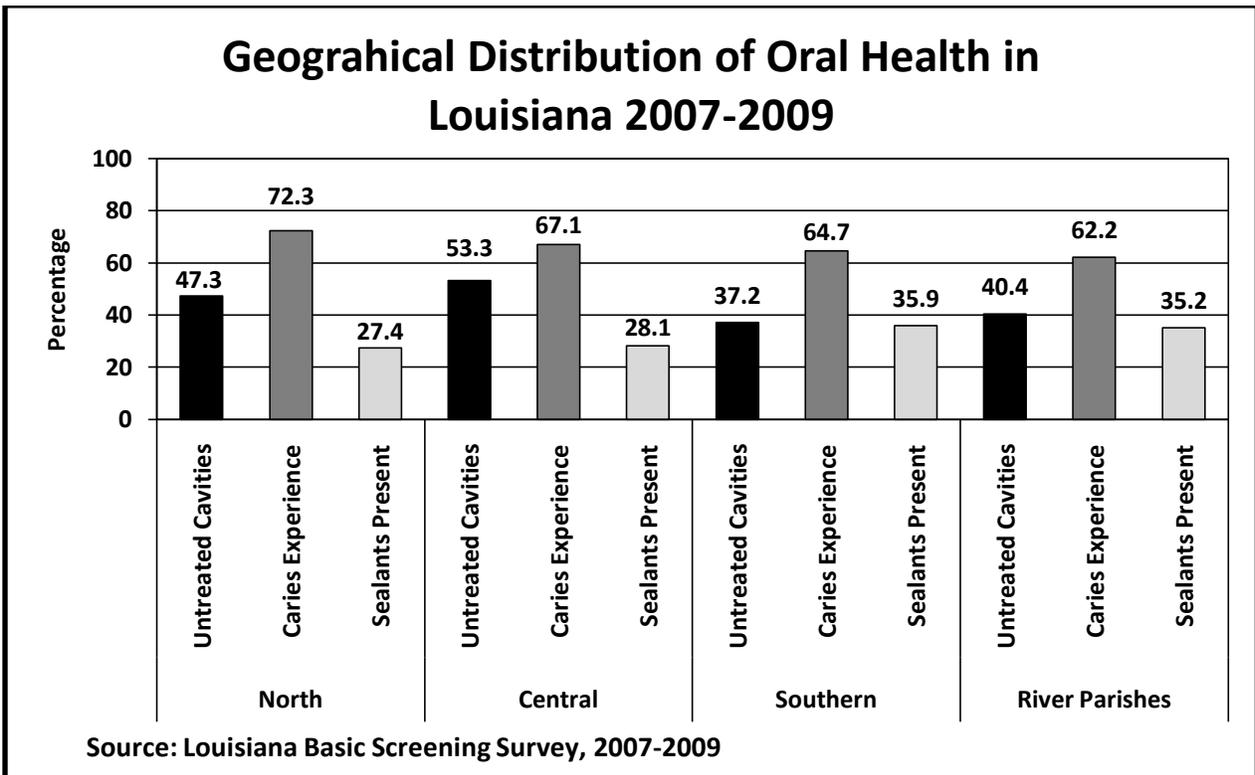


Figure 6: BSS – Geographical Area Treatment Urgency

- Treatment Urgency has three indicators:
 1. No problem: The child has an absence of untreated decay or requirement to see a dentist so regular care would be sufficient.
 2. Early Care: The child has visible decay or problems and needs to see a dentist in the next two weeks.
 3. Urgent Care: The child has a very serious decay or problem and needs to see a dentist within 24 hours.
- The demand for the early care is abundant in the Northern area (Figure 6) and urgent care is critical in the Central area.
- More than 60% of children in Southern area and River parishes have no decay and they just need regular dental care.

The need for dental care is critical in the areas where access to care and availability of dentists is limited.

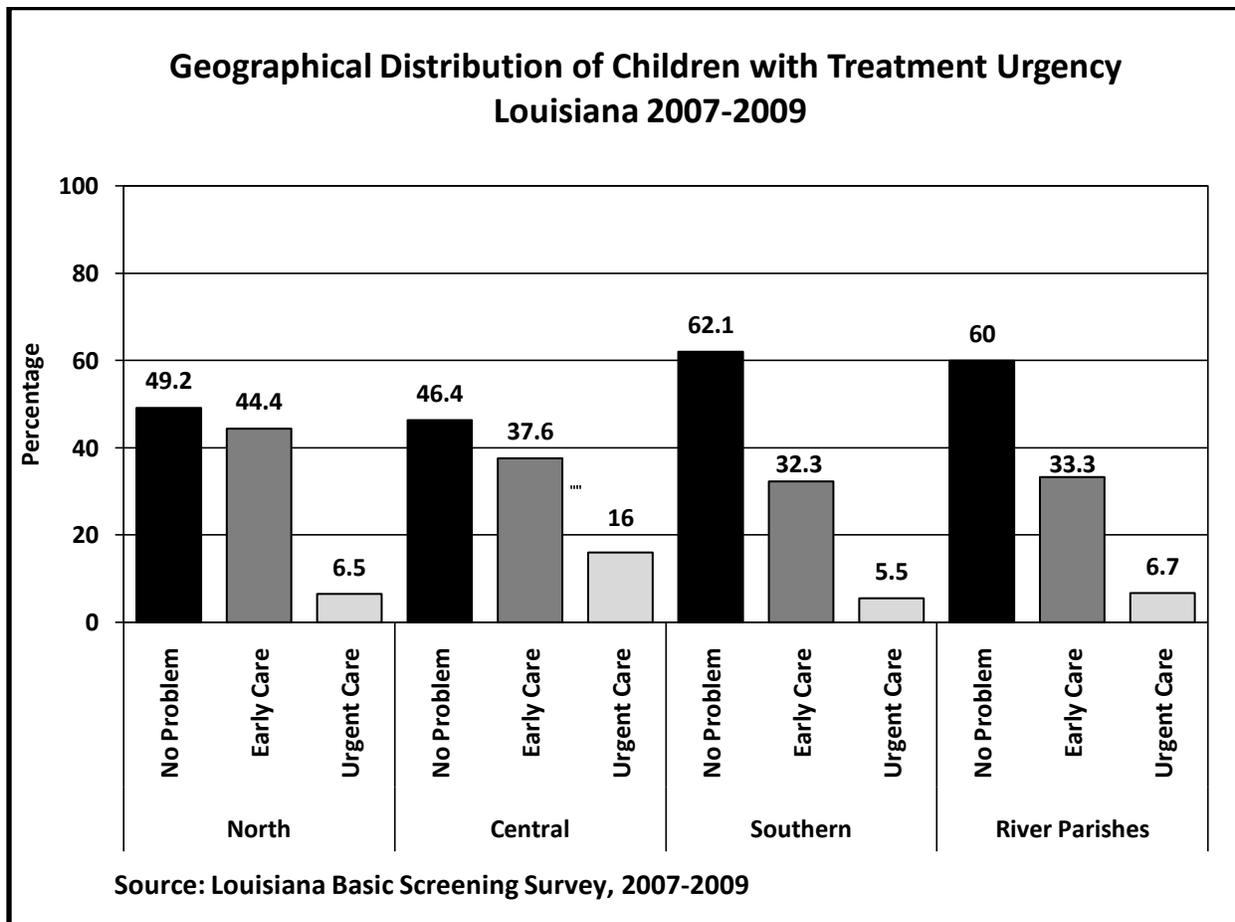
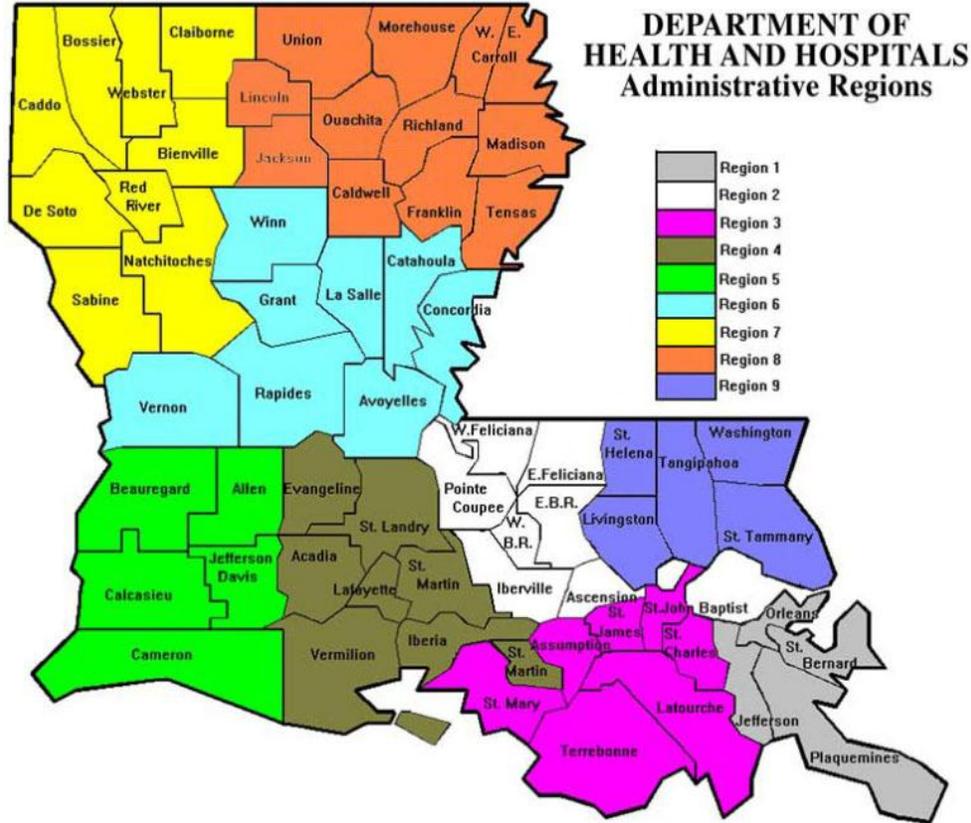


Figure 5

Map of the 9 DHH Administrative Regions



Map 2

Region 1 - 13 Schools: Jefferson, Orleans, Plaquemines and Saint Bernard

Region 2 - 8 Schools: Ascension, East Baton Rouge, East Feliciana, Iberville, Point Coupee, West Baton Rouge and West Feliciana

Region 3 - 6 Schools: Assumption, Lafourche, Saint Charles, Saint James, St. John the Baptist, Saint Mary and Terrebonne

Region 4 - 13 Schools: Acadia, Evangeline, Iberia, Lafayette, Saint Landry, Saint Martin and Vermillion

Region 5 - 4 Schools: Allen, Beauregard, Calcasieu, Cameron and Jefferson Davis

Region 6 - 5 Schools: Avoyelles, Catahoula, Concordia, Grant, La Salle, Rapides, Vernon and Winn

Region 7 - 10 Schools: Bienville, Bossier, Caddo, Claiborne, De Soto, Natchitoches, Red River, Sabine and Webster

Region 8 - 6 Schools: Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union and West Carroll

Region 9 - 10 Schools: Livingston, Saint Helena, Saint Tammany, Tangipahoa and Washington

Statistics and Findings By DHH Administrative Regions

Untreated Cavities:

- The percent of children with untreated cavities is higher in regions 2, 5, 6 and 8 than the others and lowest in region 9.

Caries Experience:

- More than 70% of the children screened from regions 2, 5 and 7 have experienced dental decay in their life, which is higher than the state average of 65.7%.
- The lowest percentage of dental decay was experienced by the children from region 1.

Presence of Dental Sealants:

- Currently 33.2% of Louisiana third graders have dental sealants; less than the Healthy People 2010 goal of at least 50%.
- The children from regions 1, 4 and 5 have demonstrated the highest presence of dental sealants on at least one of the permanent molar teeth.
- The lowest presence of dental sealants was found in regions 3 and 8.

DHH has nine administrative regions. Because the sample size was not designed for nine regions, there is a large standard error (SE) in regions 5 and 6 when analyzing by region.

Standard error: A statistic indicating how greatly the estimate obtained from the sample is likely to differ from the population.

Figure 7: BSS - DHH Regional Estimates for Oral Health

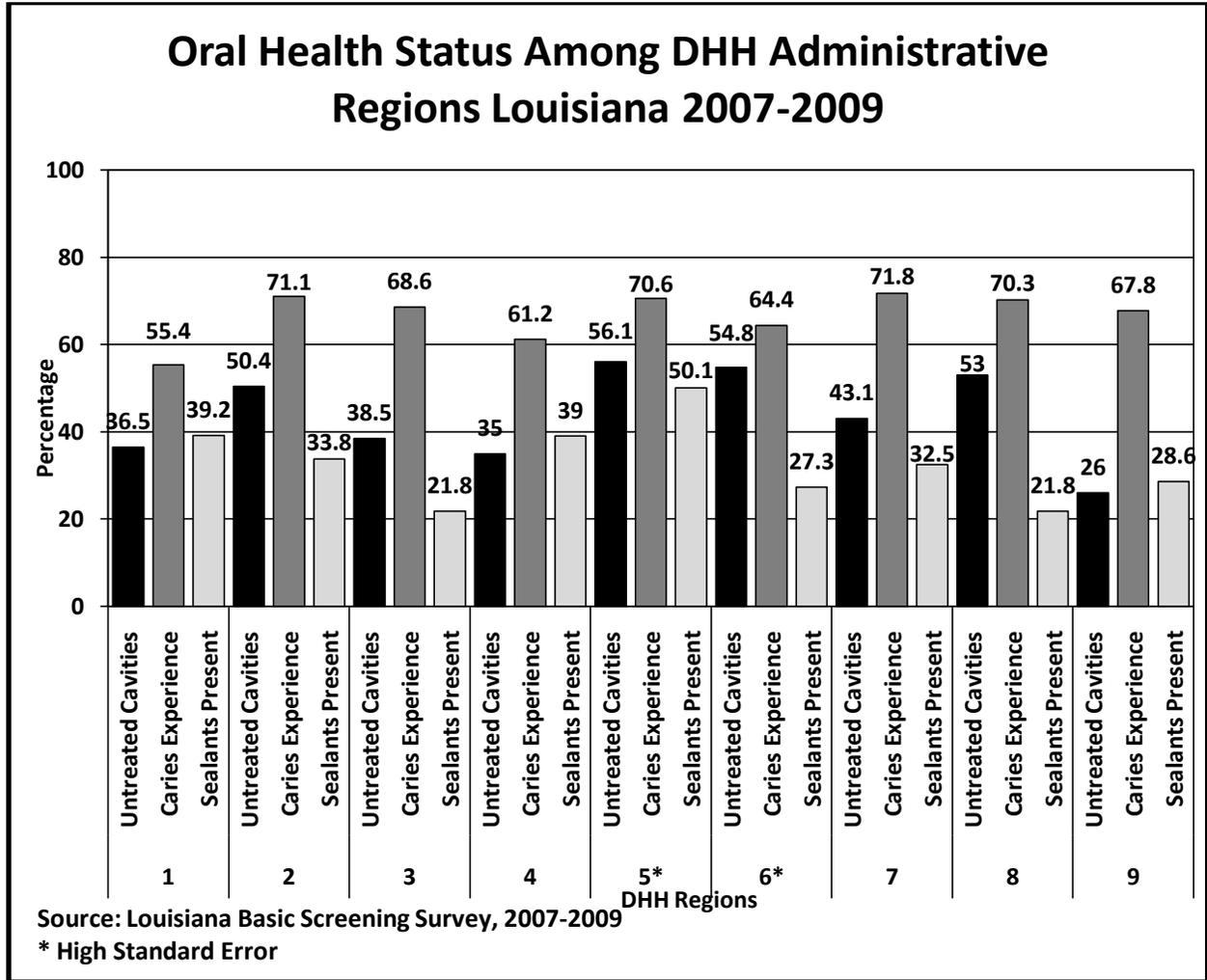


Figure 6

Figure 8: BSS – DHH Regional Estimates of Treatment Urgency

- The children from regions 1 and 9 have demonstrated (Figure 8) the best oral health in Louisiana.
- The demand for the early care is abundant in the regions 5 and 8, and urgent care is most critical in region 6 followed by 3 and 7.

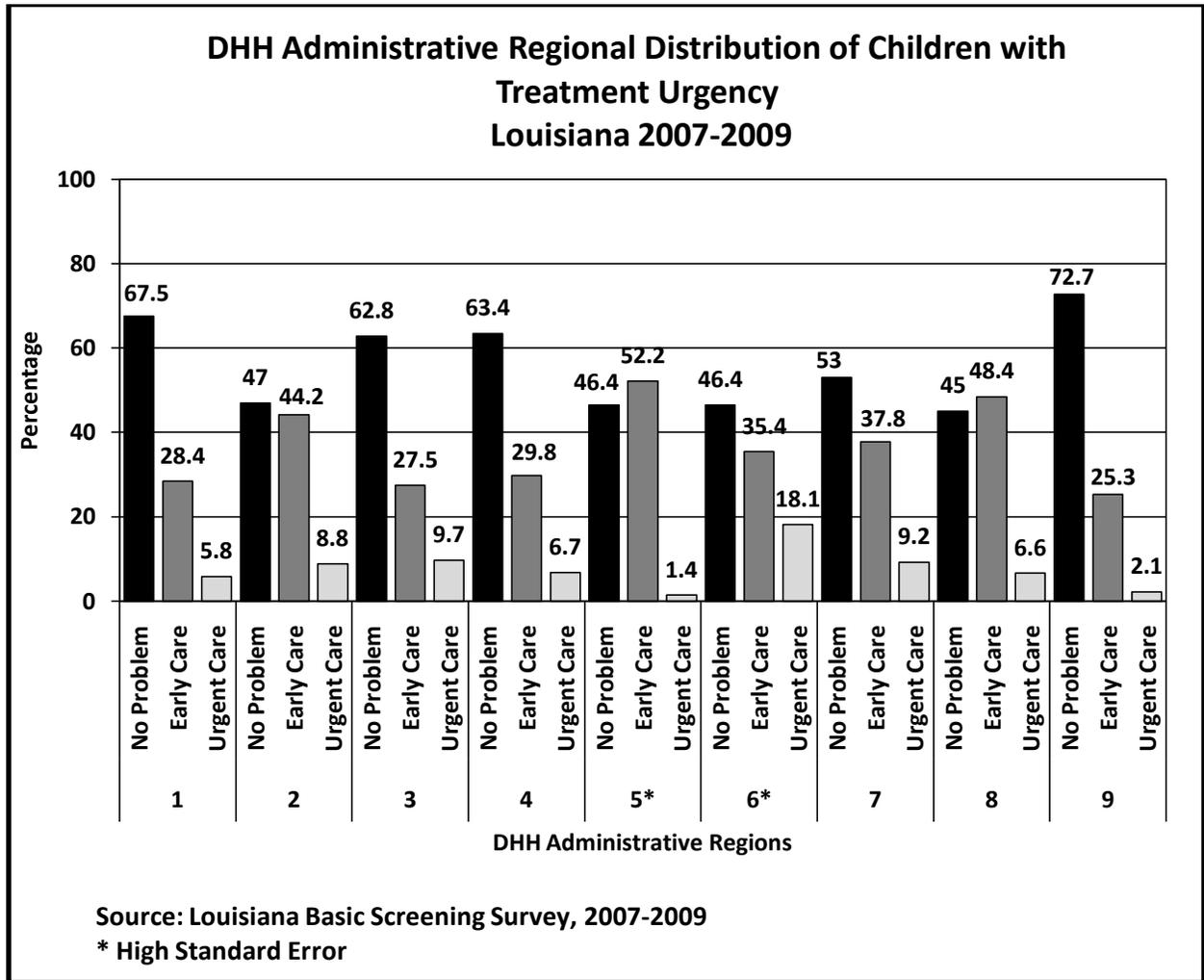


Figure 7

Figures 9-17: BSS – Comparison of Oral Health Status by State and DHH Regions

Figure 9: BSS – Comparison of Oral Health Status by State and DHH Region 1

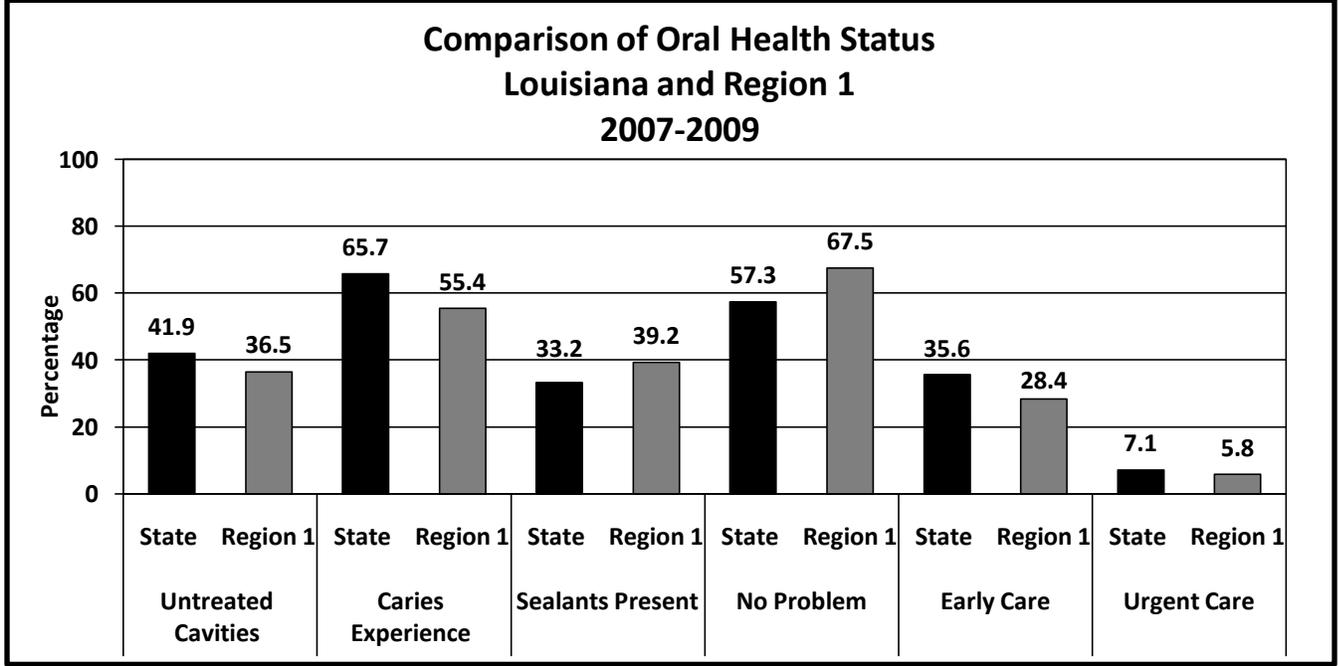


Figure 8

Figure 10: BSS – Comparison of Oral Health Status by State and DHH Region 2

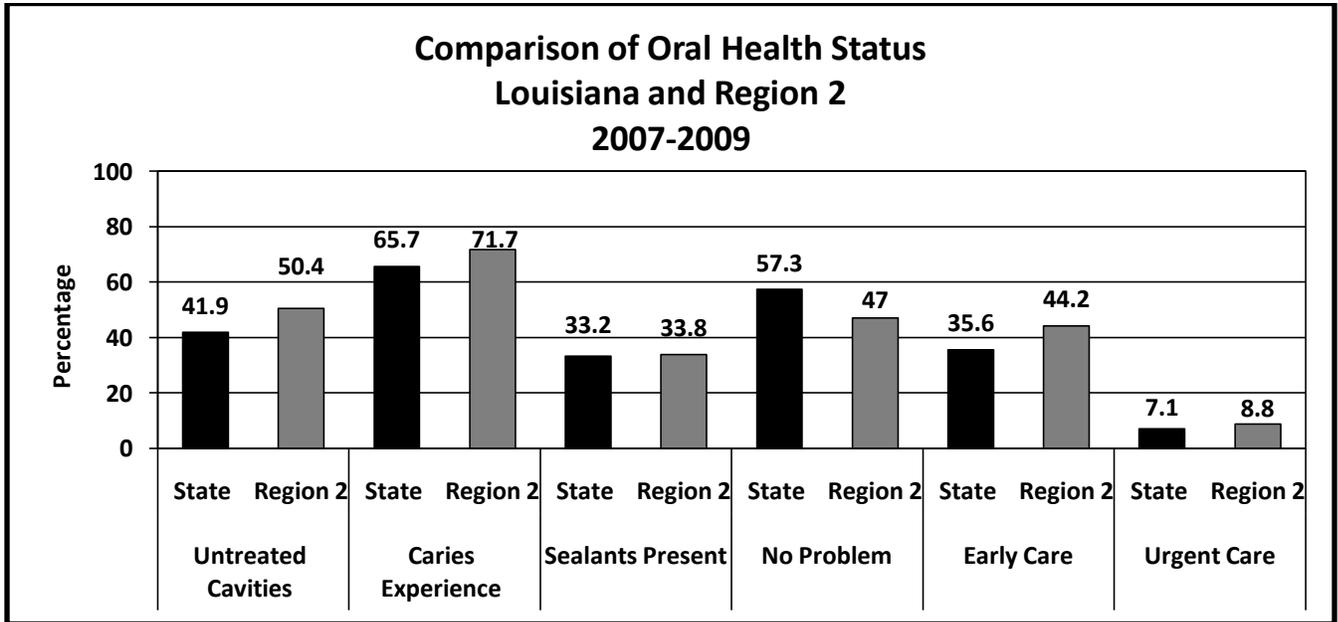


Figure 10

Figure 11: BSS – Comparison of Oral Health Status by State and DHH Region 3

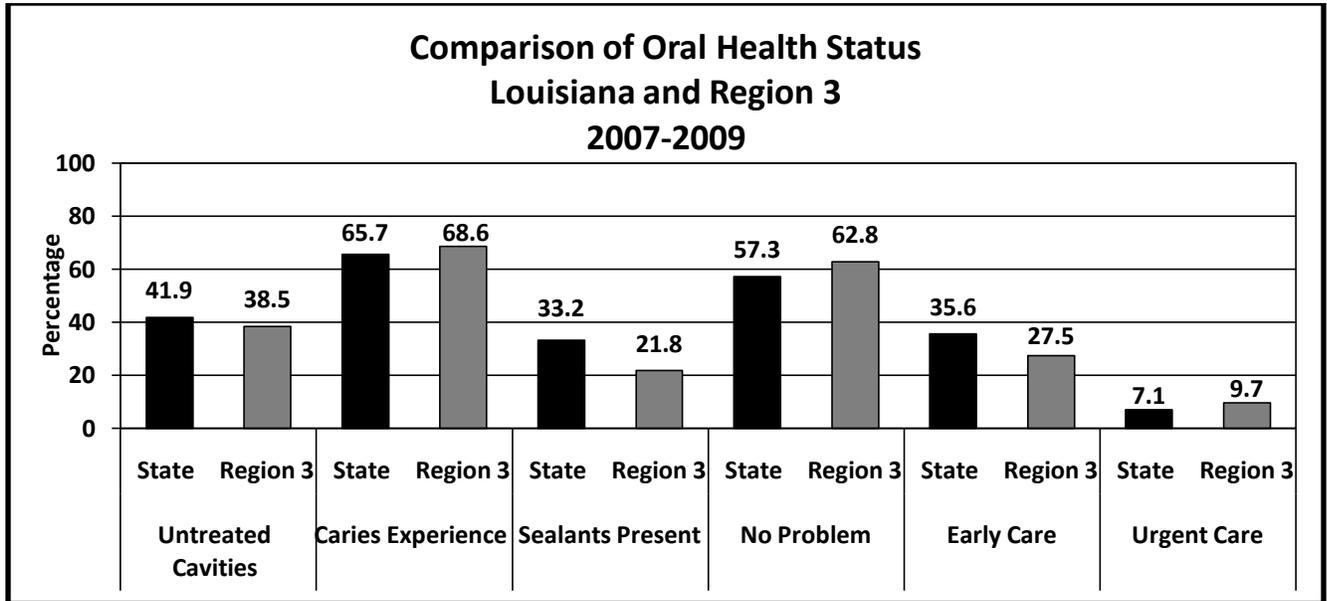


Figure 91

Figures 12: BSS – Comparison of Oral Health Status by State and DHH Region 4

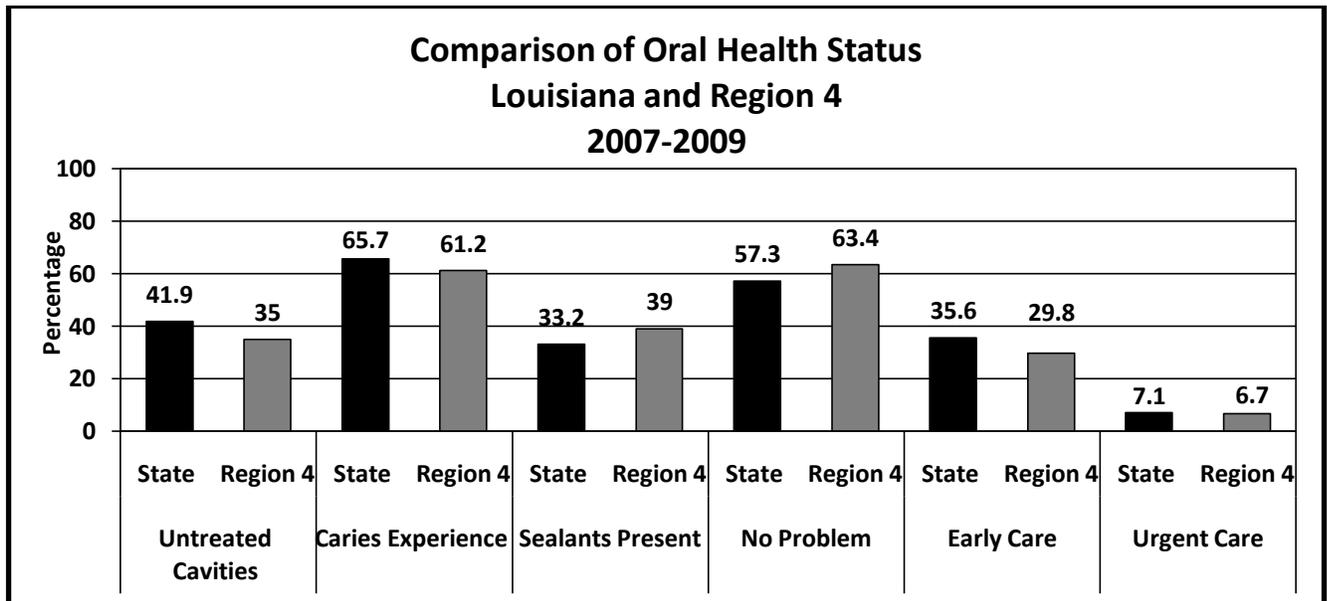


Figure 12

Figures 13: BSS – Comparison of Oral Health Status by State and DHH Region 5

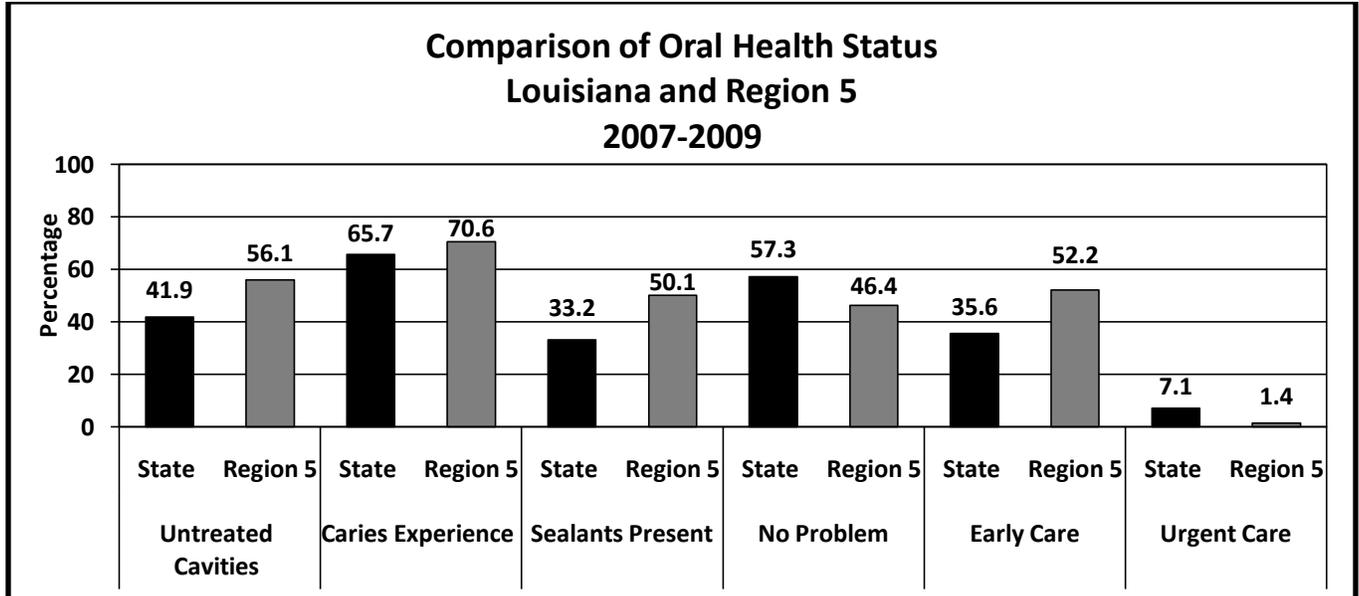


Figure 13

Figures 14: BSS – Comparison of Oral Health Status by State and DHH Region 6

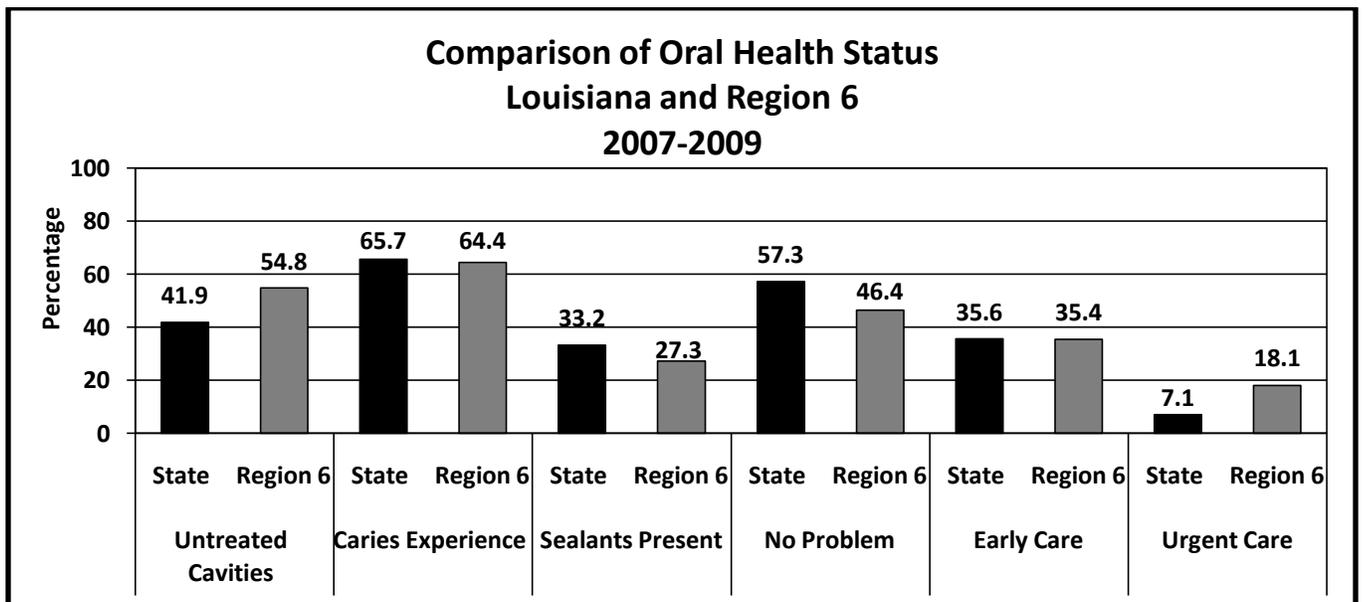


Figure 14

Figures 15: BSS – Comparison of Oral Health Status by State and DHH Region 7

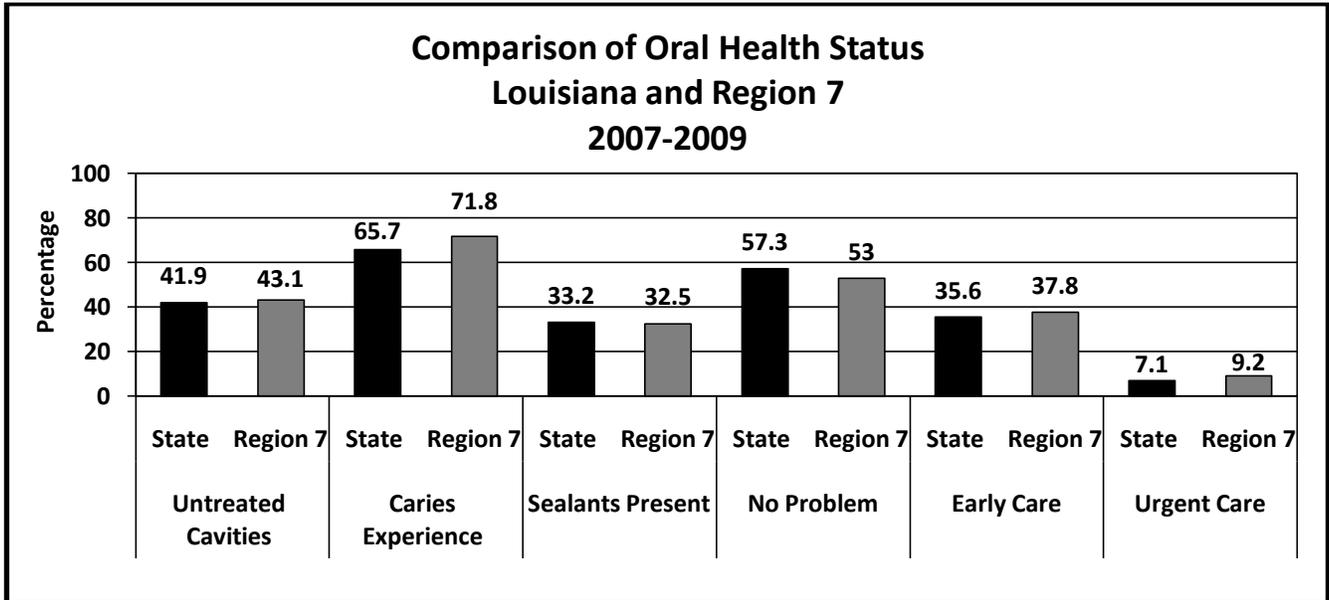


Figure 15

Figures 16: BSS – Comparison of Oral Health Status by State and DHH Region 8

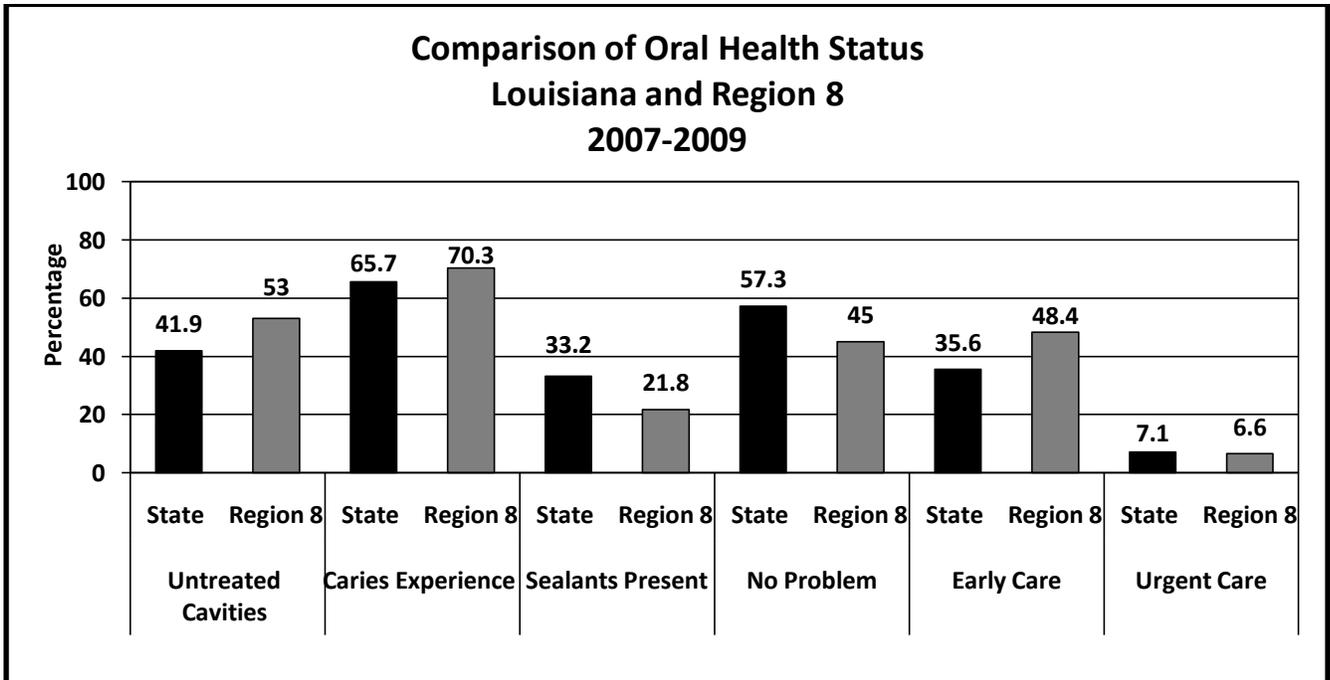


Figure 16

Figures 17: BSS – Comparison of Oral Health Status by State and DHH Region 9

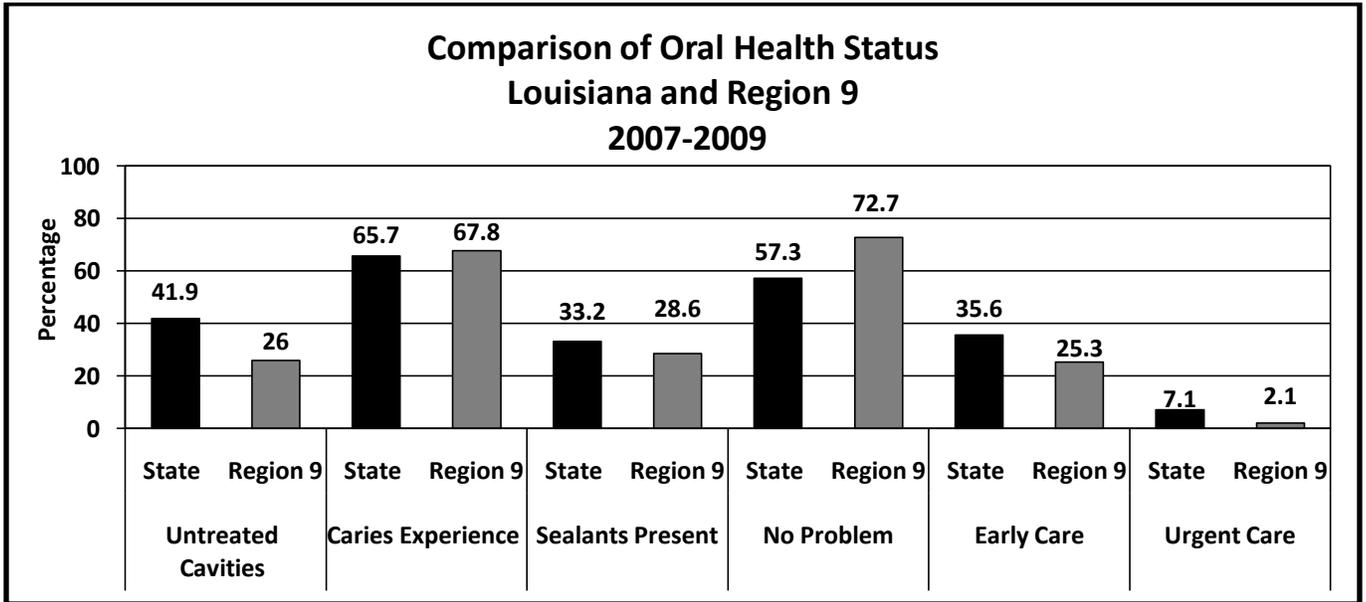


Figure 17

Discussion

Despite the continuous improvement in the oral health of children in the US since 1970's, dental caries has remained the most prevalent childhood chronic disease.¹ In Louisiana, almost two out of every three children experience cavities before entering the fourth grade.² To address this problem, the Louisiana Oral Health Program conducts two population-based interventions aimed at prevention: the school-based dental sealant program and the community water fluoridation program (CWF). Both are designated best practices by the Centers for Disease Control and Prevention (CDC). Studies have shown that in children, after administration of a dental sealant, the median decrease in caries on the occlusal (chewing) surface of posterior teeth is 60%.³ The CDC has proclaimed water fluoridation as one of ten great public health achievements of the 20th century; every \$1 invested in water fluoridation saves \$38 in dental treatment costs.

According to the *Healthy People 2010* Objective for dental sealants, 50% of children should have sealants on their permanent molars. In Louisiana, only 33.2% of children have one or more dental sealants on their permanent molars.⁴ The goal of the statewide school-based/linked dental sealant program is to increase the number of children with one or more dental sealants on their permanent teeth. To achieve this goal, the program utilizes three different strategies: contracting with local dental providers, working with local clinics (e.g. Federally Qualified Health Centers), and providing direct services using Oral Health Program staff. Operationally, to conduct a dental sealant day in a school setting, the program identifies disparate populations for interventions, works with local school systems/administrators and school nurses and identifies dental providers for program delivery.

According to the *Healthy People 2010* Objective for community water fluoridation, 75% of the population should receive optimally fluoridated water. In Louisiana, only 41% of the population benefits from community water fluoridation as compared to 69.2% percent of the United States (2006).⁵ In the 2008 regular session, Louisiana enacted Act 761, which requires water systems with more than 5,000 service connections to fluoridate. To achieve this goal, the program's

¹ U.S. Department of Health and Human Services. Oral health in America: A Report of the Surgeon General. DHHS, Rockville, MD. 2000.

² Basic Screening Survey 2007-2009, Louisiana Oral Health Program

³ Truman BI, Gooch BF, Sulemana I, et al. Reviews of evidence regarding interventions to prevent dental caries, oral and pharyngeal cancers, and sports-related craniofacial injuries. *Am J Prev Med* 2002;23(suppl 1): 21-54. Available from: <http://www.thecommunityguide.org/oral/oral-ajpm-ev-rev.pdf>

⁴ Basic Screening Survey 2007-2009, Louisiana Oral Health Program

⁵ Center for Disease Control and Prevention, Oral Health Program, Water Fluoridation Statistics for 2006. Available from <http://www.cdc.gov/fluoridation/statistics/2006stats.htm>

fluoridation engineer and community educator work with local governments and residents to educate on the health benefits and ensure the safe delivery of optimally fluoridated water.

Access to care is a primary indicator of good oral health. In Louisiana, access to oral health care is challenging. In the FFY 2007-2008, only 32.5% of the Medicaid-eligible (LACHIP enrolled) children in Louisiana received any dental services.⁶ Only 27% of the Medicaid-available dentists (enrolled and billing) see Medicaid-eligible children and only 12% of all available dentists bill Medicaid for \$10,000 or more. Compounding the problem, 56 out of the 64 parishes (87.5%) are designated by HRSA as Dental Health Professional Shortage Areas⁷. On average in Louisiana, among Medicaid-eligible children, one dentist is available for 1,161 children. Socio-economic status is another indicator of good oral health. As evidenced in the National Survey of Children's Health 2007 which says, "of children with household incomes below the federal poverty level (FPL), about half were reported to have teeth that were in excellent or very good condition (49.8 %), compared to 61.3 % of children with household incomes between 100 and 199 percent of the FPL, 76.0 % of children with household incomes between 200 and 399 percent of the FPL, and 84.8 % of children with household incomes of 400 percent or more of the FPL."⁸ In the BSS survey, the program did not collect socio-economic data; however, the survey indicated that children from the private schools tended to have better oral health than children in the public schools.⁹

The Oral Health Program will conduct the next BSS in 2012-2013 school year. Survey design and methodology will aim to increase the sample size to obtain better regional data.

⁶ Louisiana Medicaid Management Information Systems, Department of Health and Hospitals-Medical, CMS 416

⁷ Department of Health and Hospitals, Primary Care and Rural Health, Dental Health Professional Shortage Areas Map. Available from <http://www.dhh.louisiana.gov/offices/miscdocs/docs-88/hpsa/dental.pdf>

⁸ The National Survey of Children's Health, 2007.
Available at <http://mchb.hrsa.gov/nsch07/moreinfo/pdf/nsch07.pdf>

⁹ Basic Screening Survey 2007-2009, Louisiana Oral Health Program

Appendix

Parent Questionnaire

Please answer the following 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. During the past 6 months, did your child have a toothache more than once, when biting or chewing?

- No Yes Don't know/don't remember

2. 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. (Check one)

- 6 months or less More than 3 years ago
 More than 6 months, but not more than 1 year ago Never has been to the dentist
 More than 1 year ago, but not more than 3 years ago Don't know/don't remember

3. What was the main reason that your child last visited a dentist? (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
 Don't know/don't remember

4. During the past 12 months, was there a time when your child needed dental care but could not get it?

- No (go to question 6) Yes (go to question 5) Don't know/don't remember (go to question 6)

5. 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? (Check one)

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

6. 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.

- No Yes Don't know

7. 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.

- No Yes Don't know

8. Which of the following best describes your child? (Check all that apply)

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

Appendix II

Principal Letter and School MOU



Kathleen Babineaux Blanco
GOVERNOR

STATE OF LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS



Roxane A. Townsend, M.D.
SECRETARY

Dear Principal:

Your school has been selected to participate in Louisiana's **Bright Smiles for Bright Futures** oral health screening project. Dental decay is the most common chronic disease in children. It is more common than asthma and it is estimated that dental problems contribute to 51 million hours of school absence. Oral diseases can and do affect a child's ability to learn. The Louisiana Oral Health Program in cooperation with the school nurses, conducted oral health screenings on third grade students. The data show that in 1998, 23% of third grade children had dental sealants. However, in 2002, only 18 % had sealants. As indicated by the results of the screening, many of the children of our state are in need of dental treatment. The Maternal and Child Health Bureau (MCHB) requires states to conduct an oral health screening on third grade children to assess dental sealant presence on permanent molar teeth. This measure is a National Performance Measure for the MCHB and it is often used to make decisions on funding oral health programs in states. Therefore, we will assess the oral health status of third graders through the "**Bright Smiles for Bright Futures**" oral health screening project. This project will enable the Oral Health Program to identify the oral health needs of the children of Louisiana, plan effective targeted treatment, as well as, provide educational programs for children in need.

School nurses are critical to the success of this program. Nurses are required to participate in a day long oral health screening training in order to perform the screenings. Training opportunities will be made available by the Louisiana Office of Public Health/Oral Health Program at convenient locations. Children participating in the screening will require parental consent; no child will be screened without written parental consent. The principal's and school nurse's signatures are required to initiate the screening process. We will contact you shortly to establish the dates for your school's oral health screening and training for the school nurse to perform the screening. Please sign the enclosed screening participation form and return to the Office of Public Health at the address indicated on the form.

I hope that your school will partner with the Louisiana Office of Public Health/ Oral Health Program in the 2007-2008 screening project. Your continued cooperation and support is appreciated. If you have any questions or concerns, please contact me for clarification.

Sincerely,

Dionne Richardson, DDS, MPH
Director Oral Health Program
Email: drichardson@dhh.la.gov

Rishu Garg, MD, MPH
Oral Health Program Monitor
Email: rgarg@dhh.la.gov
Phone: (225) 342-2645

**Department of Health & Hospitals / Office of Public Health
Oral Health Program / Bright Smiles for Bright Futures
Screening Participation Form**

Date: _____

Our school will participate in the oral health screening.

Our school will not participate in the oral health screening.

Reason, why not: _____

Name of the school: _____

Address: _____

Parish: _____

Phone Number: _____ **Fax Number:** _____

Signature:

Principal

Nurse

Name: _____

Name: _____

Phone: () _____

Phone: () _____

Email: _____

Email: _____

Please send it to the following address:

Rishu Garg
Program Monitor
Oral Health Program
DHH/ Office of Public Health/ 3rd Floor
628 North 4th Street
P.O. Box 3214 Bin 4
Baton Rouge, LA 70821-3214

Appendix III

Parental Consent Cover Letter for Oral Health Screening



Kathleen Babineaux Blanco
GOVERNOR

STATE OF LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS



Roxane A. Townsend, M.D.
SECRETARY

Dear Parent:

All third graders in your child's school have been chosen to take part in a very important program, "**Bright Smiles for Bright Futures**" oral health screening, conducted by the Louisiana Department of Health and Hospitals, Oral Health Program. His/Her participation will help us to learn about the health of children's teeth in your parish and across the state. Results of this screening program will be used to plan treatment and education programs for children and families.

With your consent, a school nurse, dentist or dental hygienist will examine your child's teeth to check for tooth decay and other dental problems. This is only an examination; no treatment will be performed on your child. Please be assured that the dental screening will be carried out in a safe and healthy manner, using sterile gloves, and disposable, sterilized mirror and probe. Each participant will receive a toothbrush, a letter reporting on the health of his/her teeth, and a list of dental health providers in your area. Please remember that this screening does not take the place of a regular dental check-up.

***Remember this examination is at no cost to you and
your child will not be named in any report.***

To give your consent for your child's participation, please complete and sign the attached consent form and return the form to your child's teacher tomorrow. Thank you for joining with us in this effort. If you have any questions about "**Bright Smiles for Bright Futures**," please contact Rishu Garg at (225) 342-2645.

Sincerely,

Oral Health Program

Dionne Richardson, DDS, MPH
Director Oral Health Program
Email: drichardson@dhh.la.gov

Rishu Garg, MD, MPH.
Oral Health Program Monitor
Email: rgarg@dhh.la.gov

Bright Smiles for Bright Futures

Parent Consent Form

Please complete this form and return it to your child's teacher tomorrow. Thank you.

Child's Name: _____	Child's Age: _____
<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:

**Appendix IV
Bright Smiles for Bright Futures
Oral Health Screening Results**



Kathleen Babineaux Blanco
GOVERNOR

**STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS**



Roxane A. Townsend, M.D.
SECRETARY

Dear Parent or Guardian:

Your child _____, was seen today by Dr. Dionne Richardson, Director of the Louisiana Oral Health Program or by school nurse for an oral health screening. This screening does not take the place of a regular dental check-up. Therefore, please see your family dentist on a regular (every 6 months) schedule.

Today's oral health screening revealed the following:

_____ **No obvious need for dental treatment. See your dentist as regularly scheduled.**

_____ **Your child is in need of non-urgent dental treatment and may have dental caries that should be checked. Please schedule a dental appointment within the next 2 weeks.**

_____ **Your child is in need of urgent dental treatment and may be experiencing dental pain and /or infection. Please schedule a dental appointment within the next 24 hours.**

It is very important for your child to brush his/her teeth every day and use fluoridated toothpaste. Please limit sugary between-meal snacks and be sure to have regular dental check-ups to prevent cavities.

If you have any questions, please contact Dr. Dionne Richardson, DDS, MPH, Director Oral Health Program at (225) 342- 9047 or Rishu Garg, MD, MPH, Oral Health Program Data Monitor at (225) 342-2645.

Appendix V
Screening Results for Schools



Bobby Jindal
GOVERNOR

Alan Levine
SECRETARY

State of Louisiana
Department of Health and Hospitals
Maternal and Child Health Program

Dated:

Name and address of the school

Dear Principal:

Louisiana’s Oral Health Program greatly appreciates your participation in the third grade dental screening program conducted in the school-years 2007 to 2009. Enclosed please find the results of your school’s screening, an oral health curriculum kit for your school library, and a Certificate of Participation. The screenings, conducted between the 2007-2009 school years, involved 2,642 children at 75 schools all across the state. As you know this was the first representative sample taken to determine the oral health status of Louisiana’s children. Preliminary results indicate that only 33.2% of children had dental sealants while 41.9% had untreated cavities and 65.7% had caries experience. The information gathered from this screening is vital to guide future Oral Health Program initiatives.

At the conclusion of the screening, each child’s result was given to either the school nurse or the child’s teacher for distribution to the child’s parent. Along with the results, we distributed a listing of dental providers in the areas that accepted Medicaid. We hope that all the children have been able to access care. Please call if we can be of further assistance in locating a provider. Below are the results of the dental screenings for your school:

Number of children screened	XX	
Number of children with untreated cavities	XX	XX%
Number of children with caries experience	XX	XX%
Number of children with dental sealants	XX	XX%
Number of children with early dental care need	XX	XX%
Number of children with urgent dental care need	XX	XX%

The Oral Health Program works with local providers to conduct a school-based dental sealant program for second and sixth graders. This program is offered at no cost to the child or parent. If you would like for your school to participate in the program, please complete the enclosed participation form and return as instructed. Thank you again for your participation; we could not have done it without you!

Sincerely,

Rishu Garg, MD, MPH
Oral Health Program Epidemiologist
628 N. 4th Street, Baton Rouge, LA-70821-3214

Shelia Hampton, RDH
Oral Health Program Dental Sealant Coordinator
628 N. 4th Street, Baton Rouge, LA 70821-3214



**Bright Smiles for Bright Futures
2007-2009**



Certificate of Participation

Awarded to

Name of the School

**In appreciation for your school's support in
Louisiana's Bright Smiles for Bright Futures
Oral Health Screening Project**

M. Rony Francois, MD, MSPH, PhD
DHH, Office of Public Health

Dionne J. Richardson, DDS, MPH
Oral Health Program

Rishu Garg, MD, MPH
Oral Health Program