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City of Long Beach
Working Together to Serve

Office of Gerrie Schipske
Councilwoman, Fifth District
Memorandum

Date: March 13, 2007

To: HONORABLE MAYOR AND MEMBERS OF THE CITY COUNCIL

From: Councilwoman Gerrie Schipske

Subject: AGENDA ITEM: Report from the Long Beach Children's Oral Health Task Force

DISCUSSION

Tooth decay is an infectious disease process affecting both children and adults. It is probably the most prevalent – yet the most preventable – disease among humans. By the age of 18, about 80 percent of children in the United States have experienced dental disease in the form of tooth decay.

In Long Beach, the oral health needs assessment of Kindergarten and Third graders in the Long Beach Unified School District began with the screening of over 800 children in twelve elementary schools. Trained and calibrated screeners participated in the study, which was completed in March of 2005. The principal investigator was Dr. Santos Cortez.

RECOMMENDATION

To receive report by Dr. Santos Cortez, Chair of the Long Beach Children's Oral Health Task Force, entitled "Long Beach Smile Survey: An Oral Health Assessment of Kindergarten and 3rd Grade Children in Long Beach, CA".

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Long Beach Smile Survey

AN ORAL HEALTH ASSESSMENT OF KINDERGARTEN AND 3RD GRADE CHILDREN IN LONG BEACH, CALIFORNIA

December 2005

Table of Contents

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EXECUTIVE SUMMARY

Tooth decay (dental caries) is an infectious disease process affecting both children and adults. It is probably the most prevalent – yet the most preventable – disease known to man. By the age of 18, about 80 percent of children in the United States have experienced dental disease in the form of tooth decay.[1]

While the prevalence of tooth decay in the U.S. has declined over the last 30 years, certain groups suffer disproportionately from dental disease – including both low-income and minority children. Two major factors affect an individual's overall oral health status: their disease rate and their ability to access and obtain dental treatment. Unfortunately, those individuals at highest risk of dental disease are also the least likely to have access to routine professional dental care.

Key Points:

- ⇨ Tooth decay is a significant problem for elementary school children in the Long Beach Unified School District.
- ⇨ 28% have untreated tooth decay.
- ⇨ 5% need urgent dental care because of pain or infection.
- ⇨ The oral health of children in the Long Beach Unified School District is substantially worse than national objectives.

The public perception – especially among those who can afford dental care or have dental insurance – is that tooth decay is a natural and minor occurrence that deserves little attention or dollars. However, if left untreated tooth decay can lead to needless pain and suffering; difficulty in speaking, chewing, and swallowing; lost school days; increased cost of care; and loss of self-esteem. In 1996, children ages 5 to 17 years missed 1,611,000 school days due to acute dental problems – an average of 3.1 days per 100 students.[2] The good news is that most oral diseases are preventable. Some of the methods to prevent tooth decay include dental sealants, drinking fluoridated water, using toothpaste that contains fluoride, limiting sugar intake, and having access to dental care.

In order to obtain information on the oral health of kindergarten and 3rd grade children in the Long Beach Unified School District, a district wide oral health needs assessment was conducted during the 2004-2005 school year. Information from the *Long Beach Smile Survey* will be used to develop policy recommendations designed to improve the oral health of elementary school children. To share what we learned through the *Long*

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[1] National Center for Health Statistics. National Health and Nutrition Examination Survey III, 1988-94. Hyattsville, MD: Centers for Disease Control and Prevention, unpublished data.

[2] National Center for Health Statistics. Current estimates from the National Health Interview Survey, 1996 (Vital and Health Statistics; Series 10, Data from the National Health Survey; no. 200). Hyattsville, MD: U.S. Department of Health and Human Services, National Center for Health Statistics, 1996.

Beach Smile Survey, we have organized this report into seven key findings, and for each we present our data in terms of graphs and tables. We hope that you find this information both informative and useful.

Key Findings

- A pandemic of dental disease is compromising the health and quality of life of children in Long Beach. More than half of kindergarteners and more than 7 out of 10 3rd graders have experienced tooth decay, and 28% of them have *untreated* decay. Left untreated, tooth decay often has serious consequences, including needless pain and suffering, difficulty speaking and chewing and lost days in school.

- More than 700 of Long Beach Unified's kindergarteners and third graders have serious problems from dental disease – abscesses, inflammation and pain. All of these can lead to reduced school performance, lack of concentration and absenteeism.

- Poor children and children of color are much more likely to have tooth decay and suffer the consequences of untreated disease.

- Many children in Long Beach cannot get the dental care they need.

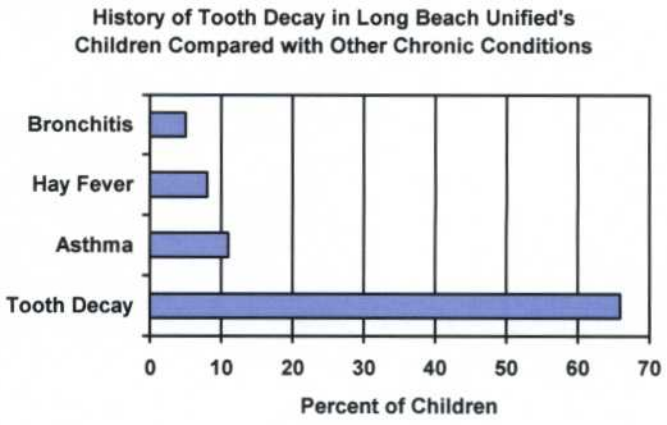
- Compared to national oral health objectives, Long Beach Unified does not fare well.

- Increasing resources for dental treatment are needed, but will not alone stem the tide of dental disease. More resources for early preventive activities are also needed.

INTRODUCTION

"The mouth reflects general health and well-being."

Former Surgeon General David Satcher, 2001



Tooth decay (dental caries) is the single most common chronic disease of childhood, occurring five to eight times more frequently than asthma, the second most common chronic disease in children.[1] Although preventable, tooth decay affects more than half of all children by the third grade and by the time students finish high school; about 80 percent have decay.[2] Tooth decay is not simply a hole in a tooth – if left untreated it can lead to needless pain and suffering; difficulty in speaking, chewing, and swallowing; lost school days; increased costs of care; and loss of self-esteem. In 1996, students ages 5 to 17 years missed 1,611,000 school days due to acute dental problems – an average of 3.1 days per 100 students.[3]

While the prevalence and severity of tooth decay has declined dramatically among U.S. school-aged children, it remains a significant problem in some populations – particularly certain racial and ethnic groups and poor children.[4] National data indicate that 80 percent of tooth decay in children is concentrated in 25 percent of the child population.[5] Poor people and racial/ethnic minority groups have more untreated oral disease than does the population as a whole. According to national data, poor Mexican-American children are about three times more likely to have untreated decay compared to a higher income non-Hispanic white child.

Unfortunately, poverty is a problem for a significant portion of residents in Long Beach. According to the U.S. Census Bureau (www.census.gov), 27 percent of families in Long Beach with children less than 18 years live below the federal poverty level. Since low-

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1 Edelstein B, Douglass C. Dispelling the cavity free myth. Public Health Reports 1995, 110:522-30.

2 National Center for Health Statistics. National Health and Nutrition Examination Survey III, 1988-94. Hyattsville, MD: Centers for Disease Control and Prevention, unpublished data.

3 National Center for Health Statistics. Current estimates from the National Health Interview Survey, 1996 (Vital and Health Statistics; Series 10, Data from the National Health Survey; no. 200). Hyattsville, MD: U.S. Department of Health and Human Services, National Center for Health Statistics, 1996.

4 Vargas CM, Crall JJ, Schneider DA. Sociodemographic distribution of pediatric dental caries, NHANES III, 1988-1994. J Am Dent Assoc 1998,129:1229-38.

5 Kaste LS, Selwitz RH, Oldakowski RJ, Brunelle JA, Winn DM, Brown LJ. Coronal caries in the primary and permanent dentition of children and adolescents 1-17 years of age: United States 1988-91. J Dent Research 1996, 75:631-41.

income children are more likely to have untreated decay, the need for dental care could potentially overburden the City's oral health care system.

We hope that by recognizing and understanding the oral health needs of children in Long Beach, we will be able to contribute to policies that will ensure all children receive the oral health care they need. The answers to effective policies to protect children's oral health lie in a few sound principles outlined in the 2000 *Oral Health in America: A Report of the Surgeon General.* Some of the approaches to promote oral health include:

- Change perceptions regarding oral health and disease so that oral health becomes an accepted component of general health.
- Build an effective health infrastructure that meets the oral health needs of all Americans and integrates oral health effectively into overall health.
- Remove known barriers between people and oral health services.
- Use public-private partnerships to improve the oral health of those who still suffer disproportionately from oral diseases.

This needs assessment demonstrates that we still face many barriers to improving the oral health of children in Long Beach. We are seeing more dental disease among children, and we have fewer dentists in the City than we need to provide essential preventive and restorative services. In order to reverse these trends, we need to mobilize resources, including both public and private oral health care providers.

METHODS

During the 2004-2005 school year, oral health screenings were completed at 12 randomly selected elementary schools throughout the Long Beach Unified School District. Trained dental examiners completed all of the screenings using the diagnostic criteria developed and published by the Association of State and Territorial Dental Directors (*Basic Screening Surveys: An Approach to Monitoring Community Oral Health,* www. astdd.org). Five oral health indicators were collected for each child screened – presence of decayed teeth, presence of filled teeth, presence of dental sealants, history of rampant decay (defined as decay experience on 7 or more teeth), and treatment urgency. In addition to the oral health indicators, parents were asked to complete an optional questionnaire that obtained information on dental insurance, time since last dental visit, trouble accessing dental care, participation in the free or reduced price lunch program (FRL), and race. Since the questionnaire was optional, results may not be representative of the District as a whole. A copy of the questionnaire is located in the Appendix.

A combination of passive and positive consent was used. Eleven schools used passive consent which means that all children were screened unless their parent specifically

stated that they did not want their child screened. One school used positive consent and in this school only those children that returned a positive consent form were screened.

Epi Info Version 3.3.2 was used for both data entry and data analysis. Epi Info is a public access software program developed, distributed and supported by the Centers for Disease Control and Prevention. Data obtained through the oral health screening has been adjusted to account for both the sampling scheme and non-response.

RESULTS

The *Long Beach Smile Survey* screened 826 kindergarten and 816 3rd grade children (49% of enrolled students). About half of the children screened were male (49%), 57% were Hispanic, 15% were white, 11% were Asian, and 11% were African-American. Almost 56% of the children screened were from homes where parents speak a language other than English.

To make this complex information easier to understand, the results are being presented in terms of seven key findings. The data to support each finding is presented both graphically as well as in text format. The seven key findings from the *Long Beach Smile Survey* are as follows:

#1: A pandemic of dental disease is compromising the health and quality of life of Long Beach Unified's children. More than half of kindergarteners and more than 7 out of 10 3rd graders have experienced tooth decay, and 28% of them have *untreated* decay. Left untreated, tooth decay often has serious consequences, including needless pain and suffering, difficulty speaking and chewing and lost days in school.

#2: More than 700 of Long Beach Unified's kindergarteners and third graders have serious problems from dental disease – abscesses, inflammation and pain. All of these can lead to reduced school performance, lack of concentration and absenteeism.

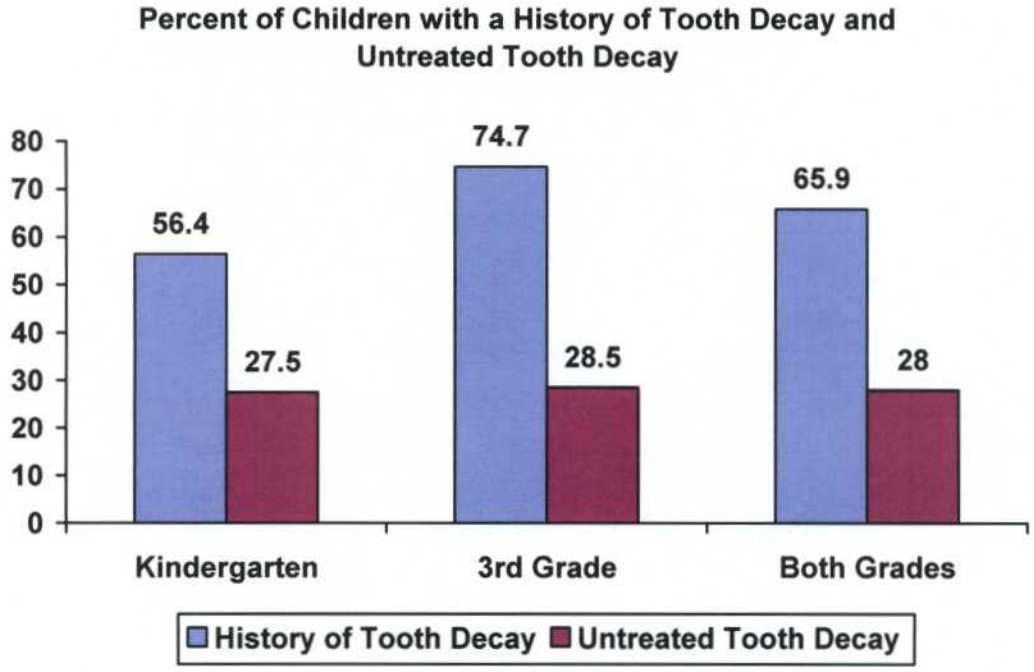
#3: Poor children and children of color are much more likely to have tooth decay and suffer the consequences of untreated disease.

#4: Many children in Long Beach cannot get the dental care they need.

#5: Compared to national oral health objectives, Long Beach Unified does not fare well.

#6: Increasing resources for dental treatment are needed, but will not alone stem the tide of dental disease. More resources for early preventive activities are also needed.

KEY FINDING #1: A PANDEMIC OF DENTAL DISEASE IS COMPROMISING THE HEALTH AND QUALITY OF LIFE OF LONG BEACH UNIFIED'S CHILDREN. MORE THAN HALF OF KINDERGARTENERS AND MORE THAN 7 OUT OF 10 3RD GRADERS HAVE EXPERIENCED TOOTH DECAY, AND 28% OF THEM HAVE *UNTREATED* DECAY. LEFT UNTREATED, TOOTH DECAY OFTEN HAS SERIOUS CONSEQUENCES, INCLUDING NEEDLESS PAIN AND SUFFERING, DIFFICULTY SPEAKING AND CHEWING AND LOST DAYS IN SCHOOL.



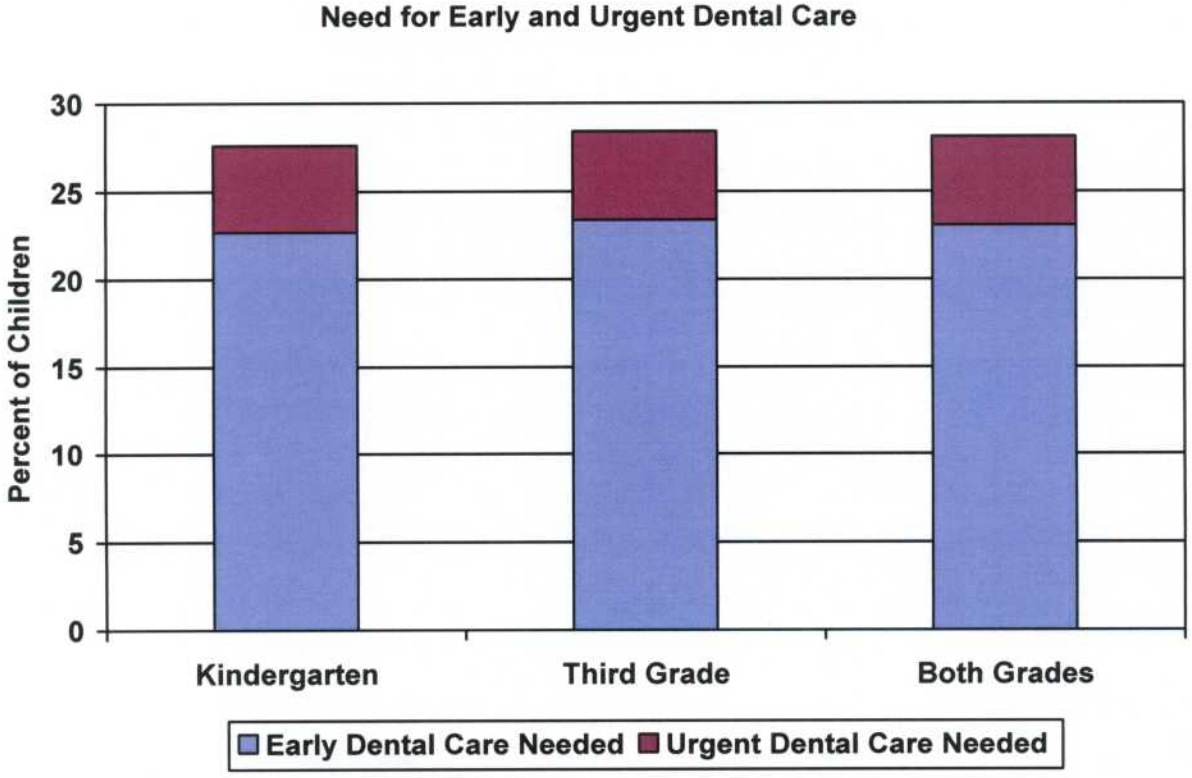
Fifty-six percent of the kindergarten and 75% of the 3rd grade children screened had a history of tooth decay; which means that they had at least one tooth that was either decayed or had been filled because of tooth decay. This is more than ***5 times higher*** than the prevalence of the next most common chronic disease of childhood – asthma.

The proportion of children with untreated tooth decay was fairly consistent across grades with more than 1 out of every 4 children having untreated decay. It should be noted that the manifestations of tooth decay in children go beyond pain and infection. Left untreated, tooth decay often has serious consequences, including needless pain and suffering, difficulty speaking and chewing and lost days in school.[1]

Refer to Table 1.

[1] National Center for Education in Maternal and Child Health. Oral health and learning: when children's oral health suffers, so does their ability to learn, http://www.mchoralhealth.org/PDFs/Learningfactsheet.pdf.

KEY FINDING #2: MORE THAN 700 OF LONG BEACH UNIFIED'S KINDERGARTENERS AND THIRD GRADERS HAVE SERIOUS PROBLEMS FROM DENTAL DISEASE – ABSCESSES, INFLAMMATION AND PAIN. ALL OF THESE CAN LEAD TO REDUCED SCHOOL PERFORMANCE, LACK OF CONCENTRATION AND ABSENTEEISM.



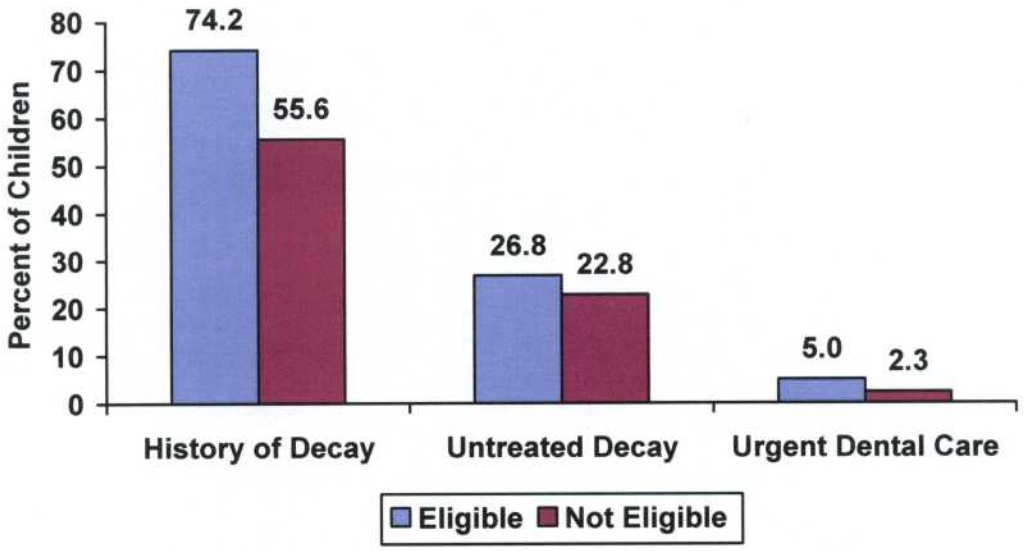
Twenty-eight percent of the children screened had a need for dental care; 23% needed non-urgent or early dental care while an additional ***5% needed urgent dental care*** because of pain or infection. In 2004-2005 there were almost 14,500 kindergarten and 3rd grade children enrolled in Long Beach Unified School District. If 5% are in urgent need of dental care, this means that more than 700 kindergarten and 3rd grade children are in the classroom in pain or with an oral infection.

It should be noted that the information for the *Long Beach Smile Survey* was obtained through a dental screening rather than a complete diagnostic dental examination. Dental radiographs (x-rays) were not taken and more advanced diagnostic tools were not used. For this reason, it is assumed that the ***proportion of children needing dental care is actually an underestimation***.

Refer to Table 1.

KEY FINDING #3: POOR CHILDREN AND CHILDREN OF COLOR ARE MUCH MORE LIKELY TO HAVE TOOTH DECAY AND SUFFER THE CONSEQUENCES OF UNTREATED DISEASE.

Oral Health of Kindergarten & 3rd Grade Children by Eligibility for the Free/Reduced Price Lunch Program



Eligibility for the free and/or reduced price lunch (FRL) program is often used as an indicator of overall socioeconomic status. To be eligible for the FRL program during the 2004-2005 school year, annual family income for a family of four could not exceed $34,873.[1] Parents were asked to provide information on their child's participation in the FRL program. Children who participate in the FRL program, compared to those who do not participate had a higher prevalence of decay experience (74% vs. 56%), untreated decay (28% vs. 20%), and urgent dental care needs (5% vs. 2%).

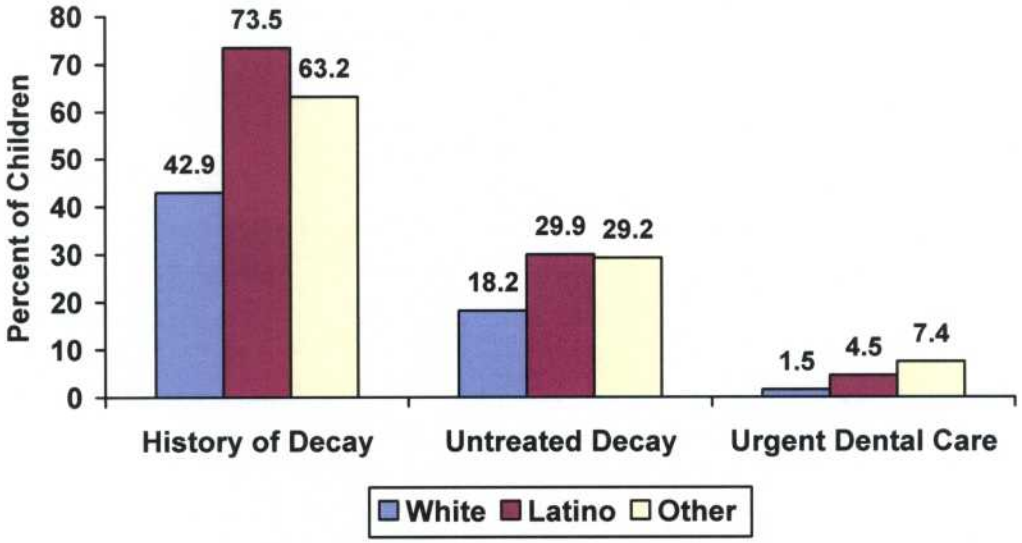
Children who participate in the FRL program, compared to those who do not participate were less likely to have private dental insurance (17% vs. 49%), less likely to have visited the dentist in the last year (74% vs. 78%) and less likely to have parents that speak English at home (36% vs. 53%).

Refer to Table 2.

[1] U.S. Department of Agriculture, Child Nutrition Programs, School Lunch Program, Income Eligibility Guidelines SY 2004-2005, http://www.fns.usda.gov/cnd/governance/notices/iegs/IEGs04-05.pdf.

KEY FINDING #3 (CONT.): POOR CHILDREN AND CHILDREN OF COLOR ARE MUCH MORE LIKELY TO HAVE TOOTH DECAY AND SUFFER THE CONSEQUENCES OF UNTREATED DISEASE.

Oral Health of Kindergarten & 3rd Grade Children by Race and Ethnicity

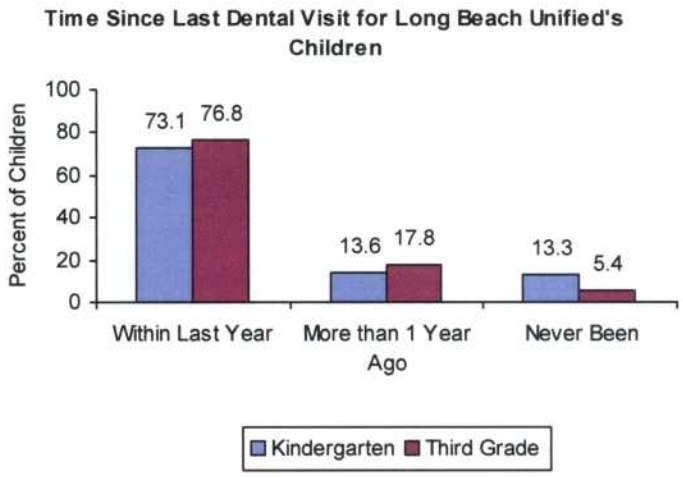


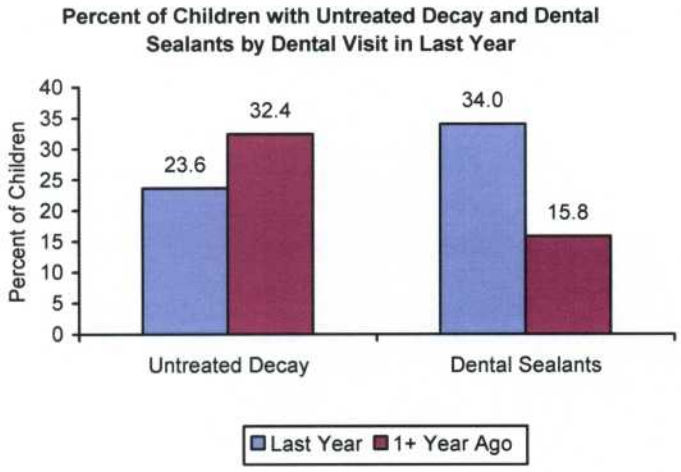
As depicted in the graph, the Latino and other minority children screened had more decay experience and untreated tooth decay than non-Latino white children. In addition to having more tooth decay, Latino children were less likely to have private dental insurance. Sixteen percent of the Latino children had private dental insurance compared to 37% of other minority and 71% of white children. Oral health disparities between racial/ethnic groups in Long Beach are further affected by socioeconomic status. Sixty-nine percent of the Latino children participated in the FRL program compared to 67% of other minority and 20% of white children.

Refer to Table 3.

KEY FINDING #4: MANY CHILDREN IN LONG BEACH DO NOT GET THE DENTAL CARE THEY NEED.

The American Academy of Pediatric Dentistry encourages parents and other care providers to help every child establish a dental home by 12 months of age.[1] This is important because a dental home provides comprehensive oral health care, individualized preventive programs, plus anticipatory guidance about growth and development issues. Unfortunately, a large proportion (13%) of the kindergarten children screened ***had never been to a dentist***; and a surprising 5% of the third grade children had never been to the dentist.





As would be expected, children who have not been to the dentist in the last year were more likely to have untreated decay and less likely to have dental sealants. Among the kindergarten and 3rd grade children, 32% of those who had not been to the dentist in the last year had untreated decay compared to 24% of those who had been to the dentist. The prevalence of sealants was more than twice as high among those 3rd graders who had been to the dentist in the last year, compared to those who had not been to the dentist (34% vs. 16%).

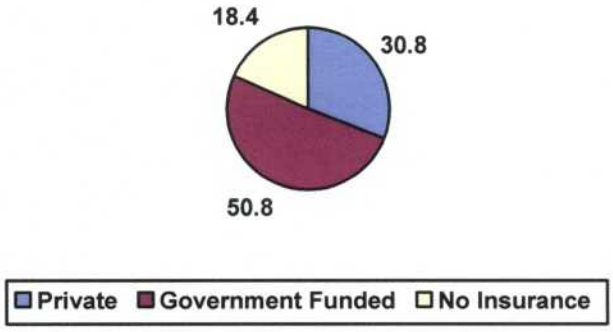
Refer to Table 4.

[1] American Academy of Pediatric Dentistry. Policy on the Dental Home. Accessed December 2004, www.aapd.org/media/Policies_Guidelines/P_DentalHome.pdf.

KEY FINDING #4 (CONT.): MANY CHILDREN IN LONG BEACH DO NOT GET THE DENTAL CARE THEY NEED.

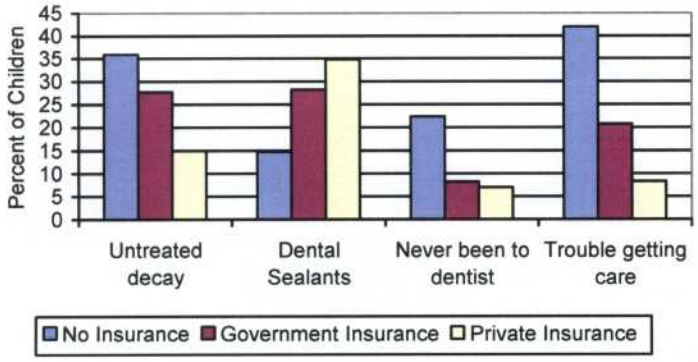
Having dental insurance coverage is an important factor in whether or not children are getting dental care. Of the parents that provided information on dental insurance coverage, 31% reported having private insurance, 51% reported some type of government funded insurance including Medicaid and Healthy Families while 18% reported having no dental insurance coverage for their child.

Parent Reported Dental Insurance Coverage



Children with no dental insurance or different types of insurance have different oral health status. Of the kindergarten and 3rd grade children without dental insurance, 36% had untreated decay compared to 28% of those with government insurance and 15% of those with private insurance. A higher percent of children with no insurance had never been to the dentist (22%) compared to children with either private or government funded insurance (7% and 8% respectively).

Oral Health of Long Beach Unified's Children by Dental Insurance

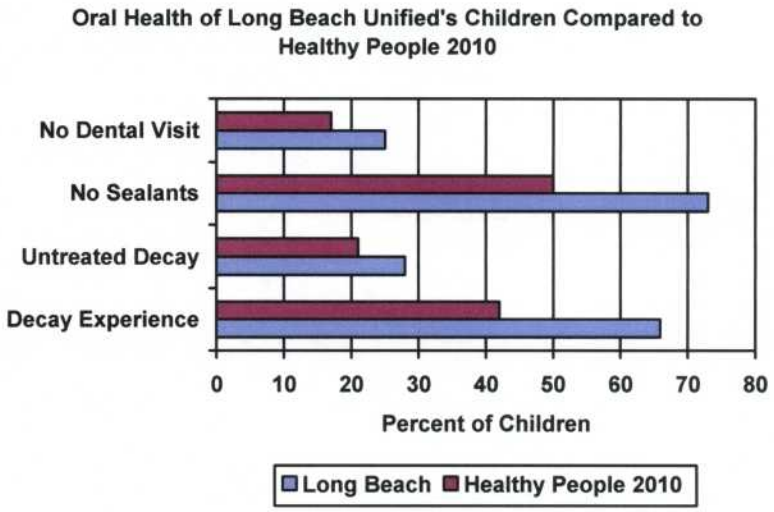


Parents were asked if there was a time in the past year that they wanted dental care for their child but could not get it. Of the parents that responded, 15% said they had trouble accessing care. The primary reasons listed by parents for not being able to access dental care were ***"no insurance"*** and ***"could not afford it".*** Parents of children with no dental insurance coverage, or with government funded insurance, were more likely to report that they were unable to obtain needed dental care. Forty-two percent of those without insurance reported having trouble accessing dental care compared to 21% of those with government and 8% of those with private insurance.

In terms of dental sealants, 3rd grade children with private insurance had the highest prevalence of dental sealants (35%) while 28% of children with government funded insurance and 15% of children with no insurance had dental sealants. Refer to Table 5.

KEY FINDING #5: COMPARED TO NATIONAL ORAL HEALTH OBJECTIVES, LONG BEACH UNIFIED DOES NOT FARE WELL.

Healthy People 2010 is a set of health objectives for the Nation to achieve over the first decade of this century. The objectives were developed through a broad consultation process, built on the best scientific knowledge and designed to measure programs over time. By using *Healthy People 2010* objectives, communities can measure how the health of their community compares to national objectives.[1]



Healthy People 2010 includes for following oral health objectives for children aged 6-8 years.

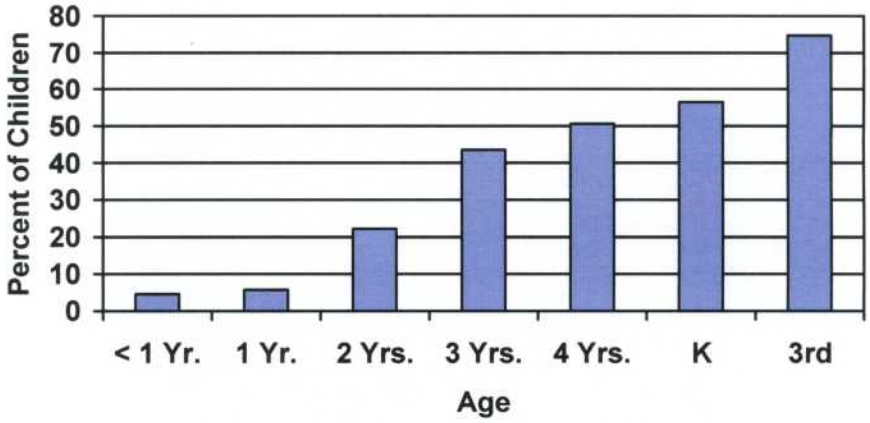
- Reduce the proportion of children with tooth decay experience in either their primary or permanent teeth to 42 percent.
- Reduce the proportion of children with untreated tooth decay in primary or permanent teeth to 21 percent.
- Reduce the proportion of 3rd grade children who ***do not*** have dental sealants to 50%.
- Reduce the proportion of children aged 2 years and older who ***do not*** use the oral health care system each year to 17 percent.

As presented in the graph, if the Healthy People 2010 goals are to be met for children in the Long Beach Unified School District, ***significant improvements in oral health must be accomplished in the next 5 years***. Sixty-six percent of the Long Beach kindergarten and 3rd grade children had decay experience, 28% had untreated decay, and 73% of the 3rd graders had no dental sealants; substantially higher than the Healthy People objectives of 42%, 21% and 50%. In addition, 25% of the children had not been to the dentist in the last year compared to the national objective of 17%.

[1] *Healthy People* is managed by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. Additional information on *Healthy People 2010* can be obtained at the *Healthy People* website, www.healthypeople.gov.

KEY FINDING #6: Increasing resources for dental treatment are needed, but will not alone stem the tide of dental disease. More resources for early prevention activities are also needed.

Prevalence of Decay Experience by Age
San Joaquin (1-4 years) & Long Beach (K & 3rd)



Healthy Smiles San Joaquin – a county wide oral health program funded by the San Joaquin County First Five Commission – recently completed an oral health needs assessment of preschool children in San Joaquin County, CA. Data from this survey is the only available data in California on the oral health of very young high-risk children. As shown in the graph, more than 20% of 2 years olds in San Joaquin County had dental decay and the percentage with a history of decay rises with age. In order to prevent disease, efforts must be made before the onset of disease in a large portion of the population. For this reason, it is essential that the medical and dental professions focus dental disease prevention efforts on children less than 2 years of age because ***"two is too late and five is way too late".***

The American Academy of Pediatric Dentistry recommends several strategies for preventing decay in young children – some targeted toward the mother or primary caregiver and some targeted toward the infant.[1] For the mother, general anticipatory guidance should be given which focuses on use of fluoride, oral hygiene, diet, treatment of decay, transmission of cavity causing bacteria, and xylitol chewing gums. For the infant, prevention strategies include fluoride exposure, good oral hygiene, and limiting exposure to sugars in all forms.

For high-risk children, dental decay prevention strategies should be an integral part of health care messages given by pediatricians, nurses, health department staff, teachers, health educators, and day-care providers.

[1] American Academy of Pediatric Dentistry. Clinical Guideline on Infant Oral Health. Accessed December 2004, www.aapd.org/media/Policies_Guidelines/G_InfantOralHealthCare.pdf

DATA TABLES

Table 1: Percent of Long Beach Kindergarten and 3rd Grade Children with a History of Tooth Decay, Untreated Decay, Rampant Decay, Dental Sealants, and Treatment Need Stratified by Grade

	Kindergarten (n=826)	Third Grade (n=816)	Both Grades (n=1,642)
% with a history of tooth decay	56.4	74.7	65.9
% with untreated decay	27.5	28.5	28.0
% with rampant decay+	20.9	27.1	24.1
% with dental sealants	NA*	27.0	NA*
% needing treatment			
Early dental care needed	22.7	23.4	23.1
Urgent dental care needed	4.9	5.0	5.0

+ Rampant decay: Seven or more teeth with a history of tooth decay (treated and/or untreated decay)
* Not applicable: This indicator measures the prevalence of sealants on permanent 1st molars. Since the majority of kindergarten children do not yet have 1st molars, this indicator is only calculated for 3rd grade children.

Table 2: Oral Health Status of Kindergarten and 3rd Grade Children in Long Beach Stratified by Participation in the Free or Reduced Price Lunch Program

Variable	Does not Participate (n=252)	Participates (n=390)
% with decay experience	55.6	74.2
% with untreated decay	22.8	26.8
% with rampant decay	20.4	28.2
% with dental sealants*	26.2	29.7
% needing treatment	22.9	26.8
% needing urgent treatment	2.3	5.0
Race/ethnicity		
% White	32.5	5.1
% Hispanic	45.2	65.1
% Other minority	22.3	29.8
Dental insurance coverage		
% with private insurance	49.5	17.3
% with government insurance	33.9	64.0
% with no insurance	16.7	18.7
Dental visit in last year (% yes)	77.7	73.8
English spoken at home (% yes)	53.0	35.8

* Information on dental sealants is limited to 3rd grade children only.

Table 3: Oral Health Status of Kindergarten and 3rd Grade Children in Long Beach Stratified by Race/Ethnicity

Variable	White (n=243)	Latino (n=931)	Other (n=465)
% with decay experience	42.9	73.5	63.2
% with untreated decay	18.2	29.9	29.2
% with rampant decay	10.7	29.0	21.8
% with dental sealants*	27.1	26.0	28.0
% needing treatment	17.5	30.1	29.2
% needing urgent treatment	1.5	4.5	7.4
Dental insurance coverage			
% with private insurance	70.7	15.8	37.3
% with government insurance	16.3	63.7	45.6
% with no insurance	13.0	20.6	17.1
Dental visit in last year (% yes)	82.8	74.9	71.1
English spoken at home (% yes)	98.4	17.2	71.2
FRL participation (% yes)	19.6	69.0	67.4

* Information on dental sealants is limited to 3rd grade children only.

Table 4: Oral Health Status of Kindergarten and 3rd Grade Children in Long Beach Stratified by Time Since Last Dental Visit

Variable	Within Last Year (n=552)	More Than 1 Year Ago (n=182)
% with decay experience	68.7	55.5
% with untreated decay	23.6	32.4
% with rampant decay	25.4	19.2
% with dental sealants*	34.0	15.8
% needing any treatment	23.4	33.0
% needing urgent treatment	3.4	6.6
Race/ethnicity		
% White	18.3	11.5
% Hispanic	55.8	56.6
% Other minority	25.9	31.9
Dental insurance coverage		
% with private insurance	34.8	20.5
% with government insurance	52.3	45.7
% with no insurance	12.8	33.8
English spoken at home (% yes)	44.4	39.0
FRL participation (% yes)	59.0	64.1

* Information on dental sealants is limited to 3rd grade children only.

Table 5: Oral Health Status of Kindergarten and 3rd Grade Children in Long Beach Stratified by Grade and Insurance Type

	Private Insurance (n=173)	Government Insurance (n=285)	No Insurance (n=103)
% with decay experience	48.6	75.1	65.0
% with untreated decay	15.0	27.7	35.9
% with rampant decay	13.3	28.4	18.4
% with dental sealants*	34.8	28.2	14.8
% needing treatment	15.7	27.0	35.9
% needing urgent treatment	0.6	4.6	12.6
Race/ethnicity			
% White	37.6	5.3	11.7
% Hispanic	28.3	69.5	62.1
% Other minority	34.1	25.2	26.2
Dental visit in last year (% yes)	82.0	75.4	50.5
Never been to dentist (% yes)	7.0	8.2	22.3
English spoken at home (% yes)	67.4	31.1	30.1
FRL participation (% yes)	35.2	74.6	63.5

* Information on dental sealants is limited to 3rd grade children only.

APPENDIX

CALIFORNIA SMILE SURVEY

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

Child's Name: _____ Child's Teacher: _____

____ **Yes, I give permission** for my child to have his/her teeth checked.

____ **No, I do not give permission** for my child to have his/her teeth checked.

_____ _____

Signature of Parent or Guardian: Date:

Please answer these optional questions to help us learn more about dental care in California. 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. Do you have any kind of insurance that pays for some or all of your child's DENTAL care? (Check one)
   - 1 ____ We do not have any dental insurance
   - 2 ____ We have private insurance that we either purchase directly or obtain through work
   - 3 ____ We have Medi-Cal (Medicaid)
   - 4 ____ We have Healthy Families Insurance
   - 5 ____ We have another type of government dental insurance such as military, IHS, or county sponsored plan
   - 6 ____ Other: _____

2. How long has it been since your child last visited a dentist or a dental clinic for any reason? (Check one)
   - 1 ____ Within the past year
   - 2 ____ Within the past 2 years
   - 3 ____ Within the past 5 years
   - 4 ____ My child has never been to the dentist

3. During the past year, was there a time when you wanted dental care for your child but could not get it?
   1 ____Yes (go to question 4) 2 ____ No (go to question 5) 3 ____ Don't know (go to question 5)

4. The last time your child could not get the dental care you wanted for him/her, what was the main reason he/she could not get care? (Check all that apply)
   - 1 ____ Could not afford it
   - 2 ____ No insurance
   - 3 ____ Dentist did not accept Medi-Cal/Healthy Families
   - 4 ____ Dental problems not serious enough
   - 5 ____ Wait too long in clinic/office
   - 6 ____ Difficulty in getting appointment
   - 7 ____ Don't like/trust/believe in dentists
   - 8 ____ No dentist available
   - 9 ____ Didn't know where to go
   - 10 ____ No way to get there
   - 11 ____ Hours not convenient
   - 12 ____ Dental staff doesn't speak my language
   - 13 ____ Health of another family member
   - 14 ____ Other reason _____

5. Does your child participate in the free or reduced price lunch program? (Check one)
   1 ____ No 2 ____ Yes

6. Which of the following describes your child (Check all that apply):
   - 1 ____ White
   - 2 ____ Black or African American
   - 3 ____ Hispanic or Latino
   - 4 ____ Asian
   - 5 ____ American Indian or Alaska Native
   - 6 ____ Native Hawaiian or Pacific Islander

THANK YOU FOR PARTICIPATING IN THE CALIFORNIA SMILE SURVEY!