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The Oral Health of Children in Clallam County, Washington

Results of Clallam County's
Smile Survey 2000-2001

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The Oral Health of Children in Clallam County, Washington

Results of Clallam County's Smile Survey 2000-2001

INTRODUCTION

This document presents the results of Clallam County's Smile Survey – an oral health survey of Clallam County's preschool and elementary school children. The data are presented for two general groups – children enrolled in Head Start or ECEAP plus children in second and third grade. In some cases, all of the children in a school were screened and this additional information is included in the Appendix.

HEAD START AND ECEAP CHILDREN

Sampling

The target population for this portion of Clallam County's Smile Survey was low-income children enrolled in Head Start and ECEAP. All but one of the Head Start and ECEAP programs in Clallam County took part in the Smile Survey (n=8). In addition, one Head Start and three ECEAPs in Jefferson County took part. Oral health status information for Jefferson County is located in the Appendix. All children present on the day of the screening were examined.

Screening Methods

A licensed dental hygienist that participated in a one-day training session completed all of the screenings. The screenings were completed using gloves, a penlight, disposable mirror, and tongue blade. If necessary, a toothbrush or gauze swab was used to remove excess debris. The diagnostic criteria outlined in **Basic Screening Surveys: An Approach to Monitoring Community Oral Health** were used.

Results

Oral Health Status Indicators:

A total of 246 children enrolled in Clallam County Head Start or ECEAP programs were screened. Forty-five percent of the children screened were female. Of the 246 preschool children screened, 119 attended a tribal program and 127 attended a non-tribal program.

Of the children screened, 58 percent had at least one tooth with a history of dental decay (Table 1.1). A history of dental decay means that a child had a cavity, a filling, or a tooth that was missing because of an extraction. Forty-five percent of these young children were in need of restorative dental care including five percent that were in need of urgent care because of pain or infection (abscess). Since radiographs (x-rays) were not taken, this is assumed to be an under estimation of the need for dental care, as small cavities between the teeth may not have been identified.

For the purpose of this survey, a child was considered to have early childhood caries (ECC) if one or more of their six maxillary (upper) front teeth were decayed (cavitated), filled, or missing

because of decay. Approximately 44 percent of the children screened had ECC while 85 percent had early signs of cavities (white spot lesions) on their upper front teeth (Table 1.1).

Access to Care Indicators:

Information on access to care was not obtained for this age cohort.

Impact of Race and Ethnic Origin (Type of Head Start or ECEAP Program):

Information on race and/or ethnicity was not available for the majority of the children screened. For this reason, the data have been stratified by type of Head Start/ECEAP program rather than race. Table 1.2 presents information on oral health status by non-tribal compared to tribal Head Start or ECEAP program. Children enrolled in a non-tribal programs were significantly less likely to have a history of dental caries, rampant decay, or early childhood caries. There was no difference in the proportion with untreated decay or the proportion needing restorative dental care.

Healthy People 2010 Objectives:

The National Oral Health Objectives for the Year 2000 did not specify goals for oral disease indicators in preschool children. There are, however, two objectives for children 2-4 years of age in Healthy People 2010. The first is to reduce the proportion of young children with dental caries experience in their primary teeth to 11 percent. The second is to reduce the proportion of children with untreated dental decay in their primary teeth to 9 percent. In order to meet these objectives, considerable progress must be made in the oral health of Clallam County's low-income preschool children (Figure 1.1).

Comparison to Statewide Oral Health Data:

Figure 1.2 presents information on the oral health status of Head Start/ECEAP children in Clallam County compared to Head Start children screened during the Washington State Smile Survey 2000. **While the Clallam County survey included tribal programs, the Washington survey did not include tribal programs. For this reason, a direct comparison between Clallam County and Washington should be viewed with caution.** The Head Start/ECEAP children screened in Clallam County are more likely to have a history of caries, untreated decay, and early childhood caries. To control for potential racial differences between the two surveys, Figure 1.3 presents a comparison between Clallam County and Washington for non-tribal programs only. Even when only non-tribal programs are considered, children in Clallam County are more likely to have a history of caries, untreated caries, and early childhood caries.

ELEMENTARY SCHOOL CHILDREN

Sampling

All elementary schools in Clallam County took part in the Smile Survey (n=13). Each of the schools decided whether consent was active or passive. Three of the schools used passive consent while 10 required active consent. The overall response rate for the screening was 35% with a range of 23-92% (Appendix).

Screening Methods

A licensed dental hygienist that participated in a one-day training session completed all of the screenings. The screenings were completed using gloves, a penlight, disposable mirror, and tongue blade. If necessary, a toothbrush or gauze swab was used to remove excess debris. Disposable explorers were used only to check for the presence of dental sealants. The diagnostic criteria outlined in **Basic Screening Surveys: An Approach to Monitoring Community Oral Health** were used.

Results

A total of 761 children in kindergarten through 12th grade were screened. Of these, 465 were in the target grades for the Smile Survey (second or third grade). ***The following information is restricted to those children in either second or third grade. Information on children in other grades is presented in the Appendix.***

The children ranged in age from 7-10 years with a mean of 8.2 years. Slightly more than half of the children were female (53%), 71 percent were white non-Hispanic, and English was the primary language for 96 percent of the children. Three percent of the children were foreign born while 77 percent were born in Washington (Table 2.1)

Oral Health Status Indicators:

Sixty-six percent of these young students had current or past history of dental disease in their primary and permanent teeth (Table 2.2). A history of rampant caries (caries on seven or more teeth) was observed in 33 percent of the children. Slightly more than 40 percent were in need of restorative dental care, including almost four percent who required urgent care because of pain or infection (abscess). Of those children with untreated decay (n=194), each child averaged 2.5 teeth with a cavity (range=1-8 teeth). The percent of children in need of dental care is assumed to be an under estimation because radiographs (x-rays) were not taken.

Thirty-four percent of the students had a dental sealant on at least one permanent tooth (first molars). When stratified by grade, 26 percent of the second graders had sealants compared to 44 percent of the third grade students (Table 2.3). 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.

Access to Care Indicators:

The access to care questionnaire was returned by the parents of 455 second and third grade students (Table 2.4). Most of the parents (79%) reported having dental insurance for their child. Almost 69 percent of the children had been to the dentist within the last year while 4.2 percent reported that their child had never been to the dentist. For those who had not been to the dentist in the last year (n=133) the primary reasons were “cost” (n=38), “no reason to go” (n=30), “difficulty in getting appointment” (n=19), and “do not have or know a dentist” (n=18). Refer to Table 2.5 for further information.

Children who reported going to the dentist within the last year were significantly more likely to have dental sealants (43% vs. 19%), were significantly less likely to have untreated decay (32% vs. 56%), and were significantly less likely to need restorative dental care (30% vs. 56%). There was no statistical difference; however, in the proportion that had a history of dental caries (61% vs. 71%). Refer to Table 2.6 for further information.

Twenty-four percent of the parents reported that there was a time during the past two years when they wanted dental care for their child but could not get it. The primary reasons for being unable to obtain care were “could not afford it” (n=34), “difficulty in getting appointment” (n=29), “dentist did not accept Medicaid” (n=26), and “no insurance” (n=23). Refer to Table 2.7 for further information.

Impact of Race and Ethnic Origin:

When stratified by race and/or ethnic origin, significant differences in oral health status appeared (Table 2.8). Children who were non-white and/or Hispanic were more likely to have a history of caries and untreated decay; in addition, they were more likely to need restorative dental treatment. There was no difference between white non-Hispanic children and non-white and/or Hispanic children in terms of sealant prevalence or the proportion who had not been to the dentist in the last year.

Healthy People 2000 Objectives:

The National Oral Health Objective for the Year 2000 (Healthy People 2000) 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 35 percent (45 percent for low SES and Native American, and 40 percent for African-American and Hispanic children).
- To decrease the proportion of children with untreated dental caries in permanent or primary teeth to 20 percent (30 percent for low SES, 35 percent for Native American, and 25 percent for African-American and Hispanic children).
- To increase the proportion of eight-year-olds receiving protective sealing of the occlusal surfaces of permanent molar teeth to 50 percent.

Almost 66 percent of the six- to eight-year-old children screened in Clallam County had experienced dental caries – substantially higher than the Year 2000 objective of 35 percent. Forty-four percent of Clallam County six- to eight-year olds had untreated caries compared to the Year 2000 Objective of 20 percent. Thirty-four percent of eight-year-old children surveyed in Clallam County had dental sealants compared to a Year 2000 objective of 50 percent. Clallam County did not meet any of the Health People 2000 oral health objectives (Figure 2.1).

Healthy People 2010 Objectives:

The National Oral Health Objectives for the Year 2010 (Healthy People 2010) 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.

In order to meet the Year 2010 Oral Health Objectives, significant improvements must be made in the oral health of children in Clallam County (Figure 2.2).

Comparison to Statewide Oral Health Data:

The Washington State Department of Health recently completed a statewide oral health survey of second and third grade students (Smile Survey 2000). The statewide Smile Survey was based on a random sample of elementary schools throughout the entire state.

The prevalence of both caries history and untreated decay was higher in Clallam County children while the prevalence of sealants was lower in Clallam County (Figure 2.3).

To help control for the ethnic differences in the two samples, the data were stratified by race (Figure 2.4). A higher proportion of the white non-Hispanic children in Clallam County, compared to white non-Hispanic children in the rest of the state, had a history of caries and untreated decay while a lower proportion had sealants.

TABLES 1.1 AND 1.2 – HEAD START CHILDREN

Table 1.1	
Oral Health Status of Clallam County's Low-Income Head Start/ECEAP Children Proportion (95% Confidence Interval)	
Percent with caries experience	58.1 (51.9-64.3)
Percent with rampant caries (or a history of)	39.2 (33.1-45.3)
Percent with Early Childhood Caries	43.9 (37.7-50.1)
Percent with precavitated caries	85.4 (80.9-89.8)
Percent with untreated decay	43.5 (37.3-49.7)
Percent needing treatment	44.5 (38.3-50.7)
Percent needing urgent treatment	5.3 (2.5-8.1)

Table 1.2		
Oral Health Status for Clallam County's Head Start/ECEAP Children Stratified by Type of Program (non-tribal vs. tribal)		
Oral Health Status Variable	Type of Program	
	Non-Tribal N=127	Tribal N=119
Percent with caries experience	45.7 (37.0-54.4)	71.4 (63.3-79.6)
Percent with rampant caries (or a history of)	22.2 (14.9-29.5)	57.1 (48.2-66.1)
Percent with untreated decay	43.3 (34.7-51.9)	43.7 (34.8-52.6)
Percent with ECC	33.1 (24.9-41.3)	55.5 (46.5-64.4)
Percent with precavitated lesions	86.6 (80.7-92.5)	84.0 (77.4-90.6)
Percent needing treatment	42.9 (34.2-51.5)	46.2 (37.2-55.2)

Figure 1.1
Oral Health of Clallam County Head Start Children
Compared to HP 2010 Objectives (2-4 Year Olds)

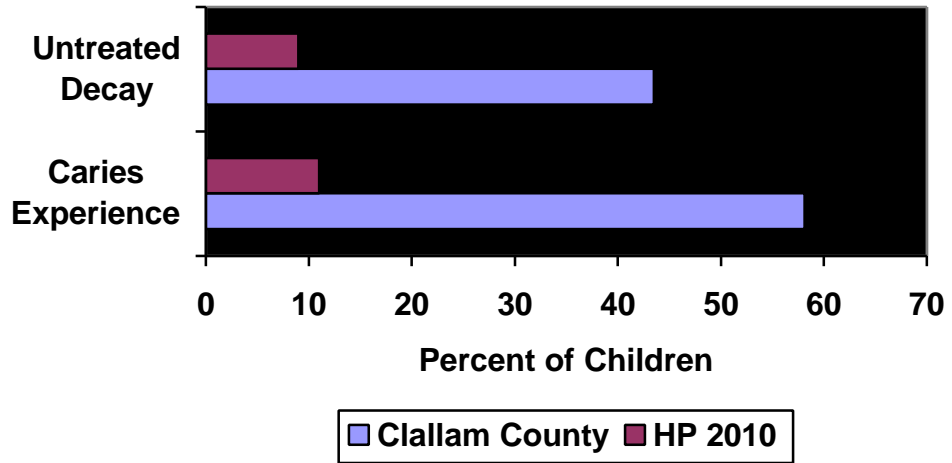


Figure 1.2
Oral Health of Head Start Children in Clallam
County Compared to Washington

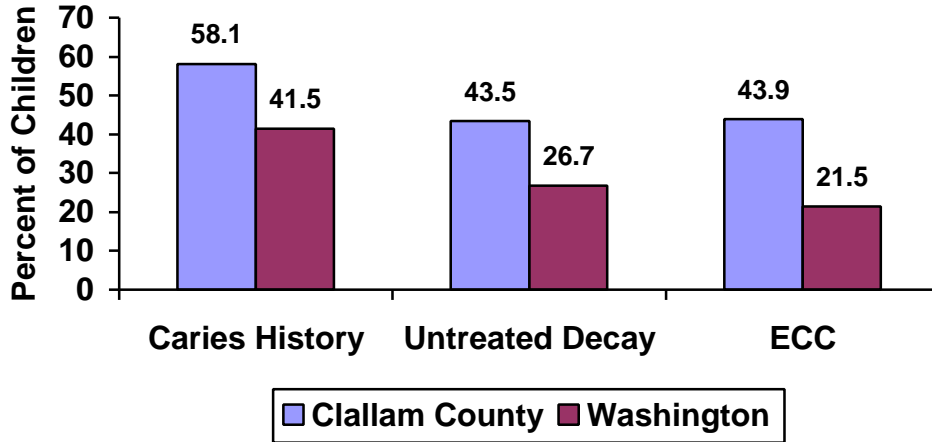
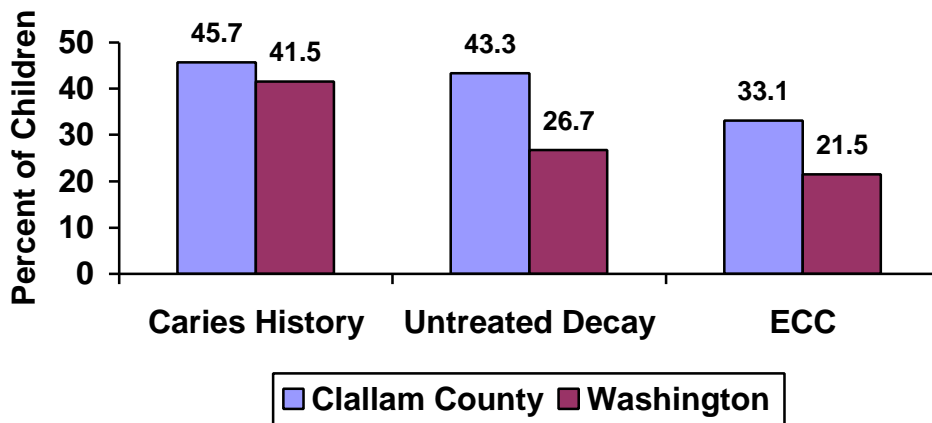


Figure 1.3
Oral Health of Head Start Children in Clallam
County and Washington
Non-Tribal Head Start Programs Only



TABLES 2.1 THROUGH 2.8 – ELEMENTARY SCHOOL CHILDREN

Table 2.1
Information on Second and Third Grade Children Screened by Clallam County

	Students Participated in Smile Survey
Number in 2 nd & 3 rd Grade	465
Mean age in years	8.2
Percent female	52.8
Percent white non-Hispanic (n=444)*	71.4
Percent that do not speak English at home (n=452)*	4.4
Percent born in Washington (n=455)*	76.7
Percent born outside of the United States (n=455)*	2.6

* Number of second and third grade children that provided information for each question

Table 2.2
Oral Health Status of Clallam County's Second and Third Grade Children
Proportion (95% Confidence Interval)

	2 nd & 3 rd Grade Children N=465
Percent with caries experience – primary and/or permanent teeth	66.0 (61.7-70.3)
Percent with caries experience – permanent teeth only	32.5 (28.2-36.7)
Percent with rampant caries (or a history of)	32.5 (28.2-36.7)
Percent with untreated decay	41.7 (37.2-46.2)
Percent needing treatment	40.4 (35.9-44.9)
Percent needing urgent treatment	3.5 (1.8-5.1)
Percent with sealants	34.4 (30.1-38.7)
Mean number of teeth with cavities in those children with decay (n=194)	2.5 (range=1-8 teeth)

Grade	Proportion (95% Confidence Interval)
2 nd Grade	26.0 (20.5-31.5)
3 rd Grade	43.8 (37.3-50.4)
Both Grades	34.4 (30.1-38.7)

Percent with dental insurance (n=365)*	79.2 (75.0-83.3)
Percent that visited dentist in last year (n=428)*	68.9 (64.5-73.3)
Percent that have NEVER been to a dentist (n=428)*	4.2 (2.3-6.1)
Percent that wanted dental care in last 2 years but were unable to get it (n=336)*	24.4 (19.8-29.0)

* Number of children that provided useable information for each question

Reason	Number of Responses
Cost	38
No reason to go	30
My child is too young to see a dentist	2
Do not have or know a dentist	18
Difficulty in getting appointment	19
Fear, apprehension, pain, or dislike going	14
Cannot get to the dental office/clinic	3
Other reason	17

Table 2.6
 Oral Health Status of Clallam County Students by Dental Visit in Last Year
 Proportion (95% Confidence Interval)

Oral Health Variable	Been to Dentist in Last Year (n=295)	Not Been to Dentist in Last Year (n=133)
Percent with caries experience	61.4 (55.8-66.9)	70.7 (62.9-78.4)
Percent with untreated decay	32.2 (26.9-37.5)	56.4 (48.0-64.8)
Percent needing treatment	30.4 (25.1-35.6)	55.6 (47.2-64.1)
Percent with sealants	42.7 (37.1-48.4)	18.8 (12.2-25.4)

Table 2.7
 Primary Reasons why Child Could Not Get Care When Wanted in Last 2 Years
 Number of Responses

Reason	Number of Responses
Could not afford it	34
No insurance	23
Dentist did not accept Medicaid/insurance	26
Dental problems no serious enough	7
Wait too long in clinic/office	2
Difficulty in getting appointment	29
Don't like/trust/believe in dentists	2
No dentist available	8
Didn't know where to go	8
No way to get there	4
Hours not convenient	2
Speak a different language	0
Health of another family member	0
Other reason	7

Table 2.8
Oral Health Status and Access to Dental Care for Clallam County's 2nd and 3rd Grade Children
Stratified by Race and Ethnic Origin
Proportion (95% Confidence Interval)

Oral Health Status Variable	Race and Ethnic Origin		
	White Non-Hispanic n=317	All Non-White and/or Hispanic* n=127	AI/AN Only n=72
Percent with caries experience – primary and/or permanent teeth	60.3 (54.9-65.6)	80.3 (73.4-87.2)	84.7 (76.4-93.1)
Percent with caries experience – permanent teeth only	24.6 (19.9-29.4)	48.0 (39.3-56.7)	58.3 (46.9-69.8)
Percent with rampant caries (or a history of)	25.2 (20.5-30.0)	47.2 (38.6-55.9)	48.6 (37.0-60.2)
Percent with untreated decay	36.0 (30.7-41.3)	55.1 (46.5-63.8)	68.1 (57.2-78.9)
Percent needing treatment	34.9 (29.7-40.2)	52.8 (44.1-61.4)	66.7 (55.7-77.6)
Percent with sealants	37.5 (32.2-42.9)	29.1 (21.2-37.0)	27.8 (17.4-38.2)
Mean number of teeth with cavities in those children with decay (n=184)	2.4 range=1-8 teeth	2.5 range=1-7 teeth	2.3 range=1-6 teeth
Percent with dental insurance	78.4 (73.6-83.2)	83.1 (74.7-91.5)	
Percent that have NOT been to dentist in last year	29.6 (24.5-34.8)	34.9 (25.9-43.8)	
Percent that had trouble accessing dental care in last 2 years	24.7 (19.6-29.9)	21.7 (11.2-32.1)	

* Includes all children who are non-white and/or Hispanic including the 71 AI/AN children.

NOTE: Questionnaire data was only available for 31 of the AI/AN children. Because of small numbers, a comparison with other racial/ethnic groups is not provided.

Figure 2.1
Oral Health of Clallam County's 6-8 Year Olds Compared to Healthy People 2000 Objectives

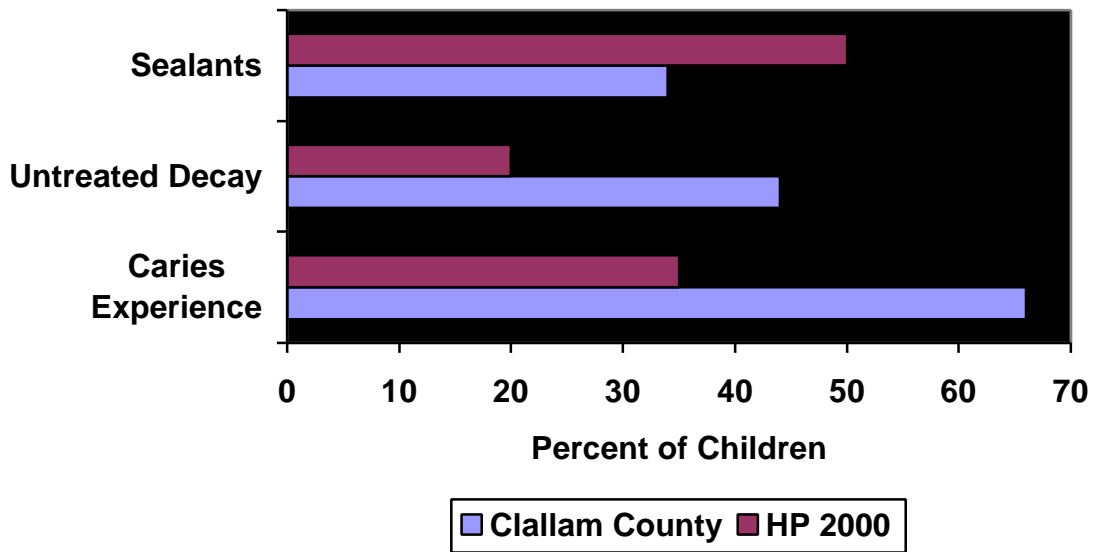


Figure 2.2
Oral Health of Clallam County's 6-8 Year Olds Compared to Healthy People 2010 Objectives

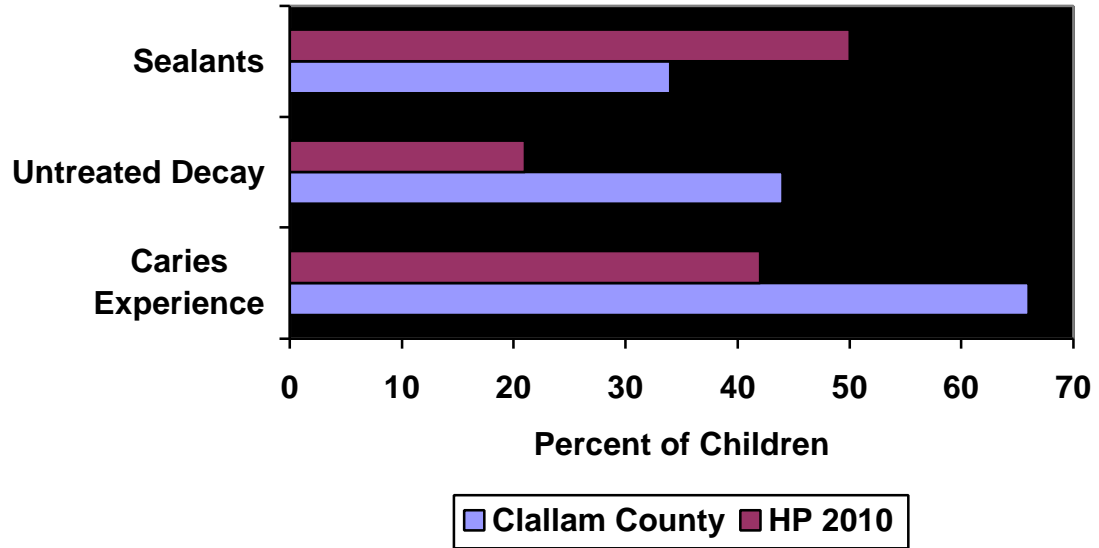


Figure 2.3
Oral Health Status in Clallam County Compared to Washington
All Second and Third Grade Children

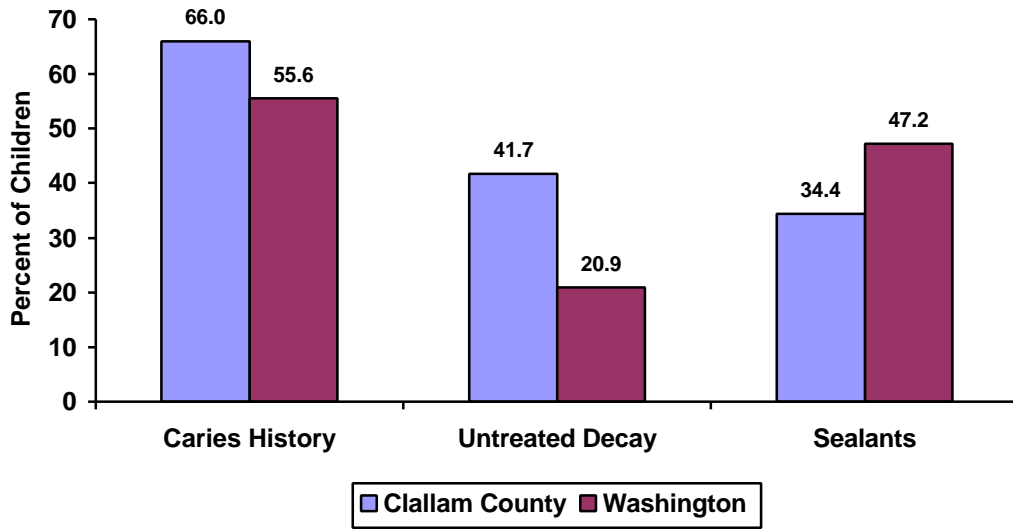
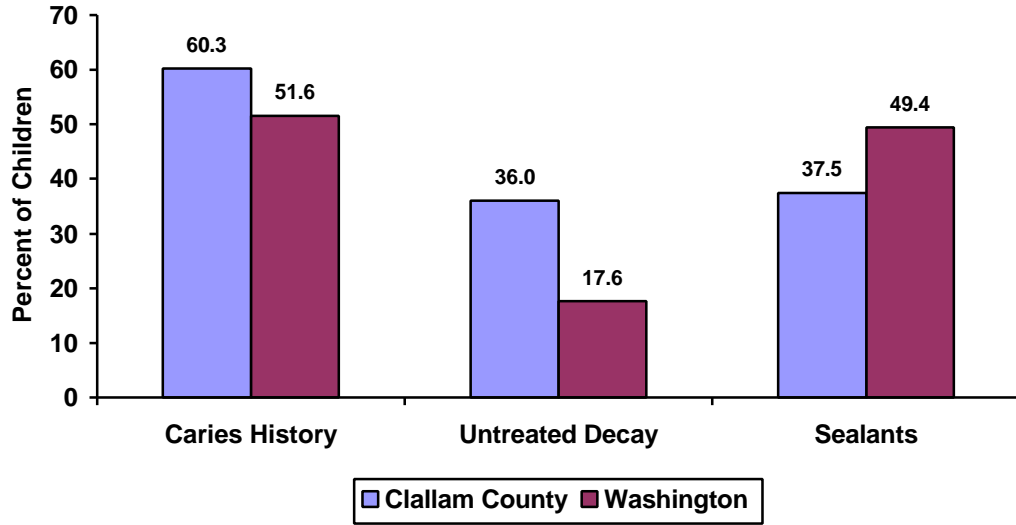


Figure 2.4
Oral Health Status in Clallam County Compared to Washington
White non-Hispanic Second and Third Grade Children Only



APPENDIX A – RESPONSE RATES FOR CLALLAM COUNTY’S SMILE SURVEY

School	Number of 2nd & 3rd Graders Screened	Number of 2nd & 3rd Graders in School	Response Rate
Clallam Bay Elementary	17	20	0.85
Crescent Elementary	19	36	0.53
Dry Creek Elementary	34	100	0.34
Fairview Elementary	29	85	0.34
Forks Elementary	46	196	0.23
Franklin Elementary	57	170	0.34
Greywolf Elementary	56	185	0.30
Hamilton Elementary	35	114	0.31
Haller Elementary	55	188	0.29
Jefferson Elementary	35	93	0.38
Monroe Elementary	26	90	0.29
Neah Bay Elementary	49	53	0.92
Quileute Elementary	7	8	0.88
Total	465	1,338	0.35

APPENDIX B – ORAL HEALTH INDICATORS BY HEAD START/ECEAP SITE

Site	Number Screened	% with Caries Experience	% with Rampant Caries	% with Untreated Decay	% with ECC	% Needing Treatment	% Needing Urgent Tx
Sequim HS	35	42.9	20.0	40.0	31.4	40.0	0.0
Mount Angeles View HS	31	48.4	19.3	48.4	22.6	51.6	0.0
Hamilton HS	29	41.4	24.1	20.7	34.5	20.7	0.0
Clallam Bay ECEAP	10	40.0	30.0	60.0	50.0	60.0	0.0
Forks ECEAP	22	54.5	27.3	63.6	40.9	57.1	0.0
Lower Elwha HS	33	68.4	47.4	26.3	47.4	31.6	5.3
Quileute HS	45	75.6	62.2	57.8	62.2	57.8	17.8
Neah Bay HS	55	69.1	56.4	38.2	52.7	41.8	7.3
Port Townsend HS	32	53.1	34.4	34.4	59.4	37.5	0.0
Quilcene ECEAP	7	71.4	42.9	42.9	42.9	42.9	0.0
Brinnon ECEAP	7	57.1	28.6	28.6	28.6	42.9	0.0
Kitestrings ECEAP	9	66.7	0.0	66.7	55.6	66.7	0.0

APPENDIX C – ORAL HEALTH INDICATORS BY ELEMENTARY SCHOOL

Site	Number Screened	% with Caries Experience	% with Rampant Caries	% with Untreated Decay	% with Sealants	% Needing Treatment	% Needing Urgent Tx
Clallam Bay Elementary	17	58.5	52.9	29.4	29.4	31.3	0.0
Crescent Elementary	19	63.2	21.1	31.6	36.8	31.6	10.5
Dry Creek Elementary	34	79.4	35.3	50.0	67.6	50.0	2.9
Fairview Elementary	29	65.5	41.4	37.9	37.9	37.9	10.3
Forks Elementary	46	76.1	28.3	45.7	34.8	45.7	2.2
Franklin Elementary	57	66.7	29.8	35.1	38.6	35.1	0.0
Greywolf Elementary	56	53.6	33.9	39.3	26.8	35.7	3.6
Hamilton Elementary	35	54.3	22.9	34.3	31.4	28.6	0.0
Haller Elementary	55	61.8	14.5	40.0	30.9	36.4	5.5
Jefferson Elementary	35	57.1	34.3	25.7	31.4	22.9	5.7
Monroe Elementary	26	53.8	30.8	42.3	38.5	44.0	4.0
Neah Bay Elementary	49	85.7	46.9	69.4	20.4	69.4	2.0
Quileute Elementary	7	100.0	85.7	57.1	28.6	57.1	0.0

APPENDIX D – ORAL HEALTH STATUS OF ELEMENTARY SCHOOL CHILDREN SCREENED

Proportion of Children with Caries Experience, Untreated Decay, Rampant Decay, Sealants, Needing Restorative Treatment, and Needing Urgent Treatment by Grade

Grade	Number Screened	Caries Experience	Untreated Decay	Sealants	Needing Treatment	Needing Urgent Treatment
K	41	75.6	53.7	9.8	53.7	2.4
1	40	80.0	52.5	10.0	55.0	0.0
2	246	62.6	41.5	26.0	39.8	3.7
3	219	69.9	42.0	43.8	41.1	3.2
4	35	82.9	57.1	37.1	60.0	8.6
5	38	65.8	39.5	34.2	42.1	2.6
6	37	75.7	40.5	13.5	40.5	0.0
7	36	80.6	44.4	22.2	41.7	11.1
8	33	63.6	54.5	36.4	57.6	12.1
9	15	53.3	26.7	20.0	26.7	6.7
10	5	60.0	20.0	0.0	0.0	0.0
11	9	55.6	11.1	33.3	11.1	0.0
12	7	71.4	14.3	28.6	0.0	0.0

APPENDIX E – ORAL HEALTH SCREENING FORMS

**Clallam County Smile Survey
Elementary School Children**

SCREEN DATE: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		School Code: <input type="text"/> <input type="text"/>	Screener's Initials: <input type="text"/> <input type="text"/> <input type="text"/>
Grade: <input type="text"/>	Child's Age: <input type="text"/> <input type="text"/>	Gender: 1=Male 2=Female <input type="text"/>	
Untreated Cavities: <input type="text"/> <input type="text"/>	Enter number of untreated cavities. Range = 0-24.	History of Cavities: <input type="text"/>	0=No caries experience 1=Caries experience – primary only 2=Caries experience – permanent only 3=Caries experience – both dentitions
History of Rampant Caries: <input type="text"/>	0=No rampant 1=Rampant \geq 7 teeth	Sealants on Permanent Molars: <input type="text"/>	0=No sealants present 1=Sealants present
Treatment Urgency: <input type="text"/>	0=No obvious problem 1=Early dental care 2=Urgent care	Comments:	

**Clallam County Smile Survey
Head Start Children**

SCREEN DATE: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Site Code: <input type="text"/> <input type="text"/>	Screener's Initials: <input type="text"/> <input type="text"/> <input type="text"/>
Gender: <input type="text"/> 1=Male 2=Female			
Untreated Cavities: <input type="text"/>	0=No untreated cavities 1=Untreated cavities	History of Cavities: <input type="text"/>	0=No caries experience 1=Caries experience – primary only
History of Rampant Caries: <input type="text"/>	0=No rampant decay 1=Decay on \geq 7 teeth	Early Childhood Caries <input type="text"/>	0=No caries history on max anteriors 1=Caries history on max anteriors
White Spot Lesions: <input type="text"/>	0=No white spots on max anteriors 1=White spots on max anteriors	Treatment Urgency: <input type="text"/>	0=No obvious problem 1=Early dental care 2=Urgent care
Comments:			

APPENDIX F – ACCESS TO CARE QUESTIONS

Which of the following describes your child (mark one or more):

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

Please answer these 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. What language does your family usually speak at home? (Check one)
 English Spanish Russian Vietnamese Other (please specify) _____

2. Which of the following best describes your child? (Check one)
 Washington born U.S. born (outside Washington) Foreign born (country) _____

3. Do you have any kind of insurance that pays for some or all of your child's DENTAL care? Include dental insurance obtained through work, purchased directly, as well as government programs like Medicaid coupons? (Check one) Yes No Don't know

4. 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 (go to question 6) 4 My child has never been to the dentist (go to question 5)
 2 Within the past 2 years (go to question 5) 5 Don't know/Not sure (go to question 5)
 3 Within the past 5 years (go to question 5)

5. What is the main reason your child has not visited the dentist in the last year? (Check all that apply)
 1 Cost 5 Difficulty in getting appointment
 2 No reason to go (no dental problems) 6 Fear, apprehension, pain, or dislike going
 3 My child is too young to see a dentist 7 Cannot get to the dental office/clinic
 4 Do not have or know a dentist 8 Other reason _____

6. During the past two years, was there a time when you wanted dental care for your child but could not get it?
 Yes (go to question 7) No (You are finished – thank you) Don't know (You are finished – thank you)

7. 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 9 Didn't know where to go
 2 No insurance 10 No way to get there
 3 Dentist did not accept Medicaid/insurance 11 Hours not convenient
 4 Dental problems not serious enough 12 Speak a different language
 5 Wait too long in clinic/office 13 Health of another family member
 6 Difficulty in getting appointment 77 Other reason _____
 7 Don't like/trust/believe in dentists 88 Don't know/don't remember
 8 No dentist available