

The 3300 Health Form and related relevance to Oral Health Status of Children

Although, the Georgia Department of Public Health (DPH) tracks the oral health status of children in Head Start, 3rd Grade, middle school and high school the 3300 offers an opportunity to better associate health and learning. Most of the DPH oral health surveys are from randomly selected schools with families required to complete a consent for screening; this limits the availability for a complete data set. If the 3300 form was recorded in a data base and tracked, this form could offer additional data for specific children, and populations of need for services. The DPH Oral Health Staff do refer all children we screen to a dentist and offer recommendations for Medicaid services in the community.

DPH has not tracked the 3300 form results; after screening In many cases an RN at the school, a private practice physician or dentist practice completes the form and DPH has no access to the data. If a tracking mechanism for the 3300 form was developed and/or tracked by a child's identification number, The Department of Education could have a tracking mechanism for supporting the health needs of children in school and the associations with poor school performance and health. A healthy child is more likely to be in the classroom, and be able to concentrate, and participate in classroom activities. A partnership between DPH and DOE on tracking the 3300 form could assist especially the low socio-economic status (SES) children; those especially at risk for succeeding in school.

Oral health affects our ability to speak, smile, eat, and show emotions. It also affects self-esteem, school performance, and attendance at work and school. Oral diseases—which range from cavities to gum disease to oral cancer—cause pain and disability for millions of Americans. Oral health is an essential and integral component of overall health and is much more than just healthy teeth. Good oral health not only means being free of tooth decay and gum disease, but it also means being free of chronic oral pain,. Oral health is intimately related to the health of the rest of the body.

Tooth decay (cavities) is one of the most common chronic conditions of childhood in the United States. Untreated tooth decay can cause pain and infections that may lead to problems with eating, speaking, playing, and learning. CDC's October 2016 [Vital Signs](#) reports that children who have poor oral health tend to miss more school days and receive lower grades than children who don't.

According to CDC, national data demonstrates: The prevalence of tooth decay among children with low socio-economic status (SES) is 50% higher than the prevalence of tooth decay among children in high SES. Similarly, the prevalence of untreated tooth decay and need of dental care in children from low SES households was almost twice as high as children from high SES households. Hispanic children and children in rural areas have significantly higher prevalence of tooth decay (64% and 60% respectively), compared to non-Hispanic children and children in urban areas (50% and 48% respectively).

The Department of Public Health is completing a 2016-2017 3rd Grade Oral Health Basic Screening Survey (BSS) and the results should be available summer of 2017. In Georgia, comparing the 2005 to the 2011 BSS the results were: Non-Hispanic black children had more untreated decay (21%) compared to non-Hispanic white (17%) and low-income children had more need of immediate or urgent treatment (23%) compared to high-income children (12%) . Nineteen percent of the children who participated in the 2011 survey needed urgent or early dental care. When children are in pain they cannot concentrate

and miss school due to infection. DPH can share the specific county data for the 2017 BSS when it is available, but this still does not track “a” child.

This pamphlet from National Maternal and Child Health Resources on Oral Health and Learning

<https://www.mchoralhealth.org/PDFs/learningfactsheet.pdf>

Results from the Georgia Youth Risk Behavioral Survey, a middle school and high school self-reporting survey demonstrate the effect poor oral health has on adolescents. The 2009 Youth Risk Behavior Survey (YRBS)¹⁴ in Georgia indicated that 44% of middle school children and 54% of high school children had one or more cavities in their permanent teeth. Fifty three percent of high school children reported that their teeth or mouth have been painful or sore one or more times during the past 12 months, while 55% of middle school children reported the same symptoms. Half of Hispanic children in middle school had at least one dental cavity, while 59% of non-Hispanic white children in middle school had reported tooth or mouth pain. Among high school children, 57% of non-Hispanic white had at least one dental cavity and 57% of non-Hispanic black had tooth or mouth pain.

The DPH Oral Health Program is open to assisting with developing a long term plan for tracking the health of children through the 3300 form in an effective and confidential manner to help assist with overall improved results for the children of Georgia.

Resources for Oral Health

- [Anticipatory Guidance to Share with Parents of Infants](#) milestones of development.
- [The Centers for Disease Control and Prevention, Division of Oral Health](#)
- National Children's Oral Health Foundation (NCOHF) [Toothfairy Island's](#)
- [National Maternal and Child Oral Health Resource Center](#)
- [Help a Child Smile-Mobile Dental Program](#)
- [Give Kids A Smile- ADA Foundation](#)<http://www.medicalteams.org/about-us/what-we-do/mobile-dental-program>
- [Mobile Dental Program- Medical Teams International](#)
- [Free Dental Care](#)
- [Emory University School of Medicine-Continuing Dental Education](#)
- Needy Meds: [Clinic List for Georgia](#)

THE CRISIS SCHOOLS FACE



1 in 7 children (6-12) are suffering from tooth pain right now.



Over 51 million school hours are lost each year due to poor dental health.



Over 50% of Children on Medicaid don't regularly see a dentist.