HEAD START ORAL HEALTH SURVEY
NEVADA 2007

Bureau of Family Health Services

Nevada State Health Division

Department of Health and Human Services

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Introduction

The first screening to collect oral health data on children enrolled in Head Start programs in Nevada was conducted by the Nevada State Health Division Oral Health Program in 2004[1]. The methodology used for the screening was the Association of State and Territorial Dental Directors (ASTDD) Basic Screening Survey (BSS). In May of 2007 the second such screening was completed. This report compares the 2007 findings with *Federal Healthy People 2010*[2] objectives for children two to four years of age, provides a high level comparison between the 2004 and 2007 screening results, and summarizes the findings of the 2007 screening.

With the cooperation of the Nevada Head Start State Collaboration Office, the Nevada Head Start Association, and the individual Head Start grantees, children at all 44 Head Start sites were screened. The screening collected data on early childhood caries, caries experience, untreated decay, and the need for urgent dental treatment. These data are important in that they estimate the extent of oral health needs in young low-income children. According to *Oral Health in America: A Report of the Surgeon General* issued in May 2000, children from low-income families have more tooth decay, more extensive tooth decay, and suffer more pain than children from families with higher incomes. Screening results will aid in the development of new programs and interventions to prevent oral disease so that growth, development, and overall quality of life in Nevada's children are enhanced.

[1] Healthy Smile-Happy Child, Head Start Oral Health Survey, Nevada 2004. A copy can be retrieved at http://health.nv.gov/index.php?option=com_content&task=view&id=355&Itemid=576
[2] http://www.healthypeople.gov/Document/pdf/tracking/od21.pdf

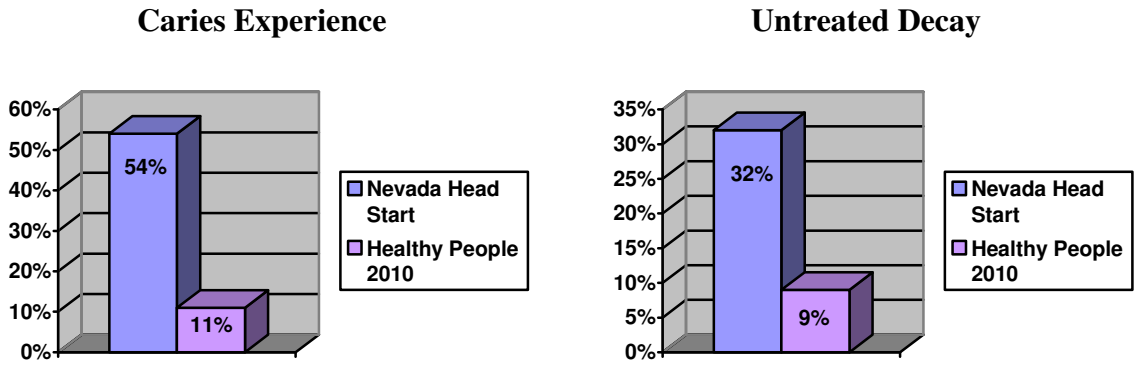
Healthy People 2010

Healthy People 2010 is a set of health objectives for the nation to achieve over the first decade of the new century. The *Healthy People 2010* initiative lists 17 specific oral health objectives to prevent and control oral diseases and reduce oral health disparities. *Healthy People 2010* objectives include two oral health indices for children age two to four. They are:

- Decrease the proportion of children who have experienced dental caries (cavities) in their primary teeth to 11 percent (decay experience).
- Decrease the proportion of children with untreated dental caries in their primary teeth to nine percent.

The graphs below compare 2007 caries experience and untreated decay for children in Nevada's Head Start programs (age three to five) to *Healthy People 2010* objectives. This clearly demonstrates the gap in achieving the *Healthy People 2010* objectives for children of families with low incomes.

Figure 1: 2007 Nevada Head Start Children's Oral Health Compared to *Healthy People 2010* Objective

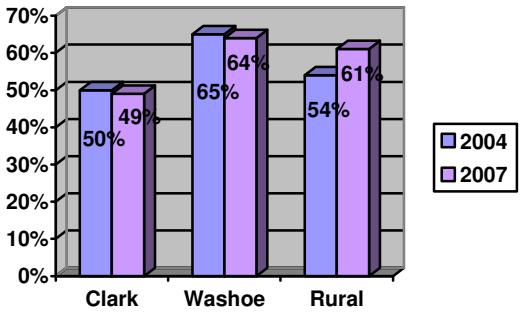


Comparison of 2004 and 2007 Screening Results

A comparison of the 2004 and 2007 screening results of children in Nevada's Head Start programs would indicate that oral health status has stayed the same or slightly improved (see Table 1). The overall caries experience is the same in both years at 54 percent. Untreated decay shows a slight improvement of six percentage points which is a very positive sign (38 percent in 2004 and 32 percent in 2007). However, this is still far from the *Healthy People 2010* goal of nine percent. Early childhood caries has not changed much between the two screenings (25 percent in 2004 and 24 percent in 2007). Treatment urgency also shows a positive improvement of six percentage points (37 percent in 2004 compared to 31 percent in 2007).

Some of the overall improvements are somewhat dampened when looking at the results on a regional basis. As can be seen in the charts below, the Head Start programs in Clark County show improvement when comparing the 2004 screen results with the 2007 results, however, the Head Start programs in "Rural" areas (see section on demographics for definition of the three regions) show a rate increase in some of the basic oral health indicators.

Figure 2: Regional Comparison of 2004 and 2007 BSS Screening Results – Caries Experience



Caries experience among the Head Start children in Clark and Washoe Counties show improvements from 2004 to 2007 while caries experience for Head Start children in the remainder of the state shows a seven percentage point increase.

Figure 3: Regional Comparison of 2004 and 2007 BSS Screening Results – Untreated Decay

Untreated decay for Clark and Washoe children in Head Start programs decreased while untreated decay for children in Head Start programs in rural areas increased.

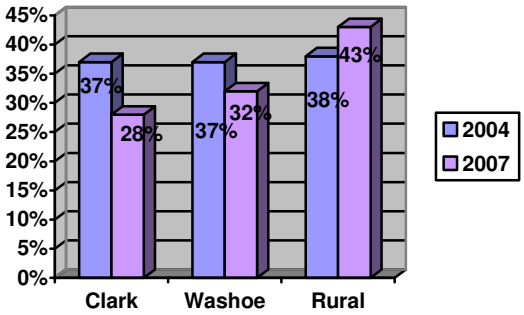
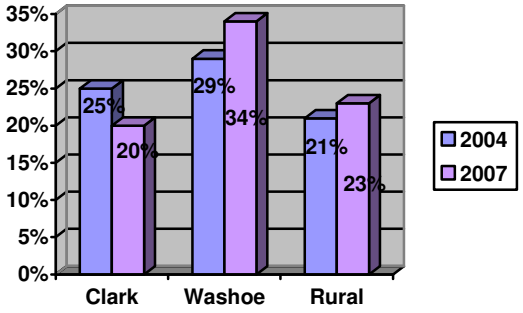


Figure 4: Regional Comparison of 2004 and 2007 BSS Screening Results – Early Childhood Caries



Early childhood caries rates improved for children in Clark County Head Start programs and increased in Washoe County and the rural areas of Nevada.

It is important to note that Clark County began monitoring and adjusting the fluoride level in its public water system to optimum levels in 2000. To date, Clark County is the only area of Nevada with a community water fluoridation program.

2007 Key Findings

Dental decay is a public health problem for children in Nevada's Head Start programs.

- 54 percent of Head Start children had cavities and/or fillings (caries experience)
- 32 percent of Head Start children had untreated decay
- 24 percent of Head Start children had early childhood caries also known as baby bottle tooth decay
- 31 percent of Head Start children were in need of either restorative or urgent dental care

Seventy-two percent of Nevada's Head Start children have access to some dental care.

- 15 percent of parents reported that they had trouble accessing dental care during the past year
- Of the 15 % who had trouble accessing care, 45% said the reason was "could not afford it" and 54% said it was because they had "no insurance."

A significant percent of Nevada's Head Start children do not have some type of dental and medical coverage.

- 40 percent (up from 35 percent in 2004) reported they did not have some type of dental insurance coverage for their child
- 36 percent (up from 31 percent in 2004) reported they did not have some type of medical insurance coverage for their child

There are regional differences in the oral health of Head Start children.

- A higher proportion of Head Start children in Washoe County and rural counties had caries experience (64 percent and 61 percent respectively) than Clark County (49 percent).
- A higher percentage of Head Start children in Washoe County (34 percent) had early childhood caries than Clark County (20 percent) or rural counties (23 percent).

American Indian/Alaska Native children in Head Start programs have poorer oral health.

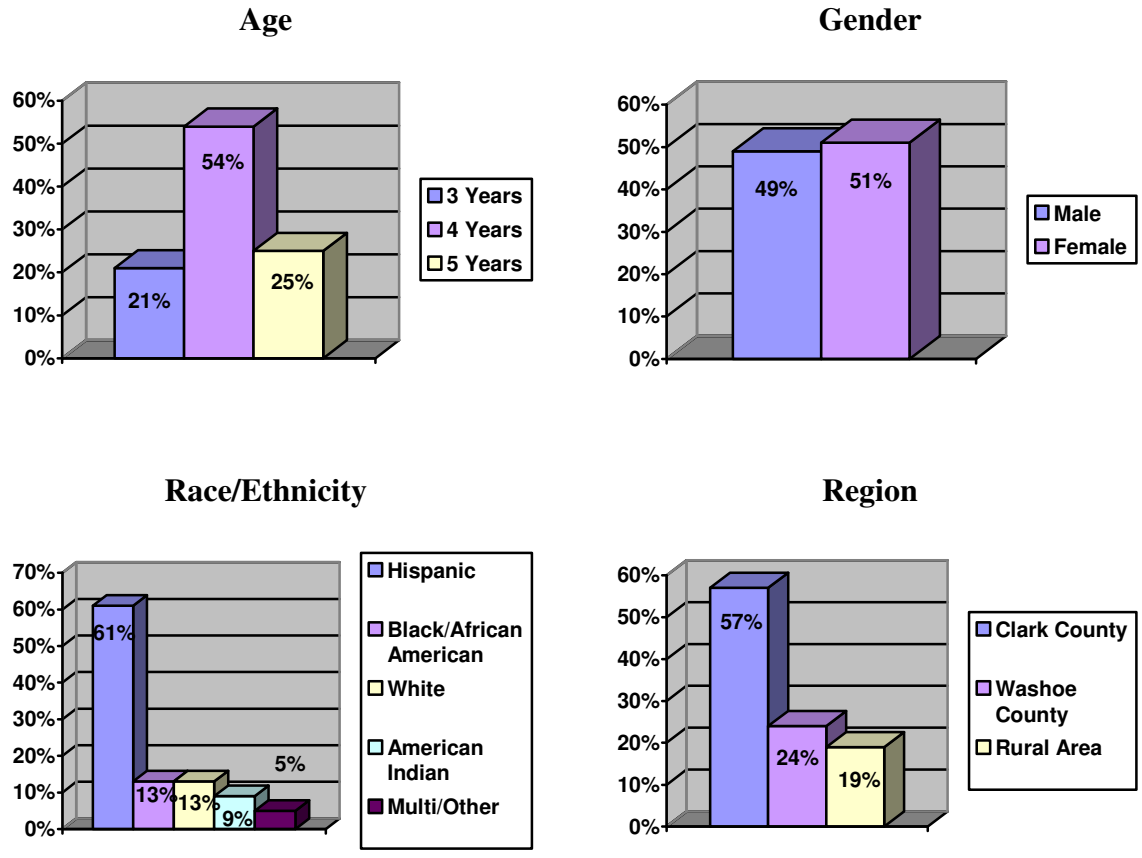
- A higher proportion of American Indian children in Head Start programs have caries experience (72 percent) than Hispanic (57 percent), Multi Racial/Other (54 percent), Black-African American (47 percent) or White (46 percent) children
- A higher proportion of American Indian children in Head Start programs have untreated decay (53 percent) than Hispanic (31 percent), Multi Racial/Other (33 percent), Black-African American (28 percent) or White (25 percent) children
- A higher proportion of American Indian children in Head Start programs have early childhood caries (35 percent) than Hispanic (27 percent), Multi Racial/Other (25 percent), Black-African American (15 percent) or White (15 percent) children

Head Start Demographics and Response Rates

Out of the 2,650 children at the Head Start sites screened, 1,935 returned signed consent forms (73%). However, due to negative responses and absences, the actual percent of the Head Start population participating in the 2006 – 2007 Healthy Smile Survey was 66 percent. The participation rate for Head Start programs in Washoe County and rural counties was 69 percent and the Clark County participation rate was 64 percent.

The demographic characteristics of the 2007 Healthy Smiles-Happy Child Oral Health Survey participants can be seen in the following charts.

Figure 5: Demographic Characteristics of Children In Nevada Head Start Programs Who Were Screened in 2007



Race/Ethnicity – On the consent form, the respondent could select one or more choices from the following list: White, Black/African American, Asian, Hispanic, Native Hawaiian/Pacific Islander, and American Indian/Alaska Native. For summary purposes the responses were organized into mutually exclusive groups using the following logic.

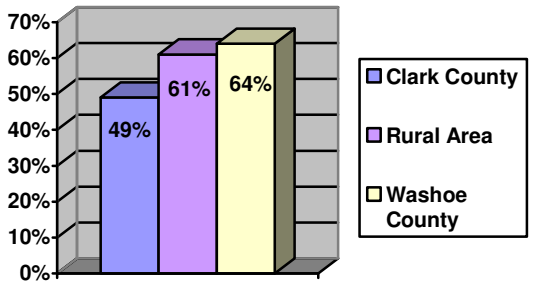
- If Hispanic was selected as one of the choices, then the child was categorized as Hispanic.
- If only White was selected, then the child was categorized as White.
- If only Black/African American was selected, then the child was categorized as Black/African American.
- If only American Indian/Alaska Native was selected, then the child was categorized as American Indian.
- All others, Asian, Native Hawaiian/Pacific Islander, any child with multiple selections (not including Hispanic) were categorized as Multi Racial/Other.

Region – Head Start programs were assigned to Clark County or Washoe County if they physically resided in the respective county. All other Head Start programs were designated as "Rural."

Caries Experience – 2007 Summary

Caries experience includes the presence of fillings in primary (baby) teeth, primary teeth with untreated decay, and primary teeth missing due to caries. Overall, 54 percent of Nevada's Head Start children have decay experience.

Figure 6: Caries Experience of Children in Nevada Head Start Programs - by Region



Children from Head Start programs in Washoe County and rural areas had more caries experience than children in the Clark County Head Start programs.

Figure 7: Caries Experience of Children in Nevada Head Start Programs - by Gender

The caries experience of male children in Nevada's Head Start programs was higher than the female children.

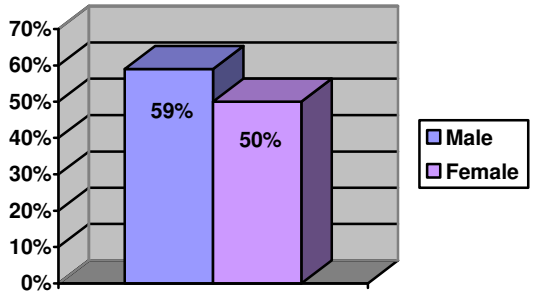
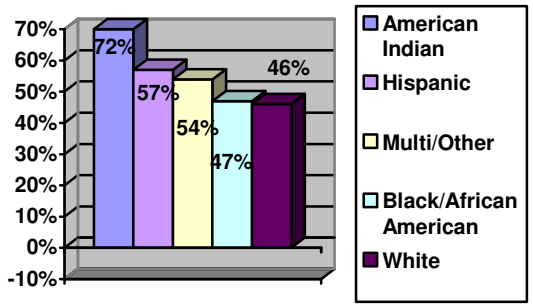
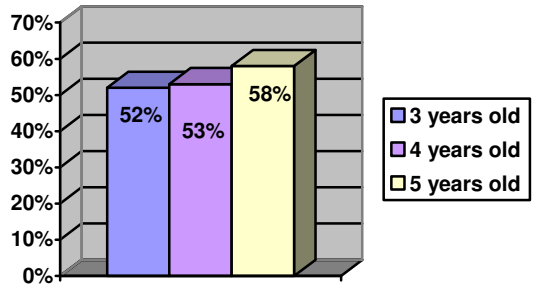


Figure 8: Caries Experience of Children in Nevada Head Start Programs - by Race/Ethnicity



American Indian children in Head Start programs had much higher rates of caries experience than all other racial/ethnic groups followed by children in the Hispanic and Multi Racial/Other categories.

Figure 9: Caries Experience of Children in Nevada Head Start Programs - by Age



As expected, caries experience increases with age.

Figure 10: Caries Experience of Children in Nevada Head Start Programs – by Dental Insurance Coverage

The caries experience of Nevada Head Start children does not differ between those who have dental insurance and those who do not.

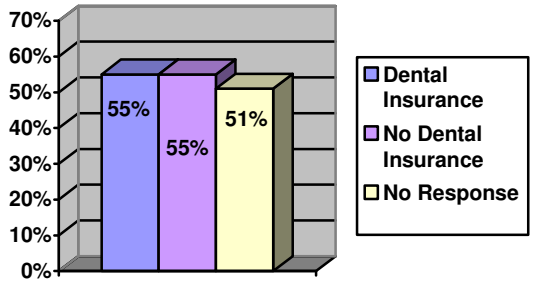
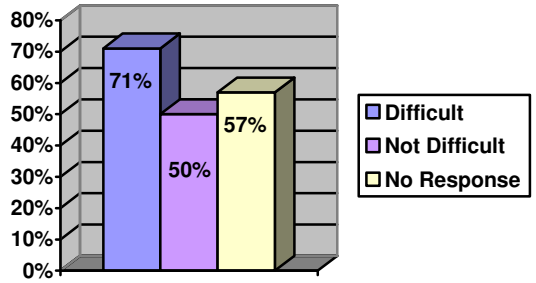


Figure 11: Caries Experience of Children in Nevada Head Start Programs - by Difficulty of Accessing Dental Care

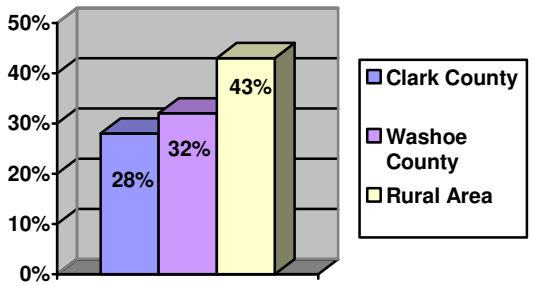


A higher percentage of the Head Start children whose parents indicated they had trouble accessing dental care had caries experience than those children whose parents indicated they had no difficulty accessing dental care.

Untreated Decay – 2007 Summary

Untreated decay refers to caries experience (a cavity) that is visible but has not been filled or treated. More than three in ten (32%) of Nevada's Head Start children have untreated decay.

Figure 12: Untreated Decay of Children in Nevada Head Start Programs - by Region



Head Start children in rural Nevada exhibit higher rates of untreated decay than Head Start children in Clark or Washoe County.

Figure 13: Untreated Decay of Children in Nevada Head Start Programs - by Gender

Male Head Start children have higher rates of untreated decay than their female counterparts.

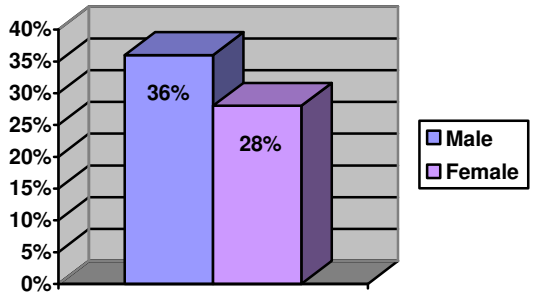
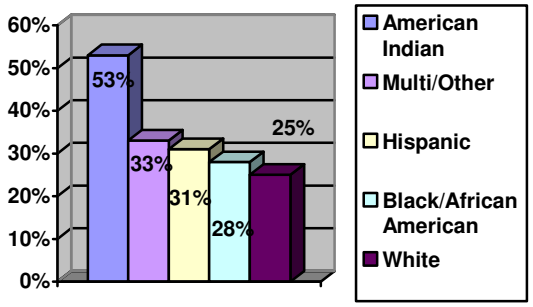
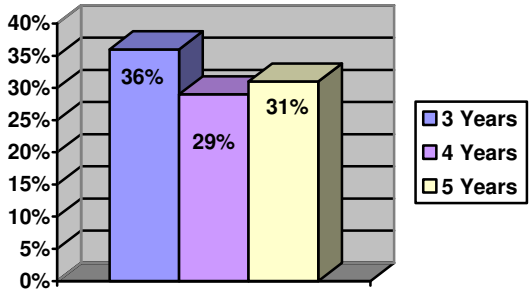


Figure 14: Untreated Decay of Children in Nevada Head Start Programs - by Race/Ethnicity



American Indian children in Head Start programs had a higher rate of untreated decay than all other racial/ethnic groups.

Figure 15: Untreated Decay of Children in Nevada Head Start Programs - by Age



Three year old children in a Nevada Head Start program are more likely to have untreated decay than the children who are four or five years old.

Figure 16: Untreated Decay of Children in Nevada Head Start Programs - by Dental Insurance Coverage

Head Start children with dental insurance are less likely to have untreated decay then those children without dental insurance.

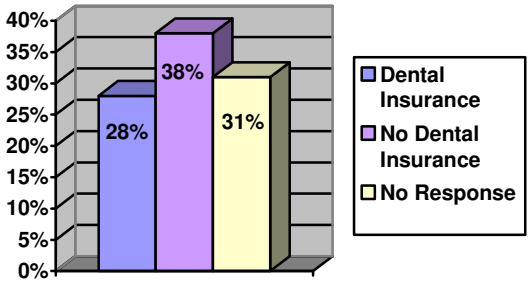
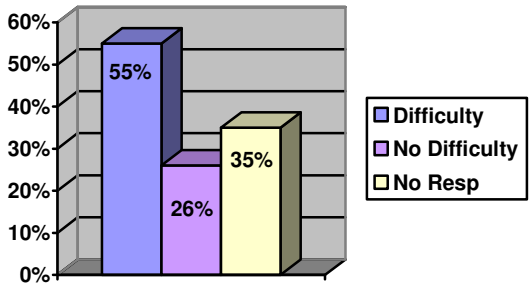


Figure 17: Untreated Decay of Children in Nevada Head Start Programs - by Difficulty of Accessing Dental Care

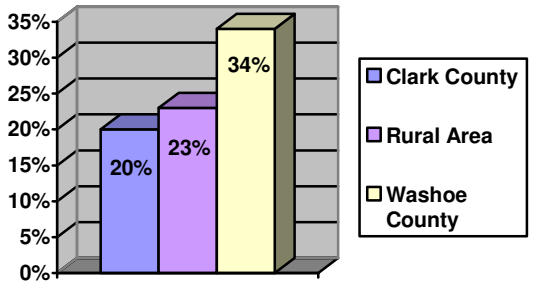


Head Start children who had difficulty accessing dental care had a higher rate of untreated decay (more than twice the rate) of those who had no difficulty accessing dental care.

Early Childhood Caries – 2007 Summary

If a child had a restoration (filling) or active decay in any of the top, front six teeth, he/she was categorized as having early childhood caries. Early childhood caries, also known as baby bottle tooth decay, was evident in 24 percent of the children in Nevada's Head Start programs.

Figure 18: Early Childhood Caries of Children in Nevada Head Start Programs - by Region



Head Start children in Washoe County had a higher rate of early childhood caries than Head Start children in Clark County or the Rural areas.

Figure 19: Early Childhood Caries of Children in Nevada Head Start Programs - by Gender

The early childhood caries rate for male children was four percentage points higher than for female children.

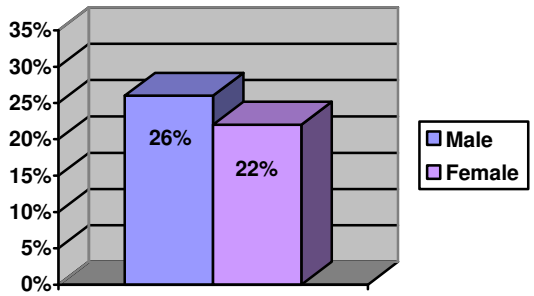
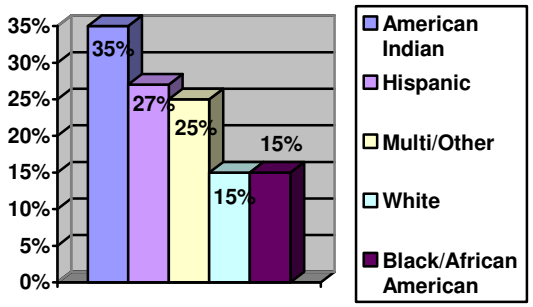
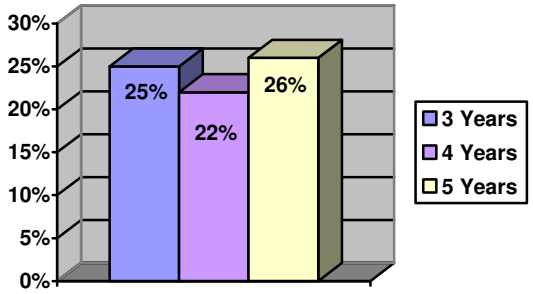


Figure 20: Early Childhood Caries of Children in Nevada Head Start Programs - by Race/Ethnicity



American Indian, Hispanic and Multi Racial/Other children in Nevada Head Start programs have a higher early childhood caries rate than White, or Black/African American children.

Figure 21: Early Childhood Caries of Children in Nevada Head Start Programs - by Age



The rate of early childhood caries in Nevada Head Start children does not appear to differ significantly by age.

Figure 22: Early Childhood Caries of Children in Nevada Head Start Programs - by Dental Insurance Coverage

Having dental insurance does not appear to affect the early childhood caries rates of children in Nevada's Head Start programs.

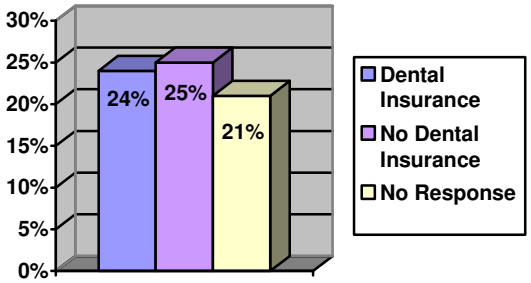
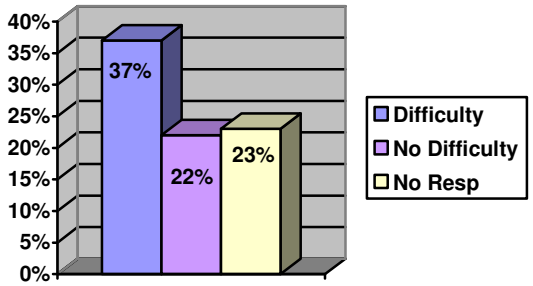


Figure 23: Early Childhood Caries of Children in Nevada Head Start Programs - by Difficulty of Accessing Dental Care



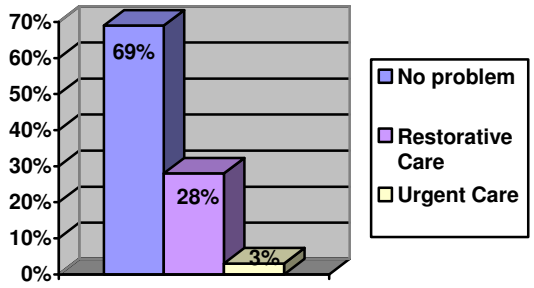
Children in Nevada's Head Start programs who had difficulty accessing dental care had a much higher early childhood caries rate than those with no difficulty accessing dental care.

Treatment Urgency – 2007 Summary

After screening was completed for each child, the screener assigned the child to one of three treatment urgency categories. The categories were; No Obvious Problem/Needs Routine Preventive Care, Needs Restorative Care, or Urgent Care (pain or swelling present). The following chart summarizes the overall Treatment Urgency for children in Nevada's Head Start programs.

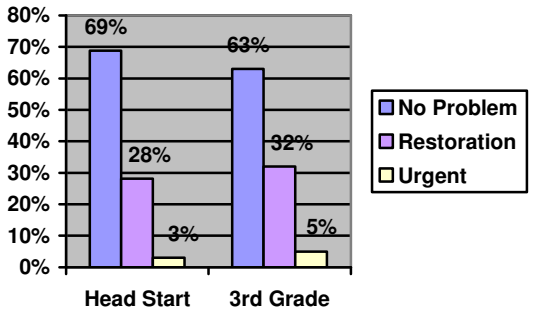
Figure 24: Treatment Urgency Needs of Children in Nevada Head Start Programs - Overall

The majority of children did not have visible problems and were assigned to the "No Obvious Problem/Needs Routine Preventive Care" category. However, there was still a large percent of children who needed restorative care or who had urgent needs.



In 2006, the Nevada State Health Division Oral Health Program completed a similar screening survey of children enrolled in third grade in Nevada. The chart below compares the distribution of Treatment Urgency responses.

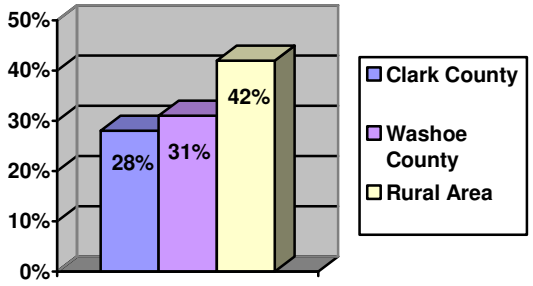
Figure 25: Treatment Urgency of Children in Nevada Head Start Programs versus Third Graders



The findings are consistent with what one might expect. The percent of children enrolled in third grade with "No Problem" is less than that of Head Start children, and the need for some kind of oral health care is greater. This is probably due to age, as the children in third grade have had more years to acquire oral disease.

For ease of reading, the following charts collapse the "Needs restorative care" and "Urgent" categories into "Needs dental care." The full details are included in Table 6 in the Appendix at the end of this report. When these two categories are collapsed, a total of 31 percent of children in Nevada's Head Start programs needed some kind of restorative care due to the presence of visible untreated decay.

Figure 26: Percent of Children in Nevada Head Start Programs That Need Dental Care – by Region



A higher proportion of children from Head Start programs in rural areas were in need of restorative or urgent care compared to children from Head Start programs located in Washoe and Clark Counties.

Figure 27: Percent of Children in Nevada Head Start Programs That Need Dental Care – by Gender

Male children in a Nevada's Head Start program are more likely to need restorative or urgent care than their female counterparts.

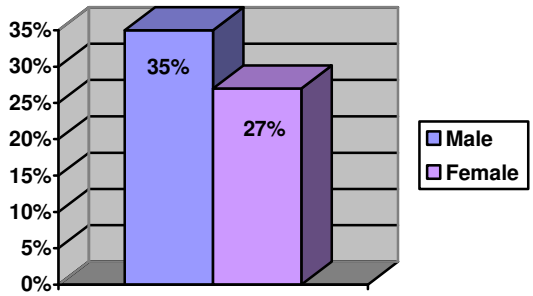
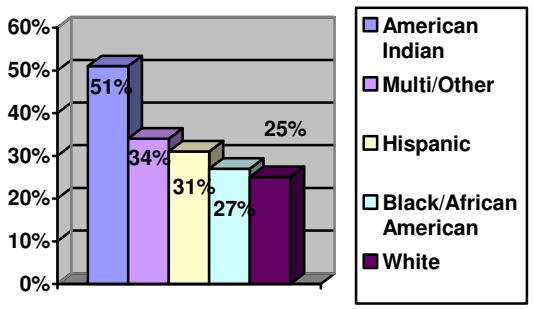
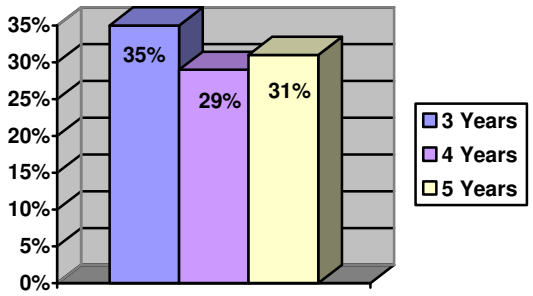


Figure 28: Percent of Children in Nevada Head Start Programs That Need Dental Care – by Race/Ethnicity



American Indian children in Head Start programs had a greater need for restorative or urgent oral health care than children in the other demographic groups.

Figure 29: Percent of Children in Nevada Head Start Programs That Need Dental Care – by Age



The proportion of Nevada's Head Start children who needed restorative or urgent care fluctuates by age.

Figure 30: Percent of Children in Nevada Head Start Programs That Need Dental Care – by Dental Insurance Coverage

Nevada's Head Start children without dental insurance are more likely to need restorative or urgent care than those children with dental insurance.

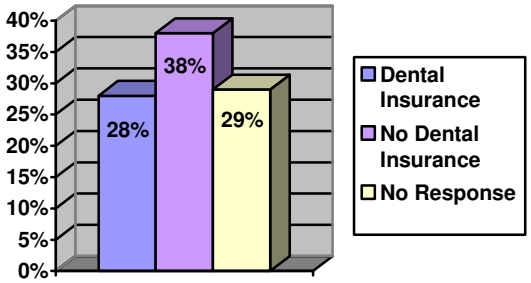
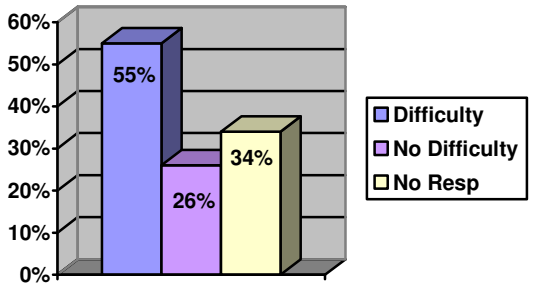


Figure 31: Percent of Children in Nevada Head Start Programs That Need Dental Care – by Difficulty of Accessing Dental Care

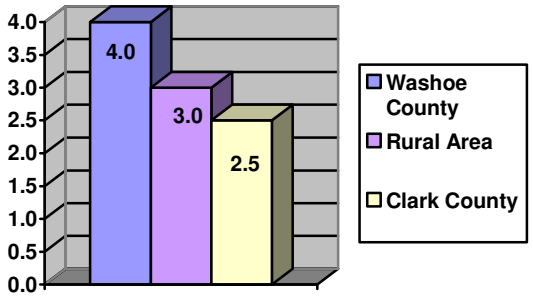


Children whose parents indicated they had difficulty accessing dental care had a higher rate of need for restorative care than those with no difficulty accessing dental care.

Decayed, Missing or Filled Primary Teeth – 2007 Summary

Each child present, whose parent/guardian gave permission, was screened for decay, fillings or missing primary teeth per the BSS criteria. Based on the results, each tooth was assigned to one of nine categories (see methodology section for complete listing). Each tooth that was decayed, filled, decayed and filled, or missing due to caries was assigned a value of one. The value of the sound and all remaining categories was zero. A decayed missing or filled tooth (dmft) score was determined for each child by adding the value for each tooth. On average the dmft for each child in Nevada's Head Start program was 2.96.

Figure 32: Average dmft of Children in Nevada Head Start Programs – by Region



Children from Head Start programs in Washoe County had higher dmft scores than children from the rural areas and Clark County.

Figure 33: Average dmft of Children in Nevada Head Start Programs – by Gender

Male children from Nevada Head Start programs have a higher dmft score than female children.

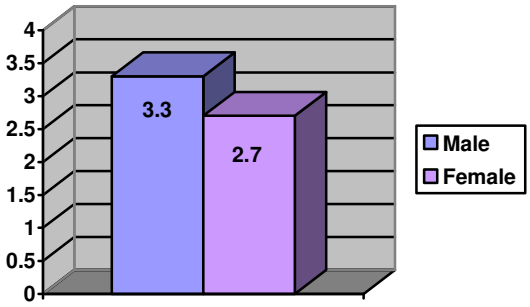
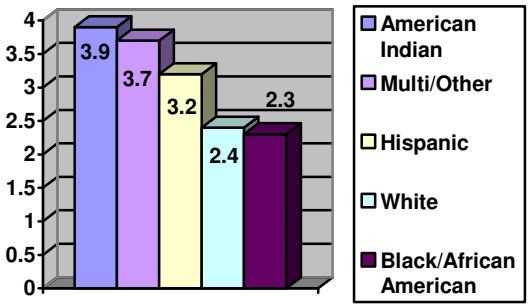


Figure 34: Average dmft of Children in Nevada Head Start Programs – by Race/Ethnicity



The dmft for American Indian, Multi Racial/Other and Hispanic children in Head Start programs were higher than the dmft of White or Black/African American children in a Nevada Head Start program.

Figure 35: Average dmft of Children in Nevada Head Start Programs – by Age

The dmft scores of children in Head Start programs increase as their ages increase.

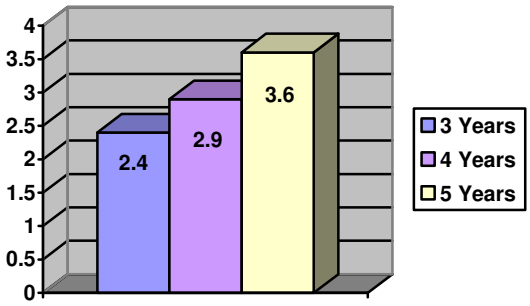
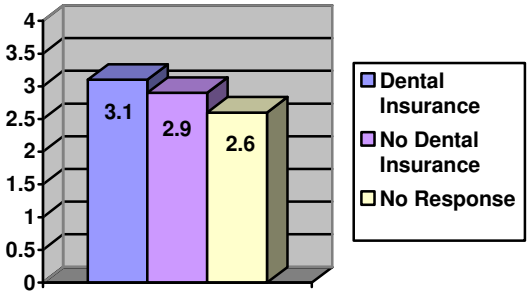
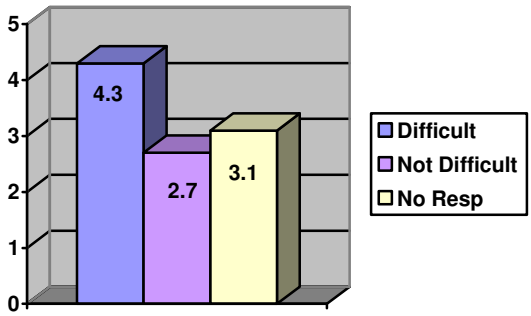


Figure 36: Average dmft of Children in Nevada Head Start Programs – by Dental Insurance Coverage



Nevada Head Start children with dental insurance have a slightly higher dmft score than those without dental insurance.

Figure 37: Average dmft of Children in Nevada Head Start Programs – by Difficulty of Accessing Dental Care



Those Head Start children who had difficulty accessing dental care had a much higher dmft score than those that had no difficulty accessing dental care.

Methodology

This screening was based on the methods outlined in the ASTDD 1999 publication *Basic Screening Surveys: An Approach to Monitoring Community Oral Health*. The consent form and parent questionnaire used for Nevada's 2007 Head Start oral health screening were taken directly from the publication, with minor changes.

A listing of all Head Start grantees for the state was provided by the Nevada Head Start State Collaboration Office. The list included the location, number of children enrolled and the hours of operation for each program in the state. Since the total enrollment was less than 3,000, the Oral Health Program chose to screen all 44 Head Start sites. All children with a signed, positive consent form who were present the day of screening were screened.

The screenings were completed by a Nevada licensed dental hygienist or a senior dental hygiene student who was supervised by a Nevada licensed dental hygienist and had been calibrated by the Oral Health Program's licensed dental hygienist. The screenings were completed using a flashlight, disposable gloves, a disposable mirror, and a cotton tip applicator (when necessary to remove debris). Data collection was performed on site with the use of either a laptop computer or a paper form (when the screening was completed by dental hygiene students). The data was recorded in a Microsoft Access database. Permanent teeth were only recorded if there was visible decay on the tooth. The condition of each primary tooth was recorded as one of the following:

1. Sound
2. Decayed
3. Filled
4. Decayed and Filled
5. Missing due to Caries
6. Missing due to Injury
7. Missing Other
8. Sealant Present
9. Not recordable

A tooth was marked as "decayed" if there was visible untreated decay (as described in ASTDD guidelines) present. Teeth with amalgam (silver) and composite (white) fillings, stainless steel crowns, porcelain fused to metal crowns and bridges were marked as "filled."

A Treatment Urgency Rating was also assigned to each child screened using the following criteria:

- Urgent Care (Pain or Swelling Present) – signs or symptoms that include pain, infection, swelling or soft tissue ulceration of more that two week duration (determined by questioning)

- Needs Restorative Care – visible caries without accompanying signs or symptoms, individuals with spontaneous bleeding of the gums, or suspicious white or red soft tissue areas
- No Obvious Problem/Needs Routine Preventive Care – any child without the above problems.

The data file was imported to SAS for editing and analysis. The data were weighted for non response. The analysis was done using the SURVEYFREQ and SURVEYMMEANS procedures in SAS treating each Head Start location as a cluster. These procedures provided weighted means and frequencies that were identical to other procedures (Means procedure for example), however, the confidence intervals calculated were more conservative. The result is that some differences though they appear large may not show differences that are "significant."

Since each Head Start location was screened the results of this screening are reported as a "census." The 95 percent confidence limits are provided in the detailed tables in the Appendix of this report for those who want to determine which differences are "statistically significant."

Appendix – List of Tables with Additional Details

Table 1: Comparison of Results from 2004 and 2007 Head Start Screenings

	Healthy Smile Happy Child Head Start Oral Health Survey Nevada 2004	Healthy Smile Happy Child Head Start Oral Health Survey Nevada 2007
Number of children screened.	1,667	1,749
Ages screened	3, 4 and 5 years of age	3, 4 and 5 years of age
Questions on the written permission form.	Age	Age
	Race (check all that apply)	Race (check all that apply)
	How long since your child last visited a dentist?	How long since your child last visited a dentist?
	What was the main reason that your child last visited a dentist?	What was the main reason that your child last visited a dentist?
	Do you have any kind of insurance that pays for some or all of your child's MEDICAL OR SURGICAL CARE?	Do you have any kind of insurance that pays for some or all of your child's MEDICAL OR SURGICAL CARE?
	Do you have any kind of insurance that pays for some or all of your child's DENTAL CARE?	Do you have any kind of insurance that pays for some or all of your child's DENTAL CARE?
	During the past 12 months, was there a time when your child needed dental care but could not get it at the time?	During the past 12 months, was there a time when your child needed dental care but could not get it at the time?
	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? (Please **check one**)	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 all** that apply)
Information gathered during the oral health screening	Gender	Gender
	Caries experience by tooth	Caries experience by tooth
	Untreated decay	Untreated decay
	Treatment Urgency	Treatment Urgency

(Continued on next page)

	Healthy Smile Happy Child Head Start Oral Health Survey Nevada 2004 (continued)	Healthy Smile Happy Child Head Start Oral Health Survey Nevada 2007 (continued)
Statewide findings	54 percent of Head Start children had cavities and/or fillings (caries experience)	54 percent of Head Start children had cavities and/or fillings (caries experience)
	38 percent of Head Start children had untreated dental decay	32 percent of Head Start children had untreated dental decay
	25 percent of Head Start children had early childhood caries	24 percent of Head Start children had early childhood caries
	37 percent of Head Start children were in need of either restorative, or urgent dental care	31 percent of Head Start children were in need of either restorative, or urgent dental care

Table 2: Questionnaire Summary

	Number	Percent *	95% CI
Q1. How long since child's last dental visit	1749		
Within the past year	1313	75%	+/- 6.22
More than 1 year, no more than 3 years ago	123	7%	+/- 1.47
More than 3 years ago	29	2%	+/- 0.66
Never been to dentist	151	8%	+/- 3.34
No response	133	8%	+/- 6.27
Q2. Main reason for last dental visit	1749		
Routine check-up or cleaning	1082	62%	+/- 6.07
Called in by dentist for check-up or cleaning	118	7%	+/- 2.65
Something was wrong or hurting	66	4%	+/- 1.13
Follow-up visit from prior visit	102	6%	+/- 1.18
Other	92	5%	+/- 1.07
Never been to dentist	147	8%	+/- 3.21
No answer	142	9%	+/- 6.38
Q3. Is there medical insurance for child	1730		
Yes	1123	64%	+/- 5.28
No	495	29%	+/- 3.19
No response	112	7%	+/- 5.99
Q4. Is there dental insurance for child	1724		
Yes	1029	60%	+/- 5.47
No	544	31%	+/- 3.20
No response	151	9%	+/- 6.21
Q5. Difficulty accessing dental care	1727		
Yes	256	15%	+/- 2.38
No	1258	72%	+/- 6.17
Did not answer	213	13%	+/- 6.47
Q6. Reason for difficulty **	256		
No insurance	134	52%	
Could not afford	112	45%	
Difficulty in getting appointment	22	8%	
Didn't know where to go	16	7%	
Dentist did not accept Medicaid	16	7%	
Not serious enough problem	13	5%	
No Dentist available	10	5%	
No way to get there	12	4%	
Wait is too long in clinic/office	7	4%	
Dentist hours are not convient	5	2%	
Speak a different language	2	1%	
Health of another family member	1	0%	
Don't like/believe in dentist	1	0%	
Other reason	27	11%	

* Weighted for non-response

** Respondent allowed to select multiple reasons, only those who responded yes to Q5

Table 3: Caries Experience

	Number Screened	Proportion *	95% CI
Over All	1747	54.3%	+/- 4.51
Region			
Clark County	971	48.5%	+/- 4.92
Washoe County	437	63.6%	+/- 5.17
Rural	339	60.5%	+/- 7.31
Race/Ethnicity			
Hispanic	979	56.8%	+/- 5.78
Black/African American	204	46.6%	+/- 5.24
White	198	45.5%	+/- 6.89
American Indian/Alaska Native	146	72.1%	+/- 6.49
Multi Racial/Asian/Native Hawaiian	84	54.1%	+/- 12.61
Gender			
Male	847	58.8%	+/- 5.63
Female	896	49.9%	+/- 5.39
Age			
3 years old	366	51.5%	+/- 7.76
4 years old	928	53.1%	+/- 4.60
5 years old	410	58.3%	+/- 5.66
How long since child's last visit to dentist			
Within the last 12 months	1312	56.5%	+/- 5.20
More than 1 year ago, but not more than three years ago	123	47.6%	+/- 10.64
More than 3 years ago	29	48.1%	+/- 18.03
Never been to the dentist	151	42.9%	+/- 13.19
Did not answer	132	53.2%	+/- 13.93
Do you have some kind of medical insurance for your child			
Yes	1123	55.3%	+/- 5.39
No	494	53.2%	+/- 6.71
No response	112	47.5%	+/- 9.34
Do you have some kind of dental insurance for your child			
Yes	1029	54.6%	+/- 5.60
No	543	54.7%	+/- 6.09
No response	151	50.9%	+/- 10.16
During past 12 months was there time when your child needed dental care but could not get it at that time?			
Yes	256	71.4%	+/- 5.47
No	1257	50.3%	+/- 4.83
No response	213	57.3%	+/- 11.23

* Weighted for non-response

Table 4: *Untreated Decay*

	Number Screened	Percent *	95% CI
Over All	1747	31.6%	+/- 3.63
Region			
Clark County	971	27.9%	+/- 4.21
Washoe County	437	32.0%	+/- 7.21
Rural	339	42.5%	+/- 7.41
Race/Ethnicity			
Hispanic	979	30.9%	+/- 4.32
Black/African American	204	27.5%	+/- 7.74
White	198	25.0%	+/- 7.63
American Indian/Alaska Native	146	52.5%	+/- 7.45
Multi Racial/Asian/Native Hawaiian	84	33.3%	+/- 13.47
Gender			
Male	847	36.0%	+/- 4.69
Female	896	27.5%	+/- 4.49
Age			
3 years old	366	35.7%	+/- 6.41
4 years old	928	29.3%	+/- 4.40
5 years old	410	31.1%	+/- 5.36
How long since child's last visit to dentist			
Within the last 12 months	1312	30.2%	+/- 4.38
More than 1 year ago, but not more than three years ago	123	39.1%	+/- 10.27
More than 3 years ago	29	25.3%	+/- 15.70
Never been to the dentist	151	40.7%	+/- 12.64
Did not answer	132	29.9%	+/- 7.30
Do you have some kind of medical insurance for your child			
Yes	1123	29.0%	+/- 4.17
No	494	37.9%	+/- 6.34
No response	112	29.0%	+/- 6.90
Do you have some kind of dental insurance for your child			
Yes	1029	28.0%	+/- 4.22
No	543	38.1%	+/- 6.55
No response	151	30.8%	+/- 7.17
During past 12 months was there time when your child needed dental care but could not get it at that time?			
Yes	256	55.0%	+/- 6.31
No	1257	26.3%	+/- 3.94
No response	213	35.2%	+/- 9.22

* Weighted for non-response

Table 5: *Early Childhood Caries*

	Number Screened	Proportion *	95% CI
Over All	1747	24.0%	+/- 3.83
Region			
Clark County	971	20.0%	+/- 3.73
Washoe County	437	34.4%	+/- 4.61
Rural	339	23.0%	+/- 6.95
Race/Ethnicity			
Hispanic	979	27.1%	+/- 5.13
Black/African American	204	14.6%	+/- 3.80
White	198	15.3%	+/- 4.11
American Indian/Alaska Native	146	34.9%	+/- 7.73
Multi Racial/Asian/Native Hawaiian	84	24.5%	+/- 12.23
Gender			
Male	847	26.4%	+/- 5.05
Female	896	21.8%	+/- 3.94
Age			
3 years old	366	24.8%	+/- 6.59
4 years old	928	22.3%	+/- 4.55
5 years old	410	26.3%	+/- 4.44
How long since child's last visit to dentist			
Within the last 12 months	1312	24.7%	+/- 4.14
More than 1 year ago, but not more than three years ago	123	25.3%	+/- 9.10
More than 3 years ago	29	22.0%	+/- 12.34
Never been to the dentist	151	17.6%	+/- 6.53
Did not answer	132	23.0%	+/- 9.20
Do you have some kind of medical insurance for your child			
Yes	1123	23.5%	+/- 4.69
No	494	24.9%	+/- 4.61
No response	112	22.5%	+/- 9.60
Do you have some kind of dental insurance for your child			
Yes	1029	23.7%	+/- 4.61
No	543	25.4%	+/- 4.25
No response	151	20.9%	+/- 7.44
During past 12 months was there time when your child needed dental care but could not get it at that time?			
Yes	256	36.7%	+/- 7.48
No	1257	21.6%	+/- 3.93
No response	213	22.7%	+/- 5.64

* Weighted for non-response

Table 6: *Treatment Urgency*

	Number Screened	Percent *	95% CI
Over All			
No obvious problem	1204	68.8%	+/- 3.71
Needs restorative care	490	28.1%	+/- 3.52
Urgent care needed (pain or swelling)	52	3.0%	+/- 0.73
Region			
Clark County			
No obvious problem	704	72.3%	+/- 4.52
Needs restorative care	244	25.2%	+/- 4.29
Urgent care needed (pain or swelling)	22	2.3%	+/- 0.67
Washoe County			
No obvious problem	297	68.4%	+/- 6.91
Needs restorative care	117	26.7%	+/- 6.05
Urgent care needed (pain or swelling)	23	4.9%	+/- 2.34
Rural			
No obvious problem	203	58.2%	+/- 7.24
Needs restorative care	129	39.3%	+/- 7.22
Urgent care needed (pain or swelling)	7	2.5%	+/- 1.69
Race/Ethnicity			
Hispanic			
No obvious problem	681	69.3%	+/- 4.33
Needs restorative care	263	26.9%	+/- 3.93
Urgent care needed (pain or swelling)	35	3.7%	+/- 1.18
Black/African American			
No obvious problem	148	73.0%	+/- 7.42
Needs restorative care	52	25.3%	+/- 7.28
Urgent care needed (pain or swelling)	3	1.2%	+/- 1.15
White			
No obvious problem	152	75.4%	+/- 7.60
Needs restorative care	45	23.9%	+/- 8.38
Urgent care needed (pain or swelling)	1	0.7%	+/- 0.99
American Indian/Alaska Native			
No obvious problem	73	49.1%	+/- 9.43
Needs restorative care	65	45.6%	+/- 11.14
Urgent care needed (pain or swelling)	8	5.4%	+/- 3.60
Multi Racial/Asian/Native Hawaiian			
No obvious problem	55	65.9%	+/- 13.78
Needs restorative care	26	31.1%	+/- 12.90
Urgent care needed (pain or swelling)	3	3.0%	+/- 3.31

Gender				
Male				
No obvious problem	551	64.6%	+/-	4.55
Needs restorative care	265	31.9%	+/-	4.36
Urgent care needed (pain or swelling)	31	3.5%	+/-	1.01
Female				
No obvious problem	649	72.7%	+/-	4.67
Needs restorative care	225	24.6%	+/-	4.49
Urgent care needed (pain or swelling)	21	2.4%	+/-	1.09
Age				
3 years old				
No obvious problem	239	65.2%	+/-	6.41
Needs restorative care	116	31.8%	+/-	6.36
Urgent care needed (pain or swelling)	11	3.1%	+/-	2.22
4 years old				
No obvious problem	658	70.9%	+/-	4.45
Needs restorative care	242	26.0%	+/-	4.30
Urgent care needed (pain or swelling)	28	3.0%	+/-	1.01
5 years old				
No obvious problem	284	69.1%	+/-	5.42
Needs restorative care	114	28.1%	+/-	5.06
Urgent care needed (pain or swelling)	11	2.6%	+/-	1.34
How long since child's last visit to dentist				
Within the last 12 months				
No obvious problem	923	70.0%	+/-	4.47
Needs restorative care	354	27.2%	+/-	4.07
Urgent care needed (pain or swelling)	35	2.7%	+/-	0.95
More than 1 year ago, but not more than 3 years ago				
No obvious problem	78	63.1%	+/-	10.20
Needs restorative care	39	31.6%	+/-	9.76
Urgent care needed (pain or swelling)	6	5.3%	+/-	4.63
More than 3 years ago				
No obvious problem	21	71.3%	+/-	15.98
Needs restorative care	7	25.3%	+/-	15.70
Urgent care needed (pain or swelling)	0		+/-	
Never been to the dentist				
No obvious problem	87	59.3%	+/-	12.64
Needs restorative care	55	35.9%	+/-	11.47
Urgent care needed (pain or swelling)	9	4.7%	+/-	4.02
Did not answer				
No obvious problem	95	71.8%	+/-	5.92
Needs restorative care	35	26.7%	+/-	6.27
Urgent care needed (pain or swelling)	2	1.5%	+/-	1.57

Do you have some kind of medical insurance for your child				
Yes				
No obvious problem	805	71.4%	+/-	4.19
Needs restorative care	292	26.0%	+/-	3.99
Urgent care needed (pain or swelling)	26	2.3%	+/-	0.84
No				
No obvious problem	306	62.1%	+/-	6.57
Needs restorative care	163	32.5%	+/-	6.38
Urgent care needed (pain or swelling)	24	4.9%	+/-	1.52
No response				
No obvious problem	82	73.0%	+/-	5.69
Needs restorative care	28	25.2%	+/-	5.95
Urgent care needed (pain or swelling)	2	1.8%	+/-	1.84
Do you have some kind of dental insurance for your child				
Yes				
No obvious problem	745	72.3%	+/-	4.22
Needs restorative care	260	25.3%	+/-	4.08
Urgent care needed (pain or swelling)	24	2.4%	+/-	0.94
No				
No obvious problem	336	62.0%	+/-	7.01
Needs restorative care	181	33.1%	+/-	6.74
Urgent care needed (pain or swelling)	25	4.6%	+/-	1.81
No response				
No obvious problem	108	70.7%	+/-	6.57
Needs restorative care	40	27.5%	+/-	6.86
Urgent care needed (pain or swelling)	3	1.8%	+/-	1.79
During the 12 months was there time when your child needed dental care but could not get it at that time?				
Yes				
No obvious problem	115	45.1%	+/-	6.25
Needs restorative care	118	45.5%	+/-	7.17
Urgent care needed (pain or swelling)	23	9.5%	+/-	3.00
No				
No obvious problem	933	74.1%	+/-	3.95
Needs restorative care	301	24.1%	+/-	3.68
Urgent care needed (pain or swelling)	22	1.7%	+/-	0.73
No response				
No obvious problem	140	65.8%	+/-	8.91
Needs restorative care	66	31.2%	+/-	8.50
Urgent care needed (pain or swelling)	7	3.0%	+/-	2.12
* Weighted for non-response				

Table 7: *Decayed Missing or Filled Teeth*

	Number Screened	Mean *	95% CI
Over All	1747	2.96	+/- 0.41
Region			
Clark County	971	2.49	+/- 0.43
Washoe County	437	4.03	+/- 0.33
Rural	339	3.04	+/- 0.67
Race/Ethnicity			
Hispanic	979	3.19	+/- 0.55
Black/African American	204	2.32	+/- 0.48
White	198	2.39	+/- 0.57
American Indian/Alaska Native	146	3.93	+/- 0.81
Multi Racial/Asian/Native Hawaiian	84	3.67	+/- 1.22
Gender			
Male	847	3.26	+/- 0.54
Female	896	2.68	+/- 0.39
Age			
3 years old	366	2.41	+/- 0.51
4 years old	928	2.89	+/- 0.46
5 years old	410	3.55	+/- 0.54
How long since child's last visit to dentist			
Within the last 12 months	1312	3.18	+/- 0.46
More than 1 year ago, but not more than three years ago	123	2.68	+/- 0.80
More than 3 years ago	29	2.36	+/- 1.19
Never been to the dentist	151	1.58	+/- 0.57
Did not answer	132	2.69	+/- 1.13
Do you have some kind of medical insurance for your child			
Yes	1123	3.04	+/- 0.50
No	494	2.90	+/- 0.47
No response	112	2.41	+/- 0.93
Do you have some kind of dental insurance for your child			
Yes	1029	3.05	+/- 0.48
No	543	2.92	+/- 0.47
No response	151	2.62	+/- 1.03
During past 12 months was there time when your child needed dental care but could not get it at that time?			
Yes	256	4.33	+/- 0.75
No	1257	2.66	+/- 0.37
No response	213	3.09	+/- 0.82

* Weighted for non-response

Table 8: *List and Participation Rate of All Head Start Programs in Nevada*

Grantee	Site	Number Screened	Percent Screened
CDI	Boys & Girls Club	55	57.3%
CDI	Casa Rosa	50	69.4%
CDI	Cecile Walnut	88	80.0%
CDI	Henderson	68	46.3%
CDI	Herb Kaufman	64	61.5%
CDI	Hullum Homes	23	57.5%
CDI	Jones Gardens	19	63.3%
CDI	PDC	22	78.6%
CDI	Pentecostal Temple	20	38.5%
CDI	Reach Out	72	71.3%
CDI	Reynaldo Martinez	126	78.8%
CDI	Spring Valley	140	55.6%
CDI	Sunflower	68	65.4%
CDI	Tara Hills	68	63.6%
CDI	Yvonne Atkinson-Gates	75	78.1%
CSA	Agnes Risley	56	82.4%
CSA	Bernice Mathews	45	88.2%
CSA	Desert Heights	24	70.6%
CSA	Echo Loder	47	69.1%
CSA	Fernley	25	73.5%
CSA	Silver Springs	8	53.3%
CSA	Smithridge	55	80.9%
CSA	Sun Valley	23	76.7%
CSA	Sutro	74	40.4%
CSA	Wooster	27	79.4%
CSA	Fallon	29	85.3%
ITCN	Elko Colony	19	95.0%
ITCN	Fallon	13	76.5%
ITCN	Lovelock	6	37.5%
ITCN	McDermitt	9	60.0%
ITCN	Owyhee	14	46.7%
ITCN	Pyramid Lake - Wadsworth	28	82.4%
ITCN	Walker River – Schurz	8	53.3%
ITCN	Yerington	27	79.4%
ITCN	Moapa	14	77.8%
ITCN	Pyramid Lake - Nixon	14	100.0%

(Continued on next page)

Little People's Head Start	Ely	20	58.8%
Northeastern Nevada	Elko	92	90.2%
Northeastern Nevada	Jackpot	13	76.5%
Northeastern Nevada	Wells	16	94.1%
Reno-Sparks Indian Colony	Hungry Valley	15	78.9%
Reno-Sparks Indian Colony	Reno	29	87.9%
Washoe Tribe	Dresslerville Colony	17	47.2%
Washoe Tribe	Stewart Colony	24	44.4%
	Total	1749	66.2%