Oral Health Program Activities in New Hampshire—2014 Update

School-Based Programs

The New Hampshire Oral Health Program (OHP) collects information from sixteen school-based programs statewide to monitor the oral health status of second and third grade students in schools participating in the preventive dental programs. Collected indicators of oral health status include the prevalence of untreated decay, decay history, and presence of protective dental sealants placed on permanent molars. During the past ten years, the prevalence of sealants among children enrolled in the school-based programs has been steadily increasing while the prevalence of untreated decay and decay history has been declining.

Proportion of second and third grade students screened in school-based dental programs with decay history, untreated decay, and sealants, by school year, New Hampshire, 2001-2013

Third Grade Healthy – Smiles Healthy Growth Survey

Though data from school-based programs are not representative of all New Hampshire’s second and third grade students, a similar trend has been observed by the New Hampshire Third Grade Survey. This survey is a representative statewide sample of all third grade students done every five years to assess the oral health status of children enrolled in New Hampshire public schools. Methods used in the Third Grade Survey have been adapted from the Basic Screening Survey (BSS) – Preschool and School Children that was developed by the Association of State and Territorial Dental Directors.¹


The New Hampshire OHP is currently in the process of conducting the fourth iteration Third Grade Survey assessing the oral health status of third grade students in 128 schools in all ten New Hampshire counties to update the data for the 2013-2014 school year. In collaboration with the New Hampshire Obesity Prevention Program, height and weight data are also collected for this population. This is the second Third Grade Survey that includes height and weight data. By combining efforts, we are maximizing State resources to collect important student health information.

This assessment will provide statewide estimates along with a greater understanding of the dental disparities on a county level. Last conducted in 2009, the sub-state analysis detected regional disparities in oral health. Students in Coos...
County were more likely to have decay experience, untreated decay, and to be in need of treatment; and they were least likely to have dental sealants. The 2013-2014 survey data will allow the OHP to assess any improvements over the last five years in oral health indicators for New Hampshire children.²

**Older Adult Survey**

In 2009, a self-administered paper survey of older adult clients in six geographically distributed New Hampshire senior centers and congregate meal sites assessed older adults’ oral health perceptions and their ability to access dental services.³ In 2012, the National Association of Chronic Disease Directors (NACDD) funded a small scale-surveillance screening pilot project, *NH Seniors Centered on Oral Health*. The OHP utilized the Association of State and Territorial Dental Directors BSS – Older Adults, and gathered BSS data elements from older adults at the same six senior centers surveyed in 2009. Of the 129 seniors screened in the 2012 pilot project, 43% had untreated decay, 12% had urgent care needs, 16% had periodontal care needs, and only 9% had some type of dental insurance.⁴

With renewed funding from the NACDD in 2013, the OHP is currently conducting a larger-scale statewide BSS of older adults. The project takes place at 26 sites around the State. Data are collected on the prevalence of adult decay experience, untreated decay, periodontal disease, denture use, root fragments, suspicious soft tissue lesions, and the need for urgent dental care. The addition of oral health data from the statewide assessment of older adults will enhance New Hampshire’s oral health surveillance system. Data gathered through the statewide survey will guide future program planning, development of targeted interventions, and will be used for monitoring of program progress and evaluation.

**Community-Based Programs**

There are sixteen community-based dental programs, nine of which receive funding from the Division of Public Health Services (NH DPHS). Funded agencies provide community-based preventive and restorative oral health services to low-income adults and children. Based on the reporting from nine programs, during 2012-2013, 5,286 adults 19 years old and older and 5,818 children were seen by the NH DPHS-funded community-based programs. Altogether, 59% received preventive and 40% received treatment services. In addition, 19% of children received sealants.

**References**


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