



Texas Oral Health Report Card



TxOHC envisions a state where every person is known to enjoy optimal oral health as part of his/her total well-being through individual and shared community responsibilities. The Coalition has the partnerships and commitment to collaborate with others to create innovative and viable solutions that address oral health inequities. Texas may have earned a C when compared to the nation's performance on 12 key oral health indicators, but working together we can improve our grade and realize a healthier Texas.

58% **A**

Children aged 1-2 enrolled in Medicaid receive a preventive care visit through Medicaid

78% **C**

Children who have received at least one preventive dental visit in the last year

59% **A**

Medicaid enrolled children ages 1-20 received preventive dental care through Medicaid

67% **D**

Two out of every three Third Graders have experienced tooth decay

51% **A**

One half of third Graders have dental sealants in permanent molars

43% **F**

Four out of ten children age 3-5 who have experienced tooth decay

19% **A**

Two out of ten children aged 6-14 enrolled in Medicaid received dental sealants on permanent teeth through Medicaid

4% **I**

Medicaid pediatric medical providers applying fluoride varnish

38% **C**

Pregnant women who had their teeth cleaned during pregnancy

59% **D**

Adults age 18-64 visited the dentist in the last year

14% **C**

Adults 65+ suffering from edentulism

69% **C**

Population drinking optimally fluoridated water (natural or adjusted)

75% **A**

Needs are met in six out of ten DHPA areas

Grade	Points	Criteria
A	4	20% ≤ better than national
B	3	10 –20% better than national
C	2	0 to 10% change from national
D	1	10-20% worse than national
F	0	20% ≤ worse than national

Indicator	Desired Trend	TX %	US%	% Difference	Points	Grade
1) Children ages 1-2 enrolled in Medicaid who received a preventive care visit through Medicaid	↑	57.8	21.7	90.8	4	A
2) Children ages 1-17 who have received one or more preventive dental visit in the last year	↑	77.5	78.7	-1.5	2	C
3) Children ages 1-20 enrolled in Medicaid who received preventive dental care through Medicaid	↑	59.1	41.2	35.7	4	A
4) Third Grade students with Caries Experience (treated and untreated tooth decay)*	↓	66.8	57.7	-14.6	1	D
5) Third Graders who have dental sealants in permanent molars*	↑	51.2	40.7	22.9	4	A
6) Children ages 3-5 with Caries Experience (treated and untreated tooth decay)	↓	42.9	27.9	-42.4	0	F
7) Children ages 6-14 enrolled in Medicaid who received dental sealants on permanent teeth through Medicaid	↑	19.2	14.6	27.2	4	A
8) Medicaid providers applying fluoride varnish	↑	4.3	—	—	—	I*
9) Pregnant women who had their teeth cleaned during pregnancy	↑	37.7	43.1	-.13	2	C
10) Adults who visited the dentist aged 18-64 within the last year*	↑	59.4	66.4	-11.1	1	D
11) Adults 65+ who have lost all of their natural teeth due to tooth decay or gum disease*	↓	13.8	14.2	2.9	2	C
12) Population drinking optimally fluoridated water (natural or adjusted)	↑	68.8	74.4	-7.8	2	C
13) Needs met in Dental Health Provider Shortage Areas (DHPSA)	↑	75.3	25.7	98.2	4	A
US COMPARISON					2.5	C+

* Please see next page for technical notes/comments/disclaimers for specific indicators.

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Technical Notes

In June of 2015, TxOHC published a brief Texas Report Card, collating data and “grades” from existing studies and national report cards. For 2017, TxOHC wanted to create a more comprehensive Oral Health Report Card which looks at key areas of oral health in Texas and compares Texas’ oral health to the nations.

The 13 indicators were chosen based on the following characteristics:

- Is the data available recent,
- does the indicator show change over time,
- will the indicators increase awareness of the importance of oral health,
- is the indicator meaningful for advocacy and education efforts,
- does the data examine demographic characteristics (such as age, race/ethnicity, income, or education);
- is the indicator tracked at the national level as well as the state level for comparison.

The data percentages were turned into number/letter scores by comparing the Texas data to national data. This national comparison grade was determined using the percentage difference between the Texas and US data percentage. The following percentage difference formula was used to calculate the relative difference between Texas’ percentages and the national percentages:

$$\frac{(\text{Current Texas percentage} - \text{National percentage})}{(\text{Current Texas percentage} + \text{National percentage})} \times 100 = \text{Percent difference of Texas from National}$$

The percentage difference was then converted into a numerical point value and then converted to a simplified letter grade using table 1. The points for all 13 indicators were then averaged to create a total point value for Texas. That point total was placed on the 4.0 scale scene in table 2 to convert the point total to letter grade.

Grade	Points	Criteria
A	4	20% ≤ better than national
B	3	10 –20% better than national
C	2	0 to 10% change from national
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F	0	20% ≤ worse than national

Letter Grade	4.0 Scale
A+	4.0
A	4.0
A-	3.7
B+	3.3
B	3.0
B-	2.7
C+	2.3
C	2.0
C-	1.7
D+	1.3
D	1.0
D-	0.7
F	0.0

Additional Comments/Disclaimers for the Following Indicators:

- * The statistic for indicator 4 includes all third graders, both with and without dental insurance who have had treated and/or untreated dental decay at the time of the survey. Please note the BSS data from the CDC State Oral Health Survey is from 2012-2013, the most recent year published.
- * The state and national data years differ. The most recent Texas State Oral Health Survey reported to the National Oral Health Surveillance System (NOHSS) is for 2012-2013. Healthy People 2020 uses National Health and Nutrition Examination Survey (NHANES) data that is for 2013-2014.
- * No national level data is available for indicator 8, so the grade is Incomplete (I).
- * For indicators 10 and 11, crude data is used for both the state and national percentages as age adjusted data is not available on the national level. Crude data has limitations and the population might have unequal age, race/ethnicity, or gender distributions which might account for the differences in the crude rates, (i.e.; confounders have not been adjusted for). The crude rate/prevalence for the nation is not exact and is only the median prevalence for reporting states (all states and DC Median). Though age-adjusted is more accurate, crude and age-adjusted data is not an accurate state to national comparison.

Sources

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