**Trends in Children’s Oral Health**

The Surgeon General’s Report on Oral Health identifies a “silent epidemic” of dental and oral diseases, and calls for a national effort to improve oral health among Americans.1 Left untreated, the pain and infection caused by dental caries (tooth decay) can lead to problems in eating, speaking, and the ability to learn.2

Children from families with low incomes had five times more untreated dental caries than children from higher income families.2 For each child without medical insurance, there are almost three children without dental insurance.3 Only about 50 percent of white children, 39 percent of African-American children, and 32 percent of Mexican-American children have dental insurance.4

Results of the 1994–95 National Health Interview Survey on access to care and use of services by children with special health care needs indicate that the most prevalent unmet health need is dental care. Among the respondents, 8.1 percent reported unmet dental care needs, 4.1 percent reported unmet prescription and eyeglass needs, 3.2 percent reported unmet medical care needs, and 1.2 percent reported unmet mental health care needs.5

More than half of the dental schools in the United States provide students with less than 5 hours of classroom instruction on patients with special health care needs and devote less than 5 percent of clinical time to this population.6

It is recommended that professional intervention begin at approximately 12 months of age or shortly after the primary teeth begin to erupt. The goal of the first dental visit is to assess the risk for dental disease, initiate a preventive program, provide anticipatory guidance, and decide on the periodicity of subsequent visits.7

Children with early childhood caries weigh significantly less than their peers. With comprehensive dental rehabilitation, these children can experience significant “catch-up” growth.8

The average Medicaid cost for providing restorative dental care for early childhood caries under general anesthesia in the hospital is $2,000 per case.9

Water fluoridation reduces dental caries in permanent teeth by 17 to 40 percent.10 However, more than 100 million Americans (38 percent of those on public water systems) do not have access to water that contains enough fluoride to protect their teeth.11 Although other fluoride-containing products are available, water remains the most equitable and cost-effective method of delivering fluoride to members of a community, regardless of an individual’s age, educational attainment, or income level.12

Nationally, the average per capita cost of water fluoridation is $0.51 per year.10 Over a lifetime, this can be less than the cost of placing one dental filling.11
Dental Sealants

Over 80 percent of tooth decay in school children is on the chewing surfaces of the teeth; use of dental sealants can prevent this type of decay.13

Only 23 percent of all children have dental sealants. Further, as few as 3 percent of children from low-income families have dental sealants.14

In 1999 the average cost for placing a dental sealant was $29.09, compared to the average cost of $65.09 for a one-surface dental filling.15

Most dental sealants are placed in private-practice dental offices, but the children at the greatest risk for problems resulting from tooth decay are those least likely to receive dental care in a private practice.13

Injury and Violence

By age 16 years, 35 percent of children will have sustained dental trauma at least once.16

Craniofacial, head, face, and neck injuries occur in more than half of the cases of child abuse.17

Dentists and dental hygienists are in a unique position to recognize child abuse and neglect.16

Used during sports, mouth guards offer a substantial degree of protection to the teeth and oral soft tissues, as well as protecting children and adolescents from concussion.18

Smokeless tobacco can result in advanced gum disease that is irreversible. As teeth lose their gum and bone support, they may loosen and eventually have to be removed.21

A mong students in grades 9 through 12, 9 percent currently use spit tobacco, and 43 percent use some form of tobacco (cigarettes, spit tobacco, or cigars). In this age group, 29 percent of black or African Americans, 37 percent of Hispanic or Latinos, and 47 percent of whites smoke tobacco.15

References


15. Crall JJ. Faculty member, Department of Pediatric Dentistry, University of Kentucky, with assistance from the National Maternal and Child Oral Health Resource Center. February 2001.


