

Children's Oral Health

The Health Commission of the California State PTA reminds all parents and caregivers about the advantage of good children's oral health: *A child with dental disease cannot perform well in school ...or in life.*

The oral health of children has improved significantly over the past few decades. **The Centers for Disease Control** says most American children enjoy excellent oral health — but a significant subset suffers a high level of oral disease. The most advanced disease is found primarily among children living in poverty, some racial/ethnic minority populations, disabled children, and children with HIV infection.¹

- However, according to the **California Smile Survey, an oral health assessment of kindergarten and third grade children**ⁱⁱ, poor oral health is a growing epidemic in California.
- An as-yet unpublished UCLA study shows that **dental disease is the leading cause of absence from California schools.**
- The “*silent epidemic*,” which is what the **U.S. Surgeon General’s 2000 report on the Nation’s Oral Health**ⁱⁱⁱ called it, says tooth decay is the most common chronic childhood disease, five times more common than asthma and seven times more common than hay fever. The report estimates that children between 5 and 17 years missed nearly two million school days in a single year nationwide due to dental health-related problems.

Though education of children and parents, frequent brushing, regular checkups, good nutrition and treatment almost all dental disease is preventable. As parent leaders it is incumbent upon us to educate our fellow parents and all children in the advantages of good oral hygiene and regular professional care.

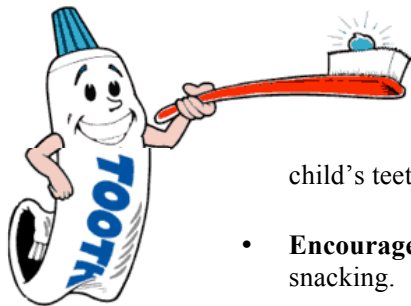


- **We know enough about health promotion and disease prevention measures to improve the oral health and well-being of all children.**
- **Tooth decay remains one of the most common diseases of childhood** – 5 times as common as asthma and 7 times as common as hay fever.
- **More than half of children aged 5-9 have had at least one cavity or filling;** 78 percent of 17-year-olds have experienced tooth decay.
- By age 17, **more than 7 percent of children have lost at least one permanent tooth to decay.**
- **Each year, 8,000 babies are born with cleft lip and/or cleft palate,** making these among the most common birth defects. Cleft lip and cleft palate interfere with normal appearance, eating, and speech.
- Injuries to children, intentional and non-intentional, often involve trauma to the head, neck, and mouth. **The leading causes of oral and head injuries are sports, violence, falls, and motor vehicle crashes.**
- **Tobacco-related oral lesions are common in teenagers who use spit (smokeless) tobacco.** The lesions occur in 35 percent of snuff users and 20 percent of chewing tobacco users.
- One in four American children are born into poverty (annual income of \$17,000 or less for a family of four). **Children and adolescents living in poverty suffer twice as much tooth decay as their more affluent peers, and their disease is more likely to go untreated.**
- **Children from families without medical insurance are 2.5 times less likely than insured children to receive dental care.** Children from families without dental insurance are 3 times more likely than insured children to have unmet dental needs.
- **For every child without medical insurance, there are 2.6 who lack dental insurance.**
- **Fewer than one in five Medicaid-covered children had a preventive dental visit during a recent year-long study.**

- **The daily reality for children with untreated oral disease is often persistent pain**, inability to eat comfortably or chew well, embarrassment at discolored and damaged teeth, and distraction from play and learning.
- **More than 51 million school hours are lost each year because of dental-related illness.**

WHAT CAN PARENTS AND CAREGIVERS DO?

- **Pregnant women should get prenatal care and eat a healthy diet** that includes folic acid to prevent neural tube defects and possibly cleft lip/palate. During pregnancy avoid tobacco and alcohol, and check with a doctor before taking any medications.
- **Put only water in your baby's bottle at bedtime or naptime.** Milk, formula, juices, and other drinks contain sugar. Prolonged exposure to sugary drinks while baby sleeps – when saliva flow is reduced – increases the risk of tooth decay.
- **Take your child for an oral health assessment between ages 1-2 ...and every six months thereafter.**
(The American Academy of Pediatric Dentistry recommends: "*First visit by first birthday*" - saying a child should visit a pediatric dentist when the first tooth comes in, usually between 6 and 12 months of age | <http://bit.ly/5wfzym>)



child's teeth.

- **Protect your child's teeth with fluoride.** Use a fluoridated toothpaste, putting only a pea-sized amount on your child's toothbrush. If your drinking water is not fluoridated, talk to a dentist or physician about the best way to protect your
- **Encourage your children to eat regular nutritious meals** and to avoid frequent between-meal snacking.
- **Talk to your child's dentist about dental sealants**, which protect teeth from decay.
- **Make sure your child wears a helmet when bicycling and uses protective headgear and mouth guards** in other sports activities.

For more information, contact:

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Oral Health, MS F-10
4770 Buford Highway, NE
Atlanta, GA 30341
1-888-CDC-2306
<http://www.cdc.gov>

National Institute of Dental and Craniofacial Research
National Institutes of Health
Building 45, Room 4AS-19
45 Center Drive MSC 6400
Bethesda, MD 20892-6400
<http://www.nidcr.nih.gov>

If you have questions or comments, e-mail: ccdinfo@cdc.gov

See also: **INTEGRATING ORAL HEALTH INTO SCHOOL HEALTH PROGRAMS AND POLICIES**, a joint publication of the California School Boards Association and the Dental Health Foundation | <http://bit.ly/aBne4f>

ⁱ <http://bit.ly/dsEOME>

ⁱⁱ <http://bit.ly/cGj61z>

ⁱⁱⁱ <http://bit.ly/b5SKlk>

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