



FACT SHEET: CHILDREN & YOUTH

THE GREATEST ORAL HEALTH ISSUE FACING CHILDREN & YOUTH TODAY

GREATEST ISSUE IN CHILDREN'S ORAL HEALTH

Tooth decay (caries) is the number one issue of our nation's children. Approximately 23% of children ages two to five years old have dental caries in primary teeth (1 in every 5 children).ⁱ

Why is good oral health important for children?

Untreated tooth decay can cause pain that may lead to difficulty eating, sleeping, and concentrating in school, leading to poor school attendance and academic performance.

Tooth decay is the most common health problem in U.S. children, five times more common than asthma.ⁱⁱ In addition, tooth decay affects a child's ability to sleep, speak, learn and grow.ⁱⁱⁱ

HOW COMMUNITY WATER FLUORIDATION (CWF) CAN HELP

Community Water Fluoridation (CWF) is the controlled adjustment of fluoride in a public water supply to prevent tooth decay within a community.^{iv} The Centers for Disease Control and Prevention (CDC) has named the "fluoridation of drinking water" one of the "10 great public health achievements" of the 20th century.^v However, over 100 million Americans still do not have access to water with fluoride even though CWF is affordable; for most cities, every \$1 invested in water fluoridation saves \$38 in dental treatment costs.^{vi,vii}

CWF has been found to reduce tooth decay by over 25%, with more than 3,000 scientific studies and research findings proving that CWF is safe.^{vi} CWF is the most accessible and effective way for millions of Americans to protect their teeth.

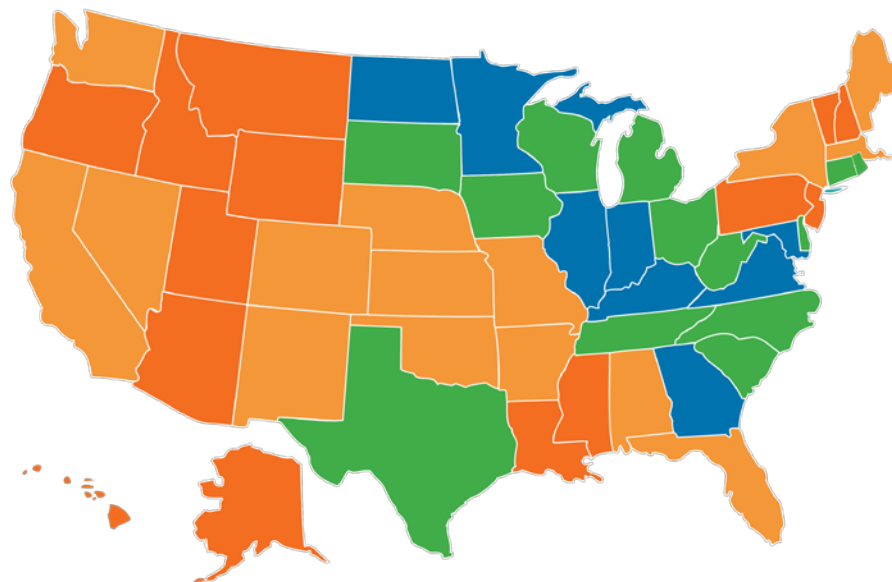
As one of our legislative priorities, OHA endorses CWF as a safe, beneficial, cost-effective and evidence-based public health practice.

Early protection of children's teeth

Babies and children need fluoride to strengthen their growing teeth. The use of fluoride to prevent and control cavities is documented to be both safe and effective.^{viii} Children who drink fluoridated water as their teeth grow will have stronger teeth that resist decay better over their lifetime. A 2010 study confirmed that the fluoridated water consumed as a young child makes the loss of teeth due to decay less likely 40 or 50 years later.^{ix}

In children, fluoride from beverages and food mixes with calcium and phosphate, strengthening the permanent teeth forming under the gums, making these teeth more resilient throughout childhood and into adulthood.^x

% of Communities with Water Fluoridation



Dark Orange = Under 59.5% **Light Orange = 59.6-79.5%** **Green = 79.6-94.5%** **Blue = 94.6% & up**

The CDC recommends 79.6% or above for the percent of individuals receiving fluoridated water. Above data is as reported by the 2012 CDC Water Fluoridation Reporting System.

HOW CAN YOU MAKE AN IMPACT?

Support Oral Health America by raising awareness about the important role schools can play in helping children and youth maintain good oral health. Join us as we strive to impact the lives of America's children. Together, we can make a difference.

Visit oralhealthamerica.org/kids for more information and to learn how to advocate for Community Water Fluoridation.

DISPARITIES IN ORAL HEALTH EXIST

1. Hispanic and non-Hispanic black children are twice as likely to have tooth decay compared to non-Hispanic white children (ages 2-8).^{xi}
2. 27% of Hispanic children have had dental caries compared with only 18% of non-Hispanic white and Asian children (ages 6-11).^{xi}
3. Dental sealants are more prevalent for higher-income children with 47% receiving sealants versus 38% of low-income children.^{xii}

The Affordable Care Act deemed pediatric oral health an Essential Health Benefit (EHB), guaranteeing dental coverage for 8 million children through CHIP (Children's Health Insurance Program) & Medicaid. CHIP expires in the fall of 2017 and will need to be reauthorized to ensure continued coverage.

Accessing oral health care is not easy for every child. Many families experience numerous barriers including:

- difficulty finding a dental provider that accepts CHIP, Medicaid or provides free care
- inability to pay for services
- trouble securing transportation

HOW CAN SCHOOLS MAKE A DIFFERENCE?

Because schools are an ideal place to reach children, they can play a pivotal role in impacting health. **School-based dental sealant programs** are an evidence-based public health best practice approach for preventing or reducing tooth decay among children, especially those at highest risk.^{i,iv}

- Dental sealants are thin plastic coatings that are applied to the chewing surfaces of back teeth to protect them from tooth decay.^{iv}
- School-based sealant programs have been associated with reducing the incidence of tooth decay by 40 to 60 percent.^{i,iv}
- Sealants cost only one-third the price of a filling, can reduce most tooth decay for up to five years, and can even stop early decay from progressing.^{iv}
- Research conducted among school programs in 14 states found providing sealants to 1,000 children would prevent 485 fillings, improving quality of life for children and illustrating cost-savings.^{iv}
- Through grants and product donations, OHA supports school-based and school-linked sealant programs nationwide to provide preventive oral health services and education to children who may not have access to regular care.

ⁱ Dye BA, Thornton-Evans G, Li X, Iafolla TJ. Dental caries and sealant prevalence in children and adolescents in the United States, 2011–2012. NCHS data brief, no 191. Hyattsville, MD: National Center for Health Statistics. 2015.

ⁱⁱ National Institutes of Health, U.S. Department of Health and Human Services, “Oral Health in America: A Report of the Surgeon General, National Institute of Dental and Craniofacial Research” (2000), <http://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/sgr/welcome.htm>

ⁱⁱⁱ “Children’s Oral Health.” Centers for Disease Control and Prevention. https://www.cdc.gov/oralhealth/children_adults/child.htm

^{iv} “Preventing Dental Caries: Community Water Fluoridation.” *The Community Guide*. USA.gov, 12 Sept. 2014.

^v “Community Water Fluoridation.” Center for Disease Control and Prevention. <https://www.cdc.gov/fluoridation/index.html>

^{vi} “Fluoride Myths & Facts.” *I Like My Teeth*. American Academy of Pediatrics, 06 June 2012.

^{vii} “Cost Savings of Community Water Fluoridation.” Center for Disease Control and Prevention.

<https://www.cdc.gov/fluoridation/factsheets/cost.htm>

^{viii} “Fluoride in Water.” American Dental Association. <http://www.ada.org/en/public-programs/advocating-for-the-public/fluoride-and-fluoridation>

^{ix} “Effects of Fluoride in Water.” Campaign for Dental Health. <http://ilikemyteeth.org/fluoridation/effects-of-fluoride/>

^x “Water Fluoridation Basics.” Centers for Disease Control and Prevention. <https://www.cdc.gov/fluoridation/basics/index.htm>

^{xi} “National Health and Nutrition Examination Survey, 2011-2012.” Center for Disease Control and Prevention /National Center for Health Statistics. https://www.cdc.gov/nchs/data/databriefs/db191_table.pdf#1

^{xii} Grant J and Peters, A. “Children’s Dental Health Disparities.” *The Pew Charitable Trusts*, 2016.