

Children's Oral Health

Tooth decay affects almost two-thirds of California's children.

Dental disease, including untreated cavities, is the most common chronic and infectious disease among children in the United States, five times more common than asthma.¹

In 2004-2005, Contra Costa participated in a statewide survey of over 21,000 children in kindergarten and third grade, summarized in the recently released report "Mommy, It Hurts to Chew," The California Smile Survey.²

- Dental disease is the most common chronic disease among children.
- Over 1 in 4 children has untreated tooth decay.

Local Findings

Children with History of Decay and Untreated Decay

Table 1. California 2005

	History of Tooth Decay	Untreated Tooth Decay
Kindergarten	53.6%	27.9%
3rd Grade	70.9%	28.7%
Both Grades	62.6%	28.3%

Children With History of Decay and Untreated Decay

This oral health survey found that among California’s kindergarteners and third graders,

- 53.6% of the kindergarteners and 70.9% of the third-grade children screened had a history of tooth decay.
- 27.9% of the kindergarteners and 28.7% of third graders had untreated tooth decay.
- 22% of the children needed non-urgent or early dental care and an additional 4% needed urgent dental care because of pain or infection.
- 17% of the kindergarteners and 5.5% of the third graders had never been to a dentist, putting them at greater risk of having untreated tooth decay.
- Only 28% of third-graders have received sealants, which when applied to permanent molars can reduce tooth decay for 5-7 years.

Of the 25 states across the country that have conducted similar surveys, only Arkansas ranks below California in children’s oral health (based on the prevalence of decay experience in third-grade children).

During the 2005-2006 school year, Save Our Smiles, a project of Contra Costa Health Services’ Children’s Oral Health Program that serves children from low-income families, screened 13,304 preschool and elementary children in Contra Costa.³ This program found that 12% had serious dental disease (Class III or IV caries) and needed urgent or emergency dental treatment. Another 16% had less serious dental decay (Class II caries) but still needed to see a dentist soon.

“Caries” is the medical term for “cavity”.

Dental Caries

Table 2: Preschool – 6th Graders, Contra Costa 2005–2006

Levels of Caries	Percent
Class I	72%
Class II	16%
Class III	9%
Class IV	3%

Good oral health is essential to positive self-esteem, school readiness, good nutrition, and overall well-being across the span of a person’s life. Pain and suffering due to dental decay and early tooth loss can result in impaired speech

development, inability to eat, failure to thrive, sleep deprivation, absence from school and inability to concentrate in school.¹

Children from low-income families are especially vulnerable to being absent from school, missing 12 times as many school days due to dental problems as children from families with higher incomes.⁴

Access to dental care for children in Contra Costa is not proportionate to socioeconomic need. Based on the number of dentists available to children in specific socioeconomic groups, children from higher income families have much greater access to dentists than children from low-income families.³ The ratio of dentists serving Contra Costa children from low-income families is 1 to 1,712. In contrast, for children from families with higher incomes this ratio is 1 to 246.

Data Sources: Children's Oral Health

Text

1. U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health (2000). *Oral Health in America: A Report of the Surgeon General*.

2. Dental Health Foundation (2006). *"Mommy It Hurts to Chew": The California Smile Survey, An Oral Health Assessment of California's Kindergarten and 3rd Grade Children*.

3. Contra Costa Health Services (2007). *Healthy Teeth for Life: The Oral Health of Children in Contra Costa County*.

4. United States General Accounting Office (2000). *Oral Health: Dental Disease is a Chronic Problem Among Many Low-Income Populations*. Report No. GAO/HEHS-00-72, April, 2000. Available online at: <http://www.gao.gov/new.items/he00072.pdf>

(Note: Low-income families are those with incomes below the 200% Federal Poverty Level (FPL). Higher income families are those at or above 200% FPL. For children from higher-income families, available dentists are all those practicing in the county. For children from low-income families, available dentists are those accepting Denti-Cal on a regular basis.)

Tables

Table 1: Dental Health Foundation. "Mommy It Hurts to Chew": The California Smile Survey, An Oral Health Assessment of California's Kindergarten and 3rd Grade Children. Oakland (CA): Dental Health Foundation; 2006.

Table 2: Children's Oral Health Program, Contra Costa Health Services, July 2006.

