

WATCH YOUR MOUTH

Healthy Mouth, Healthy Body

Our children's future is being compromised by a largely preventable disease that Maine could easily address and with great effect. Tooth decay is now five times more common than asthma among six year olds, making it the most common chronic childhood disease in America. Because oral disease is an infectious disease, if untreated, the problems get worse as children age – by the time kids reach age 17, four out of five will suffer the consequences of poor oral health.

A report by the US Surgeon General in 2000 highlighted the consequences of inaction. If our communities do not address the problem, more and more of our children will have difficulty eating and sleeping, paying attention to parents and concentrating in school. Further, recent research has confirmed that good oral health is vital to overall health –oral disease has been linked to poor nutrition, diabetes and heart disease. Fortunately, oral disease is preventable and treatable.ⁱ

Fluoridation of public water is the single most effective way to prevent tooth decay for all people, but only about 48% of Maine people use public water supplies. As a result, two out of three Maine residents do not have fluoridated water in their homes.ⁱⁱ This makes the use of sealants and fluoride rinses essential to keeping our children healthy and to give them the best start in school and in life.

Regular dental visits and screenings are an opportunity for early diagnosis, education and treatment. In 1999 half of Maine 8-year olds already had dental disease.ⁱⁱⁱ For every child who does not have medical insurance, there are two to three children who are without dental insurance.^{iv} Despite these challenges, there has been progress. In Maine we have been able to increasing access to oral health care by enacting policies that allowed dental hygienists to provide services outside of dental offices and by using tobacco settlement funds to create more non-profit dental clinics. Now we need to work together to advance more creative solutions to recruiting more dentists to work in Maine, such as loan repayment and scholarships for Maine youth to attend dental school.

Oral health is affordable. In fact, 90% of tooth decay in school-age children is treatable with dental sealants.^v In these days of tight budgets, it is important for all of us to work together to advance these proven and cost-effective measures that reduce dental disease among children.

In the past three years there has been an increase in the amount of published research documenting the links between oral health and heart disease, nutrition, and diabetes. Similarly there is now more knowledge of the impact of poor oral health on costs to the health care system. As noted in Health Insurance Underwriter, in a June 2004 article in the Employee Benefit Plan Review, Dr. James Gimarelli wrote, “Regular checkups and cleanings

(inexpensive) play a major role in preventing the development of serious dental conditions (expensive). Bottom line – prevention, not restoration. Overall the Academy of General Dentistry reports that for every \$1 spent on preventative oral health care, \$8 to \$50 is saved in restorative and emergency treatment.”^{vi}

In Maine, we know how to pull together. In recent years we have reduced youth smoking, reduced teen pregnancy, and improved immunization rates. It’s time we put similar energy and creativity into improving oral health. We can watch our mouths and speak out for children’s oral health solutions, such as the use of fluoride rinses, sealants, and school-based oral health education programs. Sealants would reduce childhood dental decay in 90% of our children – if they were offered in all of our school systems.

- Kids in Maine have higher rates of tooth decay than kids in many other states, affecting nearly half of our 3rd graders^{vii}
- Application of dental sealants in school-based programs is cost effective, and about 125 Maine schools offer sealants for second-graders as part of their school oral health programs.
- The absence of fluoride rinses and dental sealant programs in schools is a missed opportunity to prevent 90% of childhood cavities
- Maine needs more dentists. We have 47.6 dentists for every 100,000 Mainers. The national average of 63.3 for every 100,000 in population.
- For every dollar spent on preventive oral care, \$8 to \$50 is saved in restorative and emergency treatment.^{viii}

“There are cost effective solutions to Maine’s oral health problems. It’s time we made dental sealants and fluoride rinses available through more of our schools.” *Tim Rourke*

“The opportunity to foster good oral health begins with infants and never ends. Proper screening can prevent disease, which is something we can all feel good about.” *Dan Summers, MD*

“Dental disease is preventable and treatable. We need to watch our mouths and support proven strategies to improve oral health. Without good oral health, we’re not healthy.” *Representative Ben Dudley (D – Portland)*

ⁱ US Department of Health and Human Services (2000). *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health.

ⁱⁱ Maine Department of Health and Human Services, Center for Disease Control and Prevention, Oral Health Program fact sheets, accessible through www.maine.gov/boh/ohp/factsheets.htm

ⁱⁱⁱ 1999 Maine State Smile Survey; 48% of third graders (age 8 years) had experienced tooth decay

^{iv} *ibid.* 2000 Surgeon General’s report

^v U.S. Department of Health and Human Services Centers for Disease Control and Prevention. Preventing Dental Caries. http://www.cdc.gov/OralHealth/factsheets/dental_caries.htm

^{vi} As quoted by John R. Stoner in “*A Voluntary Dental Plan vs. No Dental Plan*” in Health Insurance Underwriter, June 2005, p 13.

^{vii} 1999 Maine State Smile Survey; 48% of third graders (age 8 years) had experienced tooth decay

^{viii} Academy of General Dentistry data, as quoted by John R. Stoner in “*A Voluntary Dental Plan vs. No Dental Plan*” in Health Insurance Underwriter, June 2005, p 13.