



You can't be healthy without good oral health!

Fact Sheet on Kids' Oral Health

In 2000, the U.S. Surgeon General reported what many of us simply take for granted: we are not healthy without good oral health.¹ **Childhood dental decay can hinder kids' ability to learn and advance in school. It also affects some of the most the basic activities in life like speaking and eating.**

A few facts about dental decay:

- Dental decay is the most common chronic childhood disease²; fortunately *it is almost entirely preventable.*
- Dental decay is a bacterial infection that is five times more common than asthma and has been linked to increased risk for future tooth problems, heart disease and diabetes.³
- Nationally, children miss more than 51 million school hours each year due to dental disease.⁴
- To maintain good oral health, kids need access to preventive measures such as dental sealants (plastic coatings that seal the pits and grooves of molar teeth), fluoride (from toothpaste and in the water supply) and regular visits to a dental professional for exams, cleanings, and professionally applied fluoride treatments.

Oral health in Maine

Maine falls far behind other states in the nation when it comes to the simple issue of children's oral health.

- A recent survey found that nearly half of all third graders in Maine had a history of dental decay.⁵
- In Maine in 2000 there were 47.6 dentists per 100,000 in population, well below 63.6, the national rate.⁶ There is a similar discrepancy in the number of dental hygienists. In 2004 the number of hygienists to population ranged from 1:1112 in Cumberland County to 1:3398 in Somerset County.⁷
- All of Maine's 16 counties include groups of communities that have been designated as Dental Health Professional Shortage Areas.⁸ This means thousands of kids can't get the basic health services needed to prevent dental decay because there isn't an oral health professional to provide those services in their area.
- For every dollar spent on preventive care, between \$8 and \$50 are saved in restorative and emergency treatment.⁹

Maine can do better than this

When communities work together to make children's oral health a statewide priority, kids gain access to much needed services. Here are some easy solutions that our state can adopt now to childhood dental disease:

- Provide preventive care such as dental sealants, fluoride treatments and early childhood screenings. All of these are very effective methods to prevent dental disease in children.
- Expand access to fluoridated community water systems and fluoride supplements for those on private water systems. Fluoride keeps tooth enamel strong and prevents tooth decay and the serious problems that occur with dental infections.
- Strengthen and expand access to dental care through creative use of tools that increase the number of recent graduates establishing oral health practices in Maine and increase the number of local residents who enter dental school or hygienist training with an intention to practice here.
- Physicians and other health professionals can provide early childhood dental screenings. Supporting these efforts means these important services can be rolled into a visit to the doctor's office or health center.

We know that the results of not receiving timely preventive and treatment services are dramatic and can be devastating to overall health. We also know that by making sure that all kids in Maine have preventative treatments available to them in their communities, we will have healthier and more productive kids. So, let's Watch Our Mouths, Maine, and use them to ask our policy makers to ensure that the widespread problem of childhood dental disease is soon a thing of the past!

¹ 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.

² U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Craniofacial Research, National Institutes of Health, 2000, Chapter 4, page 63.

³ NCCDPHP, 2000. Centers for Disease Control and Prevention website www.cdc.gov/oralhealth/factsheets/sgr2000-fs5.htm ; Massachusetts Society for the Prevention of Cruelty to Children (2004). *Oral Health and the Commonwealth's Most Vulnerable Children: A State of Decay*.

⁴U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Craniofacial Research, National Institutes of Health, 2000. Executive Summary, page 2.

⁵ State of Maine, 1999 Smile Survey. Results of the 1999 Statewide Oral Health Needs Assessment, May 2000.

⁶ U.S. Department of Health and Human Services data published in 2004 accessed July 8, 2005 at www.bhpr.hrsa.healthworkforce/reports/statesummaries/maine.htm

⁷ Maine Department of Health and Human Services, Office of Data, Research, and Vital Statistics, Maine Cooperative Health Manpower Resource System: 2004, *Fact Sheet – Dental Hygienists Maine 2004*, Series 13, p.1

⁸ Maine DHHS CDC Oral Health Program *Fact Sheet – Early Childhood Oral Health Needs*

⁹ The Academy of General Dentistry, Health Insurance Underwriter, June 2004 article in "Employee Benefit Plan Review" by Dr. James Gimarelli -- As quoted by John R. Stoner in "*A Voluntary Dental Plan vs. No Dental Plan*" in *Health Insurance Underwriter*, June 2005, p 13