

ORAL HEALTH DISPARITIES

Arizona Preschool Children

FACT SHEET #2

DISPARITIES - ACHIEVING NATIONAL ORAL HEALTH OBJECTIVES

Tooth decay in preschool children has increased in the last few decades and the prevalence of tooth decay among Arizona children remains high. **Tooth decay increased in the primary (baby) teeth of Arizona children, age 4, from 49% to 52% between 1994-1995 and 2008-2009.**

National objectives to improve the oral health of young children are reflected in Healthy People 2010¹ which aims to reduce tooth decay and untreated decay. Two of these objectives are:

- Reduce the proportion of young children, ages 2-4, with tooth decay experience in their primary teeth. (Target: 11 percent)
- Reduce the proportion of young children, ages 2-4, with untreated tooth decay in their primary teeth. (Target: 9 percent)

Arizona did **not reach** the Healthy People 2010 target of reducing the proportion of young children who have tooth decay and are worse when compared to U.S. children. **Thirty-seven percent of Arizona children ages 2-4 have tooth decay in their primary teeth compared to 28% for U.S. children. (Figure 1)**

Arizona children also have more untreated tooth decay compared to the U.S. children: 30% vs. 16%, respectively. (Figure 2) Arizona did not achieve the Healthy People 2010 target of reducing the proportion of young children who have untreated tooth decay.

Figure 1: Children Ages 2-4 Who Have Tooth Decay

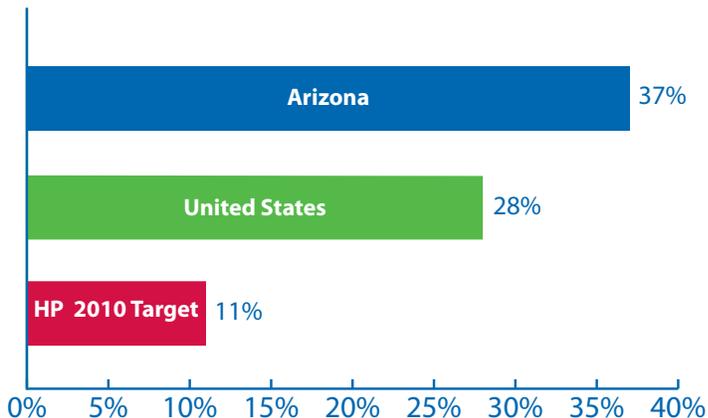
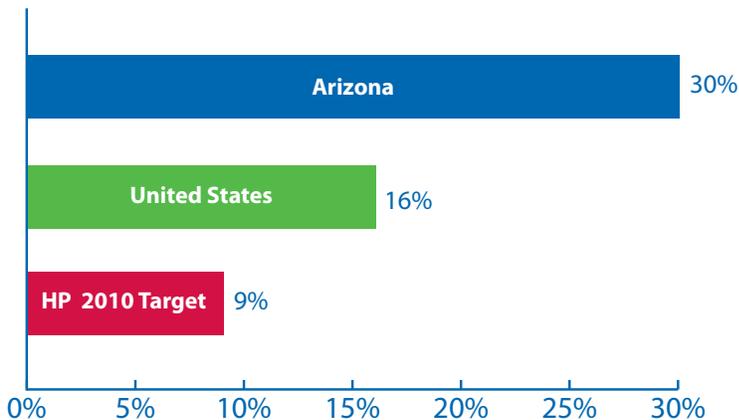


Figure 2: Children Ages 2-4 Who Have Untreated Tooth Decay



DISPARITIES - THE BURDEN OF TOOTH DECAY IN ARIZONA

Findings indicate that race, ethnicity and socio-economic status are factors in oral health. Arizona preschool children who come from families in which parents/guardians have less than a high school education experience more untreated tooth decay – more than **two times greater than children whose parents/guardians have a high school education or higher. These children are also more likely to have treated decay and urgent treatment needs.**

(Figure 3)

Untreated tooth decay and dental treatment varies among Arizona preschool children by race and ethnicity. Asian, Hispanic and Black children have more tooth decay than White non-Hispanic. There are disparities in dental treatment; proportionately fewer White children and Black children have treated tooth decay while there was no treatment noted among Asian children. (Figure 4)

PARTNERSHIPS TO REDUCE DISPARITIES

Many young children already have tooth decay. Yet, not all children are benefiting equally from improvements in oral health care. Because of the progressive nature of the disease, poor oral health can impact children's health into adulthood. For example, research has linked early childhood tooth decay with failure to thrive.

Prevention of oral disease and tooth decay requires a comprehensive, integrated approach that addresses the environment, personal or social norms/behaviors, political issues and economic factors. Public and private partnerships are needed to prevent tooth decay in children and ensure a lifetime of optimal oral health.

Figure 3: Oral Health Status by Parent Education

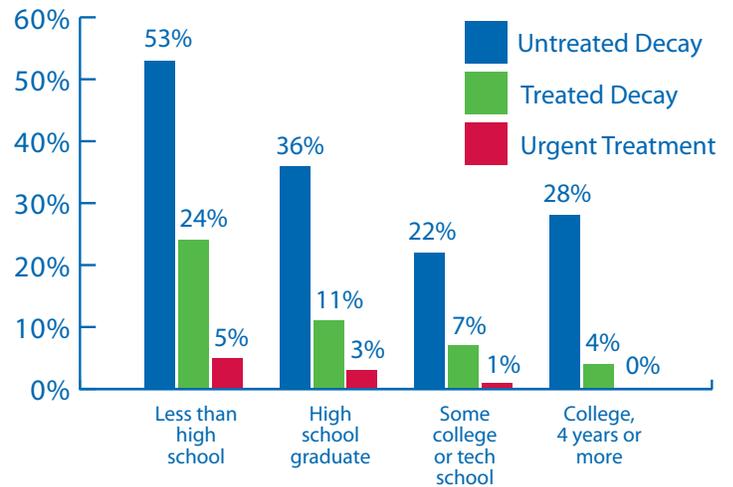
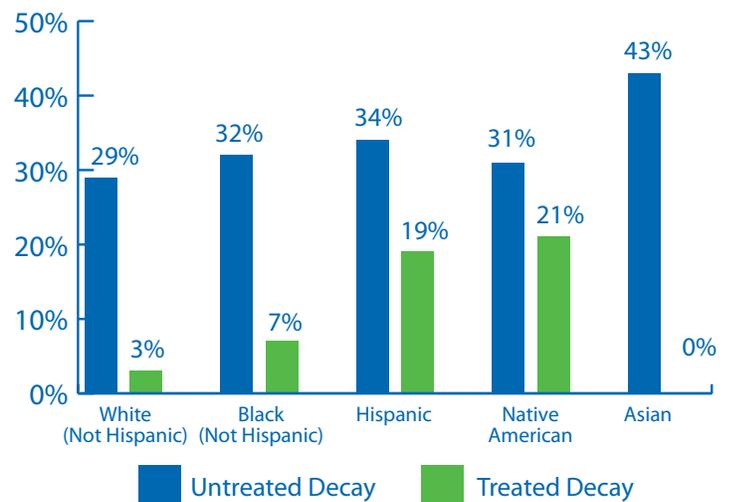


Figure 4: Oral Health Status by Race/Ethnicity



REFERENCES:

1. CDC. Healthy People 2010 midcourse review. Progress towards the Healthy People 2010 targets: oral health, 2005. Available from: <http://www.healthypeople.gov/Data/midcourse/html/focusareas/FA21ProgressHP.htm>

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