



## The Oral Health of Arizona's Children

### *Current Status, Trends and Disparities*

November 2005

### EXECUTIVE SUMMARY

#### The Problem

Tooth decay is an infectious disease process affecting both children and adults. Even though the prevalence of tooth decay in the United States has declined over the last 30 years, it remains one of the most prevalent diseases known to man.<sup>1</sup> Low-income and minority children have more untreated decay and visit the dentist less frequently.

Oral disease is progressive and cumulative and becomes more complex over time. If left untreated, tooth decay can lead to needless pain and suffering; difficulty in speaking, chewing, and swallowing; missed school days; increased cost of care; the risk of other systemic health problems due to poor nutrition; and loss of self-esteem. Additionally, connections are emerging between the condition of the mouth and diabetes, heart disease, and adverse pregnancy outcomes.<sup>2</sup>

From 1999-2003, The Arizona Department of Health Services (ADHS), Office of Oral Health (OOH) conducted a statewide dental survey (the Arizona School Dental Survey) to determine the oral health status of Arizona's children and develop policy recommendations to improve oral health. More than 13,000 children were screened in kindergarten, first, second and third grade. Results were compared to a similar dental survey conducted in 1987-1990; overall, it was found that, in 2003, tooth decay continues to be a major problem for Arizona's children. Seven key findings were identified.<sup>3</sup>

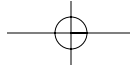
#### Key Findings

1. Almost 39% of Arizona's third grade children have untreated tooth decay.
2. Almost 9% of Arizona's children in kindergarten to third grade have urgent dental care needs.
3. While 31% of Arizona's eight year-old children have at least one sealant, 81% need initial or additional sealants.
4. Only 57% of Arizona's children in kindergarten through third grade visited the dentist in the last year.
5. Oral health status varies among children with different types of dental insurance, and among children with and without dental insurance.
6. Arizona has substantial disparities in oral health. Low-income children, Hispanic children, and children of racial minority have more dental treatment needs.
7. Arizona falls far short of Healthy Arizona 2010 and Healthy People 2010 oral health objectives.

<sup>1</sup> Burt BA, Eklund SA. Dentistry, Dental Practice, and the Community. Saunders, Philadelphia, 1999.

<sup>2</sup> Oral Health in America: A Report of the Surgeon General. Department of Health and Human Services, Washington, DC, 2000.

<sup>3</sup> The oral health of Arizona's children: current status, trends and disparities. Arizona Department of Health Services, Office of Oral Health: 2005.



## Response/Recommendations

The 1987-1990 survey results started an expansion of efforts to provide more preventive oral health services to children in Arizona. While large strides have been made, Arizona has not been completely successful in assuring statewide comprehensive interventions to prevent oral disease. This is true for school age children, preschool children, toddlers and their caregivers, and other adult populations including older adults and people with special health care needs.

Several strategies could be implemented to improve oral health in Arizona including:

- ◆ Expand access to community water fluoridation.
- ◆ Increase availability of dental insurance to all high-risk children and adults.
- ◆ Increase the number of people with dental insurance who use their annual dental benefits for themselves and their children.
- ◆ Promote annual dental visits as a minimum standard of dental care, particularly for high-risk children by one year of age.
- ◆ Expand comprehensive evidence-based dental disease prevention strategies to include all pregnant women, infants and toddlers.
- ◆ Expand the school-based dental sealant program to reach all eligible schools in all counties, and stress the importance of sealants and preventive care for all children.
- ◆ Increase the number of dentists participating in the Arizona Cost Containment System (AHCCCS).
- ◆ Increase the number of dental providers practicing in underserved areas.
- ◆ Educate medical care providers about the relationship of oral health and general health.
- ◆ Expand the State's dental public health infrastructure.

Private and public sectors must be encouraged and supported to collaboratively participate in mobilizing resources and developing policy to pursue and sustain these strategies.

For a full copy of the report, *The Oral Health of Arizona's Children: Current Status, Trends, and Disparities*, contact Arizona Department of Health Services Office of Oral Health or <http://azdhs.gov/cfhs/ooh/>



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