

CHILDREN'S ORAL HEALTH



The PROBLEM

A silent epidemic, dental disease is the single most common chronic childhood disease in the United States.¹

almost
100%
preventable

Children in low-income families are especially at risk of developing dental disease and it is much more likely to be left untreated.

This can result in not only pain, but also in difficulty eating, speaking and learning, all of which can affect the chances children have for success in school, *and in the rest of their lives.*



The RISKS

- Missed school days
- Difficulty eating
- Difficulty speaking
- Dental infections
- Tooth loss
- Inadequate tooth function
- Unightly appearance and poor self-esteem
- Difficulties concentrating and learning
- Pain and suffering



The COST

The longer it takes to get treatment, the more extensive and costly it becomes

In school-aged children, a preventive and noninvasive sealant application costs \$43 per tooth under the Medicaid program.

The cost to fill that same tooth is \$55. Left untreated, the tooth might need a root canal at a cost of \$406, and then may require a crown costing \$493⁶

When tooth decay is severe, the cost of hospitalizing a child for treatment is approximately \$4,500.



The DATA

Nationwide

- 45.7% of children ages 0-5 did not have a preventive dental care visit in 2011²
- 28% of children ages 2-5 have already experienced tooth decay³
- Children with oral disease miss more than 51 million hours of school each year⁴

In New York State⁵

Approximately 94% of Medicaid-eligible children under 3 years old did not receive any dental care during 2009; 62% of children between 3 and 5 years old did not receive any dental care in 2009.

- In 2008, approximately 4,700 children 3-5 years old were treated for tooth decay in emergency departments and urgent care locations.
- 60% of third grade children in low-income families had tooth decay; 48% of third grade children in high-income families had tooth decay.
- In a recent survey, 41% of children enrolled in Early Head Start and Head Start were found to have tooth decay.



The STRATEGY

CHOMPERS! is designed to improve the oral health of young children by bringing dental education, prevention and treatment to places they already go.

EDUCATION

Cavity Free Kids, a best practice curriculum designed for early childhood programs like Head Start, educates children and families about good dental health and the importance of preventive care.

FACTS:

- Since 2010, 622 teachers have been trained in CFK in western and central New York
 - 68 percent were Head Start/Early Head Start teachers
 - Reached 397 classrooms and an estimated 7,465 kids
- Day-to-day oral health practices and habits improved; more children were frequently eating fruits and vegetables; using fluoride toothpaste; and brushing and flossing their teeth at home.
- The majority of children reached through CFK now receive regular dental care.



ACCESS AND TREATMENT

Portable Dental Care eliminates barriers that can prevent children from accessing dental care by bringing restorative and preventive treatment to young children at places they already go, including preschools and community centers.

FACTS:

- In the first 18 months, 3 sites in our regions served close to 1,000 children
- Safety net clinics have developed a new sustainable line of business
- Children and their families have a permanent dental home
- Early evidence shows:
 - Increased access to oral health care
 - Increased knowledge and awareness of oral health by parents and educators
- Decreased need for restorative services among children

PREVENTION

Campaign to Support Children's Oral Health

The Health Foundation is supporting the New York State Health Foundation's statewide Campaign to Support Children's Oral Health.

FACTS:

- Builds local oral health leadership infrastructure (Funded by Health Foundation in Buffalo and Erie County)
- Other communities funded by NYS Health Foundation, Pew Children's Dental Health

To learn more about the Health Foundation's efforts to improve children's oral health, visit www.hfwcn.org.



Sources

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