Dental Health Taskforce launches effort to help U.S. children

The U.S. arm of the Global Children’s Dental Health Taskforce is launching an initiative to improve the oral health of toddlers and preschoolers in the U.S. The taskforce is in response to the recent report by the Centers for Disease Control and Prevention (CDC) showing that 28 percent of toddlers and preschoolers in the U.S. have tooth decay, and rates of oral disease are even higher among poor and minority children.

The CDC report shows an increase in decay in the primary teeth of children aged 2 to 5 years from 24 percent during the 1980s-1994 timeframe to 28 percent from 1999 through 2004. The study also found that 74 percent of children aged 2 to 11 with tooth decay have unfilled cavities.

“ Tooth decay remains the single most common chronic disease of children in the U.S.—five times more common than asthma,” warns pediatrician David Krol, a member of the taskforce and chairman of pediatrics at the University of Toledo College of Medicine.

“Early childhood tooth decay world-wide too often sets children up for dental pain and infection that has consequences for their learning readiness, ability to eat, sleep, and experience the normal activities of childhood.”

Noting that “the burden of dental disease is huge anyway” and “we don’t want it to get any worse,” Hayes warns that dental decay in little children has been on a downhill trend and the spike in early childhood caries could signal a long-term reversal away from better oral health.

“

Our colleagues have told us that they’re seeing more kids with decay,” she says. “This study bears them out.”

Dr. John Inge, DDS, vice president, dental director, Washington Dental Service, and interim executive director of the Institute for Oral Health, says that to improve the oral health of children, four changes are needed. More dentists need to be trained to treat children, there has to be an end to a one-size-fits-all approach to dentistry, access to care needs to be strengthened, and dental coverage needs to be reformed and expanded.

For institutions, dentists have done a great job teaching their students to be surgeons—how to treat cavities, infections and other oral ailments in people over age three. But traditional methods to fight tooth decay including fluoridated water, standard fluoride tooth pastes, and restorative dentistry can only accomplish so much, and do not solve the problem of transmissible bacteria,” he says in a statement issued in response to the CDC report.

“Solution to the problem early on by training more dentists to treat children, The risk of cavities in children can be virtually eliminated through preventive techniques such as sealants and fluoride varnish treatments. The standard of care must be: all children receive an oral examination by a dentist or primary care physician by their first birthday.

“Childhood tooth decay dental care, promoting public policies, and alerting other childhood programs and media to its importance,” he says. “We need to get away from treating everyone the same. Today’s connected dentists advocate an approach that focuses on healthy diet and good oral hygiene habits, for both children and adults, and tailor prevention programs to their individual needs. Some people need their teeth cleaned every three months, for example, while others can go a year. We need to train dentists to design oral health prevention and treatment plans specific to an individual’s disease risk, and leave behind the one-size fits all approach.

“In addition to training general dentists to treat young children, we need to find ways to overcome the shortage of dentists in rural and lower-income areas. Ideas include cross-train primary care and family practice doctors to conduct basic oral health exams and treatments.

“Finally, we need to fix dental insurance. Everyone, especially children, needs access to oral healthcare, not just people with dental insurance. The current model of providing health insurance for the poor is broken and inadequate for dealing with childhood dental disease. Children 2.5 times more likely to lack dental insurance than medical insurance. Dental care is an integral part of healthcare and should be viewed that way by government and employers.”

The U.S. taskforce will focus on helping pregnant women and new mothers safeguard their children’s oral health. The taskforce also plans to develop model proposals for local cavity-prevention demonstrations in lower-income communities in Baltimore, Md.; Los Angeles, Calif.; Toledo, Ohio; and a Native American health services site, according to Dr. Burton Edelstein, coordinator of the U.S. effort and chair of the Children’s Dental Health Project, a Washington, D.C., policy organization that promotes children’s oral health.

The U.S. taskforce is one of nine, country-wide efforts aimed at eradicating tooth decay in children worldwide by 2026. Participating countries represent more than half of the world’s child population and also include Australia, Brazil, China, India, Mexico, the Philippines, South Africa, and Saudi Arabia.

The U.S. taskforce’s efforts are guided by Healthy People 2010 objectives that call for reducing childhood tooth decay and expanding dental services. The taskforce promotes strategies developed by the Surgeon General’s Workshop on Children and Oral Health in 2000. Those include increasing public awareness about the importance of early childhood oral health, using science-based strategies, integrating oral health into other childhood programs and medical care, promoting public policies, and assuring services for all children.

“The decision by the U.S. component of our global taskforce to focus on young children holds tremendous promise for better quality of life among millions of U.S. children,” says taskforce coordinator Raman Bedi, a professor at Kings College in London.

“The early childhood tooth decay world-wide too often sets children up for dental pain and infection that has consequences for their learning readiness, ability to eat, sleep, and experience the normal activities of childhood.”

From Page 1

“This report shows that while we are continuing to make strides in the prevention of tooth decay, this disease and its impact on oral health is a problem for some racial and ethnic groups, many of whom have more treated and untreated tooth decay compared to non-Hispanic white children,” the report’s lead author, noted in a release issued by the National Center for Health Statistics.

“Although preventive measures, such as dental sealants, have been widely available for years, we need to focus our efforts on reaching children living in poverty who stand to benefit the most from them,” added Dr. William R. Maas, director of CDC’s division of oral health. “This report challenges us to increase our efforts to reach those most in need with effective preventive measures, and to provide guidance and health education to others, for instance, smokers whose oral health can greatly benefit from quitting.”

Dr. Mary Hayes, the American Dental Association’s spokesperson for pediatric dentistry, considers the 4 percent increase in decay in baby teeth dangerous because “when little children start out in a negative position, they are more likely to stay in a bad position the rest of their lives.” The pattern with baby teeth is what you get as a pattern when children become teenagers and adults.

The proportion of Mexican American and African American children with unfilled cavities is 1.3 times greater than the proportion of white children with untreated dental disease. Children in poverty are more than twice as likely to have untreated cavities as are children from middle income and higher income families.

“What these statistics mean is that too many children suffer from preventable dental disease,” notes taskforce member Steven Kess, vice president of Henry Schein.

The U.S. taskforce will focus on helping pregnant women and new mothers safeguard their children’s oral health. The taskforce also plans to develop model proposals for local cavity-prevention demonstrations in lower-income communities in Baltimore, Md.; Los Angeles, Calif.; Toledo, Ohio; and a Native American health services site, according to Dr. Burton Edelstein, coordinator of the U.S. effort and chair of the Children’s Dental Health Project, a Washington, D.C., policy organization that promotes children’s oral health.

The U.S. taskforce is one of nine, country-wide efforts aimed at eradicating tooth decay in children worldwide by 2026. Participating countries represent more than half of the world’s child population and also include Australia, Brazil, China, India, Mexico, the Philippines, South Africa, and Saudi Arabia.

The U.S. taskforce’s efforts are guided by Healthy People 2010 objectives that call for reducing childhood tooth decay and expanding dental services. The taskforce promotes strategies developed by the Surgeon General’s Workshop on Children and Oral Health in 2000. Those include increasing public awareness about the importance of early childhood oral health, using science-based strategies, integrating oral health into other childhood programs and medical care, promoting public policies, and assuring services for all children.

“The decision by the U.S. component of our global taskforce to focus on young children holds tremendous promise for better quality of life among millions of U.S. children,” says taskforce coordinator Raman Bedi, a professor at Kings College in London.

“The early childhood tooth decay worldwide too often sets children up for dental pain and infection that has consequences for their learning readiness, ability to eat, sleep, and experience the normal activities of childhood.”

How to help

Henry Schein (www.henryschein.com)
For information, contact Jason Krause, project manager for Sullivan-Schein Dental, at 414.290.2555 or jason.krause@scheinfamily.com.
For Henry Schein CareS, contact Kim Craig, business development manager for Henry Schein, at 651.454.3115 or kim.craig@henryschein.com.

Give Back a Smile (www.aacd.com/givebackasmile)
To donate or volunteer, call 800.775.4227 or write to Give Back A Smile, 5401 World Dairy Drive, Madi-son, Wis., 53718. You may also fill out a form on the Web site, or download the form and fax it to 605.222.9540.

Give Kids A Smile (www.gkas.org)
To volunteer, sign up by calling 656.39.SMILE or FAX a completed volunteer form, available at the GKAS Web site, to 1.856.278.2076.

National Children’s Oral Health Foundation (www.ncohf.org)
Contact the NCOHF by mail at 4108 Park Road, Suite 505, Charlotte, NC 28209; by phone at 800.559.9858; or by e-mail at info@ncohf.org.

Oral Health America (www.oralhealthamerica.org)
Contact OHA by mail at 410 N. Michigan Avenue, Suite 552, Chicago, IL 60611; by phone at 312.856.9900; or by e-mail at liz@oralhealthamerica.org.

Global Health Outreach
Volunteer, complete an online application at www.cmawashington.org (click on “GHO Mission Trips” under the “Quick Links” banner), or contact 410 by mail at P.O. Box 7500, Bristol, Tenn., 57621; by phone at 425.844.1000; or by e-mail at gho@cmda.org.