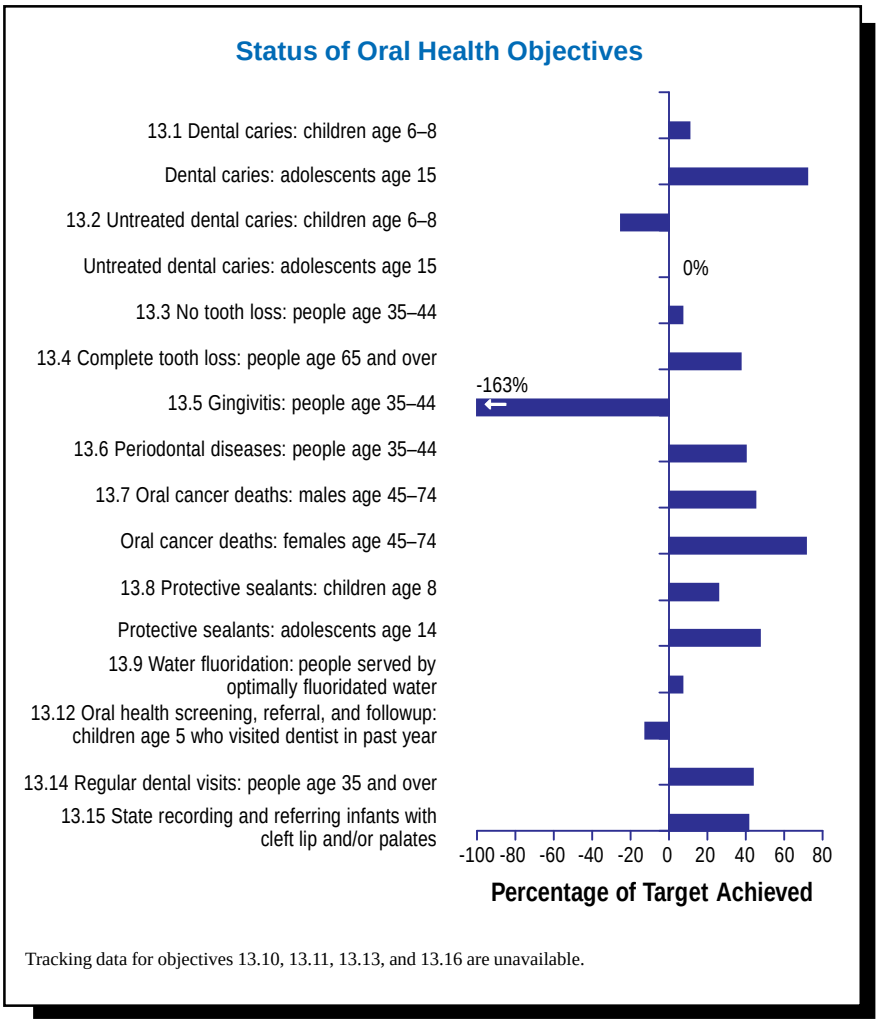
13 Oral Health



Tracking data for objectives 13.10, 13.11, 13.13, and 13.16 are unavailable.

Lead Agencies: ***National Institutes of Health***

Centers for Disease Control and Prevention

ORAL HEALTH

The improvement in oral health in America is one of the major public health success stories of this century. Public health measures such as fluoridation of water, preventive approaches available for self-care (fluoride), and professional dental services (fluorides and dental sealants) have resulted in dramatic reductions in dental caries among children and young adults.

Oral health is a necessary prerequisite to overall health and well-being. Most oral diseases are preventable. Methods of oral hygiene such as brushing with fluoride dentifrice and flossing, regular dental visits, application of dental sealants, early detection of oral diseases, and changes in behaviors such as tobacco use can eliminate most oral diseases and produce enormous improvements in oral health.

Improvements in oral health have not been experienced uniformly. Minorities and low socioeconomic individuals continue to experience higher disease levels and subsequent problems due to inappropriate or inadequate treatment.

Review of Progress

A Public Health Service (PHS)-wide Oral Health Coordinating Committee, chaired by the Chief Dental Officer of the PHS, serves as the steering committee for co-lead agencies of this priority area. At a March 1992 progress review with the Assistant Secretary for Health, "Oral Health 2000," a major collaborative initiative among PHS, professional associations, States, and the private and voluntary sector was announced. This initiative focuses on health promotion and education, the risks of tobacco use, the benefits of dental sealants and water fluoridation, and access to dental services. In the fall of 1994, PHS reaffirmed its commitment to this collaboration when the Assistant Secretary for Health signed a 2-year memorandum of agreement.

As shown in the State map, 20 States and the District of Columbia exceed the target set in objective 13.9 to increase to at least 75 percent the proportion of people served by community water systems providing optimal levels of fluoride. Approximately 62 percent of people in the United States were served in 1992 by optimally fluoridated water, a rate stable since the 1989 baseline.

Comprehensive national oral epidemiology surveys are conducted every 5 to 10 years. The baselines for objectives 13.1 through 13.6 were established using national surveys conducted during 1985–87. Progress on these objectives is being assessed using the National Health and Nutrition Examination Survey III (NHANES III), phases I and II (1988–1994). Data from NHANES III also are being used to evaluate progress on dental sealants and dental visits. National Health Interview Surveys provide data to assess programs for other objectives. The levels of oral health, as measured by the clinical criteria in objectives 13.1 through 13.4 and 13.6, are stable or improving slightly. Progress on subobjectives using these clinical criteria illustrates the same trends, either stable prevalence or slight improvements. Deaths due

to oral cancer have decreased. Self-reported total tooth loss (edentulousness) has been reduced. However, gingivitis for people aged 35–44 has increased, a trend that may reflect increased awareness and reporting of gum disease. Placement of dental sealants on children's teeth is increasing. Among adults 35 and over, a slightly higher percentage are seeking dental care. In contrast, the proportion of 5-year-old children visiting the dentist in the past year has declined.

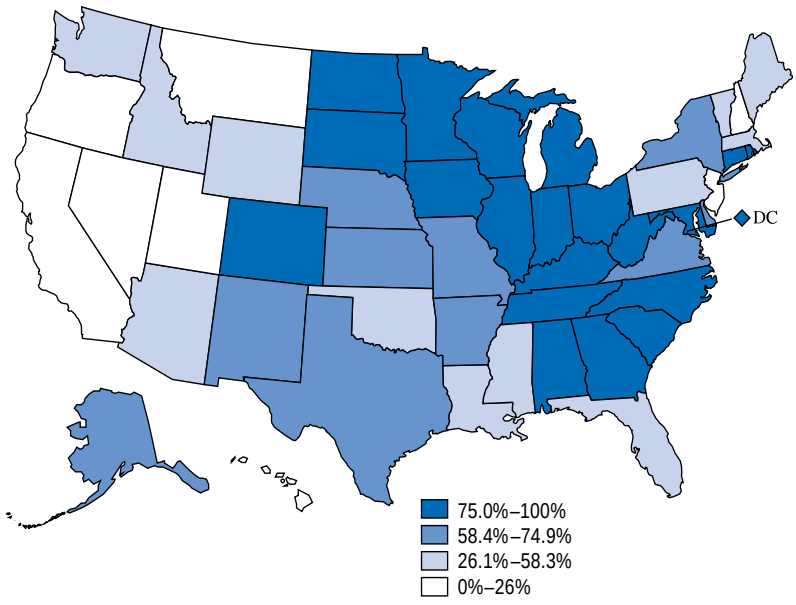
A number of local area prevention projects are showing excellent outcomes. In a three community study, 52 percent of the children were caries free in the optimally fluoridated area compared to 40 and 25 percent in the two sites with minimal fluoridation. The contrast in caries-free rates between the two minimally fluoridated communities appears to be due to the difference in uses of dental sealants. In the community with 40 percent caries-free children, 54 percent had dental sealants; in the community with 25 percent caries-free children, only 7 percent had dental sealants; in the optimally fluoridated community, 6.5 percent of the children had dental sealants. Such data illustrate the impact of multiple interventions.

Meeting the year 2000 oral health objectives remains a challenge. Because of fewer State and local dental directors, declining funds devoted to dental care from block grants, and the lack of comprehensive dental service programs in many community and migrant clinics, moving the Nation's oral health closer to the established targets will require more effort. Real progress will occur only if interventions to change behaviors and prevent disease are instituted in communities.

1995 Revisions

The principal revisions in the Oral Health priority area are the addition of special population targets to focus attention on narrowing the disparities between groups who are at higher risk than the total population. An American Indian/Alaska Native subobjective was added to objective 13.4 to reduce edentulism. New subobjectives for black males and black females were created for objective 13.7 to reduce deaths due to cancer of the oral

Objective 13.9: *Increase to 75 percent the proportion of people served by fluoridated water systems*



Source: CDC/DOH Fluoridation Census Update, 1993

cavity and pharynx. Special population targets were established for blacks and Hispanics to track the use of dental sealants, the percentage of children visiting a dentist before entering school and appropriate feeding practices to prevent baby bottle tooth decay. New subobjectives for adult dental visits were established for blacks, Mexican Americans, and Puerto Ricans. Because of the importance of smokeless tobacco cessation in reducing oral cancer, objective 3.9 will be shared in this priority area.