



# PROGRESS REVIEW

## Oral Health

DEPARTMENT OF HEALTH & HUMAN SERVICES ■ PUBLIC HEALTH SERVICE ■ December 15, 1999

In the concluding session of the decade-long series of Healthy People 2000 progress reviews, the Assistant Secretary for Health and Surgeon General chaired the third review of progress in achieving objectives for Oral Health. The review was organized by the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the Health Resources and Services Administration (HRSA), the co-lead agencies for this Healthy People priority area. The proceedings were telecast by satellite to viewers at remote sites, who were able to submit questions by telephone and fax. Of the 17 objectives in this priority area, one (oral cancer deaths) met its target and nine are moving in the right direction. One (gingivitis) is moving away from the target and two others showed mixed results or no change. Data are not available to assess progress for four objectives. Discussion focused on the following objectives in priority area 13 of Healthy People 2000:

**13.1** The proportion of children aged 6-8 years who had experienced tooth decay (caries) in primary or secondary teeth decreased from 54% in 1986-87 to 52% in 1988-94 (2000 target, 35%). For black children aged 6-8, the decrease was from 56% to 50% (target, 40%). Among 15 year-old adolescents, the proportion who had ever had caries decreased from 78% in 1986-87 to 61% in 1988-94, nearly meeting the target of 60%.

**13.2** Untreated dental caries, ages 6-8—see chart. Among adolescents 15 years of age, data from 1988-94 show that the prevalence of untreated dental caries was 20% in 1988-94 (target, 15%). Of those with parents with less than a high school education, 29% had untreated caries (target, 25%), as did 29% of Blacks (target, 20%) and 36% of Mexican Americans (target, 25%). Sixty-one percent of 15 year-old American Indians/Alaska Natives had untreated caries in 1991, a decrease from 84% in 1983-84 (target, 40%).

**13.3** Data from 1988-94 show that 31% of people aged 35-44 years had experienced no loss of teeth, a proportion unchanged from the mid-1980's (target, 45%).

**13.4** The proportion of people aged 65 and over who had lost all their teeth decreased from 36% in 1986 to 30% in 1997. (target, 20%). In 1986, complete tooth loss had been experienced by 46% of people whose annual family income was less than \$15,000; this decreased to 44% in 1997 (target, 25%).

**13.6** In 1985-86, 25% of people aged 35-44 had periodontal disease which decreased to 22% in 1994 (target, 15%).

**13.7** Oral cancer mortality—see chart.

**13.8** Protective dental sealants for 8-year-old children increased between 1986-87 and 1994, as follows: for all, from 11% to 23%; for Blacks, from 4% to 11%; for Mexican Americans from 9% to 7%. For 14-year-olds: for all, from 8% to 24%; for Blacks from 3% to 5%, and for Mexican Americans, from 6% to 7% (target, 50% for all groups).

**13.9** The proportion of people served by community water systems whose drinking water was adequately fluoridated increased only slightly, from 61% to 62%, between 1985 and 1992 (target, 75%).

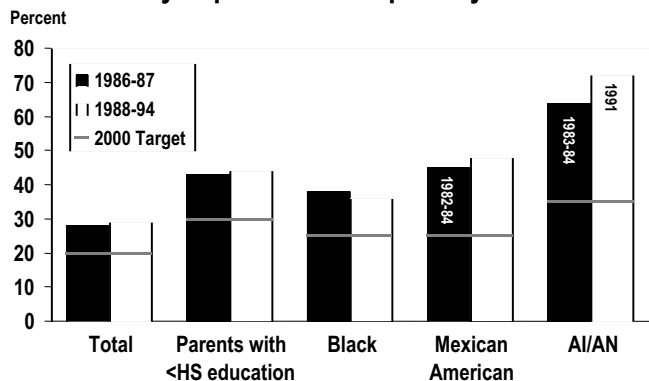
**13.14** Between 1986 and 1997, the proportion of people aged 35 and over who had visited a dentist in the previous year increased from 54% to 63% (target, 70%). Over the same time period, the proportion of edentulous people aged 35 and over regularly visiting a dentist increased from 11% to 20% (target, 50%) and the proportion of people aged 65 and over doing so increased from 42% to 55% (target, 60%). Between 1991 and 1997, the proportion of other select population groups in the age group 35 and over who had regular dental visits increased as follows: for Blacks, from 43% to 53%; for Mexican Americans, from 38% to 47%; and for Puerto Ricans, from 51% to 54% (target, 60% for each).

**13.17** Use of smokeless tobacco by males aged 12-17 years decreased from 6.6% of this population in 1988 to 3.7% in 1997, surpassing the target of 4%. Use by males aged 18-24 declined from 8.9% in 1988 to 6.9% in 1994.

### DEVELOPMENTS

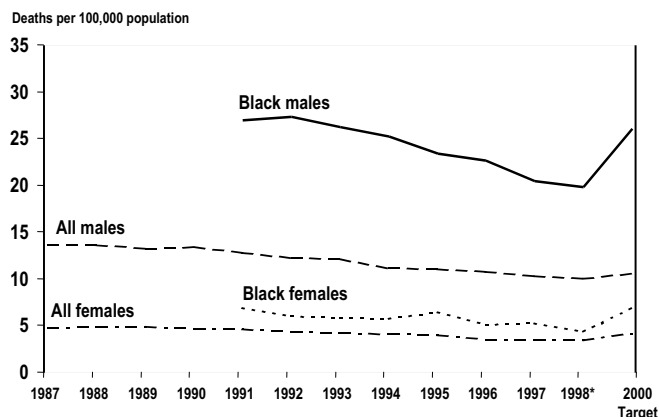
- A Surgeon General's report on oral health is scheduled for release in 2000. Disparities in oral health status is a central focus, as is the fact that oral health is an integral component of overall health.
- The Oral Health Initiative of HRSA and the Health Care Financing Administration expands services and bolsters oral health infrastructure at the State and community level. It seeks to increase access to dental care for children eligible for assistance from Medicaid and the Children's Health Insurance Program.
- Beginning in 2001, HRSA, CDC and NIH plan to fund several Centers for Research to Reduce Oral Health Disparities. The centers will focus on children and their care-givers and span the spectrum from basic to community-based research and health promotion.
- CDC and the Association of State Dental Directors are jointly developing a State-based national oral health surveillance system.
- Minority enrollments in dental schools need to increase three-fold to appropriately raise, by 2025, the proportion of minorities represented among providers of dental care (a Healthy People 2010 objective).
- People with low income or a low level of educational attainment are three times as likely to have tooth decay and only half as likely to have visited a dentist as the total population.

### 13.2 - Children aged 6 to 8 years with untreated tooth decay in permanent or primary teeth



Source: National Survey of Dental Caries in U.S. School Children, NIH, NIDR; National Health and Nutrition Examination Survey, CDC, NCHS; NC Oral Health School Study, UNC School of Public Health; Survey of Oral Health, IHS; Oral Health Status and Treatment Needs Survey of American Indians/Alaska Natives, IHS.

### 13.7 - Deaths due to cancer of the oral cavity and pharynx in people aged 45 to 74 years



\*Data are preliminary.  
Source: National Vital Statistics System, CDC, NCHS.

## DEVELOPMENTS (Cont'd.)

- In California, one of the western States where fluoridation levels have historically been lowest, a law now requires communities with a population greater than 10,000 to fluoridate their drinking water. Los Angeles began fluoridating its water supply in August 1998 and Sacramento has recently begun to do so.
- Only nine percent of U.S. adults in 1998 reported that they had been screened for oral cancer in the past year. On average, people who develop oral cancer have made over ten visits to a physician in the year preceding diagnosis of the disease.
- Twenty-five percent of all children 5-17 years of age account for 80 percent of all dental caries.
- Fluoridation is an effective means to prevent tooth decay and has greatest benefits for those most in need of dental care. Twenty States and the District of Columbia have met the Healthy People 2000 target for fluoridation.
- Periodontal disease can affect diabetes control and be associated with low birth weight and premature babies, cardiovascular disease, stroke and pulmonary disease.

## FOLLOW-UP

- Concentrate and coordinate resources needed to close the gap in access to preventive and restorative dental health services, especially for racial and ethnic minorities and those with low levels of education.
- Step up efforts to recruit racial/ethnic minorities into the public and private sectors of the dental profession and allied health professions.
- Continue to build and expand public/private partnerships to improve oral health, incorporating community multi-cultural coalitions.
- Extend the reach of activities to inform the public that most oral diseases are preventable and that dental sealants and fluorides (in water, toothpaste, mouth-rinses and professional applications) have proven preventive health benefits. Ensure that these public messages are culturally and ethnically sensitive.
- Stem the increase in dental caries in younger children, with a special focus on minority and low-income segments of the population.

## PARTICIPANTS

- Administration on Aging
- Academy of General Dentistry
- American Academy of Pediatric Dentistry
- American Dental Association
- American Dental Hygienists' Association
- American Association of Dental Schools
- American Association of Public Health Dentistry
- American and International Associations for Dental Research
- American Public Health Association
- Association of Community Dental Programs
- Association of State and Territorial Dental Directors
- Boston Department of Health
- Center for Policy Alternatives
- Centers for Disease Control and Prevention
- Children's Dental Health Project
- Cincinnati Health Department
- Connecticut Department of Public Health
- District of Columbia Commission of Public Health
- Federal Bureau of Prisons
- Food and Drug Administration
- Health Care Financing Administration
- Health Resources and Services Administration
- Hispanic Dental Association
- Indian Health Service
- Los Angeles County Department of Health
- Maryland Department of Health and Mental Hygiene
- Minority Oral Health Research Center
- National Dental Association
- National Institutes of Health
- Nebraska Department of Health and Human Services
- New York University
- Office of Disease Prevention and Health Promotion
- Office of Public Health and Science
- Ohio Department of Health
- Oral Health America
- Pan American Health Organization
- Special Olympics, Inc.
- University of California/San Francisco
- University of Maryland
- Voices of Detroit Initiative



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