

ORAL HEALTH

PREVENTING CAVITIES, GUM DISEASE, AND TOOTH LOSS

2009

Success Stories

Colorado Works to Improve Oral Health Among Schoolchildren

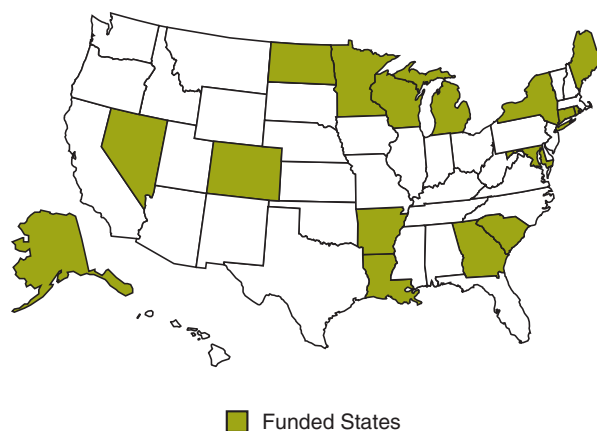
Colorado schoolchildren with oral pain and acute infection lose about 7.8 million hours of class time each year according to the state's oral health surveillance system. African American and Hispanic children have about three times more untreated decay and missing teeth because of tooth decay, but are about one-third as likely to receive dental sealants. Studies show that children who receive dental sealants as part of a school-based or school-linked program have 60% fewer newly decayed teeth compared with children who are not in school programs.

CDC funded Colorado's Oral Health Unit to develop a state plan, convene a statewide coalition, and develop community prevention efforts. State officials also are working to provide sealants to all Colorado children at greatest risk for tooth decay. In 2009, the Oral Health Unit will expand its *Be Smart & Seal Them!* program to include all urban schools with a student population of 50% or more who qualify for the federal free or reduced lunch program and rural school districts that serve families with a median income at or below 235% of the federal poverty level.

Colorado has partnered with community groups such as Denver Health, Eastern Plains, Southwest Smilemakers, and Eagle County to reach children most at risk for tooth decay with screening services, prevention services, and oral health education. During the 2007–2008 school year, more than 1,200 schoolchildren in Denver were screened for dental problems, and 971 received sealants. Children in rural areas received preventive services, such as sealants and fluoride varnish, as well as other dental treatments. Many of these children had never seen a dental provider before.

These partnerships have resulted in increased sealant coverage among schoolchildren in Colorado, which will help the state achieve its goal of reaching those students most in need of sealants.

**Funding of Oral Health Programs,
Fiscal Year 2009**



South Carolina Brings Groups Together To Address Oral Health Across the Lifespan

Public health programs often face the challenging task of bringing stakeholders with different points of view to the same table. The stakeholders must identify a common goal and remain energized as they work towards that goal.

For the past 5 years, with funding support from CDC, the Division of Oral Health of the South Carolina Department of Health and Environmental Control (DHEC) brought together two groups—the South Carolina Oral Health Advisory Council and the South Carolina Oral Health Coalition—to address oral health issues across the lifespan. These groups include representatives from private clinical practice, public health, academia, and communities, and each stakeholder brings a different perspective.





In early 2006, a series of focus groups conducted by CDC's Division of Oral Health (DOH) revealed a lack of effective communication and coordination between the two groups. As a result, a unified meeting structure was introduced to help the groups work together toward a common goal. Through improved communication and a shared vision, the groups were able to successfully implement a comprehensive state oral health plan.

DOH kept coalition members engaged and actively involved in several activities, including advocacy training for stakeholders. Work groups formed to address seven key oral health areas—advocacy and policy, surveillance, water fluoridation, social marketing, workforce, chronic disease, and special populations.

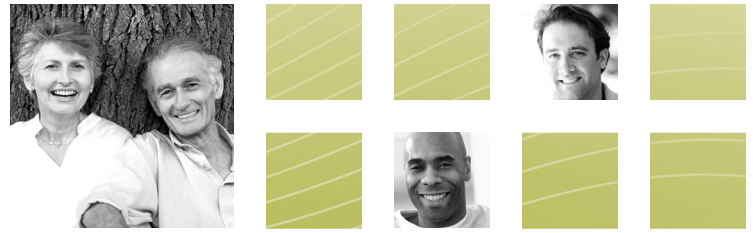
Work groups also were created to address different age groups, such as early childhood, school-aged children, and older adults. This successful public-private collaboration has ensured a solid foundation for a long-lasting collaboration and commitment to achieve better oral health outcomes for all South Carolina residents.

New York Stakeholders Work Together To Develop State Oral Health Plan

Policy makers are often overwhelmed by many organizations advocating for many different health and prevention programs. Although all stakeholders are working to improve health, they can sometimes be at cross-purposes. A state oral health plan is a necessary and key component of public oral health infrastructure.

A plan identifies health problems and gaps in policy, prevention, access, and workforce issues. It also identifies surveillance needs and provides a common agenda for action. Before 2001, New York did not have a comprehensive plan.

With CDC funding, the New York State Department of Health's Bureau of Dental Health brought together dental and nondental stakeholders to develop a state oral health plan. Five work groups were formed to address the key issues of policy, population-based prevention, access to care, workforce needs, surveillance, and research. The variety of stakeholders who served on the work groups ensured that many different local and state perspectives were represented, which can be difficult in a large, diverse state such as New York.



Using surveillance data, the work groups identified needs, highlighted the critical dental public health issues in the state, and defined goals and strategies for each issue. They set targets for each objective and identified best and promising practices. The plan was adopted statewide in 2005. Since that time,

- The plan has provided a blueprint for action for improving the oral health of all New York residents. It helps stakeholders partner with other groups to promote a common agenda.
- A statewide oral health coalition has been formed.
- Oral health indicators were included in the state health department's *Prevention Agenda for the Healthiest State*.
- The New York Dental Association formed a task force to address key issues outlined in the plan.
- Several organizations, such as Perinatal Networks, Area Health Education Centers, and Rural Health Networks, adopted some of the recommendations in the plan and have advocated for policy changes to promote oral health.

Oral Health Facts

- Tooth decay (dental caries) is the most common chronic disease of childhood.
- Only 1 in 3 of all U.S. schoolchildren and only 1 in 5 of children in families with low incomes have received dental sealants.
- In the United States, 53 million children and adults have untreated tooth decay in their permanent teeth. Much of this problem could have been prevented by greater use of fluoride and timely application of dental sealants on chewing surfaces of back teeth.
- African American and Mexican American adults have twice the amount of untreated decay as non-Hispanic whites.
- One-fourth of U.S. adults aged 65 years and older have lost all of their teeth.