

The Five Minute Oral Health Report



December 2009

Healthy Smiles for a Healthy Head Start — The Oral Health of Wisconsin's Children



Introduction

According to *Oral Health in America: A Report of the Surgeon General*, tooth decay is the single most common chronic childhood disease. As with general health, oral health status tends to vary based on socio-demographic factors. Tooth decay (dental caries) is an infectious disease process affecting both children and adults. Children enrolled in Head Start, like other children from families with low incomes, experience more tooth decay, more extensive tooth decay, and more pain and suffering from tooth decay than children from families with higher incomes. Currently in Wisconsin there are 42 Head Start and 14 Early Head Start grantees. Of these programs, 56 are Head Start/ Early Head Start, 12 are tribal and 1 is migrant/seasonal. In the 2007-08 program year there were 16,149 children enrolled and 68 pregnant women receiving services.

Survey Results

During the 2008-09 school year, the Wisconsin Department of Health Services completed "Healthy Teeth for a Healthy Head Start" a statewide oral health survey of Wisconsin's Head Start

children. More than 1,200 children from Head Start centers across the state participated in the dental screening. Results were compared to a similar dental survey conducted in the 2002-03 school year; overall the 2009 survey indicates that tooth decay continues to be a significant problem for Wisconsin's Head Start children.

However, there has been some improvement in the oral health of Head Start children since 2002-03. The greatest amount of change has occurred in children presenting with decay experience (treated and untreated decay) and those with Early Childhood Caries. In each instance there was a reduction of twelve percentage points. However, there was no change in the percentage of children with untreated decay. (See figure 1)

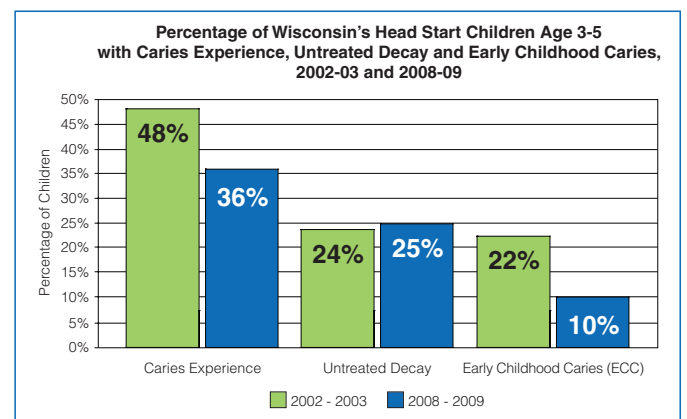


Figure 1

The *Healthy People 2010* objective related to untreated decay in children between the ages of two and four is nine percent. According to the survey twenty-five percent of Wisconsin Head Start children ages three and four, were living with untreated decay. It is important to note that the Wisconsin survey screened three and four year olds while the *Healthy People 2010* objective included children two to four years of age. (See figure 2)

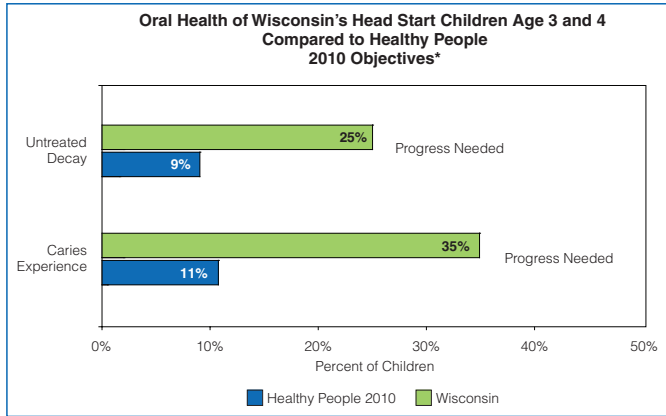


Figure 2

Twenty-one percent of the Head Start children screened had a need for early dental care, which means the child exhibited dental decay without accompanying signs or symptoms. **Slightly over five percent of screened children needed urgent care** because of pain or infection. In the 2008-09 school year there were about 16,000 children enrolled in Head Start in Wisconsin. If five percent of those children are in need of urgent dental care, this means that approximately 800 Head Start children are living with pain or an oral infection, and that's only about twenty-four percent of the over 68,000 Head Start eligible children in Wisconsin. (See figure 3)

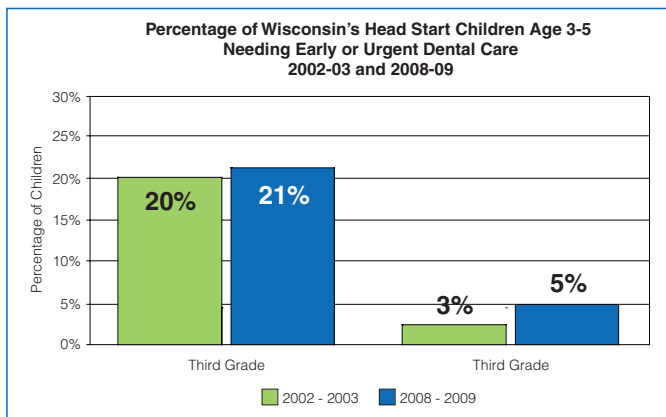


Figure 3

Among the children surveyed, African American and Hispanic children tended to have poorer oral health compared to white children, but the difference was not statistically significant. In addition, children classified as "other race" had a significantly higher prevalence of caries experience, untreated decay, ECC, and urgent treatment needs compared to white children. The "other race" category consisted of American Indian/Alaska Native, Native Hawaiian/Pacific Islander, multi-racial and those children with missing or unknown data. (See figure 4)

In addition to racial/ethnic disparities, oral health disparities also exist by geographic location among Head Start children in

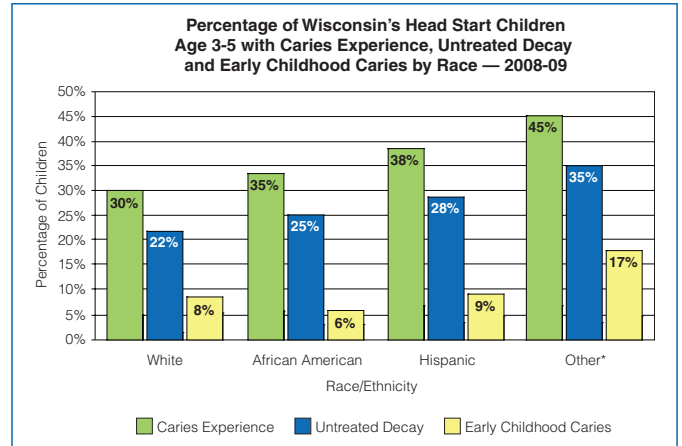


Figure 4

Wisconsin. Children surveyed in the Northern and Northeastern regions tended to have poorer oral health compared to children in the other regions of the state. (See figure 5)

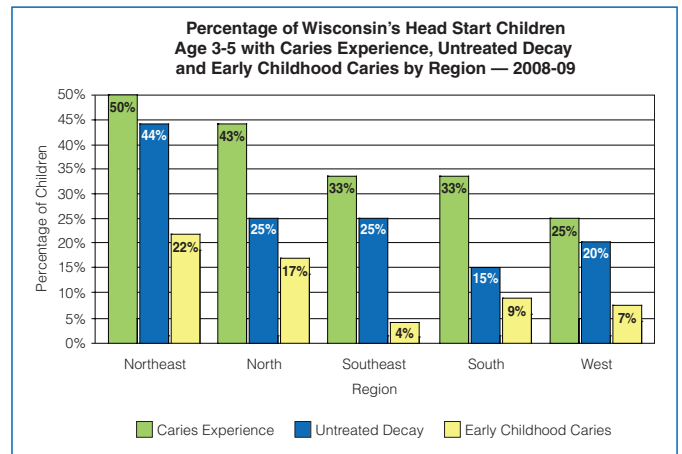


Figure 5

Conclusion and Future Action

Wisconsin has demonstrated progress in improving the oral health of our Head Start children. The long term oral health strategy must focus on prevention. Coordinated and collaborative community efforts are needed to enhance access to care, prevention and education. Future action can focus on the dissemination of information about practical approaches that work in Head Start settings, training and technical assistance, and efficient data collection to monitor program performance.



For more information on the Wisconsin Oral Health Program please contact Lisa Bell, RDH, BASDH at (608) 266-3201 or visit our website at http://dhs.wisconsin.gov/health/Ora_Health/

The complete survey, including methodology may be accessed on the Wisconsin Department of Health Services website at http://dhs.wisconsin.gov/health/Ora_Health/