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 Dr. Frank J. Effler, taskforce chairman and coordinator of the School Oral Health Project, a Washington, D.C., policy organization that promotes children’s oral health.

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 at a Native American health services site, according to Dr. Ron Inge, a taskforce 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 2028. 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, and 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 children,” says taskforce coordinator Raman Bedi, a professor at Kings College in London. “Early childhood tooth decay worldwide is too often seen as a marker 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 declining for years, but the spike in early childhood caries could signal a long-term reversal away from better oral health.

According to the CDC, 18 million children have untreated cavities. “They’re seeing more kids with decay,” she says. “This study bears them out.”

Dr. Ron 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 should be reformed and expanded.

For institutions, dentists and educators have a great deal 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.

“For millions of children 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 exam by a dentist or primary care physician by their first birthday.

“We also need to get away from treating everyone the same. Today’s well-trained dentists are asking us that they 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 low-income areas. On 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 are 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 global taskforce was established in 2006 after 40 senior dental advisors and chief dental officers called for its formation at the European Union Presidency meeting in England in September 2005. It is supported by the government of the United Kingdom in affiliation with the World Health Organization and Colgate-Palmolive.