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Snapshot of Oral Health in Colorado

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Reader.

This "snapshot" has been collected and provided to you through the Oral Health Program at the Colorado Department of Public Health and Environment. The Oral Health program, through a cooperative agreement with the [Centers for Disease Control](#), is developing a state Oral Health Surveillance System, collecting and analyzing data on the oral health of Coloradans.

By collecting oral health status and access data it will be possible to monitor trends over time and document improvement in oral health among the residents of Colorado. Much of the data will be represented in the [National Oral Health Surveillance System](#) (NOHSS). The Oral Health Program will also use the information as a starting point for a state oral health plan.

Highlights:

Children's oral health. In Colorado an estimated 7.8 million hours of school are lost annually due to oral pain.

Despite the fact that oral diseases are nearly 100% preventable, dental decay is the 5th most common childhood chronic disease.

Adult Oral Health: Pregnant women are not receiving appropriate information on the importance of oral health. Chronic diseases are often worse in persons who have oral diseases.

Oral Cancer five-year survival rates are less than breast, cervical, and prostate cancers.

Community Water Fluoridation. Nearly a quarter of Colorado's population live in communities that have decided not to fluoridate their drinking water despite fluoridation being the most cost-effective preventive measure for reducing dental decay.

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Children's Oral Health: Third Grade Screening Results

In the 2001-2002 school year, over 2,400 third grade children in 19 counties were screened for untreated decay, caries experience, urgent dental needs, and

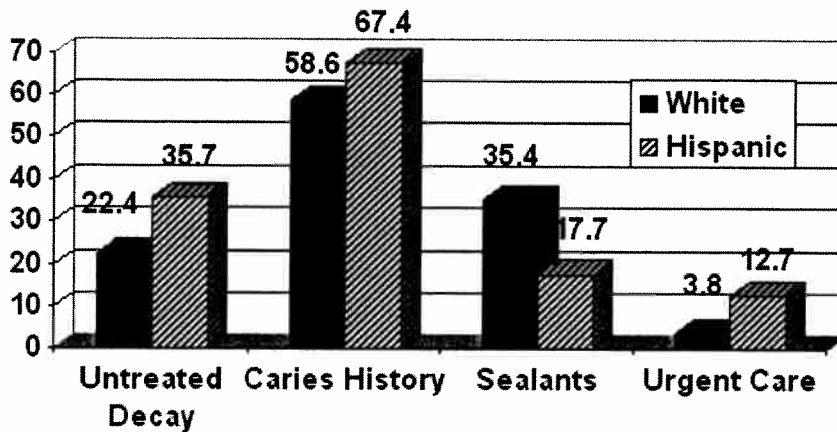
sealants. From this data, individual county estimates were made based on demographic and socioeconomic variables.

26% of third grade children have untreated decay.

60% have experienced dental decay (untreated decay plus fillings).

Only 29% have at least one pit and fissure sealant on a permanent first molar.

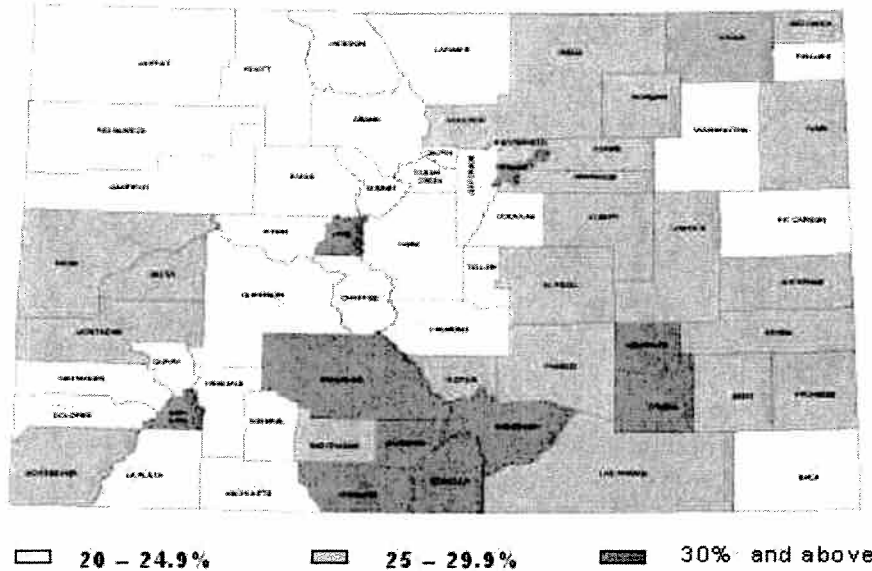
Oral Health Disparities, 2002



Oral health disparities are evident with non-Hispanic white children having 13% less untreated decay and 17% more sealants than their Hispanic classmates (Colorado Basic Screening Survey, 2002). Healthy People 2010 goals for the nation are 21% for untreated decay, 42% for caries history, 50% for sealants.

The percentage of children with untreated decay is distributed unevenly in the state, with the greatest unmet needs in the southern part of the state. Individual county data may be viewed in the Maternal and Child Health Data Sets, released January 2003.

Percent of Children with Untreated Decay, 2002

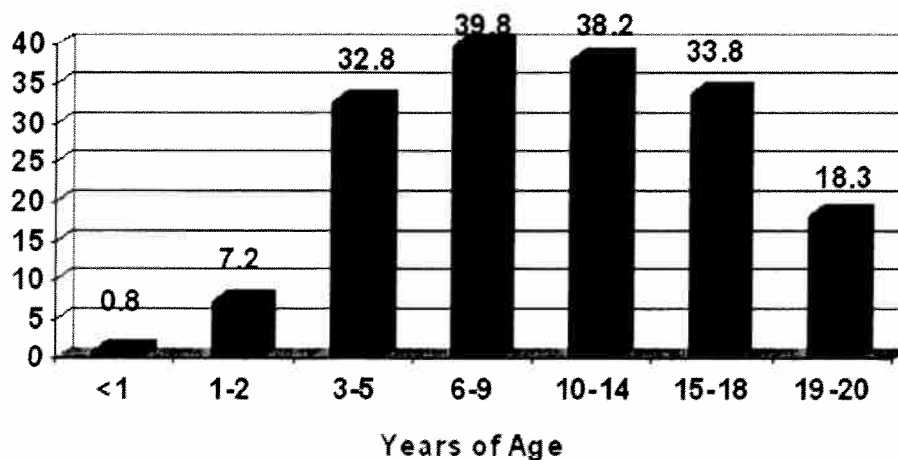


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Access

This screening data is a measure of access. Children eligible for Medicaid have difficulty accessing oral health care. In fiscal year 2000-2001, only 24% of Medicaid children received any dental services. However, it is evident by the following graph that it is very young children and young adults who have the least access. (Data provided by Colorado Department of Health Care Policy and Financing.)

Percent of Medicaid Eligibles Receiving any Dental Services by Age, 2001



The focus of oral health efforts, to date, has been around children. The

American Academy of Pediatric Dentistry recommends that a child's first visit occur by the age of one year. It may be that parents and caregivers, and many health professionals, are not aware of this schedule.

The Colorado Commission on Children's Dental Health made nine

recommendations to the Governor and General Assembly in 2000 regarding strategies for improving the oral health of children in Colorado, including communicating the need for early dental screening and care.

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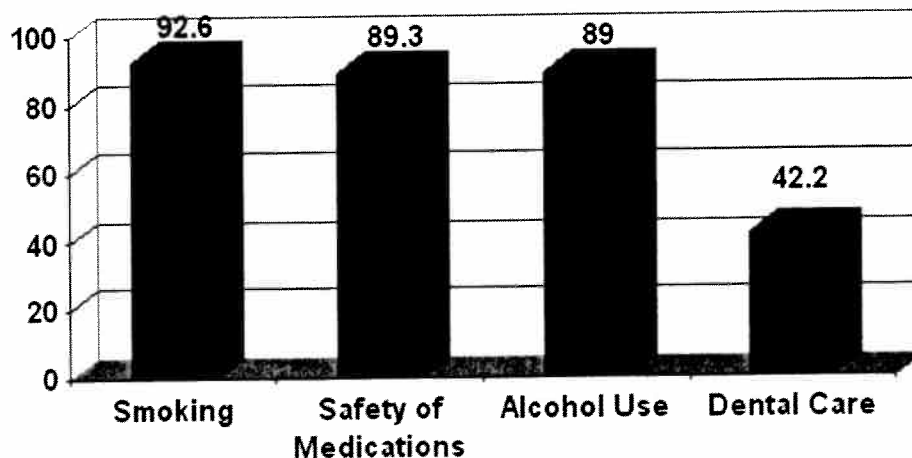
Pregnancy and Oral Health

Emerging research highlights the infectious and contagious nature of oral bacteria. There is a strong relationship being revealed between the poor oral health of expectant mothers and pre-term low birth weight babies.

After birth, mothers also may transmit the bacteria responsible for tooth decay to their infants and toddlers through the sharing of saliva.

However, this information is not reaching these mothers. The graph below indicates the percentage of new mothers who were counseled about risks to their babies by health care workers. Dental issues were addressed less frequently than other issues (Pregnancy Risk Assessment and Monitoring Survey, 2000).

Percent of Pregnant Women Receiving Counseling by Healthcare Workers, by Topic, 2000



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Chronic Disease and Oral Health

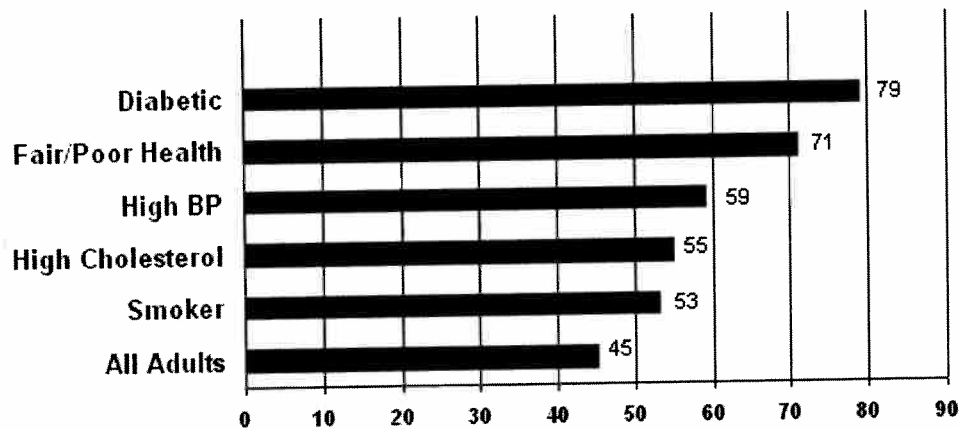
Other adults, in addition to pregnant women, also are in need of dental care. Survey data for Colorado adults show that oral health issues among adults are significant, and dental disease is exacerbated by various chronic diseases (Behavioral Risk Factor Surveillance Survey, 1997 and 1999).

Only 68% of adults visited the dentist or dental clinic within the past year for any reason.

40% of respondents indicated that the reason they had not visited the dentist was because they did not see a reason to go.

42% of adults in Colorado do not have dental insurance. Those with dental insurance are almost one and a half times more likely to visit the dentist than those without dental insurance.

Percent of Adults who Have Lost Teeth, by Chronic Disease, 1997 and 1999



47% of adults reported having at least one permanent tooth removed because of decay or periodontal (gum) disease. This proportion increased significantly with concurrent chronic diseases.

79% of adult diabetics have lost teeth due to decay or gum disease.

For more information on [Cardiovascular Disease](#), [Diabetes](#), [Tobacco](#).

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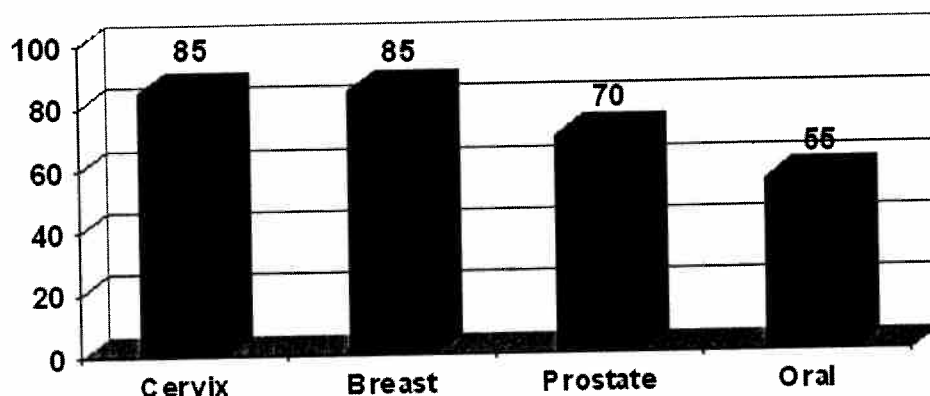
Oral Cancer

Among adults, oral cancer is also a significant concern. In Colorado the rates of oral cancer incidence and mortality have decreased significantly over the last ten years, for both males and females.

However, on average, 318 new cases of oral cancer are diagnosed and 72 deaths occur each year in Colorado.

Early detection, as with all cancers, is key to survival. What may not be known is that only 55 percent of oral cancer patients survive for 5 years which is lower than the percentage of patients surviving cervical, breast and prostate cancers.

5-Year Relative Survival Rates by Type of Cancer, 1991-1994



Visit the [Colorado Cancer Control Program](#) for more information.

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Community Water Fluoridation

Colorado communities began fluoridating their drinking water supplies as early as 1954. Fluoridation, recognized as one of the ten greatest public health achievements of the 20th century, is a safe and cost-effective means of preventing tooth decay. Today, over 75% of Colorado residents served by public water systems have optimal levels of fluoride (on average, one part per million). Over one-million Coloradans do not benefit from optimal levels of fluoride in their drinking water. Additional information on fluoride levels in individual communities may be found on the Centers for Disease Control [My Water's Fluoride](#).

Percent county population on public water systems served by optimal levels of fluoride, 2002.



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