

ORAL HEALTH — OVERVIEW

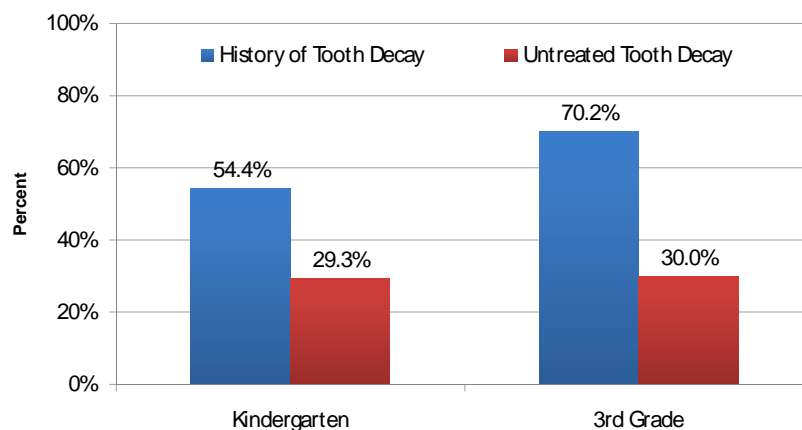
The U.S. Surgeon General has declared that “oral health is essential to the general health and well-being of all Americans.” Oral health includes not only the prevention of periodontal disease, tooth decay and tooth loss, but also oral and pharyngeal cancers. Baby boomers will be the first generation in which the majority will keep their natural teeth over their entire lifetimes due to water fluoridation and fluoride toothpastes (DHHS 2000).

The focus of children’s oral health is the prevention of dental caries (tooth decay). According to the Surgeon General, tooth decay is the single most common chronic disease of childhood, occurring five to eight times as frequently as asthma, the second most common chronic disease in children (DHHS 2000).

Among older adults, periodontal disease is highly prevalent, affecting an estimated 36 million persons in the U.S. (34% of the American population aged 30 years or older). The consequences of severe periodontal disease include tooth loss and poorer general health in adults. In fact, recent studies suggest that periodontal disease can influence the risk of other disease such as cardiovascular disease, diabetes and reproductive outcomes (Eke 2007).

Oral cancer accounts for 2% to 4% of all cancers diagnosed annually in the United States, but relative survival rates are among the lowest of major cancers. Only one-half of persons diagnosed with oral cancer survive five years after the diagnosis. In contrast to other cancers (e.g. breast, colorectal, and prostate cancers), the overall U.S. survival rate from oral and pharyngeal cancer has not improved during the past 16 years. Moreover, the survival rates for oral cancer in minorities have decreased (CDC 2004).

Children with a History of Tooth Decay and Untreated Tooth, Southern California, 2005



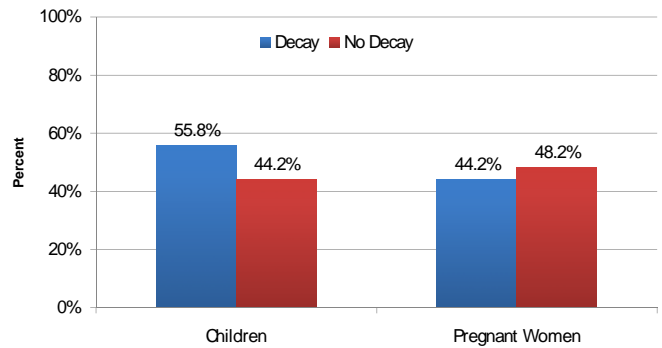
California Oral Health Survey 2005

Impact of oral health on children 0 to 5 and pregnant women

The First 5 Commission of San Diego has published the results of the first-major countywide Oral Health Initiative (OHI) in San Diego County. Findings indicate that decay rates based on in-office dental exams were even worse than statewide rates reported from school screenings in the California Smile Survey (First 5 2006).

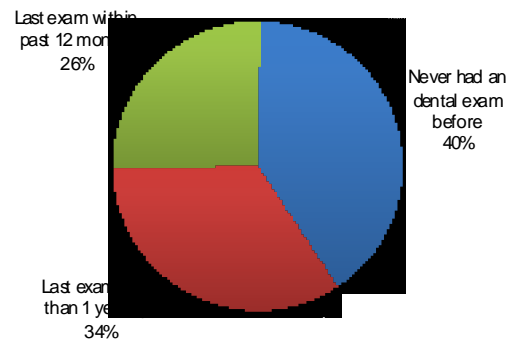
- Data from the first year of the OHI, which began in July 2005, showed that 55.8% of children ages zero to five examined in collaborating dental offices (n=12,242) had decay.
- More than one-third of children examined (40.4%) had never had a dental exam. Results of 24,560 screenings of children ages zero to five conducted at well-child medical visits, preschools, WIC offices, health fairs and community gatherings showed rates similar to those reported in the California Smile Survey: 25.4% with obvious decay or urgent dental needs.

Dental Examination Results
Children 0 to 5 and Pregnant Women, San Diego County, FY 2005/ 2006



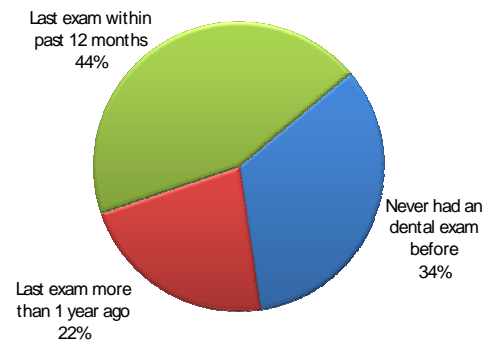
N=7,741
First 5 San Diego 2006

Lapse of Time since Last Dental Examination
Children 0 to 5, San Diego County, FY 2005/ 2006



N=3,598

Lapse of Time since Last Dental Examination
Pregnant Women, San Diego County,
FY 2005/ 2006



N=340