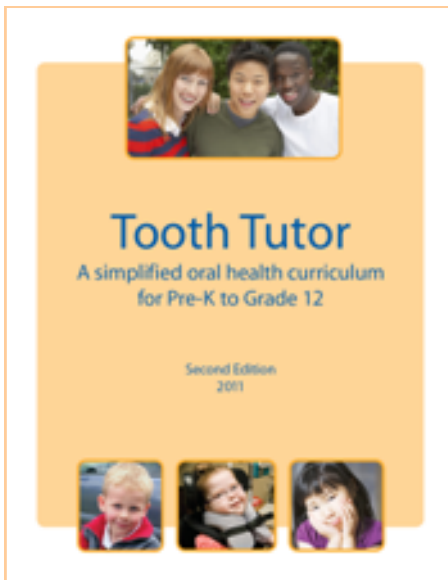**Fact Sheet**

Tooth Tutor: Key Messages to Improve Oral Health & Learning

Tooth Tutor is the result of a shared effort between the Washington State Department of Health and the Office of the Superintendent of Public Instruction. This publication brings simple and evidence-based information to the classroom to improve oral health and learning.

Oral Health Program
http://doh.wa.gov/cfh/oralhealth
oral.health@doh.wa.gov

Importance of a Healthy Mouth
The 2000 U.S. Surgeon General's report highlighted the importance of a healthy mouth. His report brought to life the silent epidemic of dental disease. Improving the oral health, and consequently general health, of children is essential to student learning.

Teeth Shapes and Functions
Healthy teeth help us talk sing, and smile. They help us chew our food for proper nutrition. Teeth provide a balanced look to the face which increases self-esteem. Baby teeth are important too.

The Dental Decay Process
Tooth decay is a complex disease process that involves three factors: teeth, bacteria and nutrition (starch and sugar). Learn how to prevent tooth decay.

Preventing Decay:
Fluoride - Sealants - Nutrition
Prevent tooth decay with fluoride toothpaste and drinking water. Apply dental sealants to a child's first and second permanent molars. Eat a balanced diet low in sugar and starch.

Tooth Brushing and Flossing
To prevent cavities and gum disease start at home. Brush with fluoride toothpaste <u>after</u> breakfast and before bed. Floss to remove the invisible bacteria that live in the plaque between teeth.

Tobacco, Alcohol, and Illicit Drugs
Smoking or smokeless tobacco can cause gum disease. Alcohol combined with smoking increases the risk for oral cancer. Methamphetamines can lead to severe dental problems and complete tooth loss.

Injury Prevention
Prevent dental injury by playing safe, wearing a helmet, mouth guard, and buckling up.

Teen Oral Health
Teens face oral health issues that are not common to younger ages, such as appearance and self-image, oral piercing, bad breath and eating disorders.

Visiting the Dental Office
It is important to visit a dental and medical provider at least once a year.

Download the complete Tooth Tutor Curriculum at http://doh.wa.gov/cfh/oralhealth/docs/toothtutor/

Oral Health and Learning

Washington State Smile Survey 2010 Key Findings

#1 – Disparities. In 2010, children from low income families were more likely to have more decay experience, rampant decay, and treatment needs than those from families with higher incomes. Children who were Hispanic and spoke another language at home (especially Spanish) were more likely to have more decay experience, rampant decay and treatment needs than White -non-Hispanic children and children from English speaking households.

 # 2 – Untreated Decay and Treatment Need. Compared to 2005: Untreated decay rates decreased for both Head Start/ ECEAP preschoolers (25% to 13%) and third graders (20% to 15%) in 2010. (Figure 3)Treatment need rates decreased for Head Start/ ECEAP preschoolers (23% to 12%) in 2010.

#3 – Sealants. Compared to 2005, there was no overall difference in sealant rates (50%) for all third graders in 2010. However, in 2010, minority third graders showed a higher sealant rate (53%) than their White Non-Hispanic counterparts (48%).

#4 – Healthy People 2020 Oral Health Objectives. In comparison to the national Healthy People 2020 Oral Health Objectives, Washington State: Continues to have statistically significant higher rates of decay experience for preschoolers and third graders (40% and 58%, respectively). Has successfully met the objectives related to untreated decay and sealant rates for kindergarteners and third graders

National Oral Health Data

An estimated 51 million school hours per year are lost because of dental-related illness.[1]

Students ages 5 to 17 years missed 1,611,000 school days in 1996 due to acute dental problems—an average of 3.1 days per 100 students.[2]

Children from families with low incomes had nearly 12 times as many restricted-activity days (e.g., days of missed school) because of dental problems as did children from families with higher incomes.[3]

Over one third of Navajo children living on the Navajo reservation in New Mexico and Arizona missed school because of dental-related pain or discomfort.[4]

[1]Community Voices: HealthCare for the Underserved. 2001. Poor Oral Health Is No Laughing Matter. Washington, DC: Community Voices: HealthCare for the Underserved.

[2]National Center for Health Statistics. 1996. Current estimates from the National Health Interview Survey, 1996 (Vital and Health Statistics: Series 10, Data from the National Health Survey; no. 200). Hyattsville, MD: U.S. Department of Health and Human Services, National Center for Health Statistics.

[3]Adams PF, Marano MA. 1995. Current estimates from the National Health Interview Survey, 1994 (Vital and Health Statistics: Series 10, Data from the National Health Survey; no. 193). Hyattsville, MD: U.S. Department of Health and Human Services, National Center for Health Statistics.

[4]Chen M, Andersen RM, Barmes DE, Leclercq MH, Lyttle CS. 1997. Comparing Oral Health Care Systems: A Second International Collaborative Study. Geneva, Switzerland: World Health Organization.

National Maternal and Child Health Resource Center. (2003). *Oral Health and Learning: When Children's Oral Health Suffers, So Does Their Ability to Learn*. Retrieved from www.mchoralhealth.org/pdfs/learningfactsheet.pdf

Resources

To learn more about school sealant programs visit:
http://doh.wa.gov/cfh/oralhealth/sealants/

To find low-cost dental care and oral health educational materials visit:
http://doh.wa.gov/cfh/oralhealth/findcare/