



Oral Health

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Oral health is an essential part of good general health. Oral health diseases, which range from decay to cancer, can cause pain and disability but they are also preventable. In adolescents, oral health status is an indicator of general health. Continued regular dental care and prevention of oral diseases is especially important during the adolescent transition to adulthood.¹

Access to Dental Services

Saw dentist in past year for check up, cleaning or other dental issue	
	WA % (± margin of error)
Grade	
Grade 8	74% (± 3)
Grade 10	71% (± 3)
Grade 12	70% (± 3)
Gender (10th grade)	
Male	70% (± 3)
Female	72% (± 3)
Race/ Ethnicity (10th grade)	
White/ Non-Hispanic	74% (± 3)
Black/ Non-Hispanic **	59% (± 7)
American Indian/ Non-Hispanic	70% (± 6)
Asian/ Non-Hispanic	66% (± 9)
Hawaiian, Pacific Islander/ Non-Hispanic **	57% (± 11)
Hispanic	69% (± 5)
Disability Status (10th grade)*	
Disability	63% (± 4)
No disability	73% (± 3)
Rural - Urban Residence (10th grade)	
Urban	71% (± 3)
Rural	70% (± 7)
Socioeconomic Status (10th grade)*	
Higher	79% (± 3)
Lower	65% (± 3)

* Significant difference based on chi-square at p<0 .05 Source: Washington Healthy Youth Survey 2008

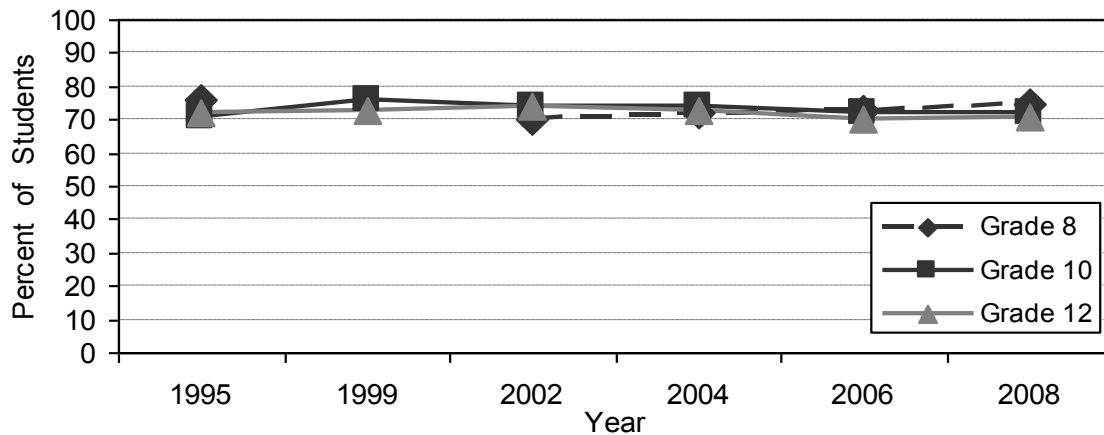
**Significant difference compared to non-Hispanic Whites based on significance testing with p< 0.05

Disparities:

Among Washington 10th graders in 2008, students with a disability and students with lower socioeconomic status were **less** likely to have seen a dentist in the past year. Non-Hispanic Black and Hawaiian/ Pacific Islander students were **less** likely to have seen a dentist in the past year, compared to non-Hispanic White students.

¹ Percy, M S. Oral health of adolescents: It's more than dental caries. *American Journal of Maternal Child Nursing* 2008. 33(1), 26-31

Washington State High School Students Reporting at Least One Dental Visit in Past Year, 1995-2008



Comparing 2008 to 2006: There was no significant change in the percent of 10th graders reporting at least one dental visit in the past year between 2006 and 2008.

Trends: There was not a significant trend in the percent of 10th graders reporting at least one dental visit in the past year from 1995-2008.

Additional Data:

- Critical Health Objective:** The 2010 Critical Health Objective for Adolescents is that at least 57 percent of low income youth should have received a dental service in the past year. In Washington in 2008, 65 percent of lower socioeconomic status 10th graders reported a dental visit in the past year. **Related Healthy People 2010 objective:** Reduce the proportion of 15 year olds with dental caries in their permanent teeth to no more than 51 percent.²
- In a 2007 survey of Washington state parents, about 83 percent reported their 12-17 year old had seen a dentist in the past year. About 23 percent reported their 12-17 year old had decayed teeth or cavities in the past 6 months, and 11 percent said their child had two or more oral health problems.² In the same survey, 73 percent of parents of 12-17 year olds reported that their children's oral health was excellent or very good.³
- Nationally in 2007, about 19 percent of parents of 12-17 year olds reported their child had decayed teeth or cavities in the past 6 months, and 8 percent said their child had two or more oral health problems.²
- National data indicates that 19 percent of youth under age 21 had no type of dental insurance in 2006.⁴
- Academic Achievement:** Among 10th graders who had not seen a dentist in more than a year, 41 percent made lower grades (Cs, Ds and Fs), compared to 27 percent of 10th graders who had seen a dentist in the past year.⁴
- Smokeless tobacco use:** In 2008, about 3 percent of Washington 8th graders, 7 percent of 10th graders, and 9 percent of 12th graders reported they used chewing tobacco, snuff, or dip in the past 30 days.⁵

² Department of Health and Human Services (US). Healthy People 2010: Understanding and Improving Health. 2nd edition. Washington, DC: US Government Printing Office; November 2000.

³ National Survey of Children's Health, 2007 Child Health Measures <http://childhealthdata.org/content/Default.aspx> Accessed on July 15, 2009

⁴ Medical Expenditure Panel Survey Statistical Brief # 221, September 2008.

http://www.meps.ahrq.gov/mepsweb/data_files/publications/st221/stat221.pdf Accessed on July 15, 2009

- **Fluoride:** Fluoride is one of the best ways to prevent tooth decay. Fluoride is most effective when added to drinking water, but it is also used in toothpaste and supplements. About 63 percent of the Washington State population on public water systems has access to optimally fluoridated water through public water systems.⁶ The **Healthy People 2010 goal** is to increase the proportion of the US population served by community water systems with optimally fluoridated water to 75 percent.

Related Conditions

- **Oral Cancer:** Oral cancer, cancer of the mouth or lips, will affect an estimated 35,720 Americans in 2009.⁷ Oral cancer has one of the lowest five-year survival rates of all cancers and is associated with tobacco and alcohol use. White patches in the mouth, which can be early signs of oral cancer, have been found in 15 percent teenagers who use chewing tobacco and 60 percent of snuff/spit tobacco users.⁸
- **Sexually Transmitted Infections:** National data indicates that oral sex is a more common sexual behavior than vaginal intercourse among adolescents.⁹ Chlamydia, Gonorrhea, Syphilis, HIV, HPV, Hepatitis B, and Herpes can all be transmitted through unprotected oral sex. Using barriers, such as dental dams or cut-open latex condoms on females, and nonlubricated condoms on males, during every act of oral sex will help to reduce the risk of oral sexually transmitted infections transmission.¹⁰ (See Sexual Health Section for more information on sexually transmitted infections).
- **Diabetes:** Type II Diabetes often causes severe periodontitis (disease of tissues surrounding the teeth). Oral candidiasis (oral thrush) is also more common in those with Type II Diabetes and other immune system disorders. Because Type II Diabetes prevalence is increasing among adolescents, monitoring for these co-occurring oral health problems among youth with Type II Diabetes is important, and the diagnosis of one of these problems may be the first sign of Type II Diabetes onset.⁸ In 2008, 4 percent of students in Grade 8 and 5 percent of students in Grades 10 and 12 reported having been told they have diabetes.⁵

⁵ 2008 Washington State Healthy Youth Survey

⁶ Centers for Disease Control and Prevention. Water Fluoridation Statistics, 2006. <http://www.cdc.gov/fluoridation/statistics/2006stats.htm> Accessed July 16, 2009

⁷ National Cancer Society, Surveillance Epidemiology and End Results. SEER Stat Fact Sheets—Cancer of the Oral Cavity and Pharynx. <http://seer.cancer.gov/statfacts/html/oralcav.html>. Accessed on July 15, 2009

⁸ Morrell H, Cohen L, Bacchi D & West J. Predictors of smoking and smokeless tobacco use in college students: A preliminary study using Web-based survey methodology. *Journal of American College Health*, 2005(54), 108-115.

⁹ Halpern-Felsher, B L., Cornell, J L., Kropp, R Y., Tschann, J M. Oral Versus Vaginal Sex Among Adolescents: Perceptions, Attitudes, and Behavior. *Pediatrics* 2005 115: 845-851

¹⁰ Percy, M S. Oral health of adolescents: It's more than dental caries. *American Journal of Maternal Child Nursing* 2008. 33(1), 26-31.