

Adolescent Oral Health Fact Sheet

Prepared by the California Adolescent Health Collaborative (AHC)

This fact sheet reports on the issue of oral health for California's adolescents.

Adolescent –Specific Oral Health Data:

Data sources for oral health status that focus specifically on teens at the State and National levels are very limited. The best information available is based on self report and data collected over ten years ago. Currently, the primary resource for California teen oral health data is the California Health Interview Survey (CHIS).¹ The age range for adolescents surveyed is 12-17. The 2001 survey had some indicators related to oral health, and continued to add dental-related questions to the 2003 version of the instrument. Currently there are 4 questions regarding oral health in teens. The California Oral Health Needs Assessment, conducted in 1993-94 included teens; however, this kind of assessment or a comparable one has not yet been repeated.² The California Healthy Kids Survey (2003-05) contains one question related to dental visits for teens, however, these data are gathered at the local level, and are not necessarily intended to be representative of the entire State population. Finally, the California Student Survey, an ongoing survey of teens does not include any oral health indicators in its subcategory of Physical and Mental Health. Nationally, Healthy People 2010 contains three oral health objectives that include adolescents.

Adolescent Oral Health Status:

The need for oral health care is the most prevalent unmet health care need among children and adolescents.³ Because dental caries (tooth decay) is a progressive and cumulative disease that begins in early childhood and periodontal disease often begins in early adolescence, teens have the highest disease rate of all child age groups.⁴ In addition, oral diseases are concentrated in low-income and special needs children for whom the Medicaid/Medi-Cal, Healthy Families, and Healthy Kids programs are the primary sources of coverage.

There are significant disparities in adolescent oral health by ethnicity. According to CHIS 2003 data, Latino and African-American teens had the highest rates of unmet need for dental health care in the last 12 months (11.3% and 11.4% respectively). This is in sharp contrast to the rate for white teens at 4.3%.¹ The California Oral Health Needs

Assessment found that the percentage of students in regular high schools in non-fluoridated urban areas (the majority of California's population), who had any history of tooth decay (i.e. untreated decay plus fillings), for Latino students was 90%, compared to 83% of African-Americans, 76% of Asians, and 69% of White students.² The 2003 CHIS survey found that 86% of California teens had visited a dentist in the last twelve months. However, over a quarter of a million adolescents (7.7%) reported that their family could not afford any needed dental care in the last year.¹

Next Steps/ Recommendations from California's Strategic Plan:

The data gathered by CHIS are an invaluable resource for assessing many aspects of the oral health of California's adolescents. However, self-reported oral health status without a professional dental evaluation provides an incomplete assessment of teen's true oral health status. Similarly, while adding dental health self-report questions to other well-established adolescent health surveys, such as the California Student Survey is useful, more needs to be done to develop additional data sources on this important topic. An example of an excellent survey of oral health is the recent report issued by the Dental Health Foundation, "Mommy, It Hurts to Chew: California Smile Survey, An Oral Health Assessment of California's Kindergarten and 3RD Grade Children" which could be replicated using an adolescent aged sample.⁵

The California Adolescent Health Collaborative (AHC) document, **Investing in Adolescent Health: A Social Imperative for California's Future** outlines a wide range of recommendations to improve adolescent oral health in California. These strategies include:

- promoting good oral health practices among teens,
- promoting statewide fluoridation efforts,
- improving youth access to dental care and preventive programs, and
- strengthening the capacity of the public sector.⁶

Implementing these recommendations as well as improved data sources would provide a dramatically improved climate for California's adolescents to pursue optimal oral health.

¹ Holtby S, Zahnd E, Lordi N, McCain C, Chia YJ, Kurata JH. *Health of California's Adults, Adolescents and Children: Findings from CHIS 2003 and CHIS 2001*. Los Angeles: CA UCLA Center for Health Policy Research, 2006.

² Watahara, A., and Murphy, L.O. (1997). *The Oral Health of California's Children: A Neglected Epidemic. Selected Findings and Recommendations from the California Oral Health Needs Assessment of Children, 1993-94*. Oakland, CA: The Dental Health Foundation.

³ Newacheck PW, Hughes, DC, Hung Y, Wong, S, Stoddard, JJ. 2000. The unmet health needs of America's children. *Pediatrics* 105(4): 989-997.

⁴ Children's Dental Health Project 2006. *Adolescent Oral Health Fact Sheet*. Washington, D.C.: Children's Dental Health Project.

⁵ Dental Health Foundation (2006). *Mommy It Hurts to Chew: the California Smile Survey An Oral Health Assessment of California's Kindergarten and 3rd Grade Children*. Oakland, CA: The Dental Health Foundation.

⁶ Clayton SL, Brindis CD, Hamor JA, Raiden-Wright H, Fong, C. (2000) *Investing in Adolescent Health: A Social Imperative for California's Future*. San Francisco: CA: University of California, San Francisco. National Adolescent Health Information Center.

Internet Links: www.cdhp.org Awesome Smiles Project (listed under the "Projects" Section)
www.dentalhealthfoundation.org The Dental Health Foundation website

Funding for this fact sheet was made possible with generous support from The California Wellness Foundation.

