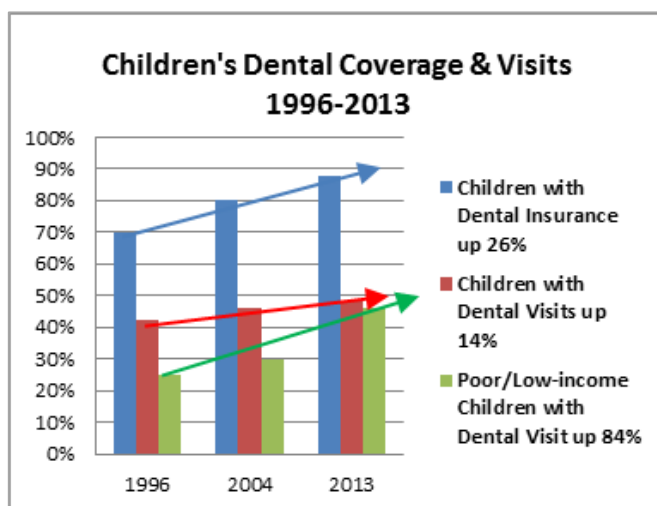


Talking Points on Ending Cavities for Oral Health Advocates

- **Tooth decay is the #1 chronic disease of childhood in America**, even though decay is almost always preventable. Nearly [1 in 4 children](#) ages 2-5 has experienced tooth decay, and two-thirds will have had a cavity by the end of their teens. Low-income children and children of color are [more likely](#) to have untreated decay. Cavities are formed by an acidic bacteria that's fed by sugars and carbohydrates. Primary prevention of this disease process begins before age 3, through oral hygiene, good diets and fluorides.
- **Poor oral health has significant consequences on children and their families.** Tooth pain can affect a child's ability to eat, sleep, speak and socialize. Research [shows](#) children with poor oral health are more likely to miss school and earn lower grades. Their parents are more likely to miss work because of their child's dental problems.
- **Cavities are costly for families and states.** In 2009, roughly [\\$20 billion](#) was spent on dental services for U.S. children ages 5 to 17 — that's nearly 1 in 5 dollars spent on health care for this age group.
 - Costs can soar when cavities are left untreated. Young children with rampant tooth decay generally must be treated in hospitals under general anesthesia, which can be a risk to developing brains. The average cost of these treatments can range from [\\$5,000](#) to [\\$15,000](#) per child.
 - Most children who receive dental surgery experience [new cavities](#) within two years, mostly because the underlying disease hasn't been addressed.
- **This is a fixable problem.** Virtually all tooth decay is preventable. By educating parents and providing pregnant women, infants and toddlers with evidence-based services, we can put children on a path to good oral health for life. Research shows that a mother's health [strongly predicts](#) her young child's risk of tooth decay, and that parents [may lack essential information](#) about good oral hygiene, even how to brush their children's teeth.
- **Dentists aren't the only people with important roles to play.** Primary prevention of tooth decay begins before age 3, yet fewer than 1 in 6 Medicaid-enrolled children ages 1-2 receive any preventive dental services.* However, nearly 80% of these children visit the pediatrician.
 - The American Academy of Pediatrics [encourages](#) pediatricians and medical staff to assess children's risk for dental disease, provide preventive services like counseling and fluoride varnish, and refer families to a dentist as necessary. In nearly all states, these services are within the providers' scope of practice and reimbursable by Medicaid or private insurance. The Affordable Care Act also emphasizes these providers' role in preventing tooth decay and managing the disease that causes it.

- [Community health workers](#), [Head Start staff](#) and others who support low-income families can be part of the team helping parents understand good oral health habits and how to practice these habits at home to keep their kids cavity-free.
- **All children need affordable, comprehensive dental coverage that opens the door to services they need to stay healthy.** Recent years have seen a tremendous growth in dental coverage for children, and dental visits by children covered by public plans (see below). States [should review](#) their Medicaid and Children’s Health Insurance Program (CHIP) policies related to children’s oral health care, including payment policies. For example, states should reimburse pediatricians and family physicians for administering an [oral health risk assessment](#) for children enrolled in Medicaid or CHIP, and high-risk children should be referred for dental care. (More policy strategies can be found [here](#).)



Columbia University / Children’s Dental Health Project analysis

* – Data obtained through a CDHP analysis.

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