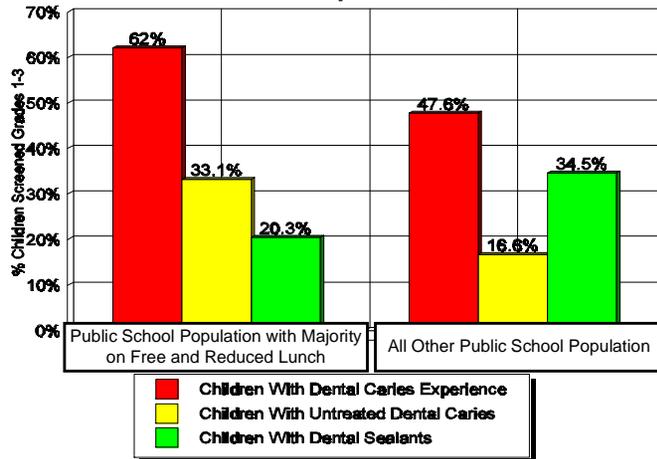




City of Manchester Department of Health ORAL HEALTH REPORT CARD

Percent of Children in Grades 1-3 with Dental Caries Experience, Untreated Decay, and Dental Sealants Manchester Public School Population, School Year 2002-2003¹



HEALTHY MANCHESTER 2010 OBJECTIVE: Reduce the proportion of second and third grade students who have dental caries experience in their primary or permanent teeth from 54% in 2001 to 44% by 2010.²

Oral health status continues to be a serious problem in the City of Manchester, which impacts the physical, social, economic, and psychological health of the community. Dental caries are the number one chronic disease in children in the United States, and are five times more common than asthma³. Poor oral health affects speech, nutrition, self-esteem, and the ability to learn. In fact, an estimated 51 million school hours per year are lost in our nation because of dental-related illness.⁴ In Manchester public schools, during school year 2002-2003, 53% of all of our second and third graders had a history of tooth decay, and 24% presented with untreated tooth decay.¹ Mouth and throat cancers are also important oral health concerns. Nationally, 30,000 people are diagnosed with mouth and throat cancer every year, of which 8,000 people who have been diagnosed die from these cancers.⁵

Like oral health needs in America, the oral health needs in Manchester are greatest among low-income and racial and ethnic minority populations. Twice as many second and third graders in our schools where 40% or more of students qualify for free and reduced lunch have untreated dental caries, compared to second and third graders in all other schools.¹ Based on the number of dentists available for low-income populations, the City of Manchester has been federally designated as a dental health professional shortage area. With one in four of Manchester residents living below 200% of poverty level, many in greatest need lack basic access to dental services.

**Outpatient Hospital Admissions for Tooth Decay
for Manchester Residents of all Ages, 1996-2002⁶**

	1996	1997	1998	1999	2000	2001	2002
Total # of ER Visits	115	183	333	494	710	822	901
Age-adjusted ER admission rate per 100,000** population	101.2	161.8	292.0	432.6	623.7	729.5	800.2

**Manchester population in 2000 from US Census data was 107,006.

WHO PAYS? We spend an estimated \$60 billion per year in America on dental services.⁷ Within Manchester, the number of emergency room visits for tooth decay has increased seven-fold from 1996 to 2001.⁶ The average charge per dental visit in a hospital setting is 3-5 times the average charge for a Medicaid eligible individual in a dental office.



In addition, there are cost-effective ways to prevent decay and poor oral health in our children and adults in Manchester. The average annual cost of water fluoridation in the U.S. was \$0.72 per person in 1999 dollars.⁸ Fluoridation is viewed as the single most effective public health measure to prevent tooth decay, followed by the placement of dental sealants. The City of Manchester implemented this significant public health effort by fluoridating the community water supply in December 2000. Placing sealants on molars is another cost-effective way to prevent poor oral health in our youth.

WHAT WORKS? RECOMMENDATIONS FOR THE COMMUNITY:

- Support Community Water Fluoridation.** There is strong evidence that community water fluoridation reduces dental decay, and is cost-effective.⁹ Water fluoridation is supported by the U.S. Surgeon General and the CDC.¹⁰
- Utilize School-based Sealant Programs.** There is strong evidence that school-based sealant programs reduce dental decay and are cost-effective.⁹ Increase the percentage of 2nd and 3rd grade students with at least one sealant in one permanent molar to 50% by 2010.¹¹
- Increase Oral Health Awareness in the Community.** Develop community-wide programs to increase awareness about oral health and change perceptions that oral health is essential to general health and well-being.^{9, 12} Include tobacco prevention, nutrition, cancer screenings, and injury prevention in oral health programs.¹³
- Promote Collaboration Between Dental and Medical Providers.**³ Encourage nurse practitioners, pediatricians, and family doctors to provide oral hygiene instruction and dietary counseling, for example. Encourage medical providers to use CATS, or the Caries-risk Assessment Tool for children and adolescents.¹⁴
- Increase Access to Dental Insurance and Oral Health Care For All** population groups in Manchester.^{9, 10}

RECOMMENDATIONS FOR THE INDIVIDUAL:

- Adopt Healthy Oral Health Habits.** Brush your teeth twice a day with a fluoride toothpaste, and floss your teeth daily.¹³
- Avoid Foods High in Sugar.** Eat a balanced meal, and limit between-meal snacks, and snacks high in sugar (like soft drinks, juice drinks, and candy).¹³
- Visit Your Dentist Twice a Year** for professional cleanings and oral exams.¹³ Schedule your child's first visit to the dentist no later than 1 year of age.¹³
- Wear Protective Equipment** like helmets, mouthguards, and facemasks when playing sports like field or ice hockey, lacrosse, and football.¹³
- Avoid Tobacco** to minimize gum disease and oral cancers.¹³



FOR MORE INFORMATION ON HOW TO IMPROVE ORAL HEALTH IN THE MANCHESTER COMMUNITY, PLEASE CONTACT:

- ✓ School-based Oral Health Program at the Manchester Health Department (603)624-6466
- ✓ Healthy Manchester Leadership Council at the Manchester Health Department (603)624-6466
- ✓ New Hampshire Dental Society (603)225-5961 or www.nhds.org