



Missouri Title V Facts: Oral Health

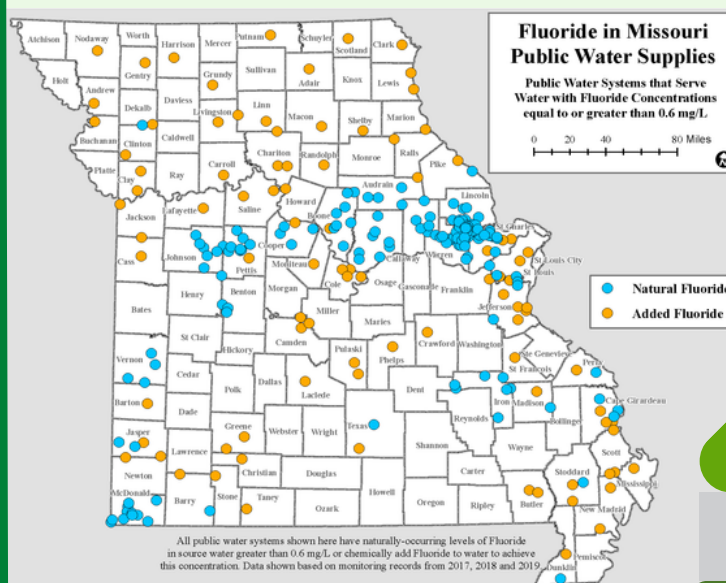
Background

Poor oral health can lead to the development of caries (cavities or tooth decay), which continue to represent one of the most common chronic health conditions faced by children in the United States. Caries in children are associated not only with infection, but also with speech and eating problems, poor school performance and behavioral disturbances.¹

An estimated 83,000 Missouri children (6%) have fair or poor oral health, with children and youth with special healthcare needs (CYSHCN) twice as likely as non-SHCN youth to have fair-to-poor oral health.² Despite being one of the most common childhood conditions, caries are also one of the most preventable. An estimated 25-40 percent of cavities in young individuals can be prevented through the application of fluoride varnish twice yearly.³

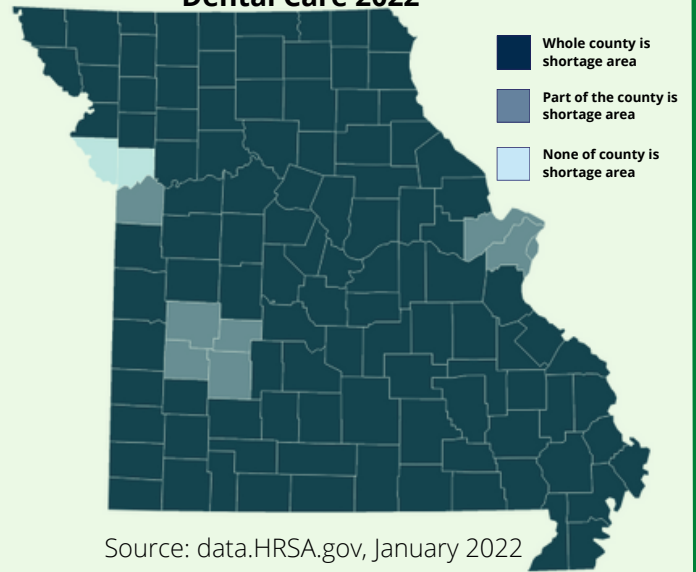
Water Fluoridation

Dental sealants, fluoridated water and toothpaste, and dietary changes can help reduce tooth decay in children and adolescents. Children aged 5-8 with full lifetime exposure to fluoridated municipal water were half as likely as children without exposure to fluoridated water to develop tooth decay.⁴



Regular dental exams offer an opportunity to identify and correct tooth decay and poor oral health in a timely manner, reducing the lifetime likelihood of major dental issues.⁵

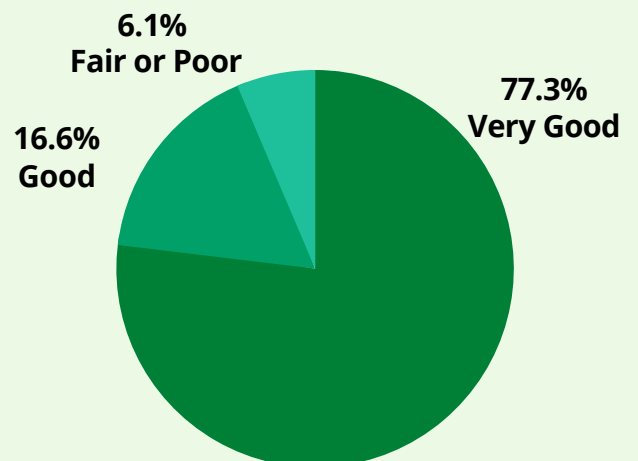
Health Professional Shortage Areas Dental Care 2022



People with dental insurance coverage are more likely to get oral health care.⁶ Poor oral health is linked to many other health problems. Preventive oral health care visits can help identify diseases, injuries and nutrition problems. Strategies to reduce financial and other barriers to dental insurance access may help increase coverage rates.⁷

Delaying dental care can cause serious oral health problems. Reasons for delaying or not getting dental care include high costs, lack of insurance or access to services, and fear and anxiety.⁸⁻⁹ Interventions to increase dental insurance coverage rates, reduce dental care anxiety and strengthen the oral health workforce are important for helping people get dental care.

Nearly 1.7 million Missourians live in a federally designated dental professional shortage area, one of the highest levels of unmet needs in the country.¹⁰



Overall Condition of Children's Teeth in Missouri, 2020-2021

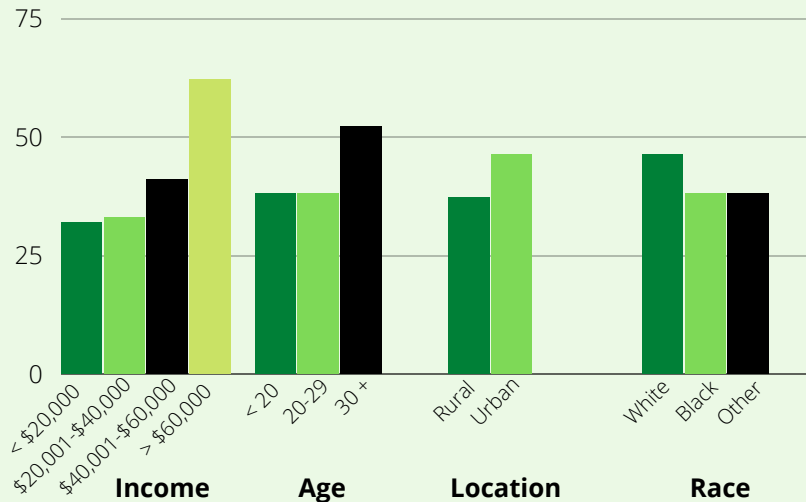
In Missouri, **14.6%** of children ages 1-17 had one or more oral health problems, such as toothaches, bleeding gums, decayed teeth or cavities in the past 12 months in 2020-2021.

In addition, **25.8%** of this population did not see a dentist or other oral health provider in the last year.²

Dental Care in Pregnancy

The mouth is not immune from the physiologic changes that occur during pregnancy. Pregnant women may begin to experience gingivitis, tooth loosening, or tooth erosion or caries associated with pregnancy-induced nausea and vomiting.¹¹ However, more than half of Missouri mothers who gave birth in 2021 did not have a preventive dental visit during pregnancy. Though 23% of pregnant women reported that they needed to see a dentist for a dental or oral health concern, only 16% of those women ultimately received care for that problem. One in ten mothers additionally report that they are unsure whether it is safe to receive dental treatment while pregnant.¹²

Percent of Women Who Had Teeth Cleaned During Pregnancy, 2016-2021 Missouri PRAMS



Establishing and maintaining good oral health is integral to establishing and maintaining good overall physical health. Oral health care should start early in a child's life – the American Academy of Pediatrics recommends that all children receive at least one dental examination yearly, beginning approximately 6 months after appearance of the first tooth. Parents of children with good oral health report that their children have higher self-esteem and better school performance, and parents report that they themselves have lower stress levels.¹³

References

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