## **Bexar County's Head Start Dental Screenings Program**

Dental caries, commonly known as tooth decay, is the most common chronic infectious disease of children ages 5-17 years old. It is a preventable disease that can lead to persistent pain, infection, compromised nutritional intake, difficulty sleeping and reduced self-esteem. The CDC estimates that more than 51 million school hours are lost each year due to dental-related illness. Children and adolescents living in poverty are disproportionately affected by dental disease. It is a widely known fact that 80% of tooth decay is found in only 20% of children. Fluoridated community water systems and school-based sealant programs are proven strategies to eliminate oral health disparities.

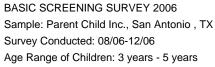
In 2006, San Antonio Metropolitan Health District dentists provided more than 6,734 on-site dental screenings to Head Start enrollees in Bexar County. Children from households with a family income at or below 133% of poverty meet the eligibility requirements for Head Start. The following table presents the data collected and compiled from the screening process from 2001 through 2006 for enrollees between the ages 3 to 5. The data collected during the 2006 school year indicates that 1,414 enrollees (21%) exhibited visible signs of untreated decay at the time of screening. More than 42% of the group had caries experience. That is, signs of both treated and/or untreated decay. The Healthy People 2010 goals for children from two to four years of age are 11% for caries experience and 9% for untreated decay in the primary dentition. Clearly, the oral health status of this patient sample fall significantly short of national objectives.

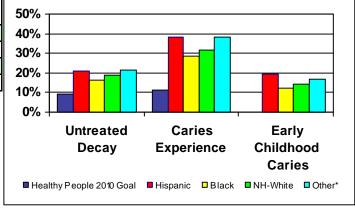
Year	TOTAL Screenings	Visible Signs of Decay	% of Total	No Visible Sign of Decay	% of Total	Caries Experience	% of Total
2006	6,734	1,414	21%	5,320	79%	2,848	42%
2005*	12,301	1,908	16%	10,393	84%	4,670	38%
2004*	11,472	2,075	18%	9,397	82%	4,240	37%
2003*	11,142	2,258	20%	8,884	80%	4,301	39%
2002*	10,545	2,834	27%	7,711	73%	4,626	44%
2001*	6,268	1,969	31%	4,299	69%	3,050	49%
Totals	58,462	12,458	21%	46,004	79%	23,735	41%

<sup>\*</sup> Indicates 2 screenings were performed for each enrollee during the designated school year.

In 2006, **Basic Screening Survey** data was collected on a randomized sampling of 4815 Head Start children in San Antonio. The Basic Screening Survey is a screening tool that is used nationally to monitor the oral health of communites. The charts below represent the data collected in 2006.

	No. of Children	% of Total
Total Screened	4,815	
Untreated Decay	983	20.4%
Caries Experience	1,768	36.7%
Early Childhood Caries	884	18.4%





<sup>\*</sup>Other includes Asian, Pacific Islander, Middle Eastern and Native American

## **Head Start San Antonio and Bexar County Oral Health Program**

School Year	Screenings Untreated		% Total	Caries	% Total
		Decay		Experience	
2009-2010	6,638	2,250	34%	3,331	50%
2008-2009	6,303	1,303	21%	3,570	56%
2007-2008	6,703	1,600	24%	2,700	40%
2006-2007	6,734	1,414	21%	2,848	42%
Totals	19,740	4,317	22%	9,118	46%

Source: Metro Health Dental Division Program Data

Health People 2010 goals for children ages 2-4 are 11% for caries experience and 9% for untreated decay in the primary dentition.

Caries Experience represents children with a history of dental caries and indicates the presence of untreated decay and/or signs of previous treatment.

During the 2009-2010 academic school year, San Antonio Metropolitan Health District dentists provided more than 6,600 on-site visual dental examinations for children enrolled in the Head Start San Antonio and Bexar County Program. Children from households with a family income at or below 133% of poverty meet the financial eligibility requirements for Head Start. The table above displays data collected and compiled from the examination process from 2006 through 2010 for enrollees from 3 to 5 years of age.

Dental caries, commonly known as tooth decay, is the most common chronic infectious disease of children ages 5-17 years old. It is a preventable disease that can lead to persistent pain, infection, compromised nutritional intake, difficulty sleeping and reduced self-esteem. The CDC estimates that more than 51 million school hours are lost each year due to dental-related illness. Children and adolescents living in poverty are disproportionately affected by dental disease. Fluoridated community water systems and school-based sealant programs are proven strategies to improve oral health and address oral health disparities. Nationwide, access to adequate oral health services is the most frequently sited unmet need by families with children enrolled in Head Start.