Department of Health and Human Services

Fact Sheet

NEBRASKA DHHS Office of Oral Health & Dentistry

NEBRASKA
Good Life. Great Mission.

NE Oral Health Survey of Young Children, 2021-2022

The Importance of Oral Health

Oral health is essential to overall health across the lifespan. Early decay and tooth loss in children can result in failure to thrive, impaired chewing and speech development, sleep loss and absence from or an inability to perform well in school. Early tooth decay affects nearly 1/3rd of US Head Start children and over half of US third grade children. This leads to adult concerns, where 90% experience decay.

Poor oral health can also contribe to chronic lifetime illnesses such as malnutrition, diabetes, high blood pressure, heart disease, respiratory aliments and even Alzheimer's disease.

Certain population groups in Nebraska face additional challenges to sound oral health. These include rural residents, low income, minority groups, disabled people, pregnant women and new immigrants. Rural children have higher disease rates and less access to prevention services than urban children. There is no vaccine to prevent dental disease. Early habits of proper nutrition and oral hygiene with access to regular disease prevention services can help reduce decay rates.

Magnitude of The Issue

- According to CDC Healthy People 2030, less than half of children and adults (43%) visit their dentist on a yearly basis.

National Comparisons

Head Start (HS):

- Nearly half (**49%**) of NE HS children had dental decay experience in 2021-22, **higher** than the US average (**28%**).
- Untreated decay was **higher** among NE HS children (**27%**) compared to US low income children (**19%**).

Third-grade children:

- Approximately **58%** NE 3rd grade children had decay experience, slightly lower than US prevalence (**60%**).
- Untreated decay was slightly higher among NE 3rd grade children (**24%**) compared to national average (**20%**).
- About half (**51%**) of NE 3rd grade children received at least one dental sealant, **higher** than the US average (**42%**).

Key Disparities

- Rural children had higher dental decay experience (**HS 52%** and **3rd grade 66%**) than urban children (**HS 36%** and **3rd grade 54%**).
- Of the HS children, American Indians/Alaska Natives had much **higher** decay experience and untreated decay than all other racial/ethnic groups.
- Of the 3rd grade children, all minority racial/ethnic groups had **higher** disease burden than the non-Hispanic White.
- Lower income school children have a significantly **higher** prevalence of decay experience and **lower** number of dental sealants than higher income schools.

Trends

- Compared to 2015–2016 survey data, disease prevalence did not change among the NE HS children but declined noticeably among the 3rd grade (**6%** less decay experience and **8%** lower untreated decay).
- The inequity between rural and urban children was **halved** for decay experience and **eliminated** for untreated decay. Dental sealants among rural children also increased from **48%** to **55%**.
- About **23%** of HS and **18%** of 3rd grade children needed early or urgent dental care.
- Lancaster county 3rd grade children (urban) had the **best** oral health status results in the state.
- **73%** of Nebraskans on Community Water Systems have access to optimally floridated water.

Conclusion

The 2021-2022 survey of young children in Nebraska showed an improved statewide third grade oral health status and a reduced disparity between rural and urban children, despite the negative effects of the pandemic. This suggests that new community based dental disease prevention and educational programs are being effective, especially in rural regions. Yet, disparities remain among rural Head Start children, lower-income schools, and racial/ethnic minorities. To further improve oral health outcomes for Nebraska's children, evidence-based disease interventions should continue to expand into new community locations across the state.

Dental Survey Data

The Association of State and Territorial Dental Directors request each state to provide oral health surveillance data every five years. The DHHS Office of Oral Health and Dentistry conducted surveys among Head Start and 3rd grade children during 2015-2016 and 2021-2022 and this is a summary of those survey reports. National Data Sources: National Health and Nutrition Examination Survey, 2011-2016 and 2013-2016, and National School Lunch Program, 2022- 2023.