

Children's Dental Health Needs and School-Based Services: A Fact Sheet

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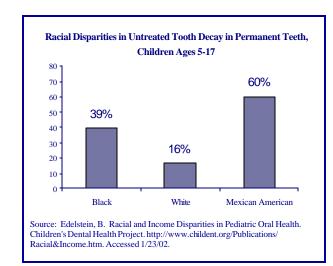
The Need

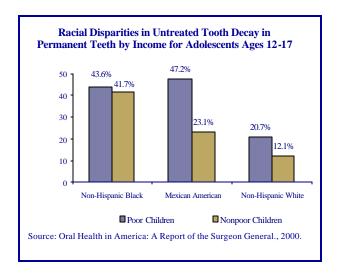
- Tooth decay (or dental carries) is one of the most common chronic childhood diseases — 5 times more common than asthma and 7 times more common than hay fever.¹
- Children living in poverty suffer twice as much tooth decay as their more affluent peers, and their disease is more likely to be untreated.¹
- Fluoridation is the most effective way to prevent dental carries but more than 100 million Americans do not have an optimally fluoridated water supply.²
- Over 80 percent of tooth decay in school children is on chewing surfaces of teeth that dental sealants can protect but only 18.5 percent of children and adolescents have at least one sealed permanent tooth.2
- 25 percent of children living in poverty have not seen a dentist before entering kindergarten.¹
- One in five Medicaid eligible children received preventive dental services in 1993.3

 23 million children are without dental insurance coverage. Uninsured children are 2.5 times less likely than insured children to receive dental care.^{1,7}

The Schools

- More than 51 million school hours are lost each year to dental-related illness.1
- Children living in poverty suffer nearly 12 times more restricted-activity days than children from higher-income families.
- 34 percent of schools identify or refer for dental problems.4
- According to CDC, school-based dental sealant programs could increase the prevalence of dental sealants and reduce or eliminate racial and income disparities among children with sealants.⁵
- Over half of school-based health centers screen children for dental problems. A smaller number of these centers offer dental care and sealants.6







Children's Mental Health Needs, Disparities, and School-Based Services: A Fact Sheet

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The Need

- In 2000, there were 70.4 million children 17 or under in the US (26 percent of the population). 64 percent were white, non-Hispanic; 16 percent Hispanic, 15 percent African-American, 4 percent Asian-Pacific, and 1 percent American Indian/Alaskan Native.
- Of the population ages 9–17, an estimated 21 percent experienced the signs and symptoms of a DSM-IV disorder during the course of a year, 11 percent experienced significant impairment, and 5 percent experienced extreme functional impairment.²
- On average, only one-fourth of children in need of mental health care get the help they need.³
- Use of psychotropic medication for children and youth has increased sharply with more than \$1 billion spent in 1998 for these medications. Stimulants and antidepressants account for about twothirds of the bill.3
- Doctors' offices and schools are important settings in which children's mental disorders can be recognized and addressed.²

Disparities

- Minorities have less access to mental health services and are less likely to receive needed care.^{3,5}
- Minorities in treatment often receive a poorer quality of mental health care.⁵
- Minorities are underrepresented in mental health research.⁵

The Role of Schools

- Research suggests that schools may function as the de facto mental health system for children and adolescents.6
- Only 16 percent of all children receive any mental health services. Of those receiving care, 70–80 percent receive that care in a school setting. 4,6
- 83 percent of schools report providing case management for students with behavioral or social problems.⁷
- Nearly half of all schools contract or make other arrangements with a community-based organization to provide mental health or social services to students.
- About 60 percent of the nation's 1500 school-based health centers have mental health professionals on staff. With support from primary care providers, nearly 80 percent of centers provide crisis intervention services.8

