

21

Oral Health

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21-1. Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth.

21-1a. Reduce the proportion of young children with dental caries experience in their primary teeth.

National Data Source National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

State Data Source Not identified.

Healthy People 2000 Objective Adapted from 13.1 (Oral Health).

Measure Percent.

Baseline 18 (1988–94).

Numerator Number of children aged 2 to 4 years with a clinical diagnosis of dental caries, presence of fillings in at least one primary tooth, or evidence of a missing tooth due to caries.

Denominator Number of children aged 2 to 4 years.

Population Targeted U.S. civilian, noninstitutionalized population.

Questions Used To Obtain the National Data Not applicable.

Expected Periodicity Annual, beginning with 1999 data.

Comments Although this objective uses the same measurement protocol as the comparable Healthy People 2000 objective 13.1, the tracking of young children aged 2 to 4 years is new to Healthy People 2010.

A description of the clinical protocol used to diagnose caries experience for Healthy People 2000 has been published by NCHS.¹

See Part C for a description of NHANES.

Baseline data for the American Indian/Alaska Native population are from the 1999 Oral Health Survey of Native Americans. IHS collects data approximately every 10 years on the American Indian/Alaska Native population. Data are collected on clinic users to assess the oral health status and treatment needs of the IHS service area population. The data reflect a weighted sample.

Baseline data for the Asian population are from the 1993–94 California Oral Health Needs Assessment of Children. This data set was used because it had the largest representative sample of Asian children in which clinical oral health status indicators were assessed. Data were collected from a representative sample of California children in schools by trained examiners.

See Appendix A for focus area contact information.



21-1b. Reduce the proportion of children with dental caries experience in primary and permanent teeth.

National Data Source	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.
State Data Source	Not identified.
Healthy People 2000 Objective	13.1 (Oral Health).
Measure	Percent.
Baseline	52 (1988–94).
Numerator	Number of children aged 6 to 8 years with a clinical diagnosis of dental caries, presence of fillings in at least one primary or permanent tooth, or evidence of a missing tooth due to caries.
Denominator	Number of children aged 6 to 8 years.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual, beginning with 1999 data.

Comments

This objective uses the same measurement protocol as the comparable Healthy People 2000 objective 13.1. A description of the clinical protocol used to diagnose caries experience for Healthy People 2000 has been published by NCHS.¹

See Part C for a description of NHANES.

Baseline data for the American Indian/Alaska Native population are from the 1999 Oral Health Survey of Native Americans. IHS collects data approximately every 10 years on the American Indian/Alaska Native population. Data are collected on clinic users to assess the oral health status and treatment needs of the IHS service area population. The data reflect a weighted sample.

Baseline data for the Asian population are from the 1993–94 California Oral Health Needs Assessment of Children. This data set was used because it had the largest representative sample of Asian children in which clinical oral health status indicators were assessed. Data were collected from a representative sample of California children in schools by trained examiners.

Baseline data for the Native Hawaiian and other Pacific Islander population are from the 1999 Hawai'i Children's Oral Health Assessment. The Hawaii State Department of Health collects oral health data of school children periodically (previously in 1998). In 1999 25,553 school children aged 5 to 11 years were surveyed. Data were collected by calibrated examiners from a representative sample of Hawaii children attending public schools.

See Appendix A for focus area contact information.



21-1c. Reduce the proportion of adolescents with dental caries experience in their permanent teeth.

National Data Source National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

State Data Source Not identified.

Healthy People 2000 Objective	13.1 (Oral Health).
Measure	Percent.
Baseline	61 (1988–94).
Numerator	Number of adolescents aged 15 years with a clinical diagnosis of dental caries, presence of fillings in at least one permanent tooth, or evidence of a missing permanent tooth due to caries.
Denominator	Number of adolescents aged 15 years.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual, beginning with 1999 data.
Comments	<p>This objective uses the same measurement protocol as the comparable Healthy People 2000 objective 13.1. A description of the clinical protocol used to diagnose caries experience for Healthy People 2000 has been published by NCHS.¹</p> <p>See Part C for a description of NHANES.</p> <p>Baseline data for the American Indian/Alaska Native population are from the 1999 Oral Health Survey of Native Americans. IHS collects data approximately every 10 years on the American Indian/Alaska Native population. Data are collected on clinic users to assess the oral health status and treatment needs of the IHS service area population. The data reflect a weighted sample.</p> <p>Baseline data for the Asian population are from the 1993–94 California Oral Health Needs Assessment of Children. This data set was used because it had the largest representative sample of Asian children for which clinical oral health status indicators were assessed. Data were collected from a representative sample of California children in schools by trained examiners.</p> <p>See Appendix A for focus area contact information.</p>



21-2. Reduce the proportion of children, adolescents, and adults with untreated dental decay.

21-2a. Reduce the proportion of young children with untreated dental decay in their primary teeth.

National Data Source	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.
State Data Source	Not identified.
Healthy People 2000 Objective	Adapted from 13.2 (Oral Health).
Measure	Percent.
Baseline	16 (1988–94).
Numerator	Number children aged 2 to 4 years with a clinical diagnosis of dental decay in at least one tooth that has not been restored.
Denominator	Number of children aged 2 to 4 years.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual, beginning with 1999 data.
Comments	<p>Although this objective uses the same measurement protocol as the comparable Healthy People 2000 objective 13.2, the tracking of young children aged 2 to 4 years is new to Healthy People 2010.</p> <p>A description of the clinical protocol used to diagnose dental decay for Healthy People 2000 has been published by NCHS.¹</p> <p>See Part C for a description of NHANES.</p> <p>Baseline data for the American Indian/Alaska Native population are from the 1999 Oral Health Survey of Native Americans. IHS collects data approximately every 10 years on the American Indian/Alaska Native population. Data are collected on clinic users to assess the oral health status and treatment needs of the IHS service area population. The data reflect a weighted sample.</p>

Baseline data for the Asian population are from the 1993–94 California Oral Health Needs Assessment of Children. This data set was used because it had the largest representative sample of Asian children for which clinical oral health status indicators were assessed. Data were collected from a representative sample of California children in schools by trained examiners.

See Appendix A for focus area contact information.



21-2b. Reduce the proportion of children with untreated dental decay in their primary teeth and permanent teeth.

National Data Source	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.
State Data Source	Not identified.
Healthy People 2000 Objective	13.2 (Oral Health).
Measure	Percent.
Baseline	29 (1988–94).
Numerator	Number of children aged 6 to 8 years with a clinical diagnosis of dental decay in at least one primary or permanent tooth that has not been restored.
Denominator	Number of children aged 6 to 8 years.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual, beginning with 1999 data.
Comments	This objective uses the same measurement protocol as the comparable Healthy People 2000 objective 13.2. A description of the clinical protocol used to diagnose dental decay for Healthy People 2000 has been published by NCHS. ¹ See Part C for a description of NHANES.

Baseline data for the American Indian/Alaska Native population are from the 1999 Oral Health Survey of Native Americans. IHS collects data approximately every 10 years on the American Indian/Alaska Native population. Data are collected on clinic users to assess the oral health status and treatment needs of the IHS service area population. The data reflect a weighted sample.

Baseline data for the Asian population are from the 1993–94 California Oral Health Needs Assessment of Children. This data set was used because it had the largest representative sample of Asian children in which clinical oral health status indicators were assessed. Data were collected from a representative sample of California children in schools by trained examiners.

Baseline data for the Native Hawaiian and other Pacific Islander population are from the 1999 Hawai'i Children's Oral Health Assessment. The Hawaii State Department of Health collects oral health data of school children periodically (previously in 1998). In 1999 25,553 school children aged 5 to 11 years were surveyed. Data were collected by calibrated examiners from a representative sample of Hawaii children attending public schools.

See Appendix A for focus area contact information.



21-2c. Reduce the proportion of adolescents with untreated dental decay in their permanent teeth.

National Data Source	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.
State Data Source	Not identified.
Healthy People 2000 Objective	13.2 (Oral Health).
Measure	Percent.
Baseline	20 (1988–94).
Numerator	Number of adolescents aged 15 years with a clinical diagnosis of dental decay in at least one permanent tooth that has not been restored.

Denominator	Number of adolescents aged 15 years.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual, beginning with 1999 data.
Comments	<p>This objective uses the same measurement protocol as the comparable Healthy People 2000 objective 13.2. A description of the clinical protocol used to diagnose dental decay for Healthy People 2000 has been published by NCHS.¹</p> <p>See Part C for a description of NHANES.</p> <p>Baseline data for the American Indian/Alaska Native population are from the 1999 Oral Health Survey of Native Americans. IHS collects data approximately every 10 years on the American Indian/Alaska Native population. Data are collected on clinic users to assess the oral health status and treatment needs of the IHS service area population. The data reflect a weighted sample.</p> <p>Baseline data for the Asian population are from the 1993–94 California Oral Health Needs Assessment of Children. This data set was used because it had the largest representative sample of Asian children in which clinical oral health status indicators were assessed. Data were collected from a representative sample of California schoolchildren in schools by trained examiners.</p> <p>See Appendix A for focus area contact information.</p>



21-2d. Reduce the proportion of adults with untreated dental decay.

National Data Source	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.
State Data Source	Not identified.
Healthy People 2000 Objective	Adapted from 13.2 (Oral Health).
Measure	Percent.

Baseline	27 (1988–94).
Numerator	Number of adults aged 35 to 44 years with a clinical diagnosis of dental decay in at least tooth that has not been restored.
Denominator	Number of adults aged 35 to 44 years.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual, beginning with 1999 data.
Comments	<p>Although this objective uses the same measurement protocol as the comparable Healthy People 2000 objective 13.2, the tracking of adults aged 35 to 44 years is new to Healthy People 2010.</p> <p>A description of the clinical protocol used to diagnose dental decay for Healthy People 2000 has been published by NCHS.¹</p> <p>See Part C for a description of NHANES.</p> <p>Baseline data for the American Indian/Alaska Native population are from the 1999 Oral Health Survey of Native Americans. IHS collects data approximately every 10 years on the American Indian/Alaska Native population. Data are collected on clinic users to assess the oral health status and treatment needs of the IHS service area population. The data reflect a weighted sample.</p> <p>See Appendix A for focus area contact information.</p>



21-3. Increase the proportion of adults who have never had a permanent tooth extracted because of dental caries or periodontal disease.

National Data Source	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.
State Data Source	Not identified.
Healthy People 2000 Objective	13.3 (Oral Health).

Measure	Percent.
Baseline	31 (1988–94).
Numerator	Number of adults aged 35 to 44 with a clinical confirmation of at least 28 natural teeth, exclusive of third molars.
Denominator	Number of adults aged 35 to 44 years.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual, beginning with 1999 data.
Comments	<p>Case definition is “no teeth lost due to caries or periodontal diseases”; however, because cause of tooth loss is not feasible to identify, the presence of 28 natural teeth (excluding third molars) is used as a proxy.</p> <p>See Part C for a description of NHANES.</p> <p>Baseline data for the American Indian/Alaska Native population are from the 1999 Oral Health Survey of Native Americans. The Indian Health Service (IHS) collects data approximately every 10 years on the American Indian/Alaska Native population. Data are collected on clinic users to assess the oral health status and treatment needs of the IHS service area population. The data reflect a weighted sample.</p> <p>See Appendix A for focus area contact information.</p>



21-4. Reduce the proportion of older adults who have had all their natural teeth extracted.

National Data Source	National Health Interview Survey (NHIS), CDC, NCHS.
State Data Source	Not identified.
Healthy People 2000 Objective	Adapted from 13.4 (Oral Health).
Measure	Percent.
Baseline	26 (1997).

Numerator	Number of older adults aged 65 to 74 years who report having lost all their natural teeth.
Denominator	Number of adults aged 65 to 74 years.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	<p>From the 1997 National Health Interview Survey:</p> <ul style="list-style-type: none"> ➤ <i>Have you lost all of your upper natural (permanent) teeth?</i> ➤ <i>Have you lost all of your lower natural (permanent) teeth?</i>
Expected Periodicity	Periodic.
Comments	<p>A person is defined as having lost all their natural teeth if they answered “yes” to both of the preceding questions.</p> <p>Although the same measurement is used to track this objective and the comparable Healthy People 2000 objective 13.4, data for the Healthy People 2010 objective are restricted to older adults aged 65 to 74 years while the Healthy People 2000 data cover all older adults aged 65 years and older.</p> <p>A description of the comparable Healthy People 2000 objective 13.4 has been published by NCHS.¹</p> <p>See Part C for a description of NHIS.</p> <p>Baseline data for the American Indian/Alaska Native population are from the 1999 Oral Health Survey of Native Americans. The Indian Health Service (IHS) collects data approximately every 10 years on the American Indian/Alaska Native population. Data are collected on clinic users to assess the oral health status and treatment needs of the IHS service area population. The data reflect a weighted sample.</p> <p>See Appendix A for focus area contact information.</p>



21-5. Reduce periodontal disease.

21-5a. Gingivitis.

National Data Source	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.
State Data Source	Not identified.
Healthy People 2000 Objective	Adapted from 13.5 (Oral Health).
Measure	Percent.
Baseline	48 (1988–94).
Numerator	Number of adults aged 35 to 44 years with a clinical confirmation of gingivitis.
Denominator	Number of adults aged 35 to 44 years.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual, beginning with 1999 data.
Comments	<p>Gingivitis is gingival bleeding in one or more sites after gently probing the gingival sulcus.</p> <p>A description of the comparable Healthy People 2000 objective 13.5, which included the clinical protocol used to diagnose gingivitis has been published by NCHS.¹</p> <p>The same measurement is used to track this objective and the comparable Healthy People 2000 objective 13.5. However, published data for the Healthy People 2000 objective were restricted to employed adults while the Healthy People 2010 data covers all noninstitutionalized individuals aged 35 to 44 years.</p> <p>See Part C for a description of NHANES.</p>

Baseline data for the American Indian/Alaska Native population are from the 1999 Oral Health Survey of Native Americans. The Indian Health Service (IHS) collects data approximately every 10 years on the American Indian/Alaska Native population. Data are collected on clinic users to assess the oral health status and treatment needs of the IHS service area population. The data reflect a weighted sample.

See Appendix A for focus area contact information.



21-5b. Destructive periodontal disease.

National Data Source	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.
State Data Source	Not identified.
Healthy People 2000 Objective	Adapted from 13.6 (Oral Health).
Measure	Percent.
Baseline	22 (1988–94).
Numerator	Number of adults aged 35 to 44 years with a clinical diagnosis of destructive periodontal disease.
Denominator	Number of adults aged 35 to 44 years.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual, beginning with 1999 data.
Comments	Destructive periodontal disease is the loss of attachment greater than or equal to 4mm in two sites on at least one tooth—as measured at the mid-facial and mesial facial line angles for two quadrants. These two quadrants include one randomly selected quadrant in the maxillary arch and one quadrant in the mandibular arch.

Although a similar measurement is used to track the comparable Healthy People 2000 objective 13.6, published data for the Healthy People 2000 objective were restricted to employed adults, while the Healthy People 2010 data covers all noninstitutionalized adults aged 35 to 44 years.

A description of the clinical protocol used to diagnose destructive periodontal disease in Healthy People 2000 has been published by NCHS.¹

See Part C for a description of NHANES.

Baseline data for the American Indian/Alaska Native population are from the 1999 Oral Health Survey of Native Americans. The Indian Health Service (IHS) collects data approximately every 10 years on the American Indian/Alaska Native population. Data are collected on clinic users to assess the oral health status and treatment needs of the IHS service area population. The data reflect a weighted sample.

See Appendix A for focus area contact information.



21-6. Increase the proportion of oral and pharyngeal cancers detected at the earliest stage.

National Data Source	Surveillance, Epidemiology, and End Results Program (SEER), NIH, NCI.
State Data Source	State cancer registries.
Healthy People 2000 Objective	Not applicable.
Measure	Percent.
Baseline	35 (1990–95) (selected areas—see Comments).
Numerator	Number of diagnosed incidents of cancer cases in stage 1 (localized) of the oral cavity and pharynx (ICD-9 codes 140-149).
Denominator	Number of diagnosed incidents of all cancer cases of the oral cavity and pharynx (ICD-9 codes 140-149).
Population Targeted	Resident population (selected areas—see Comments).

Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.
Comments	<p>SEER data are based on data from population-based registries in Connecticut; New Mexico; Utah; Iowa; Hawaii; Atlanta, GA; Detroit, MI; Seattle-Puget Sound, WA; and San Francisco-Oakland, CA.</p> <p>A description of the SEER program has been published by NCI.²</p> <p>See Appendix A for focus area contact information.</p>



21-7. Increase the proportion of adults who, in the past 12 months, report having had an examination to detect oral and pharyngeal cancers.

National Data Source	National Health Interview Survey (NHIS), CDC, NCHS.
State Data Source	Not identified.
Healthy People 2000 Objective	Not applicable.
Measure	Percent (age adjusted—see Comments).
Baseline	13 (1998).
Numerator	Number of adults aged 40 years and older who report having had an examination to detect oral and pharyngeal cancer in the past 12 months.
Denominator	Number of adults aged 40 years and older.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	<p>From the 1998 National Health Interview Survey:</p> <ul style="list-style-type: none"> ➤ <i>Have you ever had a test for oral cancer in which the doctor or dentist pulls on your tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks?</i>

[If yes:]

- *When did you have your most recent oral cancer exam? Was it a year ago or less, more than 1 year but not more than 2 years, more than 2 years but not more than 3 years, more than 3 years but not more than 5 years, or over 5 years ago?*

Expected Periodicity	Periodic.
Comments	<p>A person is defined as having had an oral and pharyngeal cancer test in the past 12 months if he/she responded “yes” to the first question and “a year ago or less” to the second question listed above.</p> <p>Data are age adjusted to the 2000 standard population. Age-adjusted percents are weighted sums of age-specific percents. For a discussion of age adjustment, see Part A, section 5.</p> <p>See Part C for a description of NHIS and Appendix A for focus area contact information.</p>



21-8. Increase the proportion of children who have received dental sealants on their molar teeth.

21-8a. Children aged 8 years.

National Data Source	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.
State Data Source	Not identified.
Healthy People 2000 Objective	13.8 (Oral Health).
Measure	Percent.
Baseline	23 (1988–94).
Numerator	Number of children aged 8 years with a clinical confirmation of dental sealants applied to one or more permanent molars.
Denominator	Number of children aged 8 years.
Population Targeted	U.S. civilian, noninstitutionalized population.

Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual, beginning with 1999 data.
Comments	<p>A description of the clinical protocol used to confirm evidence of protective dental sealants has been published by NCHS.¹</p> <p>See Part C for a description of NHANES.</p> <p>Baseline data for the Native Hawaiian and other Pacific Islander population are from the 1999 Hawai'i Children's Oral Health Assessment. The Hawaii State Department of Health collects oral health data of school children periodically (previously in 1998). In 1999 25,553 school children aged 5 to 11 years were surveyed. Data were collected by calibrated examiners from a representative sample of Hawaii children attending public schools.</p> <p>See Appendix A for focus area contact information.</p>



21-8b. Adolescents aged 14 years.

National Data Source	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.
State Data Source	Not identified.
Healthy People 2000 Objective	Adapted from 13.8 (Oral Health).
Measure	Percent.
Baseline	15 (1988–94).
Numerator	Number of adolescents aged 14 years with a clinical confirmation of dental sealants applied to one or more first and second permanent molars.
Denominator	Number of adolescents aged 14 years with at least one permanent first molar and one permanent second molar.
Population Targeted	U.S. civilian, noninstitutionalized population.

Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual, beginning with 1999 data.
Comments	<p>A description of the clinical protocol used to confirm evidence of protective dental sealants has been published by NCHS.¹</p> <p>Although the same measurement is used to track this objective and the comparable Healthy People 2000 objective 13.8, the Healthy People 2010 data are limited to protective sealant data on one or more permanent first and second molars, while data for the Healthy People 2000 objective did not distinguish between first and second permanent molars.</p> <p>See Part C for a description of NHANES and Appendix A for focus area contact information.</p>



21-9. Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water.

National Data Source	CDC Fluoridation Census, CDC, NCCDPHP.
State Data Source	CDC Fluoridation Census, CDC, NCCDPHP.
Healthy People 2000 Objective	13.9 (Oral Health).
Measure	Percent.
Baseline	62 (1992).
Numerator	Number of persons receiving optimally fluoridated water from public systems.
Denominator	Number of persons served by public water systems.
Population Targeted	U.S. resident population served by public water systems.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual, beginning with year 2000 data.

Comments

Optimal water concentration of fluoride is specific for geographic areas, based on their mean daily temperature.

A description of the protocol used to characterize a community as optimally fluoridated has been published by NCHS.¹

Beginning with year 2000 data, the source of data will be an interactive Web-based surveillance system called the Water Fluoridation Reporting System. This voluntary reporting system obtains information from the local water system on the number of people served by the fluoridated water system, the number of counties and cities served by the fluoridated water system, and the quality of the fluoridated water system. These quality measures will include the number of months the system is operating with optimal fluoride concentration. CDC will produce an annual report from the database.

See Appendix A for focus area contact information.

**21-10. Increase the proportion of children and adults who use the oral health care system each year.**

National Data Source	Medical Expenditure Panel Survey (MEPS), AHRQ (formerly AHCPR).
State Data Source	Not identified.
Healthy People 2000 Objective	Adapted from 13.14 (Oral Health).
Measure	Percent.
Baseline	44 (1996).
Numerator	Number of persons aged 2 years and older who report having had a dental visit in the past 12 months.
Denominator	Number of persons aged 2 years and older.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	From the 1996 Medical Expenditure Panel Survey. See http://www.meps.ahrq.gov/survey.htm for more information.

Expected Periodicity	Periodic.
Comments	<p>MEPS data provide information on the nature of the dental visit as well as dental insurance status of the patient. MEPS data are also used for objective 21-12—preventive dental visits for poor children. MEPS data provide a comprehensive assessment of a previous dental visit. Subjects are interviewed on five different occasions over 15 months, so that they do not need to recall details of dental care received more than 3 months beforehand. In addition, MEPS subjects are also asked for specific information about care received at each visit. Therefore, the numbers of visits during a year are substantiated with additional corroborating evidence. MEPS is used as the database for dental visits in the April 2000 Government Accounting Office report to Congress on access to dental care.</p> <p>This objective differs from a similar Healthy People 2000 objective 13.14. The Healthy People 2000 objective was tracked by the NHIS and was restricted to adults aged 35 years and older, while the Healthy People 2010 objective covers all noninstitutionalized persons aged 2 years and older. A report on the operational definitions for the Healthy People 2000 oral health objectives has been published by NCHS.¹</p> <p>See Part C for a description of MEPS and Appendix A for focus area contact information.</p>



21-11. Increase the proportion of long-term care residents who use the oral health care system each year.

National Data Source	National Nursing Home Survey (NNHS), CDC, NCHS.
State Data Source	Not identified.
Healthy People 2000 Objective	Not applicable.
Measure	Percent.
Baseline	19 (1997).

Numerator	Number of nursing home residents who used the oral health care system.
Denominator	Number of nursing home residents.
Population Targeted	U.S. resident population.
Questions Used To Obtain the National Data	<p>From the 1997 National Nursing Home Survey:</p> <p>[In the question below, the phrase “last month” was used if the resident was admitted in the previous month or earlier. The phrase “since admission” was used if the resident was admitted in the current month.]</p> <p>➤ <i>(Last month/since admission) which of these services were received by (Resident), either inside or outside of this facility?</i></p> <p>[A “hand flashcard” is supplied with a check box for “Dental care.”]</p>
Expected Periodicity	Periodic.
Comments	<p>A nursing home resident was considered to have used the oral health care system if the respondent indicated Dental care was provided.</p> <p>Nursing home data were used as proxy data for long-term care facilities since there is no known database that enumerates all long-term care facilities (nursing homes, chronic disease hospitals, etc.).</p> <p>A description of the 1997 National Nursing Home Survey has been published by NCHS.³</p> <p>See Appendix A for focus area contact information.</p>



21-12. Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

National Data Source	Medical Expenditure Panel Survey (MEPS), AHQR (formerly AHCPR).
State Data Source	Not identified.
Healthy People 2000 Objective	Not applicable.
Measure	Percent.

Baseline	20 (1996).
Numerator	Number of children under age 19 years at or below 200 percent of the Federal poverty level who received a preventive dental visit during the last year.
Denominator	Number of children under age 19 years at or below 200 percent of the Federal poverty level.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	From the 1996 Medical Expenditure Panel Survey. See www.meps.ahrq.gov/survey.htm for more information.
Expected Periodicity	Periodic.
Comments	<p>A preventive dental visit is defined as receiving a dental sealant, fluoride treatment, or dental prophylaxis.</p> <p>See Comments with objective 21-10 for more information on MEPS. A description of the 1996 MEPS has been published by AHRQ (formerly AHCPR).⁴</p> <p>See Part C for a description of MEPS and Appendix A for focus area contact information.</p>



21-13. (Developmental) Increase the proportion of school-based health centers with an oral health component.

Comments	<p>An operational definition could not be specified at the time of publication.</p> <p>The School Health Policies and Program Study (SHPPS), CDC, NCCDPHP, is a proposed data source since questions addressing oral health have recently been added. Baseline data are anticipated from the 2000 SHPPS.</p> <p>See Appendix A for focus area contact information.</p>
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21-14. Increase the proportion of local health departments and community-based health centers, including community, migrant, and homeless health centers, that have an oral health component.

National Data Source	Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC).
State Data Source	Association of State and Territorial Dental Directors (ASTDD).
Healthy People 2000 Objective	Not applicable.
Measure	Percent.
Baseline	34 (1997).
Numerator	Number of local health departments and community-based health centers that have an oral health component.
Denominator	Number of local health departments and community-based health centers.
Questions Used To Obtain the National Data	Not applicable.
Comments	<p>In order to be considered as having an oral health component, a physical office must be identified in which dental services are provided on-site by a dentist. If a center or local health department provides contract dental services, at least 700 people must be served annually.</p> <p>See Appendix A for focus area contact information.</p>



21-15. Increase the number of States and the District of Columbia that have a system for recording and referring infants and children with cleft lips, cleft palates, and other craniofacial anomalies to craniofacial anomaly rehabilitative teams.

Comments	A complete operational definition was not specified at the time of publication.
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This objective is adapted from Healthy People objective 13.15 (Oral Health).

See Appendix A for focus area contact information.



21-16. Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system.

National Data Source	Association of State and Territorial Dental Directors (ASTDD).
State Data Source	Statewide oral health surveys; Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP; Water Fluoridation Reporting System (WFRS), CDC, NCCDPHP; Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP; Pregnancy risk data; State cancer registries/Surveillance, Epidemiology, and End Results (SEER), NIH, NCI; Orofacial cleft data; Medicaid dental claims data, HCFA; Annual synopsis of State dental programs, Association of State and Territorial Dental Directors (ASTDD).
Healthy People 2000 Objective	Not applicable.
Measure	Number.
Baseline	0 (1999).
Numerator	Number of States or the District of Columbia with surveillance data for at least six of the nine possible surveillance databases listed above.
Denominator	Not applicable.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.
Comments	See Appendix A for focus area contact information.



21-17. (Developmental) Increase the number of Tribal, State (including the District of Columbia), and local health agencies that serve jurisdictions of 250,000 or more persons that have in place an effective public dental health program directed by a dental professional with public health training.

Comments

An operational definition could not be specified at the time of publication.

Proposed data sources are the Association of State and Territorial Dental Directors; the Annual Synopsis of State Dental Programs (ASTDD); and the Indian Health Service (IHS).

See Appendix A for focus area contact information.



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