In the March 1, 2007, article “For Want of a Dentist,” The Washington Post reported, “By the time 12-year-old Deamonte Driver’s toothache got any attention, bacteria from an abscess had spread to his brain, doctors said. After two operations and more than six weeks of hospital care, the Maryland boy died.” The dental community has been all a-buzz about 12-year-old Deamonte Driver, who died of complications stemming from an untreated dental infection. The newspaper article reported that Driver’s death certificate listed two conditions associated with brain infections: “meningoencephalitis” and “subdural empyema.”

Similarly, in the March 2, 2007, article “Abscess Claims Life of Harrison Six-Year-Old” in Mississippi’s Clarion Ledger, “Alexander ‘Alex’ Callender, six, died from an abscess where two teeth had been removed from his lower jaw, county coroner Gary Hargrove said. He went into shock from the infection and his body shut down, Hargrove said after an autopsy Friday.” The story continues, “The bus, carrying 44 students home from Lizana Elementary, had only gotten about a mile from school when Callender collapsed, Harrison County Superintendent Henry Arledge said. Both the driver and a ninth-grade student attempted to revive Callender with CPR before an ambulance arrived. Bonnie McDonald, Callender’s teacher, spent much of Friday explaining to her class what happened to him. McDonald said now some students will have access to a CPR class if they’d like to take it. ‘I think that’s sort of a positive thing that came out of this,’ McDonald said.”

What did not make the newspapers are stories of two children in North Carolina who recently died from dental infections, one of whom was only four years old. How many other children have died from oral infections that have gone unpublished? Worse yet, how many children have died from dental-related infections, yet the cause of death was not even attributed to the dental infection due to a lack of knowledge of the oral-health/systemic-health connection? The only positive news in these articles is that the hospitals recognized the connection to tooth decay and people are talking about it.

The shocking reality of these stories is that we in the dental profession know that dental disease is a transmissible, preventable disease. Surgeon General David Satcher’s landmark 2000 report on oral health in America, the 2003 National Call to Action to Promote Oral Health, the surgeon general’s Conference on Children and Oral Health and the Healthy People 2010 oral health objectives for the nation have all created awareness and served as wake-up calls to oral health professionals, policymakers, child advocates and parents to begin addressing the issue of a preventable problem that plagues America’s children regarding oral health and access to dental care. In spite of these reports, America’s children are still dying from dental disease in 2007. The death of a child tends to bring issues to the forefront.

The National Health and Nutrition Examination Survey (NHANES) 1999-2002 survey data selected by states reveals that nearly four-million preschool age children are affected by dental disease; that is almost one third of the nation’s preschool population. The data also reveals that the prevalence of dental decay in children ages two-to-five has increased 15.2 percent. Driver’s and Callender’s stories could be the story of any economically disadvantaged child in America.

The childhood caries problem is multi-faceted, ranging from access-to-care issues including shortage of dentists and the uneven distribution of practicing dentists, lack of dental insurance coverage, insufficient reimbursement rates for dental services, to lack of...
knowledge on the parents’ or caregivers’ parts. There is plenty of blame to go around. Solutions to the problems have been and continue to be addressed and implemented at various levels. However, America’s children are still dying from dental disease in 2007. Even one death is one too many. No one should die of easily treated or preventable dental disease.

Oral disease is still the number-one chronic pediatric illness in our country, remaining the lingering, silent epidemic of neglect that affects millions of children. Science has proven that chronic oral disease contributes to a higher incidence of systemic diseases including upper respiratory disorders, diabetes, cardiovascular disease, and, in females, low birth weight babies. We also know that the children with the most devastating oral health are primarily from poor families with no dental access. In fact, it is estimated that only 25 percent of children from economically disadvantaged families have ever seen a dentist prior to kindergarten age. As these children get older, the appearance of a decayed and unhealthy mouth limits their life choices in job selection and social interactions. Self-confidence is damaged or destroyed, often times for life. Early dental destruction starts a downward spiral whose widespread implications involve poorer physical health, self-esteem, and successful social integration. Decay in primary teeth is a strong predictor of decay in permanent teeth. A carious lesion in one tooth translates to an average lifetime cost of $2,200 for that tooth.

These fatalities may have been prevented if the children’s parents had only known about and understood the oral-health/systemic-health connection. However, before we cast judgment on the parents, be sure to note that the reality is that many of these parents are completely unaware of the importance of good oral hygiene, or are not informed at all. Many parents could do a better job if they only knew how. Some may call it parental “ignorance,” others parental “neglect.” It could be, and is more likely, that the parents of these children cared for their children’s mouths the way theirs were cared for (and they survived). Prevention is the key to good oral health in children. Good habits such as brushing, flossing and seeing a dentist regularly ensure a healthy smile that can last a lifetime. Yet often, these habits go unlearned in many children.

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strategies has the “potential of virtually eliminating dental caries in all children.” Because sealants have been proven to be the most effective means of preventing pit-and-fissure caries, the widespread use of sealants could have a dramatic effect on decreasing the incidence of dental caries in children. Studies have shown that simple, economical habits including having the mothers of infants and toddlers chew xylitol chewing gum four times a day will lower the child’s caries rate by 70 percent.

The National Children’s Oral Health Foundation (NCOHF) is working fast and furiously to create a national model that will serve the critical oral health needs of all of America’s children. NCOHF was launched in February 2006, to ensure that oral health services for economically disadvantaged children across the country are delivered in adherence to exceptional protocols that will help children thrive, not just survive. Its goal is to eliminate childhood dental disease through a balanced approach of therapeutic treatments, aggressive preventive therapies, and interactive, child-centered educational programs.

The foundation’s 10-year goal is to establish or support existing operations of more than 500 non-profit treatment centers around the country that will treat more than five million children. Additionally, annual goals include providing oral health education for more than 20 million children and their families. Preventive educational wellness programs will be conducted through the facilities, school screenings, health fairs, and cooperative school systems. The programs are also available to dental professionals for use in private offices and to the lay public who seek accurate information for their children and grandchildren.

NCOHF was founded with the singular focus of providing treatment and preventive education to eliminate this number one childhood chronic illness in America, pediatric dental disease. With more than 50 affiliates in process, including University of North Carolina-Chapel Hill, Howard University, the University of Alabama, Dorchester House in Massachusetts and several other major university dental schools and their satellites, NCOHF is on its way to facilitating a powerful network of non-profit pediatric providers. All share a passionate commitment to providing the very best integrated education, prevention and treatment programs for underserved children in their communities. Network affiliates have access to outstanding educational materials, valuable resources and technical support. Together, with the generous participation of national and local partners, NCOHF is working to ensure that every child is given the opportunity to have a healthy smile.

Whereas a variety of the NCOHF affiliate models exist, there are several permeations of each model. However, all NCOHF affiliates share a common goal in serving their communities with a congruent integrative educational model for education, preventative therapies, and restorative procedures. NCOHF models are successful and ready to be replicated, as they share their experiences, and leverage established resources. What a shame that four children had to die prior to the goal being accomplished.

NCOHF is coordinating an initiative that will serve the critical oral health needs of all of America’s children, beginning in the city of its corporate headquarters, Charlotte, North Carolina – the Charlotte Metro Toothfairy Project. The Million Smiles Club is providing a strong financial and personal commitment to this effort. They will be working with the Charlotte Dental Society, Community Health Services, Carolinas Medical Center and concerned groups hoping to collaboratively deliver the comprehensive care and education necessary to eliminate debilitating pain and suffering.

Visit www.ncohf.org to learn more about NCOHF’s lifesaving work for children suffering from pediatric dental disease. Let’s make sure that this terrible tragedy doesn’t happen to another child in this country on our watch. We must rescue these children from the terrible negative health, economic, and social consequences from untreated pediatric oral disease.

If you would like to launch a Toothfairy Project in your area, please contact NCOHF at info@ncohf.org or 704-350-1600.


Author’s Bio

Dr. Cherilyn Sheets maintains a full-time private practice in Newport Beach, California, for aesthetic rehabilitative dentistry. She is an international educator, clinician, author and lecturer, and received the 2002 Gordon Christensen Award for Excellence in Lecturing, the 2004 USC School of Dentistry Alumnus of the Year Award, and the 2006 Section Honor Award (Distinguished Dentist Award) from the California Section of the Pierre Fauchard International Honor Dental Academy. She is a past president of the American Academy of Esthetic Dentistry and the American Association of Women Dentists. Dr. Sheets is co-executive director of the Newport Coast Oral Facial Institute, a clinical professor of restorative dentistry at the University of Southern California, founder of the Children’s Dental Center, and founder of the National Children’s Oral Health Foundation. With the University of California-Irvine School of Engineering, she is leading research on energy dissipation in teeth and implants with James C. Earthman, Ph.D.