

# CHILDREN'S ORAL HEALTH

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Health in Santa Clara County

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# Dental Caries

- Common
- Affects health
- Affects learning and development
- Preventable

# Effects on Health

- Early childhood caries causes:
  - Intense pain
  - Risk of other infections (e.g., ear or sinus)
  - Premature loss of primary teeth
- And increases the long-term risk of:
  - Chronic caries in permanent teeth
  - Adult periodontal disease
    - Which may be linked with:
      - Diabetes
      - Cardiovascular disease
      - Stroke
      - Pre-term births

*“They’re just baby teeth?”*





# Effects on Development & Learning

- In the youngest children, early childhood caries can affect development of:
  - Mouth shape
  - Eating patterns
  - Speech
- In schoolchildren, poor oral health leads to:
  - Restricted activities
  - Inability to concentrate
  - Missed school days



# Effects on Learning, continued

- Statewide: **874,000 lost school days** due to dental problems (2007)
- Los Angeles Unified School District:
  - Students lacking dental care were **2.75 times more likely to miss school** due to dental problems
  - Students with recent tooth pain were **4 times more likely to have a below-median GPA**



# Prevention

- Fluoride
- Appropriate nutrition
- Oral hygiene
- Periodic professional exam and cleaning
- Dental sealants





# How are we doing?

- **Progress** in reducing caries among older children

But...

- **Rising incidence** among children under age 6
- Over 25% of U.S. preschoolers suffer tooth decay (2011)





# Children's Dental Health in Santa Clara County

Portion of kindergarteners who have experienced tooth decay:

- White: 21%
- Asian: 59%
- Hispanic / Latino: 64%
- Eligible for free-reduced lunch: 74%

Portion of all kindergarteners with untreated tooth decay: 31%



# What are the obstacles?

- Inadequate insurance coverage
- High out-of-pocket costs
- Lack of access to providers
- Inadequate parent/caregiver education
- Inadequate health provider education
- Low priority for public policy

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= Kids not receiving the preventive dental care they need





# Dental Insurance Coverage

- Uninsured kids are 3 times more likely to suffer unmet dental care needs.
- One out of every 5 California children lacks dental insurance.
- In 2010-11, dental services comprised only 1.2% of the state's Medi-Cal budget.

*In 2011, 41% of U.S. dental costs were paid for out of pocket – compared to just 9.7% of costs for physician and clinical services.*





# Access to Providers

- Pediatric dentists make up <3% of all U.S. dentists
- Difficult to find general dentists who will treat children under age 3
- Less than half of CA's pediatric dentists accept Denti-Cal
- Denti-Cal reimbursement rates are the second lowest in the nation (above Florida)

# Awareness and Education

- **Parents** are unaware or have inaccurate beliefs
- **Pediatricians** provide inaccurate or out-of-date advice

*“It’s normal for baby teeth to fall out early”*

*“Toddlers don’t get cavities”*

*“Fruit juice and formula don’t promote tooth decay”*

*“Only candy or sweets can cause cavities”*

*“Your kid doesn’t need a dental exam until all of his teeth have come in”*





# Disparate Impacts

- 80% of all childhood cavities are concentrated in 25% of kids.
- Greatest impacts are on:
  - Mexican-American children
  - Children with family income below 100% FPL -or- participating in free/reduced school lunch
  - Children with disabilities or special needs
- Data are lacking on Asian-American children

*BUT...the strongest predictor of kids' unmet dental needs is lack of health insurance.*





# What Are We Doing?

- Children's Health Initiative expanded dental coverage
  - Evaluation showed increase in dental visits
- Water District is developing plan for community water fluoridation
- Free or low-cost dental services such as the recent CA Dental Assn clinic



# What More Can Be Done?

- Expand school-based or community-based sealant programs
- Enlist physicians
  - Provide training on oral health for young children
  - Reimburse doctors for basic oral health services
  - Give pediatricians resources to refer patients to a dental home
- Strategize to address ACA impacts
  - Pediatric dental coverage will not be federally required for consumers purchasing insurance through an exchange
  - Recent IRS rule appears to exclude the cost of stand-alone pediatric dental benefits in calculating a family's subsidy





# Model: Into the Mouths of Babes

- North Carolina program for Medicaid recipients.
- Trains and pays doctors to provide basic preventative dental services for kids aged 0 to 3 ½.
  - Oral health screening
  - Parent counseling
  - Fluoride varnish application
- Services can be delivered by physicians, PAs, or nurse practitioners who complete a 1 ¼ hour AMA training.
  - Includes training on referring children to a dental home
  - Includes training on documentation and Medicaid billing





## 1. ORAL EVALUATION



## 2. COUNSELING WITH PRIMARY CAREGIVERS



## 3. APPLICATION OF TOPICAL FLUORIDE VARNISH



# Model: Into the Mouths of Babes

- Goals:
  - Every child have at least 4 IMB visits by age 3 ½
  - Every 3-year-old referred to & establishes a dental home
- Outcomes:
  - For children with at least 4 visits: 17 to 49% reduction in needs for caries treatments compared to Medicaid children with no visits
- Replication toolkit available

