Promoting the Oral Health of Children with Special Health Care Needs—In Support of the National Agenda

The medical home can promote children's and adolescents' oral health by providing periodic oral screenings, hygiene instruction, anticipatory guidance, and referral to oral health professionals.

Introduction

The National Agenda for Children with Special Health Care Needs (CSHCN) calls for the development of systems of care that are family centered, community based, coordinated, and culturally competent. This agenda addresses a long-term national goal articulated in *Healthy People 2010: National Health Promotion and Disease Prevention Objectives.* That goal is to "increase the proportion of states and territories that have service systems for children with or at risk for chronic and disabling conditions as required by Public Law 101-239."

The Maternal and Child Health Bureau has identified six critical indicators of progress that compose a comprehensive system of care. These indicators include (1) medical home, (2) insurance coverage, (3) screening, (4) organization of services, (5) family involvement, and (6) transition to adulthood.[1]

Although the national agenda does not address the oral health of CSHCN explicitly, it is widely recognized that healthy gums and teeth are essential to a child's well-being and that many children, particularly CSHCN, face significant barriers to good oral health. This document provides suggestions for promoting the oral health of CSHCN that are consistent with the national agenda.

Medical Home

The medical home is a source of ongoing health care in the community where health professionals and families work as partners to meet children's needs. The medical home helps identify special health care needs; provides ongoing primary care; and coordinates with a broad range of other specialty, ancillary, and related services.

Promoting Oral Health in the Medical Home

- Primary care health professionals should receive formal training in the promotion of oral health in the medical home.
- Primary care health professionals should be compensated fairly for the time and effort required to effectively promote oral health in the medical home.
- Primary care health professionals should make referrals to dental professionals and should consult with them on health histories and clinical management.

- Primary care health professionals should encourage dentists to provide care for CSHCN.
- Medical homes should follow up on dental referrals as they do on specialty referrals to ensure that CSHCN receive necessary oral health care.

State and local oral health and maternal and child health (MCH)/CSHCN programs should work collaboratively to promote the adoption of oral health promotion activities in the medical home.

Insurance Coverage

Families must be able to pay for the range of services that CSHCN require. Under-insurance or lack of insurance must be addressed.

Increasing Dental Insurance Coverage for CSHCN

- Sources of payment should be identified to help families who—because they lack dental insurance or because of the high cost of dental procedures—cannot meet the cost of necessary treatment.
- State and local oral health programs and MCH/CSHCN programs should work collaboratively to promote sources of free or low-cost care, such as special clinics, for families who lack dental insurance and financial resources.
- Insurance reimbursement should be increased to adequately compensate dentists for providing care for CSHCN with complex medical conditions or behavioral issues.
- Medicaid and the State Children's Health Insurance Program should support special clinics or supplemental reimbursement programs to increase access to care for CSHCN.
- Dental insurance exclusions should be eliminated and annual maximums increased for CSHCN, who may require complex and costly dental treatment.
- Insurance should cover the cost of operating room charges for CSHCN whose oral health needs cannot be met on an outpatient basis.

Screening

Infants and children with health conditions that place them at high risk for oral health problems must be identified early to help ensure that they receive the necessary care to prevent oral disease and promote optimal development.

Screening CSHCN for Oral Disease and Developmental Problems

- Screening protocols that are part of early intervention programs for CSHCN should include inspection of the mouth.
- Advocates for CSHCN covered by Medicaid should be familiar with their state's latest Early and Periodic Screening, Diagnostic and Treatment periodicity schedule relating to oral health services.
- Programs that serve CSHCN should include oral health screenings as part of general-health or life-quality assessments.

Health professionals and programs that serve CSHCN should include oral screenings as part of general-health assessments.

- State and local oral health programs and MCH/CSHCN programs should provide technical assistance to other programs that wish to incorporate oral health screening activities.
- Health professionals should routinely screen CSHCN for oral disease and developmental problems and should provide parents with anticipatory guidance on how to inspect and take care of their child's mouth.

Organization of Services

For services to be of value to CSHCN and their families, the health care system should be organized to identify oral health needs and should provide services in accessible, family-centered, and culturally appropriate contexts.

Including Oral Health in "Systems of Care"

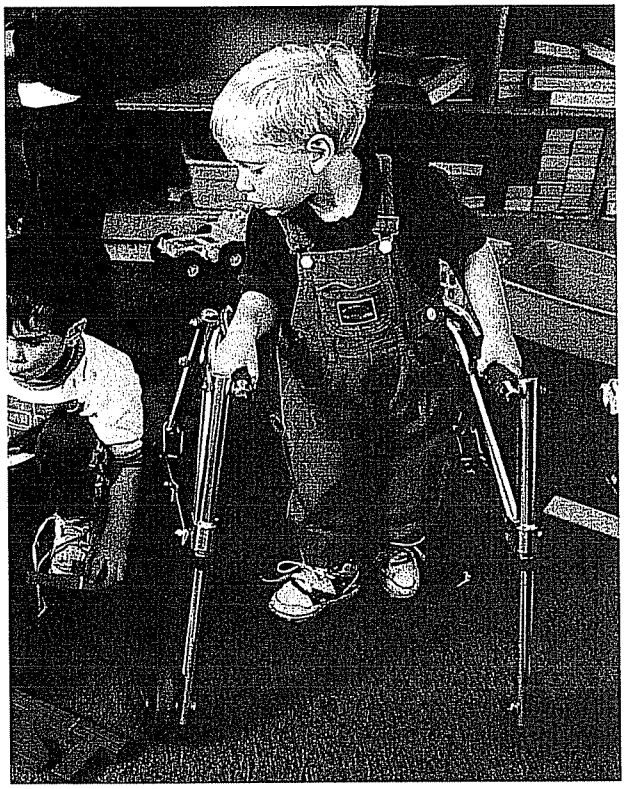
- Primary care health professionals should promote "seamless" systems of health care by ensuring that children and adolescents with oral health problems are referred to oral health professionals.
- Families should receive help with navigating complex medical and oral health care systems through the use of care-coordination or patient navigation services, family support programs, and advocacy programs.
- When appropriate oral health services for CSHCN are not available in the local community, health professionals—including oral health professionals—should recommend other sources of care, such as hospitals or specialized clinics outside the community.
- State and local oral health programs and MCH/CSHCN programs should be familiar with local and regional oral health resources and should advocate for adding necessary resources to deficient oral health care networks.

Family Roles

Families are pivotal in making any system of care for CSHCN work. Family members representing the diversity of the community must play meaningful roles in the development of systems at all levels of policy, programs, and practice.

Promoting the Family's Role in the Oral Health of CSHCN

- Parents of CSHCN should be taught to take care of their child's mouth at home and to understand how to obtain appropriate oral health services.
- Health professionals, health departments, and parent support organizations should take an active role in empowering parents to act on behalf of their child.
- State and local oral health programs and MCH/CSHCN programs should collaborate to undertake surveys to assess CSHCN oral health status and treatment needs and should seek input from families with CSHCN.



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- State and local advisory bodies and planning groups that address CSHCN issues should involve families interested in improving the oral health care system.

Transition to Adulthood

When adolescents with special health care needs become adults, they must be able to expect good health care, employment with benefits, and—to the extent possible—independence. Appropriate adult health care options must be available in the community and must be provided within developmentally appropriate settings. Adolescents must be prepared to take charge of their own health care to the degree that they are able.

Promoting Oral Health for Adolescents with Special Health Care Needs During Transition to Adulthood

- Adolescents transitioning from the home to more independent living arrangements should be taught to select oral health care products, to perform oral self-care (e.g., regular toothbrushing), and to eat foods that promote optimal oral health.
- Caregivers should assume daily responsibility for maintaining the oral health of adolescents who are unable to do so for themselves.
- Caregivers and agencies that have responsibility for the care of persons with special health care needs who are living out of the home should perform periodic oral assessments and arrange for necessary oral care.
- State and local oral health programs and MCH/CSHCN programs should provide technical assistance to caregivers and agencies that promote the general welfare of adolescents living outside the home.
- Adolescents with special health care needs often lack employment-related dental insurance and may lack Medicaid dental benefits as adults; for these adolescents, alternative sources of dental insurance and reduced-fee options should be identified.

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National Maternal & Child Oral Health RESOURCE CENTER

Oral Health for Children and Adolescents with Special Health Care Needs: Challenges and Opportunities

The need for oral health care is the most prevalent unmet health care need among U.S. children and adolescents with special health care needs.[1]

The Population

The Maternal and Child Health Bureau has defined children and adolescents with special health care needs (SHCN) as those "who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who require health and related services of a type or amount beyond that required by children generally."[2]

Over 9 million (13 percent) of U.S. children and adolescents ages 17 and younger have a special health care need.[3]

The Challenges

Unmet Oral Health Care Needs

The need for oral health care is the most prevalent unmet health care need among U.S. children and adolescents with SHCN ages 17 and under, just as it is for all U.S. children and adolescents.[1]

Children and adolescents with SHCN are almost twice as likely to have unmet oral health care needs as their peers without SHCN across all income levels.[4]

Oral Health and General Health and Well-Being

Oral diseases can have a direct and devastating impact on the health of children and adolescents with certain systemic health problems or conditions.

- Children and adolescents with compromised immunity or certain cardiac conditions may be especially vulnerable to the effects of oral diseases.
- Children and adolescents with mental, developmental, or physical impairments who do not have the ability to understand and assume responsibility for or cooperate with preventive oral health practices may be vulnerable as well.[5]

General health impairments may also adversely affect oral health.

- Malocclusion and crowding of the teeth occur frequently in children with atypical development. Over 80 craniofacial syndromes exist that can affect oral development; 25 percent are associated with mental impairments.[6]
- Medications, special diets, and oral motor habits can cause oral health problems for many children and adolescents with SHCN (e.g., tooth decay–promoting effect of medicines with high sugar content, excessive tooth grinding with self-stimulating behaviors).[7]

Barriers to Oral Health Care

Provision of oral health care to children and adolescents with SHCN requires specialized knowledge, increased awareness and attention, and accommodation.[5]

Children and adolescents with the most serious conditions who previously were served by experienced, institution-based oral health professionals now seek care from community-based health centers or private practices, where oral health professionals may lack the required knowledge and skills to serve these children and adolescents adequately.[5,8]

Many dentists lack the educational preparation to successfully manage care for children and adolescents with SHCN. About half of the dental schools in the United States provide students with less than 5 hours of classroom instruction and less than 5 percent of clinical time devoted to providing care for children and adolescents with SHCN.[9]

National Maternal & Child Oral Health Resource Center

Fewer than 1 in 10 general dentists regularly provide care for children and adolescents with cerebral palsy or mental retardation or who are medically compromised. About two-thirds of general dentists identify patient behavior as the foremost reason for their unwillingness to provide care for children and adolescents with SHCN.[10]

More than 20 percent of children and adolescents with SHCN have conditions that create financial problems for their families, which can impact their access to oral health care.[11]

The Opportunities

General dentists practicing in small communities, dentists who participate in Medicaid, and older dentists are more likely to provide care for children and adolescents with SHCN.[10] Pediatric dentists and dentists working in schools of dentistry and university-affiliated centers on disability are also an important source of care.

The Maternal and Child Health Services Block Grant (Title V) requires that states budget at least 30 percent of their federal allocation to services for children and adolescents with SHCN. Title V funds may be used to provide case-management services to families as a means to improve access to oral health care, and to support collaboration between SHCN programs and oral health programs.[12]

All children and adolescents enrolled in Medicaid are entitled to comprehensive oral health services through Early and Periodic Screening, Diagnosis and Treatment. States use a variety of reimbursement methods for targeted case management, a service that assists families in gaining and coordinating access to oral health services appropriate to their needs.[13]

Head Start programs allocate a minimum of 10 percent of their enrollment to children with disabilities. Programs work with local agencies to help families enroll in public assistance programs or to obtain other sources of funding for oral health care. Programs also work with dentists to ensure that an oral examination and treatment plan are developed and that necessary treatment is completed for all children enrolled in the program.[14]

Special Olympics Special Smiles is one of several community-based programs created to increase public awareness of the oral health issues facing children and adolescents with SHCN, increase their access to care, and train professionals to care for them. The program provides athletes with oral health screening, oral hygiene education, and referrals to dentists in their community for routine oral health care and treatment.[15]

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