



The Association of State and Territorial Health Officials
1275 K Street, NW, Suite #800
Washington, DC 20005-4006
Phone (202) 371-9090 Fax (202) 371-9797

Children's Oral Health: State Initiatives and Opportunities to Address the Silent Epidemic

Executive Summary

Oral health is essential to general health and well being throughout the lifespan and is a marker for overall health status. Research and other advances in oral health over the past 50 years have led to safe and effective means of maintaining oral health and preventing dental caries and periodontal disease. However, these improvements have not been equally shared by the U.S. population and significant disparities in oral health among low-income and minority children continue. Dental caries, the most common chronic childhood disease, has shifted from being a universal health problem to one primarily afflicting low-income children, those typically covered by Medicaid and the State Children's Health Insurance Program (SCHIP).

Publicly-funded health programs have great potential to provide necessary preventive dental care for children, yet have largely not been able to do so. This is a reflection of several complex issues, including the fact that oral health programs have not traditionally been well integrated with other public health programs and that oral health services have been greatly underfunded. Additional barriers to accessing oral health care occur at both the systemic and individual/family levels.

Safe and effective strategies for obtaining and maintaining optimal oral health exist, and states, communities, health care providers, and individuals can all contribute to achieving this goal. State oral health programs have great potential to diminish the burden of oral disease. State health agencies can foster collaboration at the federal, state, and local levels, and support the integration of oral health into other programs. This issue brief provides an overview of oral health policy issues and challenges, and details five states' initiatives – Alabama, New Hampshire, North Carolina, Washington, and Wisconsin – that are working to improve oral health care for children. These examples demonstrate the many opportunities available for states to expand access to oral health care through the effective use of public and private resources, and interdisciplinary, collaborative partnerships.

Why is Children's Oral Health Important?

Oral health is essential to general health and well being throughout the lifespan and is a marker for overall health status. Advances in biomedical, behavioral, and health services research and their practical application to communities over the past 50 years have led to safe and effective means of maintaining oral health and preventing dental caries and periodontal disease. However, these improvements have not been equally shared by the U.S. population, allowing significant disparities in children's oral health among low-income and minority communities to continue. Dental caries, the most common chronic childhood disease, has shifted from being a universal health problem to one primarily afflicting low-income children, those typically covered by Medicaid and the State Children's Health Insurance Program (SCHIP). Specifically, 80% of tooth decay occurs in only 25% of children and adolescents¹ and 5% of children are estimated to suffer from extreme disease.² Disease burden appears to be increasing as population demographics change. Children with highest disease levels also access care least.³ These trends challenge limited public health and publicly funded resources. Oral disease presents large financial and social costs to society. The nation's annual dental bill exceeds \$56 billion, but the portion paid by government has markedly decreased over the last three decades and is now only 4.6%.⁴ This number does not account for expenditures for oral and craniofacial care provided by other health care professionals.⁵ Oral diseases can also contribute to significant lifelong health problems. Children with poor oral health may face a diminished quality of life, including needless pain, decreased self-esteem, and restricted school and other activities. Preschoolers with severe "early dental caries" may suffer failure to thrive, distraction from play and learning and disturbances in basic functions of eating and sleeping.

The burden of oral diseases can be effectively reduced through preventive measures. Publicly-funded health programs have great potential to provide necessary preventive dental care for children, yet have largely not been able to do so. Although Medicaid and all but two SCHIP programs extend dental coverage to recipients, the sufficient services are generally not available. This is a reflection of several complex issues, including the fact that oral health programs have not traditionally been well integrated with other public health programs, and that oral health services have been greatly underfunded. Other access barriers to care are addressed below. Strategies to increase access and

¹ Kaste, L.M., et al. "Coronal caries in the primary and permanent dentition of children and adolescents 1-17 years of age: 1988-1991." *Journal of Dental Research*. 75(1996): Special No. 613-617.

² Milbank Memorial Fund and the Reforming States Group. "Pediatric dental care in CHIP and Medicaid: Paying for what kids need, Getting value for state payments." July 1999. Available at <http://www.milbankmemorialfund.org/990716mrpd.html>.

³ Edelstein B, Manski RJ, and Moeller, JF. "Pediatric dental visits during 1996: an analysis of federal Medical Expenditure Panel Survey." *Pediatric Dentistry*, 22:17-20, 2000.

⁴ U.S. Department of Health and Human Services, Health Care Financing Administration. "National Health Expenditures, by Source of Funds and Type of Expenditure: Calendar Years 1994-99" accessed on 5/25/01 at <http://www.hcfa.gov/stats/nhe%2Doact/tables/t3.htm>.

⁵ U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

utilization of oral health services rely on the effective use of public and private resources, including interdisciplinary, collaborative partnerships.

This issue brief is the first in a series addressing children's oral health and the role of state public health. The first section provides an overview of oral health policy issues and challenges, followed by examples of innovative state programs to improve children's oral health. Future issue briefs will focus on specific oral health policy topics related to prevention, chronic disease, and environmental health measures.

A Call to Focus on Children's Oral Health

New research, conferences, and publications, including the Surgeon General's Conference on Children and Oral Health, emphasize the need for greater attention to improving children's oral health and dental care. The Surgeon General's report, *Oral Health in America* (available at <http://www.surgeongeneral.gov/library/oralhealth>) underscores that oral health is essential to general health and can be achieved by all Americans. This report also documents the significant disparities that exist between racial and sociodemographic groups in achieving oral health. The Surgeon General's call to action charges the nation with achieving the oral health objectives outlined in *Healthy People 2010* (available at <http://www.health.gov/healthypeople/Document/HTML/Volume2/21Oral.htm>) and stresses the importance of partnerships in enhancing education, research, and services, and in eliminating barriers to care.

Although oral health services for children are a mandatory Medicaid benefit under EPSDT, the Office of the Inspector General found that only 20% of eligible children received any of these dental services.⁶ A series of the General Accounting Office (GAO) reports on oral health and low-income populations also highlight the major access issues associated with Medicaid and SCHIP.^{7,8} The reasons for nonutilization of dental care are complex and barriers to accessing care exist at both the system and individual levels. Medical insurance is a strong predictor of access to dental care. Uninsured children are more than 2.5 times less likely than insured children to receive dental care.⁹ Additional barriers to accessing oral health care include a lack of community-wide prevention programs (i.e., fluoridation), and work force issues, such as a declining dental workforce and a lack of incentives for providers to participate in public programs. For individuals and families, insufficient resources to pay for services, the inability to find a dentist, and

⁶ U.S. Department of Health and Human Services. Office of the Inspector General. Children's dental services under Medicaid. Access and utilization. San Francisco: Office of Evaluation and Inspection; 1996. OEI-I-09-93-00240, Office of Evaluation and Inspections. Available at <http://www.hhs.gov/progorg/oei/reports/a10.pdf>.

⁷ General Accounting Office. HEHS-00-149. Oral Health: Factors contributing to low use of dental services by low-income populations. U.S. General Accounting Office, Report to Congressional Requesters. HEHS-00-149, September 2000. Available at <http://www.gao.gov/new.items/he00149.pdf>.

⁸ General Accounting Office. HEHS-00-072. Oral Health: Dental disease is a chronic problem among low-income populations. U.S. General Accounting Office, Report to Congressional Requesters. HEHS-00-072, April 2000. Available at <http://www.gao.gov/new.items/he00072.pdf>.

⁹ Bloom B, Gift HC, Jack SS. Dental services and oral health: United States, 1989. *Vital Health Stats* 10:183, 1992.

a lack of understanding of the importance of oral health care are also substantial public health challenges.

Despite this gloomy picture, significant efforts to promote access to oral health care do exist. At the federal level, the Health Resources and Services Administration (HRSA) and the Health Care Financing Administration (HCFA) have provided leadership and technical assistance to states to strengthen the delivery system and reduce barriers to accessing care through the Oral Health Initiative (information available at <http://www.hrsa.gov/oralhealth>). A federally-stimulated initiative, the “Public-Private Partnership on Children’s Oral Health” is bringing together policymakers, federal and state agencies, health professional organizations, private corporations and others to discuss action plans around children’s oral health. States and communities have adopted successful preventive measures – such as fluoridation and dental sealant programs – and have pursued creative financing and delivery systems that have led to reductions in dental caries and oral disease. However, additional work to improve the nation’s oral health status is needed.

Select State Oral Health Programs

State oral health programs have great potential to diminish the burden of oral disease. They can serve as the linking agent for collaboration at the federal, state, and local levels and can direct and integrate strategies.¹⁰ A first step in this effort is ensuring that all states have oral health programs and dental directors in place. A 1999 survey of the Association of State and Territorial Dental Directors (ASTDD), found that 31 states and five territories had a full time dental director, 12 states had a part time director position and eight states and one territory had vacant director positions.¹¹ For a detailed assessment of the resources needed to maintain a state dental health program, see the ASTDD report, “Building Infrastructure and Capacity in State and Territorial Oral Health Programs” available at <http://www.astdd.org/Infrastructure.pdf>. There are numerous opportunities for states to expand access to oral health care through Medicaid and SCHIP programs, through other federally-funded initiatives, and through public-private partnerships. The following details five states’ initiatives that provide examples of collaborations with Medicaid, education, and private partners to address access to oral health care services, including workforce issues and oral health education to communities.

Alabama

Some of the major issues identified by Alabama in their assessment of the state’s provision of dental care include a shortage of dental providers, inadequate dental reimbursement rates, patient behavioral concerns, and educational issues. To address many of these concerns, Alabama created the Dental Outreach Initiative to ensure that every child in the state enjoys equal and timely access to quality, comprehensive oral health care. The Alabama Oral Health Policy team was formed and participated in a

¹⁰ Association of State and Territorial Dental Directors. Building Infrastructure and Capacity in State and Territorial Oral Health Programs. 2000. Available at <http://www.astdd.org/Infrastructure.pdf>.

¹¹ Association of State and Territorial Dental Directors. Building Infrastructure and Capacity in State and Territorial Oral Health Programs. 2000. Available at <http://www.astdd.org/Infrastructure.pdf>.

National Governor's Association Center for Best Practices *Policy Academy on Improving Oral Health Access and Outcomes for Children*. The Team is led by the Alabama Medicaid Agency, and other members include the Alabama Department of Public Health, Department of Children's Affairs, University of Alabama at Birmingham School of Dentistry, Office of Primary Care and Rural Health, and the Alabama Dental Association. The Dental Outreach Initiative developed and is currently implementing, *Smile Alabama!* A major goal of *Smile Alabama!* is to increase the recruitment and retention of Medicaid dental providers. A first step in this effort was to streamline administration and increase Medicaid's reimbursement to the 75th percentile, the same level as Blue Cross, the state's largest insurer. *SmileAlabama!* is surveying providers to identify their needs and concerns, and providing technical assistance in claim submission. *Smile Alabama!* is also creating a state database of dental providers and providing patient education that emphasizes the importance of dental care and appropriate office behavior.

The Alabama Oral Health Policy Team is also investigating the feasibility of amending the dental practice act to allow hygienists to provide preventive services in limited settings under general supervision; reviewing practice acts to determine if the use of pediatricians, family practitioners, and OB/GYNs to provide preventative and educational services to pregnant women and children under age three is allowed; establishing payment mechanisms and referral sources for children identified as needing care; undertaking a needs assessment of resources and identified areas of need by working with local health councils; pursuing efforts to solve reimbursement issues; developing and implementing a surveillance/monitoring process to assess oral health status in the state; and expanding collaborative efforts among public and private partners. Additional information is available at <http://www.medicaid.state.al.us/Dental/dental.htm>.

New Hampshire

The New Hampshire Department of Health and Human Services recently developed a prepaid dental benefit for its voluntary Medicaid Managed Care Plan. New Hampshire contracts with Anthem Blue Cross and Blue Shield of New Hampshire and its' subsidiary, Matthew Thornton Health Plan, Inc. (MTHP) to provide comprehensive medical services to eligible Medicaid beneficiaries who choose to enroll in the voluntary prepaid health plan.

Anthem Blue Cross and Blue Shield has an agreement with Northeast Delta Dental (NEDD) to provide for the delivery of comprehensive dental services to children and adolescents under the age of nineteen who are enrolled in MTHP. The dental portion of this plan, administrated by NEDD, is named MTHP-Kids. Dental coverage includes preventive, diagnostic, and restorative services. MTHP-Kids was effective on August 1, 2000 with a calendar year threshold benefit of \$1000.00 per person after which more intensive claims review were triggered. Effective January 1, 2001, the calendar year benefit was increased to \$2500.00.

Beneficiaries are given a Delta Dental card, which helps to avoid the possible stigma associated with Medicaid. Dental offices are unaware of any difference between a Medicaid and commercially insured Delta beneficiary. Dental providers are reimbursed by NEDD, and not Medicaid at 100% of their usual and customary rates. Preliminary

feedback is that both providers and beneficiaries are enthusiastic about this program. For additional information, contact Dr. Ali Mashayekhi at amashayekhi@dhhs.state.nh.us.

North Carolina

In working towards a decay-free generation of North Carolina children, the Oral Health Section of the North Carolina Department of Health and Human Services program is organized into four broad components: (1) health education/health promotion; (2) prevention; (3) oral health assessment; and (4) access to care. In addition to these four broad program components, the Section conducts a Dental Public Health Residency program accredited by the American Dental Association. Specific services include dental assessments and oral screening, referral and follow-up, oral surveys, health education, health promotion, promotion and monitoring of water fluoridation, fluoride mouthrinse and dental sealants. A pilot project teaching medical professionals to conduct oral screenings, place fluoride varnish, and provide nutritional counseling related to oral health (combined as a preventive dental package), is being conducted in 11 counties. All of the services are aimed at reducing preventable oral diseases including tooth decay, periodontal disease, and oral cancer, as exemplified in Healthy People 2010. Additional information is available at <http://www.communityhealth.dhhs.state.nc.us/dental>.

Washington

Since 1997, local coalitions in Washington have been strengthened and expanded through a HRSA Community Integrated Service Systems grant to the Washington Department of Health (DOH). Local oral health coalitions operate in more than 10 counties statewide. Innovative DOH projects include the development of the Washington State Dental Sealant Program Guidelines and the soon-to-be-published *Smile Survey 2000*, a study that looks at the oral health status and treatment needs of Washington children.

The Washington State Oral Health Coalition (WSOHC) is a voluntary, non-profit group comprised of 40 members from business, government, and health organizations and other portions of the public and private sectors. WSOHC works toward expanding oral health partnerships, getting the most out of limited resources, and sharing ideas with members around the state. WSOHC is also a member of *Citizen's Watch for Kids' Oral Health*, a coalition formed in response to the Surgeon General's Report that works to create an atmosphere in which proposals to improve children's oral health are more likely to be supported by the public and by policymakers. This campaign uses the slogan "Watch Your Mouth." Members come from business, government, labor, child advocacy organizations, medical/dental professionals, and public education. Washington also features the Access to Baby and Child Dentistry Program (ABCD), a partnership between Medicaid, the University of Washington, local health jurisdictions, local dental societies, and other funding partners. ABCD operates in eight Washington counties and has won national awards for innovation. Pediatricians and other primary care givers are being recruited into the program. Another program is the University of Washington Oral Health Collaborative, a group that is taking an action approach to teaching oral health and preventing dental disease. Along with students in the academic dental hygiene program, the Collaborative has ventured into 15 Washington State counties and three Tribal Nations to respond to the specific needs of rural communities and underserved urban sites. Activities link to local health jurisdictions, health coalitions, state agencies, and

universities. Lastly, the Washington Dental Service and Washington Dental Service Foundation work to improve oral health in Washington through preventive, community outreach, advocacy, and research programs. These programs include SmileMobile, the Oral Health Resource Center, the Cavity Free Kids Program, and grants. Additional information is available at <http://www.KidsOralHealthWatch.org>.

Wisconsin

Healthy Smiles for Wisconsin is a statewide initiative to improve the oral health of Wisconsin children through school and community partnerships. *Healthy Smiles* is funded by a Centers for Disease Control and Prevention (CDC) grant awarded to the Department of Public Instruction and the Department of Health and Family Services, and is facilitated by the Children's Health Alliance of Wisconsin (CHAW). CHAW is working in partnership with oral health, health care, public health, education, and community leaders to meet the *Healthy Smiles* goals of developing a statewide plan for working with schools and communities to increase access to oral health education, prevention, and treatment services for school-aged children, and developing a plan for incorporating school-based and school-linked education, prevention, and service delivery strategies into dental hygiene education programs in the Wisconsin Technical College System and at Marquette University.

The programs within the *Healthy Smiles* initiative are *Seal A Smile*, the *Wisconsin Youth Oral Health Data Collection Plan*, and the *Back to School for Healthy Smiles* dental hygiene education effort. Together these programs address three primary oral health issues: youth oral health surveillance and data collection; dental sealants; and oral health education. *Seal A Smile* is a three-year initiative to promote the provision of dental sealants to all children who need them, and involves regional meetings, planning guides, technical assistance and resources to assist communities in holding sealant clinics in their area of the state. The oral health data plan is collecting information on dental care access and practices within Wisconsin and the nation, including county-by-county data. Additional information about *Healthy Smiles for Wisconsin* can be found on the project's web site at <http://www.healthysmilesforwi.org>.

Recommendations and Resources for States

Achieving optimal children's oral health requires partnerships among the dental, medical, and public health delivery systems, and with communities. Safe and effective strategies for obtaining and maintaining optimal oral health exist, and states, communities, health care providers, and individuals all have a role in achieving it. As indicated, there are substantial challenges to states' abilities to provide quality, accessible dental care to meet all children's oral health needs. However, there are also opportunities for state health agencies to expand the capacity of publicly-funded programs to assure that preventive oral health services are provided to all eligible children. State health agencies can foster collaboration at the federal, state, and local levels, and support the integration of oral health into other health programs. To achieve this, sustainable resources to support the infrastructure for state oral health programs must be available. As previously mentioned, this issue brief is the first in a series that will address specific oral health policy issues and strategies that states can pursue to assure optimal oral health for all children.

Additional Oral Health Resources

Association of State and Territorial Health Officials Issue Brief. “Children’s Oral Health Conference Summary” available by contacting lrasquin@astho.org.

Association of State and Territorial Dental Directors. “Building Infrastructure & Capacity in State and Territorial Oral Health Programs.” April 2000. Available at <http://www.astdd.org/Infrastructure.pdf>.

The Association of Maternal and Child Health Programs. “Putting Teeth into Children’s Oral Health Policy and Programs: The State of Children’s Oral Health and the Role of State Title V Programs.” December 1999. Available at <http://www.amchp.org/news/OralHealth.pdf>.

Centers for Disease Control and Prevention and the Association for State and Territorial Dental Directors’ National Oral Health Surveillance System. Available at <http://www.cdc.gov/nohss>.

Center for Health Services Research and Policy. “Sample purchasing specifications for Medicaid pediatric dental and oral health services.” Available at <http://www.gwu.edu/~chsrbp>.

Children’s Dental Health Project. Information available at <http://www.childent.org>.

Health Resources and Services Administration/Health Care Financing Administration’s Oral Health Initiative. Information available at <http://www.hrsa.gov/oralhealth>.

Healthy People 2010 Oral Health Objectives are available at <http://www.health.gov/healthypeople/Document/HTML/Volume2/21Oral.htm>.

U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Available at <http://www.surgeongeneral.gov/library/oralhealth/>.

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