

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.

Reference

1. Maternal and Child Health Bureau, Health Resources and Services Administration. *Achieving and Measuring Success: A National Agenda for Children with Special Health Care Needs*. [Web site] <http://mchb.hrsa.gov/programs/specialneeds/measuresuccess.htm>.

This policy brief was written by the Association of State and Territorial Dental Directors, Children with Special Health Care Needs Advisory Workgroup, with special thanks to Jay Balzer, D.M.D., M.P.H., who served as project coordinator and primary author. The policy brief was produced by the National Maternal and Child Oral Health Resource Center (OHRC).

Development of this brief was supported by project number U44MC00177 to the Association of State and Territorial Dental Directors and project number H47MC00048 to OHRC, Georgetown University. Both projects were funded by the Maternal and Child Health Bureau (Title X, Social Security Act), Health Resources and Services Administration, U.S. Department of Health and Human Services. Photograph on page 1 courtesy of Magda de la Torre.

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Association of State and Territorial Dental Directors, Health Systems Research, and National Maternal and Child Oral Health Resource Center. 2005. *Strategies for Improving the Oral Health System of Care for Children and Adolescents with Special Health Care Needs*. Washington, DC: National Maternal and Child Oral Health Resource Center. <http://www.mchoralhealth.org/PDFs/SHCNtipsheet.pdf>.

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