Meeting the Oral Health Needs of Children

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Why Does Oral Health Matter?

Poor oral health can affect a child’s...

- Nutrition
- Overall Health
- Social Adjustment
- Appearance
- School
- Performance
- Ability to Thrive
Issues for Young Children (Ages 0-3)

• Baby teeth matter for nutrition, speech development
• Early Childhood Caries (ECC) are a serious threat to children at the eruption of the first tooth
• Interventions: Early counseling, anticipatory guidance, and fluoride varnish help reduce ECC
• Care for pregnant women and new moms is a promising method of early intervention
• Very low numbers of dentists treat young children
• Workforce: Pediatric dentists, MDs, RNs, NPs
Issues for Elementary School-Aged Children

- Diet and hygiene habits forming
- Permanent teeth begin to come in which need care
- Interventions: School-based and school-linked programs, such as dental sealants, can help improve the oral health of this population
- Workforce: Public Health hygienists, general dentists
Elementary school is a critical time for learning
Issues for Adolescents

• Orthodontia, behavior-related risks (sports injuries, mouth jewelry, spit tobacco), potential for advanced disease, expiring Medicaid eligibility

• Interventions: Improvements to Medicaid to expand access to care for this age group

• Workforce: General dentists, orthodontists
“Bleeding gums, impacted teeth and rotting teeth are routine matters for the children I have interviewed in the South Bronx. Children get used to feeling constant pain. Children live for months with pain that grownups would find unendurable. The gradual attrition of accepted pain erodes their energy and aspirations.”

- Jonathan Kozol, Savage Inequalities: Children in America’s Schools
A Preventable Tragedy

• Deamonte Driver, a twelve-year-old Maryland boy, died in 2007 from a tooth abscess that spread to his brain

• An $80 routine extraction might have prevented it

“Fewer than 16 percent of Maryland's Medicaid children received restorative services -- such as filling cavities -- in 2005”

Source: The Washington Post, For Want of a Dentist
Percent of Children With Dental Visits by Age, 2004

- under 6: 25.1%
- age 6-12: 59.2%
- age 13-20: 47.9%

Source: Medical Expenditure Panel Survey Chartbook No. 17, 2007
Burden of Dental Disease is Disproportionate

“80% of dental caries is localized among 25% of children”

Low Income Children Have More Decay

Number of Decayed or Filled Teeth by Income

- 0-100% FPL: 1.49
- 101-200% FPL: 0.57
- 201-300% FPL: 0.31
- >300% FPL: 1.37

“FPL” refers to the Federal Poverty Level

Courtesy of Dr. Burton Edelstein
Income Implication of Caries Distribution in Young Children

Non-Medicaid: 12%

Medicaid: 30%

Courtesy of Dr. Burton Edelstein
Dentists’ Participation in Medicaid is Very Low

- In 2001, only 22.7% of dentists billed more than $10,000 per year to provide dental care to Medicaid patients.
- By comparison, 85% of physicians accepted Medicaid in 2000-2001.

Caries Incidence Rising Among Low Income Young Children

Racial Disparities in Burden of Dental Decay

![Chart showing racial disparities in burden of dental decay (dft) x 5.](chart.png)

- Overall: 1.00
d- White: 0.60
- Black: 1.00
- Hispanic: 1.80

Courtesy of Dr. Burton Edelstein

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Preventive Works Wonders!
Percentage of children and adolescents aged 6-19 years with one or more dental sealants* (United States, 1988-1994 and 1999-2002)
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Coverage Matters: Dental Coverage Sources, ages 0-21, 2006

- Private dental coverage: 51%
- Public dental insurance only: 30%
- No dental coverage: 19%

Source: MEPS Statistical Brief, No. 221, 2008.
Coverage Matters: Use of Dental Services by Coverage Source, 0-21, 2006

Source: MEPS Statistical Brief, No. 221, 2008.
Barriers to Access to Care

• Delivery system is built on private practice model that caters to healthy, insured patients
• Few dentists accept Medicaid and SCHIP
• Enabling services are in short supply (application help, translation, transportation)
• Very few services provided where kids are (schools, child care centers)
• Very few services offered during non-traditional hours
The Safety Net has Holes in it!

- 82 million people from low-income families are underserved for oral health care
- Only 27.8% of this underserved population visits a dentist each year
- The dental safety net—community health centers, hospitals, public schools, and dental schools—can only handle 7 to 8 million people annually

Legal and Policy Barriers

• Structure of dental practice acts that mean hygienists and assistants can’t practice to the extent of their training
• Bans on the corporate practice of dentistry stifle innovation and safety net solutions
• Financing for dental care is inadequate. All dental providers deserve to be paid fairly for their services
About Pew

The Pew Charitable Trusts is driven by the power of knowledge to solve today’s most challenging problems.

- Pew applies a rigorous, analytical approach to improving public policy, informing the public and stimulating civic life.
- Established between 1948 and 1979 by two sons and two daughters of Sun Oil Company founder Joseph N. Pew and his wife, Mary Anderson Pew.
- Today, we are an independent nonprofit organization--the sole beneficiary of seven individual charitable funds, with assets of $5.6 billion at the end of June 2007.
- Based in Philadelphia, with offices in Washington, DC, and around the globe, we manage local, national and international philanthropic initiatives.
Why Pew Cares

- Strong interest in promoting kids’ readiness for school – building on our early education campaign
- Failure of government performance – only 1/3 of Medicaid children receive care
- Growing bipartisan interest in cost-effective policy solutions
- Scarcity of national funders in arena: dental only 1.6 percent of health grant making (2005)
- Most common childhood disease, and getting worse among young children
- Long-term health consequences
- Growing recognition of the severity of the problem
Pew partners with others to improve kids’ oral health
Contact us at:

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