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Rhode Island Oral Health Issue Brief

Rhode Island Young Children's Preventive Dental Visit: The Need for Primary Care Medical Providers' Engagement in Children's Oral Health

The Burden of Oral Disease in Young Children

Following decades of sustained community effort, including water fluoridation topical fluoride regimens, and educational interventions, many children are free from dental caries (tooth decay). However, these oral health improvements are not uniform. Tooth decay in primary teeth of children aged 2-5 years increased from 24% to 28% between1988–1994 and1999–2004. Children from lower income families and minority groups were more likely to be affected by early childhood caries.[1]

Difficulties in Accessing Dental Care for Young Children: An Innovative Access Improvement Strategy

According to the Medical Expenditure Panel Survey (MEPS), most childrens' preventive dental visits are delayed until school-age.[2] Receiving early preventive dental care is particularly important for young children at high risk for dental disease. Dental caries is a common, complex, chronic disease resulting from an imbalance of multiple risk factors and protective factors over time. Early Childhood Caries (ECC) affects infants and young children and is characterized by severe tooth decay that require complex and expensive restorative care. Consequences of ECC include hospitalizations and emergency room visits, increased treatment costs, poor physical development, loss of school days, increased days with restricted activity, decreased ability to learn, and diminished oral health-related quality of life.

Problems with access to dental care, particularly for very young children, underscore the critical role that primary care physicians and other health care providers can play in providing access to preventive oral health services. State Medicaid agencies in Rhode Island and across the country opt to reimburse medical providers for preventive oral health services provided to children for several reasons:[3]

- Most young children do not visit a dentist until after five years of age despite the American Academy of Pediatric Dentistry's recommendation that children see a dentist and establish a dental home by age one.[4]
- Many children from low-income families are unable to access a dentist at all.
- Pediatric primary care providers have already established medical homes for this young and vulnerable population.
- Pediatric primary care providers can include quick reimbursable preventive oral health services, anticipatory guidance, and referrals to oral health providers.

American Academy of Pediatrics (AAP) Recommendation for Pediatric Primary Care Providers

Oral health is an integral component of each child's overall health and well-being.

The Rhode Island Department of Health Oral Health Program acknowledges and supports the important role that pediatric primary care medical providers must play in children's oral health as outlined in the AAP Policy Statement: Preventive Oral Health Intervention for Pediatricians, and per recommendations in Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents.

It is essential that pediatric primary care providers include oral health in their practices. Assessing caries risk, implementing oral disease prevention strategies, and establishing linkages to local sources of dental care can favorably impact a child's oral and overall health.

For more information, such as policy statements, resources, and trainings that support the integration of oral health into well-child visits, visit the AAP's Oral Health Initiative at: www.aap.org/commpeds/dochs/oralhealth/index.cfm or visit the Rhode Island Department of Health website; www.health.ri.gov.

Rhode Island Children's Preventive Dental and Medical Visit Status: Findings from the 2007 National Survey of Children's Health

The 2007 National Survey of Children's Health (NSCH), a nationwide telephone interview survey, adds evidence that Rhode Island's young children have limited access to dental care. The survey included 1,756 Rhode Island children age 0–17 years. Among these children, less than 60% of children age 1–5 years reportedly had a preventive dental visit in the past year (58.1%, Figure 1), while almost all children age 1–5 years received at least one preventive medical visit in the past year (99.5%, Figure 1). [Preventive Dental Visit: A visit to an oral health professional for routine checkup, screening or cleaning; Preventive Medical Visit: A visit to a physician, nurse, or other healthcare provider for a physical exam visit or well-child appointment.] Based on this evidence, the NSCH supports the concept that pediatric well-child care appointments would be ideal for introducing the concept of the dental home.

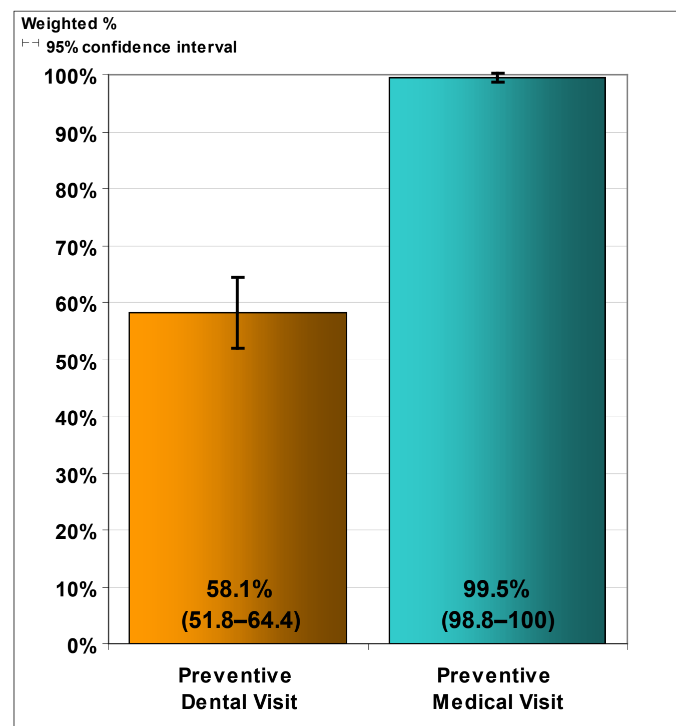
Conducted by the Maternal and Child Health Bureau, Health Resources and Services Administration (HRSA), and the National Center for Health Statistics, Centers for Disease Control and Prevention (CDC), the NSCH survey covered over 100 indicators, including the child's physical, emotional and dental status, health care utilization, school and activities, and family and neighborhood context.[5]

Conclusion: Opportunities to Improve Dental Access for Rhode Island's Young Children

Most Rhode Island young children tend to see primary care medical providers far more frequently than dentists. The American Academy of Pediatrics reported that children see their primary care provider 11 times for well-child care checkups by age two.[6] The Rhode Island Department of Health Oral Health Program strongly supports the strategy of encouraging primary care medical providers to deliver oral health risk assessment screening, early preventive dental services such as fluoride varnish, and anticipatory guidance related to diet and oral hygiene as part of well-child care. Pediatric primary care provider's engagement in referring children to a dentist at every well-child care visit is essential in assuring that all Rhode Island children have an established dental home and achieve comprehensive overall health.

For more information, such as policy statements, resources, and trainings that support the integration of oral health into well-child visits, visit the AAP Oral Health Initiative at: www.aap.org/commpeds/dochs/oralhealth/index.cfm.

Figure 1. Rhode Island Young Children's (1-5 years) Preventive Dental and Medical Visit in the Past Year, 2007 NSCH.



[1] Dye BA, Tan S, Smith V, Lewis BG, Barker LK, Thorton-Evans G, et al. Trends in Oral Health Status: United States, 1998-1994 and 1999-2004. National Center for Health Statistics. Vital Health Stat 11(248), 2007 (http://www.cdc.gov/nchs/data/series/sr_11/sr11_248.pdf).
[2] Manski, RJ, Brown, E. Dental Use, Expenses, Private Dental Coverage, and Changes, 1996 and 2004. Rockville (MD): Agency for Healthcare Research and Quality; 2007. MEPS Chartbook No.17 (http://www.meps.ahrq.gov/mepsweb/data_files/publications/cb17/cb17.pdf).
[3] Chris Cantrell, Engaging Primary Care Medical Providers in Children's Oral Health. Portland, ME: National Academy for State Health Policy, September 2009 (http://www.nashp.org/sites/default/files/EngagingPrimaryCareMedicalProvidersCOH.pdf).
[4] American Academy of Pediatric Dentistry (AAPD). Policy on Early Childhood Caries (ECC): Classifications, Consequences, and Preventive Strategies. Pediatr Dent. 2008-2009;30(7 Suppl):40-43 (http://www.aapd.org/media/policies_guidelines/p_eccclassifications.pdf).
[5] National Survey of Children's Health. Data Resource Center (http://www.nschdata.org/Content/PresentationsLibrary.aspx).
[6] American Academy of Pediatrics (AAP) and Bright Futures. Recommendations for Preventive Pediatric Health Care. 2009 (http://practice.aap.org/content.aspx?aid=1599).