Oral Health for Children and Adolescents with Special Health Care Needs

Challenges and Opportunities

Oral diseases can have a direct and devastating impact on the health of children and adolescents with certain systemic health problems or conditions.[1]

The Population

The Maternal and Child Health Bureau (MCHB) 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 also require health and related services of a type or amount beyond that required by children generally."[2]

Over 11 million U.S. children and adolescents (15.1 percent) have SHCN.[3]

The Challenges

Factors That Contribute to Oral Health Problems

Medications containing sugar, special diets, the need to eat frequently, and poor oral hygiene can cause oral health problems for many children and adolescents with SHCN.[4]

Children with chronic physical illnesses that limit movement or motor function face daily challenges in maintaining optimal oral health.[5]

Environmental factors (e.g., cost of care, difficulty finding a dentist willing to treat children with SHCN, dental offices inaccessible to children with physical limitations) and non-environmental barriers (e.g., oral defensiveness, children's or parents' fear of the dentist) contribute to unmet oral health needs for children with SHCN. Children with developmental disorders, Down syndrome, autism spectrum disorders, and cerebral palsy face the most barriers to care.[6]

Unmet Oral Health Care Needs

Only about 18 percent of children and adolescents with SHCN receive oral health services in a high-quality service system that meets all six quality indicators (decision-making and satisfaction, medical home, adequate health insurance, screening and surveillance, ease of use, and effective transition planning) identified by MCHB in collaboration with state Title V agencies, families, and others.[7]

According to parent reports:[8]

- More children and adolescents with SHCN have seen a dentist for oral health care within the last 12 months than have those without SHCN (83.5 percent vs. 76 percent); yet, the prevalence of unmet oral health care needs is almost twice as likely among those with SHCN as among their counterparts without SHCN (4.2 vs. 2.2 percent).
- Children and adolescents with SHCN who have public insurance are almost twice as likely to have unmet oral health care needs as those with SHCN who have private insurance (7.0 percent vs. 3.7 percent).
- Children and adolescents with SHCN who have public insurance are more than twice as likely to have unmet preventive oral health care needs as those with SHCN who have private insurance (12.2 percent vs. 5.3 percent).

- Children and adolescents with SHCN from families with incomes at up to 200 percent of the federal poverty level (FPL) are four times more likely to have unmet oral health care needs than are those with SHCN from families with incomes at 400 percent of the FPL or more (7.9 percent vs. 2.0 percent).
- Non-Hispanic black children and adolescents with SHCN and Hispanic children and adolescents with SHCN are more likely to have unmet oral health care needs than are white children and adolescents with SHCN (12.5 percent, 11.5 percent, and 7.2 percent, respectively).

Oral health care remains the most frequently cited unmet health care need for children and adolescents with SHCN. Children and adolescents with SHCN from families with low incomes, without insurance, or with insurance lapses, or who were more severely affected by their conditions, had more unmet oral health care needs than other children and adolescents with SHCN. Adolescents with SHCN had more unmet oral health care needs than children with SHCN.[9]

Barriers to Oral Health Care

Some consumer protections in the Patient Protection and Affordable Care Act (ACA) contained in health plans do not extend to dental plans. For example, health plans cannot charge higher premiums or refuse coverage because of a preexisting health condition. Dental plans, however, are allowed to charge more or refuse to provide coverage.[10]

A majority (67 percent) of parents of children with SHCN report that dentists lack necessary knowledge about how to treat children with SHCN or are unwilling to treat them.[11]

The Opportunities

Care Coordination

Children and adolescents with SHCN who have a dental home are more likely to receive preventive and routine oral health care than those who do not have a dental home. The dental home provides an opportunity to implement individualized preventive oral health practices and reduces the child's or adolescent's risk for oral disease.[1]

A key to improving access to oral health care for children and adolescents with SHCN is understanding that having a medical home and a dental home is vital to overall health and sustained quality of life.[5]

Adding preventive oral health care to the array of services provided as part of a physician-based medical home or in community-based agencies that provide developmental therapies and services is a practical strategy to

> *A coordinated transition from a pediatric-centered to an adult-centered dental home is critical for extending the level of oral health and the health trajectory established during childhood.*[14]

reduce logistical barriers to care for children and adolescents with SHCN. It is also consistent with national *Healthy People 2020* objectives to increase oral health services provided by local health departments and federally qualified health centers, which may serve children and adolescents with SHCN and their families.[12]

The oral health care needs of most children with mild to moderate developmental disabilities can be managed in a primary care setting with minor accommodations.[13]

An interdisciplinary, collaborative effort between dentists, nutritionists, physicians, and other health professionals is essential to provide optimal care for children and adolescents with SHCN.[4]

Having a knowledgeable team of practitioners who communicate closely with parents and other caregivers about a child's challenging behaviors and are aware of the child's developmental level can help children with SCHN better cope with oral health care.[13]

A coordinated transition from a pediatric-centered to an adult-centered dental home is critical for extending the level of oral health and the health trajectory established during childhood.[14]

Work Force Development

In a survey of dental school students, respondents indicated an increased comfort level with treating children with SHCN over the course of their program and were quite positive about providing care for these children in the future.[15]

Programs and policies to increase training and education for new and established dentists can address the oral health care needs of children and adolescents with SHCN.[16]

Dental school programs and continuing education should include transitioning strategies, protocols, and experiences to teach dentists how to effectively transition adolescents with SHCN to the adult system of care.[17]

The most frequently cited factors to improve dentists' willingness and ability to care for children with SHCN are improved reimbursement, more continuing education, and further training.[18]

Federal and National Programs

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.[19]

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All children and adolescents enrolled in Medicaid are entitled to comprehensive oral health services through the Early and Periodic Screening, Diagnosis and Treatment program. In addition, given the limited incomes of beneficiaries, Medicaid significantly restricts cost-sharing requirements so families can afford care.[20]

Head Start programs must allocate at least 10 percent of their enrollment to children with disabilities.[21] Programs also work with oral health professionals to ensure that children have a dental home or help parents access a source of care, determine whether children are up to date on a schedule of age-appropriate preventive and restorative care, and arrange for further follow-up and treatment.[22]

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 screenings, oral hygiene education, and referrals to dentists in their communities for routine oral health care and treatment.[23]

The ACA includes several provisions aimed at increasing the number of health professionals practicing in underserved communities and improving access to oral health care. These provisions are an attempt to improve the health and wellness of populations at high risk, including children and adolescents with SHCN.[24]

The ACA supports scholarship and loan-repayment awards to health professionals (dentists and dental hygienists) who commit to practice in underserved areas of the country,[25] as well as to qualified teaching health centers that provide dental (general or pediatric) residency training in community-based ambulatory settings.[26]

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