

# Improving the Oral Health of Children

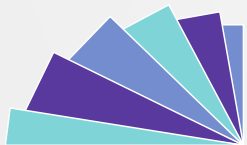
## A National Perspective

Mary E. Foley, RDH, MPH

“Raising the Oral Health Grade in Oklahoma”

Children and Pregnant Women Session

February 5<sup>th</sup>, 2021



**MSDA**

MEDICAID | MEDICARE | CHIP  
SERVICES DENTAL ASSOCIATION

# Disclosure and Conflict of Interest Declaration

- ✓ I declare that neither I nor any member of my family have a financial arrangement or affiliation with any corporate organization offering financial support or grant monies for this continuing dental education program, nor do I have a financial interest in any commercial product(s) or service(s) I will discuss in the presentation.

# Learning Objective(s)

Participants will gain knowledge regarding:

- ✓ Outcome of 2020 OK Pediatric Oral Health Report Card
- ✓ How Oklahoma Medicaid kids compare nationally
- ✓ What this data means for kids in Oklahoma
- ✓ What can be done to improve this score and ultimately the health and well being of Oklahoma's most vulnerable children

Let's talk about *kids*...

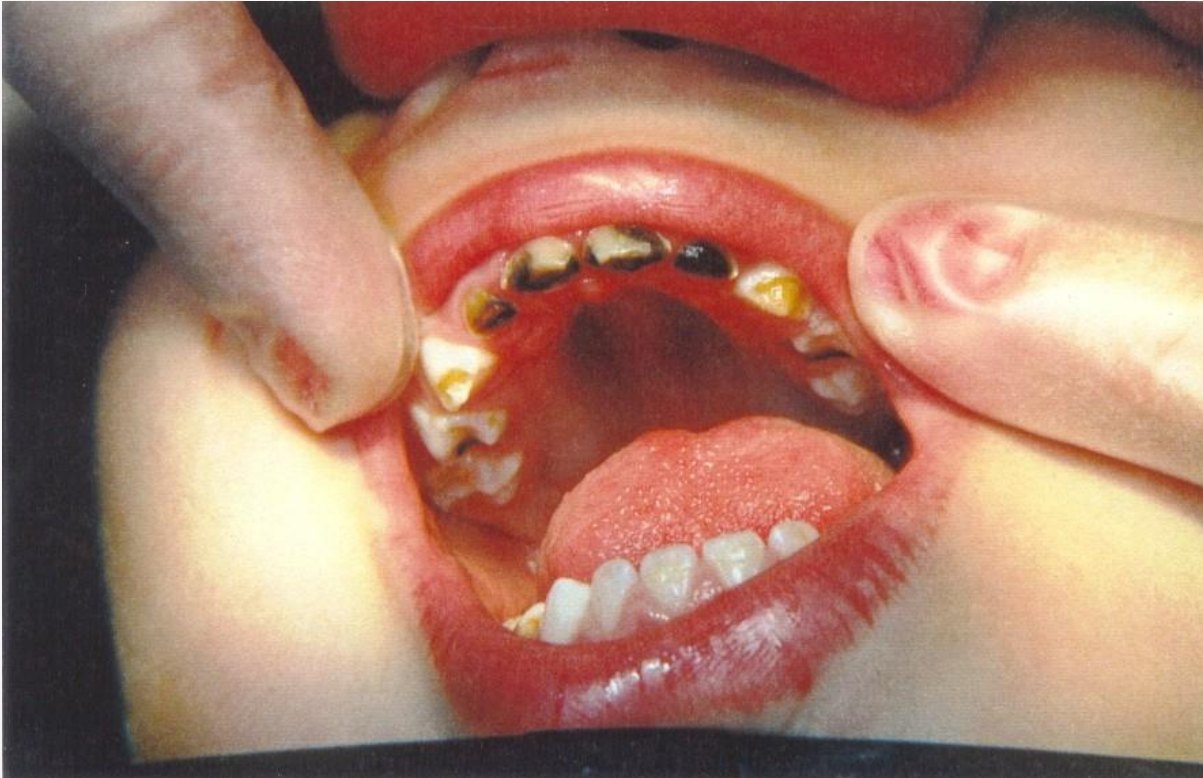


When dentists/hygienists see *kids*...

They expect to see *this*...



But when they find *this*....



They often plan *this...*



Full Mouth Restoration in *Operating Room*

...and call *this*...



...a “success”



**And it would be a success....**

**if it worked...**

**and if it actually stopped disease progression...**

**...but it generally doesn't.**

**\*50% of OR ECC cases fail within first 6 months!**

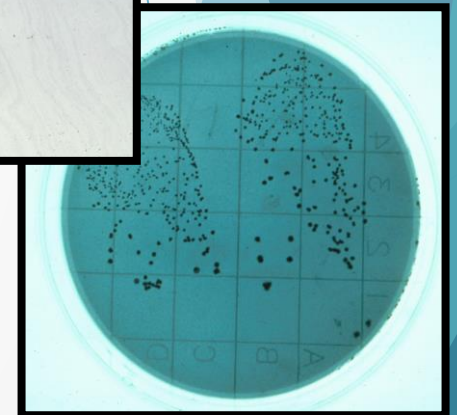
# Dental Caries is...

- ▶ a *chronic* disease
- ▶ similar in nature to asthma, diabetes & heart disease
- ▶ multiple risk factors
- ▶ *infectious*
- ▶ acquired most often from mothers/caretakers



# Dental Caries is...

- ▶ caused by oral bacteria called Mutans Streptococci (MS)
- ▶ diet dependent
- ▶ progressive
- ▶ destructive
- ▶ late stage = cavitation results (cavities)
- ▶ **minimally affected by dental repair (fillings) alone**



# Dental Caries is...

- ▶ Inequitably distributed
- ▶ Consequential to lives of children and families
- ▶ Highly prevalent among *toddlers*
- ▶ **Prevalence**
  - ▶ 21.5% among children ages 2-5 years
  - ▶ 50.5% among children ages 6-11
  - ▶ 53.8% among youth ages 12-19

# Dental Caries is...

- ▶ Fluoride Mediated
- ▶ Manageable
- ▶ Reversible



White Spot Lesion  
Mediated by Fluoride

30-Month-Old Child  
healthy...arrested caries,  
but *not repaired*



# Dental Caries: A Multi-Factorial Disease

Presence of  
Mutans  
Streptococci

Frequent  
ingestion of  
fermentable  
carbohydrates

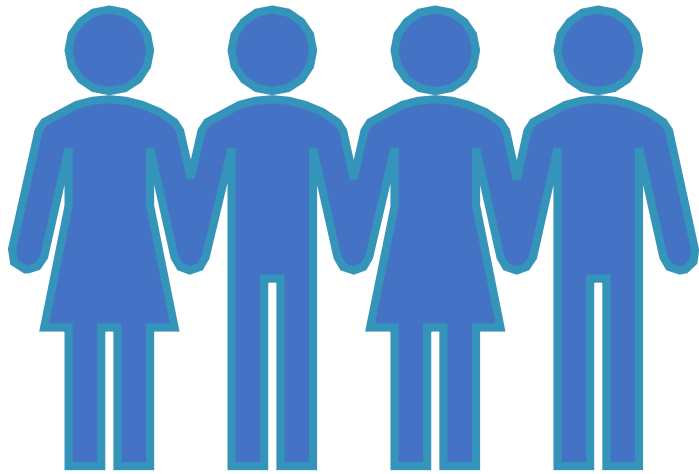
Sub-normal  
salivary flow

# Dental Caries Prevention

## Education & Anticipatory Guidance

1. Informing parents/caretakers
  - *Conditions that create caries & cavities*
  - Natural progression of disease
  - Disease prevention
2. Guiding healthy behaviors *in anticipation of normal development and/or the onset of risk*
3. Early Fluoride Exposure
4. Assessing caries risk during primary healthcare visits
5. Establishing first preventive dental visit by age 1

# Ensuring Population Health through Health Policy



Oklahoma's Kids



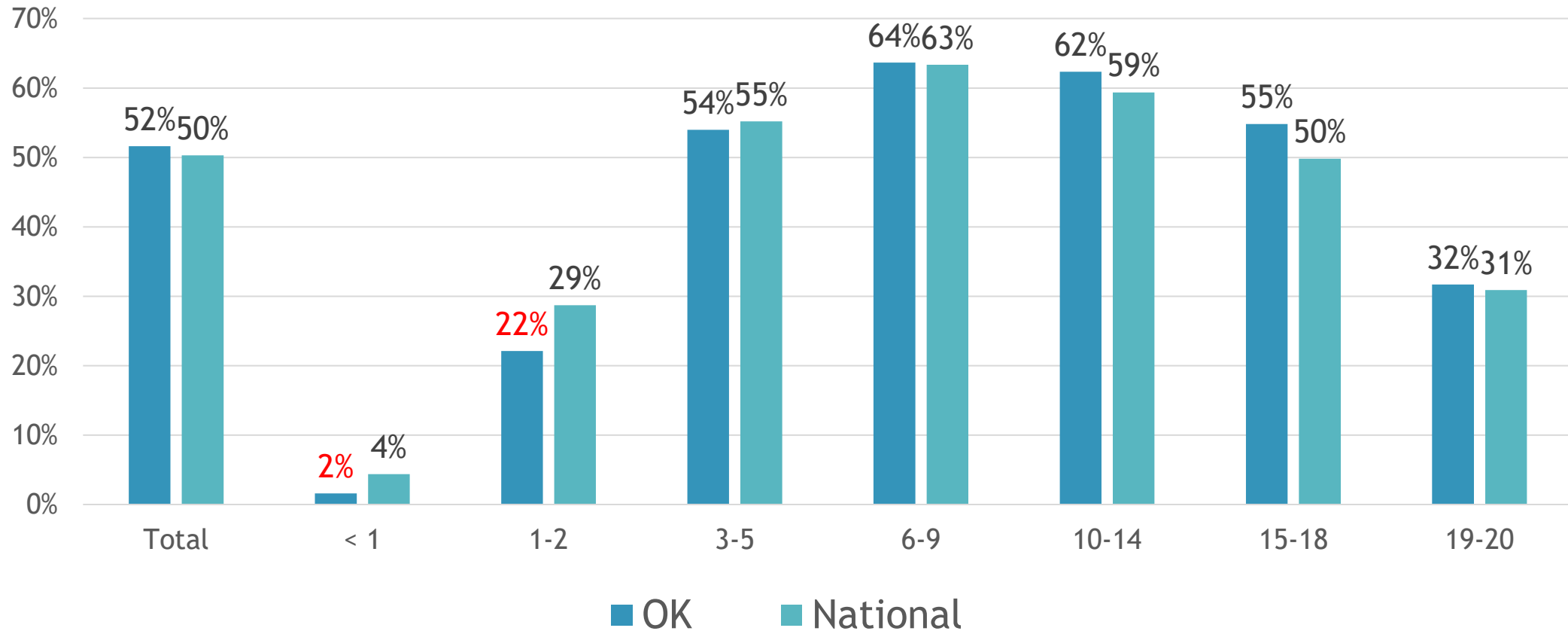
# 2020 Oklahoma Oral Health Report Card

**Score: D**

Children Enrolled in Medicaid		
16%	Ages 1-2	Preventive visit
49%	Ages 3-5	Preventive Visit
49%	Ages 1-20	Preventive Visit
10%	Ages 6-14	Sealants on Permanent Molars

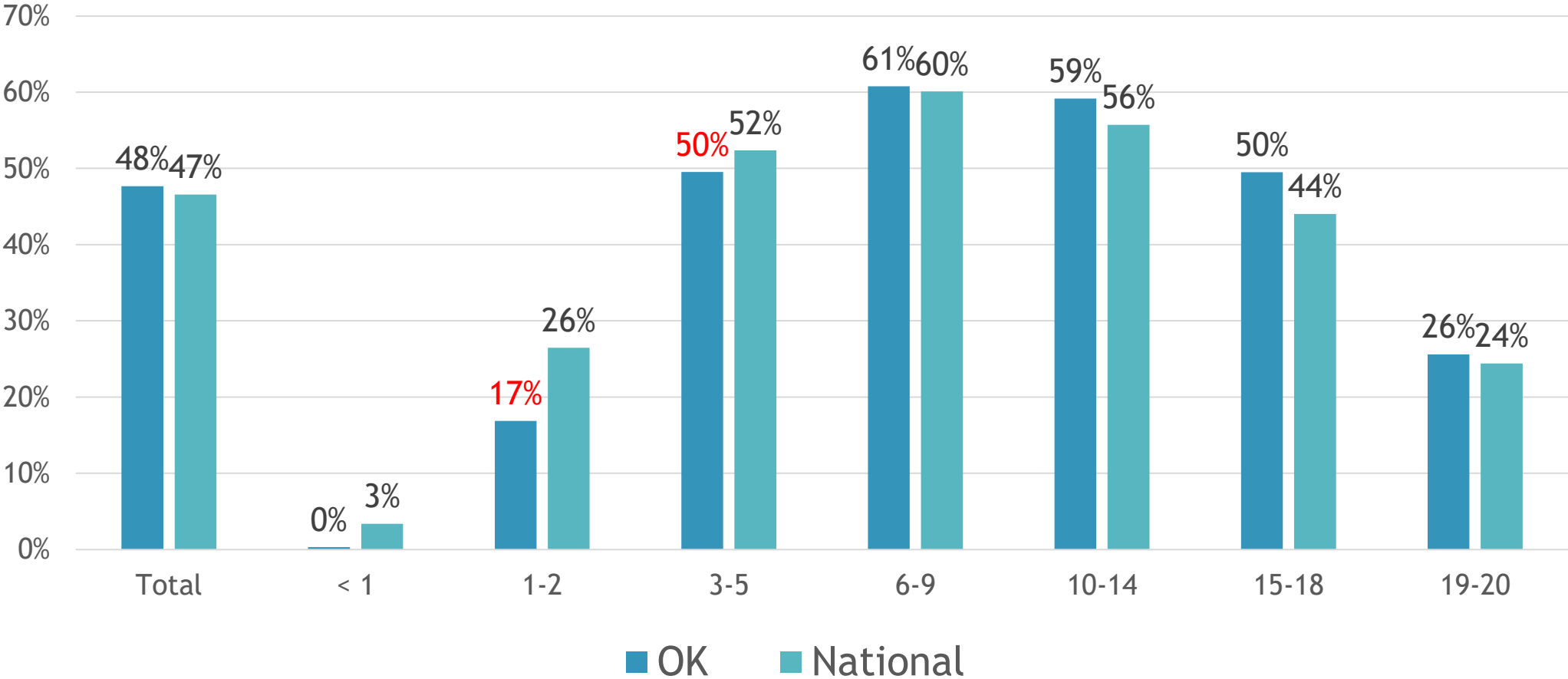
Children: General Population		
17%	Ages 1-17	Any Dental Visit
66%	Third Graders	History of Caries
25%	Third Graders	Sealants on Permanent Molars

## 12a. Total Eligibles Receiving Any Dental Services



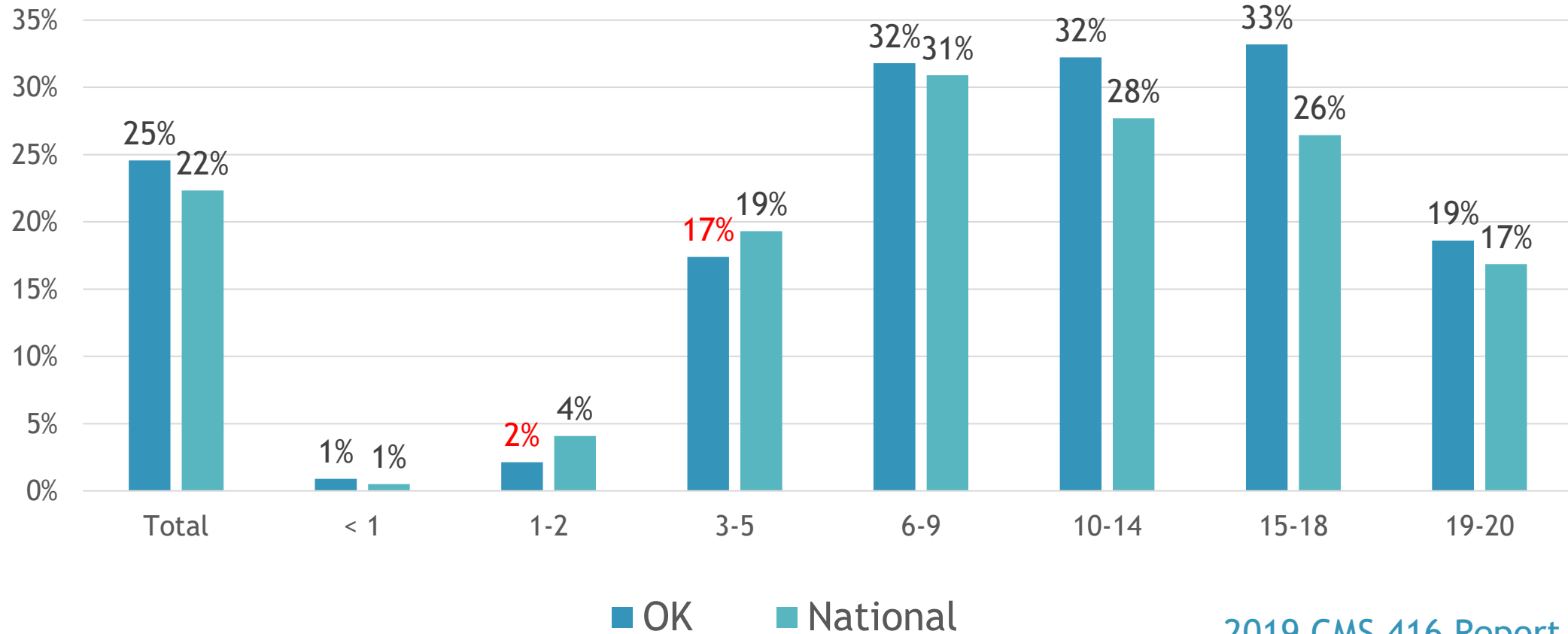
2019 CMS 416 Report

### 12b. Total Eligibles Receiving Preventive Dental Services



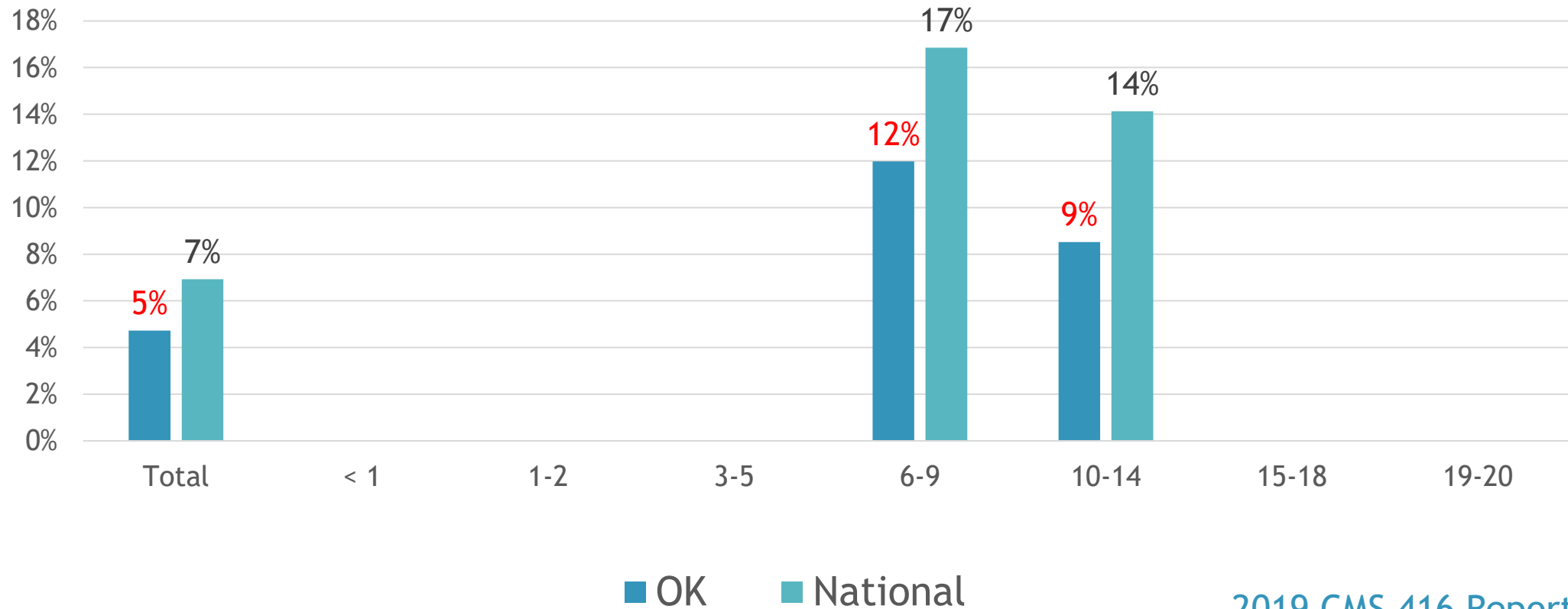
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## 12c. Total Eligibles Receiving Dental Treatment Services



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## 12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth



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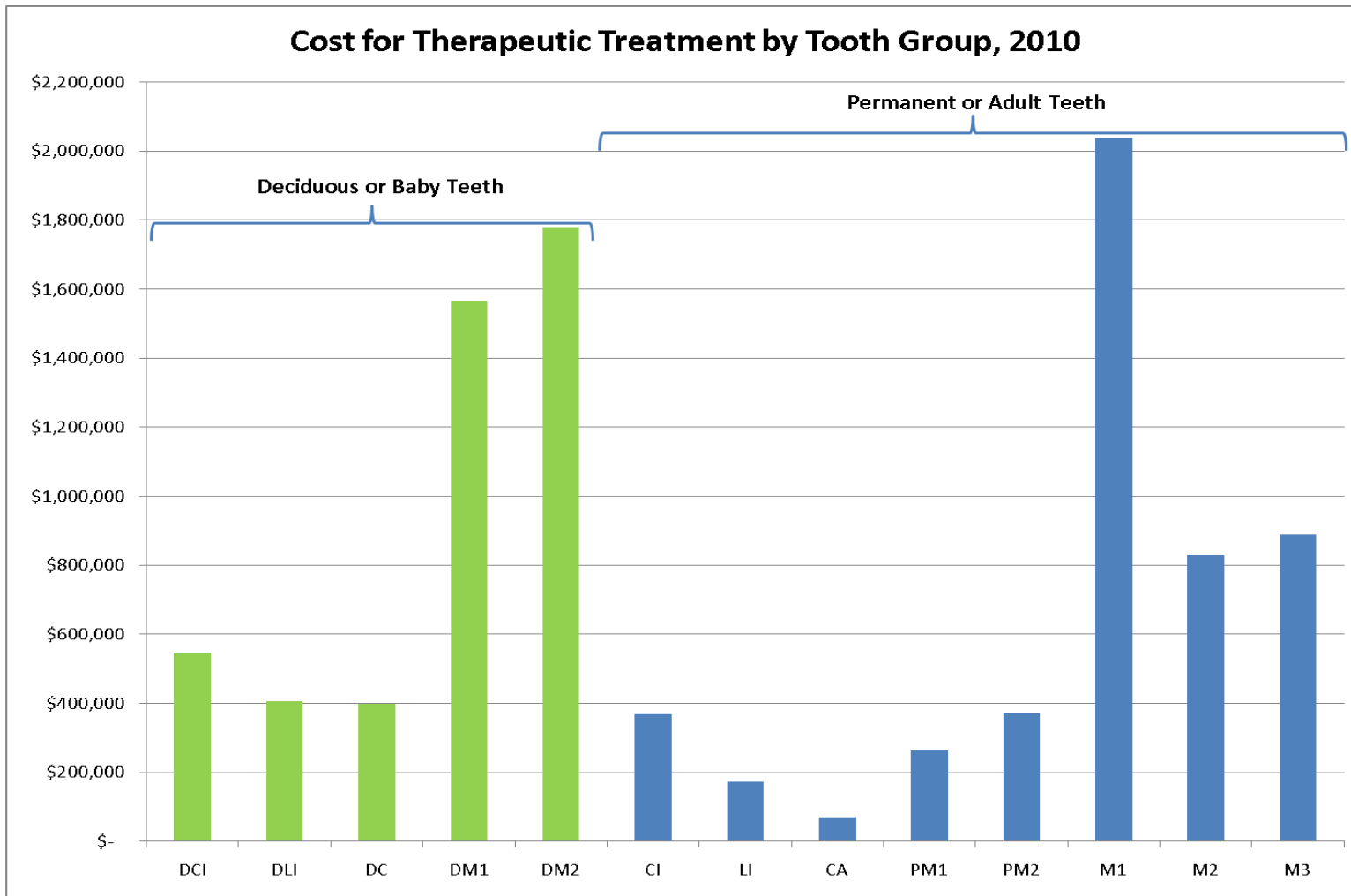
#1  
Indicator of  
dental disease  
in permanent  
dentition

dental disease in  
the primary dentition

85%  
Dental disease  
occurs on  
*occlusal*  
surfaces of  
molars

If you want to  
**prevent dental disease...**

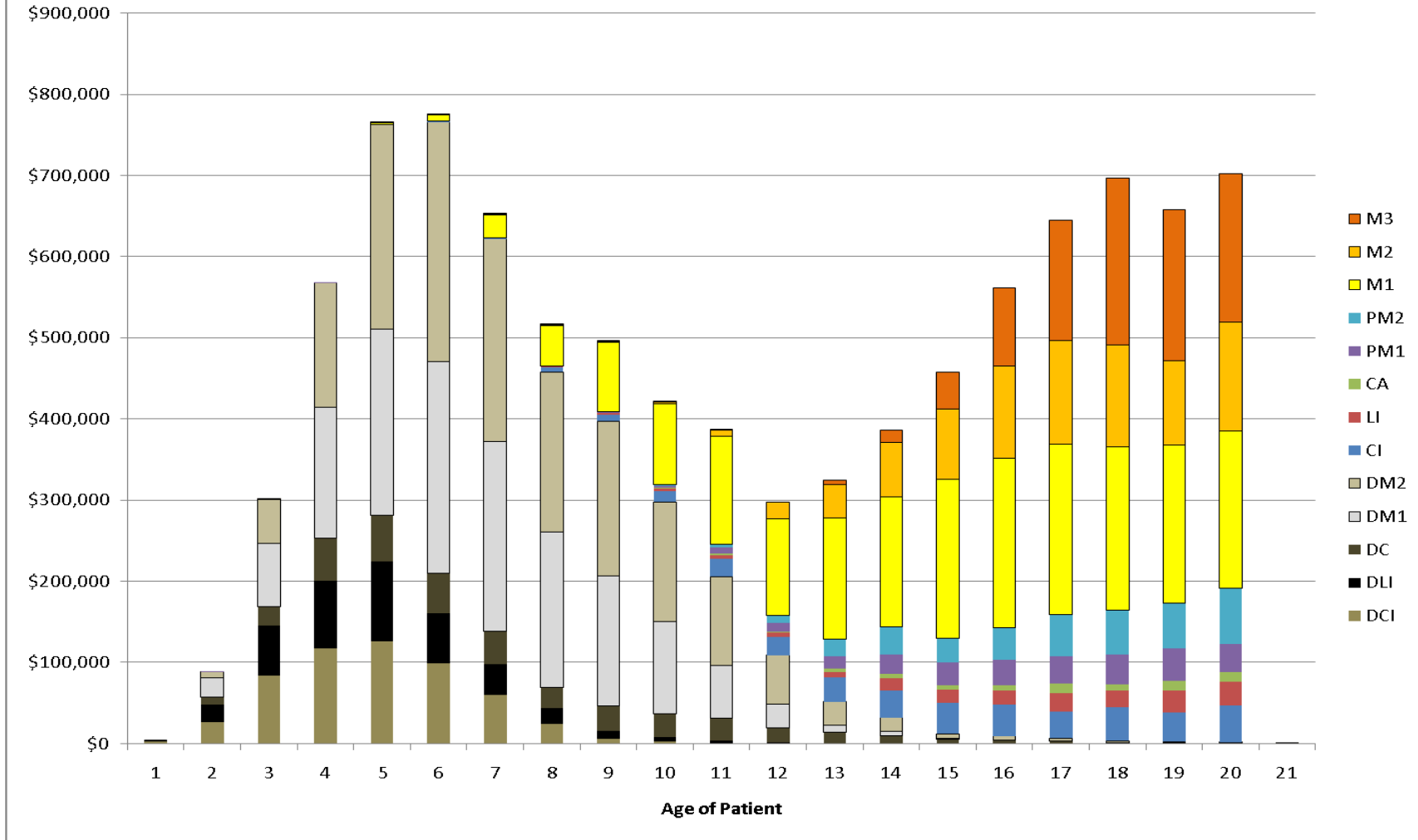
Seal  
primary and permanent  
molars



Slide Courtesy of Rob Compton, DDS



**Total Therapeutic Costs by Age and Tooth Type, 2010**



6 Year Molar

Most Expensive  
Tooth in Mouth

Slide Courtesy of Rob Compton, DDS

85%  
Dental disease  
occurs on  
*occlusal*  
surfaces of  
molars

If you want to  
**reduce cost of dental care**

Seal  
primary and permanent  
molars

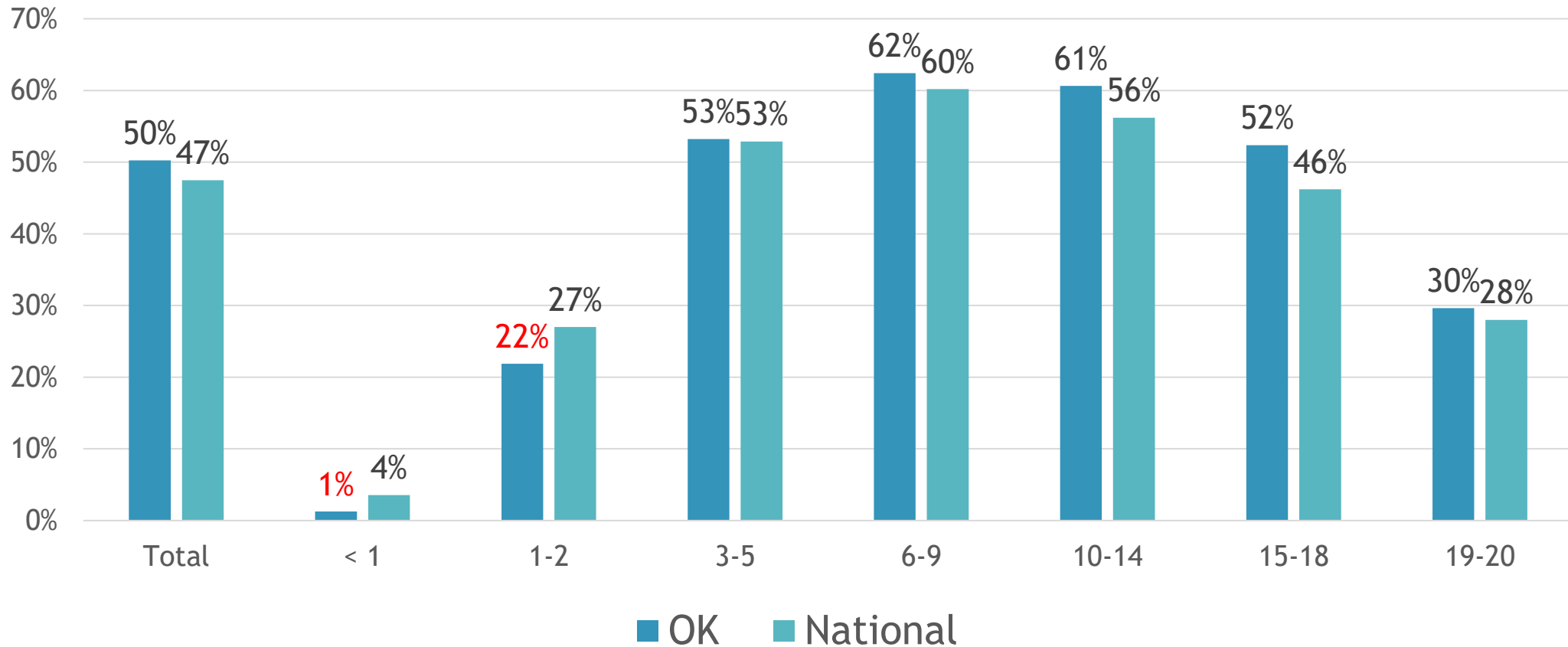
# Why seal primary molars?

#1

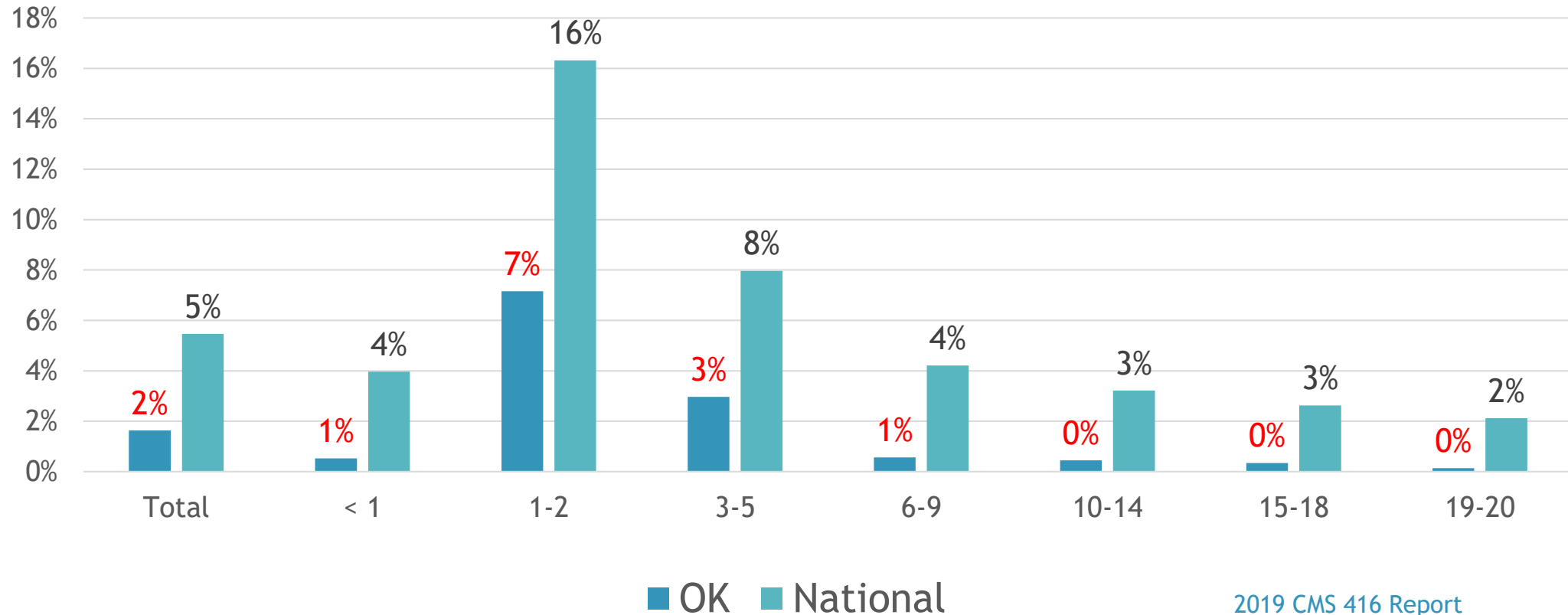
Indicator of  
dental disease  
in permanent  
dentition

*dental disease in  
the primary dentition*

## 12e. Total Eligibles Receiving Dental Diagnostic Services

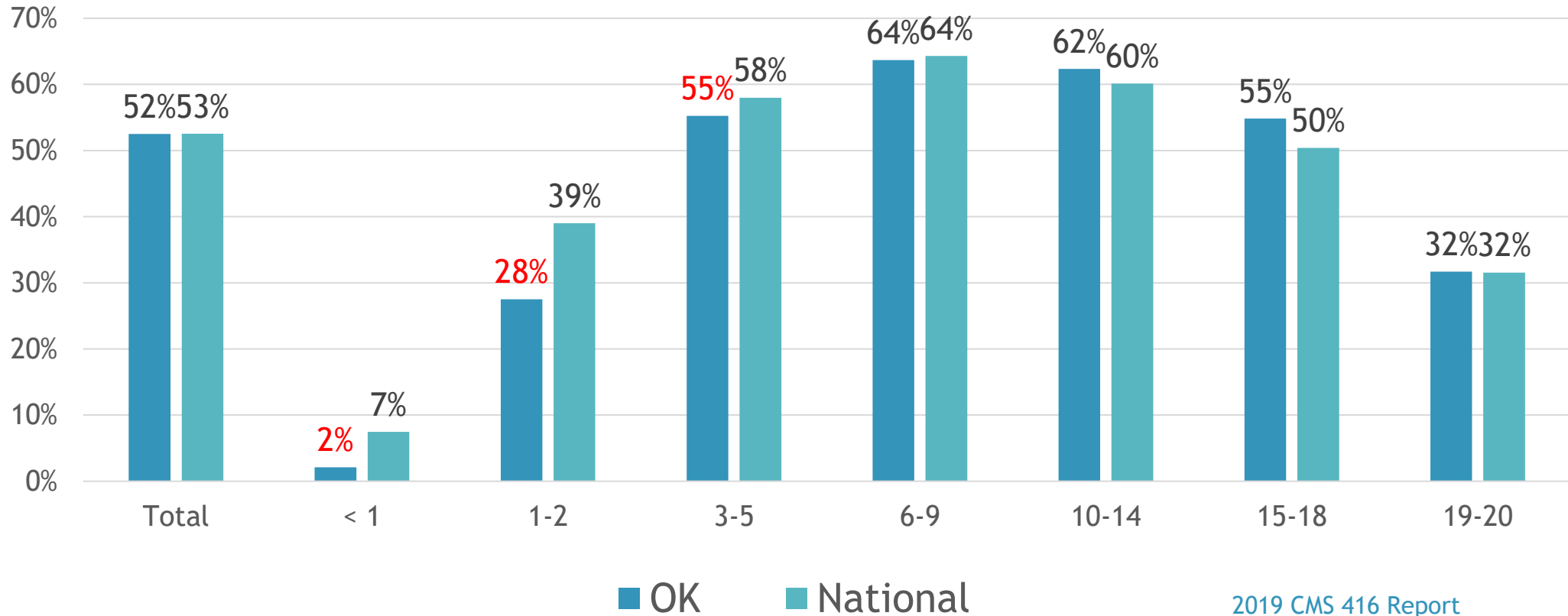


## 12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider



2019 CMS 416 Report

## 12g. Total Eligibles Receiving Any Dental Or Oral Health Service



2019 CMS 416 Report



***Strategies to Ensure  
Healthier Kids***

## Strategy 1.

*Promote safe and effective preventive dental care for perinatal women.*

*Implement a dental benefit for pregnant women and new moms.*



## Strategy 2.

*Prevent or delay infant  
infection of Mutans  
Streptococci (MS).*

*Provide oral health  
anticipatory guidance to  
pregnant women and new  
moms.*

## Strategy 3.

*Integrate oral health into primary healthcare.*

*Conduct dental caries risk assessment on all children by age one.*

*Implement policy to promote early childhood oral healthcare in primary care settings.*

## Strategy 4.

*Promote the establishment of a dental home by age one.*

*Implement policy to support the age one preventive dental visit.*

*Implement value-based provider payments to incentivize early childhood dental care.*

## Strategy 5.

*Promote community water fluoridation.*

*Provide access to fluoride varnish and silver diamine fluoride as indicated to at-risk children.*

## Strategy 6.

*Incorporate the Social Determinants of Health in policy and practice.*

*Build stronger community connections.*

*Connect with PH Programs to ensure family stability.*

# Questions

# Mary E. Foley, MPH

Ms. Mary E. Foley is the Executive Director of the Medicaid-Medicare-CHIP Services Dental Association. She received her license to practice dental hygiene in Massachusetts and holds a Masters Degree in Public Health with a concentration in Epidemiology and Biostatistics from the University of Massachusetts School of Public Health and Health Policy.

Earlier in her career, Ms. Foley served as the Director of the Massachusetts Department of Public Health (MDPH), Office of Oral Health (OOH). During this time, she also served as the Region I Head Start Oral Health Consultant to the Office of Head Start Oral Health where she provided technical assistance to the eighty-four federally funded HS/EHS Grantees in New England. From 2005 to 2007, Ms. Foley led the national campaign aimed at Improving Perinatal and Infant Oral Health for the AAPD. In this role, she helped to develop federal, national and state policy aimed at advancing the oral health of pregnant women and young children.

Ms. Foley also served as the Dean of the Forsyth School of Dental Hygiene at the Massachusetts College of Pharmacy and Health Sciences in Boston.

Since joining the Medicaid|Medicare|CHIP State Dental Association in 2009, Ms. Foley has been instrumental in broadening stakeholder collaboration, annually convening a National Medicaid, Medicare and CHIP Oral Health Symposium and advancing state program policy and protocols to improve the health of all Medicaid beneficiaries.



# Contact Information

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