



# **PROBLEMS ENCOUNTERED BY CHILDREN ON MEDICAID AND CHIP BECAUSE OF LACK OF ACCESS TO A DENTAL HOME**

## **Red Notebook**

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# American Academy of Pediatric Dentistry

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The American Academy of Pediatric Dentistry (AAPD) welcomes the opportunity to share with you our “**RED NOTEBOOK**”. The graphic photographs in this book effectively show what pediatric dentists see on a daily basis. Many of these children are in pain and we know that children with dental problems cannot function properly in school. Some have serious infections threatening their general health. A child with a toothache cannot concentrate on lessons if he or she is hurting constantly. In our great country, this is not an exception, but a common occurrence in pediatric dental offices, clinics and training programs in every state, every day. Remember that the same blood that goes by an infected tooth goes by every other part of their bodies, from their head to their toes.

**TODAY, TOOTH DECAY IS THE MOST COMMON CHRONIC DISEASE IN AMERICAN CHILDREN, costing our nation and families billions of dollars in health care and related expenses as well as untold suffering and pain in those children most affected.** Many decision-makers are unaware of the epidemic of early childhood caries (ECC or dental decay) which affects our children. This is just part of what we know:

1. Tooth decay in children is 5 times more prevalent than asthma, 20 times more common than diabetes, and 4 times more common than early-childhood obesity. Tooth decay is 4 times more common than asthma and 3 times more common than obesity.
2. About 20 percent of children ages 5 to 11 have at least one untreated decayed tooth; 44 percent of U.S. children will suffer from dental disease before kindergarten. Nearly 1 in 5 children under the age of 5 has experienced dental decay. Nearly half of children aged 6–11 in the US population are affected by tooth decay, along with more than half of those aged 12–19.
3. 34 million school hours are lost each year due to dental problems.

The mouth is the gateway to a person’s overall health, and an unhealthy mouth can be linked to obesity, diabetes and even heart disease when unhealthy children become unhealthy adults.

**There are 3 main factors contributing to these unmet oral health care needs:**

**First, poor children suffer twice as much dental disease as the general child population.** 80% of all the dental problems in children are found in the 25% from lower income groups that are often on public assistance and eligible for Medicaid or CHIP. 25% of children from low income families do not have a dental visit in a given year. Unlike some childhood conditions, tooth decay is largely ***preventable*** with early professional care and access to a dental home under the supervision of a dentist.

**Second, there is a geographic maldistribution of the nation’s nearly 8,000 pediatric dentists, especially in under-served rural areas and smaller metropolitan areas.**

**Third, there is shortage of pediatric dental faculty.** Almost every dental school in the country has open positions for qualified people to teach pediatric dentistry. **While pediatric dentists treat only about 30% of the children in this country, we train 100% of dentists providing treatment.** A major obstacle to recruiting and retaining pediatric dental faculty is staggering student loan debt and income disparity with private practice. In 2017, 85% of dental school graduates had student loan debt and the average amount was \$287,331. Academic positions typically pay only one-third of what graduates can earn upon entering private practice.

**Congressional support and funding of the Title VII Pediatric Dentistry program is one of the true success stories that needs to be shared.** Pediatric dentistry residency programs provide both treatment for underprivileged children and training opportunities for pediatric dentists. In fact, two-thirds of the patients treated in these programs are Medicaid recipients. Children with cognitive and physical disabilities such as cleft lip and palate are also treated through these critical programs. Title VII is directly responsible for more than doubling the number of pediatric dentistry residency positions since 2000. This in turn has led to improvements in children’s access to care for children under Medicaid and overall dental disease prevention.



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Congress should continue to support the HRSA Title VII Pediatric Dentistry program due to its current focus on maintaining an adequate supply of skilled pediatric dentists to meet the nation's needs by:

- \* Preparing residents to treat under-served populations and/or practice in under-served areas.
- \* Offering Dental Faculty Loan Repayment to support recruitment and retention efforts for pediatric dental faculty.

Congress should take action in 2019 to provide FY 2020 directed funding of \$12 million for the Health Professions Training (Title VII) Pediatric Dentistry program. Funding at this level will also allow continued funding of the Dental Faculty Loan Repayment Program.

The AAPD believes that the **DENTAL HOME** provides continuous comprehensive care under the direct supervision of a dentist and is essential in insuring optimal dental health for children. Through our continued joint efforts and a commitment to “think outside of the box”, we can develop creative ways to best utilize the appropriate monies and receive the greatest return on our investment in our nation's future. Please help us “**take care of the children**” and help our neediest children enjoy the benefits of good dental health.

Sincerely,

**Heber Simmons, Jr., D.D.S., M.S.**  
*Congressional Liaison*  
*American Academy of Pediatric Dentistry*

# CURRENT DEMOGRAPHICS IN PEDIATRIC DENTISTRY

- An increasing percentage of the pediatric population through 2030 will be underprivileged. Approximately one of every five children today is born into poverty. Poor children suffer twice as much dental caries as their more affluent peers.
- Pediatric dentists treat a disproportionate percentage of underprivileged and medically compromised children in both private practice and institutions. Approximately 70% of pediatric dentists provide care to patients with public insurance, representing an average of one-third of their practices.
- Demand for services from pediatric dentists is increasing. We now provide over 30% of care for children in this country. Nine in ten children in the US currently have dental insurance, but utilization and early intervention—establishment of a dental home by age one—needs improvement.
- There is a geographic maldistribution of the nation's nearly 8,000 pediatric dentists, especially in under-served rural areas and smaller metropolitan areas.
- There is a shortage of pediatric dental faculty. A major obstacle to recruiting and retaining faculty is staggering student loan debt and income disparity with private practice.
- Females represented 67% of pediatric dentistry trainees in 2016-17.
- Thanks to Title VII support, the number of first year pediatric dentistry positions increased from 180 in 1997-98 to 463 in 2017-2018. This in turn has led to improvement in children's access to care for children under Medicaid, and overall dental disease prevention.



AMERICA'S PEDIATRIC DENTISTS  
**THE BIG AUTHORITY** on little teeth®

# Early Childhood Caries



# Early Childhood Caries



20-month old, Early Childhood Caries, severe pain



20-month old, Early Childhood Caries, 9 decayed teeth, trouble eating, low weight for age, severe pain



28-month old, Early Childhood Caries, severe pain



2-year old, Early Childhood Caries, 12 decayed teeth, trouble eating, severe pain



2-year old, Early Childhood Caries, 16 decayed teeth, 8 teeth need to be removed, trouble eating, low weight for age, severe pain



2-year old, Early Childhood Caries, 16 decayed teeth, severe pain

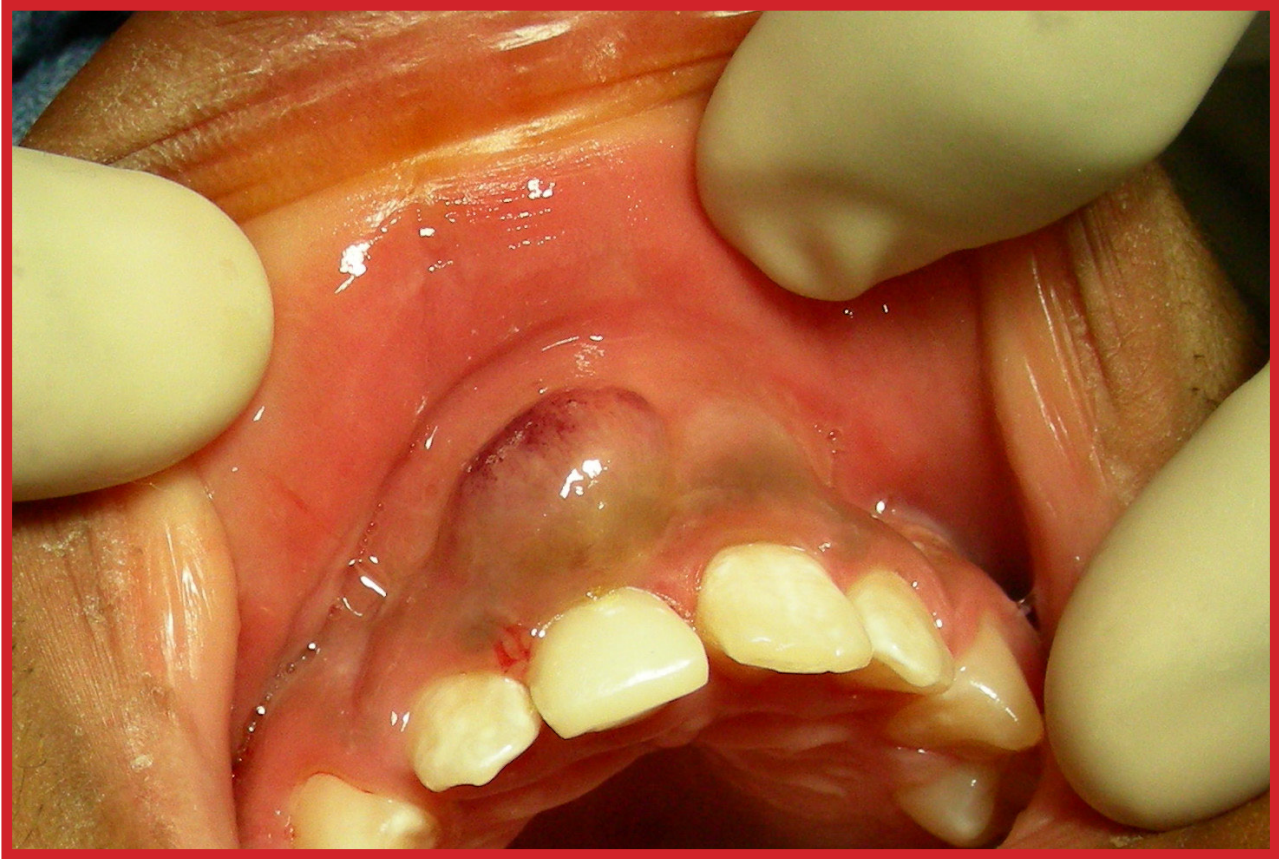
# Permanent Avulsion



# Facial Cellulitis







# Primary Crown Fracture



# Cleft Palate





**Help us have HEALTHY Smiles!**



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