Policy on Oral Health Care Programs for Infants, Children, Adolescents, and Individuals with Special Health Care Needs

Latest Revision

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Purpose

The American Academy of Pediatric Dentistry (**AAPD**) recognizes the importance of education, prevention, diagnosis, and treatment necessary to maintain the oral health of infants, children, adolescents, and individuals with special health care needs through preventive and restorative care. Comprehensive health care cannot be achieved unless oral care is included in all health service programs.

Methods

This policy was developed by the Dental Care Programs Committee and adopted in 1972.[1] This document is an update of the previous version, revised in 2016.[2] This revision is based upon a review of current publications and websites of governmental agencies and health care organizations. A PubMed®/MEDLINE search was performed using the terms: oral health policy, infant oral health policy, child oral health policy, adolescent oral health policy; oral health for special needs; fields: all; limits: within the last 10 years, humans, English, birth through age 18. Six hundred thirty-six articles matched these criteria. Papers for review were chosen from this list and from references within selected articles.

Background

The U.S. Department of Health and Human Services (**HSS**) reports that caries is the most prevalent chronic childhood disease in our nation's children.[3] Early childhood caries affects children's quality of life and their ability to learn and concentrate in school.[4-6] Although the AAPD[7], American Academy of Pediatrics[8], and the American Dental Association[9] recommend establishment of a dental home by 12 months of age, referral patterns by primary care providers are inconsistent with this recommendation.[10-13] Only nine percent of Medicaid-enrolled children aged one-two years received preventive dental services in 2008.[14] More than 40 percent of children have caries by the time they reach kindergarten.[15] In contrast to declining prevalence of dental caries among children in older age groups, the prevalence of caries in poor U.S. children under the age of five is increasing.[16] Studies demonstrated caries prevalence within the two to five year old age group from higher income families was 18 percent while that of children from low-income families was 42 percent.[17,18] Disparities in caries prevalence exist within specific population subgroups in the U.S.[19-22] From 2011-2014, 12.4 million children below the age of 19 in the United States had untreated caries.[23] Socioeconomic and demographic differences are cited as barriers for treatment.[23]

Researchers used the 2016-2017 National Survey of Children's Health to analyze a link between oral health status and academic performance.[24] Assessing data from more than 45,000 six-17 year olds, they found poor oral health was strongly linked to poor academic performance and missed school days.[24] This association was consistent across subpopulations defined by age, gender, household income, and type of health insurance coverage.[24]

New strategies are needed to meet the needs of children and families and effectively address early childhood caries (ECC).[18] Primary care medical providers have frequent contact with families, providing opportunities to incorporate oral health promotion and prevention in non-dental settings. They can accomplish an oral screening, risk assessment, oral health counseling, and application of fluoride varnish.[18]

Key findings from the National Health and Nutrition Examination Survey (NHANES) include:

- "For 2015–2016, prevalence of total caries (untreated and treated) was 45.8 percent and untreated caries was 13.0 percent among youth aged two-19 years.
- Prevalence was lowest in youth aged two–five years compared with those aged six-11 and 12–19 for total (21.4 percent, 50.5 percent, 53.8 percent) and untreated caries (8.8 percent, 15.3 percent, 13.4 percent).
- Hispanic youth had the highest prevalence of total caries; non-Hispanic black youth had the highest prevalence of untreated caries.

ABBREVIATIONS

AAPD: American Academy Pediatric Dentistry. **AI:** Alaskan Indian. **AN:** Alaska native. **HSS:** U.S. Department of Health and Human Services. **IOM:** Institute of Medicine.

- For both total and untreated caries, prevalence decreased as family income level increased.
- Untreated caries prevalence increased from 2011–2012 (16.1 percent) to 2013–2014 (18.0 percent) and then decreased in 2015–2016 (13.0 percent)."[25]

Untreated caries among children two–eight years of age was shown to be twice as high for Hispanic and non-Hispanic African American children in comparison to non-Hispanic white children.[19] American Indian (**AI**) and Alaska Native (**AN**) children demonstrated a higher rate of caries than other population groups in the U.S., with approximately 40 percent of AI/AN children aged one–five years exhibiting untreated caries in contrast to only 11 percent of non-Hispanic white children.[21]

HHS reports a perception that oral health is separate from general health and, therefore, less important.[3] By raising oral health awareness, the prevention, early detection, and management of dental, oral, and craniofacial tissues can become integrated into general health care, community-based programs, and social services.[3] HHS recognizes that oral health can have a significant impact on overall health and well-being. Major themes of the *Oral Health in America: A Report of the Surgeon General*[3] include:

- "Oral health means much more than healthy teeth."
- "Oral health is integral to general health."

Oral health integration into the broader health care system is still viewed as a supplemental benefit, not a priority benefit.[26] This separate view of oral health negatively impacts our nation including the increasing use of emergency departments at substantial cost to treat dental pain and related conditions.[26]

Accordingly, the HHS report *National Call to Action to Promote Oral Health*[27] included a partnership of public and private organizations that specified a vision, goals, and a series of actions to promote oral health, prevent disease, and reduce oral health disparities in vulnerable populations including the disadvantaged poor, racial and ethnic groups, individuals living in geographically isolated areas, and those with special oral health care needs. These actions are necessary and define certain tasks to assure that all Americans of all ages and those individuals who require specialized health care services, interventions, and programs achieve optimal oral health.

The five principal actions and implementation strategies that constitute the Call to Action include:

- "Action 1–Change Perceptions of Oral Health-Policymakers, community leaders, private industry, health professionals, the media, and the public are called upon to raise the level of awareness and understanding of oral health, affirming that oral health is essential to general health and well-being.
- Action 2–Overcome Barriers by Replicating Effective Programs and Proven Efforts-Remove known barriers between people and oral health services by implementing strategies to engage all groups to eliminate health disparities through health promotion and health literacy, improve access.
- Action 3–Build the Science Base and Accelerate Science Transfer-Application of research findings to improve oral health.
- Action 4–Increase Oral Health Workforce Diversity, Capacity, and Flexibility-Ensure the adequacy of public and private health personnel and resources to meet the oral health needs of all Americans and enable the integration of oral health effectively with general health.
- Action 5–Increase Collaborations-Develop partnerships and utilize resources from social services, education, health care services at state and local levels, including community groups, voluntary organizations and individuals."[27]

The Call to Action urges that oral health promotion, disease prevention, and oral health care issues have a presence in all health policy agendas and are discussed at local, state, and national levels.[27] Its success relies on shared knowledge and its execution at all levels.[27]

As follow-up to *Oral Health in America*[3], the HHS *Oral Health Initiative 2010* was developed.[28] The key statement from this initiative was, "Oral health is integral to overall health".[28] Total health and wellness cannot exist without oral health. Oral disease can have an impact on physical, psychological, social, and economic health and well-being through pain, diminished function, and reduced quality of life.[29] Through this initiative, programs were created, produced, and financed to:

- emphasize oral health promotion and disease prevention.
- increase access to care.
- enhance oral health workforce.
- eliminate oral health disparities.[28]

The HHS created the Oral Health Strategic Framework, 2014-2017 (known as the Framework) which reflects deliberations and next steps proposed by HHS and other federal partners to support the department's oral health vision and eliminate oral health disparities.[30] The Framework has five goals:

"1. Integrate oral health and primary health care.
2. Prevent disease and promote oral health.
3. Increase access to oral health care and eliminate disparities.
4. Increase the dissemination of oral health information and improve health literacy.
5. Advance oral health in public policy and research."[30]

Federal agencies currently collaborate and through communication processes ensure that comprehensive, updated, evidence-based health information is disseminated.[30] Government agencies and providers continue to engage, develop and implement solutions to improve overall health and well-being.[30]

The Institute of Medicine (**IOM**) in 2009 evaluated the oral health system for the entire U.S. population and provided recommendations and strategic approaches to the HHS for a potential oral health initiative.[31] Reviewing important factors such as care settings, workforce, financing, quality assessments, access to care, and education, the IOM committee focused on these areas and how these factors linked to current and future HHS programs and policies.[12] The committee report, *Advancing Oral Health in America*[32], provided recommendations/organizing principles for a new oral health initiative:

- establish HHS high-level accountability in evaluating the oral health initiative.
- focusing on disease prevention and oral health promotion.
- improving oral health literacy and cultural competence.
- reducing oral health disparities.
- enhancing the delivery of oral health care.
- enhance the role of non-dental health care professionals.
- expand oral health research and improve data collection.
- promote collaboration among private and public stakeholders.
- measure progress toward short-term and long-term goals and objectives.
- advance the goals and objectives of Healthy People 2020[13].

Policy statement

The AAPD advocates that oral health care must be included in the design and provision of individual, community-based, and national health care programs to achieve comprehensive health care. This can be achieved through the recommendations of the HHS reports *Oral Health Initiative 2010*[28] and *U.S. Department of Health and Human Services Oral Health Strategic Framework, 2014-2017*[30].

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