

# The Importance of Oral Health for Children in Ryan White Programs

RWA Workshop # 675

August 24, 2010



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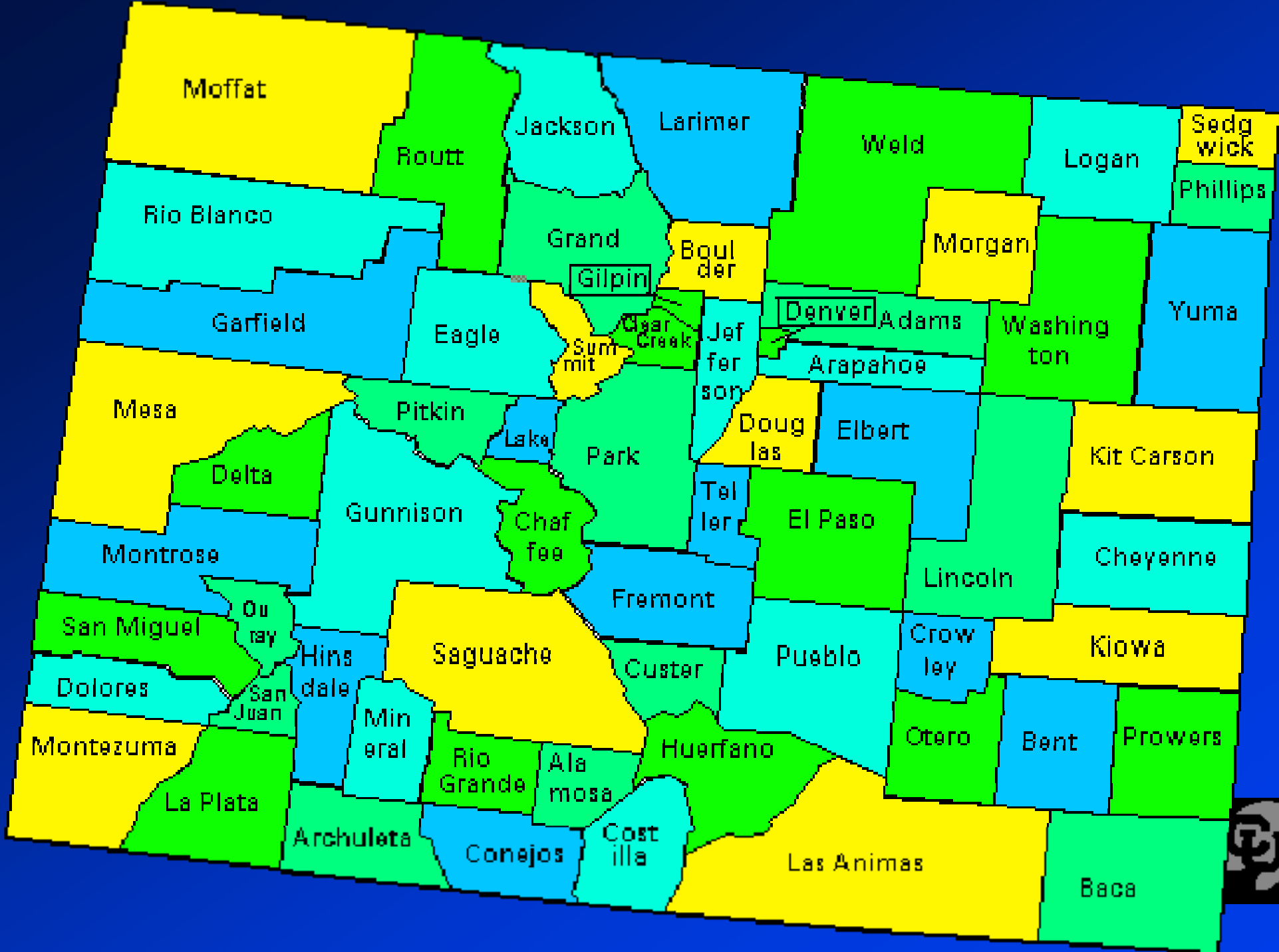






# Partner Locations





# Access to Oral Health Care in Colorado

- 9 Colorado counties have no oral health care provider
- 24 Colorado counties (includes the previously-described 9 counties) have no oral health care provider who accepts Medicare or Medicaid



# Children's Oral Health in Colorado

- 18% of 2-4 year olds have dental caries; 16% have untreated decay
- 45.7% of kindergarteners have dental caries; 26.9% have untreated decay
- 57.2% of third graders have dental caries; 26.1% have untreated decay
- By age 17, 17.8% of children have had at least one cavity; 7% have lost a permanent tooth to dental decay



**Colorado dentists are working with physicians, dental hygienists, nurses (and other health care providers) to improve the general overall health of our population. This is especially true with the American College of Family Physicians' and their efforts with organized dentistry in the "Cavity Free at Three" program.**







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# Cavity Free at Three Program

- Leadership provided by Jack Westfall, MD, Director of the Colorado AHEC System Office
- Operates with funding provided by Delta Dental of Colorado Foundation, Kaiser Permanente, Caring for Colorado Foundation, Colorado Health Foundation, the Rose Community Foundation and the Colorado Trust
- Implemented in partnership with the University of Colorado School of Medicine, Department of Family Medicine and the University of Colorado School of Dental Medicine



# Mission of Cavity Free at Three Program

- Reduce oral disparities in children early in life
- Reduce the serious co-morbidities affecting children, families and communities
- Whereas every child can participate, strive to concentrate efforts toward the uninsured and impoverished population with the greatest barriers in access to care



# Focus of the Cavity Free at Three Program

- Establish medical and dental homes for children with oral disease (and their siblings)
- “... engages dentists, physicians, nurses, dental hygienists, public health practitioners and early childhood educators in the prevention and early detection of oral disease in pregnant women, infants and toddlers.”





# **Institute of Medicine's “The U.S. Oral Health Workforce in the Coming Decade” FEB 2009**

- **“The current oral health care workforce fails to meet the needs of many segments of the U.S. population.”**
- **The current health care system focuses on treatment rather than prevention**
- **Regulatory barriers exist that prevent the exploration of alternative models of care**



# American College of Physician's Position Paper 2010

- Racial and ethnic minorities receive subpar healthcare
- In the 7 years since the most recent ACP position paper, some progress has been made but there is much room for further improvement
- Recognition that not all differences in healthcare are due to access-related factors or clinical needs



# American Association of Dental Educators

- “Profound disparities in the oral health of the nation’s population has resulted in a ‘silent epidemic.’”
- Commitment to increase the diversity of the oral health care workforce
- Commitment to improve access to oral health care
- Effort to address the projected shortages of oral health care providers



# American Association of Dental Educators' Strategic Direction

- Recruitment, development, retention and renewal of dental and allied dental faculty
- Financing dental and allied dental education
- Meeting the oral health care needs of a diverse population
- Curriculum development and design to meet the changing needs of the field and the profession of dental education





# Oral Health is Essential to the Overall Health and Quality of Life

- \* **Untreated, dental diseases can result in severe pain, infections (some potentially life-threatening) and malocclusions**
- \* **Decayed teeth affect children's abilities to eat, sleep, learn and grow**
- \* **Poor oral health may lead to a lifetime of dental, social, and other health issues**
- \* **The burden of oral disease continues to fall more heavily on children from poor, minority and rural households**





**Deamonte Driver, 12**

Died February 25, 2007

# Lack of Dental Care Can Have Significant Morbidity and even Mortality

- \* Deamonte complained of severe headaches
- \* In January 2007, he was diagnosed with a brain infection, caused by an infected tooth
- \* After two brain surgeries and six weeks in the hospital, he died suddenly
- \* Routine dental care could have prevented his death





# Death and Disability Can Be Prevented

- Periodic/preventative oral health care
- Medical personnel trained in evaluating “dental emergencies” with the need for early referral to otolaryngologists, oral/maxillofacial surgeons or dentists trained in managing emergencies
- ACCESS TO CARE











**Why all this discussion about access to care? The HRSA's Ryan White CBDP is all about "capacity building." We need more caring, compassionate health care providers who are trained in diagnosing and treating the diseases and co-morbidities associated with HIV infection.**



# **Dental disease is the number one chronic disease of children. It is preventable!**

- **Dental caries is 5 times more common as asthma**
- **80% of dental caries is found in 20% of the population (largely a disease of poverty)**
- **Dental disease (especially caries) affects children's ability to eat, attend school, learn and grow.**





**HIV infection  
disproportionally affects  
children of minority  
groups.**



# Children with HIV Infection Need Comprehensive Oral Health Care

- Higher rates of dental caries
- Higher incidence of periodontal disease
- Higher incidence of soft tissue lesions; including bacterial, viral and fungal infections and in the rare case, oral malignancies
- Decreased access to dental care
- Risk for poor health outcomes



**By working together as health care providers and allied professionals, we can improve the quality of health care provided to every child in America especially those impacted by HIV infections.**



# Resources

- Information on the Cavity Free at Three program can be found at [www.cavityfreeatthree.org](http://www.cavityfreeatthree.org)
- American College of Physicians Position Paper on Solutions to Healthcare Disparities can be found at [www.acponline.org/advocacy/where\\_we\\_stand/](http://www.acponline.org/advocacy/where_we_stand/)
- HAB HIV Performance Measures: Oral Health Services. Nov 2009. available at [hab.hrsa.gov/special/habmeasures.htm](http://hab.hrsa.gov/special/habmeasures.htm)
- Institute of Medicine: The U.S. Oral Health Workforce in the Coming Decade: Summary of a Workshop. Available at [www.nap.edu/catalog/12669.html](http://www.nap.edu/catalog/12669.html)
- Children Health Insurance Program Reauthorization Act (CHIPRA) of 2009. [www.cms.gov/chipra/](http://www.cms.gov/chipra/)



# Resources

- A summary of the strategic directions for organized dentistry can be found in article by Valachovic, RW. Executive Director's Report. *Journal of Dental Education*: Vol 69, No. 7. July 2005. pp. 728-735.
- "2006 American Dental Association Dental Workforce Model: 2004-2025." available through the American Dental Association website using the "Economics and Dentistry: Dental Health Analysis Series" link
- Sinkford JC, Valachovic RW and Harrison SG. Underrepresented Minority Dental School Enrollment: Continued Vigilance Required. *Journal of Dental Education* Vol 68 (10). 2004. pp. 1112-1118.

