

## ATTACHMENT B

### Guidelines & Recommendations from Authoritative Sources For Improving the Oral Health of Individuals with Special Health Care Needs

Guidelines and recommendations for improving the oral health of individuals with special health care needs (SCHN) include the following:

1. **Achieving and Measuring Success: A National Agenda for Children with Special Health Care Needs**  
<http://mchb.hrsa.gov/programs/specialneeds/measuresuccess.htm>

This is the national framework, or agenda, used by HRSA, MCHB to promote the general health of CSHCN. It does not address oral health specifically, but all the topics have relevance for oral health. The major components of the agenda are:

- **Medical home** – All children with special health care needs will receive coordinated ongoing comprehensive care within a medical home.
- **Insurance coverage** – All families of children with special health care needs will have adequate private and/or public insurance to pay for the services they need.
- **Screening** – All children will be screened early and continuously for special health care needs.
- **Organization of services** – Services for children with special health care needs and their families will be organized in ways that families can use them easily.
- **Family roles** – Families of children with special health care needs will partner in decision making at all levels, and will be satisfied with the services they receive.
- **Transition to adulthood** – All youth with special health care needs will receive the services necessary to make appropriate transitions to adult health care, work, and independence.

The ASTDD's CSHCN Committee has "translated" this national agenda into oral health terms, to guide efforts to improve the oral health of CSHCN. The policy brief, **Promoting the Oral Health of Children with Special Health Care Needs (CSHCN) – In Support of the National Agenda for CSHCN**, provides suggestions for oral health promotion activities that are consistent with the national agenda. The document is available at <http://www.mchoralhealth.org/PDFs/CSHCNPolicyBrief.pdf>.

2. **Closing The Gap: The National Blueprint to Improve the Health of Persons with Mental Retardation**  
<http://www.surgeongeneral.gov/topics/mentalretardation/retardation.pdf>

The Blueprint, with six national goals, was developed as part of the Report of the Surgeon General's Conference on Health Disparities and Mental Retardation. The goals do not specifically address oral health; however, they can provide a strategic framework that can be adapted to promote the oral health of CSHCN. The goals include:

- Goal 1: Integrate health promotion into community environments of people with mental retardation.
- Goal 2: Increase knowledge and understanding of health and mental retardation, ensuring that knowledge is made practical and easy to use.
- Goal 3: Improve the quality of health care for people with mental retardation.
- Goal 4: Train health care providers in the care of adults and children with mental retardation.
- Goal 5: Ensure that health care financing produces good health outcomes for adults and children with mental retardation.
- Goal 6: Increase sources of health care services for adults, adolescents, and children with mental retardation, ensuring that health care is easily accessible for them.

### 3. Healthy People 2010

<http://www.healthypeople.gov/>

Healthy People 2010 includes objectives to improve the health of CSHCN in several chapters:

- **Chapter 6: Disability and Secondary Conditions**

The objectives cover promoting the health of people with disabilities, preventing secondary conditions, and eliminating disparities between people with and without disabilities in the U.S. population.

- **Chapter 16: Maternal, Infant, and Child Health**

Objective 16-22. Increase the proportion of children with special health care needs who have access to a medical home.

Objective 16-23. Increase the proportion of Territories and States that have service systems for children with special health care needs.

- **Chapter 21: Oral Health**

Objective 21-15. Increase the number of States and the District of Columbia that have a system for recording and referring infants and children with cleft lips, cleft palates, and other craniofacial anomalies to craniofacial anomaly rehabilitative teams.

Objective 21-16. Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system.

### 4. Surgeon General's Report on Oral Health

<http://www.surgeongeneral.gov/library/oralhealth/>

In the Surgeon General's Report on Oral Health (Part Two, Chapter 4, Magnitude of the Problem, Section on Individuals with Disabilities) addresses the special oral health problems of individuals with disabilities:

"... some smaller-scale studies show that the population with mental retardation or other developmental disabilities has significantly higher rates of poor oral hygiene and needs for periodontal disease treatment than the general population, due, in part, to limitations in individual understanding of and physical ability to perform personal prevention practices or to obtain needed services. There is a wide range of caries rates among people with disabilities, but overall their rates are higher than those of people without disabilities."

"Deinstitutionalization has resulted in highlighting the problem these individuals have regarding access to dental care as they move from childhood to adulthood. Availability of dental providers trained to serve special needs populations and limited third-party support for the delivery of complex services further complicate the issues entailed in addressing the needs of this population"

### 5. ASTDD Guidelines for State and Territorial Oral Health Programs

<http://www.astdd.org/docs/ASTDDGuidelines.pdf>

The ASTDD guidelines for developing, expanding and enhancing oral health programs describe a state's role in three major public health areas (assessment, policy development and assurance) and how to implement the services related to each of these areas. For each public health area, guidelines are offered to improve the oral health of individuals with SHCN. The following are selected essential public health services and state roles promoting oral health of individuals with SHCN:

- **Assessment**

Essential public health service:

Assess oral health status and needs so that problems can be identified and addressed.

State role:

Evaluate oral health needs of children and adults with special health care needs and vulnerable population groups.

- **Policy Development**

Essential public health service:

Mobilize community partnerships between policy makers, professionals, organizations, groups, the public and others to identify and implement solutions to oral health problems.

State role:

Work collaboratively with agencies and organizations to reduce barriers to access and to availability of effective oral health services.

- **Assurance**

Essential public health service:

Link people to needed population-based oral health services, personal oral health services, and support services, assure the availability, access, and acceptability of population-based oral health services and personal oral health services by enhancing system capacity, including directly supporting or providing services when necessary.

State role:

Support efforts to develop a seamless system of services that include addressing the needs of disabled children, adults, and elders in the system of oral health services.