

Oral Health in Nebraska

A Forum of Families and Professionals

Introduction

Oral Health is a concern for all families, however, for families of Children and Youth with Special Health Care Needs (CYSHCN) or disabilities oral health care takes on a different perspective. Finding available dental care that is accessible, affordable and convenient can be difficult if not impossible in some instances.

Planning Process

PTI Nebraska staff consulted with Mary Gordon from the Nebraska Planning Council for Developmental Disabilities regarding the proposal. The project materials were reviewed and the New Hampshire Moderator's Guide was adapted for use in Nebraska. The decision was made to hold one forum using awarded funds to provide expense reimbursement for those traveling to participate. Parents were carefully selected to insure representation from urban, rural and frontier communities. The families had previous contact with PTI Nebraska and their children represented a wide range of ages and disabilities or special health care needs. The dental professionals from the University of Nebraska Medical Center were invited based on recommendation from the Nebraska Planning Council for Developmental Disabilities. Medical professionals were invited because of their active participation with the Family to Family Health Information Center project. Personal phone invitations were extended to all families and email invitations were sent to the professionals. Everyone expressed interest but due to family obligations and scheduling conflicts, a few were unable to attend.

In addition representatives from MCHB Title V and the Nebraska Planning Council for Developmental Disabilities were invited and agreed to attend. The decision was made to have the forum professionally facilitated by staff from the Center for Public Affairs Research at the University of Nebraska at Omaha. There were two planning sessions with the lead facilitator and PTI Nebraska staff including a telephone conference with the Director of the Nebraska Planning Council on Developmental Disabilities.

A follow up mailing was sent to all participants that included a reminder notice of the date, time and place, reimbursement information and an agenda that included "Get Acquainted" activities. PTI staff maintained phone and email contact with attendees to respond to questions and address travel concerns including lodging details. Handout materials were selected for distribution at the forum.

Arrangements were made for comfortable and accessible meeting space at Mahoney State Park, Ashland, Nebraska. Mahoney was chosen for its reasonable cost and availability of overnight accommodations for those who traveled long distances. Meeting room refreshments and dinner arrangements were made for all participants.

On August 12, 2008, an Oral Health Care Forum was held at Mahoney State Park in Ashland, Nebraska. Sixteen families representing Omaha, Auburn, Lincoln, Beatrice, Ashton,

A father talked about the process a dentist used to get his son to participate in his dental care. The dentist met with the child frequently for short bits of time to develop a relationship. He rewarded each visit with an inflated glove, (a rubber chicken). After several visits the child who previously wouldn't enter the examination room was sitting in the dentists chair watching the dentist work through a hand held mirror.

Seward, Clearwater, Grand Island, Chadron, Kearney, Norfolk and Scottsbluff came together with 2 dentists from the University of Nebraska Medical Center, a professor from the UNL College of Dentistry, a pediatrician from Boys Town Institute for Child Health, a Nebraska Title V representative, the director of Nebraska Planning Council for Developmental Disabilities and 2 staff from PTI Nebraska to openly discuss the issues of dental care for children with special health care needs. Funding was provided to PTI Nebraska (Parent Training and Information) through the Nebraska Planning Council for Development Disabilities by the Association of State and Territorial Dental Directors to conduct the forum.

Participants List

Parent	Auburn	16 year old with a disability
Parent	Beatrice	9, 14 and 20 year old with disabilities
Parent	Chadron	5 and 8 year old with dev delays
Parent	Clearwater	Parent of a 10 year old with disability
Parent	Grand Island	23 year old with disability and foster CSHCN.
Parent	Kearney	12 year old with disability
Parent	Loup City	20 year old with disability
Parent	Omaha	9 year old with disability
Parent	Omaha	34 year old with a disability
Parent	Omaha	17 year old with a disability
Parent	Scottsbluff	13 year old CSHCN and 15 year old with disability
Parents	Norfolk	9 year old with disability
Parents	Seward	15 year old with disability
Parent/Professional	Omaha	PTI Staff / 37 year old with a disability
Parent/Professional	Omaha	PTI Staff / 28 year old with a disability
Professional	Lincoln	College of Dentistry
Professional	Omaha	Dentist
Professional	Omaha	Pediatrician
Professional	Omaha	Pediatric Dentist
Professional	Lincoln	Title V Representative
Professional	Lincoln	DD Council Representative
Professional	Omaha	Facilitator
Professional/Parent	Omaha	Facilitator / 30 year old CSHCN

A parent talked about issues of the inappropriate use of a restraint technique, papooosing, which escalated his child’s resistive behavior and caused broken blood vessels and bruising. His child lost trust with all professionals for a very long time.

Participants were divided into two groups. The process was facilitated by staff from the Center for Public Affairs Research at the University of Nebraska at Omaha. One group addressed the issues of families in or near large urban areas and the other group addressed the same issues of families in rural and frontier areas. Families shared their experiences with accessing dental care and the availability of those who have the skills to care for children with health care needs or disabilities. Other concerns are: distance, private insurance, Medicaid, out of pocket expenses and need for information.

Concerns

- Services refused
 - children uncooperative
 - cancellations due to illness
- Inappropriate procedures
 - restraints
- Not accessible:
 - office
 - dental chair
 - restroom
- Medicaid refused or limited by many dentists
- Affordability
- Families don't often know importance of routine dental care
- Oral health- a right or a privilege
- Travel – reliable vehicle, cost, time, distance, overnight, meals, weather
- In hospital services denied by insurance
- No access for undocumented children
- Transition from pediatric to adult dentistry
- Necessary or unnecessary sedations
- Prophylactic medication not prescribed by dentist
- Allergies – latex, medications
- Interpreters – not available
- Itinerate dental programs - greatest need – no basic care – no special needs - all night lines. Stop gap solutions create stop gap services.
- Medicaid payments 2 times a year or less

A parent talked about having to carry his teenaged boy into the dentist's office because the office steps created a barrier for his son's wheelchair.

Another parent said the dental chair bolted to the floor of the office was a barrier to her daughter's treatment because she couldn't sit in the dental chair.

A parent described her embarrassment at her child screaming so loud during a dental examination that the assistant put cotton in her ears and the waiting room emptied of other patients. Even though he wasn't in pain, he screams any time someone messes with his head. The mother and dentist decided to schedule his appointments at times when he would be the last patient before lunch or at the end of the day. That solved the problem of other patients being frightened away.

Recommendations

- Communication:
 - build relationship with child and family over time
 - build relationship with Primary Care Provider (PCP), specialty providers
 - sensitivity to child – comfort, security
 - step by step explanation of procedures
 - flexibility for child comfort, security and cooperation
 - awareness of issues – abuse, sexual abuse, drug exposure (meth)
 - allergies – limited exposure - no exposure
- Physical Accessibility
 - family restroom
 - barrier free
 - moveable dental chair
 - treatment in wheelchair
 - environmental modifiers
 - papoose as appropriate
 - restraint as appropriate
 - sedation as appropriate
 - hospitalization as appropriate
- Purposeful planning
 - first visit around first birthday – as recommended by AAPD
 - individualized care
 - treatment timeline
 - affordable payment plan
 - communicate with medical professionals - coordinate necessary hospital procedures
 - families provide adequate child information
- Scheduling
 - times appropriate for child/family
 - prescriptions written as needed
 - appointment time flexibility for families traveling long distances
 - extra time for exam as needed
 - rescheduling of appointment when child is ill
 - scheduled appointments kept by family and dentist
- Treatments
 - in wheelchair when necessary
 - with sedation – only if needed
 - flex procedures as necessary for child’s comfort and safety

A dentist talked about an itinerate program available in the western part of the state. People of all ages line up and wait overnight for the clinic to open to get the dental care they need. These are people who can't afford a private dentist and local dentists don't accept Medicaid payments.

- Payment
 - accept all insurance/Medicaid reimbursement
 - ensure hospital services coverage
 - develop payment plans
- Training for dentists
 - first visit around first birthday – as recommended by AAPD
 - invite families as teachers for dental students
 - dental students spend time with children and families to better understand their personal situations
 - gentle care/techniques – opening mouth
 - introduction to dental instruments
 - special needs
 - communication with families
 - communication with Primary Care Providers (PCP)
 - knowledge of care for teeth in infant or child with special needs
 - knowledge of tooth brushing options appropriate for infants and children with disabilities or special health care needs
 - participation in Child’s Developmental Clinic (CDC) with team as the total evaluation for child
 - medication only if needed – valium, sedation
 - medication contraindications – some medications contain sugar
 - advance training
- Primary Care Provider (PCP)
 - recommend and remind family of oral health exam importance
 - communicate with dentist
 - coordinate medical procedures with dentist
- Resources Available in many formats – printed, website
 - schedule for dental visits
 - finding a dentist
 - parent to parent contacts for oral health information
 - special care dentistry
 - parent perspectives
 - oral health early intervention
 - access to payment options
 - guidelines for dental care
 - clinic information and schedules
- Underserved Populations
 - interpreter services
 - assurance of safety – documentation concerns
 - access to care

Another parent who works for Head Start spoke about children in the program needing dental restorative work. They have to be taken by staff to Cheyenne, WY, a drive of over 3 hours. No dentists in the area serve children on Medicaid.

Evaluations

Twelve of the twenty attendees evaluated the Oral Health Forum. All 12 strongly agreed or agreed that the forum was a positive experience. Comments: Great interaction and very beneficial feedback from family members- the different constituencies were well represented and people who attended provided a nice cross section of stake holders in Oral Health”.

Nine strongly agreed, two agreed and one agreed somewhat that they increased understanding of Oral Health in Nebraska for families with CSHCN. Comments: We need this meeting once a year- due to background already experienced.

Five strongly agreed, six agreed and one agreed some what, that they will be more confident in dealing with issues facing my/a child or family. Comments: We need continuous communication-the challenges still remain in the area of oral health-it highlighted the gaps for families-due to background already experienced.

Six strongly agreed, four agreed, one agreed somewhat and one disagreed that they will plan to do things differently when advocating for my/a child or family. Comment: Had success in getting oral health insurance

Participants provided these comments when asked what was the most important or interesting thing learned at the Oral Health Forum. Parents explained their problems

- The level of interest and concern on the part of the academic and professional community
- How many clinics in western Nebraska there really are!
- Dental Days on west side of state and people depend on that
- Only 6 pediatric dentists in the whole state? In western Nebraska the dental van goes out – people say it’s a band aid but it is a needed service.
- Provide scholarship for dental van program to continue
- Collaboration with college of dentistry – glad to know it’s happening
- Free Dental Day in Mitchell – didn’t know about that!
- Problems with doctors not accepting Medicaid in the Chadron area
- Where to go for specialized care in my area!
- People don’t worry as much in bigger cities as in smaller towns about these issues because they have more resources available to them.
- Don’t have dental insurance for daughter and Boys Town said to ask about reduced rates for daughter – haven’t tried to ask yet.

These were the suggestions for improvement provided by the participants:

- Twice a year meeting
- Very strong suggestions – 1) needs to be repeated 2) in order to make specific goals for the state to help children and families with CSHCN
- Really nice panel
- Keep doing it
- Continue to include parents and NEW parents
- Hold meeting in Western/Central Nebraska using Tele-health
- Allow five minutes for parents to explain their family situation
- Ask dentists to share experiences with children with disabilities or special health care needs
- One presenter too political with his bias towards health care.
- Thanks for providing this forum.
- Dentist from Scottsbluff needs to be there. (Far western part of state)
- It was great!

Action Plan

This information will be shared with all participants in the hope that the discussion of issues and recommendations will bring about better awareness to families and the professionals who serve them. The Family to Family Program at PTI Nebraska will develop and disseminate a collection of materials that will be helpful for families and oral health care professionals alike.

- PTI Nebraska will collaborate with the two dental colleges in Nebraska, Creighton University and the University of Nebraska, encouraging them to incorporate family stories in their teaching programs and will disseminate to dentists and families the related materials currently being developed by the University of Nebraska Dental College.
- PTI Nebraska will prepare and disseminate a pre-visit form addressing issues that may arise regarding their child with disabilities or special health care needs. The form will be filled out for dentists prior to initial visits and will allow for updates for changes the child might experience. This will be made available to families in Nebraska through the mail, email, on the PTI Nebraska web site and at trainings.
- A list of interview questions for parents to ask dentists will also be developed and made available so that families will know what to expect in terms of office accessibility, scheduling flexibility, accommodations, affordable payment plans and acceptance of dental insurance and Medicaid payments.
- PTI Nebraska staff will be available to respond to questions and concerns that families have regarding their children's oral health care.
- PTI Nebraska staff has been selected to present and disseminate the information gained at the AMCHP National Conference in Washington D.C. in February 2009.

A parent talked about an itinerate program that comes to her community once a year. Her 5 children receive dental screening but because they haven't needed restorative work they are unable to get x-rays or cleaning. There are always too many who need extensive dental work done and time doesn't allow for preventative care.

The Family to Family Program at PTI Nebraska
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Omaha NE 68134
402-346-9233
800-490-9233
nbaker@pti-nebraska.org
www.pti-nebraska.org

Welcome to the Oral Health Forum sponsored by the DD Council and Nebraska's Family to Family Health Information Center



Tuesday, August 12, 2008
4:30 p.m. to 9:00 p.m.

Mahoney State Park
Kiewit Lodge
Nebraska Room

Agenda

- 4:30 - Get Acquainted
 - 5:00 - Family Stories
 - 5:30 - Dinner Buffet
 - 6:30 - Oral Health Discussion
 - 8:30 - Break
 - 8:40 - Closing/Drawing for Door Prizes
- Winners must be present.



Travel expenses are available.

Please sign and return the
expense vouchers to Nina or
Glenda

Thank you

PTI Nebraska Oral Health Forum

Agenda

- 4:30 Get acquainted
- 5:30 Dinner
- 6:30 Forum discussion (Meet in main room than break into discussion groups)
- 8:30 End discussion groups
- 8:40 Reconvene in main room to share results of breakout groups. Mary Gordon will say how the results from today's workshop will be utilized.
- 9:00 Adjourn

PTI NEBRASKA ORAL HEALTH FORUM

FACILITATOR'S GUIDE

Welcome and Background Information

Welcome to our forum on oral health for children with special needs. My name is Jerry Deichert, and I am here with my colleague Bob Blair. We are from the University of Nebraska at Omaha. I am director of the Center for Public Affairs Research, and Bob is a professor in the School of Public Administration.

After a short introduction, we will break into two discussion groups. These groups generally consist of families who live in or near Lincoln and Omaha areas and those families who live in more rural Nebraska. You will be given a set of questions that will help guide the discussion. But before we begin, I would like to set out a few ground rules.

There are no right or wrong answers. We are here to find out about your experiences and opinions. We want to know your thoughts whether they are positive or negative.

It is ok to disagree with one another. We want to hear everyone's point of view. However, if you disagree, please do so respectfully.

Only one person should talk at a time. We are taking notes from these discussions and do not want to miss anything important. We may have to remind some of you during the group.

We would like everyone to participate. You each do not have to answer every question. If, however, some of you are shy or we really want to know what you think about a particular issue, we may ask you about it.

We have a lot to talk about tonight and a limited amount of time. So, do not be surprised if at some time we interrupt the discussion and move to another topic. But if there is something important you want to say, let us know and you can quickly add your thoughts before we change subjects.

What you say today will not be attached to your name at any point. Nothing that you say will affect your eligibility for or the services you receive through any of the programs we talk about tonight.

Do not worry about offending us. We really want to learn from you and find out about what you think about the issues we discuss tonight. Please tell us your honest opinions.

The group will last about two hours. We will break at 8:30 and reconvene in this room at 8:40. You will not get out any later than 9:00. Now let's break into groups.

Introductions

Read and rotate around group.

Please tell us your first name, how many children you have and their ages. We are particularly interested in your experiences in caring for your child or children with special health care needs so would you briefly describe the nature of your child's special health care need. If you are not the parent of such a child please indicate how you are involved with children with special needs. Thank you.

PTI NEBRASKA ORAL HEALTH FORUM

DISCUSSION QUESTIONS

Thank you for taking the time to participate in PTI Nebraska's group discussion about dental care for children with special needs. We will use your ideas to provide recommendations that will help State agencies and other organizations explore how to improve dental services for children with special needs.

The purpose of these discussion groups is to get your honest opinion about dental services for children with special needs. Although the questions generally are written for families, dentists and other dental health professionals in the group please feel free to add your perspective. Below are some topic areas with questions to help guide the discussion.

A. Experience with Dental Care

Following are some questions about your experiences obtaining dental care for your child with special needs.

1. What dental care does your child with special health care needs need?
(For dentists and other dental health professionals) What information do you need from families to better serve children with special health care needs?
2. Are you able to take your child in for regular checkups?
(IF YES) How often?
(IF NO) Why not?
3. Where do you go for dental care for your child with special needs?
4. Do you usually see the same dental care provider or different providers?
(IF DIFFERENT PROVIDERS) How come different providers?
5. Other than dental professionals has any of your child's other health care providers examined your child's teeth or provided information about their dental health?
(IF YES) How helpful was that?
6. Does your dental care provider need to communicate with your child's other health care providers?
How effective has this communication been?

7. What challenges have you faced in obtaining dental care for your child with special needs?
 - How difficult is it to find dental professionals who treat children with special health care needs?
 - How long do you have to wait for an appointment?
 - How far do you have to travel?

8. Has any dental office ever told you that they could not treat your child with special health care needs?
 - (IF YES) What was your experience?
 - What reason did the provider give for not being able to treat your child?
 - Why do you think they were unable to provide care?
 - Did they provide you with a referral to another office?
 - How did that work out?

9. Has your child ever had any dental needs that did not get addressed?
 - (IF YES) How come?

10. Overall how satisfied are you with the dental care your child has received?
 - What has been good about it?
 - What could be better?

B. Insurance Coverage and Financial Impact

Now there are a few questions about insurance coverage and out-of-pocket dental expenses.

1. What kind of insurance, if any, do you have for your child's dental care?

2. What do you think of your child's dental insurance?
 - What is good about it
 - What could be better?
 - How does it compare to the insurance you have for your child's other health needs?

3. How much of a financial burden are your out-of-pocket dental expenses?

4. Have you ever had to forego dental care for your child because of its cost?

5. Have you ever had to go without or cut down on spending for housing, food, education or health care for other family members due to dental expenses for your child with special needs

C. Resources and Information

Here are some questions about finding out information about dental care for children with special needs.

1. If a parent with a child who has special needs wants to obtain information on dental care for their child where would you recommend that they go?
What is helpful about the information they will receive?
What could be better?
2. What resources have you used in finding out about dental care for your child with special needs?
How helpful was that information?
What could have been done to make these resources better?

D. Recommendations

Please give your recommendations on a few topics regarding dental care for children with special needs.

1. What do parents and dental professionals need to do to be more effective at providing dental care?
2. What suggestions do you have for the government or other organizations that work with children with special health needs and their families in regard to improving dental services for children with special needs?

Thank you very much for participating.

PTI NEBRASKA TRAINING EVALUATION:

Oral Health Forum – Aug 12, 2008

I am a: Parent/ Family Member __10__ Professional _2__ Both ____ Person with a Disability ____ Interested Other ____

1. Overall the Oral Health Forum was a positive experience.

Strongly Agree __11__ Agree __1__ Agree Somewhat ____ Disagree ____ Strongly Disagree ____

Comments

- Great interaction and very beneficial feedback from family members
- Really think the different constituencies were well represented. People who attended a nice cross section of stake holders in Oral Health

2. As a result of the Oral Health Forum I have an increased understanding of Oral Health in Nebraska for families with children with special health care needs.

Strongly Agree _9__ Agree _2__ Agree Somewhat _1__ Disagree ____ Strongly Disagree ____

Comment:

- We need this meeting once a year
- Due to background have already experienced

3. As a result of the Oral Health Forum I will be more confident in dealing with issues facing my/a child or family.

Strongly Agree _5__ Agree _6__ Agree Somewhat _1__ Disagree ____ Strongly Disagree ____

Comment:

- We need continuous communication
- Due to background. The challenges still remain in the area of oral health. It highlighted the gaps for families.

4. As a result of this training I plan to do things differently when advocating for my/a child or family.

Strongly Agree _6__ Agree _4__ Agree Somewhat _1__ Disagree _1__ Strongly Disagree ____

Please Explain:

- He has already been successful in getting oral health insurance for some to “inside” knowledge

5. What was the most important or the most interesting thing you learned at the Oral Health Forum?

Comment:

- Parents explained their problems
- The level of interest and concern on the part of the academic and professional community
- How many clinics in Western Nebraska there really are!
- Dental Days on west side of state and people depend on that
- Only 6 pediatric dentists in the whole state? Western NE – dental van goes out – people say it’s a bandaide but it is a needed service. Provide scholarships for program to continue
- Collaboration with college of dentistry – glad to know it’s happening
- Free Dental Day in Mitchell – didn’t know about that!
- Problems with doctors not accepting Medicaid in the Chadron area
- Where to go for specialized care in my area!
- People don’t worry as much in bigger cities as in smaller towns about these issues because they have more resources available to them.
- Don’t have dental insurance for daughter and person from Boys Town told me to ask about reduced rates for my daughter – haven’t tried to ask yet.

6. What suggestions do you have for improving the Oral Health Forum?

Comment:

- Twice a year meeting
- Very strong suggestions – 1) needs to be repeated 2) in order to make specific goals for the state to help children and families with CSHCN
- Really nice panel
- Keep doing it
- Continue to include parents and NEW parents, hold meeting in Western/Central using Telehealth, allow five min to parents explain their family situation, have dentist write little brochure of their experience with children with disabilities with kids ages and the problem that happened and how it was handled
- One presenter too political with his bias towards health care to initiative to pursue. Thanks for providing this forum.
- Dentist from Scottsbluff needs to be there.
- It was great!
- Any results online? It would be helpful for other parents to see online info that didn't attend the forum. Nina maybe add info online!
- It was a great experience. Keep offering programs like this!
- Put on paper to hand out the names and #'s who provides pediatric care and at what cost so families who are shy about asking about health care costs can do it later when they feel more comfortable

THANK YOU!

The Family to Family Health Information Center at PTI Nebraska thanks you for your interest in the

Oral Health Forum



Tuesday, August 12, 2008
4:30 p.m. to 9:00 p.m.

Mahoney State Park
Kiewit Lodge
Nebraska Room

Proposed Schedule:

- ❖ 4:30pm - Get Acquainted
- ❖ 5:30pm - Dinner
- ❖ 6:30pm - Forum Discussion
- ❖ Done by 9pm



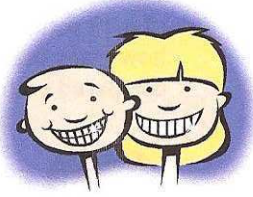
Your participation is greatly appreciated!

Travel expenses will be provided at the meeting.
Those traveling from the Lincoln/Omaha area will receive \$50.
Those traveling from Ogallala and west will receive \$250.
All others will receive \$150.

**Questions?
Give us a call
at 1-888-490-9233**

Bright Futures: Family Matters

When we speak of oral health, we are talking about more than healthy teeth. We are talking about all of the mouth...the gums, the hard and soft palates, tongue, lips, chewing muscles, jaws; in short, all of the structures that allow us to speak and smile; smell, taste, touch, chew and swallow; and convey a world of feelings through facial expressions. ...oral health is integral to overall health. Simply put, that means you cannot be healthy without oral health.



~ David Satcher, former U.S. Surgeon General

Healthy Oral Health

The United States Department of Agriculture (USDA) says a healthy diet includes fruits, vegetables, whole grains, fat-free or low fat milk and milk products, lean meats, poultry, fish, beans, eggs and nuts. There's another essential ingredient that could be part of that list – healthy oral health. Poor oral health and oral disease makes it painful to chew and difficult to swallow, which can significantly affect nutrition. Therefore, maintaining oral health is an important component of good nutrition and overall health.



So parents should not only remind their children to eat their vegetables, they also need to remind their kids to floss and brush their teeth. And, parents aren't the only ones who care about their children's oral health habits. In April 2003, then U.S. Surgeon General Richard Carmona issued a National Call to Action to Promote Oral Health based on the findings that:

- Oral health is an indication of overall health
- Oral diseases affect more than just the mouth
- Poor diet and unhealthy lifestyle choices, such as smoking, affect oral health, and
- The most common oral health diseases – dental caries (tooth decay or cavities) and periodontal (gum) diseases - are preventable.

The Call to Action challenged individuals, families, community leaders, health professionals, researchers, policymakers and others to improve the public's understanding of the importance of oral health by making oral health care part of everyone's health and wellness routines, and learn the signs and symptoms of oral health disease. The full report is available on-line at www.surgeongeneral.gov/topics/oralhealth/nationalcalltoaction.htm.



Family Voices is a national grassroots network of families and friends speaking on behalf of children with special health needs. Our children are also part of the wider world of children. With an Improving Understanding of MCH grant, Family Voices works to encourage partnerships between families and professionals for children's good health. **Bright Futures: Family Matters** is a publication to share with your networks. Check out our Family Voices web sites at www.brightfuturesforfamilies.org and www.familyvoices.org.

Promoting Oral Health at Home:

For Baby - You can help make sure your baby has strong, healthy teeth even before she is born by getting prenatal care. After your child is born, oral health care should start before teeth come in. Using water and a small, soft-bristled toothbrush or clean cloth, wipe your baby's gums after feedings. Read more about caring for a young child's teeth at www.aap.org/publiced/BR_DentalByAge.htm.



The **American Academy of Pediatrics** recommends babies see their pediatrician for an oral health review at 6 months old. This will help find out if the baby is at high risk for oral caries. If he is, the doctor will make a referral to a dentist. Even if your baby is not at risk, his first dental appointment should be around the time of his first birthday and thereafter, every 6 months. Read tips for making the first visit successful at www.umanitoba.ca/outreach/wisdomtooth/first.htm.

For Young Children - Encourage your child to brush twice a day, to get in the habit. But, parents are still responsible for making sure teeth are clean and should floss in between teeth that are touching. When a child is 2, you can begin to use small amounts of toothpaste with fluoride.



For Teens - Just because teens have outgrown pacifiers, doesn't mean they have outgrown susceptibility to tooth decay. In fact, because many teens are making their own food choices, which may include sugary snacks and drinks, they may be more at risk for oral health problems. It's important to keep up with daily brushing, regular dental exams, and to avoid risky behaviors, such as smoking or chewing tobacco, or not wearing a seat belt. In addition, if your teen plays sports make sure she wears a mouth guard to protect that lovely smile. Learn more at www.aapd.org/publications/brochures/teenage.asp.



Children with Special Health Needs (CSHN)

Some families with CSHN may be too overwhelmed to deal with oral health. In truth, families have no control over many aspects of their children's medical issues. However, good oral health is a health issue families can promote and often control. Learn how to prepare your child for a visit, and strategies for promoting communication and cooperation at www.mchoralhealth.org/Special/mod5_1b.htm. See additional resources for promoting oral health for CSHN at www.nidcr.nih.gov/OralHealth/OralHealthInformation/SpecialNeeds/.

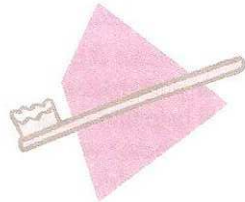
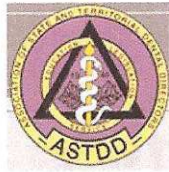


Partners...

Association of State and Territorial Dental Directors (ASTDD) members include dentists, dental hygienists and other public health professionals. This organization works with the oral health contact in each state and territory to raise awareness of oral health issues, promote oral health policies, and provides leadership to help create initiatives that help prevent oral diseases. Visit the website for information about each state and territory's oral health program. This includes best practices, initiatives for integrating oral health into school programs, as well as programs that specifically address the oral health needs of individuals with special health care needs.

ASTDD

105 Westerly Rd
New Bern, NC 28560
Phone: (252) 637-6333
www.astdd.org



Family Resource Corner

Mouth Power is a fantastic, interactive website, developed in partnership by the American Dental Association and the National Museum of Dentistry. Using clever animations and fun games, children learn dental history, anatomy of the mouth, and about healthy choices and habits that promote a lifetime of healthy oral health. Visit the website (English **en Español**) at www.mouthpower.org.

The **American Dental Association (ADA)** has lots of information, including tips for choosing a dentist that will be a good match for your child and family at www.ada.org (English **en Español**). In addition, there's an excellent interactive story, **Visit the Dentist with Marty**, to help prepare young children (preschool through grade 2) for a visit to the dentist, also on the **ADA** site, at www.ada.org/public/games/story.asp.

Learn about pediatric dentistry and access an on-line search tool to help you find a dentist near you on the **American Academy of Pediatric Dentistry** website at www.aapd.org. And, if your child needs an activity to keep him busy on the drive to the dentist, or while waiting for his appointment, print the **Grins & Games** workbook at www.aapd.org/foundation/pdfs/2007GrinsGames.pdf. The colorful pictures, fun facts and games will keep your child entertained.

What's New in Research?

Researchers at the University of Michigan recently found that a smile, in addition to being an expression of happiness, is also a measure of oral health and overall quality of life. As the 21 research subjects watched a comedy show, the researchers measured the width of each patient's smile, how wide open their mouths were and how many teeth they showed when they smiled. They compared each patient's smile dimensions to their oral health



status. The results gave the researchers something to sink their teeth into. Subjects who were more down in the mouth had poorer oral health than participants who smiled freely. Dr. Marita Inglehart, the study author, concluded oral disease affects a person's smiling behavior, and says, "Smiling plays a significant and essential role in overall well-being. Previous findings suggest that smiling can affect social interactions, self-confidence and can influence how people perceive one another." Read more at www.joponline.org/doi/abs/10.1902/jop.2008.070344.



Tidbits

Would you give your eyeteeth to get your child to brush her teeth without an argument? Do you need to find a pediatric dentist? Do you have a sweet tooth for information about ways to promote oral health at home and in your community? Alternatively, perhaps you want to know what your state is doing to increase access to oral health providers. Examine the consumer resources, databases, and electronic newsletters in the Maternal and Child Health (MCH) Library's recently updated Oral Health and Pregnant Women, Infants, Children, and Adolescents Knowledge Path to learn the answers to these questions and more at www.mchlibrary.info/KnowledgePaths/kp_oralhealth.html.



Maternal and Child Health Library
A virtual guide to MCH information

MCH welcomes your feedback! If you found the knowledge path useful, or conversely, if something you read left a bad taste in your mouth, let MCH know what needs improvement. Share your ideas at www.mchlibrary.info/KnowledgePaths/feedback.html.



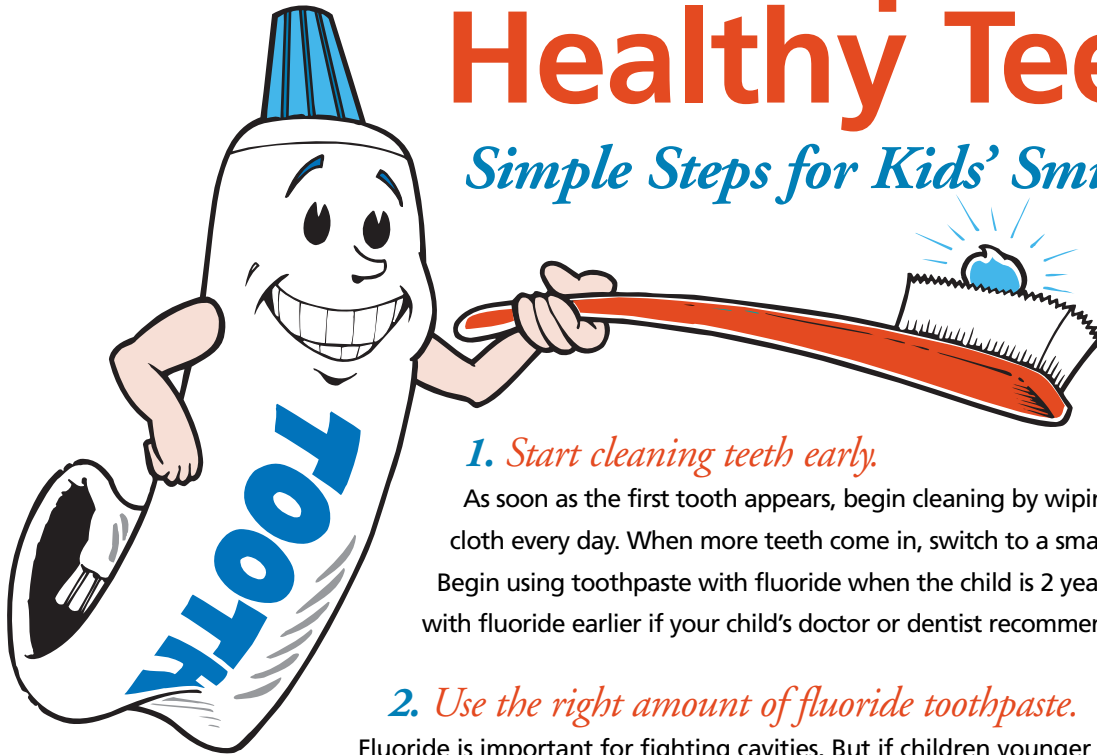
Share your news with others!

We love to hear from partner and family organizations and invite you to share news about your organization's programs and activities. To share your tidbits and/or subscribe to this publication, email Betsy Anderson at banderson@familyvoices.org.

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Brush Up on Healthy Teeth

Simple Steps for Kids' Smiles



1. Start cleaning teeth early.

As soon as the first tooth appears, begin cleaning by wiping with a clean, damp cloth every day. When more teeth come in, switch to a small, soft toothbrush. Begin using toothpaste with fluoride when the child is 2 years old. Use toothpaste with fluoride earlier if your child's doctor or dentist recommends it.

2. Use the right amount of fluoride toothpaste.

Fluoride is important for fighting cavities. But if children younger than 6 years old swallow too much fluoride, their permanent teeth may have white spots. To keep this from happening, use only a small amount of toothpaste (about the size of a pea). Teach your child to spit out the toothpaste and to rinse well after brushing.

3. Supervise brushing.

Brush your child's teeth twice a day until your child has the skill to handle the toothbrush alone. Then continue to closely watch brushing to make sure the child is doing a thorough job and using only a small amount of toothpaste.

4. Talk to your child's doctor or dentist.

Check with the doctor or dentist about your child's specific fluoride needs. After age 2, most children get the right amount of fluoride to help prevent cavities if they drink water that contains fluoride and brush their teeth with a pea-sized amount of fluoride toothpaste twice a day.

Parents of children older than 6 months should ask about the need for a fluoride supplement if drinking water does not have enough fluoride.

Do not let a child younger than 6 years old use a fluoride mouth rinse unless the child's doctor or dentist recommends it.

Early care for your children's teeth will protect their smile and their health.

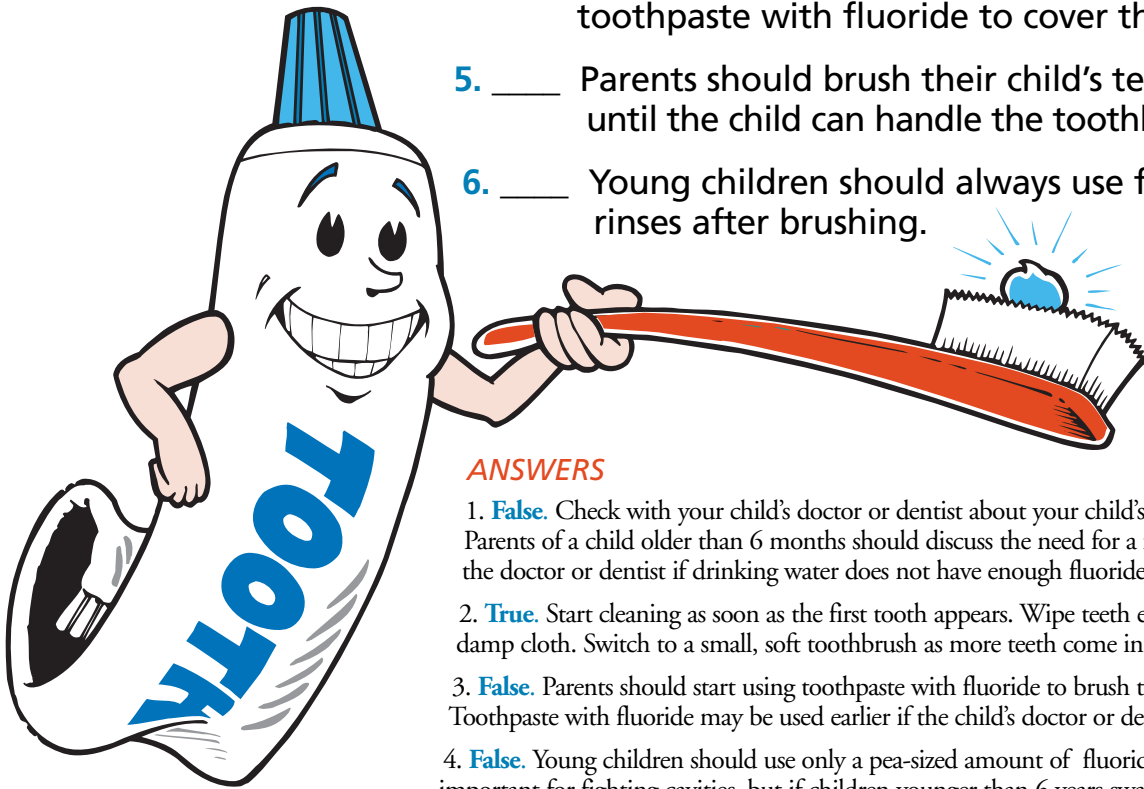


Brush Up on Healthy Teeth

A Quiz for Parents About Simple Steps for Kids' Smiles

Learn more about keeping your child's teeth healthy with this true or false quiz.

1. ___ All children older than 6 months should receive a fluoride supplement every day.
2. ___ Parents should start cleaning their child's teeth as soon as the first tooth appears.
3. ___ Parents should start brushing their child's teeth with toothpaste that contains fluoride at age 3.
4. ___ Children younger than 6 years should use enough toothpaste with fluoride to cover the toothbrush.
5. ___ Parents should brush their child's teeth twice a day until the child can handle the toothbrush alone.
6. ___ Young children should always use fluoride mouth rinses after brushing.



ANSWERS

1. **False.** Check with your child's doctor or dentist about your child's specific fluoride needs. Parents of a child older than 6 months should discuss the need for a fluoride supplement with the doctor or dentist if drinking water does not have enough fluoride to help prevent cavities.
2. **True.** Start cleaning as soon as the first tooth appears. Wipe teeth every day with a clean, damp cloth. Switch to a small, soft toothbrush as more teeth come in.
3. **False.** Parents should start using toothpaste with fluoride to brush their child's teeth at age 2. Toothpaste with fluoride may be used earlier if the child's doctor or dentist recommends it.
4. **False.** Young children should use only a pea-sized amount of fluoride toothpaste. Fluoride is important for fighting cavities, but if children younger than 6 years swallow too much fluoride, their permanent teeth may have white spots. Using no more than a pea-sized amount of toothpaste with fluoride can help keep this from happening.
5. **True.** Children usually do not have the skill to brush their teeth well until around age 4 or 5. Parents should brush their young child's teeth thoroughly twice a day until the child can handle the toothbrush alone.
6. **False.** Fluoride mouth rinses have a high concentration of fluoride. Children younger than 6 years should not use fluoride mouth rinses unless the child's doctor or dentist recommends it. Young children tend to swallow rather than spit, and swallowing too much fluoride before age 6 may cause the permanent teeth to have white spots.



Dental Health Issues for Children

Thoughts for families

- Dental health is more than teeth – it also includes mouth, face, nutrition, speech, chewing, swallowing, appearance, well being, and confidence.
- Ideas about dental health and what can be done may be different from when you were growing up. New dental procedures such as sealants, cosmetic treatments, and pain management have been added and improved.
- Experiences and beliefs about dental care vary from country to country.
- Cost and coverage can be barriers to good dental care
 - High costs of care
 - Lack of information about how to get services covered
 - Families with coverage may face red tape and delays in determining what is covered, pre-approvals, and co-pays.
- Providers may be hard to find, especially for those with Medicaid or certain dental plans.



- Family-centered care exists in some, but not all, dental practices. Needed is:
 - Understanding of families' roles in day to day care and special situations
 - Information especially for families and children
 - Support for children and families
- Communication and coordination among child health providers - dentists, pediatricians, and other caregivers – is needed.
- Dental care is not typically part of regular health insurance, conveying a confusing message.

Dental Health Issues for Children with Special Health Care Needs

Thoughts for families

All of the issues mentioned on the previous page may also apply for children with special needs. These issues may be “heightened.” Additional concerns may include:



- Need for accessibility, modification, accommodation. Dental offices and practices should comply with Americans' with Disabilities Act standards.
- Staff attitudes and comfort caring for children with special needs
- Staff training to address information, support, and specific treatments for children with special needs.
- Medications a child is taking may cause increases in cavities and plaque.
- Appropriate recommendations for anesthesia. Some children may need anesthesia for treatments and procedures that others do not. In other cases, children with special needs may be inappropriately anesthetized.
- Consideration that costs for treatment, equipment and supplies will likely be in addition to other health care costs families face.
- Under managed care, some procedures may be denied, thus requiring families to appeal in order for children to receive needed services.
- Families will need to coordinate dental appointments and care with other health care services and therapies children receive.
- Communication and coordination with children's other health care professionals in order to provide quality, family-centered care.
- Children and families benefit from dental health professionals who act as advocates for children's dental *and other health care and services!*

Note that for some children with special needs, there are no special dental health issues!

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Kaiser Daily Health Policy Report

Tuesday, July 29, 2008

Coverage & Access

Dental Care Shortages, Reimbursements Need To Be Addressed in Health Policy Debate, Experts Say

Access to dental care must be considered when evaluating health policy, as more than 100 million U.S. residents lack dental insurance -- more than 2.5 times the number of people who do not have medical coverage, according to speakers at a briefing sponsored by the [Alliance for Health Reform](#) and the [Kaiser Family Foundation's Commission on Medicaid and the Uninsured](#), *CQ HealthBeat* reports.

Jack Bresch of the [American Dental Education Association](#) said that in the last 15 years, the number of areas in the U.S. experiencing a shortage of dental health professionals has increased from 792 to more than 3,700. Burt Edelstein of the [Children's Dental Health Project](#) said that those figures do not account for shortages of dental specialists, such as pediatric dentists or oral surgeons. Some states are looking to address the shortages by allowing dental hygienists who have a high level of education and certification to perform some dental procedures and provide preventive care without the supervision of a dentist.

Speakers also discussed the disparity between SCHIP and Medicaid reimbursement rates for physicians and dentists and said that while public health plans cover dental care, reimbursements are so low that many dentists do not accept them. Several speakers said that dental care provisions should continue to be included in SCHIP reauthorization legislation (Wyckoff, *CQ HealthBeat*, 7/28).

 A webcast of the forum and other resources are available [online](#) at [kaisernetwork.org](#).

