



PREVENTION OPPORTUNITIES UNDER THE BIG SKY

A GLANCE AT CHILDREN'S ORAL HEALTH IN MONTANA

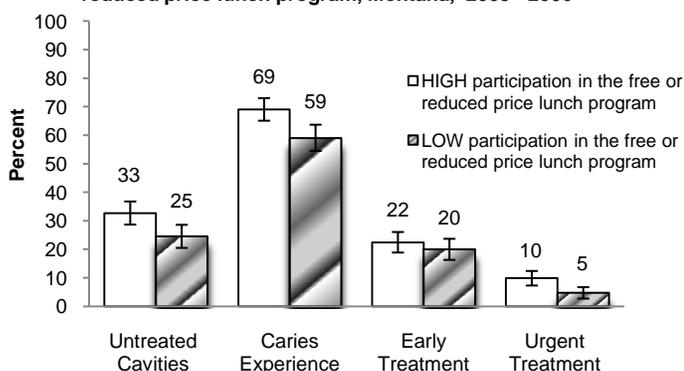
Dental caries (tooth decay) is a chronic disease that is on the rise among young children two to five years of age.¹ If not treated, caries can cause structural damage to teeth and have an adverse effect on overall health. The disease can especially affect children's development, school attendance, and self-esteem; and in addition, cause lack of sleep, poor nutrition, and pain.² Since dental caries can form shortly after the eruption of the first tooth, early prevention is essential.

In the United States, more than 40% of children experience tooth decay by age 5. The burden of this disease falls disproportionately on children from lower-income families, who suffer twice as much tooth decay as children from higher-income families.³ This disease in low income children is more likely to be ignored or not identified; 32% of Montana children in families with incomes below 200% of the federal poverty level had no preventive dental care visits in 2007, compared with 18% of children in families with incomes at or above 200% of the federal poverty level.⁴ This issue of *Montana Public Health* describes the oral health of children in Montana.

Oral Health of Children in Montana During the 2005-2006 school year, third grade and Head Start children received oral health screenings at public schools and Head Start centers throughout Montana. The purpose of the study was to assess the oral health of children statewide and compare the oral health status of third grade children in high income areas to that in low income areas. Income status was measured by the percent of third graders participating in the free or reduced price lunch program at each school (i.e., participation in the free or reduced price lunch program was used as an indicator of socioeconomic status).

The findings of the study suggest that in Montana third graders from lower-income families are significantly more likely to have experienced dental caries and to need urgent dental treatment than are children from higher-income families.⁵ (Figure)

Figure : Percent of third grade children with untreated dental cavities, dental caries experience and dental treatment urgency, by level of school participation in the free or reduced price lunch program, Montana, 2005 - 2006⁵



I - Indicates 95% confidence interval

Burden of Oral Health Disease Among Young Children in Montana Results from the 2005-2006 oral health screenings at Head Start centers illustrate that:

- Approximately 39% of Head Start children have untreated cavities.
- Over 58% of Head Start children have experienced dental caries.
- Almost 31% of Head Start children have early childhood caries.
- More than 24% of Head Start children need early dental treatment and almost 15% of Head Start children need urgent dental treatment.⁵

Access to Oral Health in Montana Many children in Montana do not get the dental care they need. According to the National Survey of Children's Health, nearly 24% of children in Montana aged 1 to 17 years had no preventive dental care visits during the past 12 months.⁴

Montana has a shortage of dental care providers and an even greater shortage of dentists who treat Medicaid and Children's Health Insurance Plan (CHIP) clients. In 2008, there were 538 dentists in the state; approximately 1 dentist per 1,780 people statewide.⁶ Three hundred and seventy-four dentists were Medicaid-enrolled and 346 were enrolled as CHIP providers.⁷ However, even if a provider is enrolled with Medicaid or CHIP, Medicaid clients may constitute a small portion of the provider's clientele. During 2008, more than 74% of Medicaid-eligible children in Montana did not receive dental services as part of their comprehensive services.⁸

Montana Oral Health Programs and Services

Several programs in Montana focus on improving the oral health of children in the state.

1. **Oral Health School-based Screenings:** Since 2000, dental and public health professionals have screened for oral health needs in school children using the Basic Screening Survey (BSS) methodology developed by the Association of State and Territorial Dental Directors (ASTDD).
2. **Oral Health Education Program:** Each year, oral health education materials from the American Dental Association and other national health organizations are distributed to schools in February in recognition of National Children's Dental Health Month.

3. Access to Baby and Child Dentistry (AbCd)

The AbCd program aims to improve access to dental care for low income children, aged birth to 3 years, with an emphasis on achieving each child's first dental visit by age one. The AbCd program focuses on:

- Preventive and restorative dental care for infants and young children.
- Collaborative efforts between public and private sectors.
- Enhanced reimbursement rates for dental care providers.
- Training and certification for dentists working with children aged <3 years.

In May 2009, five Community Health Centers in Montana participated in an AbCd pilot project. The data collected are being used to evaluate the effectiveness of this project.

Recommendations

- Promote dental care and establishment of dental home for children by 12 months of age.
- Promote oral health counseling and referral for preventive and restorative dental services for children. For more information on how to get involved in the AbCd program please visit: http://www.brightsmilemontana.com/dental_professionals/ABCD.php
- Increase the number of dentists participating in public insurance programs serving children from lower-income families who are less likely to receive private dental coverage.
- Develop and support communitywide, evidence-based oral health programs such as the application of dental sealants or fluoride varnish.
- Provide patient and parent/caregiver oral health education in primary care settings, including information about the importance of using fluoride toothpaste for prevention and control of dental caries.
- Foster communication between dentists and primary health care providers to promote the important relationship between oral health and general health.

For more information about oral health services, contact Ann Marie Buss, Section Supervisor, Maternal and Child Health Coordination Section at 406-444-4119 or abuss@mt.gov

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2,300 copies of this public document were published at an estimated cost of \$0.419 per copy, for a total cost of \$1,328.70, which includes \$365.00 for printing and \$963.70 for distribution.
February 2010 Vol 5 Issue 2



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