Federal Trends in Oral Health Policy: Implications for Title V

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Learning Objectives

• Discuss federal trends in oral health policy that impact MCH populations

• Identify new opportunities for Title V programs to advance oral health of MCH populations

• Recognize resources available to assist Title V programs explain and advance oral health opportunities
Goal 1: **Enhance Knowledge.** Identify, analyze, and promote new information for policymakers and key stakeholders to improve MCH oral health policies and practices.

Goal 2: **Build Capacity.** Build awareness, skills, and knowledge among policymakers and key stakeholders to actively promote new and effective oral health policies.

Goal 3: **Expand the community.** Expand and diversify the audience engaged in promoting oral health of MCH populations.
Oral Health Basics
The Mouth: An Essential Body Part

An organ of
- Digestion
- Respiration
- Communication
- Protection
- Sensation

Home to unique structures
- Teeth
- Gums
- Tongue
- TMJ
- Salivary glands

Oral-systemic health connection through contiguous and distant connections (circulatory, neurologic, lymphatic etc)
Complex Determinants of Oral Health

Explanatory Causation Model
Genetics
Environment
Health behaviors
Use of dental services

Access to Care (10%)
Environment (20%)
Genetics (20%)
Health Behaviors (50%)
Early Childhood Oral Health

Risk Factors

Risk Factors for Early Childhood Caries

- Early infection with “cariogenic” bacteria
- High frequency carbohydrate ingestion
- Lack of exposure to fluorides
Adolescent Oral Health

Risk Factors

- Risk behaviors (drugs, alcohol, sports/trauma, etc)
- Tobacco – periodontal disease, cancer
- Poor eating patterns and food choices – dental caries
- Oral sex – STDs
- Pregnancy – risk factor for periodontal disease
- Lip and tongue piercing – risk for tissue damage & infection
Particularly Vulnerable Children

- Native Americans
- Special needs
- Immigrant
- Migrant
- Homeless
- Rural & Frontier

All receive higher levels of medical than dental care
Cavity Prevalence is Extreme (NHANES III)

28% of US 2-5 Year Olds Have Cavities in “Baby Teeth”
70% of children with cavities need repair

50% of US 12-15 Yr Olds Have Cavities in Permanent Teeth
33% of children with cavities need repair
Yet Tooth Decay is Preventable…

Effective prevention must
- start before the disease is established
- be tailored to level of risk
- involve all who deal with young children
- intervene at multiple levels from tooth to policy
- involve community based health promotion, education, sealants, community water fluoridation

Early intervention & prevention are cost effective and cost saving
Federal Trends in Oral Health
HHS Oral Health Initiative

http://www.hrsa.gov/publichealth/clinical/oralhealth/hhsinitiative.html

• Building from 2000 Surgeon General’s Report: *Oral Health in America*
• Directed by HHS Asst. Sec. Howard Koh and HRSA Admin Mary Wakefield
• Oral Health Initiative 2010: *Oral Health is Integral to Overall Health*
• Systems approach to create and finance programs to:
  ✓ Emphasize oral health promotion/disease prevention
  ✓ Increase access to care
  ✓ Enhance oral health workforce
  ✓ Eliminate oral health disparities
• Supported by Oral Health Coordinating Committee
• IOM Committee developing recommendations for HHS to improve & expand the Oral Health Initiative (August 2011)
Oral Health Coordinating Committee

Standing committee revitalized by the Oral Health Initiative

OHCC includes:

- National Institutes of Health
- Center for Disease Control & Prevention
- National Center for Health Statistics
- Health Resources & Services Administration
- Centers for Medicare & Medicaid Services
- Administration for Families/Office of Head Start
- Office of Women’s Health
- Office of Public Health & Science
- US Coast Guard
- Federal Bureau of Prisons
- Office on Disability
- Food & Drug Administration
- Agency for Healthcare Research and Quality
- Administration on Aging
- Indian Health Service
- Office of Minority Health
CMS Oral Health Goals

New Goals
1. Increase the rate of low-income children ages 1-20 enrolled in Medicaid or CHIP who received any preventive dental services by 10% over a 5 years

2. Increase the rate of low-income children ages 6-9 enrolled in Medicaid or CHIP who receive a dental sealant on a permanent molar tooth by 10% over 5 years

Ongoing Oversight
• 8 state dental reviews (http://www.cms.gov/MedicaidDentalCoverage/)
IHS Early Childhood Caries Initiative

http://www.doh.ihs.gov/index.cfm?fuseaction=ecc.display

**Goal:** Reduce the prevalence of early childhood caries (ECC) among 0-5 year old American Indian/Alaskan Native children by 25% by FY15

1. Increase dental access for 0-5 year old AI/AN children by 10% in FY 2010 and 50% by FY 2015.

2. Increase the number of children 0-5 years old who received a fluoride varnish treatment by 10% in FY 2010 and 25% by FY 2015.

3. Increase the number of sealants among children 0-5 years old by 10% in FY 2010 and 25% by FY 2015.

4. Increase the number ITRs (temporary fillings) provided for children ages 0-5 by 10% in FY 2010 and 50% by FY 2015.
Perinatal/Women’s Oral Health

- **Office of Women’s Oral Health** Oral Health Factsheet –
  - Relates oral health to other chronic diseases
  - Encourages perinatal dental care and emphasizes importance of oral health for health of baby
  - Provides general oral health guidelines to women and new mothers.

- **American Academy of Pediatric Dentistry** Perinatal Guidelines –
  - New York & California convened expert panels to develop clinical guidelines.
  - Advises all providers on message and practice for oral health of mother and infant.

- **Maternal & Child Health Bureau** interprofessional discussions
Quality Measurement

AHRQ CHIPRA Quality Measures

http://www.ahrq.gov/chipra/corebackground/corebacktab.htm

- Establishment of initial core quality measures for CHIP
- CHIPRA Pediatric Quality Measures Program – next step for ARHQ to improve upon core measures and establish new measures
  - Technical Assistance Center
  - Centers for Excellence

ADA Dental Quality Alliance

http://www.ada.org/5105.aspx

- Created at the encouragement of CMS to develop performance measures for oral health care
Oral Health in Health Reform (ACA)
Quick Review:

- Comprehensive systems approach, building on CHIPRA
- Health coverage bill – estimated by 2019, 92% non-elderly will have health insurance (94% if exclude undocumented immigrants)
- Provides dental coverage to nearly all children
- Coverage is supported by numerous additional provisions
- Unfortunately, many of these provisions still await funding
## Prevention & Health Promotion

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<tr>
<th>Program</th>
<th>Description</th>
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<tr>
<td>Dental Caries Disease Management</td>
<td>Establishes a national grant program to demonstrate the effectiveness of research-based dental caries disease management</td>
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<tr>
<td>School-based Dental Sealant Programs</td>
<td>Requires that states receive grants for school-based dental sealant programs</td>
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<tr>
<td>Oral Health Public Education Campaign</td>
<td>Requires HHS Secretary to establish a 5-year public education campaign to promote oral health</td>
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<tr>
<td>Prevention and Public Health Trust Fund</td>
<td>Establishes a fund to provide an expanded and sustained national investment in prevention and public health programs – may include oral health</td>
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<td>National Prevention, Health Promotion, and Public Health Council</td>
<td>Charged with coordinating Federal prevention policy and developing a national prevention strategic plan</td>
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<td>Community Transformation Grants</td>
<td>Establishes grants to state and local agencies and community organizations for prevention efforts outside the doctor’s office</td>
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## Effective Coverage

| **Oral Health Services for Children** | Requires State Exchanges to include oral health services to children, prohibits cost sharing on preventive services – income based subsidies apply |
| **Stand-Alone Dental Plans** | Allows stand-alone dental plans with pediatric benefits to participate in State Exchanges |
| **MACPAC Reporting on Dental Payments** | Requires MACPAC to review payments to dental professionals and report to Congress |
| **CHIP Maintenance** | Funding made available through FFY15 – increased federal assistance in FFY16, CHIP maintained until 2019 |
| **Medicaid Expansion** | Expands Medicaid coverage to individuals whose income is 133% of FPL or less. |
Workforce and Training

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<th>Alternative Dental Health Care Providers</th>
<th>Establishes a 15-site demonstration project to train or employ alternative dental health care professionals</th>
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<tr>
<td>National Health Care Workforce Commission</td>
<td>Establishes the Commission and makes the oral health care workforce a high priority for review</td>
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<tr>
<td>Dental Training Programs</td>
<td>Establishes a number of provisions to promote and encourage the training of dental professionals including loan repayment</td>
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<tr>
<td>Primary Care Residency Programs</td>
<td>Establishes three-year, $500,000 grants for new primary care residency programs, including oral health</td>
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<tr>
<td>Graduate Medical Education Programs</td>
<td>Provides funding for new and expanded graduate medical education, including dental education</td>
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## Delivery System

| Federally Qualified Community Health Centers | Provides funding for construction, capital improvements and service expansions, including dental program expansions |
| School-based Health Centers | Provides Grants to SBHCs and includes oral health services in qualified services provided by SBHCs |
## Infrastructure, Quality & Surveillance

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<th><strong>Oral Health Infrastructure</strong></th>
<th>Requires the CDC to provide cooperative agreements to states for improving oral health infrastructure (from 19 states → 50 states, territories, &amp; tribes)</th>
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<td><strong>Pregnancy Risk Assessment and Monitoring System</strong></td>
<td>Requires that oral health measurements be included in PRAMS</td>
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<td><strong>National Health and Nutrition Examination Survey</strong></td>
<td>Retains “tooth-level” surveillance in NHANES</td>
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<td><strong>Medical Expenditure Panel</strong></td>
<td>Requires a “look-back” validation for dental-parity with medical</td>
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<tr>
<td><strong>National Oral Health Surveillance System</strong></td>
<td>Requires that NOHSS include measurement of early childhood caries and authorizes funding to expand the system to all 50 states</td>
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What does this mean for Title V?
Advance Population Approaches…

- Identify the risk factors & protective factors you can influence
- Slow the trajectory of early childhood caries
- Interventions during the sensitive periods
- Address the cumulative impact
Identify risk factors & protective factors

Risk Factors:
- Mother’s oral health (transmission)
- Access to care
- Family diet/hygiene habits
- Knowledge of risk factors/education
- Exposure to fluoride

Opportunities:
- Reduce maternal transmission of dental caries
- Encourage early risk assessment & preventive care
- Provide parent education
- Sponsor provider education
- Support healthy eating habits
- Champion community water fluoridation
Slow the trajectory of early childhood caries

• Dental caries is primarily transmitted from mother-to-child by age 2 initiating a potential life-long battle with tooth decay

• Unfortunately, few states have adult dental coverage in Medicaid, less states have “pregnancy-related” dental benefits in Medicaid
  – only one of every five women who gave birth in 2004 had seen a dentist during pregnancy (PRAMS)

• Dental care during pregnancy is safe and may additional improve birth outcomes

Opportunities:
  – Adopt Perinatal Oral Health Guidelines
  – Support a pregnancy-related Medicaid dental benefit
  – Support ECC demonstration projects (when/if funded)
  – Champion community water fluoridation efforts
Interventions during the sensitive periods

• Primary prevention is achieved before age 2
  – Children in low-income families that visit a dentist by age 1 spend 40% less for dental care over a five year period vs. children that see a dentist after age 1

• Routine well-child for infants 8 visits for medical vs. 1 dental visit

• About 60% of children 0-6 are in some form of child care for some portion of the week (National Household Education Surveys)

Opportunities:
  – Integrate oral health screening and risk assessment into early childhood efforts (well child care, home visiting, EI/Part C, etc.)
  – Highlight oral health in early childhood provider education materials (medical, child care, WIC, etc.)
  – Support reimbursement for fluoride varnish by non-dental providers
Address the cumulative impact

- Although prevention is critical, access to care is essential for many families
  - Only 1 in 3 children in Medicaid received a dental service
  - Dental care is the most prevalent unmet health care need among CSHCN, surpassing mental health, home health...and all other services

- Pediatric providers are an important and trusted referral source

- Alternative sites to dental offices can be an efficient alternative to dental office

Opportunities:
  - Inform the establishment of ACA pediatric benefit, including dental
  - Facilitate care coordination and enabling services for dental care
  - Support alternative models for delivering dental care (school-based, FQHC contracting, mobile/portable)
Resources for Success
National Maternal and Child Oral Health Policy Center

- **TrendNotes** – highlights emerging trends in children’s oral health and promotes innovative solutions.
- **Issue Brief: Oral Health Opportunities in School Based Health Centers**
- **Medicaid Coverage of Dental Care for Pregnant Women**
- **Environmental Factors in Implementing the Dental Home for All Young Children**

Guidelines on Perinatal Oral Health Care

- California Guidelines (2009)
- AAPD Guidelines (2009)

National Maternal and Child Oral Health Resource Center:

[www.mchoralhealth.org](http://www.mchoralhealth.org)
Contact Information

National Maternal & Child Oral Health Policy Center

www.nmcohpc.org

-or-

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