Child and Adolescent Oral Health

For Healthcare Providers

About this document: This is an installment of the Massachusetts State Oral Health Series (MOHS), developed by the Massachusetts Department of Public Health (MDPH). The series focuses on important issues in oral health in the state through topic-specific installments to be released over time. This issue outlines what healthcare providers can do to improve the oral health of children and adolescents. Please visit www.mass.gov/orgs/office-of-oral-health for more information.

FOCUS ON ORAL HEALTH

All those who are in contact with children and adolescents, including both clinical and community partners, have a role to play in promoting oral health. In Massachusetts, there is still an opportunity to improve the preventive and treatment services available in order to increase the number of children and adolescents who see a dental provider and decrease the number with cavities. *Cavities during childhood can significantly impact many aspects of life including productivity in school, quality of life, self-image, and risk of developing future dental issues*.¹

In Massachusetts in 2017²:

of high school students

30%

25% of middle school students *reported having*

a cavity in the past year



Reported cavity rates among Hispanic and Black non-Hispanic high school students were higher than for White non-Hispanic students.

FREQUENTLY ASKED QUESTIONS

When should a child be seen by a dental provider and how often?

Children are encouraged to be seen by a dentist every six months after they get their first tooth or by age 1, whichever comes first. A dental provider can help families determine a schedule and establish a dental home. What is a dental home? A child has a dental home when they have a dentist they see regularly.

What resources are available for children and adolescents in need of oral health

care in Massachusetts? MDPH coordinates with a variety of programs to help prevent and treat dental issues and to connect children and adolescents to a dental home.

School and Community-Based Dental Care: MDPH collaborates with many portable dental programs which offer oral health care, including dental screenings, cleanings, sealants, fluoride varnish, limited restorative services, and referrals to a dental home. Portable dental programs often provide these services in public settings such as schools, day care centers, WIC centers, and more.

Public Health Dental Hygienists (PHDH): Experienced dental hygienists who have additional training can apply for a permit to provide preventive services without the direct supervision of a dentist in public settings. PHDHs can help provide care to those across the state who may have limited access.

Does insurance cover dental care for children and adolescents?

Yes! Routine dental screenings and treatments for children under the age of 21 are covered by MassHealth and other private insurance providers.³ Check the insurance website or ask a dental provider to refer to the providers in the area which accept a particular plan.

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BARRIERS TO CARE

Some families across Massachusetts find it difficult to access dental care on a regular basis. Children are, therefore, at an increased risk of developing harmful tooth decay and periodontal disease. Many barriers to oral health care exist including:

- Lack of access to a dental provider in their neighborhood with available appointments
- Transportation barriers
- Income
- Cultural beliefs and practices
- Fear of dental procedures

Community partners are trusted members of communities across Massachusetts and can help by addressing some of the cultural and personal barriers to care. Community partners can also help connect community members to dental services when possible, emphasize the importance of setting up a dental home and promote good family oral health practices.

HOW TO HELP

Prevention	
Promote	
Establish	
Educate	
Encourage	

Promote the use of fluoridated toothpaste and the importance of children receiving dental sealants. Also, remind families of the importance and effectiveness of receiving fluoride varnish application at their medical and dental appointments.

Help families establish a dental home where children are seen regularly (every 6 months) by a dental provider. Remind families that most insurance providers cover most dental services for children.

Educate children and families on the importance of oral health and the potential implications for poor oral health including poor school performance, poor self-esteem, and risk of further health issues later in life.

Encourage other community organizations to promote good oral health practices. Work with community organizations to establish oral health goals for the community and to determine the best ways to achieve these goals.

Early Treatment



When appropriate, help connect patients with medical and dental providers nearby by helping them find the contact information for a provider or by helping them set up an appointment.

Help reduce the barriers to receiving treatment. When possible, help arrange transportation to dental appointments, reinforce the importance of receiving dental care, and reassure those who are experiencing fear and apprehension.

Educate children and families on how to identify oral health issues when they occur. Help families understand the importance of early treatment to avoid long-term health effects.

When appropriate, follow up with families to ensure that children receive the dental care they need and that they continue to seek routine care even after any dental issues are resolved.

References

- 1. CDC Children's Oral Health: <u>https://www.cdc.gov/oralhealth/children_adults/child.htm</u>
- 2. Data from Massachusetts YHS Survey 2017: https://www.mass.gov/files/documents/2019/01/09/health-and-risk-behaviors-mass-youth-2017.pdf
- 3. MassHealth Dental: <u>https://www.masshealth-dental.net/</u>
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