Oral Health Among Children with Special Health Care Needs in Alaska

Nationally, 12.8% of U.S. children and adolescents ages 0-17 years have special health care needs. The oral health of these children may be affected negatively by the medications (medications decreasing saliva flow), therapies, or special diets they require, or by their difficulty with cleaning teeth thoroughly on a daily basis.

Conditions that may lead to special health care needs include Down syndrome, cleft lip/palate and other craniofacial defects, cerebral palsy, learning and developmental disabilities, emotional disturbances, vision and hearing impairments, diabetes, asthma, genetic and hereditary disorders with orofacial defects, or HIV infection.

Seriousness

Healthy People 2010 Targets and National Data

A Healthy People 2010 Objective for oral health among children with special needs is to increase the number of states that have a system of recording and referring infants and children with cleft lips, cleft palates, and other craniofacial anomalies – Alaska currently has this system in place.

Severity

Children with disabilities present unique problems are at increased risk for oral infections, delays in tooth eruption, periodontal disease, enamel irregularities, and moderate-to-severe malocclusion (poor bite). Children with cleft lip/palate are at increased risk for dental caries, gingivitis, cross bite, and dental crowding.

Urgency

Alaska specific data on the prevalence dental needs for children and adolescents with special health care needs is limited. However, national data from oral assessments of U.S. Special Olympics athletes in 1999 (all ages), based on an extremely conservative protocol (visual assessment without use of mouth mirrors, dental explorers or x-rays), found 12.9% of the athletes reported some form of oral pain, 39% demonstrated signs of gingival infection, and nearly 25% had untreated dental decay.

Results of the 2001 National Survey of Children with Special Health Care Needs (C SHCN), 10.7% of children ages 0-17 in Alaska had special health care needs.

- Of Alaskan CSHCN in 2001, nearly 80% needed dental care, including check-ups in the past 12 months of the survey. Of these, 11.5% did not receive the dental care they needed.
- For the 5-year period 1998-2002, the rate of oral cleft among Alaskan children was 3.1 per 1,000 population – approximately 3 times higher than the national rate of 1.2 per 1,000 population.

Disparities

- From 1998-2002, the 5-year rate of oral cleft was nearly 2 times as high among Alaska Native children as white children – 5.0 and 2.7 per 1,000 population, respectively.

Economic Loss

Economic loss was not evaluated.

Interventions & Recommendations

- Assess the number of children and adolescents with special health care needs in Alaska, their oral health needs, and issues affecting dental access.
- Assist training for pediatric dentists and/or general practitioners in patient management for children and adolescents with special health care needs. The aim should be to either reduce the number of times children need to undergo general anesthesia for dental care through providing services in outpatient settings or coordinating their dental treatment with other medical procedures when hospital-based care is needed.
- Because parents often lack confidence about performing oral hygiene care for their child because they do not have enough information about their child’s dental growth and development, training opportunities should be provided for parents and caregivers to educate on dental conditions, management of such conditions and provision of daily dental home care (brushing and flossing).
Oral Health Among Children with Special Health Care Needs

Support education efforts for use of folic acid prior to and during pregnancy to reduce neural clefts (including cleft lip and/or cleft palate).

Dental care for children and adolescents with more severe disabilities is often done by dental pediatric specialists, however as children mature into adulthood the pediatric practices usually are not configured to accommodate adult patients, the disabled adult may find difficulty finding a general practitioner to provide dental care, and the individual may lose coverage for routine dental care (e.g., limited services for adults in many state Medicaid programs). The State should support efforts to increase dental access in the state’s Medicaid/Denali KidCare program along with efforts to provide some minimum level of routine dental care to adults with disabilities that are enrolled in Medicaid.

The Alaska Native Medical Center will be starting a hospital-based pediatric residency program in the fall of 2005 – this program offers hope to increase the number of pediatric specialists practicing in Alaska.

Intervention Effectiveness

- The Alaska Maternal Child Health Block Grant coordinates services for treatment of cleft lip and/or cleft palate through regional specialty clinics. In state fiscal year 2004, 123 children received corrective services through these specialty clinics.9

Capacity

Propriety

Children with special health care needs have unique issues among the maternal and child health population. Promoting access to care, and monitoring and assessing the oral health needs of the CSHCN population is within the overall mission of the Women’s, Children’s and Family Health Section.

Economic Feasibility

Economic feasibility was not evaluated.

Acceptability

Although acceptability was not evaluated, given the impact on the quality of life and health, it is an issue that would most likely be accepted among the target population and community.

Resources

State Oral Health Program; Specialty Clinics program; Alaska Birth Defects Registry; National Survey of Children with Special Health Care Needs.

Legality

Physicians, hospitals, and other health care facilities and providers must report children from birth up to one year of age who have any of the reportable birth defects under the Alaska Administration Code (7 AAC 27.012).

References


Notes

The U.S. Maternal and Child Health Bureau has defined children and adolescents with special health care needs as those “who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who require health and related serves of a type or amount beyond that required by children generally.”10