

Policy Brief

Medical—Dental Collaborations: Working to Improve Oral Health Outcomes for Young Children

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Tooth decay or “dental caries” is the leading chronic childhood disease in the United States, much more common than asthma or hay fever. And it is mostly preventable. The pain and other complications from tooth decay can cause children to miss school and fall behind in their studies and long term poor health outcomes.

New Jersey dental providers, medical providers and community organizations are collaborating to help ensure that preventive dental care is part of a child’s overall healthy start. In November 2012, the New Jersey Chapter, American Academy of Pediatrics (NJAAP) began an oral health initiative funded by the DentaQuest Foundation to “eliminate systematic barriers that limit access to oral health care by fostering strong community partnerships.” Called ***Linking Preventive Oral Health and Primary Care***, the initiative had three main objectives:

- A Medical-Dental Collaboration
- Community Outreach/Oral Health Literacy
- Financing Preventive Pediatric Oral Health



Pediatricians are uniquely positioned to provide preventive oral health to young children because they see children at least 10 times during the first two years of a child’s life according to Cathleen Balance, MD, FAAP, a pediatric academic hospitalist with Jersey Shore Family Health Center in Neptune and one of the initiative’s leadership team. These visits provide critical opportunities for pediatricians to provide oral health screens, as well as information to parents regarding the causes of dental caries, guidance on how to prevent the disease, and to connect the parent to a dentist for ongoing care.

The initiative’s medical-dental collaboration involved New Jersey dentists training pediatricians and their staff to provide preventive oral health screens and apply fluoride varnish to infants and toddlers. Pediatricians can then connect parents to a local dentist who can meet the child’s ongoing dental needs.

The pilot, which began in Monmouth County in 2013, expanded to neighboring counties in 2014. Through partnerships with large hospital systems, pediatric

Medical-Dental Collaboration

The American Dental Association and the American Academy of Pediatrics recommend that all children see a dentist by age one and then as needed to meet their dental needs. Some private health insurance plans include dental coverage. New Jersey’s public health insurance program, NJ FamilyCare, which includes Medicaid, provides this coverage. Despite this, low-income parents often have difficulty finding dentists who accept Medicaid. These children often do not receive preventative care and end up using emergency care. This equates to a lack of access to dental care.

Giving Every Child A Chance

residents and affiliated community pediatricians also learned how to integrate preventive oral health into well-child visits.

NJAAP sought community partners both at the local level and statewide, beginning in 2011. Currently there are more than 160 partner organizations. Some of these organizations are also engaged in activities aimed at improving oral health outcomes of infants and toddlers. Here are two examples of medical-dental collaborations.

General practice dental residents at Newark Beth Israel Medical Center are working with pediatric medical residents at the hospital's Pediatric Health Center to integrate oral health care into well-child care visits. The dental residents are in the pediatric health center on a daily basis interacting with medical residents and pediatricians, talking with parents about good oral health habits, providing oral health screenings and prevention, necessary care and referring the child to their own dentist if they have a dental home or to the hospital dental clinic if they do not.

This collaboration is teaching both the dental and pediatric residents about how the work of their colleagues can be better integrated into their own work to help improve overall health outcomes for children

"These collaborations are helping to change the mindsets of both dentists and pediatricians," said Dr. Sidney Whitman, who is the Division Director of Pediatric Dentistry at the hospital and chairs New Jersey's Oral Health Coalition. "In the past, dentists were taught that they did not need to examine a child until age 3. And pediatricians did not typically include oral health in well-child care visits. Students coming through medical and dental school are learning about a different approach of providing care to young children."

Children Enrolled in NJ FamilyCare/Medicaid Who Received Preventative Dental Care

	2009	2013	% Change 2009–13
Children, Under Age 1	48	110	129
Children, Ages 1-2	9,506	17,567	85
Children, Ages 3-5	46,443	69,828	50

Source: As reported by the annual EPSDT Participation Report, Form CMS-416, US Department of Health and Human Services, Center for Medicare and Medicaid Services, for each year.

The Central Jersey Family Health Consortium, Inc. (CJFHC), licensed by the New Jersey Department of Health and part of a regionalized maternal and child health (MCH) system, received a federal grant to help 4,000 low-income pregnant women have healthier babies. The **Strong Start for Mothers and Newborns Project** uses evidenced-based curriculum to improve birth outcomes so more children have a healthier start in life. Oral health is part of every session and includes questions such as:

- ◆ Do you floss and brush every day?
- ◆ Do you get regular dental care every 6 months?
- ◆ What are the dates of dental visits?

In session one, participants are asked to assess how their teeth and gums feel. The importance of appropriate nutrition and the foods needed to support mom's and baby's needs for calcium during the pregnancy (for the forming of the tooth buds and maintaining healthy teeth) is stressed. In session two, the teeth, gums and mouth are incorporated into the lesson plan. In session seven the lesson describes how to provide care for both the baby's oral health and the mom's.

The FQHCs participating in Strong Start and Rutgers have dental clinics where women are referred as appropriate. CJFHC currently has seven agencies providing Strong Start services with 11 sites. Since the inception of the project, 82 groups have started and approximately 500 women have been served.

Community Outreach/Oral Health Literacy

NJAAP continues to engage dental champions throughout the state to help educate parents and those working with parents and children about the importance of preventive oral health care. Initiative partners also developed materials for community education.

Dr. Sam Wakim, dental director at the Zufall Health Center in Dover and a member NJAAP Oral Health Stakeholders Group, developed a dental resource list. The materials included on the resource list were rated by cost, content, and readability. To access this resource, visit www.zufallhealth.org.

Other initiative partners, such as Dr. Sara Kalambur, a pediatric dentist with the KinderSmile Foundation, continue to provide presentations to parents and children regarding the importance of healthy teeth and proper oral health care.

Home visiting programs are doing their part to educate pregnant women and new parents by discussing their own oral health and their child's oral health during home visits.

ACNJ recently released a series of "on-demand" videos that cover topics critical to improving the well-being of New Jersey's infants and toddlers, one of which addresses developmental milestones, including oral health. This project was funded by a federal Court Improvement Grant. The videos are available at www.acnj.org

The New Jersey Dental Association continues to sponsor its annual **Give Kids a Smile NJ** day. Each February, New Jersey's dental community comes together to ensure the delivery of care to thousands of children under age 13 who otherwise may not be able to afford or access oral healthcare. **Give Kids a Smile NJ** has grown to be the largest, single-day program of its kind in the state. For more information, visit the New Jersey Dental Association's website at www.njda.org

Financing Preventive Oral Health

The New Jersey Division of Medical Assistance and Health Services (Medicaid) has made progress in providing more children with access to dental care. The state Medicaid program now permits its contracted

managed care organizations to reimburse trained medical providers, including nurses and nurse practitioners, for oral health screening and fluoride varnish application. Details regarding requirements and fees is available at www.njaap.org or by contacting a Medicaid managed care organization.

The Center for Health Care Strategies recently published a technical assistance brief entitled, **Medicaid Contracting Strategies to Improve Children's Oral Health Care Access**, which explores contract-based options for improving access to oral health care for children enrolled in Medicaid. It describes how states with managed care can use contracting mechanisms and incentives to engage plans and providers in improving access and outcomes in children's oral health care. For more information visit www.chcs.org.

Conclusion

Data included in Advocates for Children of New Jersey's **Kids Count** reports show a positive trend. The number of children enrolled in NJ FamilyCare/Medicaid who are receiving preventive dental care has significantly increased since 2009.

However more work is needed, especially as more and more children are enrolled in NJ FamilyCare. In 2009, 565,291 children were enrolled in NJ FamilyCare, compared to 724,603 in 2013. NJAAP officials hope to use its grant funding to expand its partnerships with the new New Jersey Oral Health 2020 initiative to eradicate dental disease in children. The 2020 target is for 75 percent of children to reach age 5 without a cavity.

WANTED

NJAAP is seeking dental champions throughout the state and working with other organizations, including the New Jersey Dental Association, the state's Medicaid office and Advocates for Children of New Jersey, to improve oral health outcomes for children. For more information about the work of the initiative, contact Juliana David at (609) 842-0014 or j david@aapnj.org.

Webinars and training materials are available at www.njaap.org

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