

National Priority Area: Oral Health

National performance measure: A) Percentage of women who had a dental visit during pregnancy and B) percentage of infants and children, ages 1 through 17 years, who had a preventative dental visit in the last year.

Title V MCH Block Grant in Oregon

The Title V Maternal and Child Health (MCH) Block Grant is a federal program that provides funding to states to improve the health of all women, children, adolescents, and families, including children with special health care needs (CYSHCN). Oregon’s Title V MCH priorities for 2016-2020 include: well woman care, breastfeeding, physical activity for children, adolescent well care visits, oral health, smoking, toxic stress and trauma, nutrition and food insecurity, culturally and linguistically responsive services, and medical homes and services for the transition to adulthood for children and youth with special health care needs.

More information about each of the above priorities is available at: <http://Healthoregon.org/titlev>.

Significance of the issue

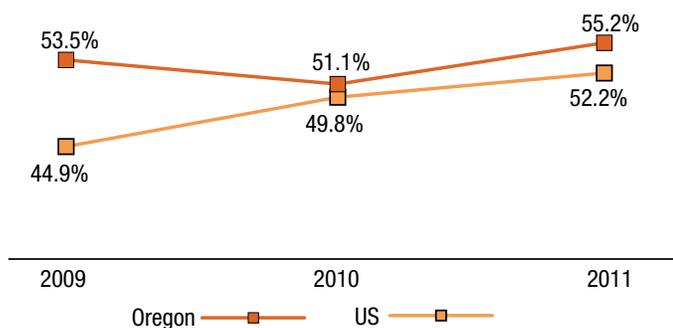
Oral health is a vital component of overall health and well-being across the lifespan. Access to dental care, good oral hygiene, and adequate nutrition are essential components of oral health to help ensure that children, adolescents, and adults achieve and maintain a healthy mouth. People with limited access to preventive oral health services are at greater risk for oral diseases. Among pregnant women, oral infections can increase the risks for premature delivery and low birth weight babies.

Oral health care remains the greatest unmet health need for children. Insufficient access to oral health care and effective preventive services affects children’s health, speech, nutrition, growth, social development, and the ability to learn. Early dental visits teach children that oral health is important. Children who receive oral health care early in life are more likely to have a good attitude about oral health professionals and dental visits. Pregnant women who receive oral health care are more likely to take their children to get oral health care.

Health Status Data

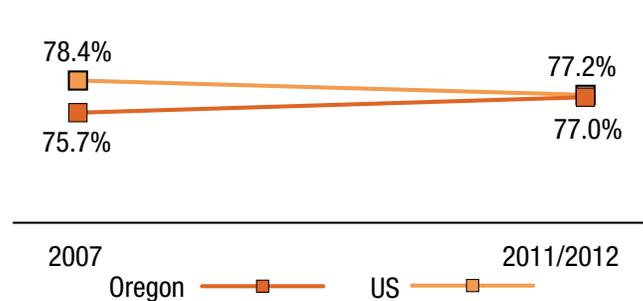
Percent of women who had a dental visit during pregnancy, 2009-2011

Source: Pregnancy Risk Assessment Monitoring System



Percent of children age 1-17 with a preventative dental visit in the last year, 2007-2011/12

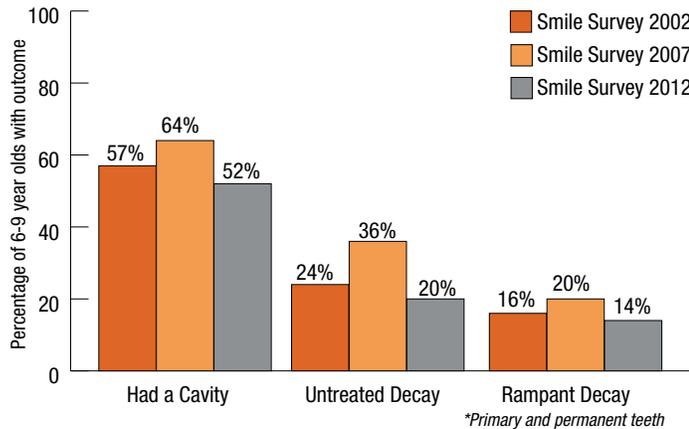
Source: National Survey of Children’s Health



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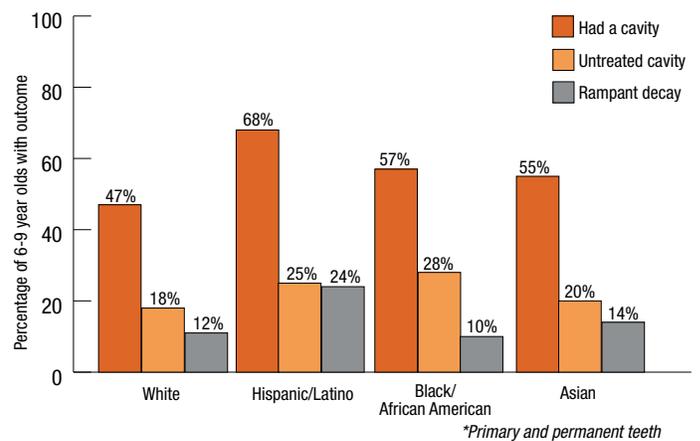
Oral health status* among children 6-9 years old, Oregon

Source: Smile Survey 2002-2012



Oral health status* among children 6-9 years old by race/ethnicity, Oregon, 2012

Source: Smile Survey 2012



- 48% of first graders have had a cavity. This rate jumps to 58% by third grade, to 70% in 8th grade and 74% in 11th grade. Cavities are almost entirely preventable.
- Hispanic/Latino children experienced particularly high rates of cavities, untreated decay and rampant decay compared to White children.
- Black/African American children had substantially higher rates of untreated decay compared to White children.

Context for the Issue in Oregon

State Title V Maternal and Child Health programs have long recognized the importance of improving the availability and quality of services to improve oral health for children and pregnant women. Strategies for promoting oral health include providing preventive interventions, such as dental sealants and use of fluoride; providing oral health services during well-child visits; following the American Congress of Obstetricians and Gynecologists (ACOG) oral health recommendations for pregnant women; incorporating oral health in chronic disease prevention and management models; and increasing the number of community and school-based health centers with an oral health component.

Oregon has a comprehensive state-based oral health surveillance system, a nationally recognized best practice school-based dental sealant program, a robust statewide oral health coalition, a successful early childhood cavities prevention program (First Tooth), and integration of dental services in the Coordinated Care Model. Despite these:

- Non-traumatic dental needs are one of the most common reasons for emergency department visits.
- The statewide fluoridation rate remains around 22.6%.
- Children residing in rural and frontier areas have less access to care and higher rates of decay.

Work in Progress

- Oral health is one of the six priority areas in the State Health Improvement Plan for 2015-2019.
- Oregon released the Strategic Plan for Oral Health in Oregon: 2014-2020 that comprehensively outlines the priorities for improving oral health across the lifespan.
- Oregon Coordinated Care Organizations (CCOs) have a dental sealant performance metric.
- As part of Senate Bill 738, dental pilot projects are now being accepted to test various types of new and expanded workforce models to improve access and outcomes for the most vulnerable populations.