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2011

focus group whitepaper

Oral Health and Prevention

Rebranding the Profession



2011 group #2

March 10 & 11, 2011
San Diego, CA

:: excerpt ::

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Introduction

“A common misperception among community health workers [and the public] is that childhood caries is not a problem. They often say, ‘We have a community dental clinic; if we have an emergency, we send kids to you and you see them the same day. As long as we get kids to the services they need, that solves the problem, right?’ They don’t understand how important it is to prevent the problem in the first place.”

--Dr. Courtney Chinn

In looking at where disease prevention is in the overall oral health picture, in 2011 the Institute for Oral Health (IOH) is exploring how to “rebrand” the dental profession. During the 1960’s and 70’s, dental care was largely focused on prevention through fluoride use, and has “ridden that wave” for a number of decades. Yet we have come a long way since then, with new dental research and progressive solutions underway across the country that are having a significant impact on dental disease prevention. This year, the IOH is spotlighting some of the best of these efforts and how the dental profession can incorporate new approaches to prevention into everyday dental practice as we look toward the future.

To support our 2011 theme **“Oral Health and Prevention: Rebranding the Profession,”** in March, the IOH hosted the second of two focus groups with expert panel discussions about solutions at the forefront of innovation in health care, aimed to advance how we think about and address dental disease prevention. In follow-up, the IOH will feature special guest speakers to share key findings with a larger audience of critical stakeholders through our annual national conference, to be held October 27-28, 2011 in Chicago, Illinois.

Hosted in San Diego, California on March 10-11, 2011, this focus group was led by IOH Executive Director, Dr. Ron Inge, and featured leading authorities in dentistry and dental research, community oral health programs, and the American Dental Association to discuss innovative approaches to disease prevention to improve oral health for high-risk, underserved populations. The group shared insights on the following key topics:

- **Advancing saliva diagnostics for caries risk assessment** – Increasingly, dental research is pointing to saliva diagnostics as a quick, easy, and accurate method for identifying the oral bacteria that causes caries. While currently results can be used to identify problems and guide treatment decisions, the challenge remains to build scientific evidence on the predictive value of saliva in determining caries risk.
- **Promoting early preventive visits to improve outcomes and costs** – When children receive their first preventive dental services by age one, studies show that the cost of dental care in subsequent years is reduced 50% or more compared with children who have no preventive visits until age three or older. Additionally, preventive care and oral health counseling at an early age helps reduce the number of procedures required and increases continued usage of dental services to prevent early childhood caries.
- **Reducing childhood caries risk by engaging families in behavioral changes** – To improve oral health in low-income, minority children, it is important to recognize the many factors beyond economics –such as societal, social, community, and cultural—that influence how a family attends to health issues. We need to provide supportive, engaging ways to counsel parents about oral health and healthy behaviors that help prevent tooth decay in their children.

- **Increasing prevention awareness through the ADA** – As the nation’s foremost advocate for oral health, the ADA works diligently in the arena of disease prevention such as establishing policies, programs, and public awareness campaigns to advance caries risk assessment and preventive dental care. The ADA also promotes clinical recommendations for evidence-based dentistry, and provides leadership for progressive collaboration across stakeholders for high-risk populations.

Join us for the 2011 Institute for Oral Health Conference

In follow-up to this year’s focus groups, Institute for Oral Health is providing whitepapers and promoting relevant news and research through our website, quarterly newsletters, Facebook, and participation at health conferences around the nation. Culminating this year’s theme is our **5th annual national IOH conference on October 27-28, 2011 in Chicago, Illinois** at the Sofitel Hotel. Learn more and register early for discount rates ~ please visit: IOHWA.ORG.

About the Institute for Oral Health

The Institute for Oral Health is dedicated to improving oral health in America by bridging the gap between research and everyday dental practice. Serving as a central resource for education and collaboration, IOH brings together nationally recognized experts to focus on important themes of concern in oral health care today, and works to promote innovation and adoption of progressive treatment guidelines, dental plans, and delivery methods.

learn more

Web: IOHWA.ORG ~ Register Online for the 2011 IOH Conference



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The Effects of Early Preventive Visits on Use, Costs and Oral Health Status

As a professor of pediatric dentistry and health services researcher, Dr. Jessica Lee brought valuable perspectives on caries prevention to the March 2011 Institute for Oral Health focus group. She introduced some of the alarming statistics about the prevalence of early childhood caries and related costs, and shared evidence of the positive impact preventive care and early intervention have on improving health outcomes and reducing costs.

The Crisis and Consequences of Early Childhood Caries

Among pediatric dentists it is common knowledge that early childhood caries has reached crisis proportions –but it is important that all oral health providers and other healthcare professionals recognize how severe the problem has grown. NHANES reported that 41% of children aged two to eleven have dental caries, and in children aged two to five, the disease is on the rise, up 24% to 28% in 2004. This notes a 15% increase. Furthermore, for families whose income is below or at 100% of the federal poverty level, nearly 30% of their preschool children have treated and untreated tooth decay. The incidence of disease drops considerably as income levels rise above poverty level, yet the number of young children with caries is still high for this low-income demographic.

Additionally, dental caries in young children creates a ripple effect of other problems. Dr. Lee noted that children with caries are “significantly more likely to weigh less than 80% of their ideal body weight and suffer from failure to thrive.” These children often experience learning and sleep disorders due to distraction from pain and discomfort, and lose hours away from school. Add to that the parents’ lost hours from work and potential risk of losing a job. For low-income, minority, non-insured families, these burdens are “disproportionately” more severe –yet their children may have the greatest need for care. Compared with about 42% of white families, nearly 70% of African Americans and over 60% of Hispanic families reported a need for dental care for their children, which represents a very considerable demand for care. However, many are unable to get dental services for their children based on lack of availability or affordability.

Moreover, low-income families often wait until problems caused by dental disease become too great to ignore, and by that point the costs will be substantially higher with complex restorative work and the need for mild sedation or general anesthesia. Sadly, we are seeing a rising trend in operating room visits for childrens’ dental treatment: in only five years, from 1997-2002, dental surgery visits increased nearly 50%, most notably in children age three and four, with the majority of operating room visits paid by Medicaid or SCHIP. This trend may indicate that dentists have become less willing to take on the risk of sedating children in the dental office, yet with children who require multiple restorations, it may simply be easier to perform procedures with the help of an anesthesiologist. Unfortunately, this approach typically raises the cost of care to \$3,000 - \$4,000 for each hospital procedure.

Dr. Lee emphasized that an important factor in reversing these trends is for dental professionals to engage parents and counsel them about their child's oral health. If parents could gain an understanding about the benefits of preventive dental care, and learn about age-specific dental needs, they could help dramatically improve their children's health outcomes and reduce the cost of care.

Effects of Early Preventive Dental Visits

In 2005, Dr. Lee and her colleagues published a five-year study which explored the impact early preventive dental care could have on preschool children aged one, two, and three, who are at high risk for dental caries. In addition to improving health outcomes for young children, the team looked at whether early dental visits helped influence subsequent use of dental services, and whether preventive care helped reduce Medicaid dental costs.

Ensuring that children see a dentist by age one or two can help reduce the risk of early childhood caries by setting the stage for better oral health. Certainly fewer restorative procedures and hospital visits mean lower dental costs, which is a grave concern for Medicaid as children under age six being treated for caries in a hospital consume 25-45% of the dental resources, even though this population represents less than 5% of the total children receiving dental care.

Early Prevention Reduces Costs

In their study of over 9,000 high-risk, preschool aged children, Dr. Lee found that only 23 children (.24%) had seen a dentist for preventive care by age one, and only 2.7% of two year olds had received dental care. While the numbers increased gradually for children up to age five, they were still very low, never topping 10%. Many more children were receiving other dental services --for existing tooth decay—but alarmingly few were seeking preventive care to avoid the problem.

Yet Medicaid claims data showed that those children under age five --and the earlier the better-- who received preventive dental care had a significant effect on reducing costs. In tracking the high-risk children over five years, those who received their first preventive visit at age three or four had an average cost of care at \$492, whereas children who received their first preventive visit by age one had an average cost of \$262, which underscores the importance of getting children to a dentist at a very early age.

Early Intervention Reduces Disease

Research from the University of North Carolina also showed that for children under age three who received four or more fluoride varnishes, the number of caries-related dental treatments they required dropped considerably --down 17.3%; 259 fewer procedures-- compared to children who did not receive preventive care. In fact, the study highlighted that the odds of having any dental caries were dramatically reduced when children received dental preventive care by age two or younger. Children who never received fluoride treatments and oral health counseling by age five were three times more likely to develop caries and typically had 50% more untreated dental disease.

Prevention Counseling Increases Usage

In Dr. Lee's pediatric dentistry practice and residency training, she has placed a strong emphasis on counseling parents about oral health and early childhood caries, and behavior changes that can help reduce the risk of tooth decay. She noted that dental hygienists often

advocate prevention in terms of a long list of issues to consider, which can be overwhelming for parents. Thus, Dr. Lee recommends guiding parents to first choose only one factor they could try to change in their lifestyle or nutrition and work with that for a few months. As they progress, they can think about introducing another change, but not worry about trying to handle too many issues at once.

It is important for dental providers to recognize the challenges families may face and provide reassuring and encouraging guidance. For example, it may be helpful to tell parents that it is understandable they may feel frustrated by struggling to brush their toddler's teeth, and that there are many parents across the nation with the same problem; yet tooth decay could be very costly to their child's overall health and development. Gradually over time, parents learn to adopt healthier behaviors that reduce the risks of caries in their children. With this added support, children who receive preventive dental care in their early years have shown to be more likely to continue seeking care to maintain better oral health.



Dr. Ron Inge, IOH Executive Director

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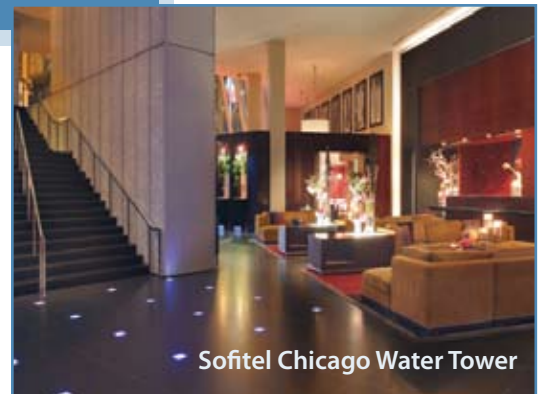
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