



the burden of oral disease

Children and Youth with Special Health Care Needs

Oral Disease in Children and Youth with Special Health Care Needs

Children and youth with special health care needs (CYSHCN) are defined by the Health Resources and Services Administration's Maternal and Child Health Bureau as children and youth with at least one chronic physical, developmental, behavioral, or emotional condition who also require health services beyond those generally needed. It is estimated that 15% of children and youth in Iowa have a special health care need.¹ This translates to over 105,000 children and youth with special health care needs living in Iowa.¹

CYSHCN have more unmet oral health needs than children without special health care needs.² According to the 2009/2010 National Survey of Children with Special Health Care Needs, 10% of CYSHCN aged 0-17 years did not get all needed preventive dental care in the past year.³ The percent of CYSHCN that did not receive all needed non-preventive (restorative) dental care was even higher at 20.2%.³ These unmet oral health needs are most prevalent in older children, those in families of low socioeconomic status, and those without insurance.⁴

Many CYSHCN suffer from dental caries (tooth decay). Untreated tooth decay can result in infections, pain, and a lower quality of life.⁵ In addition to tooth decay, some CYSHCN may have periodontal disease. This can result in painfully swollen and bleeding gums and can lead to tooth loss in the most severe cases.⁶

Risk and Protective Factors for Oral Disease in Children and Youth with Special Health Care Needs

CYSHCN may be at an increased risk for tooth decay due to the need for specialized medications and diets. Medications that contain sugar or cause dry mouth can lead to caries. Diets that require frequent meals, high calorie intake, or exclusively soft foods can also cause decay.⁵

To prevent oral disease, parents and health care providers should work together to establish dental homes for CYSHCN. Children that receive regular preventive oral health care from dental professionals familiar with the needs of CYSHCN can have a decreased risk for disease.⁷

Additionally, daily oral hygiene practices at home are critical to maintaining oral health. Special home care aids such as toothbrushes with large or extended handles can help children and youth with physical limitations. Parents should provide assistance with these tasks if self-care abilities of the child are limited.⁸ Parents can also help maintain oral health by limiting sugary foods and beverages whenever possible.⁷

Finally, fluoride is especially beneficial for disease prevention in CYSHCN. This includes using fluoridated toothpastes and rinses at home, having fluoride varnish applied topically by a health care provider, and drinking fluoridated water throughout the day. Fluoride supplements prescribed by a dentist or physician might also be considered.

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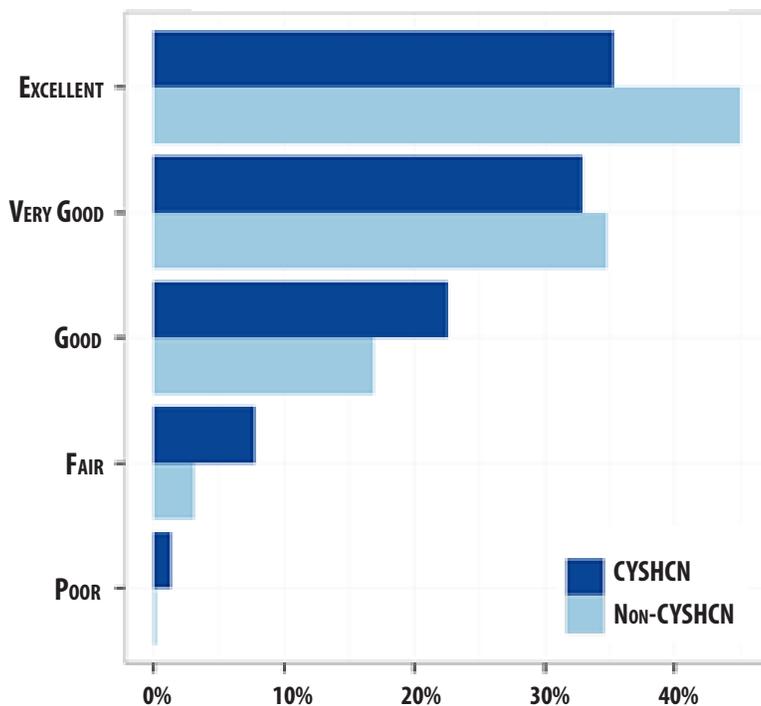
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How is Iowa Doing?

According to the 2010 Iowa Child and Family Household Health Survey, 5.4% of parents of CYSHCN reported that there was a time in the past year when their child needed dental care but could not get it.⁹ This number was lower (3.8%) for children without special health care needs.⁹

ORAL HEALTH STATUS OF CYSHCN AND NON-CYSHCN



Source: Iowa Child and Family Household Health Survey 2010
Includes parent rating of the oral health status of their children.

Of the parents that reported their child could not receive needed dental care, 34.3% reported that their insurance/health maintenance organization coverage was inadequate, 32.7% reported that they could not afford the care or had no insurance, 3.5% reported that they had trouble getting an appointment, and 2.5% reported that they were uncomfortable with the providers available at the time.⁹ More work must be done to ensure that all CYSHCN are able to access oral health services.

What is Iowa Doing?

The University of Iowa College of Dentistry and Dental Clinics, with funding assistance from the Iowa Department of Public Health, coordinates the Children's Oral Health for Underserved Populations project. This project works to provide comprehensive dental services to uninsured or underinsured children under age 21. CYSHCN without adequate dental insurance coverage and whose families' incomes are less than 300% of the federal poverty level are eligible to receive services through this program.

Additionally, CYSHCN are served through the I-Smile™ dental home initiative. Twenty-three dental hygienists, serving as I-Smile™ Coordinators, facilitate access to dentists and assure that gap-filling preventive services are provided to all at-risk and low income Iowa children, including CYSHCN. The Children's Oral Health for Underserved Populations project works with the I-Smile™ Coordinators to assist CYSHCN with accessing dental care.

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Fact sheet references and additional information can be found at <https://idph.iowa.gov/ohds/oral-health-center/reports>