

ORAL HEALTH PROMOTION AND DENTAL CARE ACCESS FOR CHILDREN THROUGH SCHOOL-BASED SERVICES

Avery Brow, MA¹, Ilya Okunev, MS¹, Eric Tranby, PHD¹,
Vuong Diep, MPH¹, Sean Boynes, DMD, MS¹

¹: DentaQuest Partnership for Oral Health Advancement

BACKGROUND AND OBJECTIVES

- 51.7 million school hours are missed annually due to a dental condition (Griffin et al., 2014).
- School-based dental services (SBDS) are some of the most effective ways to promote oral health and increase access for children.
- SBDS services include: sealant application, fluoride treatment, cleanings, and diagnostic.
- SBDS can reduce the number of missed school days for these children by providing preventive dental services and care coordination on-site.
- For some students, SBDS are the first encounter with a dental provider. For others, SBDS are their only source of dental care.
- SBDS act as a gateway for future oral health care.
- Using claims data, this study examines the impact of SBDS among children aged 0–20.

STUDY DESIGN

- Administrative claims data from the IBM Watson MarketScan Medicaid Database for all SBDS offered in 13 states from 2013 to 2015 were analyzed.
- Descriptive analyses identified specific dental services provided, as well as the number of children who received dental care prior to, during, and after SBDS.

PRINCIPAL FINDINGS

- 13,507 Medicaid-enrolled children received a dental service in a school-based setting during the study period.
- Consistent with prior literature, sealants and fluoride treatment remain the most prevalent services for all age groups.
- 92% of 0–5 year old children received a fluoride treatment with a second peak in children 15 and older (87%).
- Those aged 15 or older also received the most diagnostic services (88%).
- Of all age groups, older children (15+) received the most preventive services (91%).
- Among children continuously enrolled and who received SBDS in 2014, 50% had no dental care before receiving SBDS.
- 36% of those children with no prior dental care then went on to receive dental care in an office setting.
- The most common dental procedures provided in the first office visit were preventive and diagnostic services (excluding radiology).

Figure 1. Types of Dental Services Performed in Schools Among Children, by Age Group in 2015

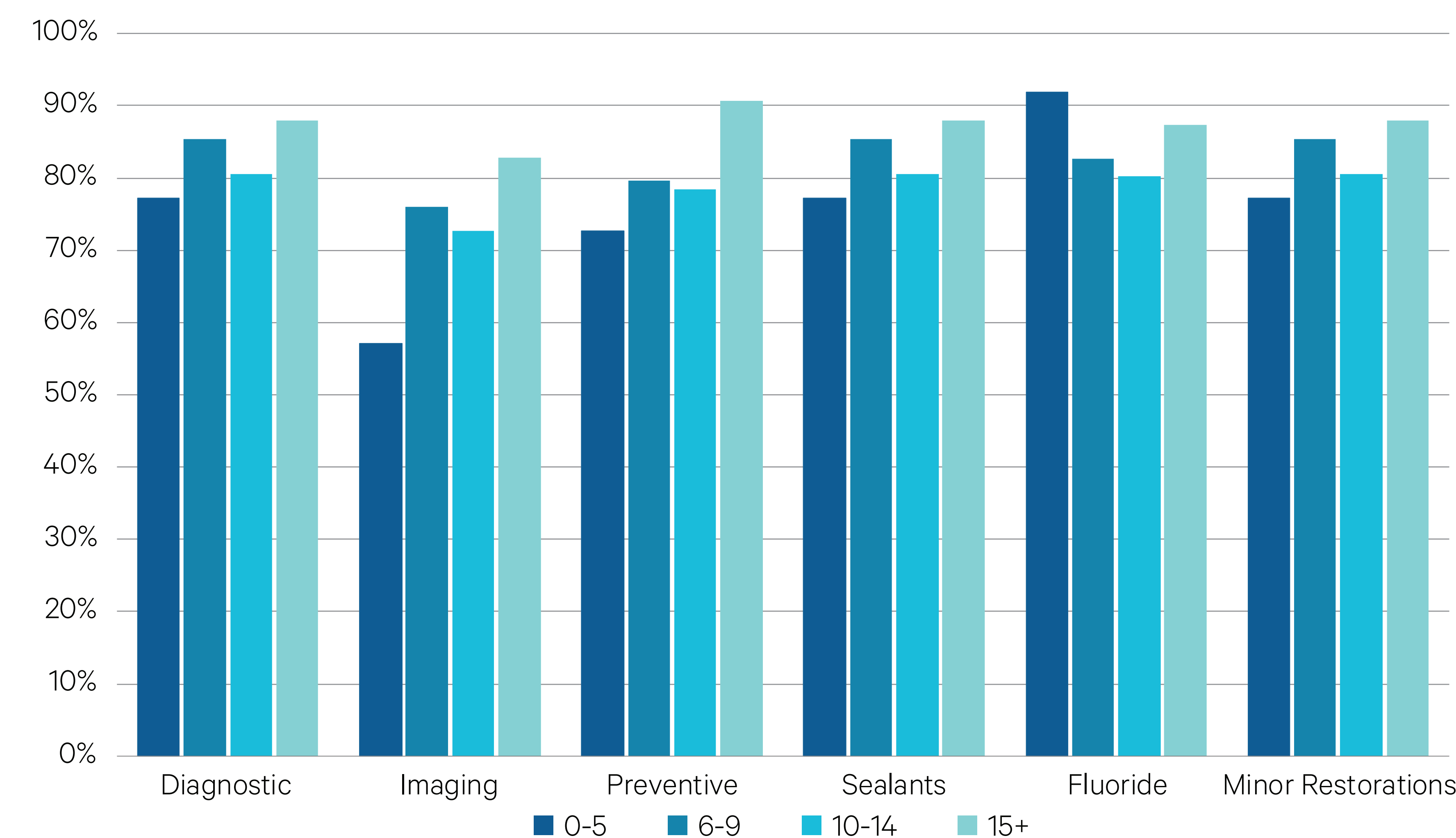


Figure 2. School-Based Dental Service Utilization by Race

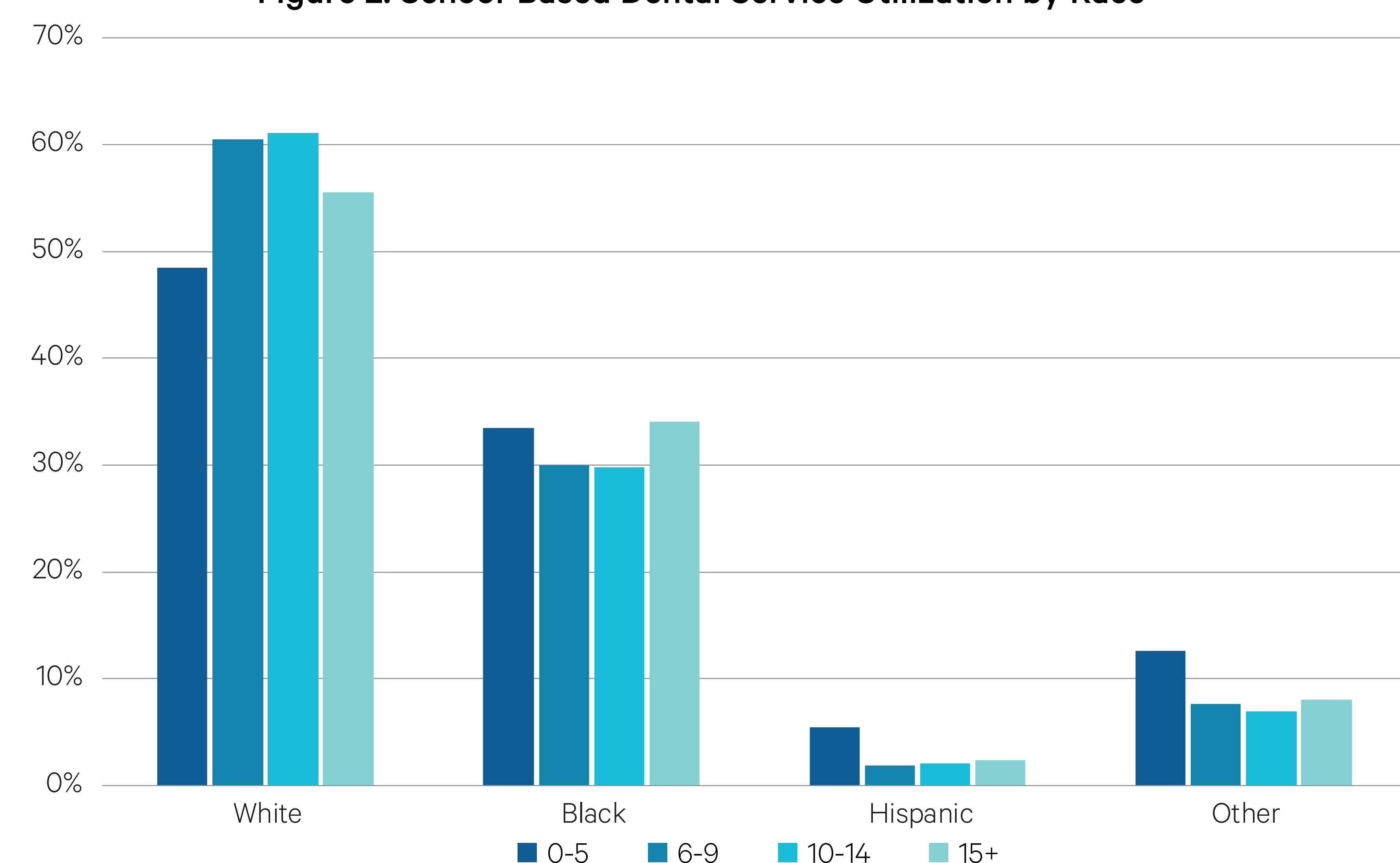


Figure 3. Percentage of Children with No Prior Dental Care Receiving Dental Care After a School-Based Dental Service in 2014

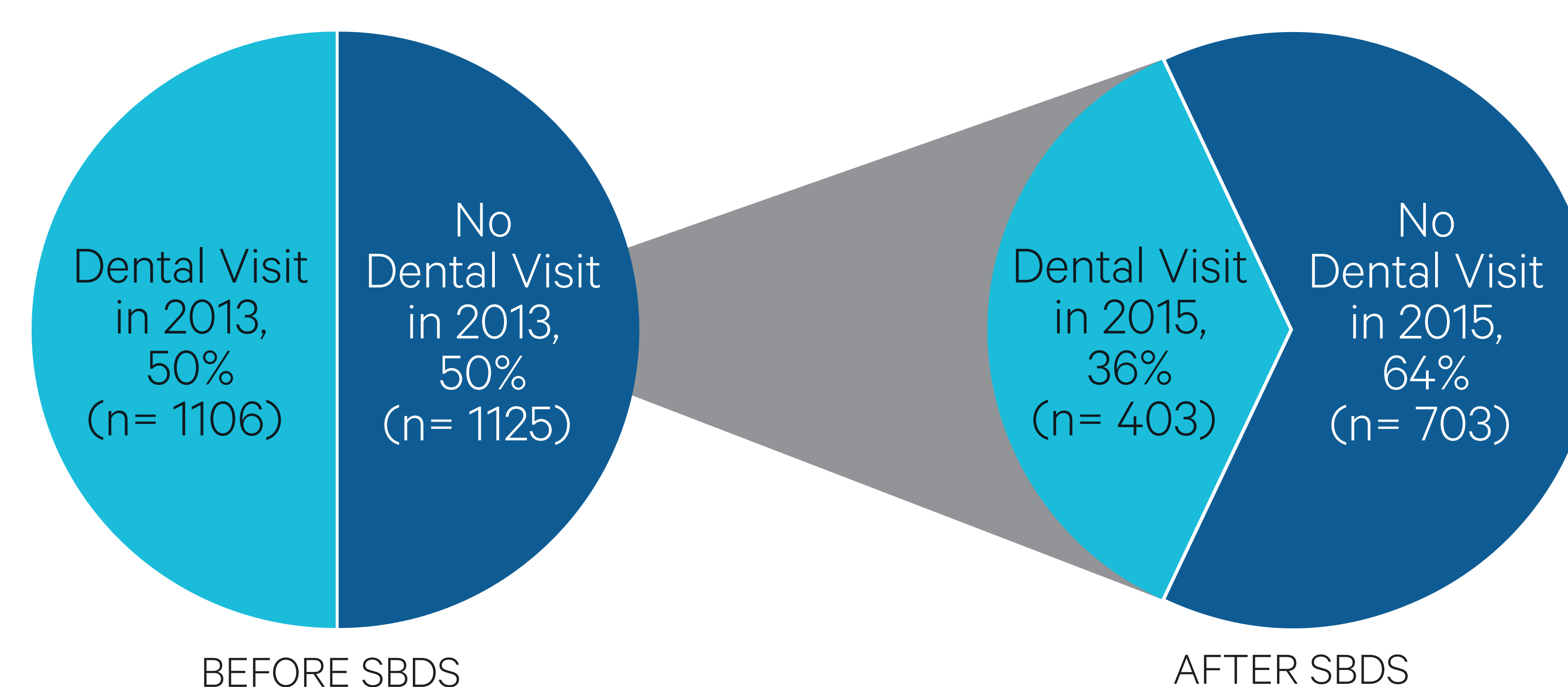


Figure 4. Most Common Dental Procedures Among Those with Dental Visits After School-Based Dental Services

Code	Description	%
D1120	Prophylaxis – Child	12%
D1208	Fluoride	11%
D0272	Bitewing - 2 Films	8%
D0150	New Patient Evaluation	7%
D0120	Established Patient Evaluation	7%

CONCLUSIONS

- SBDS are a unique opportunity to foster person-centered care by providing dental services to children who otherwise may not receive such services.
- These visits also demonstrate the importance of dental services early in life for these children.
- These visits not only introduce dental services, but also communicate the importance of maintaining regular health care contact and treatment.
- Coordinating care for these children enables linkage to other community resources and often serve as the only access point for healthcare.

FOR MORE INFORMATION

Contact Avery Brow, Editorial Communications Manager, at Partnership.Analytics@dentaquest.com.

REFERENCES

Griffin, S. O. et al. Use of dental care and effective preventive services in preventing tooth decay among U.S. Children and adolescents — Medical Expenditure Panel Survey, United States, 2003–2009 and National Health and Nutrition Examination Survey, United States, 2005–2010. *MMWR Suppl.* 63, 54–60 (2014).