

# Oral health & Florida KidCare

## INSIDE THIS ISSUE:

Oral Health	1
Oral Health and Florida KidCare	1
Impact of Oral Health Outreach	2



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## Lack of Access to Oral Health Care Makes Kids Sick

Oral health is a core component of a child's overall wellbeing. Poor oral health has been linked to diabetes, ear and sinus infections, heart disease, weakened immune systems, and low-birth weights in children (Jackson et al., 2011 and The Kaiser Family Foundation, 2012). Lack of access to preventative and restorative care impacts a child's ability to participate and perform in the classroom and other areas of their lives due to pain and related infections (Chi et al., 2014).

Oral health education programs have been implemented across various settings, including schools, in order to identify uninsured children and to provide oral health care treatment. These programs are demonstrating effectiveness in the care of children's oral health (Padmavathi, 2010 and Jurgensen & Petersen, 2013). Children's access to oral health care and subsequent treatment is impacted by multiple factors. Jackson et al. (2011) cites that students who had poor oral health were three times more likely to miss school than their counterparts, thereby negatively impacting their performance in school. Low-income children and children of color are disproportionately affected by dental caries and other oral health related diseases (The Kaiser Family Foundation, 2012).

The Affordable Care Act (ACA) required that, by 2014, oral health care was to be a requirement for children under "qualified health plans", as well as, a requirement among the 10 "essential health benefits" established by the law (The Kaiser Family Foundation, 2012). With Medicaid and CHIP providing access to oral health care, low-income children have access to much needed services.

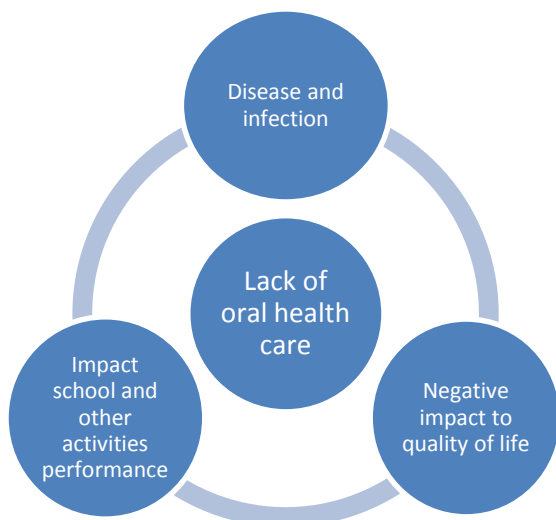
## Broward County Brings Dental Providers to Schools

The Broward County Department of Health created the School-Based Dental Sealant Program in which dental hygienists come to schools and "provide children with preventative sealants and fluoride, as well as, an assessment to identify dental caries, which is the most common chronic disease of childhood." A parental consent form is sent home prior to the dates when the dental providers will be on campus. All students returning dental consent forms receive care on campus, during school hours, with as little class time missed as possible. Children are seen regardless of insurance status.

Students who do not have dental insurance are provided Florida KidCare program information, as well as, application and enrollment assistance according to Yvonne Charboneau, Florida KidCare Staff Assistant at the Department of Health in Broward County, who works with the program. She noted that "the School-Based Dental Sealant Program visits all Title I elementary and middle schools throughout Broward County. Each of these schools has a rate of 50% or more of their student population that qualifies for free or reduced lunch. Consequently, the children being treated would most likely qualify to enroll in Florida KidCare."

The sealant program is monitored regularly to determine impact and effectiveness. From September 2016 to February 2017, "approximately 19,000 children were treated and more than 45,000 sealants were placed." Each child, once seen, is entered into the Health Department's Management System, and any child not enrolled in Medicaid is referred to Florida KidCare as a result.

Since the start of the program, 22 Florida KidCare applications have been completed, connecting 42 children to coverage. Not only are the efforts of the Broward County Sealant Program focused on education and treatment, a strong component is also to link children to sustainable care through continuous health care coverage.



**Figure 1: Impact of lack of oral health care access and treatment**

## Baker County Provides Buses to Take Students to Their Dental Appointments

The Baker County Health Department and the Baker County School Board came together in partnership 28 years ago to provide transportation to the Baker County Health Department Clinic to provide dental care to uninsured children. Patty Lyons of the Baker County Health Department has been involved in the program since inception. Creating a “trusting relationship with groups you wish to partner with” is critical to the overall success of any program. The relationship established between the two entities grew from several factors, including: parents being unable to take time away from work to take children to the dentist and transportation access issues.

The program provides information to parents at open house events before the school year. Children who are uninsured are provided with information on Florida KidCare, as well as, provided application and enrollment assistance. Once school begins, the students returning dental consent forms are scheduled for dental appointments at the Health Department clinic. The school board provides the buses to transport children to their appointments for “preventative and restorative dental services.” The opportunity to not only provide dental care,

but also linking the uninsured to coverage, is a critical long-term positive impact the program has on families and the community. The Baker County School Board and Health Department came to together to collaboratively address barriers to care and coverage.



## Making an Impact in Children's Lives

Access to health care coverage is a sustainable, long-term solution to protect the oral health of children. Promoting policies and programs that provide comprehensive health care coverage to children, including dental coverage, is critical to ensure that the whole child is treated. Sheiman and colleagues highlight that expanding the ability for families with uninsured children to access health care coverage increases the likelihood they will utilize dental services compared to those without coverage (2015). In a prospective study of children with Medicaid and CHIP coverage compared to those children without coverage, the children with Medicaid/CHIP were more likely to be in optimal health, utilize dental care services, and have a regular source of preventative care (APHA, 2015).

“Children suffer disproportionately and most severely from dental diseases” (Friedman & Mathu-Muju, p.1005). With dental care access being made available through Medicaid and CHIP programs, there has been an increase in the utilization of services between 2001 and 2010. Since 2000, outreach to ensure children have access to oral health coverage and care has caused a marked decrease in uninsured children, but more work is still to be done (Nasseh and Vijicic, 2015). Developing new outreach to promote health care coverage as a means to improve children's oral health is critical to addressing disparities and the uninsured.

*“Children suffer disproportionately and most severely from dental diseases”*

(Friedman & Mathu-Muju, 2014).