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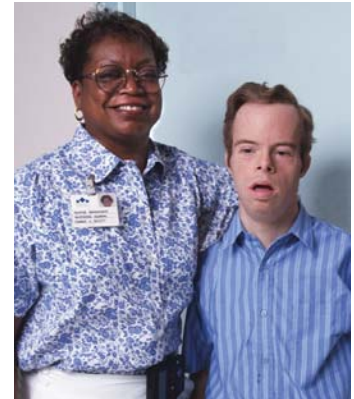
# Oral Health for Children and Adolescents with Special Health Care Needs: Challenges and Opportunities

*The need for oral health care is the most prevalent unmet health care need among U.S. children and adolescents with special health care needs.<sup>1</sup>*

## The Population

The Maternal and Child Health Bureau has defined children and adolescents with special health care needs (SHCN) as those “who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who require health and related services of a type or amount beyond that required by children generally.”<sup>2</sup>

Over 9 million (13 percent) of U.S. children and adolescents ages 17 and younger have a special health care need.<sup>3</sup>



## The Challenges

### *Unmet Oral Health Care Needs*

The need for oral health care is the most prevalent unmet health care need among U.S. children and adolescents with SHCN ages 17 and under, just as it is for all U.S. children and adolescents.<sup>1</sup>

Children and adolescents with SHCN are almost twice as likely to have unmet oral health care needs as their peers without SHCN across all income levels.<sup>4</sup>

### *Oral Health and General Health and Well-Being*

Oral diseases can have a direct and devastating impact on the health of children and adolescents with certain systemic health problems or conditions.

- Children and adolescents with compromised immunity or certain cardiac conditions may be especially vulnerable to the effects of oral diseases.
- Children and adolescents with mental, developmental, or physical impairments who do not have the ability to understand and assume responsibility for or cooperate with preventive oral health practices may be vulnerable as well.<sup>5</sup>

General health impairments may also adversely affect oral health.

- Malocclusion and crowding of the teeth occur frequently in children with atypical development. Over 80 craniofacial syndromes exist that can affect oral development; 25 percent are associated with mental impairments.<sup>6</sup>
- Medications, special diets, and oral motor habits can cause oral health problems for many children and adolescents with SHCN (e.g., tooth decay-promoting effect of medicines with high sugar content, excessive tooth grinding with self-stimulating behaviors).<sup>7</sup>

### *Barriers to Oral Health Care*

Provision of oral health care to children and adolescents with SHCN requires specialized knowledge, increased awareness and attention, and accommodation.<sup>5</sup>

Children and adolescents with the most serious conditions who previously were served by experienced, institution-based oral health professionals now seek care from community-based health centers or private practices, where oral health professionals may lack the required knowledge and skills to serve these children and adolescents adequately.<sup>5,8</sup>

Many dentists lack the educational preparation to successfully manage care for children and adolescents with SHCN. About half of the dental schools in the United States provide students with less than 5 hours of classroom instruction and less than 5 percent of clinical time devoted to providing care for children and adolescents with SHCN.<sup>9</sup>



Fewer than 1 in 10 general dentists regularly provide care for children and adolescents with cerebral palsy or mental retardation or who are medically compromised. About two-thirds of general dentists identify patient behavior as the foremost reason for their unwillingness to provide care for children and adolescents with SHCN.<sup>10</sup>

More than 20 percent of children and adolescents with SHCN have conditions that create financial problems for their families, which can impact their access to oral health care.<sup>11</sup>

## The Opportunities



General dentists practicing in small communities, dentists who participate in Medicaid, and older dentists are more likely to provide care for children and adolescents with SHCN.<sup>10</sup>

Pediatric dentists and dentists working in schools of dentistry and university-affiliated centers on disability are also an important source of care.

The Maternal and Child Health Services Block Grant (Title V) requires that states budget at least 30 percent of their federal allocation to services for children and adolescents with SHCN. Title V funds may be used to provide case-management services to families as a means to improve access to oral health care, and to support collaboration between SHCN programs and oral health programs.<sup>12</sup>

All children and adolescents enrolled in Medicaid are entitled to comprehensive oral health services through Early and Periodic Screening, Diagnosis and Treatment. States use a variety of reimbursement methods for targeted case management, a service that assists families in gaining and coordinating access to oral health services appropriate to their needs.<sup>13</sup>

Head Start programs allocate a minimum of 10 percent of their enrollment to children with disabilities. Programs work with local agencies to help families enroll in public assistance programs or to obtain other sources of funding for oral health care. Programs also work with dentists to ensure that an oral examination and treatment plan are developed and that necessary treatment is completed for all children enrolled in the program.<sup>14</sup>

Special Olympics Special Smiles is one of several community-based programs created to increase public awareness of the oral health issues facing children and adolescents with SHCN; increase their access to care, and train professionals to care for them. The program provides athletes with oral health screening, oral hygiene education, and referrals to dentists in their community for routine oral health care and treatment.<sup>15</sup>

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National Maternal and Child Oral Health Resource Center  
Georgetown University  
Box 571272  
Washington, DC 20057-1272  
(202) 784-9771 • (202) 784-9777 fax  
E-mail: [info@mchoralhealth.org](mailto:info@mchoralhealth.org)  
Web site: [www.mchoralhealth.org](http://www.mchoralhealth.org)