VERMONT
DEPARTMENT OF HEALTH

Division of Maternal & Child Health

BRIEF: Oral Health

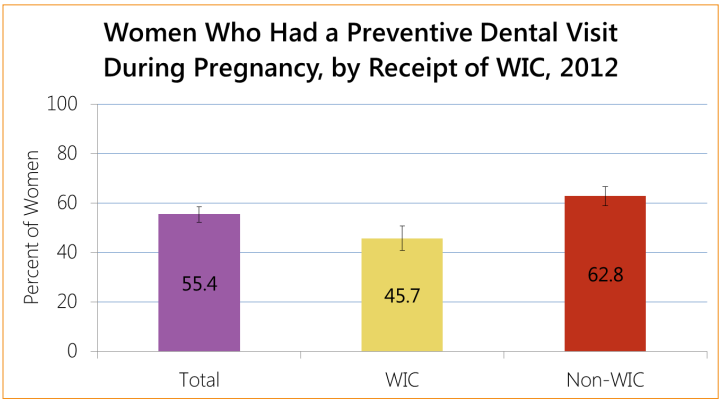
The vision of the Division of Maternal and Child Health is that the health and wellness of Vermont's women, children, and families is a foundation for the health of all Vermonters. We work to achieve this vision through strategies that are family centered, evidence based, and data driven.

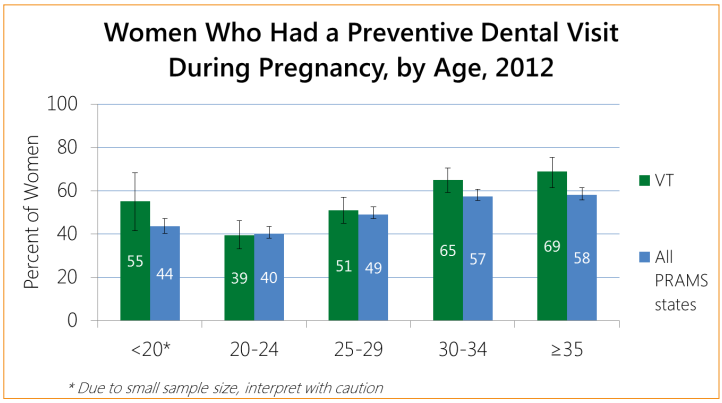
Priority Area Reduce the risk of chronic disease across the lifespan

Performance Measure
a) Percent of women who had a preventive dental visit during pregnancy
b) Percent of children ages 1-17 who had a preventive dental visit in the past year

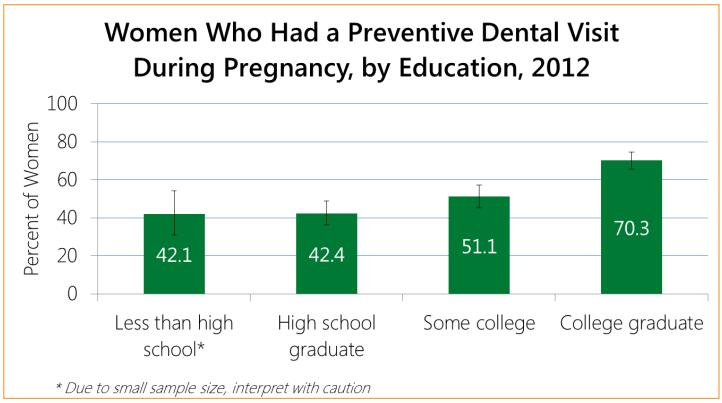
Introduction. Oral health is a vital component of overall health. Access to oral health care, good oral hygiene and adequate nutrition are essential to help children, adolescents, and pregnant women achieve and maintain oral health. Insufficient access to oral health care and effective preventive services affects children's health, education, and ability to prosper. State Title V Maternal Child Health and Oral Health programs have long recognized the importance of improving availability and quality of services to improve oral health for children and pregnant women.

Results. The Vermont PRAMS survey specifically asked pregnant women about dental cleanings during pregnancy in 2008 and 2012. Between those two years, there was a non-statistically significant increase in visit rates from 53.1% to 55.4%. Source: Pregnancy Risk Factor Surveillance System (PRAMS), 2008 and 2012





■ 62.8% of Vermonters who did not receive WIC assistance during pregnancy had a preventive dental visit. This exceeded the rate of **WIC recipients** (45.7%). ■ Vermonters with **private health insurance** during pregnancy had a higher visit rate (66.2%) than those with **Medicaid** (44.6%). ■ Vermont women in the two **oldest age categories** had significantly higher visit rates than women of the same ages in the all-PRAMS states data and Vermont women aged 20-29. ■ Preventive health visits increases significantly with **educational attainment** (42.4% for women with a high school degree compared to 70.3% of college graduates).



In children ages 1 through 17, Vermont data indicates that while there was no significant difference in visit rates over time (86.1% in 2007, 87.8% in 2011/12), the Vermont rate significantly exceeds the U.S. rate in each year (78.4% in 2007, 77.2% in 2011/12). There were also differences by age group and insurance type in the rate of preventive dental visits among children. Source: National Survey of Children's Health (NSCH), 2007 and 2011-2012

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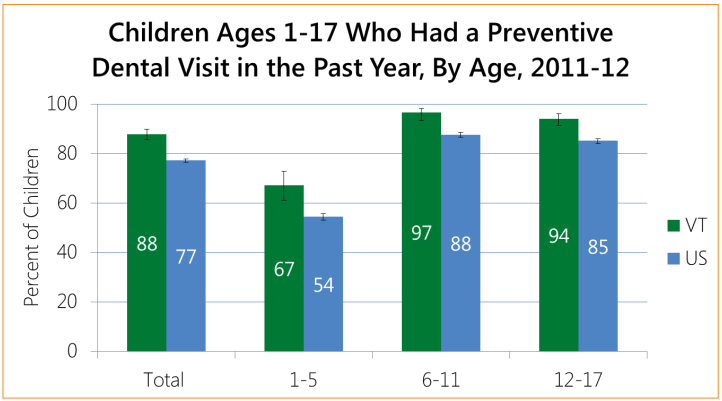

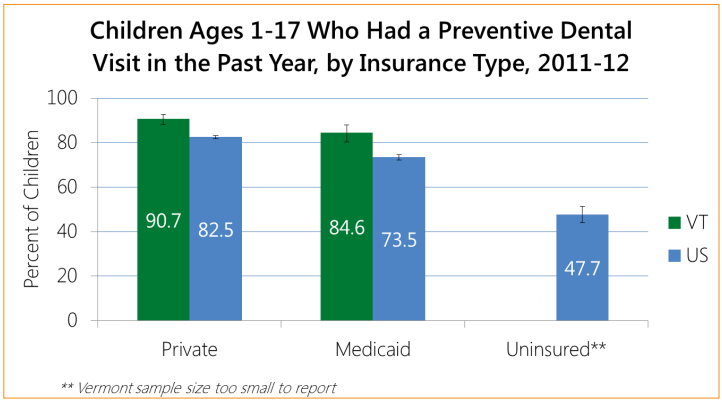

Preventive Dental Services Among Medicaid Recipients, FY 2014

	Age Group						
Total	**<1**	**1-2**	**3-5**	**6-9**	**10-14**	**15-18**	**19-20**
59.6%	0.5%	25.9%	61.3%	74.3%	70.3%	62.3%	34.3%

Data from VT's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Screening Report shows utilization rates are lower than self-reported utilization rates among the Medicaid population. Preventive visits are particularly lower for those ages under 3 and 19-20. Source: 2014 CMS EPSDT form (CMS-416)

Vermont Strategies.

- Support the role of the Oral Health Director in the Health Department's chronic disease division and programmatic planning
- MCH Coordinators (MCHCs) at the District office level work in tangent with co-located Public Health Dental Hygienists (PHDH) to:
  - Assess dental health landscape and share resource availability with health care and community partners
  - Provide outreach to Ob/Gyns and dentists regarding: a) the expanded Medicaid benefit for pregnant women; and b) *Bright Futures*
  - Outreach to pediatric providers regarding: a) oral health education and referral to a dental home; and b) fluoride varnish
- PHDHs provide assessment, screening, and education to WIC participants
- Statewide oral health coalition, with a priority focus on pregnancy and young children
- Partner in statewide policy work regarding the pending introduction of mid-level dental providers into Vermont's oral health workforce
- Local MCH coalitions promote oral health messages
- Partner with Medicaid to improve oral health access:
  - State Plan Amendment to allow dental hygienists to bill Medicaid
  - Promote the HD modifier for the expanded dental benefit for pregnant women
  - Update and monitor the Department of Vermont Health Access' (state Medicaid agency) Dental Action Plan
- Strengthen Vermont chapter of ACOG and ensure key public health messaging/content is integrated
- Offer training for pediatric health care providers to conduct oral health risk assessment and fluoride varnish *(From the First Tooth)*
- Offer training to dental care providers to promote *Bright Futures* guidance to increase capacity and willingness to see children beginning at age 1
- Explore concept of Full Service Schools and School-based Health Centers as opportunity to promote oral health care and connection to dental homes
- Oversee the Tooth Tutor program (designed to connect students with a local source of dental care) in schools, pre-schools, and Head Start programs

Data Issues.

VT's relatively small sample sizes often lead to suppressed data or wide confidence intervals, hindering interpretation in subgroup analyses. In 2011-2012, the NSCH changed from a landline-only sample to a dual-frame sample including landlines and cell phones. Therefore, estimates may not be comparable over time. The PRAMS preventive dental visit measure is based on having received a teeth cleaning during pregnancy. The wording and question flow of this measure differed slightly between 2008 and 2012, so any interpretation across years should be viewed cautiously. 'All PRAMS states' refers to each PRAMS site that collected data on 2012 births with at least a 60% response rate (n=22).

Data Sources.

2007 & 2011/12 National Survey of Children's Health (NSCH)
2008 & 2012 Pregnancy Risk Assessment Monitoring System (PRAMS)
2014 Centers for Medicare & Medicaid Services EPSDT form (CMS-416)

Contact.

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