



## Children's Oral Health in Nevada

**Presenter:**

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Legislative Committee on Health Care  
May 18, 2016

## Oral Health Needs

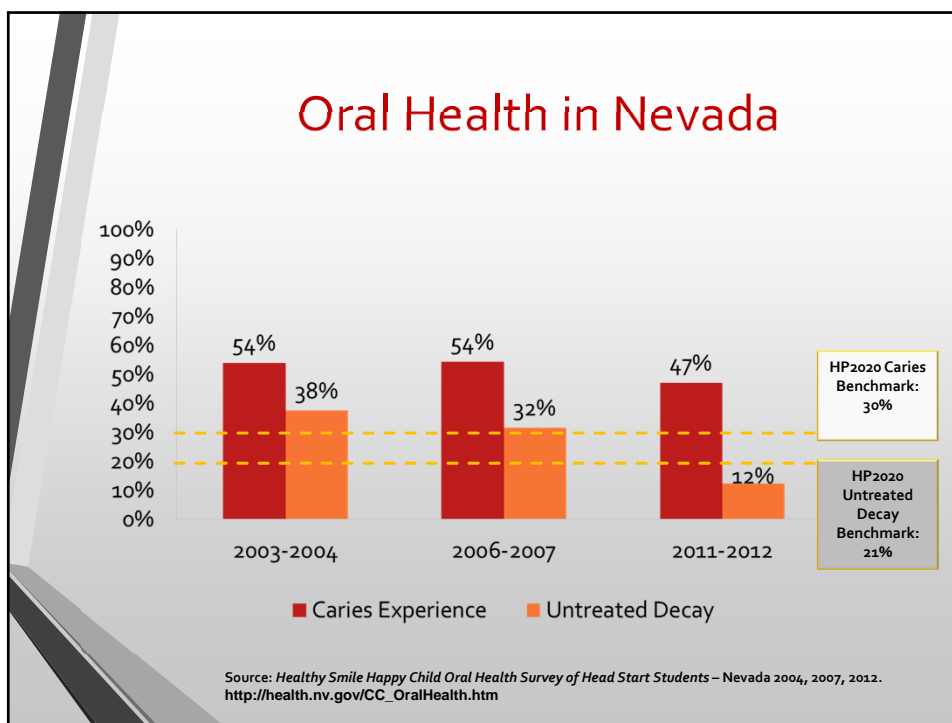
## Public Health Surveillance

- **Basic Screening Survey (BSS)**
- Third Grade Survey (2008-2009)
- Head Start (2011-2012)
- Special Needs Population (2008)
- Senior Oral Health Survey (2005)
- **National Oral Health Surveillance System (NOHSS)**



## Surveillance Data

2011-2012 Head Start Oral Health  
Survey in Nevada



### Nevada's Head Start Children (3-5 years old)

- **47.1%** of Head Start children in Nevada have **experienced** dental decay in their primary or permanent teeth (Healthy People [HP] 2020 goal **30%**)
- **12.3%** of Head Start children in Nevada have **untreated decay** (HP 2020 goal **21.4%**)
- **44%** of Hispanic children had a higher rate of early childhood caries (ECC) as compared to other racial/ethnic groups

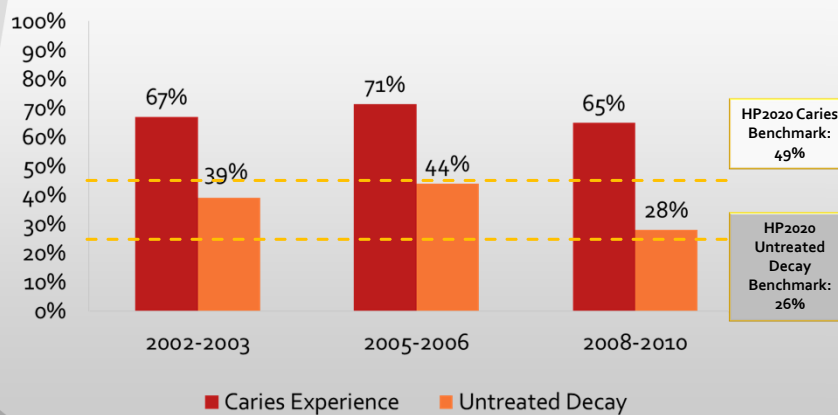
■ Nevada Department of Health and Human Services, Head Start Oral Health Survey (2011-2012)

## Nevada's Head Start Children (3-5 years old) [Access]

- 43.6% of Head Start children in Nevada did not receive care because they "could not afford it"
- 46.3% of Head Start children in Nevada did not receive care because they "had no insurance"

■ Nevada Department of Health and Human Services, Head Start Oral Health Survey (2011-2012)

## Oral Health in Nevada



Source: Healthy Smile Happy Child Oral Health Survey of Third-Grade Children – Nevada 2006, 2008, 2010.  
[http://health.nv.gov/CC\\_OralHealth.htm](http://health.nv.gov/CC_OralHealth.htm)

## Nevada's Youth

- **64.9%** of third-grade students in Nevada have **experienced** dental decay in their primary or permanent teeth (HP 2020 goal **49%**)
- **28.1%** of third-grade students in Nevada have **untreated decay** (HP 2020 goal **25.9%**)
- **37.5%** of third-grade students in Nevada have **dental sealants** on at least one permanent molar (HP 2020 goal is **28.1%**)
- Survey indicates that while **71.9%** of third-grade students in Nevada exhibited **no obvious** dental problem, **22.6%** needed **dental care**, and **5.5 %** were in need of **urgent** dental care due to pain or infection

■ Nevada Department of Health and Human Services, Third-Grade Oral Health Survey (2008-2009)

## Consequences of Poor Oral Health



## Consequences

- Tooth decay (cavities) remains a common chronic condition that becomes more prevalent with age.
- According to the Centers for Disease Control and Prevention (CDC), almost 25% of children from 2-5 years of age have untreated decay and 13% of 12-19 year olds.
- Untreated decay can cause pain and infection that may lead to difficulty eating, speaking, socializing, and sleeping which can result in poor overall health.
- Dental problems can also negatively affect school attendance and performance.

## Why Are Cavities Dangerous?



## Cavities Cause Infections

- Bacteria from a cavity can spread to other parts of the body
- Diamonte Driver died at age 12 from an infection that developed from a large cavity



## Child May Need to be Sedated



Before Surgery



After Surgery

# UNLV School of Dental Medicine Access to Care Study

## Purpose

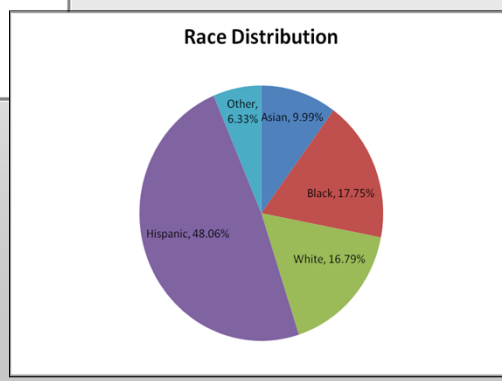
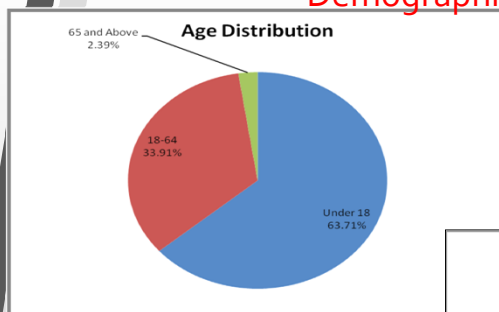
- Evaluate data collected at each outreach clinic site to ascertain which populations were not receiving adequate dental care identified as having untreated decay (cavities) or high decayed, missing and filled (DMFT) scores.

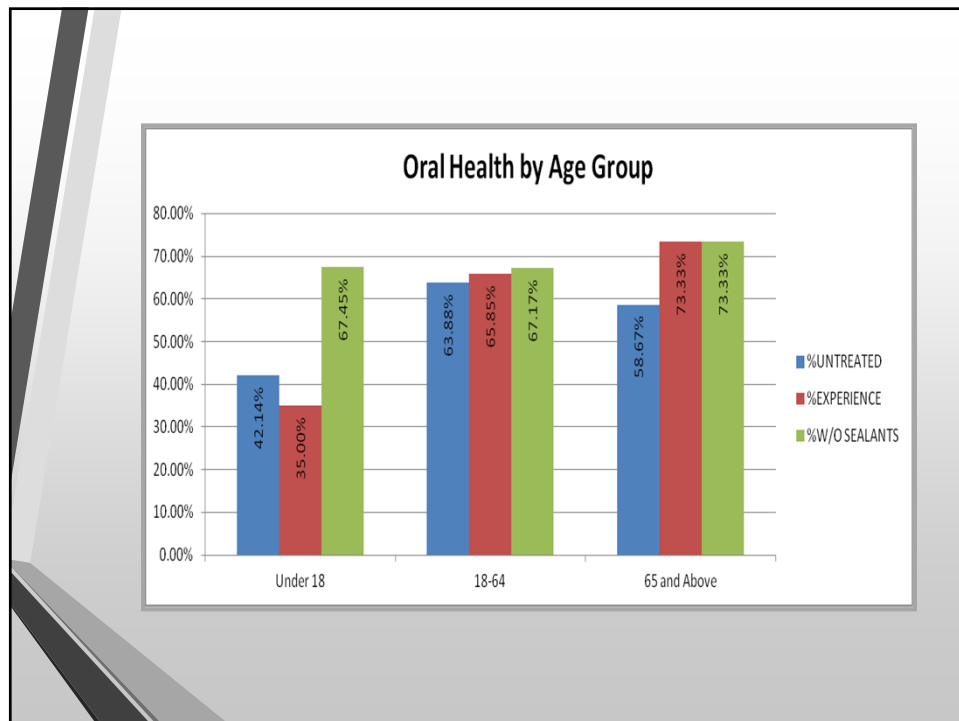
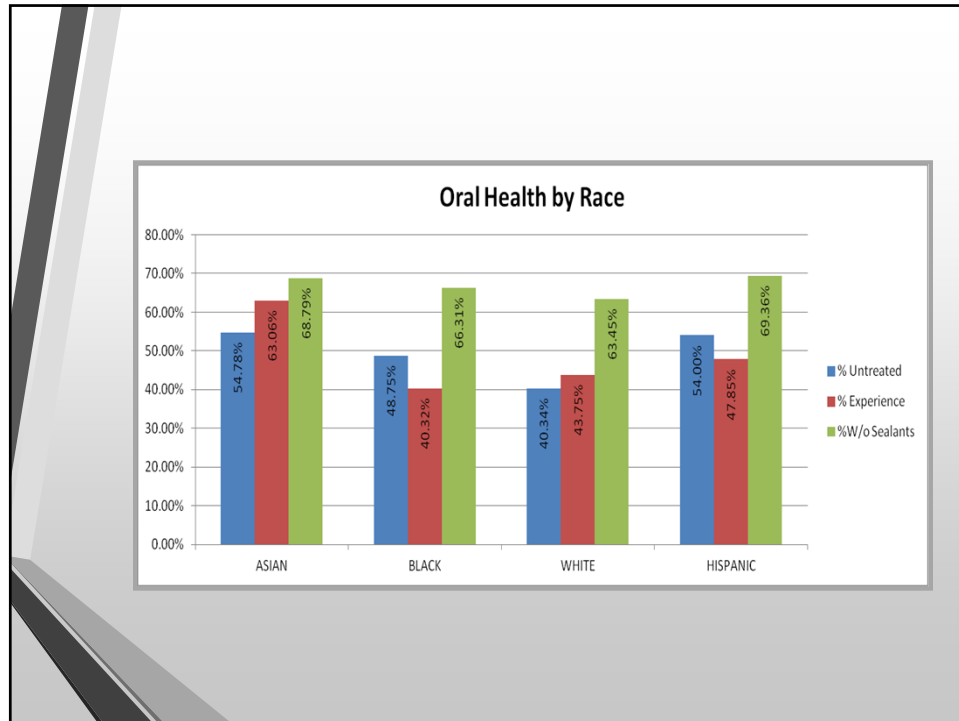


## Methods

- Data were collected from 10 outreach clinic sites from July 1, 2012 to June 30, 2014.
- DMFT scores were calculated for each person receiving an oral health screening.
- Data from the screenings were compiled in Microsoft Excel and average DMFT scores were correlated to the patient's age, gender and race (N=3,144).
- Variables collected at the time of screening included: untreated decay, caries experience (fillings), and presence of sealants.

## Demographic Distribution





## Preventive Strategies

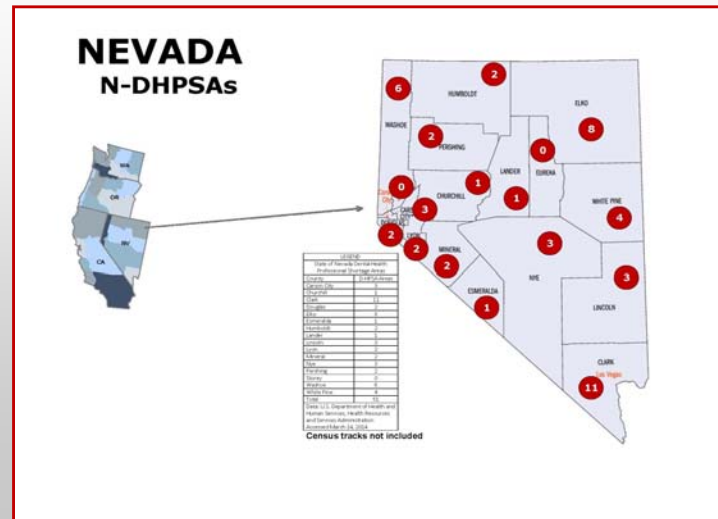
### Prevention

- Evidence-based strategies implemented in Head Start, WIC Centers, day care centers, schools, etc.
- Oral health education, oral hygiene instruction, oral health screenings/exams by the age of 1, placement of sealants when first and/or second molars come in
- Improve the oral health literacy of the parent and the community

## Challenges

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- A shortage of a dental public health (DPH) workforce to continually assess the needs of the children and to develop evidence-based protocols to train an integrated workforce on oral health Best Practices and the establishment of a health home [DPH Residency Program]
- Shortage of dental providers in Health Professional Shortage Areas (HPSAs) and within underserved geographic areas
- Shortage of rural, outreach clinics in underserved areas
- Opting out of mandatory dental coverage for kids in Affordable Care Act (ACA) plans
- High uninsured rate for children in underserved areas



# Nevada Dental Health Profile

- As of July 2015, one dentist for every 1,572 people (not geographically specific)
- As of May 2014, Nevada has 1,147 licensed general/pediatric dentists (Primary Care Office)
- As of May 2016, Nevada has 1,891 active licenses

## SDM Dental Profile

- Class of 2006: First graduating class
- Graduated a total of 814 dentists (2006-2015)
- Approximately 42% of this cohort was accepted to a residency program
- Class of 2014: 23% (N=17) practice in Nevada
- Class of 2015: 40% (N=29) practice in Nevada

## SDM Alumni Distribution By County 2006-2015

Clark	Washoe	Carson	Elko	Fallon	Battle Mountain	Indian Springs	Lincoln
171	28	5	2	2	1	1	1
				Total in Nevada	211 (26%)		

## Policy Recommendations

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- Mandatory dental screenings by the start of kindergarten (dental professionals and allied health professionals)
- Increase Medicaid reimbursement rates to
- Sustainable funding for a DPH workforce
- Exclude preventive dental services from cost sharing in bundled medical/dental insurance plans
- Stricter guidelines on the purchase of dental insurance for kids

Any Questions?



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