Governor’s Task Force on Children and Oral Health

Executive Summary

The state of Oklahoma currently has numerous health programs that address the physical and mental health of children and families. However, few of these programs specifically encompass oral health.

There are several populations of Oklahoma residents, especially the poor and uninsured, who do not receive even basic oral healthcare due to financial and/or logistical challenges. This lack of care has an enormous impact on families – particularly on the overall health and well-being of their children.

According to the Centers for Disease Control and Prevention (CDC), tooth decay is the most common chronic childhood infectious disease in the United States. It is five times more common than asthma and seven times more common than hay fever. The daily reality for children with untreated oral disease is often persistent pain, inability to eat comfortably or chew well, embarrassment at discolored and damaged teeth, and distraction from play and learning.

Although oral diseases are considered highly preventable with knowledge and proper oral healthcare, these Oklahoma families face numerous serious health problems and quality of life issues because they do not currently receive even a basic level of care.

Creation of the Governor’s Task Force on Children and Oral Health

Recognizing that this imbalance in oral healthcare exists and realizing the effect it has on the children of Oklahoma, the Oklahoma Dental Association and 12 other state agencies petitioned Oklahoma Gov. Brad Henry in 2007 to create a special task force that would study the status of children’s oral health in Oklahoma and determine how the state can better provide programs that specifically address the needs of children and youth as well as those children with special health needs.

Specifically, the Governor’s Task Force was charged with the following objectives:

- Study the existing state, federal and private sector-funded programs that address the health of children, youth and families to avoid duplication of efforts and resources;
- Determine ways to infuse oral health education, dental care and dental disease prevention into these existing programs;
- Make recommendations regarding the need for new programs;
- Develop a State Oral Health Plan.

A Cooperative Process

Beginning in 2008, the members of the Governor’s Task Force on Children and Oral Health met regularly to study existing programs in the state and to discuss opportunities to expand care and meet the oral health needs of those families not being
served. Representing various state organizations and helping agencies, they discussed a wide range of issues that must be addressed in Oklahoma to improve the oral health of our state’s children. Major topics of discussion included:

- Creating a better understanding of the importance that oral health plays in the overall health and well-being of Oklahoma children.
- The need for early dental exams/screenings and prevention efforts to create a vital, strong foundation for children’s ongoing oral health.
- The need to increase oral health education efforts statewide.
- Encouraging more dentists and hygienists to practice in Oklahoma counties and towns that have few, if any, dental professionals.
- Increasing access to oral healthcare for all underserved and uninsured families.
- Continuing to address the oral health of Oklahoma’s children with special health needs.

**Task Force Recommendations & State Oral Health Plan**

After more than a year of extensive research and discussions, the Governor’s Task Force has developed a number of recommendations to help lay the groundwork for improved care and access to dental services for all Oklahoma children. This report and the recommendations it offers constitute a strong, viable oral health plan for Oklahoma. These recommendations are divided into five areas of concern:

**PREVENTION**

- Provide a model ordinance for cities to control fluoride when considering fluoride level adjustments to their water supply. The model should include average cost per person to implement and cost per person to maintain. The model also should address the potential for use of grant money for cities and rural water districts.
- Reduce dental disease in all Oklahoma children, including those with special needs, by making fluoride varnish available to all young children, even those who do not receive regular oral care.
- Apply dental sealants to the chewing surface of children’s teeth to reduce dental disease.

**EDUCATION PROGRAMS**

- Educate the public that dental decay is an infectious, transmittable disease. It is essential that parents receive oral health education. Ensure the public has knowledge that good oral health is integral to overall good health so parents will be more motivated to seek preventive services for the entire family.

**ACCESS TO CARE**

- Ensure adequate workforce and programs exist to ensure the public has access to oral healthcare.
- Ensure that all eligible children and people with special needs are enrolled through the SoonerCare program and promote acceptance of SoonerCare by Oklahoma dentists into their general dental practices statewide.
- Ensure all children have dental homes.
- Continue to provide and recognize donated dental services through referrals for oral healthcare services for the elderly and physically, mentally and/or developmentally disabled populations in Oklahoma who have financial needs and require dental treatment. Services provided by the networks of volunteer dentists and dental laboratories are free to the patient.
- Continue to provide mobile dental units that have the ability to reach many parts of the state where oral healthcare is not available.
- Oklahoma communities with a shortage of dental health resources could consider the ODA/ADA model of public/private partnership to bring dental care to their areas.
- Identify oral health needs during the rendering of other healthcare services and coordinate or provide in-house care to underserved patients presenting at federal qualified health centers and public health clinics.
- Increase public accessibility to charitable dental clinics.
- Deliver comprehensive oral healthcare to the state’s American Indian population.
- Establish an annual Mission of Mercy project in Oklahoma.

**STATE DISASTER RESPONSE BY DENTISTRY**


**CHILDREN WITH SPECIAL HEALTHCARE NEEDS**

- Educate all healthcare providers to handle special needs children in the dental office setting.

The members of the Governor’s Task Force understand that no single strategy will solve all of the issues related to children’s oral health in Oklahoma, nor will these strategies be implemented without challenges. In fact, some may require policy changes and new funding sources.

With those considerations in mind, the Task Force members believe these recommendations offer the greatest potential for creating positive, lasting change in Oklahoma’s delivery of quality children’s dental care. For the sake of our state’s children and their future, oral healthcare must be a priority. The Task Force offers these recommendations to provide guidance to policymakers, advocates and the public as they consider how to implement strategies that can accomplish these oral health objectives and make Oklahoma a model for other states to follow.