September

15,

2020

Why We Must Preserve School-Based Oral Care for Children

Share

[Bookmark and Share](https://s7.addthis.com/js/300/addthis_widget.js#pubid=ra-5ba5184869bf20fe)

*By Dr. Myechia Minter-Jordan, president and CEO of the DentaQuest Partnership for Oral Health Advancement and Catalyst Institute, Inc.*

This is a school year unlike any other.

As children and families prepare to begin months of virtual learning, hundreds of thousands of low-income children are dealing with another hidden consequence of closed schools — no access to dental care.

We know that school-based dental services have become a crucial way to connect low-income students, particularly students of color, with oral health care and education. And ensuring that every child — regardless of their background — has access to oral health care is a key to reducing the deep racial disparities in health care.

How large is the disparity? The DentaQuest Partnership estimates that nearly 1 million Medicaid-enrolled children nationwide rely on schools to access basic preventive dental care. And on Monday, [a story published in *The New York Times*](https://www.nytimes.com/2020/09/14/us/school-closings-children-dental-care.html) highlights that lost connection.

“The disproportionate effect of school closures on low-income children, who are less likely to have access to computers, home internet connections and direct instruction from teachers, has been well documented,” the article states. “Less recognized are the effects of school closures on children’s oral health. The closures have suspended regular dental health visits in schools from rural Oregon to New York State, according to specialists in the field.”

These school-based oral health (SBOH) programs include services such as assessments, sealant application, fluoride treatment, cleanings and diagnostics. For many students, these programs are their first encounter with a dental provider. For some, it is their only source of oral health care and only access point for health care in general.

Tiffany Foy, a hygienist at Advantage Dental from DentaQuest in Central Oregon, has seen the benefits of this care for the kids in her program.

“We see children who don’t go to the dentist, sometimes at all,” Foy told the *Times*. “We’ve had countless children come in with abscesses and decay. They are in pain and they don’t know what’s happening.”

The impact of losing access to preventive oral health care goes beyond the mouth. Poor oral health has a [direct link](https://www.dentaquestpartnership.org/system/files/Impacts%20Beyond%20The%20Mouth.pdf) to higher risks of [chronic illnesses](https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Oral-Health#:~:text=A%20growing%20body%20of%20evidence,births%20and%20low%20birth%20weight.), including cardiovascular disease and diabetes, as well as depression and other mental health issues.

As part of its mission to ensure oral health for all, DentaQuest supports school-based care for thousands of children across the country. The DentaQuest Partnership has also studied the programs’ impact on kids. Among the findings:

* **SBOHs are a primary access point to care.** School-based dental services are an important access point for children who might not otherwise be able to see a dentist. Fifty percent of children who received dental care in schools did not see a dentist in the prior year.
* **SBOHs lead to further care.** Among children who had not seen a dentist in the year prior, more than a third went on to see a dentist after their school-based service.
* **Schools are an important access point for preventive care.** Of children who had a school-based dental service, 80% received a fluoride varnish application, 68% received a comprehensive dental examination, 60% had x-rays or intraoral images taken and 42% had sealants placed.
* **SBOH benefits the youngest kids most.** Elementary-aged children (ages 5-10) are the most likely to have a school-based dental service (making up 60% of the school-based claims), followed by middle school ages (31%) and then high school ages (9%)
* **Better oral health helps school performance.** It is estimated that more than 51 million school hours are missed annually due to dental conditions.

The *Times* article also quoted [Chad Meyerhoefer](https://business.lehigh.edu/directory/chad-d-meyerhoefer), a professor of economics at Lehigh University in Pennsylvania, who has researched the economics of health and nutrition. Meyerhoefer pointed to abscesses as a potential side effect of delayed care. “There have been kids who died of dental abscesses,” he said.

In fact, one of the first of these deaths to make national news — Deamonte Driver, the 12-year old Maryland boy who died after an untreated tooth infection spread to his brain — remains a tragic example of the risks of untreated dental disease.

Meyerhoefer added that students in rural areas, where fluoride is often not added to the water, could be hit particularly hard.

DentaQuest and the DentaQuest Partnership are working with communities across the country to find alternatives for this critical oral health care amid the pandemic. Some options include increased use of teledentistry for children in need; setting up alternate access locations for children; and ensuring that proper infection control measures are incorporated in school settings where children are able to attend in person.

We must find ways to continue to give these students access to dental care, even during these challenging times. Put simply, these children can't lose a year of oral health services at such a critical time for them.

