

Immigrant Child Health Task Force (ICHTF)

Oral health

Case presentation:

A 7-year-old male recently arrived from Mexico presented to the clinic with his parents for concerns regarding decreased appetite. The parents, with limited English proficiency, reported a recent decline in the child's food intake.

The family immigrated from a rural area of Mexico with limited access to healthcare. Upon history and physical examination (facilitated by a Spanish interpreter), the child displayed extensive dental caries and abscesses. He reported significant pain upon chewing, leading to avoidance of eating. The child lacked a prior dental home in Mexico and demonstrated inconsistent toothbrushing practices. Additionally, his diet consisted primarily of carbohydrates and sugars. The AAP oral health risk assessment tool identified him as high risk. The patient was referred for further evaluation and treatment by a pediatric dentist.

Q & A session:

1- Why is important to check oral health in immigrant children?

Having a healthy mouth helps children speak clearly, promotes healthy growth and development, and boosts self-esteem. In the long run, it can also lead to lower dental care costs for the family.

Oral health disparities are prevalent in resource-limited communities. Many preventable oral conditions, such as dental caries and periodontal disease, become severe due to limited access to care, poverty, and poor living conditions. These communities also face challenges with oral mucosal diseases and Noma, a severe infection affecting malnourished children.

It's crucial to recognize that oral health issues can manifest as non-oral symptoms. For instance, tooth pain might present as decreased appetite, especially in young, recently immigrated children. Therefore, a comprehensive oral examination is essential when evaluating children with decreased appetite.

Global oral health is significantly impacted by several interconnected factors. Inadequate access to fluoride, both in water and oral hygiene products, coupled with the widespread availability of sugary foods and beverages, contribute to the rising prevalence of oral diseases. Limited access to oral healthcare services, particularly in resource-constrained regions, exacerbates these challenges. Aggressive marketing of unhealthy products further fuels the problem. Moreover, the high cost of oral treatment and its exclusion from many universal healthcare coverage plans hinder access to care. Prioritizing oral health within healthcare systems is crucial to address this growing global burden of oral diseases.

Addressing the global oral health crisis requires a multifaceted approach. The World Health Organization (WHO) and the Federation Dentaire Internationale (FDI) have established strategies to combat these issues, and the American Academy of Pediatrics offers valuable resources and guidelines. However, significant challenges persist, including the need for standardized oral health metrics and culturally appropriate interventions.

Pediatricians play a pivotal role in oral health prevention. Conducting annual oral health assessments, including fluoride varnish application, and providing comprehensive oral health education to parents are essential steps towards improving child oral health outcomes.

2- What things can you educate parents to help their children improve their oral health?

To help parents promote their children's oral health, consider the following tips:

- **Consistent Brushing:** Encourage parents to brush their child's teeth twice daily with fluoride toothpaste. For children under 3 years old, use a smear the size of a grain of rice; for children 3 years and older or once they can swish and spit effectively, use a pea-sized amount.
- **Bedtime Routine:** Establish a calming bedtime routine that includes brushing, reading, and sleep. This helps create healthy oral habits.
- **Lead by Example:** Parents should demonstrate good oral hygiene by brushing twice daily and flossing once daily. Parents should also have caries corrected to prevent transmission of cariogenic bacteria.
- **Healthy Diet:** Promote a diet rich in fruits, vegetables, whole grains, lean proteins, and low-fat dairy products. Limit sugary snacks and drinks (especially between meals). Drink fluoridated tap water, when water is potable.
- **Regular Dental Checkups:** Emphasize the importance of scheduling the child's first dental visit by their first birthday and recommend dental visits every 6 months.

3- What other interventions can you do to promote oral health at the office?

You can have fluoride varnish available at the office. The U.S. Preventive Services Task Force (USPSTF) recommends primary care clinicians apply fluoride varnish to children's primary teeth beginning with the eruption of their first tooth and continuing through age five. The varnish should be administered at least every six months. For children at increased risk of cavities, such as those with existing dental decay, application should occur every three months.

4- Could I get reimbursed for fluoride varnish application?

Yes. Fluoride varnish application by a primary care provider (PCP) during an EPSDT visit can be billed using CPT code 99188 and ICD-10 code Z41.8, provided that the documentation clearly indicates the PCP performed or observed the application procedure.

5- Does Medicaid cover dental care?

Medicaid and the Children's Health Insurance Program (CHIP) provide no-cost or low-cost health coverage for eligible children in Kentucky. In term of Medicaid eligibility, undocumented children in KY are eligible for medical emergency services only. Children may be eligible for full Medicaid if they have a qualified immigration status. This is true even if their parents do not have qualified immigration status.

Resources:

- 1- [Medicaid.gov](https://www.Medicaid.gov)
- 2- [Insurekidsnow.gov](https://www.Insurekidsnow.gov)

Uninsured or underinsured children in Kentucky can access dental care at Federally Qualified Health Centers (FQHCs) with sliding fee scales. You can find FQHC locations at [findahealthcenter.hrsa.gov](https://www.findahealthcenter.hrsa.gov).

Oral Health Resources:

Multilingual Resources for families:

- 1- [Brush-Book-Bed Resources](#) from the AAP: 8 languages available (English, Arabic, Cambodian, French, Korean, Russian, Spanish, Taiwanese).
- 2- [Protect Tiny Teeth Toolkit](#) from the AAP: 8 languages available (English, Arabic, Cambodian, French, Korean, Russian, Spanish, Taiwanese).
- 3- [Oral Health: Health Tips for Families](#) from Head Start USDHHS: 12 languages available (Spanish, Arabic, Chinese, Vietnamese, Somali, Hmong, Burmese, Amharic, Armenian, Marshallese, Polish, Yiddish).
- 4- [Tips for healthy teeth](#) from America's Toothfairy.org: 12 languages available (Arabic, French Canadian, Italian, Spanish, Vietnamese, Armenian, Mandarin Chinese, Hindi, Somali, Marshallese, Korean, Hmong)
- 5- [Kentucky Oral Health Coalition](#) handouts in English and Spanish.

Provider Resources:

- 1- [Oral Health WHO](#)
- 2- [Oral Health overview](#) from the AAP

Oral Health Toolkits:

[Risk Assessment tool](#)

[Oral Health Risk Intake Form English](#)

[Oral Health Risk Intake Form Spanish](#)

All cases are reviewed and approved by the ICHTF members.

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