

Preventive Oral Health

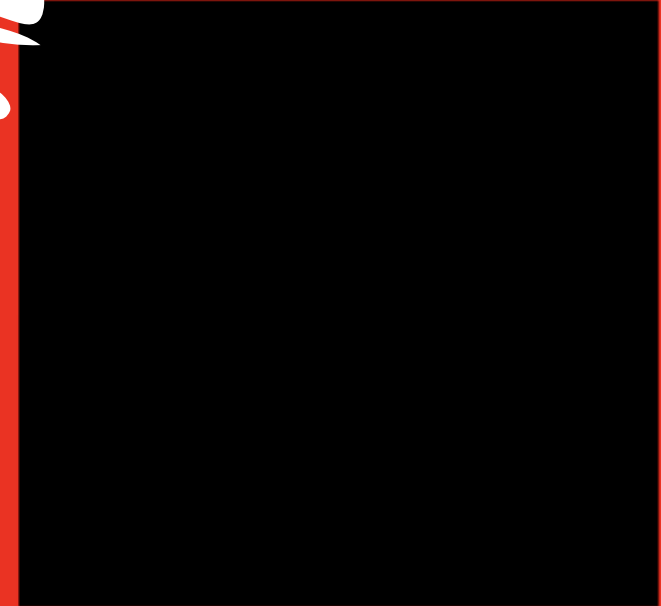
Storm Warning for SC Pediatricians?

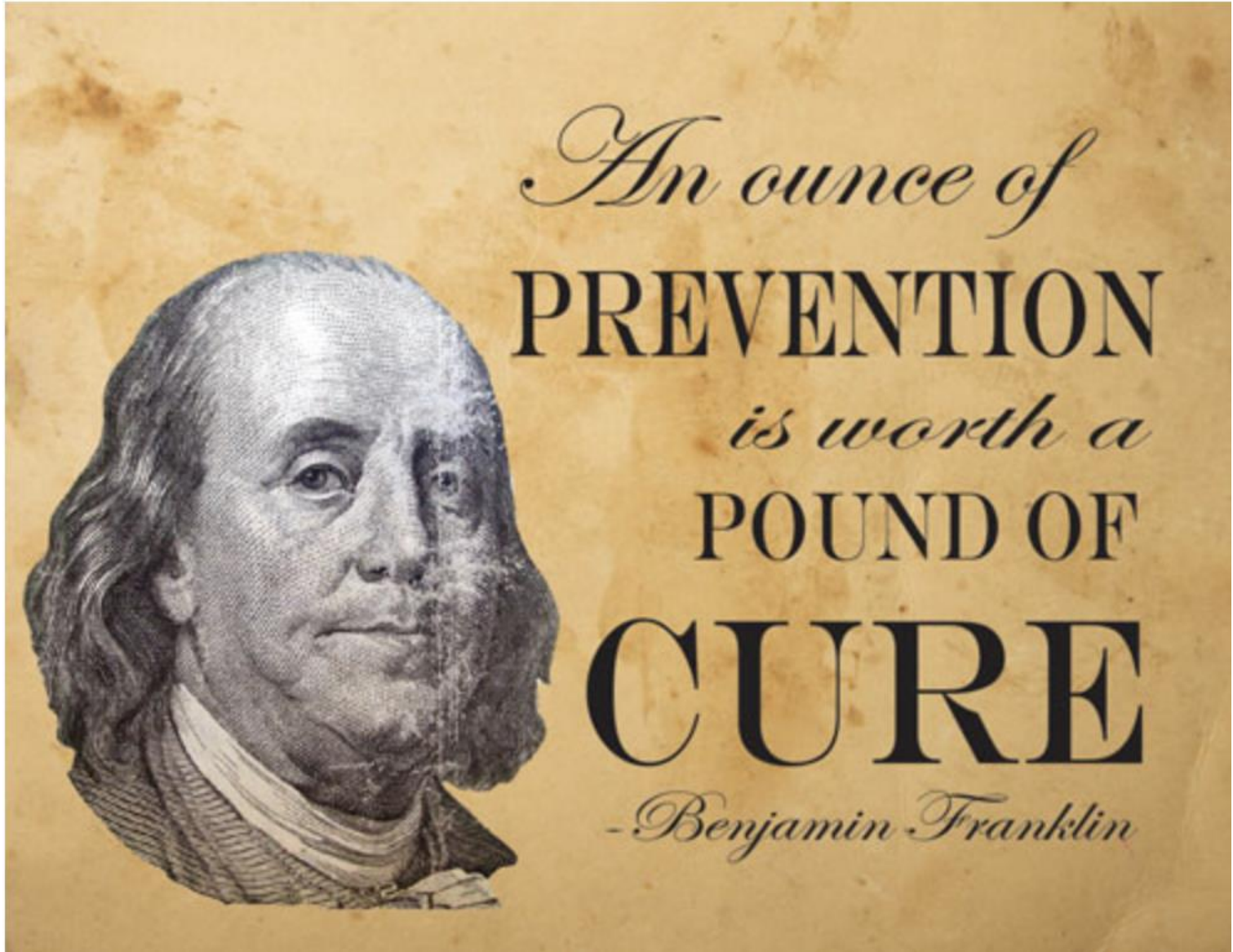
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An ounce of
PREVENTION
is worth a
POUND OF
CURE
- Benjamin Franklin

COVID'S Impact on Pediatric Oral Health

Wehby GL, Lyu W. Effects of the COVID-19 pandemic on children's oral health and oral health care use. JADA 2022.

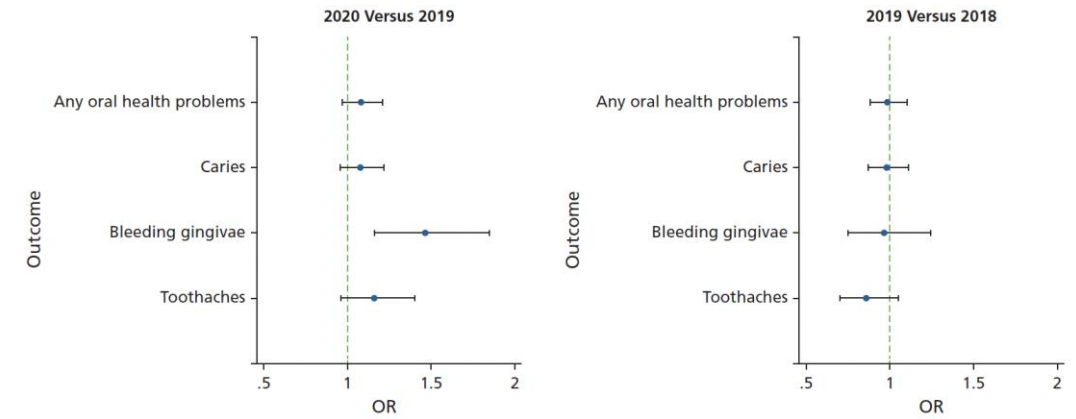


Figure 2. Differences (odds ratios [ORs] and 95% CIs) in children's oral health problems between 2020 and 2019 and between 2019 and 2018. The sample included children aged 1 through 17 years. The ORs (dots) and 95% CIs (bars) were obtained from logistic regression for oral health problems (toothaches, bleeding gingivae, caries) and for each problem separately, comparing 2020 with 2019 and comparing 2019 with 2018. All models used data from the 2018 through 2020 waves of the National Survey of Children's Health and adjusted for age, sex, race or ethnicity, highest education of parents, number of children, marital status, any employment, income as a percentage of the federal poverty threshold, and state fixed effects. The model was weighted using the National Survey of Children's Health sampling weights to yield nationally representative estimates.

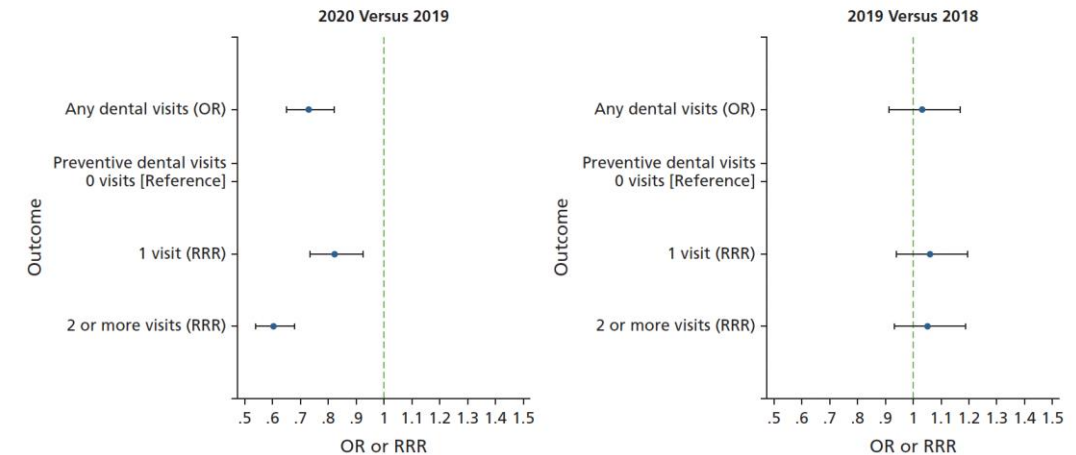


Figure 3. Differences (odds ratios [ORs] or relative risk ratios [RRRs] and 95% CIs) in children's use of dental visits between 2020 and 2019 and between 2019 and 2018. The sample included children aged 1 through 17 years. The ORs (dots) and 95% CIs (bars) were obtained from logistic regression for any dental visits comparing 2020 with 2019 and comparing 2019 with 2018. The RRRs (dots) and 95% CIs (bars) were obtained from multinomial logistic regression estimates for number of preventive dental visits (3 categories of none, 1, or 2 or more visits, with no visit as reference group) comparing 2020 with 2019 and comparing 2019 with 2018. All models used data from the 2018 through 2020 waves of the National Survey of Children's Health and adjusted for age, sex, race or ethnicity, highest education of parents, number of children, marital status, any employment, income as a percentage of the federal poverty threshold, and state fixed effects. The model was weighted using the National Survey of Children's Health sampling weights to yield nationally representative estimates.

Who provided FV Applications 2019 - 2021?

CODE DESCRIPTION		
PERF_PROVIDER_SPEC_DESC	Frequency	Percent
PEDIATRICS	81,242	89.49
NURSE PRACTITIONER & PHYSICIAN ASSISTANT	5,584	6.15
FAMILY PRACTICE	1,154	1.27
PHYSICIAN ASSISTANT	843	0.93
INTERNAL MEDICINE	589	0.65
AMBULATORY SURGERY	351	0.39
EMERGENCY MEDICINE	286	0.32
FEDERALLY QUALIFIED HEALTH CLINICS (FQHC)	225	0.25
PEDIATRIC SUB-SPECIALIST	170	0.19
NEUROPATHOLOGY	136	0.15
GENERAL PRACTICE	129	0.14
SC DEPT OF HEALTH & ENVIRON CONTROL	28	0.03
PSYCHIATRY	21	0.02
NO SPECIFIC MEDICAL SPECIALTY	13	0.01
RURAL HEALTH CLINICS (RHC)	9	0.01
ONCOLOGY	2	0.00
INFECTIOUS DISEASES	1	0.00
Frequency Missing = 7445		

Where are FV Applications Delivered?

CODE_DESCRIPTION		
PLACE_OF_SERVICE_DESC	Frequency	Percent
Office	73,013	80.34
Outpatient Hospital	7,270	8.00
Off Campus Outpatient Hospital	4,574	5.03
Federally Qualified Health Ctr	4,040	4.45
Rural Health Clinic	1,448	1.59
Ambulatory Surgical Center	351	0.39
Public Health Clinic	182	0.20
~Missing/Other	4	0.00
Telehealth	1	0.00
Frequency Missing = 7345		

FV Applications in Primary Care – Secondary Diagnoses

Less than 15% of applications

Primary Dx

- Respiratory
- Oral Health Concerns
- Metabolic
- Growth & Development Delays

Water Fluoridation



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South Carolina

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List of Counties

Select a county to view its public water systems.

46 Counties

Abbeville	Aiken	Allendale
Anderson	Bamberg	Barnwell
Beaufort	Berkeley	Calhoun
Charleston	Cherokee	Chester
Chesterfield	Clarendon	Colleton
Darlington	Dillon	Dorchester
Edgefield	Fairfield	Florence
Georgetown	Greenville	Greenwood
Hampton	Horry	Jasper
Kershaw	Lancaster	Laurens
Lee	Lexington	Marion
Marlboro	McCormick	Newberry
Oconee	Orangeburg	Pickens
Richland	Saluda	Spartanburg
Sumter	Union	Williamsburg
York		

Next Steps

System Impact Evaluation

- What is the FV rate for children who present for well child care or present with oral health concerns?

Health Impact of FV

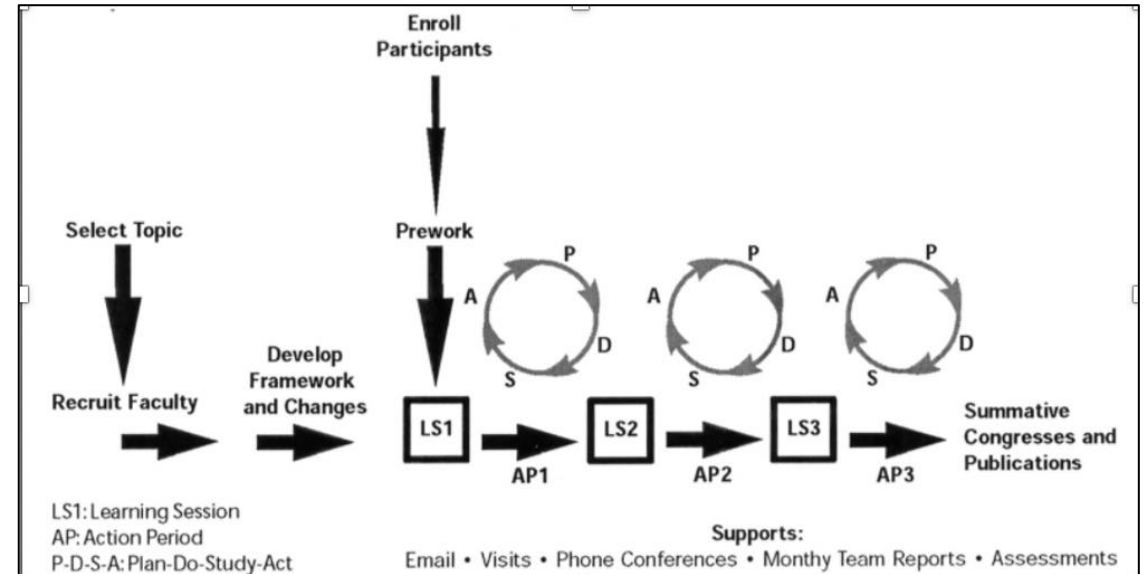
- Are children who received FV from a primary care provider more likely to be connected to dental care than children who did not receive FV from a PC provider?

QTIP Evaluation

- Are organizations that participated in QTIP more likely to sustain FV regardless of changes in individual providers in their employ?

Rural Health Improvement for Pediatric Treatment in Dental Essential Services (RHIP TIDES)

- Statewide Learning Collaborative
- \$10,000 mini-grants to 10 rural general dentists each year



LS1 – Quality Improvement 101

LS2 – Parent/caregiver empowerment & SDH screening

LS3 – Sustainable care for Medicaid-enrolled families

PDSAs

Clinical skill and efficacy for early childhood comprehensive care

Health literacy and community engagement

Clinical operations such as scheduling

Use of teledentistry and interprofessional care

Patient management of special populations such as Foster Care or special needs.



Go play golf with a dentist! Build referral partnerships!

Questions or Comments

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