

Oral Health Facts

Oral Health for Children with Special Health-Care Needs

September 2009

Children with special health-care needs are defined as children who have, or are at increased risk for, chronic physical, developmental, behavioral or emotional conditions, and who also require health and related service of a type and amount beyond that required by children generally. In North Dakota, about 12.2 percent of children (more than 16,500 children) from birth to age 17 have special health-care needs.¹



Oral health care is the most prevalent unmet health-care need among U.S. children and adolescents with special health-care needs ages 17 and younger, just as it is for all U.S. children and adolescents. Oral diseases can have a direct and devastating impact on the health of children and adolescents with certain systemic health problems or conditions.

- Children and adolescents with compromised immunity or certain cardiac conditions may be especially vulnerable to the effects of oral diseases.
- Children and adolescents with mental, developmental or physical impairments who do not have the ability to understand and assume responsibility for or cooperate with preventive oral health practices may be vulnerable to oral diseases.^{2,3}

General health impairments also may adversely affect oral health.

- Malocclusions and crowding of teeth occur frequently in children with atypical development. More than 80 craniofacial syndromes exist that can affect oral development; 25 percent are associated with mental impairments.^{3,4}
- Medications, special diet and oral motor habits can cause oral health problems for many children and adolescents with special health-care needs (e.g., medications with high sugar content, excessive tooth grinding with self-stimulating behaviors).^{3,5}

Maintaining good oral hygiene can be challenging for children and adolescents with special health-care needs and their parents and other caregivers. To promote optimal oral health, it is important:

- For parents and other caregivers to promote performing appropriate self-care, eating healthy foods and obtaining regular dental care.
- To establish relationships with family support groups to help parents and other caregivers.
- To engage in case management and personal assistance for children with special health-care needs, including those who live independently or in group homes.
- To maintain a dental home where coordinated, comprehensive and ongoing oral health care is provided. It is important to make more frequent dental visits based on the child's individual needs and susceptibility to disease.⁶



Sources:

¹ Child and Adolescent Health Measurement Initiative. 2005/2006 National Survey of Children with Special Health Care Needs. Data Resource Center for Child and Adolescent Health Website. Retrieved 07/14/09 from www.cshendata.org.

² American Academy of Pediatric Dentistry, Counsel on Clinical Affairs, 2004. Clinical guidelines on management of persons with special health care needs. In Reference Manual. Chicago, IL: American Academy of Pediatric Dentistry.

³ National Maternal and Child Oral Health Resource Center, Georgetown University. 2005. Oral Health for Children and Adolescents with Special Health Care Needs: Challenges and Opportunities.

⁴ Isman B, Newton RN. 2002. Oral Conditions in Children with Special Health Care Needs: A Guide for Health Care Providers. Los Angeles, CA: California Connections Project.

⁵ National Institute of Dental and Craniofacial Research. 2004. Practical Oral Care for People with Developmental Disabilities: Making a Difference. Bethesda, MD: National Institute of Dental and Craniofacial Research.

⁶ Association of State and Territorial Dental Directors; Health Systems Research, Inc. and the National Maternal and Child Oral Health Resource Center, Georgetown University. 2005. Strategies for Improving the Oral Health System of Care for Children and Adolescents with Special Health Care Needs.

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