

Oral Health Background

- Childhood tooth decay is the most common chronic disease of childhood
 - Negatively impacts quality of life, nutrition, sleep, and behavior
 - Largely preventable
- Low access to dental care is a problem, especially among:
 - Low-income
 - Uninsured and Medicaid-enrolled
 - Rural areas
- Exacerbated by a shortage of dentists, unequal distribution of dentists across geographic areas, and dentists' reluctance to accept Medicaid

First Tooth Background

- Several strategies increase connection to dental health services
- Most strategies focus on integrating dental services into a medical setting
 - Training medical staff on importance of oral health, referral to a dental home
 - Medical provider administering basic oral health services
 - Medicaid reimbursement



The Oregon Oral Health Program and the Oregon Oral Health Coalition launched **First Tooth** in 2009
AllCare Health is promoting First Tooth in their region

First Tooth Evaluation

Evaluation Goal: To understand how AllCare Health's efforts to spread the First Tooth program throughout the region impacted the use of oral health and dental services in children up to 19 years of age.

Objective 1

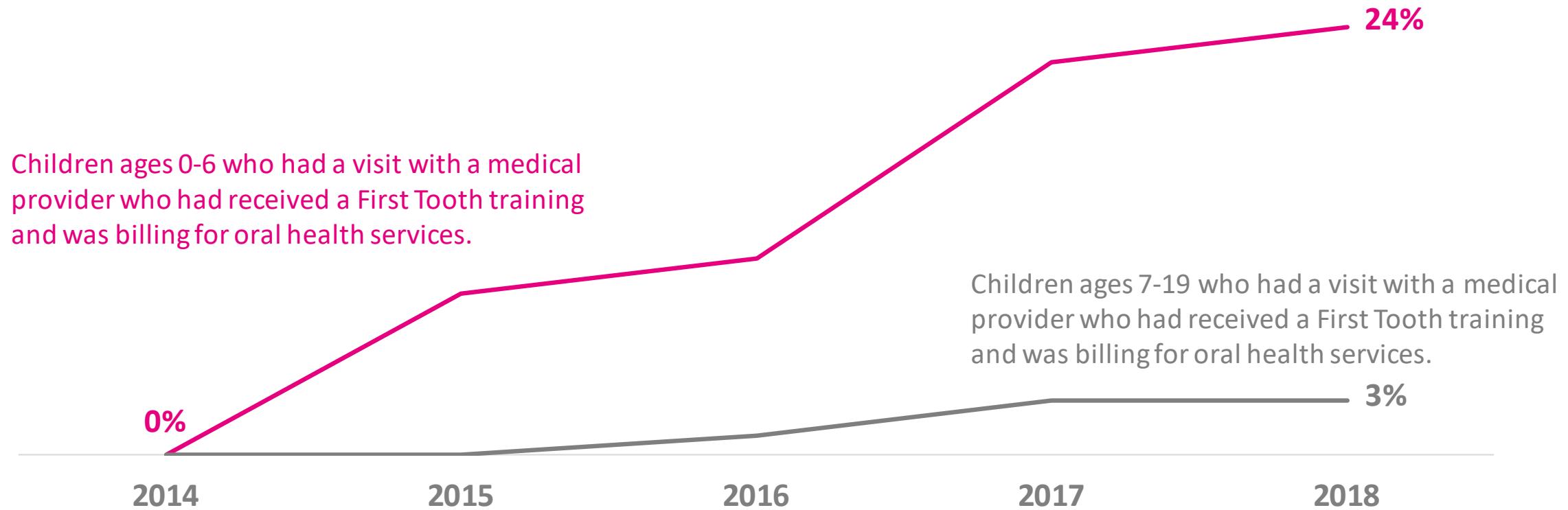
To assess the impact of the First Tooth training on children's receipt of oral health assessments and fluoride varnishes.

Objective 2

To assess the impact of the First Tooth training on specific dental utilization:

- Any dental service
- Preventive, diagnostic, and treatment dental services
- Dental sealants

The percent of **younger children** receiving oral health services increased in 2015, the same year AllCare Health began promoting First Tooth training.



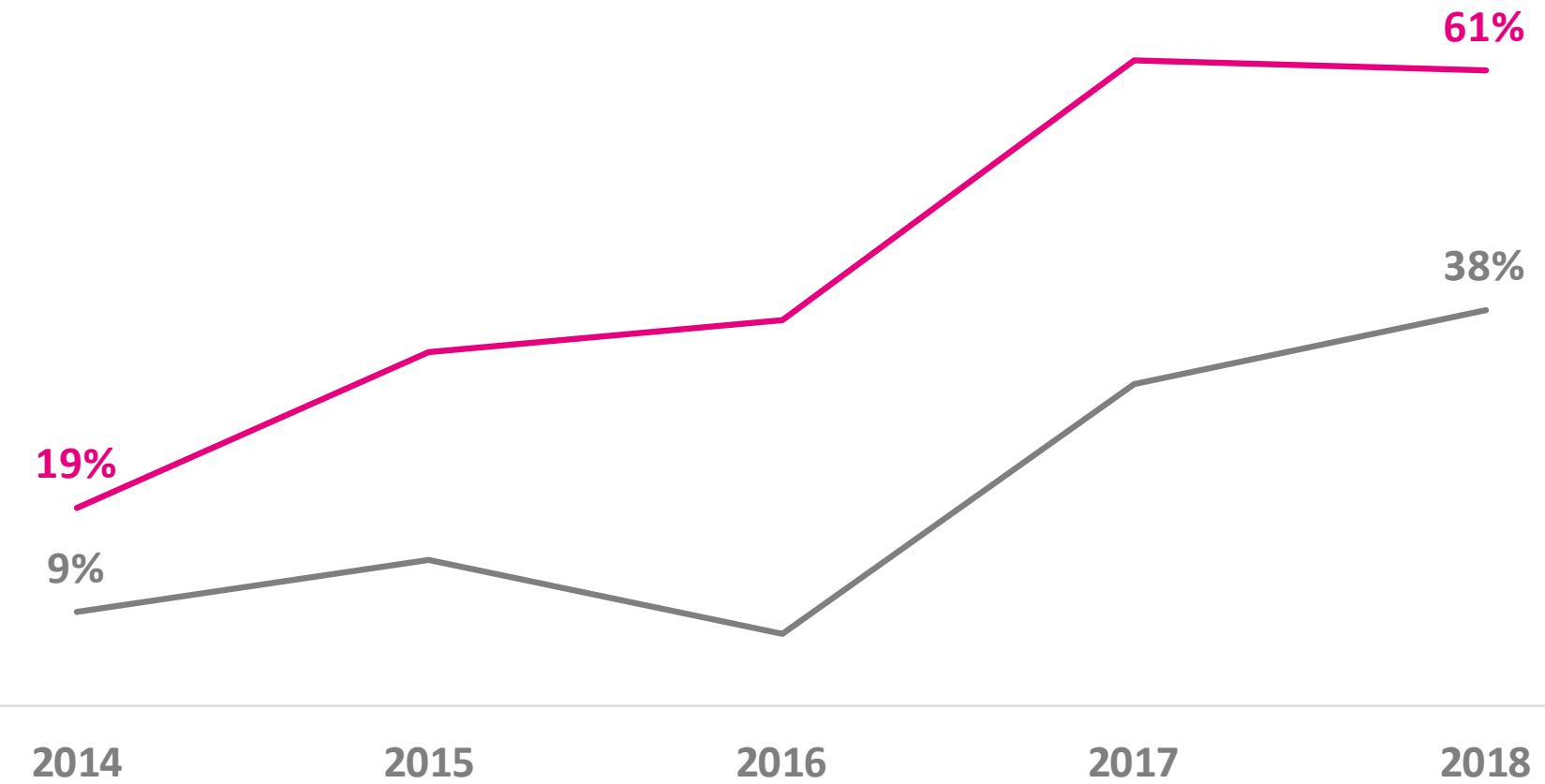
Oral health assessments

- Children were more likely to receive oral health assessments if they:
 - Indicated English as their primary language
 - Lived in Jackson County
- No differences by gender, language, or high risk of dental caries status

Younger children (ages 0-6) who saw a medical provider who had received First Tooth training were more likely to receive fluoride varnishes.

Children (ages 0-6) who had a visit with a medical provider who had received a First Tooth training and was billing for oral health services.

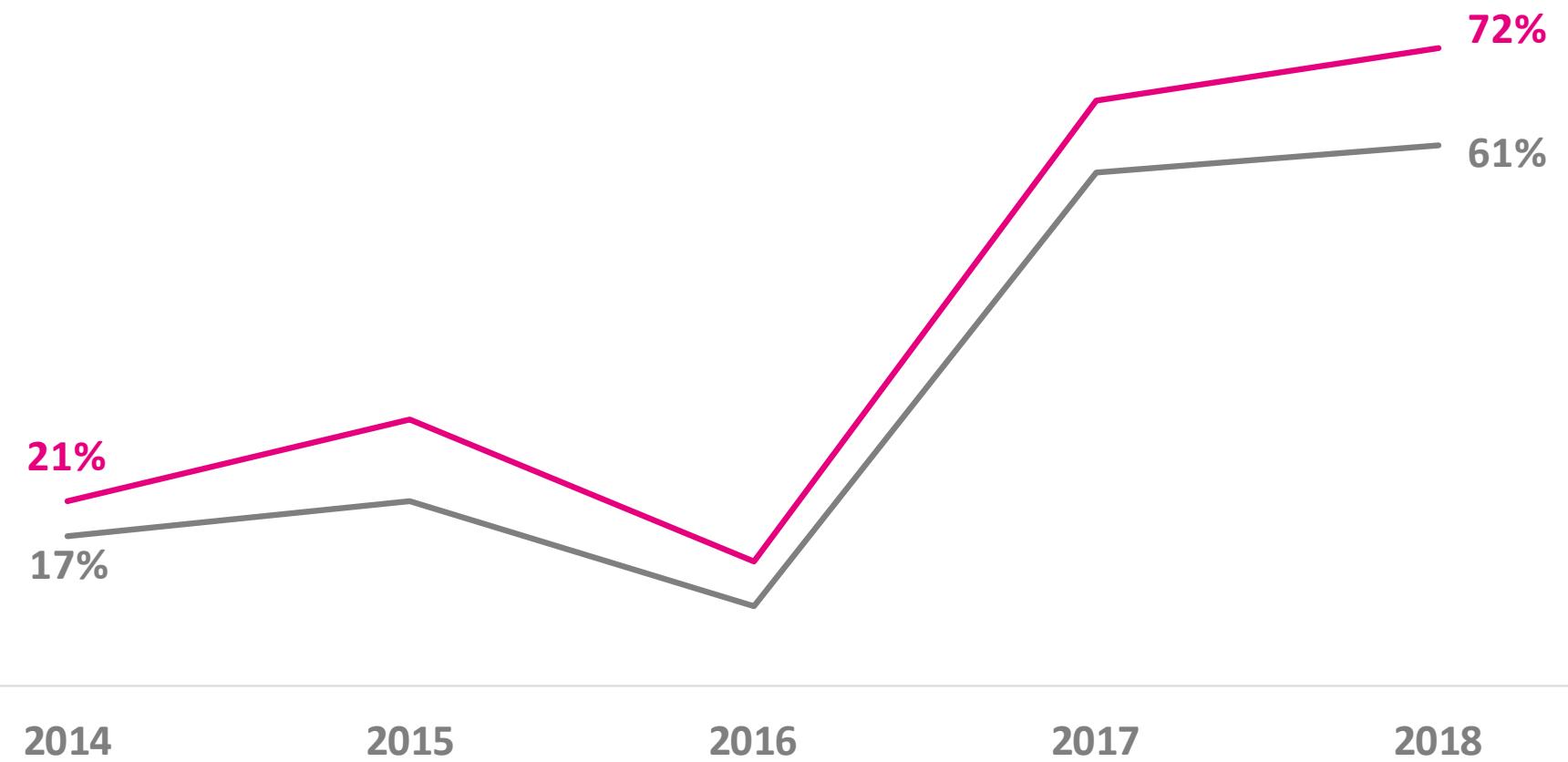
Children (ages 0-6) who had a visit with a medical provider who had not received First Tooth training



Older children (ages 7-19) who saw a medical provider who had received First Tooth training were more likely to receive any dental service.

Older children (ages 7-19) who had a visit with a medical provider who had received a First Tooth training and was billing for oral health services.

Older children (ages 7-19) who had a visit with a medical provider who had not received First Tooth training



Dental Services

- Older children (ages 7-19) who saw a medical provider who had received First Tooth training were more likely to receive **preventive and diagnostic** dental service.
- Children who saw a medical provider who had received First Tooth training were equally likely to receive **treatment** dental services and **dental sealants**.

Conclusions

AllCare Health members who had a medical visit with a provider who received First Tooth training and was billing for oral health services...

- Were more likely to receive oral health assessments (younger children)
- Were more likely to receive fluoride varnish (all children)
- Were more likely to receive any dental service (older children)

... than AllCare Health members who had a medical visit with a provider who was not First Tooth trained.