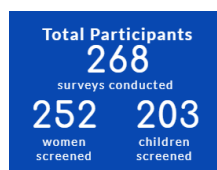


SNAPSHOT: 2016 ORAL HEALTH WIC SURVEY

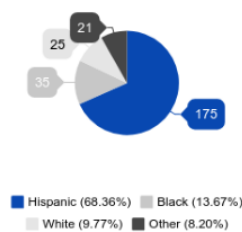


Demographics

In 2016, the Rhode Island Department of Health's (RIDOH) Oral Health Program conducted a survey to assess the oral health of participants in the WIC Program. WIC, which stands for Women's Infants and Children, is a federal program to help improve nutrition for pregnant women, new mothers, and toddlers who are at or below 185% of the poverty level. The survey included both oral questions and a non-tactile dental exam. The average age of participant was 29 with a diversity of race/ethnicity.

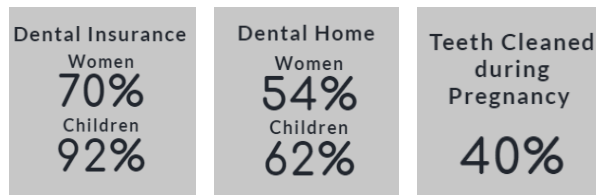


Race/Ethnicity of Participants



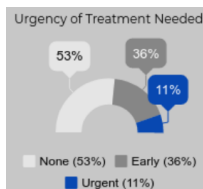
Access to Care

Having dental insurance and a dental home are key determinants of access to care, but other factors play a role. Despite more than half of women having these key components, less than half of those surveyed had a dental cleaning during pregnancy.

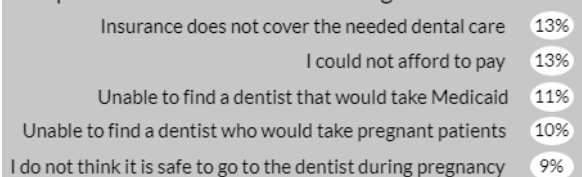


Women in WIC have dental need, but barriers to care still exist.

Almost half of those examined were found to have dental need. Sixty four percent of women reported needing dental care during pregnancy and not receiving it. Reasons for not seeking care were related to coverage, cost, and ability to find care. The basic non-tactile exams also noted levels of urgency of treatment needed.



Reported Reasons for Not Seeking Dental Care



Caries Prevention

Community water fluoridation and fluoride varnish are evidence-based strategies for caries prevention in children. Preventing early childhood caries is critical for early development and overall health. Early childhood caries can result in pain and infection, impact early learning, and require costly care in operating room settings. This report found there is a substantial gap in what is recommended and what is occurring.

Parental supervision of child's teeth brushing is also an important part of establishing good oral health habits. This survey found children whom brushing was not supervised, were twice as likely to have dental caries compared to those who did have supervision.

Children without Fluoride Treatment
56%

Do not Drink Tap Water
69%

Methodology

In 2016, RIDOH's Oral Health Program conducted an oral health survey of women and young children enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to assess participant's oral health status and use of dental services. WIC is a federally-funded preventive program that ensures mothers and children who are at or below 185% of the poverty level (\$37,404 per year for a family of three in 2018) receive nutritious food, nutrition education, breastfeeding support, and referrals to health care and social services. Pregnant women, new mothers (those who had given birth within the past year), and their children were evaluated at 13 WIC sites in Rhode Island.

Key Findings

- Enabling factors for women seeking dental treatment included having a dental home and insurance coverage.
- Affordability is the greatest barrier to receiving dental care.
- Pregnant women are more likely to need early or urgent oral care than mothers of young children.
- Disparities in dental need among pregnant women are stratified based on race and ethnicity.
- Having both a dental home and dental insurance increased the likelihood of a child having a dental visit.
- Supervision during brushing and greater frequency of brushing both contributed to reduced likelihood of dental caries among children, although not statistically significant due to small numbers.
- Most mothers and children do not drink tap water and consume at least one soda a week.

Recommendations

WIC nutritionists:

- Inform WIC recipients of Medicaid dental benefits.
- Inform WIC recipients that good oral health can be maintained through diet, good oral hygiene practices, and drinking fluoridated tap water.
- Utilize the Dental Safety Net List to refer pregnant moms and adults without a dental home to dental clinics.
- Utilize the Age One Dental Champion Directory to connect families to dental care for children who are one.
- Utilize bilingual oral health education resources including: the TeethFirst! flipbook, Healthy Teeth for You and Your Baby, and First Dental Visits to stress the importance of the age one dental visit and oral health during pregnancy.

Dental and Medical Providers:

- Build referral networks between local medical and dental providers.
- Inform all patients that good oral health can be maintained through diet, good oral health hygiene practices, and drinking fluoridated tap water.
- Know all national oral health recommendations, including the Age One Dental Recommendation and National Consensus Statement for Oral Health During Pregnancy.
- Provide culturally competent care.
- Emphasize the importance of a dental home to all patients, but especially to pregnant women and young children.
- Provide fluoride varnish application when appropriate.

Policy Makers:

- Create cross reference between people receiving other aid with Medicaid information.
- Support Medicaid reimbursement rates that ensure access.
- Provide user-friendly Medicaid coverage information.
- Communicate safety and benefits of community water fluoridation effectively.
- Promote the importance of age one dental visit.
- Promote the safety of oral health care during pregnancy.

This report is produced by the Oral Health Program, Rhode Island Department of Health. To see more publications, visit: <http://health.ri.gov/publications/bytopic.php?parm=OralHealth>

For resources listed above, see <https://www.teethfirstri.org/>

RI Medical Society -

Physician Health Program

The Physician Health Program endeavors to promote and support the physical and mental well-being of healthcare professionals, thereby contributing to safe and competent patient care in Rhode Island.

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questions/concerns? Contact Dr. Dante Gulino at drdantegulino@gmail.com or
Lenore Martin at social@easthudsonoms.com