



# ORAL HEALTH NEEDS IN THE WIC PROGRAM

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As a leading health indicator identified in the Healthy People 2020 objectives, oral health is of critical importance for the overall health and well-being of all Americans.<sup>1</sup> The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is the nation's premier public health nutrition program. With almost half of all US infants, one-fourth of young children ages 1-5, and 1.8 million women participating in WIC<sup>2,3,4</sup> the role that the program plays in promoting oral health to the population it serves is significant.

The National WIC Association (NWA) is the non-profit education arm and advocacy voice of the WIC program, the more than 6 million mothers and young children served by WIC, and the 12,000 service provider agencies who are the front lines of WIC's public health nutrition services for the nation's nutritionally at-risk mothers and young children. NWA's efforts on behalf of WIC have been effective in gaining broad support for the program, including bipartisan support of the US Congress, successive administrations, advocacy groups and coalitions, the health care sector, religious organizations, and CEOs of Fortune 500 corporations.

Common oral diseases like cavities and gum disease can be debilitating, affect productivity, and increase healthcare costs.<sup>5</sup> In addition, oral health complications can lead to a

variety of chronic health conditions over time.<sup>6,7</sup> Factors impacting the ability to access oral health care include gender, age, education level, income, race and ethnicity, access to medical insurance, and geographic location.<sup>8</sup> Efforts to overcome these barriers, especially geographic isolation, poverty, and insufficient education, all of which impact the WIC population, are greatly needed.<sup>9</sup> Therefore, it is of utmost importance that WIC supports efforts to ensure oral healthcare access for its participants.

This position paper affirms NWA's support of WIC's ongoing commitment to promote oral health to program participants.



## ORAL HEALTH IN YOUNG CHILDREN

Early childhood caries (ECC) is the most prevalent infectious and transmissible disease among US children. If left untreated, decayed teeth can abscess, and infections from these teeth can lead to problems eating, speaking, learning, and even life-threatening health problems.<sup>10,11</sup> National Health and Nutrition Examination Survey (NHANES) data from 2011-2016 reports that 23.3% of children age 2-5 years have dental caries in their primary (baby) teeth. Moreover, children living in poverty are more than twice as likely to have untreated decay (29.6%) than are children in families whose income exceeds 200% of the federal poverty level (FPL) (15.7%).<sup>12</sup>

### » [How Can WIC Help](#)

Basic issues related to early childhood caries are addressed during the WIC nutrition assessment process which helps determine program eligibility and serves as the basis for individualized nutrition services. In addition, some of WIC's nutrition education and feeding practice recommendations, such as limiting sugar-sweetened beverages or the use of sippy cups, also address the prevention of ECC.

WIC staff routinely encourage caregivers to follow up with their child's pediatrician about their specific oral health needs. WIC agencies can also assist participant families to establish a dental home by helping them identify a family dentist. Other ways agencies can help improve oral health care for children include:

- » Working with their local and state health departments to develop and/or provide access to educational materials for caretakers;
- » Informing caretakers of the Child Health Insurance Program (CHIP)<sup>13</sup>, which provides dental coverage to enrollees; and referring them to area dental providers who accept CHIP participants; and
- » Educating caregivers on the early signs of dental issues as well as ways to maintain good infant and child oral health, such as wiping an infant's mouth twice daily, brushing beginning with the first tooth, and to see a dental provider by 1 year of age.<sup>14</sup>



## ORAL HEALTH IN WOMEN

During pregnancy, women can become at risk for numerous oral health conditions – the most common being gingivitis, which affects 60-75% of pregnant women.<sup>15</sup> Left untreated, gingivitis can progress into periodontal disease, a serious infection of the gum and supporting bone. This condition can result in

poor pregnancy outcomes, such as preterm birth and low birth weight. Pregnant women are also at high risk for dental caries that are often caused by increased exposure to gastric acid resulting from morning sickness early in pregnancy.<sup>16</sup> Other causes of dental caries include insufficient fluoride intake, poor diet, and a lack of oral health care. Research has found that tooth brushing habits of the mother are directly associated with those of her child, making WIC's early role in promoting and encouraging proper oral health care crucial to the participant families' long-term wellness.<sup>17</sup>

### » How Can WIC Help

To optimize oral health care, WIC staff can advise women on the importance of oral health care during pregnancy. This includes scheduling a dental visit during this period and to seek care for any pregnancy-related dental symptoms that surface.<sup>18</sup> WIC mothers can also be encouraged to practice good oral hygiene such as brushing twice a day, using a fluoride-containing toothpaste, and flossing once a day as well as talking to their dentist or physician about other issues affecting their oral wellbeing.<sup>19</sup> Limiting sugary foods and beverages is also recommended as a means to reinforce routine oral health maintenance.<sup>20</sup>

## RACIAL AND ETHNIC DISPARITIES IN ORAL HEALTH

Among the overarching goals of Healthy People (HP) 2030 is eliminating health disparities, achieving health equity, and improving the health and wellbeing of all.<sup>21</sup> Despite these goals, the Centers for Disease Control and Prevention (CDC) reports that non-Hispanic Blacks, Hispanics, and Indigenous populations,

referred to by the government as American Indians and Alaska Natives, generally have the poorest oral health of any racial and ethnic group in the US.<sup>22</sup> Additionally, the NHANES data reports that untreated tooth decay in primary teeth among children aged 2-5 was more than twice as high for Mexican American and non-Hispanic Black children when compared to non-Hispanic White children.<sup>23</sup> For adults, non-Hispanic Blacks, and Mexican Americans aged 35 to 44 years, experience tooth decay nearly twice as much as non-Hispanic Whites.<sup>24</sup> Thus, it's imperative that action is taken to address oral health disparities in an effort to achieve health equity and improve the oral health of racial and ethnic groups who are disproportionately impacted by poor oral health,

Examples of interventions that can help narrow the gap in oral health outcomes include community water fluoridation and CDC-funded school-based dental sealant programs.<sup>25</sup> Both of these programs aim to reduce and aid in preventing tooth decay among individuals of different socioeconomic, racial, and ethnic groups. WIC agencies can promote these programs by educating their participants about their benefits and ways to access them, if available. Additional avenues to help narrow oral health disparities include:

### 1. Addressing implicit bias in dentistry, both racial and cultural.

While implicit bias has been heavily researched within the broader medical community, there is a dearth of research on implicit bias in dental literature.<sup>26</sup> Despite this, a recent study found that dentists' decision-making regarding tooth restorability was affected by the race of the patient. This resulted in a greater likelihood of tooth extractions instead of root canal treatment for Black patients compared to White patients.<sup>27</sup>

Therefore, the dental community needs to examine its practices and identify opportunities for improved oral health outcomes among communities of need. Examples include:

### I. Improving the type of treatment Medicaid patients receive from receptionists and other dental staff.<sup>28</sup>

Research has implicated receptionists as among the responsible parties for the discrimination that Medicaid-insured patients experienced. One study found that factors impacting the type of treatment Medicaid-insured patients received and their willingness to seek dental care included inequitable office policy and staff members' negative attitudes toward these patients.<sup>29,30</sup>

### II. Recognizing that lowered dental costs may not translate to improved access to dental care and reduced oral health disparities.

Research shows that lowering the cost of dental insurance has little effect on access to dental health care by groups of low socioeconomic status and minorities. In fact, many Indigenous communities face oral health disparities even though dental care is available at no cost as a function of tribal status.<sup>31</sup> Factors that contribute to this include geographic isolation, and ethnic differences in social and cultural values.<sup>32</sup>

### III. Understanding varying levels of commitment to oral health values due to culture.<sup>33</sup>

One major component in the underuse of available dental services is the culture gap between dentists and patients from varying social and ethnic class.<sup>34</sup> Reports on the state of

oral health in the US population suggests that individuals from specific ethnic minority groups often have poor oral health status. This in turn suggests that there may be certain cultural beliefs and practices common to these groups that influences their oral health outcomes.<sup>35</sup> Additionally, many cultural groups do not have a strong preventive orientation when it comes to oral health and often seek care only when there is a problem. Rather than employ interventions like root canals and crowns to save bad teeth, practices which are common in Western nations, they often expect to have bad teeth extracted. Moreover, such interventions are often privilege of only the wealthy in other cultures.<sup>36</sup> As a result, dentists may perceive patients negatively for not meeting Western standards for oral care. Therefore, dental practitioners should be culturally competent to provide the appropriate services and treatments to immigrant and ethnic minorities. Furthermore, policymakers should be sensitive to cultural diversities and properly address the unique needs of each group in order to maintain oral health equity.<sup>37</sup>

### **4. Addressing structural changes to increase Medicaid acceptance by dentists.**

Even with programs such as Medicaid, low-income patients continue to face barriers to dental care access. Many dentists refuse to participate in Medicaid due to:<sup>38,39</sup>

- » Low Medicaid reimbursement and high administrative costs
- » Frequently missed appointments by Medicaid patients
- » Complex dental problems requiring lengthy visits often presented by Medicaid patients

This challenge presents professional dental organizations with the opportunity to make increased Medicaid funding a top legislative priority. By encouraging dentists to participate in Medicaid programs while also advocating and lobbying for increased Medicaid reimbursement, improved efficiency of payment schedules, and expanded range on the types of dental treatment options allowed, professional organizations can play a vital role in making structural changes so that Medicaid is more widely used within the dental community.

The aforementioned practices, if employed, will contribute to HP 2030's overarching goals of achieving health equity, eliminating disparities and improving the health and wellbeing of all. Programs such as water fluoridation and CDC-funded school-based dental sealant programs help tackle the public health component of these disparities. Addressing implicit bias and implementing structural changes that would increase Medicaid acceptance by dentists helps eliminate barriers that exist within the dental community.







## PROMOTING ORAL HEALTH IN THE WIC PROGRAM

Except for Medicaid, oral health services are largely unfunded for families who lack dental insurance or the ability to pay out-of-pocket. WIC meanwhile, does not have the funding or appropriately trained staff to meet the oral health needs of the WIC population. Despite this, WIC continues to provide oral health education based on WIC participant category, utilizing up-to-date and targeted recommendations from professional organizations such as the American College of Obstetricians and Gynecologists, American Academy of Pediatrics, the American Dental Association, and the Centers for Disease Control and Prevention. Other promotion efforts for consideration include:

- » Referring participant families to prevention-oriented oral health services;
- » Collaborating with state and local stakeholders to identify activities and messages that promote oral health goals;
- » Advocating for funding of oral health services to increase access in the community; and
- » Exploring funding opportunities for oral disease prevention and management programs.

## CONCLUSION

Oral health is an integral part of overall health and experts say that ending the oral health crisis will not be possible without transforming the oral health care system.<sup>40</sup> The National WIC Association urges state and local agencies to work with their department of health and other stakeholders to develop plans for action to improve the oral health care for their participants. In 2018, California published a comprehensive 10-year oral health plan, which can serve as a model for others.<sup>41</sup> Equally, it is important for agencies, regardless of resources, to evaluate their needs for service improvement within their means and capability for the high risk children and mothers that WIC serves.

<sup>1</sup> Office of Disease Prevention and Health Promotion, Healthy People 2020 (2019) Oral Health. Accessed online: <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Oral-Health>.

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<sup>4</sup> United States Department of Agriculture, Food and Nutrition Service (2020) WIC Participant and Program Characteristics 2018. Available online: <https://www.fns.usda.gov/wic/wic-participant-and-program-characteristics-2018>.

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<sup>14</sup> United States Department of Health and Human Services, Centers for Disease Control and Prevention (2019) Children's Oral Health. Accessed online: <https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html>.

<sup>15</sup> United States Department of Health and Human Services, Centers for Disease Control and Prevention (2019) Pregnancy and Oral Health. Accessed online: <https://www.cdc.gov/oralhealth/publications/features/pregnancy-and-oral-health.html>.

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