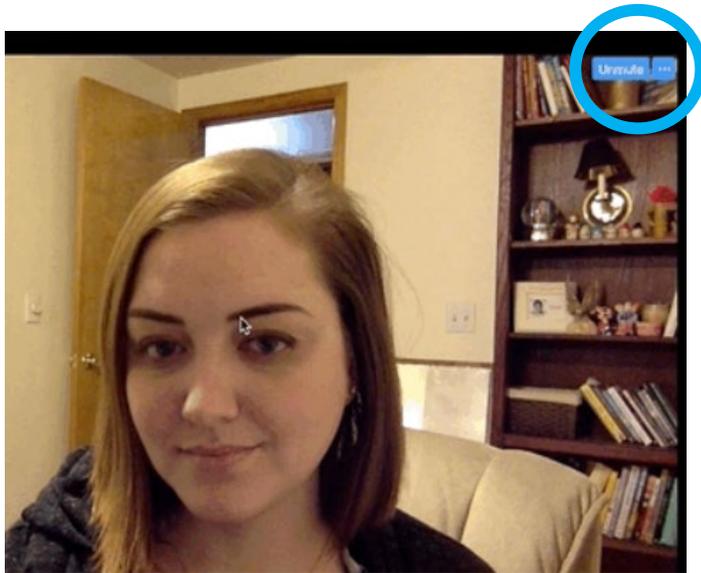


# Welcome to the COMM NET Meeting

Oral Health and teeth are essential in our daily lives helping us EAT, BREATHE, and SPEAK.

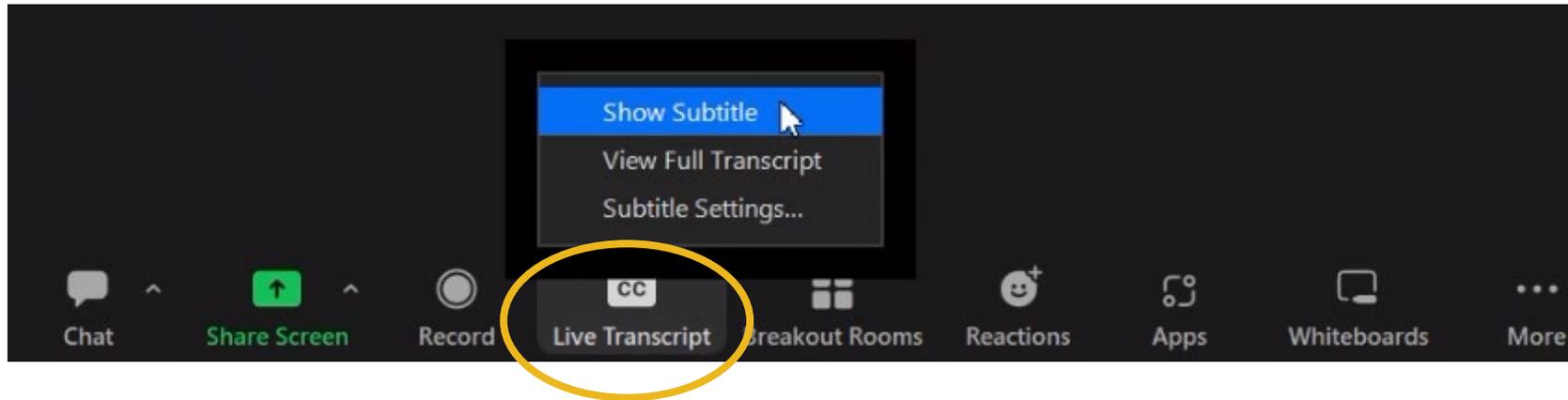
Let's learn more together today!



- ✓ Click the 3 dots in the top right of your image
- ✓ Select RENAME
- ✓ Enter...
  - ✓ First name,
  - ✓ Pronouns,
  - ✓ Your organization/agency name
- ✓ If you don't see your image, check your view settings at the top of the bar and set to see all webcams or Side-by-Side Gallery View
- ✓ Please make sure you are **muted**, and your **camera is turned off** if not speaking.

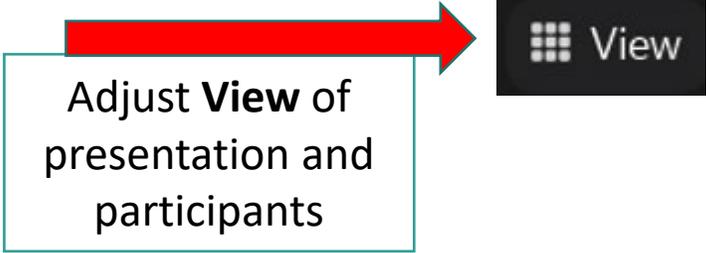
# Transcriptions

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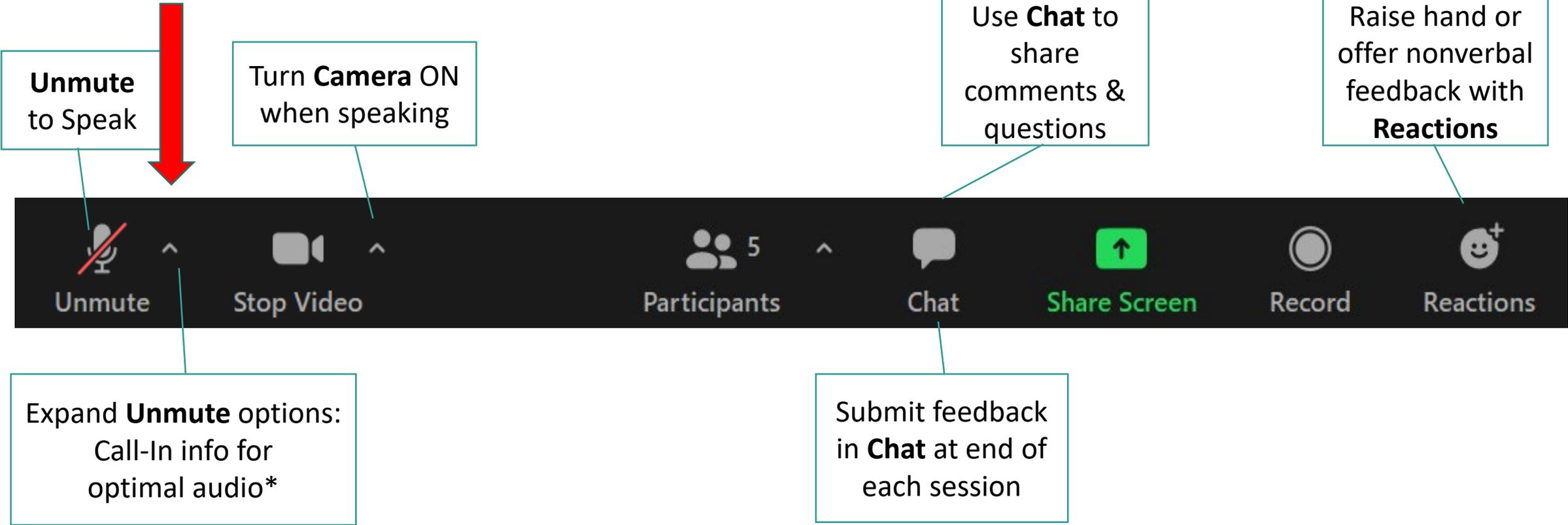
If you would like to access Transcription resources during the meeting, please select [Live Transcript](#) and click [Show Subtitle](#)

# Zoom Toolbar



Adjust **View** of presentation and participants

View



**Unmute to Speak**

Turn **Camera ON** when speaking

Use **Chat** to share comments & questions

Raise hand or offer nonverbal feedback with **Reactions**

Unmute

Stop Video

Participants 5

Chat

Share Screen

Record

Reactions

Expand **Unmute** options:  
Call-In info for optimal audio\*

Submit feedback in **Chat** at end of each session



COMMUNICATION NETWORK MEETING - 4/13/23  
Children & Youth with Special Healthcare Needs

## Housekeeping Items:

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- Please list your NAME, PRONOUNS and AFFILIATION in the chat
- Ice breaker: share the first word in the chat that comes to mind when you hear “dentist”
- If you are new, please add your email address in the chat so we can make sure you are added to our future community network list
- This meeting will be recorded
- ASL interpreters will be pinned
- Please keep cameras off unless speaking to help with bandwidth issues

## Land and Labor Acknowledgement

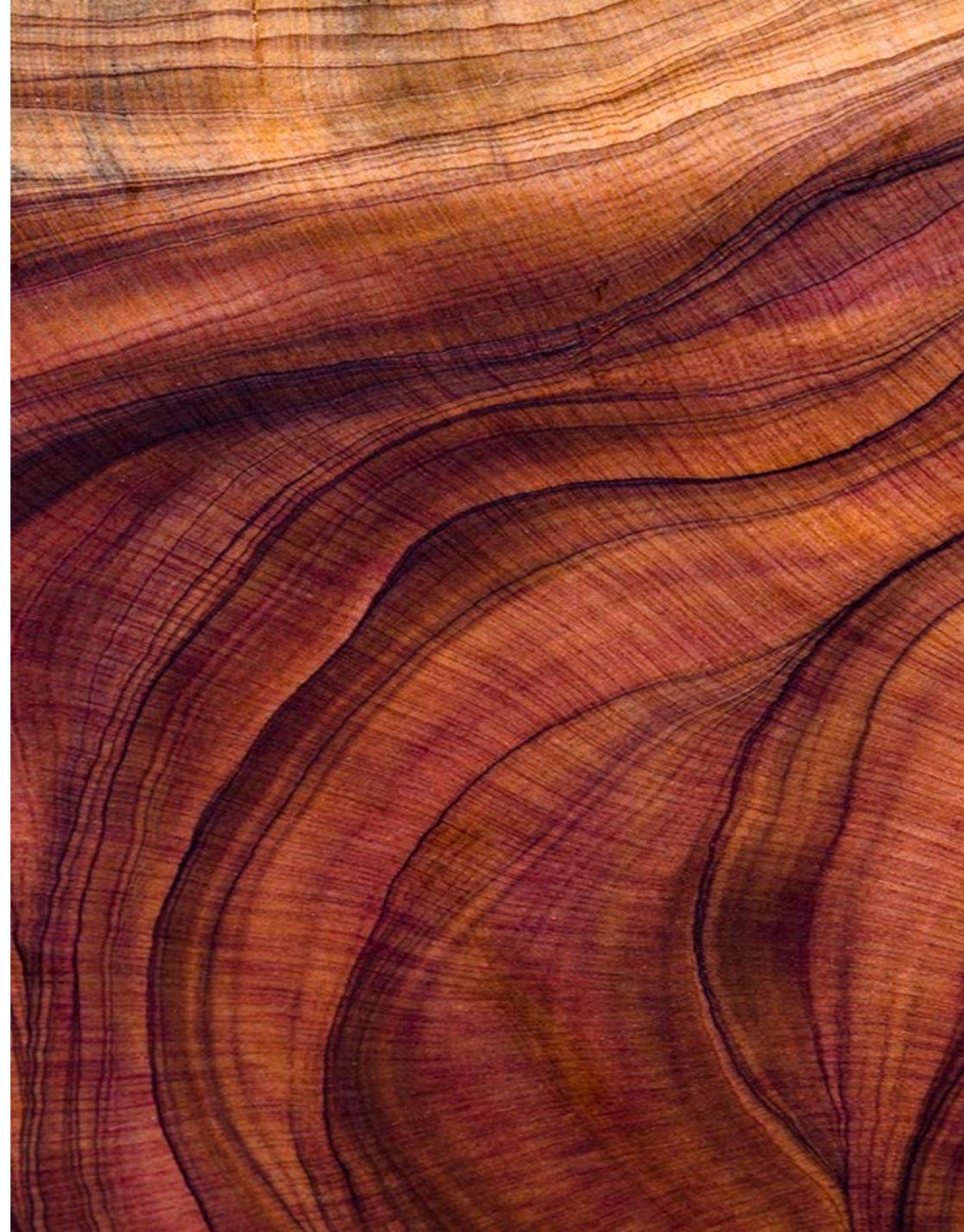
The Washington state Department of Health Children and Youth with Special Healthcare Needs (CYSHCN) program recognizes and honors the original occupants and stewards of the land where we all individually and collectively gather. The writer of this toolkit is occupying space from lands of the traditional home of the Squaxin and Nisqually nations.

I would like to honor and thank their ancestors and leaders who have been stewards of these lands and waters since time immemorial and continue to do so to this day.

I would also like to acknowledge that much of what we know of this country today has been made possible by the labor of immigrants, voluntary, involuntary, trafficked, and enslaved, who have been exploited for their labor, sweat, bodies, and lives. I am, like many Americans, a descendent of immigrants who were exploited, othered, and forced to assimilate their culture, language, and traditional ways.

We are indebted to their labor and sacrifice and must acknowledge the contributions these groups have made to our country that have lead to this day and continue.

Today I commit to championing the inclusion of family voices in informing and directing our work to support family-centered and equitable systems of care.



# Agenda:

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Time	Topic	Presenter
9:00-9:10	Welcome, Agenda, Program Updates	Khim Schoenacker
9:10-10:00	CYSHCN Pediatric Dentistry	Daniel M. Walsh, DMD, MSD
10:00-10:30	Parent Voice	Angella Southerly
10:30-10:45	<b>Break</b>	
10:45-11:10	Special Smiles Screening	SOWA
11:10-11:50	Nutrition & Dental	Sarah Harsh
11:50-12:00	Final Questions & Closing Activities	Khim Schoenacker
12:00- 12:10	<b>Break</b>	
12:10-1:00	Networking	ALL

## DOH-CYSHCN Team:

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**Monica Burke, PhD**

*CYSHCN Program Director*



**Nikki Dyer, MA Ed**

*Family Engagement Specialist*



**Renee Tinder, MPH**

*CYSHCN Behavioral & Adolescent  
Consultant*



**Linda Ramirez**

*CYSHCN Communications &  
Early Childhood Consultant*



**Khimberly Schoenacker, RDN, CD**

*CYSHCN Nutrition Consultant*

# Updates:

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## General Updates

**[CYSHCN Process Improvement Specialist Position is posted](#) and closes 4/18**

**HRSA Region 10 (WA, OR, ID, AK) [Conversation on Equity: Language Access—More Than Just Translation](#)**

CYSHCN Team has provided trainings on [Care Coordination Toolkit](#) to NDCs and MCOs and is working on a revision of the toolkit based on feedback received.

## CHIF

CHIF data for Q4 for all partners due 4/15. If anyone needs an extension or help, please contact the CHIF Inbox.

CHIF data will continue to be collected quarterly by spreadsheet as we've done since July 2022.

Please direct any questions about CHIF to the CHIF Inbox.

CHIF dashboard to be published soon with 2011-2021 data included for all counties, LHJs, ACHs, and all state roll-up.

Planning for improved CHIF system is ongoing and we will be reaching out to partners over the next few months to engage in the redesign process

## Communication & Early Childhood

Working with Child Health and Essentials for Childhood team on communication plan.

CYSHCN working to redesign/update DOH CYSHCN website

**CYSHCN Brochure: New translation added ([Marshallese](#))**

# Updates Continued:

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## **Family Engagement**

***Recruiting for diverse Family Advisory Council to guide care coordination work done in partnership with HCA and PAVE.***

Leading DOH internal Community of Practice on using Family Voices' Family Engagement in Systems Assessment Tool (FESAT) to measure and guide improvement on family engagement efforts within CYSHCN and in partner units.

Supporting kick-off of Gen 2 Youth Advisory Council in collaboration with Adolescent Health team.

## **Behavioral and Adolescent Health**

Pediatric Mental Health Care Access expansion fund projects with Seattle Children's Emergency Department and the UW Medical Homes Project are underway. Participating in a technical assistance collaborative with other PMHCA grantees who are focusing on expanding ED services/suicide prevention. Provider survey went out to SMART teams and community coordinators across the state and we received over 80 responses that will inform our plan for training.

Nearly ready to kick off year 2 PMHCA-SAFES program services in partnership with SCH and Frontier Behavioral Health

## **Nutrition**

The Type 1 Diabetes (T1D) workgroup continues to hold monthly meetings with recent focus on mental health, teen virtual support and rolling out the new T1D Statewide Coordinator role

CYSHCN-WIC Office hours continue to be available for CYSHCN Nutrition support monthly with a topic discussed

# Dental Care for Children/Youth With Special Healthcare Needs

Daniel Walsh, DMD MSD



**I-SPAN**

INTERDISCIPLINARY SPECIAL NEEDS **DENTAL ACCESS NETWORK**



# W Daniel Walsh, DMD MS



Saint Martin's  
UNIVERSITY



Idaho State  
University

UNIVERSITY of WASHINGTON

# UW/Seattle Children's Hospital

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# Overview

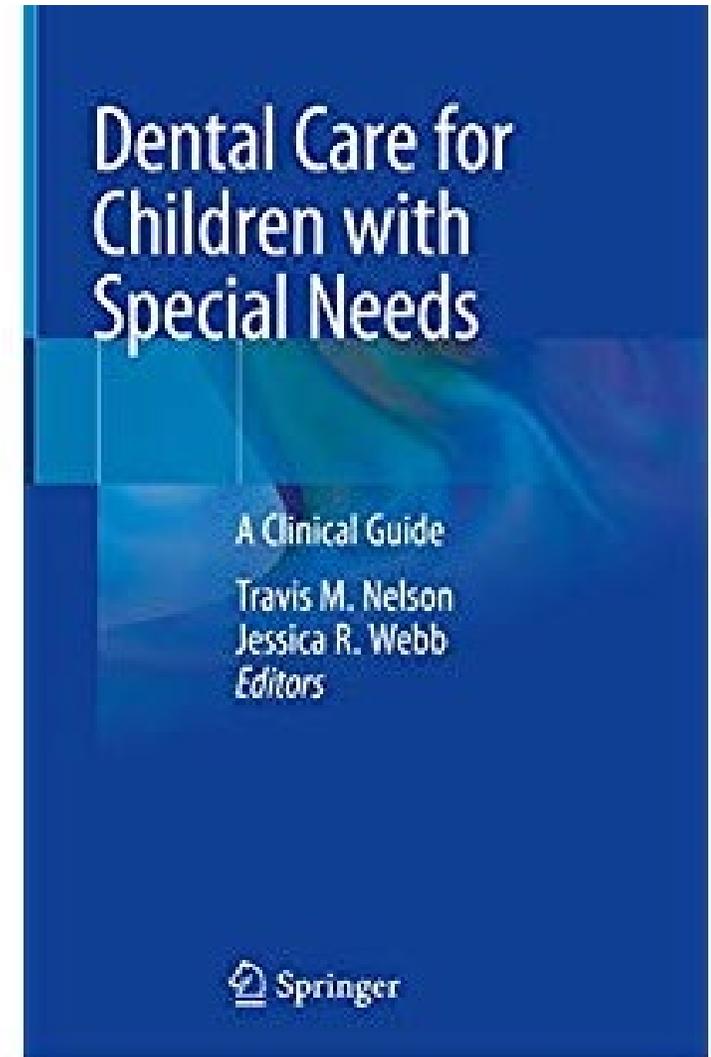
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- Who do pediatric dentists care for?
- The Dental Home
- Communication with patients and families
- Dental visits
- Nutritional considerations
- Oral care at home
- Common oral conditions
- Autism spectrum disorder

# Special Thanks

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- Travis Nelson, DDS, MSD, MPH
  - [tmnelson@uw.edu](mailto:tmnelson@uw.edu)
- Seattle Children's Hospital:
  - Barbara Sheller
  - Elizabeth Velan
  - Joseph Kelly
  - Anne Reeves



# Our Patients

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- Ages: 4 months to 22+ years old
- Children with special healthcare needs: 15-20% (14 million) of US Children under 18 (hhs.gov)
  - Oncology patients
  - Transplant patients
  - Behaviorally complex (ASD, ADHD)
  - Hematological disorders
  - Seizure disorders
  - Ventilator dependent
  - Cardiac disease
  - Progressively debilitating conditions

# The Dental Home

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- Establish a dental home early!
- ABCD Program and insurance challenges
- Access to care
- Office design:
  - Accessible dental office
  - Universally designed dental office

# Communication

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- Person-first language:
  - Recognize a patient as a person before their medical condition
  - Examples:
    - “Child with a diagnosis of autism spectrum disorder” vs “autistic child”
    - “Child with a diagnosis of trisomy 21/Down syndrome” vs “Downs child”
    - “The child uses a wheelchair” vs “wheelchair-bound child.”
- Ableism → avoid: pity, awe and inspiration, denial and minimalization, assumptions and generalizations, infantilization

# Dental Visits

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- Visit length: Try to keep visits short (15-20 mins)
- Health history
- Dental history
- Chief concern
- Cleaning and exam
  - “I’m now going to put 100% of my focus on your child.”
- Post-op discussion, treatment planning, anticipatory guidance
- One key to success? Trust the parents. Many times they are the experts on their child and their condition.



# CYSHCN: Oral Hygiene and Nutrition

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- Higher incidence of:
  - Poor oral hygiene
  - Gingivitis
  - Caries and untreated caries
- Receive less restorative care (fillings/crowns) and more extractions
- Less preventive measures, such as sealants

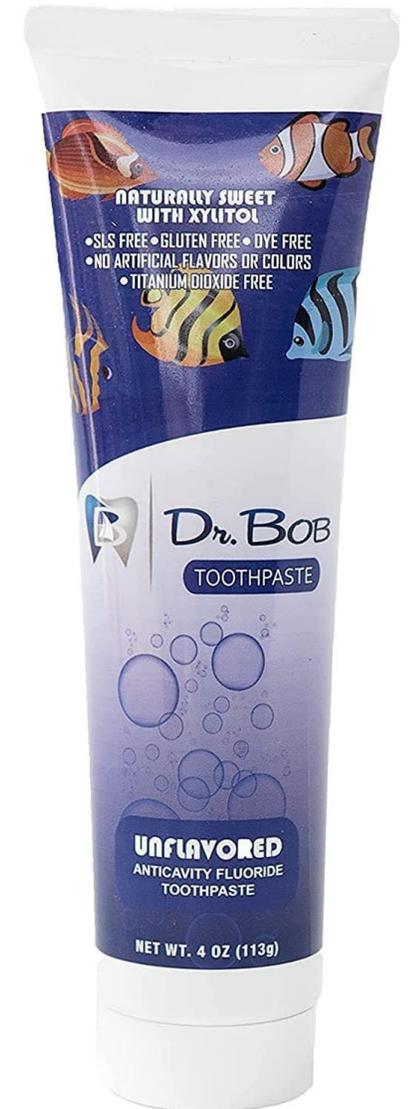
# CYSHCN: Oral Hygiene and Nutrition

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- Nutritional challenges:
  - Decreased ability to consume nutritious food (oral motor dysfunction)
  - Inability to utilize calories (GERD)
  - Increased caloric requirement (hyperthyroidism)
  - Medications may affect appetite (ADHD)
  - Condition may increase appetite (Prader Willi Syndrome)
  - Patient may have a selective or limited diet (autism spectrum disorder)
  - Oral medications may come in sweetened liquid suspension

# CYSHCN: Oral Hygiene and Nutrition

- Possible feeding modifications and preventive measures to consider:
  - Substitute non-cariogenic rewards for sweets/candy in behavior modification/therapy.
  - Emphasize increased daily oral hygiene and preventive recall schedule for patients who must eat frequently.
  - Suggest mildly flavored or flavorless oral hygiene products for children who are taste/texture avoidant.
  - Discuss the option of prescription medication with the medical team if signs of GERD are discovered



# Common Findings

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- Bruxism: sensory response, also common in children who use a feeding tube for nutrition
- Tartar/calculus: common in children who use a feeding tube or are difficult to brush at home
- Gingival overgrowth: due to certain medications
- Dry mouth (“xerostomia”): due to certain medications
- Oral candidiasis: due to immune impairment
- Dental erosion: due to acid reflux
- Sialorrhea: common in cerebral palsy
- Hypodontia/hyperdontia (extra or missing teeth): may be common with various genetic syndromes
- TMJ disorder: genetic syndromes, dysfunction
- Developmental enamel defects: genetic syndromes
- Craniofacial developmental disturbances: genetic syndromes

# Autism Spectrum Disorder

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- 1 in 36 US Children
- Motor mannerisms are reported in 37-95% of children with ASD
- Restrictive, repetitive interests/behaviors
- Unique eating preferences
- Repetitive speech patterns and questions



**AUTISM  
AWARENESS  
MONTH**

# Autism Spectrum Disorder: The Dental Visit

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- Social stories
- Continuity of care
- Realistic expectations
- Desensitization
- Counting
- Use clear, literal language

# Sensory Adapted Environment

- Dimmer switches
- Music
- TV
- Headphones
- Comfortable chairs



Courtesy: Dr. Jessica De Bord

# Social Determinants of Health

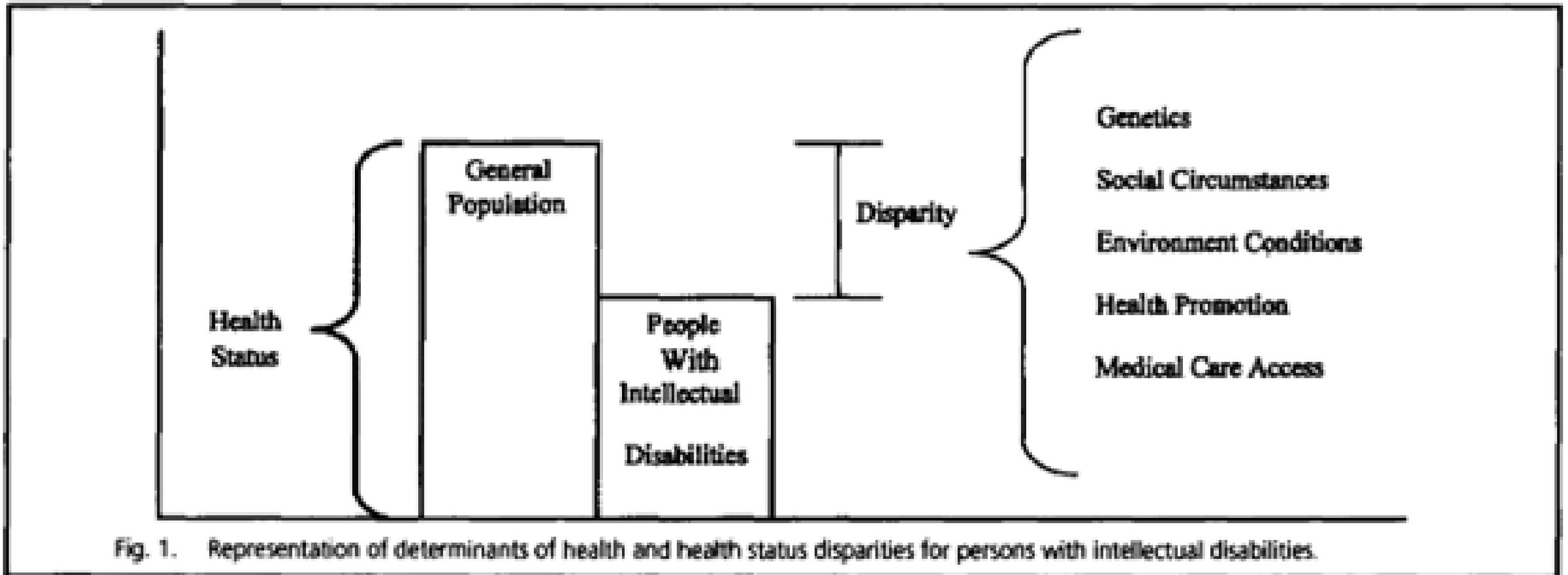


Fig. 1. Representation of determinants of health and health status disparities for persons with intellectual disabilities.



- Parents
- Social worker
- Primary care provider (PCP)
- Developmental pediatrician
- Psychologist or psychiatrist
- Neurologist
- Nutritionist
- Behavioral therapist
- Physical therapist
- Occupational therapist
- Speech therapist
- Teacher and teacher's aid

# Discussion and Questions

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# A Mom's Perspective

2005 Brandon's story began...



# Welcome baby Brandon - January 28th 2005



Most new parents don't know their baby has a cleft palate when it is a soft palate cleft.

# Opportunities to prevent further medical issues



Various health workers have opportunities to look for soft cleft palates.

Moms know if something is wrong...



Nursing Staff should encourage new moms to express:

- \*Feelings
- \*Fears
- \*Feedings



Back at the hospital  
5 days old

Because of lack of nutrients:

- \*Possible brain damage, & kidney failure
- \*Visible signs of jaundice and weight loss
- \*Extreme dehydration



# Back at home again...



Baby Brandon is now eating thanks to our Nurse Coordinator that supplied us with:

- \*Knowledge
- \*Specialty bottles, nipples & valves
- \*Thickening agents & formula
- \*Wedge & Sling

# Statistics

1:650 births will have a cleft

1:500 births of hispanic families are affected by cleft

Before and after a sub cleft palate.



# Secondary Health Challenges

Learning

Speech

Mental Health





# Success story

initial cleft repair at  
11 months

Pharyngeal flap at 3  
years

Still in need of a nasal  
surgery

Brandon 2023



# How we support



# Contact Information

Angella Southerly

Light A Lamp

[www.lightalamp.org](http://www.lightalamp.org)

Facebook:

@LightaLampnonprofit

@ProjectLiftUp

@Light a Lamp/Cleft Lip & Palate Partnership

Instagram- @lightalampnp



*Light A Lamp*





15 MINUTE BREAK  
Please return by 10:45AM

# Special Olympics Special Smiles Program

Aarika D. Anderson Elter, DMD

*Special Smiles Clinical Director for Special Olympics Washington  
Pediatric Dentist at Puyallup Tribal Health Authority &  
Small to Tall Pediatric Dentistry*



Special Olympics  
**Health**

MADE  
POSSIBLE BY **Golisano** FOUNDATION



# Special Olympics is an Inclusion Movement



Founded in 1968 by Eunice Kennedy Shriver.

World's largest **sports and health** organization for people with Intellectual and Developmental Disabilities.

Over **19,500 athletes** in Washington state and over **10,000 volunteers**.

# Healthy Athletes



Provides Special Olympics athletes with free health screenings, education, and referrals for follow-up care in a fun, welcoming environment that removes the barriers people with ID often encounter.



Trains healthcare professionals and teaches them how to treat people with ID in their own practices.

# What is Special Smiles?

Special Olympics  
**Special Smiles**<sup>®</sup>



Special Smiles provides comprehensive oral health care information, offers free dental screenings and instructions on correct brushing and flossing techniques to Special Olympics athletes. This also includes issuing preventative supplies, like toothpaste, toothbrushes and fluoride varnish.



# Unmet Healthcare Needs



- **47%** have gingival signs
- **25%** have untreated tooth decay
- **9%** received an urgent dental referral
- **12%** have mouth pain



Many Special Olympics Athletes **do not have a dental home** with providers who are trained to work with people with ID or that meets their insurance needs.

# Barriers to Care for Patients with IDD



- Lack of **Trained Dental Providers**
- Lack of **Dental Benefits**
- Lack of **Accommodations**



# Example of a Special Smiles Screening



1



**Volunteer Training**

2



**Dental Screening**

3



**Fluoride**

4



**Education**

5



**Mouthguards**

6



**Preventative Supplies**

7



**Checkout & Referrals**

# Volunteering for Special Smiles



## Students:

- Dental Students
- Dental Hygiene Students

## Clinical:

- Dentists
- Dental Hygienists

## General:

- Anyone can support at check-in and giveaways!



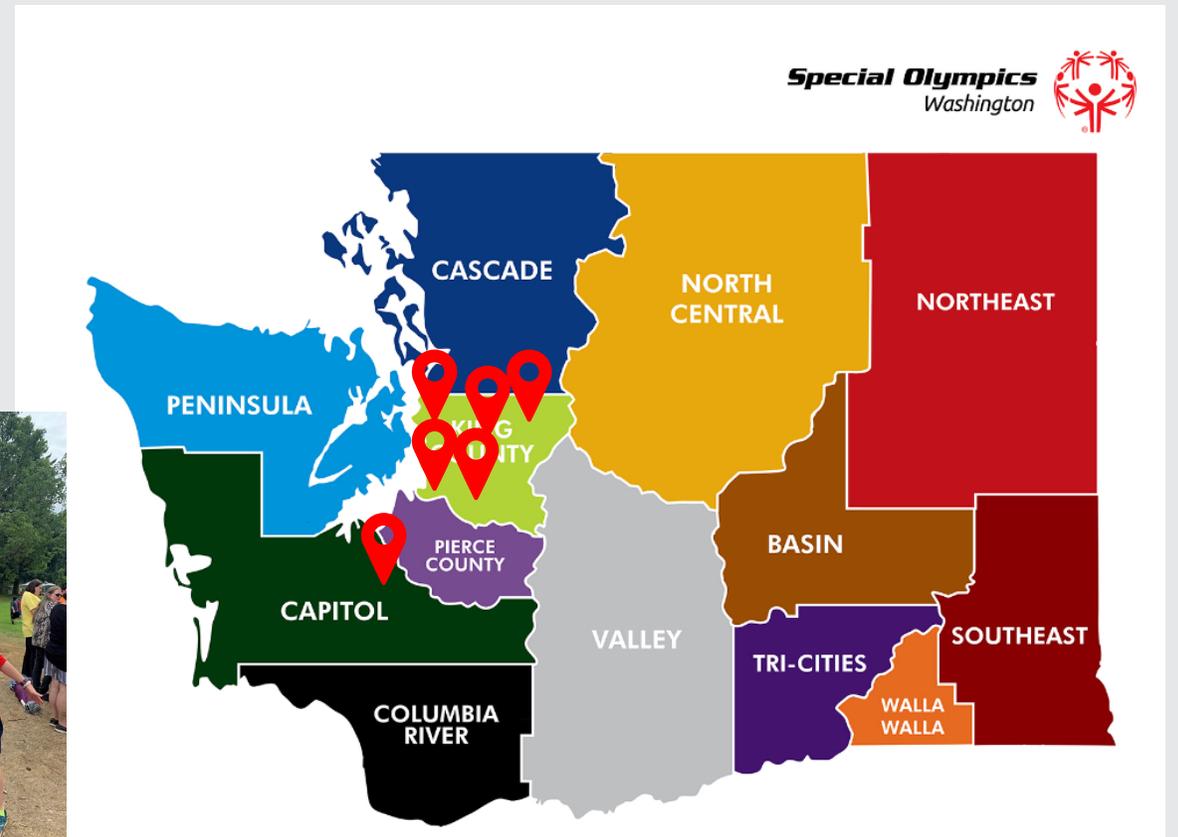
# Special Smiles Clinical Director Role



Clinical Directors are responsible for working with Special Olympics Washington and other volunteer health professionals to coordinate Special Smiles screening events in their region.

Contact Emma:

[erichardson@sowa.org](mailto:erichardson@sowa.org)



# Provider Referral Directory



## Healthy Athletes Preferred Provider Survey

Do you currently see a care provider you would recommend to other Special Olympics Athletes? We want to know!

Name of Provider: \_\_\_\_\_

Type of service provided: (Circle one or more)

Nutrition/Diet      Primary Care      Dental      Audiology (hearing)      Vision  
Podiatry (Foot care)      Physical Therapy      Mental Health/Counseling

Other: (Please Specify) \_\_\_\_\_

Location: \_\_\_\_\_

County: \_\_\_\_\_

Type of Insurance Accepted: \_\_\_\_\_



**Provider Interest Form:** <https://forms.gle/YtZAysLLdUUFWuT8A>





Thank You!

# Contact:

[healthyathletes@sowa.org](mailto:healthyathletes@sowa.org)

[aarikaanderson@gmail.com](mailto:aarikaanderson@gmail.com)



Special Olympics  
**Health**

MADE  
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# NUTRITION AND DENTAL CONCERNS

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Sarah Harsh, MS, RDN

UW Clinical Training Unit

Center on Human Development and Disability

LEND Faculty

[sbharsh@uw.edu](mailto:sbharsh@uw.edu)

# Objectives

- Describe typical nutrition and feeding skill development
- Describe feeding habits for optimal dental health
- Identify nutrition related special health care needs with dental implications

# Childhood obesity and dental caries

- Both are common childhood conditions
- Several studies have found an association between the two
- Both are complex conditions impacted by social determinants and individually modifiable factors
- The dental office is a potential site for obesity screening and intervention
  - The Robert Wood Johnson foundation Healthy Futures: Engaging the Oral Health Community in Childhood Obesity Prevention National Conference (2016) identified nutrition education through motivational interviewing as a potential model for intervention

# Nutrition and Feeding – Infants

- What are they eating?
  - Breastmilk
  - Formula
  - Complementary foods – pureed → table foods
- What's going on?
  - Weaning
  - Rapid growth and development
  - Development of parent-child interactions, relationship
  - Emotions around feeding



# Nutrition and Feeding – Infants

- Recommendations:
  - Feed on demand
    - Reinforce hunger/satiety cues
    - Establish trust
  - Practice drinking from a cup with water
    - no juice! And definitely not from a bottle or sippy cup
  - Start good habits early
    - Family meals
    - Food choices
      - Expose to a variety of flavors, both sweet and savory



# First Foods

- Watch for added sugar!



**INGREDIENTS:** Cultured reduced fat milk, **sugar**, peach puree, nonfat dry milk, tapioca starch, less than 1.5% of: gelatin, lactic acid esters of mono and diglycerides, Vitamin C (sodium ascorbate), annatto extract color, Vitamin E (alpha tocopherol acetate), Vitamin A acetate, natural peach flavor.



**INGREDIENTS:** RICE FLOUR, TAPIOCA STARCH, **SUGAR**, STRAWBERRY PUREE, DRIED APPLE JUICE, DRIED SPINACH, MIXED TOCOPHEROLS

# First Foods



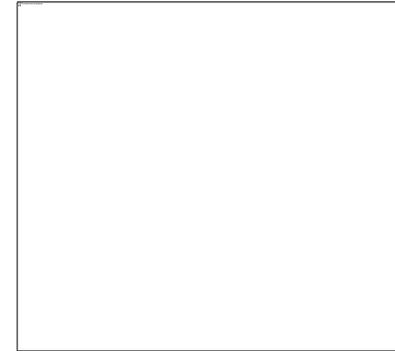
# Nutrition – Early Childhood

- What are they eating?
  - Table food- modified to make it easier to eat
  - Small, frequent meals and snacks
- What's going on?
  - Growing sense of independence
  - Fine motor skill development
  - More interest in trying new foods along with struggles over foods
  - Unpredictable, impulsive

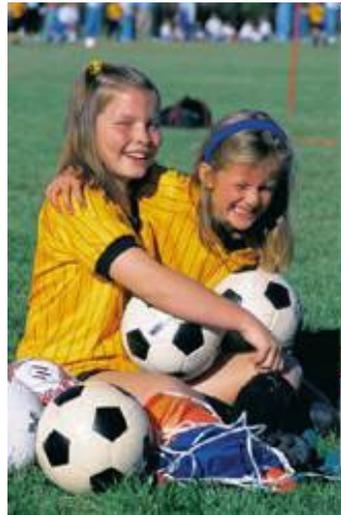


# Nutrition – Early Childhood

- Division of mealtime responsibility
  - A parent's job is to provide a variety of healthy foods.
  - A child's job is to choose how much of those foods to eat.
- Recommendations
  - Drink water when thirsty
  - Meals and snacks at regular, predictable times
    - Minimize grazing
    - Gives children the privilege of coming to a meal hungry, but not too hungry



# Nutrition and Feeding – Middle childhood



- What's going on?
  - More social significance to food
  - Body image awareness
  - Identify as foods as +/- healthy -- but may not know why; typically does not affect choices
- What are they eating?
  - 3 meals, 1-3 snacks
  - Intake  $\uparrow$  and  $\downarrow$  with growth spurts
  - Less milk, fruits, vegetables
  - More sweetened beverages

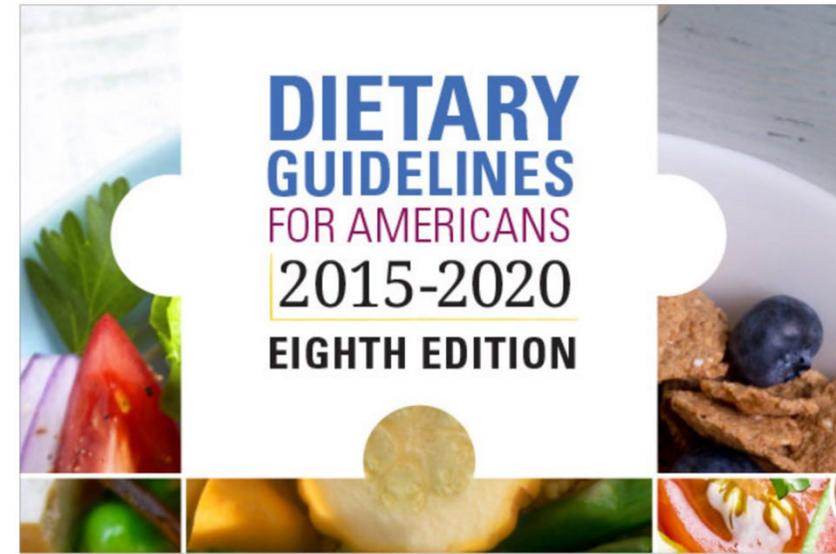
# Nutrition – Adolescence

- What are they eating?
  - Less milk, not enough fruits and vegetables
  - More sweetened beverages
  - More food away from home
- What's going on?
  - Develop identity
  - Foods have symbolic meaning, used to establish and express identity
  - Body image



# What is the relationship between nutrition and oral health?

Lower rates of caries among children who scored highest on Healthy Eating Index (HEI)



# Cariogenic Potential

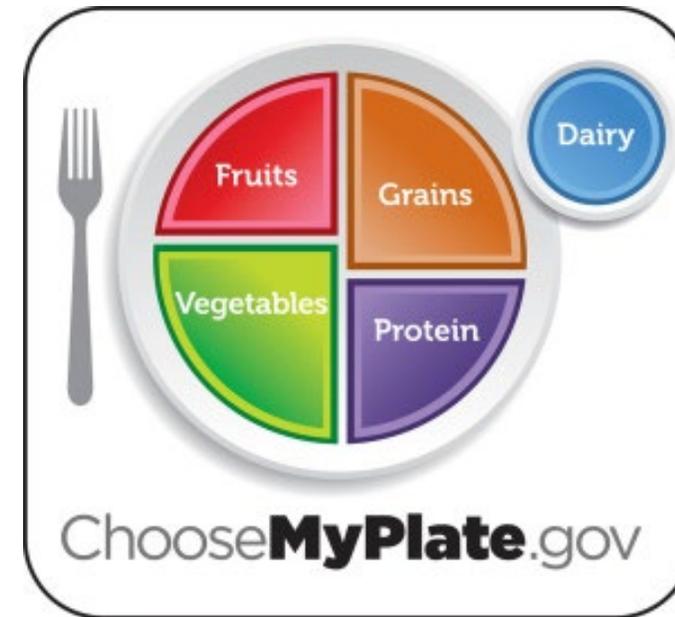
- High cariogenic potential (more likely to cause cavities)
  - Sticky foods
  - Foods that start being digested in the mouth (carbohydrates)- cookies, cake, candy, dried fruit, fruit snacks, granola bars, donuts, soda, crackers, pretzels, sweetened cereals, sweetened beverages, bread
- Neutral– nuts, meat, eggs, cheese, vegetables, plain yogurt
- Low cariogenic potential – milk, fresh fruits, whole grains

# Cariogenic Potential

- Foods with high cariogenic potential lower the pH in the mouth
- This creates an environment that the bacteria that cause cavities LOVE
- Calcium rich foods INCREASE the pH in the mouth and create an environment that does NOT promote cavities
- Rinsing after meals and having breaks between meals (no grazing) also helps prevent cavities

# Food: Good for the body and for teeth!

- **Offer Combinations:**  
carbohydrate + fat / protein
- Rinse after snacks (and supplements)
- ↑ complex carbohydrates  
(grains, fruits, vegetables)
- ↓ simple sugars  
(candy, cookies, sweetened beverages)
- Avoid sticky foods or foods that get lodged in the teeth



- Consider developmental appropriateness (e.g., choking risk)

# Juice – good, bad, or sticky?

- **Good**
  - Fruit juice is a good source of vitamins – more nutrient-dense than soda, fruit drinks
  - Can be part of a healthy diet
- **Bad**
  - Too much → over- and under-weight, diarrhea
  - Oral health implications
  - Can be difficult to differentiate between 100% juice and fruit drinks
- **AAP Recommends:**
  - **Infants**
    - <12 mo – none unless clinical indication
  - **Children 1-3 yo**
    - <4 oz/day
    - Don't carry cup/box around
  - **Children 4-6 yo**
    - 4-6 oz/day
    - Better served with meals and snacks
  - **Children 7-18 yo**
    - <8 oz/day
    - Better served with meals and snacks



# Special Health Care Needs

- Physiologic risk factors associated with the condition
  - Structural differences
  - Oral-motor differences
    - Impact intake
    - Barrier to adequate hygiene
- Barriers to appropriate dental care
- Risk factors associated with secondary conditions and/or therapies
  - Feeding problems that necessitate frequent, prolonged meals and snacks
  - Medications

# Selected conditions with oral health implications

- Reflux
- Frequent vomiting
- Conditions that impact fluid intake
- Increased energy needs
- Craniofacial malformation
- Sensory differences
  - Food choices
  - Oral hygiene
- Need for tube feeding
- Immune suppression

# References and Further Reading

- **Position of the Academy of Nutrition and Dietetics: Oral Health and Nutrition.** 2013. [https://www.jandonline.org/article/S2212-2672\(13\)00236-0/fulltext](https://www.jandonline.org/article/S2212-2672(13)00236-0/fulltext)
- **Healthy eating index is a predictor of early childhood caries.** Nunn ME, et al. Dent Res. 2009 Apr;88(4):361-6.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2774803/>
- **The association between food insecurity, diet quality, and untreated caries among US children,** Bahanan et al, The Journal of the American Dental Association, Volume 152, Issue 8, 2021, Pages 613-621,  
(<https://www.sciencedirect.com/science/article/pii/S0002817721002130>)
- **Healthy Futures: Engaging the oral health community in childhood obesity prevention – Conference summary and recommendations.** 2017.  
<https://onlinelibrary.wiley.com/doi/10.1111/jphd.12227>
- **Nutrition and Oral Health.** Shailesh et al. Disease-a-Month, Volume 65, Issue 6, 2019, Pages 147-154,  
(<https://www.sciencedirect.com/science/article/pii/S0011502918301287>)

## Closing and Next Steps:

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- Meeting Minutes and Recording will be available in the coming weeks
  - Please fill out [evaluation](#)
  - Please fill out [form](#) with any program updates
  - Send questions or additional info to Linda:  
[Linda.Ramirez@doh.wa.gov](mailto:Linda.Ramirez@doh.wa.gov)
- 10-minute break
- Networking over lunch (Optional)



10 MINUTE BREAK

Please return by 12:10 for a networking lunch