

Reprinted with permission from AAP News - January 2009



NeoReviewsPlus
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Progressive Resources for Neonatal Professionals

advertisement



THE OFFICIAL NEWSMAGAZINE OF THE AMERICAN ACADEMY OF PEDIATRICS

AAP News

Search

[Advanced Search](#)

[Parent Plus](#) | [Health Alerts](#) | [Back Issues](#) | [Feedback](#) | [Subscribe](#)

Institution: Amer Acad of Pediatrics | [Sign In via User Name/Password](#)

[Previous Article](#) | [Next Article](#) ▶

P News Vol. 27 No. 3 March 2006, p. 21
2006 [American Academy of Pediatrics](#)

EWS AND FEATURES

Prevent early childhood caries: Integrate oral health activities into routine pediatric care

Suzanne Boulter, M.D., FAAP and Giusy Romano-Clarke, M.D., FAAP

Early childhood caries is the most common infectious disease of childhood. A survey of U.S. kindergartners found that many as 40% have experienced tooth decay.

Early childhood caries are particularly problematic in low-income populations as well as in certain racial/ethnic groups, with cavity rates two to five times greater than among peers in higher income families. *



The American Academy of Pediatric Dentistry and the Bright Futures Guidelines recommend a child's first dental visit six months after the first tooth erupts or by 12 months of age. This often is a difficult

This Article

- ▶ [Alert me when this article is cited](#)
- ▶ [Alert me if a correction is posted](#)

Services

- ▶ [E-mail this article to a friend](#)
- ▶ [Similar articles in this journal](#)
- ▶ [Alert me to new issues of the journal](#)
- ▶ [Add to My File Cabinet](#)
- ▶ [Download to citation manager](#)
- ▶ [Get Permissions](#)

Citing Articles

- ▶ [Citing Articles via Google Scholar](#)

Google Scholar

- ▶ [Articles by Boulter, S.](#)
- ▶ [Articles by Romano-Clarke, G.](#)
- ▶ [Search for Related Content](#)



PedJobs

Reprinted with permission from AAP News - January 2009



r. Boulter

recommendation to follow due to an insufficient number of dentists, their lack of comfort in treating very young children and limited participation by dentists in state-funded insurance plans (Medicaid).*

Studies on low-income toddlers' dental services utilization have shown that while only 20% had a dental visit, 85% had at least one well-child check-up. In a recent survey of U.S. pediatricians, 90% recognized their role in screening for oral health problems and providing prevention anticipatory guidance. One of the barriers to participation, however, included lack of training in oral health. In fact, the survey found that only 9% of the respondents answered the four questions on dental knowledge correctly.



Dr. Romano-Clarke

The integration of oral health activities in routine pediatric care represents a promising strategy to meet the oral health needs of young children and prevent this major infectious pediatric disease. Following is an overview of two programs that have tried to address medical providers' educational needs, including oral health interventions during well-child visits, and facilitate referrals to dental providers.

Healthy Teeth for Tots

Oral disease is a substantial health problem for children served at Dorchester House, an inner-city community health center in Boston. Vietnamese children are the most affected, bearing 40% of disease burden. Despite the presence of a local dental clinic, referral to a dentist presented a big challenge. Barriers to dental access included competing needs of adult patients, language, the young age of a child, the reliance on state-funded medical insurance by the majority of patients, and gaps in oral health knowledge among pediatric providers and parents.

The Healthy Teeth for Tots (HTT) program has been implemented at Dorchester House through the collaboration of the health center's pediatric and dental departments and with funds from a Healthy Tomorrows Partnership for Children grant and a Massachusetts Access Project grant. The program's goals are to prevent early childhood cavities and expedite their treatment.

The HTT components include:

- a three-hour oral health workshop for medical providers and support staff on pediatric oral health and cavity prevention;
- a cavity risk assessment tool introduced in electronic medical records, which can track a target population's behavior and assign patients to risk categories;
- oral care instructions for parents through multilingual handouts, distribution of toothbrushes and demonstration of brushing technique on puppets;
- application of fluoride varnishes to all high-risk patients younger than 3 years of age.

Reprinted with permission from AAP News - January 2009

- application of fluoride varnishes to all high-risk patients younger than 3 years of age at routine medical visits;
- the establishment of a dental chair in the pediatric department that serves only children and adolescents, which has led to a 90% increase in pediatric dental appointments;
- a routine first dental visit for all 3-year-olds; and
- a partnership with area hospital-based pediatric dental clinics that accept referrals of more complex cases.

Program evaluation will include medical providers' participation in oral health activities, target population behavior and disease experience, and dental services utilization.

Model created for oral health screening

The Family Health Center in Concord, N.H., delivers health care to underserved patients of all ages while training 24 residents in the New Hampshire Dartmouth Family Practice Residency Program. With the shortage of dentists willing to accept children for dental home visits at 1 year of age, a grant was obtained from the New Hampshire Endowment for Health to fund the development of a realistic model for oral health screening by primary care clinicians during well-child visits.

A dental hygienist, faculty pediatrician and dentist from the health center gave two didactic lectures to all clinicians outlining general oral health concepts, including the science of cariology. The hygienist then provided individual training and modeling to each clinician during several of their 0- to 3-year-old well-child visits. Training included taking a history, parent education, assessment of fluoride levels in water, oral health risk screening and application of fluoride varnish for patients determined to be at high risk for caries. The hygienist then observed clinicians perform the assessments and signed off when they were competent and confident. *



Photo courtesy of Giusy Romano-Clarke, M.D., FAAP

Giusy Romano-Clarke, center, project director for the Healthy Teeth for Tots program, shows a parent how to look at her child's teeth using a disposable mirror.

The electronic medical record was used to prompt and measure oral health screening completion. After two years, oral health screening and fluoride varnish application to patients at risk increased from 0% to 91% of all eligible patients under age 3, while clinician competency rose from 69% to 100%. Studies are under way to determine whether screening will continue when the family practice residents go into practice.

AAP Oral Health Initiative

With support from a Maternal and Child Health Bureau grant, the Academy is working to address children's oral health issues through its Oral Health Initiative (OHI). The initiative, guided by a steering committee of pediatricians,

Reprinted with permission from AAP News - January 2009

diatric dentists and oral hygienists, aims to establish policy and set an agenda for oral health within the Academy.

ie OHI is addressing children's oral health issues by developing training materials, providing communication outlets related to pediatric oral health, and developing educational programs to promote an understanding of children's oral health issues.

2005, the OHI released the "Oral Health Risk Assessment Training for Pediatricians and Other Child Health Professionals" speaker's kit, which can be found at www.aap.org/commpeds/doch/oralhealth/screening.cfm. The OHI Web site can be accessed www.aap.org/commpeds/doch/oralhealth/pedsCare.cfm.

For more information about the OHI or to subscribe to the monthly Children's Oral Health E-news, contact Wendy Nelson, OHI manager, at (800) 433-9016, ext. 7789, or e-mail wnelson@aap.org.

Dr. Boulter is chair of the AAP Oral Health Initiative Steering Committee, and Dr. Romano-Clarke is a member of the steering committee.

This Article

[Alert me when this article is cited](#)

[Alert me if a correction is posted](#)

Services

[E-mail this article to a friend](#)

[Similar articles in this journal](#)

[Alert me to new issues of the journal](#)

[Add to My File Cabinet](#)

[Download to citation manager](#)

[© Get Permissions](#)

Citing Articles

[Citing Articles via Google Scholar](#)

Google Scholar

[Articles by Boulter, S.](#)

[Articles by Romano-Clarke, G.](#)

[Search for Related Content](#)



Reprinted with permission from AAP News - January 2009



[Click here for faster international access](#)