

Poster Submission Form
Pediatrics for the 21st Century Symposium
Oral Health in the 21st Century:
Something to Smile About – Pediatrician’s Role in
Oral Health

Friday, October 10, 2008
Hynes Convention Center, Boston, MA

The American Academy of Pediatrics is holding the Peds-21 Poster Session & Luncheon followed by the Peds-21 Symposium. For more information about Peds-21, go to: <http://www.aap.org/peds-21> and be sure to read the Peds-21 Call for Posters.

Abstract Submission Deadline: June 13, 2008

Attn: astolic@aap.org

AUTHOR INFORMATION:

Primary Author Information:

Name:	Deborah L. Fuller, DMD, MS	Title:	Coordinator, Infant & Toddler Oral Health Program
Institution:	St. Joseph Hospital for Specialty Care	Street Address:	21 Peace St.
Work Phone:	401-456-4457	City, State:	Providence, RI 02907
Fax Number:	401-456-4427	E-mail Address:	dfuller@saintjosephri.com

Co- Author #1 Information (if applicable):

Name:	Daniel J. Kane, DMD	Title:	Dental Director
Institution:	St. Joseph Hospital for Specialty Care	Street Address:	21 Peace St.
Work Phone:	401-456-4441	City, State:	Providence, RI 02907
Fax Number:	401-456-4420	E-mail Address:	dkane@saintjosephri.com

Co-Author #2 Information (if applicable):

Name:	_____	Title:	_____
Institution:	_____	Street Address:	_____
Work Phone:	_____	City, State:	_____
Fax Number:	_____	E-mail Address:	_____

If more co-authors are needed, please add here.

POSTER SESSION ABSTRACT INFORMATION:

Title: *First Smiles*: Infant and Toddler Oral Health Program, St. Joseph Health Services of Rhode Island

POSTER SESSION ABSTRACT BODY:

Background:

(maximum 50 words)

Lack of access to dental care is a major issue confronting children from poor and uninsured/underinsured families. To address this, *First Smiles* was established to provide a dental home for infants/toddlers enrolled in Rite Smiles, RI's dental program that provides Medical Assistance coverage for children born on/after May 1, 2000.

Project Objectives:

(maximum 50 words)

- 1) Eliminate health barriers by assuring early access to high quality preventive services
- 2) Increase oral disease prevention knowledge/practices among parents of underserved children
- 3) Reduce health disparities by providing early intervention for children most at-risk for oral disease
- 4) Become a model of care to be replicated statewide and nationally

Target population(s):

First Smiles' target population is infants/toddlers served through the primary pediatric health and specialty clinics at the Center for Health and Human Services at St. Joseph Hospital for Specialty Care in South Providence, RI. The Center provides a medical home for children, individuals, and families with over 40,000 visits annually. Approximately 85% of the total patient population is enrolled in Medicaid/Rite Care, with demographics of 55% Hispanic, 15% African American, 20% Caucasian, 5% Southeast Asian, 2% Native American, and 3% Other.

The SJHS Pediatric Immunization Clinic, which provides immunizations for underserved infants and children up to age 12, has been identified as a key area of outreach for *First Smiles*. Many children seen in the Clinic are recent immigrants or refugees. The Clinic received 1,169 visits last year, the majority of which are infants and toddlers, which is indicative of the unique opportunity to engage these children in the *First Smiles* Program.

In addition, one of the busiest WIC assistance offices in Providence is housed at St. Joseph Hospital. More than 1,100 children under the age of 5 are served, of which 400 are infants up to age one and 750 children are ages 12 months to 5 years. An additional 400 women are enrolled in WIC's prenatal, breastfeeding and post-partum support services. The SJHS WIC Office experienced the largest percent change in caseload in 2007 in RI, with a 19.3% increase. Higher access rate is attributed to integrated care provided throughout the facility, which includes adult primary and women's health clinics, prenatal services, childhood lead poisoning outreach, and social services.

Younger siblings of current dental clinic patients also are a focus of *First Smiles*. The SJHS Pediatric Dental Center is RI's largest and busiest pediatric program, serving over 14,000 patients annually. The patient populations served are low-income and under-served children from across Rhode Island, but predominantly from the Providence metro area. The SJHS Pediatric Dental Center is located in a medically underserved community, which serves an urban population that has been designated a low-income population Dental Health Professional Shortage Area per the federal Bureau of Health Professions.

Project Description:

(maximum 100 words)

The first of its kind in RI, *First Smiles* features a separate examination room and outreach office. Within the Infant/Toddler Oral Health Center, a knee-to-knee examination is performed, which allows the child to be in close proximity to the parent. The parent is intimately involved in the examination and can clearly visualize their child's oral cavity. The dentist makes appropriate assessments of both the parent and child and provides anticipatory guidance/counseling in diet/feeding practices, oral hygiene, fluoride, and injury prevention. The AAPD Caries Risk Assessment Tool is used in this process. A dental prophylaxis and fluoride varnish application occurs.

Methods/Strategies:

(maximum 100 words)

First Smiles seeks to increase the number of age one visits, improve access to early oral health intervention and provide an outreach/educational opportunity to parents on oral health promotion/disease prevention strategies. By having an early first dental visit, the dentist:

- Assesses mother/caregiver's oral health
- Assesses oral health risk of infant/child
- Performs dental examination, prophylaxis, and fluoride varnish application preventive oral health services
- Performs parent education on oral hygiene, diet/feeding practices, injury prevention
- Discusses strategies with parents and caregivers to prevent early childhood caries and oral health disease

Results/Impact:

(maximum 100 words)

Through an integrated model of care, the First Smiles program:

- Creates Dental Home
- Early risk assessment/anticipatory guidance to prevent need for operating room treatment
- Evaluate/assess oral health needs and nutritional status
- Early oral health promotion / disease prevention
- Easy appointment scheduling- no wait list, easy access
- Engages a multidisciplinary approach: WIC, immunization, pediatrics, OB/GYN
- Early referral to pediatric dentist for comprehensive restorative treatment if needed
- Improved parent/caregiver oral health literacy

The graphs below depict the first three months of *First Smiles* operation. Data will be collected over time to demonstrate program effectiveness.

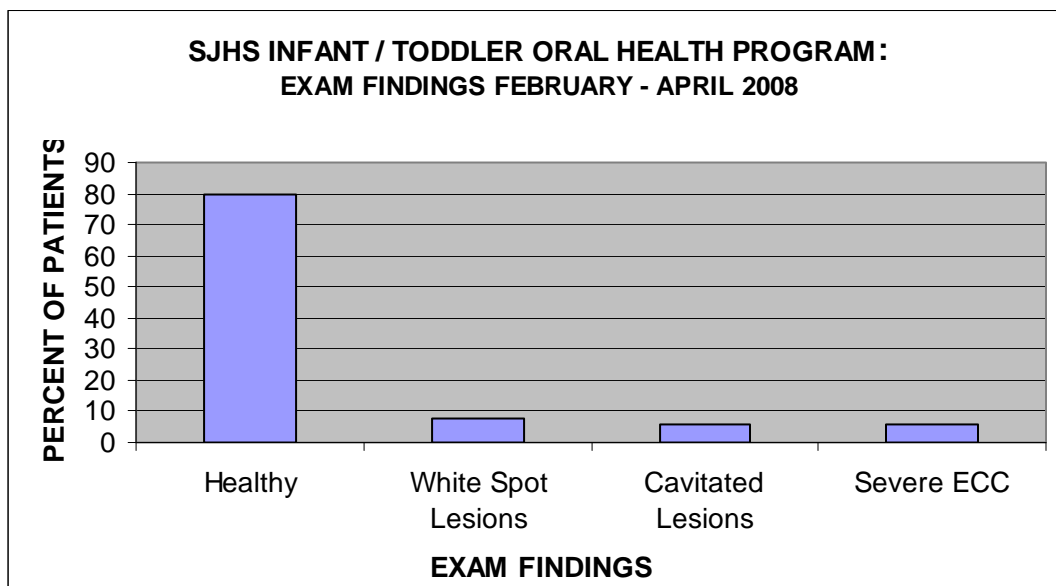
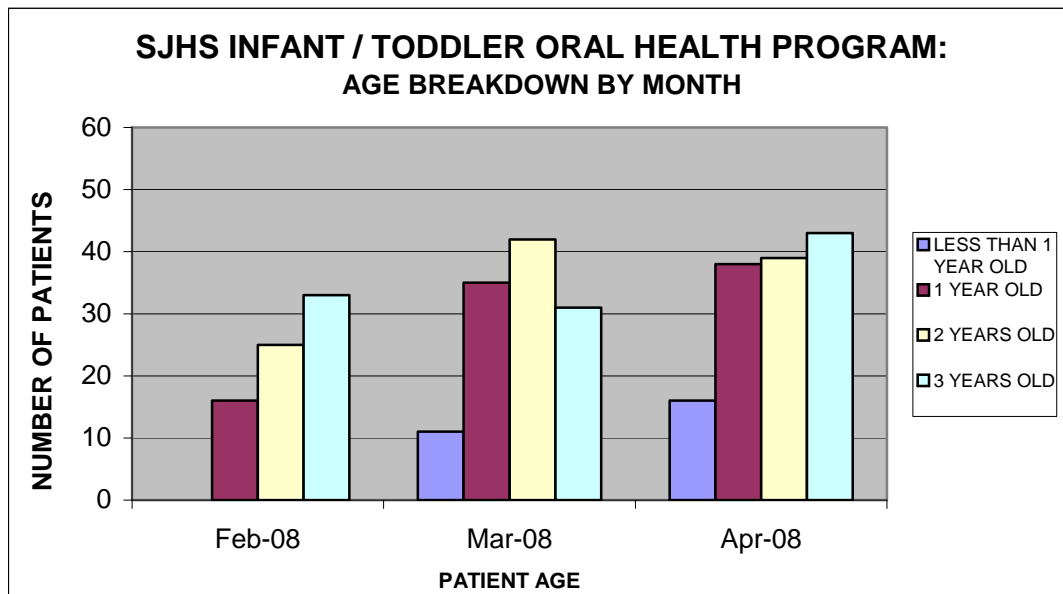
Conclusion/Key Lesson(s) Learned:

(maximum 150 words)

At this early stage of program inception, support from the partnering SJHS pediatric services departments has been overwhelming, with daily referrals and ongoing collaboration on educational/outreach initiatives. Parents are appreciative of the early access to oral health services and oral health education/health promotion received through the program.

Utilizing a variety of appropriate national models, *First Smiles* will evaluate all process objectives to assess program impact over time. The Pediatric Dental Center will evaluate success on the following measures: 1) total number of children served; 2) number of age one visits; 3) number of children that transition from *First Smiles* to SJHS Pediatric Dental Center; 4) professional evaluation of overall oral health through recall visits, and 5) documentation of sustainability and replication.

TABLES/FIGURES/PHOTOS (limit 4 total, 2 MB total) (optional): Please add any tables, figures, and/or photographs to the space below that will further help explain your abstract. If using photos, please ensure that the subjects cannot be identified through identifying marks or features.



Disclosure Form: Submissions will not be considered without disclosing any conflicts of interest. The submitting *author and all co-authors* are responsible for reviewing the AAP Conflict of Interest/Disclosure Policy and completing, signing, and submitting the form along with your abstract by August 9, 2008. All conflict of interest information is included with this call for abstracts.

X ACCEPTANCE AGREEMENT: By checking this box, I understand that if my abstract submission is accepted, I am responsible for all of my expenses, including meeting registration, travel, hotel, meals and transportation.

Poster session abstracts must be received by *June 13, 2008* via email at astolic@aap.org.