

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

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

POSTER SESSION ABSTRACT INFORMATION:

Title: BEST (Bringing early Education, Screening, and Treatment) Oral Health Model for Pediatrician’s Role in 21st Century

POSTER SESSION ABSTRACT BODY:

Background:

(maximum 50 words)

BEST was conceived in response to Surgeon General Carmona’s Call for Action in 2003. Community leaders envisioned the development of a community-wide oral disease prevention program targeting at risk preschoolers and their families facing system- wide barriers to accessing dental care.

Project Objectives:

(maximum 50 words)

- Build a community-wide oral disease prevention program for infants, toddlers, preschoolers and families facing special risks
- Embed research-informed oral health education and preventive dental measures within childcare and medical settings
- Link families within childcare settings to prevention and treatment services; creating a Dental Home for these youngsters

Target population(s):

Hampden County preschool population (ages 0-5) ~ 10,000 children

BEST enrollee characteristics:

Hispanic: 47%

Health Status Indicators among Hampden County

Kindergarteners

Black: 25%

White: 9%

Asian 1%

Other 18%

	Hampden County	Massachusetts
Untreated decay	23%	15%
Pain	9%	4%
Caries experience	45%	28%

Project Description:

(maximum 100 words)

BEST provides preventive dental measures for infants, toddlers, and preschool-age children through early child care agencies. The need for early intervention to educate families and providers about oral health and prevention of dental disease cannot be accomplished by dental professionals alone. Pediatricians, obstetricians and family physicians are critical for initial education, screenings and referrals. Preschool and early childhood programs are critical entry points for preventive dental measures and on site-based dental care (portable dentistry) is proving to be an effective way of reaching children and families at high risk for oral disease.

Methods/Strategies:

(maximum 100 words)

BEST uses multilevel strategies involving education, screening, and treatment services at Early Childhood Care and Education (ECCE) facilities. Utilization of portable dentistry places prevention and treatment interventions in convenient and accessible ECCE settings, addressing many of family's personal and situational barriers to care. The model is being adapted to address other delivery system issues such as reaching small scattered sites; engaging family-based care providers; managing issues related family mobility; and parent engagement. Strategies include reaching out to the medical community pediatricians, obstetricians, and general practitioners. Local pediatricians are long standing members of our preschool oral health taskforce.

Results/Impact:

(maximum 100 words)

To date BEST has reached 20 organizations, 155 sites, trained over 600 staff, and provides screening and comprehensive dental prevention and treatment services to over 2000 children. Quality of life surveys reveal 11% of parents report their child's OH as fair or poor; children described as having fair or poor OH had worse quality of life than children with good OH; children described as having worse OH now compared to last year had worse quality of life than children with same/better OH. We made significant progress building partnerships with the medical community through Grand Rounds and oral health conference for pediatricians.

Conclusion/Key Lesson(s) Learned:

(maximum 150 words)

BEST can compliment other preventative medical practices such as the obstetrician and gynecologists' efforts to address mother's oral health and pediatricians' immunizations and infant well-child visits. There are multiple encounters during the first years of life during which preventative dental measures can be delivered by pediatricians, among them: fluoride varnish application, education on good oral health practices and referrals to dentists. Key components for successful community health building processes will include consistent leadership from all medical fields, family-centered interventions, inclusion of preschool parents as task force members, and openness and flexibility to competing issues of parents and preschool children. Partners need to be attentive to assist personnel with actual program implementation, and have long term vision fostering program longevity. Operations of different systems being targeted need to be understood. Both quantitative and qualitative program evaluation is critical.

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.



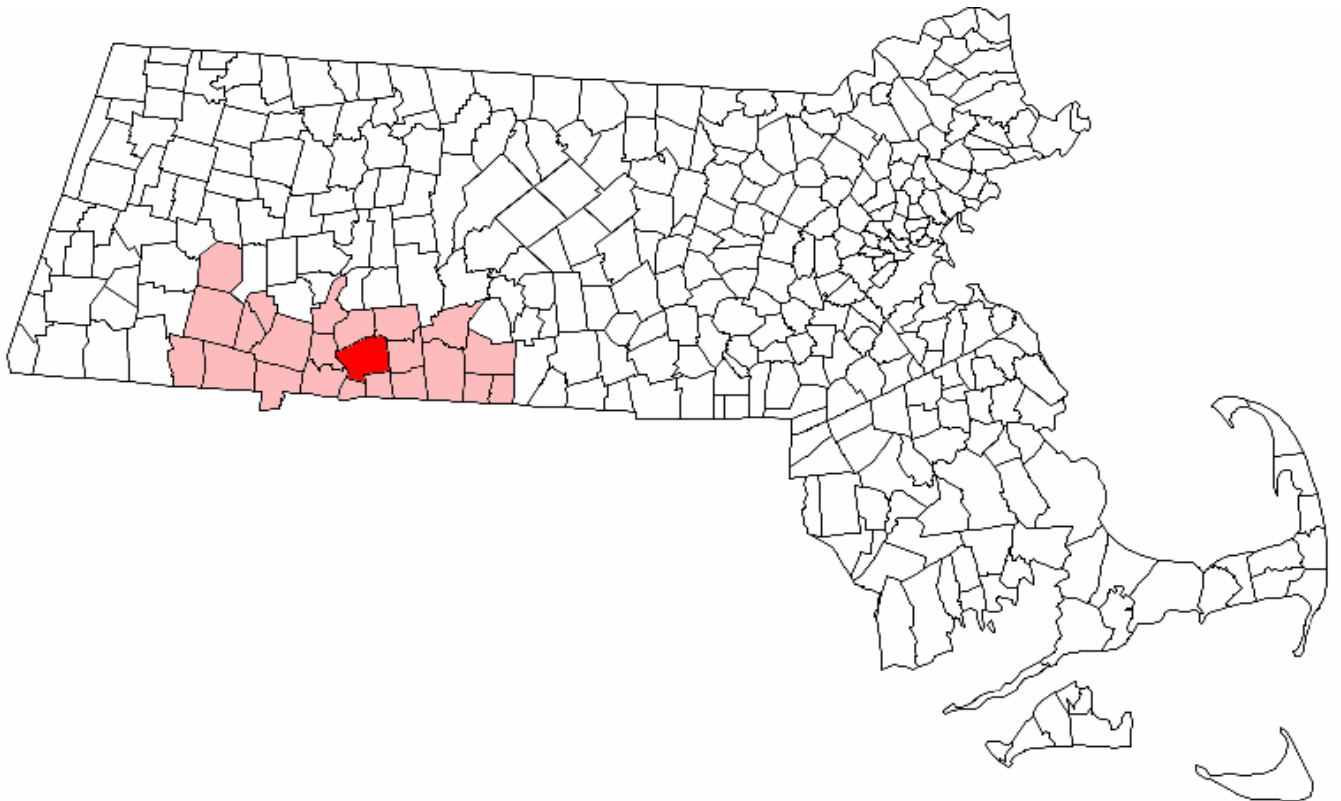
ACCEPTANCE AGREEMENT: By checking this box, I understand that if my abstract submission is accepted, I am responsible for all of my expenses, including meeting registration, travel, hotel, meals and transportation.

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

Scroll down to tables and charts:

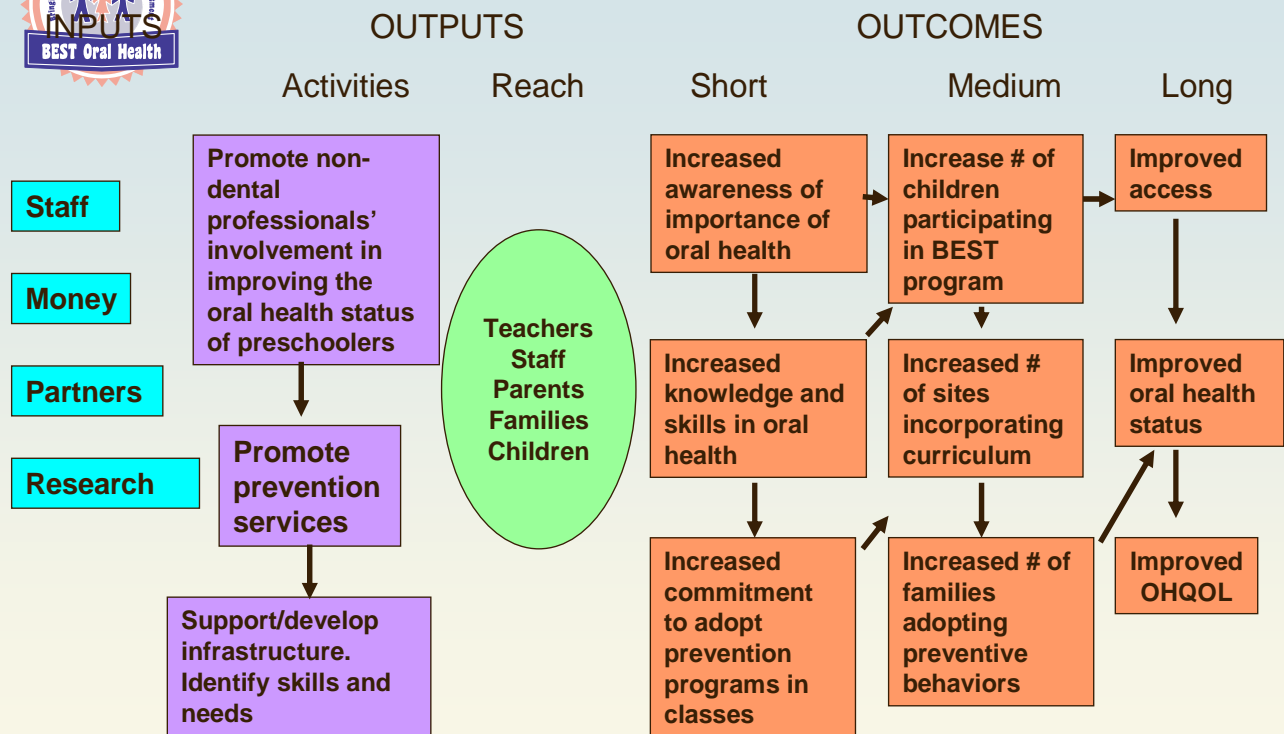
Hampden County, Massachusetts

Population	460,000
Preschool children	10,277
Child poverty rate	47.8%
State child poverty rate	12.4%
National child poverty rate	18.3%





Logic model



Children described as having fair or poor OH had worse OHQOL than children with good OH					
	Mean	SD	Mean Better/Same	Mean Worse	P-value
Age	3.4	2.2	3.0	5.1	0.1
Pain	0.48	1.5	0.38	1.8	0.03

Psychological	1.2	4.9	0.68	2.7	0.05
Impairments	1.5	4.8	1.2	4.3	0.03
Total Impact	3.3	9.8	2.6	7.4	0.05
Total # Problems	0.92	2.0	0.75	2.3	0.004