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**Title:** Oral Health Screening Among Pediatricians: A National Survey

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**Objective:** To assess pediatricians' attitudes and current practices regarding oral health (OH) assessment and counseling.

**Study Design:** A national random sample, mailed Periodic Survey of Fellows conducted by the American Academy of Pediatrics (AAP) in 2008 (N=1618; response=68%). Questions assessed pediatricians' practices regarding oral health assessment, counseling and referrals among patients birth to 3 years of age, as well as barriers to providing and patients' obtaining oral health care.

**Population Studied:** 698 nonretired, United States members of the AAP who provide health supervision.

**Principal Findings:** About one-half of pediatricians (54%) report assessing the majority (>50%) of their patients birth to 3 years of age for dental caries and 25% say they screen for plaque. Nearly all (91%) agree they should assess for dental caries and 65% so agree for plaque, however, only 41% and 23%, respectively, rate their ability to identify these conditions as very good or excellent. A large majority of pediatricians say they inform parents on the OH effects of putting their child to bed with a bottle (82%) and on sugary food/drink (77%), and 52% inform parents on how to brush their child's teeth. More than 8 out of 10 believe pediatricians should provide this information and 89%, 83% and 52%, respectively, are confident in their ability to do so. Only 4% of pediatricians report they or their staff apply fluoride varnish to a majority of young patients; 19% believe pediatricians should perform this task while only 8% are confident in their ability to do so. Fewer than one-fifth (17%) of pediatricians think children should have their first dental visit by 1 year of age. The most frequently named barriers to very young patients obtaining care from a dentist include a perceived lack of dentists who accept Medicaid/SCHIP health insurance (74% reporting), patients' lack of dental insurance/inability to pay for care (72%) and parents not perceiving dental visits as necessary for children  $\leq$  3 years old (52%). Many pediatricians named the lack of professional training in OH care (41%), inadequate time during health supervision visits (35%) and lack of ability to bill separately for OH assessments or counseling on preventive oral hygiene (34%) as moderate to significant barriers to providing OH preventive care.

**Conclusions:** Provision of OH screening varies among pediatricians by specific task. Most pediatricians believe they should perform OH assessments/ counseling yet few are confident in their ability to perform more specific screening tasks. Many pediatricians identified their lack of professional education as a barrier to OH screening; they also identified payment issues and parent misinformation regarding the need for dental visits as barriers to very young children receiving care.

**Implications for Policy, Delivery or Practice:** Dental caries is the most common childhood disease, with increased rates of disease among the youngest age group. With frequent health supervision visits among children 0-3 years, pediatricians potentially are in a unique position to provide OH preventive services. Continued educational efforts in OH assessment/counseling and the benefits of early age screening, as well as adequate financing/reimbursement, may help assure the preventive oral health needs of very young patients are met.

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