Module 5: Screening and Referral for Nutrition-related Oral Health Problems

INTRODUCTION

Module 1 reviewed some potential oral health problems and Module 2 identified nutrition-related risk factors for caries and other oral health problems. Module 3 focused on specific oral health concerns for children with special health care needs, and Module 4 reviewed prevention of dental caries.

This module, Module 5, reviews some actions that non-dental and dental providers can take to identify individuals at risk for nutrition-related oral health problems and provides some guidelines for actions to take once risk factors are identified.

After completing this module, you should be able to:

- ? Describe potential oral health screening and prevention activities by non-dental providers
- ? Describe factors that might be included in a nutrition risk screening tool for use by non nutrition providers
- ? Identify screening tools to evaluate risk for nutrition-related oral health problems
- ? Describe some of the risk factors identified by screening tools
- ? Describe mechanisms for referral when a problem is identified

Efforts by dental and non-dental providers

The Surgeon General's report on Oral Health identified assessment (and action) by non-dental professionals as critical to improving oral health (US DHHS). Non-dental providers can take action by incorporating screening questions into assessments and by providing anticipatory guidance about oral health issues. For example:

- ? Primary care providers (pediatricians and nurse practitioners) can comment on the condition of the teeth during a physical examination (Edelstein, Savage)
- ? Nutritionists can include oral health screening questions into nutrition assessments and make referrals to dental providers as appropriate. They can incorporate anticipatory guidance about oral health issues, such as timing of meals and snacks and use of noncariogenic foods, into nutrition interventions.
- ? Occupational therapists an include a brief oral exam during assessment and therapy
- ? Speech therapists can include a brief oral exam during assessment and therapy
- ? Early childhood educators can incorporate nutrition and oral health messages into classroom activities and family education curricula.
- ? Head Start, Early Head Start, and early intervention staff can include screening for oral health problems as part of the health screening and/or evaluation and can help parents to obtain appropriate referrals, appointments, and transportation for dental visits. (Edelstein)

Likewise, dental providers can offer sound nutrition and oral health recommendations during office visits. For example:

- ? Dental hygienists can ask about the timing of meals and snacks and make referrals to nutrition professionals as appropriate.

? Dentists can emphasize that caries is preventable and that oral health is part of overall health.

Partnerships between local, state, and regional agencies can help to promote good oral health. The 1999 Head Start Partners Oral Health Forum brought together representatives from Head Start, Medicaid, HRSA, and WIC along with providers and families to discuss approaches to promoting oral health. Strategies were identified and include dissemination of materials through local, state and regional channels. (Jones) Since then, state and regional Head Start forums have been conducted to develop individualized plans.

Read more about these forums, including information about obtaining proceedings on the MCHB website: http://www.mchoralhealth.org/HeadStart/hsforums.html.

Oral Health Screening by Non-dental Providers

Screening for oral health problems by non-dental providers has been suggested by many as an effective method of enabling access to oral health care. (US DHHS, Kanellis, AAP)

In Washington state, for example, WIC staff receive training through the "Lift the Lip" campaign. Staff teach families to identify the white spots that are associated with early caries; anticipatory guidance is also provided. In addition, the Washington Association of Local WIC Agencies (WALWICA) has developed educational resources for families, including videos that are used in the WIC office.

Guidelines for Oral Health Screening by Non-dental Providers

Guidelines and protocols for oral health screening have been published. (Kanellis, Goepferd) The American Academy of Pediatric Dentistry (AAPD) has developed a caries risk assessment tool that can be used to evaluate caries risk. It is available online: http://www.aapd.org/media/policies_guidelines/p_cariesriskassess.pdf.

An oral health screening exam as part of a nutritional assessment is described by Mobley and Saunders. Screening includes observation of the face and neck, as well as a systematic intraoral examination, with attention to soft tissues (including gums), teeth, and saliva. The authors suggest collaboration with a dentist before initiating an oral health screening protocol, to ensure proper technique and also to establish rapport. (Mobley)

The remainder of this section reviews risk indicators that might be included in an oral health screening protocol and concludes with information about referral for nutrition-related oral health problems. The methods described are relatively low-cost, evidence-based, and able to be implemented in most agencies. (Kanellis) The screening questions are summarized in a table in the Practical Applications section of this module, and sources for screening forms are identified in the Resources section.

Non-dental providers are urged to review the examination techniques with a dentist.

History of Caries

Previous caries experience is a good predictor of future caries, and should classify a child as at high risk. (Kanellis, AAP, Soxman)

Pre-cavity Lesions
Pre-carious lesions (e.g., white spot lesions and stained fissures) are also very good predictors of future caries, especially among children under age 3 years. (Kanellis, AAP, Soxman)

White spot lesions are generally found close to the gum line, on the smooth surfaces of teeth. Brown or black staining in the pits and fissures of the teeth are also indicative of increased caries risk.

Visible Plaque
The presence of plaque on the teeth of young children is another risk factor for future caries development. (Kanellis, AAP)

Screening Tests for *mutans streptococci*
Screening for the presence of *mutans streptococci*, the group of bacteria primarily responsible for caries, has been suggested. Testing the saliva of children and caregivers could identify individuals at high caries risk. (Kanellis)

Sleeping with Bottle and other Diet-related Indicators
Children who sleep with a bottle containing sweetened liquids, breastfeed throughout the night, or have prolonged access to a bottle or sippy cup during the day are at increased caries risk. Suggestions for identifying this indicator include parent interview, as well as observation during the interview. (Kanellis, AAP)

Frequent consumption of other cariogenic foods is also a risk factor; caries risk is increased as the number of times the teeth are exposed to fermentable carbohydrate increases. (Soxman) See Module 4 for a discussion of the cariogenicity of foods and a list of specific foods.

Maternal Oral Health
Children of mothers with high caries rates are at increased risk of caries and are considered to be a "high risk" group. The AAP also suggests that pediatricians ask mothers for permission to examine the mother's teeth and gums. (AAP)

Maternal oral health is an important factor in the oral health of children, not only because of the transmission of *mutans streptococci* and resultant caries risk, but because the association between maternal periodontal disease and low birth weight. In addition, maternal smoking habits have been linked with caries prevalence. (Soxman)

Other Risk Factors
Other risk factors have been associated with increased risk of oral health problems. Some are discussed briefly below. It may be appropriate to incorporate them into a screening tool, depending on an individual practitioner's setting.

Special health care needs place a child at increased caries risk. (AAP) More about the influence of special health care needs on oral health risk can be found in Module 3.

Later-order offspring (e.g., second- and third-born children) may be at higher caries risk than children born earlier to the same mother. Second and third infants seem to be colonized earlier, when mother's cariogenic flora is at a higher level. (AAP)

Low socioeconomic status is associated with increased caries risk. (AAP)

Inadequate fluoride intake and exposure increases caries risk. The primary source for systemic fluoride is fluoridated water. Children who consume water from wells or other non-fluoridated sources may not have adequate fluoride intakes. (AAPD) More information about systemic and topical fluoride is found in Module 4.

Referral

Children identified as at high risk for caries and other oral health problems should be referred to a dentist for further evaluation and, ideally, establishment of a dental home. (AAP)

Edelstein identified specificity and follow-through as critical elements of a successful referral. He described specific information that the family and the dental care provider should know to be most effective:

The family knows:
- exactly where the child is to be seen
- who will see the child
- when the child will be seen
- how the child will get to the visit
- how to prepare the child

The dental professional knows:
- who is responsible for arranging the visit
- who to contact if there is a problem with the appointment
- any special information about the child that should be known before the visit (e.g., medical condition, social or family condition, behavioral condition)

Responsibility for ensuring that the family and the dental provider have the information they need is shared between the individual making the referral and the dental care provider.

Referral resources are described in Module 4.

Nutrition risk screening by dental providers

In addition to identifying diet-related risk factors for oral health problems, dental care providers and other non-nutritionists can perform screening for nutritional risk.

Guidelines for nutrition risk screening
Although there are no published, validated tools for nutrition screening specifically by dental professionals, general screening questions have been published. (Touger-Decker) In addition, there are validated tools for non-nutrition providers; some are listed in the resource section of this module. Generally, these tools evaluate some or all of the following factors:

Growth

Growth is evaluated by measuring weight and length (for children 0-3 years) or weight and stature (for children 2-20 years) and plotting the measurements on age-specific growth charts. Weight-for-length (0-3 years) and body mass index-for-age (2-20 years) are also used. More information about evaluating growth can be found on this website: http://depts.washington.edu/growth.

Dietary intake

Nutrition risk can be indicated by inappropriate dietary intake; the amount and type of food and formula offered to (and accepted by) a child can provide important information. Feeding skills and mealtime behaviors can also evaluated to identify nutrition risk.

Medical conditions

Some medical conditions are associated with increased nutritional risk, for example, conditions requiring tube-feeding, associated with oral-motor problems, or that alter nutrient needs.

Family questions or concerns

Questions or concerns of families about their child's nutritional status can also indicate risk.

Food security

Food security is access to nutritious and safe foods in socially acceptable ways. Lack of food security is a nutrition risk factor.

Read more about Nutrition Risk Screening and the role of the Registered Dietitian at: http://depts.washington.edu/lend/coresem/nutrition/3b.htm

Referral

When nutrition problems are identified, the usual action is referral to a Registered Dietitian (RD) for nutrition consultation and medical nutrition therapy. The dental professional might provide basic education and anticipatory guidance; collaboration with a nutrition professional is recommended. Referral to social services for community food resources is another potential action. (Touger-Decker)

Read more about where to find a Registered Dietitian with pediatric training.

In some settings, obtaining an assessment from a Registered Dietitian (RD) is relatively simple. In others, addressing nutrition risk factors may require interagency referral and collaboration. RDs with pediatric training are often found in the following settings:

- *Hospitals – tertiary hospitals (e.g., regional children's medical centers) and community hospitals; children can be seen through specialty clinics or general, outpatient nutrition clinics*
- *Health departments*
- *WIC programs*
- *Head Start*
- *Early intervention programs*
- *Home health agencies*
- *Private practice*

PRACTICAL APPLICATIONS

Oral Health Screening Questions

The following questions are not intended to be used as a screening tool, but may be helpful to professionals as they select or develop tools to identify individuals who are at increased risk of oral health problems. (AAP, AAPD, Kanellis, Soxman)

In addition, the American Academy of Pediatric Dentistry (AAPD) has developed a caries risk assessment tool that can be used to evaluate caries risk.
http://www.aapd.org/members/referencemanual/pdfs/02-03/P_CariesRiskAssess.pdf

? Does the child have a history of caries?
? Does the child have pre-carious lesions (e.g., white spot lesions and stained fissures)?
? Does the child have visible plaque?

? Does the child's saliva have *mutans streptococci*?

? Does the child sleep with a bottle containing sweetened liquids, breastfeed throughout the night, or have prolonged access to a bottle or sippy cup during the day?
? Does the child consume other cariogenic foods at times other than meal and snack time?
? Does the child require more frequent meals and snacks than usual?

? Does the child's mother (or other caregiver) have a high caries rate?

? Does the child have a special health care need?
? Is the child a later-born child?
? What is the family's socioeconomic status?

? Does the child drink fluoride-containing water or eat foods prepared with fluoride-containing water?
Does the child take a fluoride supplement?

? Does the child have access to dental care?
? Does the child have access to daily oral hygiene?

Case example #1: Tamaryn

Identify the risk factors:

Tamaryn and her mother were seen at a routine visit to their local WIC clinic. During a brief oral examination, the nutritionist identified white spot lesions on 3-year old Tamaryn's teeth. Tamaryn's mother said that she was not surprised by this, as Tamaryn's older brothers and sister also had caries as young children. Tamaryn's mother brushed Tamaryn's teeth daily, but did not use toothpaste because Tamaryn usually swallows it. The nutritionist provided Tamaryn's mother with anticipatory guidance related to prevention of caries and also made a referral to a dental clinic that accepts Medicaid.

Which of the following are risk factors for oral health problems?

a. white spot lesions
b. siblings had caries
c. does not use toothpaste
d. enrolled in Medicad

The correct answers are a, b, c, and d.

a. White spots and other pre-carious lesions indicate risk of future caries.

b. A family history of caries is indicative of increased caries risk. Also, the fact that Tamaryn is a later-born child may increase her risk.

c. Although Tamaryn has access to daily oral hygiene, this is not optimal; for children over age 2 years, fluoride-containing toothpaste should be used.

d. Medicaid indicates that Tamaryn's family's socioeconomic status (SES) may be low; this is associated with increased risk. Enrollment in the WIC program can also indicate low SES.

Case example #2: Jonathan

Identify the risk factors

Jonathan is a 5-year old with cerebral palsy who is new to the community. His pediatrician identified caries during a brief oral examination and initiated a referral to a pediatric dentist with experience working with children with special health care needs.

Jonathan's father explained that because of concerns about growth, Jonathan was offered food throughout the day. Jonathan preferred starchy foods, such as crackers, and sweets, such as cookies. In addition, Jonathan's parents offered a pediatric formula (such as Pediasure or Kindercal) around midnight. If they gave this to him in a bottle, he could generally sleep through the snack.

Jonathan's pediatrician recognized that this feeding pattern was a problem and made a referral to the Registered Dietitian (RD) in the local health department. He explained that the RD would evaluate Jonathan's growth, food pattern, and nutrient intake and make recommendations to ensure that Jonathan's nutrient needs were met.

Which of the following are risk factors for oral health problems?

a. cerebral palsy
b. new to the community
c. visible caries
d. food throughout the day
e. prefers starchy foods
f. offered food throughout the day
g. offered bottle of formula at midnight

The correct answers are a, c, d, e, f, and g.

a. special health care needs indicate increased risk of oral health problems

c. history or presence of caries is a risk factor

d. dietary patterns, such as access to cariogenic foods throughout the day indicate risk of oral health problems. The fact that Jonathan may require more frequent meals and snacks than typical is also a risk factor.

e. starchy foods, such as crackers, and sweets, such as cookies

f. cariogenic foods offered other than mealtime increase a child's risk for oral health problems.

g. use of a nighttime bottle is a risk factor, as are nighttime feedings. Oral supplements and other sweetened beverages should be followed with appropriate oral care (e.g., toothbrushing).

QUIZ

(1) Which of the following health care professionals could incorporate screening for oral health risk into their interactions with children?
   e. Primary care providers
   f. Nutritionists
   g. Occupational therapists
   h. All of the above

(2) Which of the following is an example of a dental care provider INAPPROPRIATELY incorporating nutrition and oral health recommendations into his/her practice?
   a. The dentist identifies nutrient deficiencies and sells supplements to families
   b. The dental hygienist asks about the timing of meals and snacks and helps to facilitate referrals to nutrition professionals, as appropriate
   c. The dentist emphasizes that caries is preventable and that oral health is part of overall health
   d. The dentist asks about use of bottles and sippy cups and provides anticipatory guidance to families

(3) True or false: an oral health screening examination that includes observation of the face and neck and a systemic intraoral examination is an appropriate part of a nutrition assessment.
   a. True
   b. False

(4) White spot lesions are good predictors of futures caries. They are often found:
   a. On the tongue and gums
   b. Only on permanent teeth
   c. In the pits and fissures of the teeth
   d. Close to the gum line, on the smooth surfaces of teeth

(5) Isaac is a 7-year old with Down syndrome. He eats foods that are developmentally appropriate, and has 3 meals and 2-3 snacks each day. His pediatrician notices plaque on some of Isaac's teeth. Which factors place Isaac at high caries risk?
   a. Down syndrome, 3 meals and 2-3 snacks
   b. Down syndrome and visible plaque
   c. 3 meals and 2-3 snacks and visible plaque
   d. Down syndrome and developmentally appropriate foods

(6) Karina is a 10-month old who is seen at a well child visit. She has 4 teeth, but has not yet seen a dentist. She goes to a daycare center on weekdays, where she receives formula from a bottle. She sleeps with her parents at night and breastfeeds ad lib. Which factors place Karina at high caries risk?
   a. Not yet seen a dentist
   b. Receives formula from a bottle
   c. Breastfeeds ad lib at night
   d. None of the above; she is too young to develop caries

(7) Which of the following maternal factors has been associated with increased caries risk in her children?
   a. Smoking habits
   b. Caries rates
   c. Presence of *mutans streptococci*
   d. B and C only
   e. All of the above

(8) Specificity, as described by Edelstein, is important to a successful referral. The specific information that the dental professional should know prior to an appointment includes:
   a. The child's nutritional status
   b. How the child will get to the visit
   c. The family's socioeconomic status
   d. Special information, such as a medical, social, or behavioral condition

(9) Nutritional risk can be indicated by inappropriate dietary intake. Which of the following is might indicate a problem with dietary intake:
   a. Lack of food security
   b. Parents' concerns about their child's intake
   c. An excessive intake of formula by a preschool-aged child
   d. A and C only
   e. All of the above

(10) When nutrition problems are identified by a dental (or other non-nutrition) professional, collaboration with and/or referral to a Registered Dietitian is the usual action. What is one other appropriate, potential action?
   a. The dental professional provides medical nutrition therapy
   b. The dental professional explains that few children are meeting recommended nutrient needs, so the family should not worry
   c. The dental professional makes a referral to social services for community food resources
   d. None of the above; the only appropriate action is referral to an RD

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RESOURCES

General Oral Health

Bright Futures Toolbox
National Maternal and Child Oral Health Resource Center. *Toolbox for Health Professionals and Human Service Providers and Toolbox for Children, Adolescents and Families.*

Part of the National Maternal and Child Oral Health Resource Center, this website includes a wealth of oral health resources. The Professionals Toolbox includes the Bright Futures in Practice: Oral Health materials, online training curricula, journal articles, and tools for screening/risk assessment and anticipatory guidance. The Families Toolbox includes resources for finding dentists, activities and links for parents, children, and adolescents, and foreign-language materials.

http://www.mchoralhealth.org/Toolbox/

Nutrition-specific

Clinical and laboratory assessment of nutrition status in dental practice
Touger-Decker R. Clinical and laboratory assessment of nutrition status in dental practice. *Dent Clin N Am*. 2003;47:259-278.

This article reviews the relationship between nutrition and oral health, reviews nutrition risk assessment as might be performed by a dentist or dental hygienist, and includes a list of potential screening questions.

Nutrition Strategies for Children with Special Health Care Needs
Harris AB, Blyler EM, Baer MT. *Nutrition Strategies for Children with Special Needs*. USC University Affiliated Program, Childrens Hospital Los Angeles. 1999.

This manual provides guidelines for nutrition screening and strategies for ten nutrition-related health concerns. Resources and educational materials are also included. To download an order form, click here.

Bright Futures in Practice: Nutrition
Story M, Holt K, Sofka D, eds. 2002. *Bright Futures in Practice*: Nutrition (2nd ed.). Arlington, VA: National Center for Education in Maternal and Child Health. This document emphasizes prevention and early recognition of nutrition concerns and provides developmentally-appropriate nutrition supervision guidelines for infancy through adolescents. It is designed for health professionals, but can be adapted for use with families.

The guidelines and supporting documents can be downloaded or ordered online: http://www.brightfutures.org/nutrition.

Prevention

Bright Futures in Practice: Oral Health Pocket Guide
Casamassimo P, Holt K, eds. *Bright Futures in Practice: Oral Health – Pocket Guide*. Washington, DC: National Maternal and Child Oral Health Resource Center. 2004.

Bright Futures in Practice: Oral Health-Pocket Guide is a resource to assist health professionals in providing oral health care for infants, children, adolescents, and pregnant and postpartum women. The pocket guide was developed by the National Maternal and Child Oral Health Resource Center working in collaboration with the Bright Futures Education Center at the American Academy of Pediatrics, with support from the Maternal and Child Health Bureau. The pocket guide offers health professionals an overview of preventive oral health supervision for five developmental periods-pregnancy and postpartum, infancy, early childhood, middle childhood, and adolescence. It is designed to be a useful tool for a wide array of health professionals including dentists, dental hygienists, physicians, physician assistants, nurses, dietitians, and others.

The pocket guide is available from the Bright Futures Oral Health Toolbox at http://www.mchoralhealth.org/Toolbox/professionals.html. Ordering information also at this website.

American Academy of Pediatric Dentists – Caries Risk Assessment Tool
The AAPD has developed a caries risk assessment tool.

http://www.aapd.org/members/referencemanual/pdfs/02-03/P_CariesRiskAssess.pdf

Open Wide
Developed by the State of Connecticut Department of Public Health, this resource is intended to provide oral health training to non-dental providers. The manual includes a presentation script, handouts, a video (Baby Teeth: Love 'Em and Lose 'Em) in English and Spanish, and laminated screening cards. The CD-ROM includes presentations in English and Spanish, and an electronic version of screening documentation forms.

http://www.dph.state.ct.us or order through the HRSA Clearinghouse, http://www.ask.hrsa.gov. An online version is also available: http://www.mchoralhealth.org/OpenWide/

Share the Care – Dental Health Initiative of San Diego
Share the Care Dental Health Initiative of San Diego is a partnership between the County of San Diego Health and Human Services Agency, the San Diego County Dental Society, and the San Diego County Dental Health Coalition. It provides access to emergency dental care for children and offers offer information and education to professionals, parents, and children to foster ongoing preventive dental care.

Referrals for dental care can be made by school nurses and health assistants, health clinics, and community agencies. Children ages 5-18 years who are eligible for free or reduced school lunch and do not have resources for dental care are eligible.

Dental Health resources are available on the website and include brochures, curricula and activities related to dental health, nutrition, dental safety, and training materials

http://www.sharethecaredental.org; telephone: 619/692-8858

Lift the Lip
This video and flip chart show parents and WIC staff how to conduct a brief screening of infants' and toddlers' teeth. Both educational tools demonstrate how to position the child for the dental screening and show examples of how undetected decay can progress to baby bottle tooth decay. Materials are available in English, Spanish, Russian, and Vietnamese. From UW: $19 first videotape, $14 each additional tape, $21 flipchart, plus shipping and handling. From WALWICA: $7 (video)

University of Washington School of Dentistry, http://www.dental.washington.edu/conted/store/video.htm#lip; Washington Association of Local WIC Agencies (WALWICA), http://www.walwica.org/atwalwica.htm#products

Proceedings of the Head Start Partners Oral Health Forum
Proceedings of the Head Start Partners Oral Health Forum. *Journal of Public Health Dentistry*. 2000; 60(3):193-232.

This special reprint of portions of the Journal of Public Health Dentistry presents papers and responses given at the September 1999 Head Start Partners Oral Health Forum. General topics covered include nutrition and oral health; partnering for oral health; prevention, suppression, and management of caries; and accessing oral health services. The forum focused on early childhood in general and on participants in Head Start, Early Head Start, and WIC. Available at no charge.

HRSA Information Center http://www.ask.hrsa.gov or telephone: 888-ASK-HRSA; Document number MCHN023.

Screening for Dental Risk
A compilation of screening tools and resources can be found in the Bright Futures Oral Health Toolbox.

http://www.mchoralhealth.org/Toolbox/professionals.html#Screening.

Medical Providers Oral Health Education Project, New Hampshire 2002-2005
Medical Providers Oral Health Education Project, New Hampshire 2002-2005. Concord, NH: Endowment for Health.

This is a project in New Hampshire to educate physicians about caries in children through age 36 months through workshops, intensive education, follow-up, and tracking. Training materials, including age-specific parent dental questionnaires (with scoring guidelines) and provider prompts, oral health assessment and recommendations, protocols, and anticipatory guidance materials.
Materials can be downloaded: http://www.mchoralhealth.org/PDFs/MedicalProvOHEd.pdf.
More information at: http://www.mchoralhealth.org/Toolbox/professionals.html#Screening

Local, State, and Regional Resources

State Innovations to Improve Dental Access for Low-Income Children: A Compendium
This report presents the results of an analysis of state dental Medicaid programs. It presents information on barriers to care (including Medicaid financing, program administration, and patient compliance and awareness) identified by dentists who participate in Medicaid and SCHIP. The report is intended for use by policymakers, program administrators, health professionals, and others interested in improving children's access to oral health care.

http://www.prnewswire.com/mnr/ada/20973/

Share the Care – Dental Health Initiative of San Diego
Share the Care Dental Health Initiative of San Diego is a partnership between the County of San Diego Health and Human Services Agency, the San Diego County Dental Society, and the San Diego County Dental Health Coalition. It provides access to emergency dental care for children and offers offer information and education to professionals, parents, and children to foster ongoing preventive dental care.

Referrals for dental care can be made by school nurses and health assistants, health clinics, and community agencies. Children ages 5-18 years who are eligible for free or reduced school lunch and do not have resources for dental care are eligible.

Dental Health resources are available on the website and include brochures, curricula and activities related to dental health, nutrition, dental safety, and training materials

http://www.sharethecaredental.org; telephone: 619/692-8858

Stop the Spread of Tooth Decay
California Department of Health Services, Maternal, Child, and Adolescent Health Branch, Oral Health Program Homepage. Includes Stop the Spread of Tooth Decay posters, pamphlets, and supporting documents for local promotion strategies and Blueprint for Oral Health Infrastructure (needs assessment and recommendations for California).

http://www.mch.dhs.ca.gov/programs/ohp

Example of Community Partnership: Odessa Brown Children's Clinic
Odessa Brown Children's Clinic (OBCC) is helping improve kids' oral health through an innovative pilot project with partners Washington Dental Service (WDS) and Seattle-King County Public Health. Through the project (funded by a $25,000 grant from WDS), primary care providers are trained to identify early signs of poor oral health, along with prevention measures they can share with their patients and families.

Initiatives, Projects

Access to Baby and Child Dentistry Extended (ABCDE)
ABCD focuses on preventive and restorative dental care for Medicaid-eligible children from birth to age six, with emphasis on enrollment by age one. It is based upon the premise that starting dental visits early will yield positive behaviors by both parents and children, thereby helping to control the caries process and reduce the need for costly future restorative work.

The first ABCD program opened for enrollment in Spokane, Washington in February 1995 as a collaborative effort between several partners in the public and private sectors. Its success has led other county dental societies and health districts in Washington to adopt the program, as well as prompted interest from other states. This website was created to assist others in replicating the ABCD model or in using some of its components in existing dental practices or oral health programs.

http://abcd-dental.org/ Also, described in Milgrom P, et al. Making Medicaid child dental services work: a partnership in Washington state. J Am Dent Assoc. 1997; 128: 1440-6.

Oral Health: Reducing Barriers (AMCHP 2002 Session)
This session of the 2002 Association of Maternal and Child Health Programs (AMCHP) Conference examines barriers to oral health care services and initiatives to address disparities including, new oral health databases and needs assessment models, Congressional proposals and partnering strategies.

http://www.uic.edu/sph/cade/amchp2002/frame_tues.htm

Continuing Education

A Health Professional's Guide to Pediatric Oral Health Management
Holt K, Barzel R. *A health professional's guide to pediatric oral health management*. Washington DC: National Maternal and Child Oral Health Resource Center, 2003.

A Health Professional's Guide to Pediatric Oral Health Management is a series of seven self-contained online modules designed to assist health professionals in managing the oral health of infants and young children. The modules were prepared by the National Maternal and Child Oral Health Resource Center at Georgetown University and designed by the Center for Advanced Distance Education at the University of Illinois at Chicago, with support from the Maternal and Child Health Bureau. They include information on performing an oral screening to identify infants and children at increased risk for oral health problems, offering referrals to oral health professionals, and providing parents with anticipatory guidance. Each module includes an overview, learning objectives, key points, a self-assessment quiz, references, and information on additional resources.

The modules are available at http://www.mchoralhealth.org/PediatricOH/index.htm.

Early Childhood Caries: A Medical & Dental Perspective
Early childhood caries: a medical and dental perspective [online]. Phoenix AZ: Center for Health Professions, Phoenix College. 2003.

This on-line course is co-sponsored with the Arizona Department of Health Services, Office of Oral Health and the federal Health Resources & Service Administration (HRSA) and Phoenix College's Department of Dental Programs. It is been designed for dental and medical professionals and presents current information regarding early childhood caries. Topics covered include Early Childhood Caries (ECC) and its etiology, prevention strategies for children under the age of three, methods of screening for ECC, rationale and use of Alternative Restorative Technique, and fluoride varnishes. Tuition: $30; 2 CEU. Phoenix College, Center for Health Professions. Preview available at no charge.

http://www.pc.maricopa.edu/departments/dental/online.htm.