



prevention and health
promotion for infants,
children, adolescents,
and their familiesTM

Promoting Oral Health

Hope Saltmarsh, RDH, M.Ed.
Doug Johnson, DMD
October 2009



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN[®]



Bright Futures in the Public Health Setting

Using the 3rd Edition Bright Futures Guidelines



Bright Futures™

prevention and health promotion for infants,
children, adolescents, and their families™

Learning Objectives

- Identify Bright Futures recommendations for oral health.
- Describe the importance of risk assessments and strategies for implementation in a busy practice.
- Identify options for providing fluoride.
- Discuss barriers and benefits to water testing.

Bright Futures in the Public Health Setting

Using the 3rd Edition Bright Futures Guidelines



Bright Futures™

prevention and health promotion for infants,
children, adolescents, and their families™

- Bright Futures 3rd edition
 - Part I: 10 themes, #7 Promoting Oral Health
 - Part 2: Anticipatory Guidance
- Organized by periodicity schedule
- 1 hr will include video of the knee-to-knee exam
- Records
- Fluoride
- Brief suggestions about training and resources
- Discussion, Q&A.

Official BF3 Table Images

Use for Presentations



Bright Futures™

prevention and health promotion for infants,
children, adolescents, and their families™

6 Month Visit

Screening

UNIVERSAL SCREENING		ACTION	
Oral health		Administer the oral health risk assessment	
SELECTIVE SCREENING		RISK ASSESSMENT*	ACTION IF RA +
Blood pressure	Children with specific risk conditions or change in risk		Blood pressure
Vision	Parental concern or abnormal fundoscopic examination or abnormal alignment of eyes		Ophthalmology referral
Hearing	+ on risk screening questions		Referral for diagnostic audiologic assessment
Lead	+ on risk screening questions		Lead screen
Tuberculosis	+ on risk screening questions		Tuberculin skin test
*See the Rationale and Evidence chapter for the criteria on which risk screening questions are based.			



Oral Health Risk Assessment

- Universal Screening: for all children
 - 6 mos. and 9 mos.
 - If at risk, refer to dentist
 - 6 mos
 - 6 mos. after 1st tooth erupts or 12mos.



AAPD Caries-Risk Assessment Tool - Questionnaire

- Active decay in mother
- Decay in past 12 mos
- Suboptimal fluoride
- Frequent (3 or more) between meal exposure to sugar or food strongly associated with caries
- Low SES or Medicaid
- No usual source of dental care



AAPD Caries-Risk Assessment Tool – Clinical Exam

- More than 1 area of enamel decalcification
- Gingivitis
- Visible plaque on upper anterior teeth
- Enamel hypoplasia
- Child with special healthcare needs
- Conditions impairing saliva composition or flow



Special Health Care Needs

- Refer to a dentist early
- Compromised immunity, certain cardiac, kidney or liver conditions
- Difficulty understanding and cooperating
- Poor mineralization or hypoplasia, medications, nutritional deficiencies



Bacterial Infection

- Transmitted from mother to child
- Moms with high SM
- Family history of decay





Simple Ways Bacteria is Shared

- Kissing on the mouth
- Sharing utensils
- Testing baby's food
- "Cleaning" a dropped pacifier





What's a mother to do?

- Brush, floss
- Seek dental care
- Xylitol gum
 - 3 to 5 times/day
 - 5 minutes



Bright Futures in the Public Health Setting

Using the 3rd Edition Bright Futures Guidelines

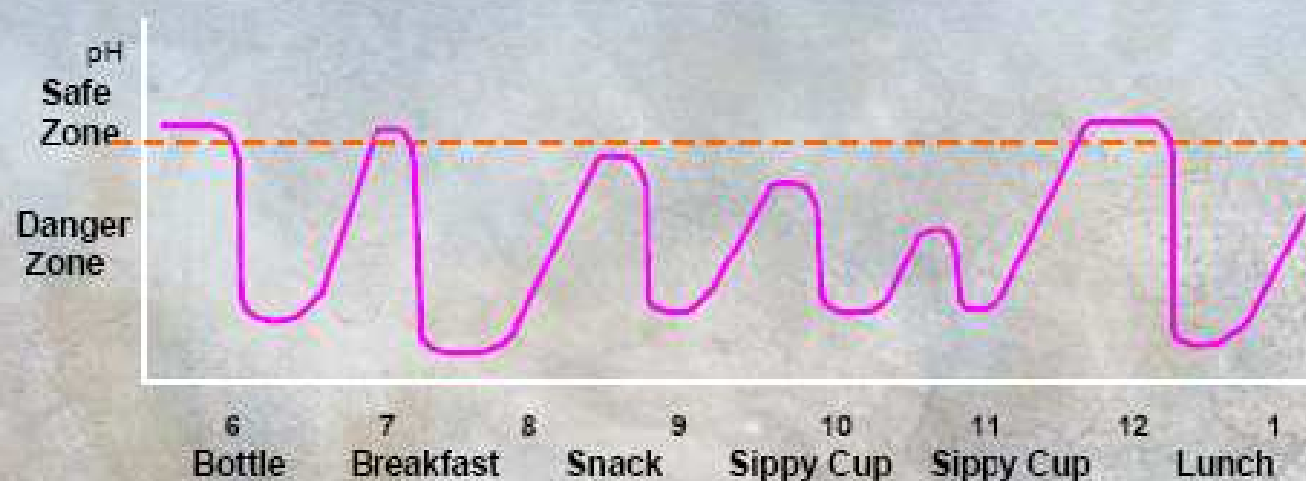


Bright Futures™

prevention and health promotion for infants, children, adolescents, and their families™

Not Just What You Eat, But How Often

- Acids produced by bacteria after sugar intake persist for 20 to 40 minutes.
- Frequency of sugar ingestion is more important than quantity.





Lift the Lip



- Good view of all teeth
- Opportunity to demonstrate cleaning
- Can be included as part of physical exam

Bright Futures in the Public Health Setting

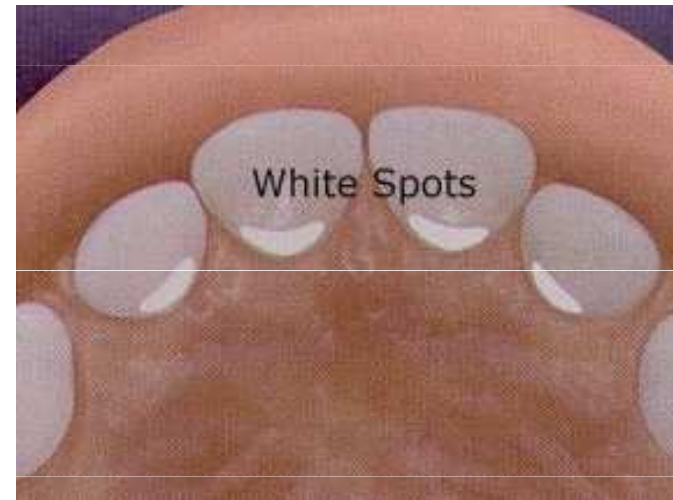
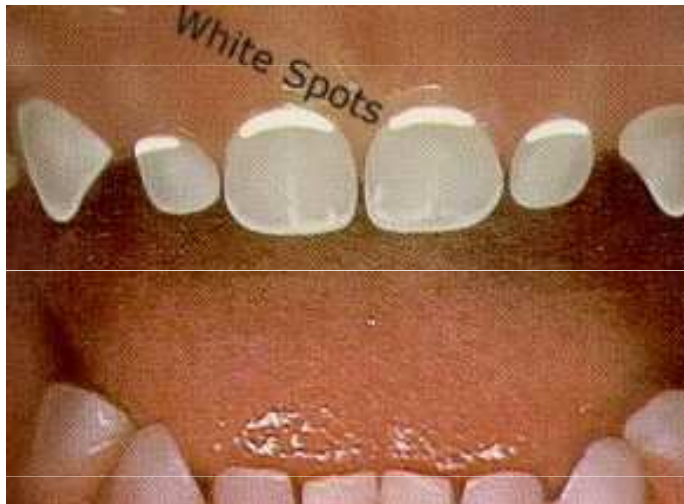
Using the 3rd Edition Bright Futures Guidelines



Bright Futures[™]

prevention and health promotion for infants, children, adolescents, and their families[™]

Check for early signs of ECC: white spots



Bright Futures in the Public Health Setting

Using the 3rd Edition Bright Futures Guidelines



Bright Futures™

prevention and health promotion for infants,
children, adolescents, and their families™

Hypoplasia and ECC



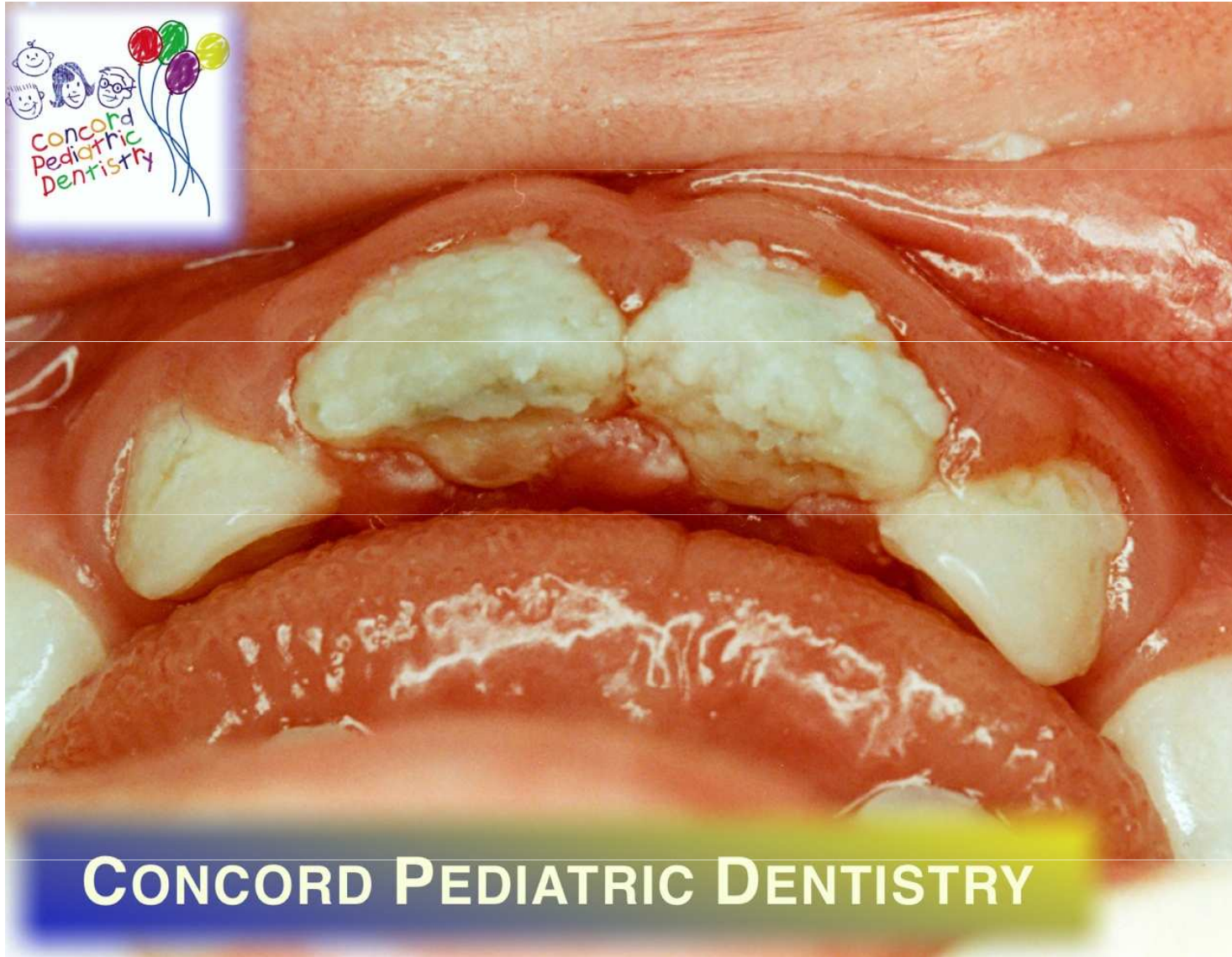
Bright Futures in the Public Health Setting

Using the 3rd Edition Bright Futures Guidelines



Bright Futures™

prevention and health promotion for infants, children, adolescents, and their families™



CONCORD PEDIATRIC DENTISTRY

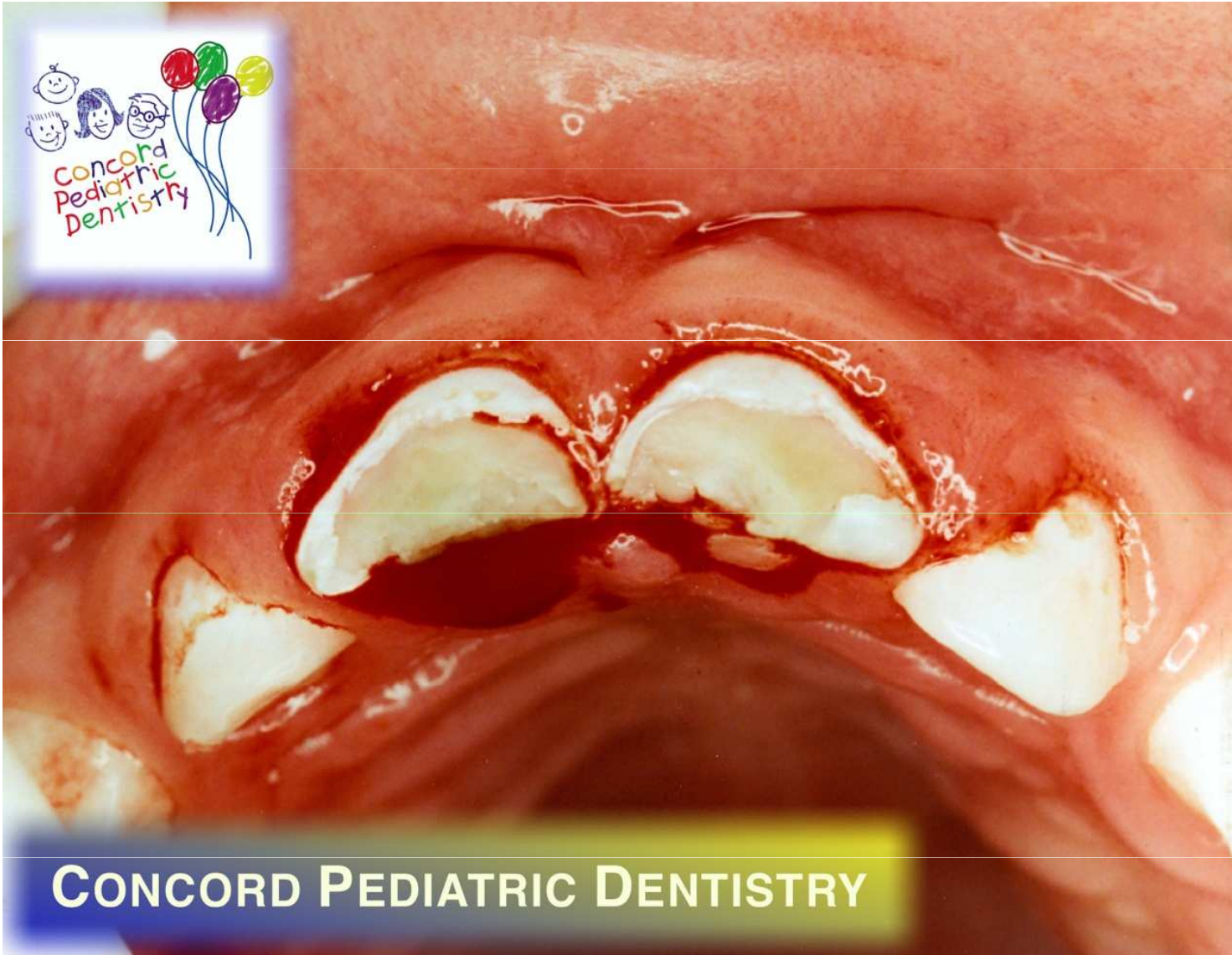
Bright Futures in the Public Health Setting

Using the 3rd Edition Bright Futures Guidelines



Bright Futures™

prevention and health promotion for infants, children, adolescents, and their families™



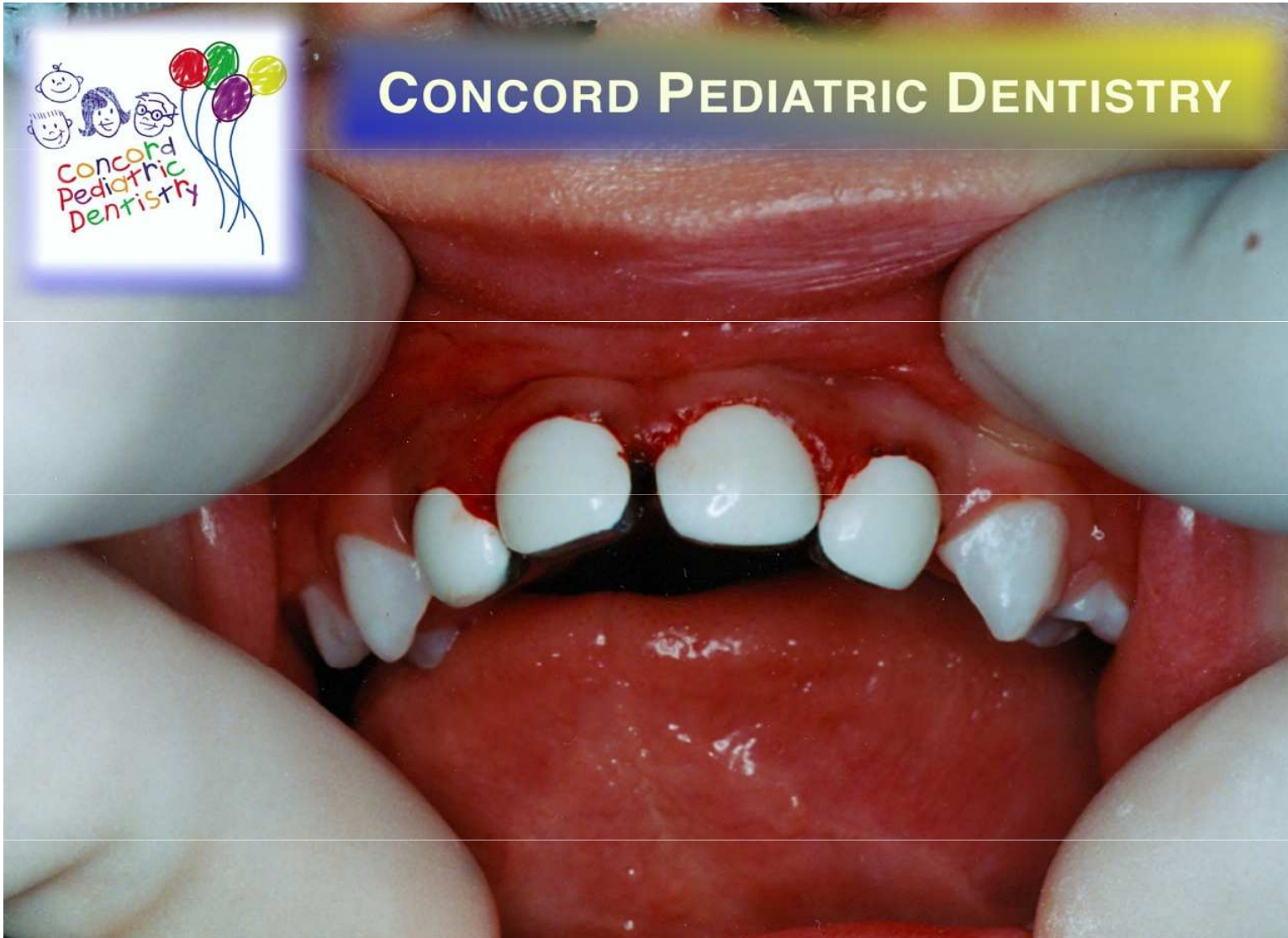
Bright Futures in the Public Health Setting

Using the 3rd Edition Bright Futures Guidelines



Bright Futures™

prevention and health promotion for infants, children, adolescents, and their families™



Bright Futures in the Public Health Setting

Using the 3rd Edition Bright Futures Guidelines



Bright Futures™

prevention and health promotion for infants, children, adolescents, and their families™



CONCORD PEDIATRIC DENTISTRY

Bright Futures in the Public Health Setting

Using the 3rd Edition Bright Futures Guidelines



Bright Futures™

prevention and health promotion for infants, children, adolescents, and their families™



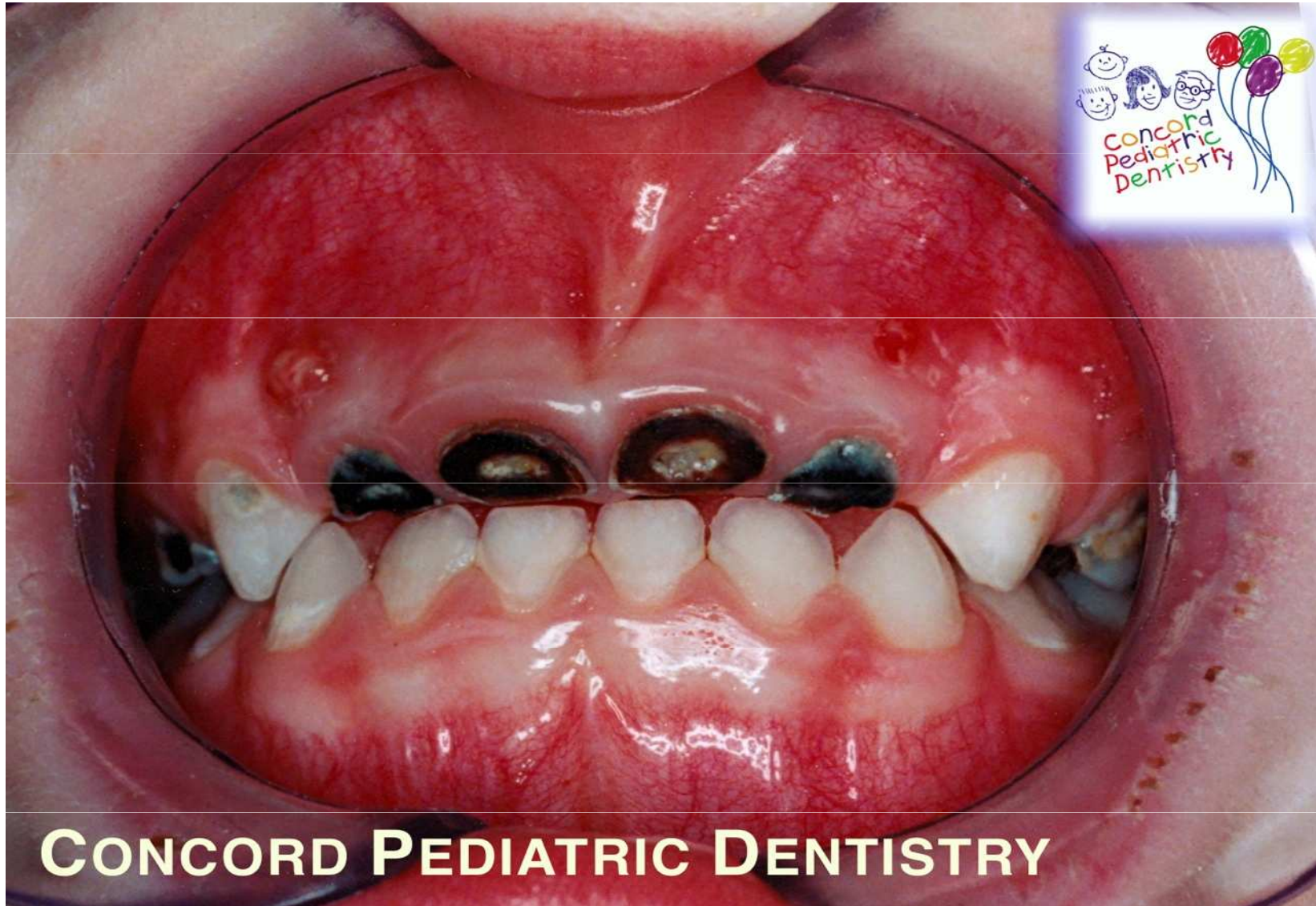
Bright Futures in the Public Health Setting

Using the 3rd Edition Bright Futures Guidelines



Bright Futures™

prevention and health promotion for infants, children, adolescents, and their families™



CONCORD PEDIATRIC DENTISTRY

Official BF3 Table Images

Use for Presentations



Bright Futures[™]

prevention and health promotion for infants,
children, adolescents, and their families[™]

6 Month Visit

PRIORITIES FOR THE VISIT

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

- Family functioning (balancing parent roles [health care decision making, parent support systems], child care)
- Infant development (parent expectations [parents as teachers], infant developmental changes [cognitive development/learning, playtime], communication [babbling, reciprocal activities, early intervention], emerging infant independence [infant self-regulation/behavior management], sleep routine [self-calming/putting self to sleep, crib safety])
- Nutrition and feeding: adequacy/growth (feeding strategies [quantity, limits, location, responsibilities] feeding choices [complementary foods, choices of fluids/juice], feeding guidance [breastfeeding, formula])
- Oral health (fluoride, oral hygiene/soft toothbrush, avoidance of bottle in bed)
- Safety (car safety seats, burns [hot water/hot surfaces], falls [gates at stairs and no walkers], choking, poisoning, drowning)

Official BF3 Table Images

Use for Presentations



Bright Futures™

prevention and health promotion for infants, children, adolescents, and their families™

12 Month Visit

Screening

UNIVERSAL SCREENING		ACTION
Anemia		Hematocrit or hemoglobin
Lead (High prevalence area or on Medicaid)		Lead screen
SELECTIVE SCREENING		RISK ASSESSMENT*
Oral health	Does not have a dental home	Referral to dental home or, if not available, oral health risk assessment
	Primary water source is deficient in fluoride	Oral fluoride supplementation
Blood pressure	Children with specific risk conditions or change in risk	Blood pressure
Vision	Parental concern or abnormal fundoscopic examination or cover/uncover test	Ophthalmology referral
Hearing	+ on risk screening questions	Referral for diagnostic audiologic assessment
Lead (Low prevalence area and not on Medicaid)	+ on risk screening questions	Lead screen
Tuberculosis	+ on risk screening questions	Tuberculin skin test

*See the Rationale and Evidence chapter for the criteria on which risk screening questions are based.



Selective Screening: If RA is positive

- Ages 12, 18, 24, 30, 36 mos, and 6 yrs.
- RA: Dental home?
 - Action: If not, refer
- RA: Primary water source deficient in fluoride?
 - Action: If so, consider supplement



12 Mos.

***Tell me about how you care
for your child's teeth. Have you taken
your child to a dentist?***

- **ANTICIPATORY GUIDANCE:**
- Child needs a dental home for prevention and emergencies.
- Brush 2/day, soft toothbrush
- Only water in bottle



15 Mos.

***Has your toddler been to the dentist?
Who brushes your child's teeth?***

- Anticipatory Guidance:
- Schedule dental visit if not done yet
- Brush for child 2/day with water

Bright Futures in the Public Health Setting

Using the 3rd Edition Bright Futures Guidelines



Bright Futures™

prevention and health promotion for infants,
children, adolescents, and their families™

***Does your child take a bottle to bed?
If so, what is in the bottle? How many
bottles of formula or fruit juice does
your child get every day? How much
water does your child drink? Did you
know that you can do things to
prevent your child from developing
tooth decay?***

- Transmission of bacteria
- Water in bottle

Bright Futures in the Public Health Setting

Using the 3rd Edition Bright Futures Guidelines



Bright Futures™

prevention and health promotion for infants,
children, adolescents, and their families™

No dental home is available?

- Continued RA
- Enhanced counseling
- Fluoride varnish

Bright Futures in the Public Health Setting

Using the 3rd Edition Bright Futures Guidelines



Bright Futures[™]

prevention and health promotion for infants,
children, adolescents, and their families[™]

Show video:

Knee-to-knee, prevalence of disease, transmissible, SM, infant oral exam, when to refer to dentist, balance, risk assessment: mother's decay, sleep w/bottle, snack frequency, white spots, decay, plaque, gingivitis, low saliva, xylitol and fluoride.

12 minutes

Bright Futures in the Public Health Setting

Using the 3rd Edition Bright Futures Guidelines



Bright Futures[™]

prevention and health promotion for infants, children, adolescents, and their families[™]

Do any of your child's primary caregivers have problems with frequent tooth decay? Yes No

Do you see a dentist once a year? Yes No

Does your child receive fluoride from:

Toothpaste	Yes	No	Water:	Yes	No
Supplements	Yes	No			

Does your child have any of the following snacks, more than three times a day?

Crackers, chips, dry cereals

Sweets: candy, cookies, sugar snacks, etc.

Juice or sugared beverages like punch, Kool-aid, soda

Does your child go to bed with a bottle? Yes No

What is in the bottle? Water Milk Juice Other ____

Pedi Dental Screen: Billy S. Pendergast

Family Dental History and Access

Does your child have any cavities or problems in his/her mouth? (if yes, explain) Yes
 No

Have any of your other children experienced cavities or problems with their mouth when they were younger than 6 years? Yes
 No

Has your child ever been to see a dentist? Yes
 No

Feeding

Does your child still carry around a bottle / sippy cup? Yes
 No

Does your child go to bed with a bottle? Yes
 No

How often does your child snack on cookies or candy?

Brushing / Flouride

Does an adult help to brush your child's teeth every day? Yes
 No

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close

Pedi Dental Screen: Billy S. Pendergast

Family Dental History and Access

Does your child have any cavities or problems in his/her mouth? (if yes, explain)

- Yes**
- No**

- Brown spots
- Cavities
- Other

Have any of your other children experienced cavities or problems with their mouth when they were younger than 6 years?

- Yes**
- No**

- Cavities
- Lost Teeth
- Other

Has your child ever been to see a dentist?

- Yes**
- No**

When?

Feeding

Does your child still carry around a bottle / sippy cup?

- Yes**
- No**

Does your child go to bed with a bottle?

- Yes**
- No**

How often does your child snack on cookies or candy?

Brushing / Flouride

Does an adult help to brush your child's teeth every day?

- More than once per day
- Once per day
- 2-3 times per week
- Never

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

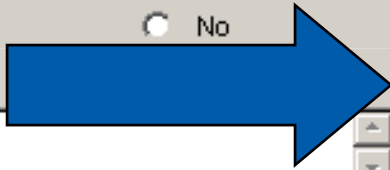
Close

Physical Exam

Birth Wgt: 4.13 (08/14/2001) Previous Wgt: 12.88 (11/27/2007) Today's Wgt: Unavailable Weight Gain: Unavailable

General Appearance

- Alert: Yes No
- Active: Yes No
- Normal: Yes



Care Giver/Child:

Additional Comments:

Head

- AF: Normal Abnormal
- PF: Normal Abnormal
- Sutures: Normal Abnormal
- Assymetry: Normal Abnormal

Additional Comments:

Lungs

- Breath sounds: Normal Abnormal

Additional Comments:

Oral Health

- Number of teeth:
- Decalcification: No Yes
- Suspected Dental Caries: No Yes
- Soft tissue: Normal Abnormal
- Fluoride Varnish applied.

Additional Comments:

Ears/Nose/Throat

- Normal Abnormal

Additional Comments:

Eyes

- Red reflex: Normal Abnormal
- Cover/uncover: Normal Abnormal

Additional Comments:

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close

General/Diet/Dental

Sleep/Elim/Behav/Adj

Devel/Safety/Medical

Milestones not met

General Concerns:

Illness since last visit:

No Known Allergies

Add Allergy

Feeding

Breast Feeding

Bottle Feeding-Formula

Solids: No
 Yes

Orders

Type:

Frequency:

Problems / Concerns:

Dental

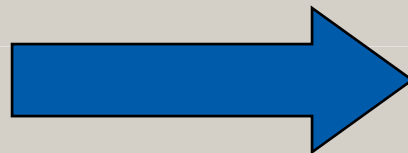
Moved / new water source

Last documented water source: Town - Unfluorinated - 01/31/2008

Last documented Fluoride result:

Patient should be on a fluoride supplement, .25mg/day.

Additional Comments:



Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close

Bright Futures in the Public Health Setting

Using the 3rd Edition Bright Futures Guidelines



Bright Futures™

prevention and health promotion for infants, children, adolescents, and their families™

Fluoride

- Remineralization
- Reduces plaque
- Stored in plaque and released during acid attacks
- Water, toothpaste, rinses



Bright Futures in the Public Health Setting

Using the 3rd Edition Bright Futures Guidelines



Bright Futures™

prevention and health promotion for infants,
children, adolescents, and their families™

Fluoride

- Topical effect primarily
- Drops on teeth or in water
- Chew tablets, then swish
- Lozenges



Fluorosis

- Cause: swallowing too much fluoride during formation of permanent teeth
- When: ages 1-4
- Topical fluoride does not cause fluorosis



Supplementation

- Know fl level in primary water source
 - Community FI from CDC website:
<http://www.cdc.gov/fluoridation/engineering.htm>
 - Alpha listing by State, County
 - Water Testing .7-1.2 ppm
 - Kits
 - MCH pays for testing at state labs
 - Health Centers pay for postage, notify parent of results
- Bottled water
 - Nursery Water and Poland Springs have .7ppm

Bright Futures in the Public Health Setting

Using the 3rd Edition Bright Futures Guidelines



Bright Futures[™]

prevention and health promotion for infants,
children, adolescents, and their families[™]

Water System Name: EVANS TRAILER PARK

Water System ID Number: NH 0763010

Total population served by water system:50

Primary county and population served:

Rockingham 50

Community(s) and Population(s) Served:EPPING 50

Water source:Ground

Water system type:Community

Does this water system supply fluoridated water?

No. This water system has a natural fluoride concentration below the level considered optimal for the prevention of dental caries (cavities).

Fluoride concentration:0.10 mg/L

Bright Futures in the Public Health Setting

Using the 3rd Edition Bright Futures Guidelines



Bright Futures[™]

prevention and health promotion for infants,
children, adolescents, and their families[™]

Water System Name: RYE WATER DISTRICT

Water System ID Number: NH 2041010

Total population served by water system:3350

Primary county and population served: Rockingham
3350 **Community(s) and Population(s) Served:**
RYE3300

Water source:Surface **Water system
type:**Community

Does this water system supply fluoridated water?

Yes. This water system purchases its water from a water system that adjusts the fluoride concentration upward to the optimum level for the prevention of dental caries (cavities).

Optimal fluoride concentration:1.00 mg/L

Bright Futures in the Public Health Setting

Using the 3rd Edition Bright Futures Guidelines



Bright Futures[™]

prevention and health promotion for infants,
children, adolescents, and their families[™]

Water System Name: FOREST PARK VILLAGE

Water System ID Number: NH 0512070

Total population served by water system:45

Primary county and population served:Carroll45

Community(s) and Population(s) Served: CONWAY45

Water source:Ground **Water system type:**Community

Does this water system supply fluoridated water?

Yes. The water system has a natural fluoride concentration at or above the level considered optimal for the prevention of dental caries (cavities). For fluoride levels above 2 ppm (2 mg/L), alternate drinking water sources should be used for children 8 years and younger. For more information, refer to [CDC recommendations](#).

Fluoride concentration:2.62 mg/L

Bright Futures in the Public Health Setting

Using the 3rd Edition Bright Futures Guidelines



Bright Futures™

prevention and health promotion for infants,
children, adolescents, and their families™

Ages 1-4

- Brush for child 2/day
- No t.paste under 2
- Small smear t.paste
- Don't rinse
- Fl. water or supplements



Bright Futures in the Public Health Setting

Using the 3rd Edition Bright Futures Guidelines



Bright Futures[™]

prevention and health promotion for infants,
children, adolescents, and their families[™]

5-10 yrs.

- Preventing decay – dental visits, sealants, assist/supervise brushing, flossing, fluoride
- Development of mouth & jaw
- Injury prevention - mouthguards
- Avoid risky behaviors – smoking, smokeless tobacco

Bright Futures in the Public Health Setting

Using the 3rd Edition Bright Futures Guidelines



Bright Futures™

prevention and health promotion for infants,
children, adolescents, and their families™

11-21 yrs.

- Periodontal disease
- Frequency of sugars, high acid drinks
- Mouthguards
- Dental home
- Eating disorders
- Tobacco and drugs
- Oral piercings

Bright Futures in the Public Health Setting

Using the 3rd Edition Bright Futures Guidelines



Bright Futures[™]

prevention and health promotion for infants,
children, adolescents, and their families[™]

- American Academy of Pediatrics Oral Health Training <http://www.aap.org/oralhealth/cme/intro.htm>
- Pediatrics in Practice http://www.pediatricsinpractice.org/practice_center/p_c_tools_oralhealth.asp
- Maternal and Child Health: Pediatric Oral Health Management <http://www.mchoralhealth.org/pediatricoh/>
- MCH Oral Health Resource Center <http://www.mchoralhealth.org>
- Bright Futures 3rd Edition: order or download <http://brightfutures.aap.org>

Bright Futures in the Public Health Setting

Using the 3rd Edition Bright Futures Guidelines



Bright Futures[™]

prevention and health promotion for infants, children, adolescents, and their families[™]

Additional Resources

- **Smiles for Life:** Great patient education resources, posters as well as continuing education for medical professionals on fluoride varnish with CME credits available, along with a national oral health curriculum for medical professionals that spans the life cycle.
<http://www.smilesforlife2.org/home.html>
- **The National Institute of Dental and Cranial Research:** Free patient education handouts on oral health and babies, sealants, special needs children and across the life span in English and Spanish.
<http://www.nidcr.nih.gov/OralHealth/>
- **Oral Health Professional's Guide to Serving Young Children with Special Health Care Needs:** This series of five modules is designed to provide oral health professionals with information to help ensure that young children with special health care needs have access to health promotion and disease prevention services that address their unique oral health needs in a comprehensive family-centered, and community – based manner.
<http://www.mchoralhealth.org/Special/index.htm>



Practice Tools

Models of Practice

Support Materials

PDF Library

My Briefcase

My Journal

Home > Bright Futures Study Modules

Bright Futures Study

Please select a module from the list below. **You must complete the modules in the order they are listed.**

Your work will be saved as you progress through the module. If you must take a break, just log back in and navigate to the module where you left off. Screens that have already been completed will be indicated with a check mark on the module's menu.

Practice Center Modules:

1. Building a Healthy and Bright Future
2. Partnership Building for Oral Health
3. Communication for Oral Health
4. Open Wide: Tooth Decay
5. Open Wide: Risk Factors for Tooth Decay
6. Open Wide: Prevention of Tooth Decay
7. Open Wide: What to Do and How to Do It

Bright Futures in the Public Health Setting

Using the 3rd Edition Bright Futures Guidelines



Bright Futures[™]

prevention and health promotion for infants,
children, adolescents, and their families[™]

Discussion: How are agencies currently integrating the above into their provided services

- Who is doing the risk assessment: workflow
- How it is documented
- Templates used: EMR/TA
- Barriers
- Pros and Cons: What has worked for sites and what has not

Bright Futures in the Public Health Setting

Using the 3rd Edition Bright Futures Guidelines



Bright Futures™

prevention and health promotion for infants,
children, adolescents, and their families™

Local Updates on Oral Health in NH

- HB 414: commission to study preventing dental disease among New Hampshire's Children.
 - The Study Commission will create an action plan that incorporates the 4 major components (by name) for integrating oral health into primary care for children ages 0 – 3 using preventive strategies such as fluoride varnish and oral health counseling. The Study Commission will determine the model that will include the following components: 1) who will do the service, 2) what the services will include and 3) how these services will be paid.
- Advocacy: Please contact your local representative to advocate for the integration of oral health into primary care setting, which could include risk assessment, screening, education, prevention (fluoride varnish) and referral.

Bright Futures in the Public Health Setting

Using the 3rd Edition Bright Futures Guidelines



Bright Futures™

prevention and health promotion for infants,
children, adolescents, and their families™

Credits

- Southern New Hampshire Area Health Education Center
- Community Health Access Network