



# ORAL HEALTH EDUCATION AND PREVENTION SERVICES PROJECT

*Brought to you by the local chapter of the  
American Academy of Pediatrics (AAP-CA3)*

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California Chapter 3 - San Diego and Imperial Counties



# OUTLINE



1. Introductions, Review current practices
2. Need for Enhanced Oral Health Activities in Primary Care
3. Background of Local Oral Health Project
4. Oral Health Messages and Materials
5. Fluoride Varnish
6. Referrals
7. Program Elements/Requirements
8. Sustainability and follow up



# Introductions



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# Current Practices



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## Readiness Assessment Tool Review



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## Current Practices - referrals, EMR, patient summary, Fluoride Varnish



# The Oral Health Need



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Dental caries is the most common chronic disease of childhood.

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Low income children are at highest risk for dental caries<sup>2</sup>

More than

**70%**

of California children have  
a history of dental caries  
by  
Third grade (2006)<sup>1</sup>



# CA Oral Health Background



The California Oral Health Program was established to address the burden of oral disease.



Funded by Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016



Goal: make oral health preventive care more accessible.



# Oral Health Project Goals



Connect with Pediatric Primary Health Care Providers to promote Oral Health activities



Choose a method (or 2!) to target and provide feedback on integrating Oral Health activities during pediatric well child visits



Target 12 and 24 month visits



# Oral Health in the First Year



Caries is a bacterial disease. The bacteria comes from saliva exchange, usually from the mother.



Children are at increased risk if the mother

Has cavities

Shares eating utensils, cleans pacifier with mouth

Does not see a dentist





# Risk Factors for Caries



## Active or past tooth decay

- In parents, siblings, caregivers, child
- White spot lesions on teeth
- Gingivitis, plaque, staining

## Lack of fluoride in

- Drinking water
- Vitamins/Supplements
- Toothpaste

## Children with special health care needs

- Inability to cooperate
- Lack of motor skills
- Lack of access to specialized dental care



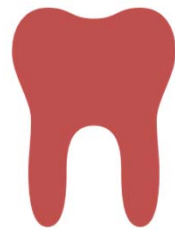
# Risk Factors for Caries



- **Poor feeding habits**
  - Frequent snacking on carbohydrates
  - Sticky sugary foods
  - Sweet/acidic drinks
  - Bottle in bed
  - Nursing caries



# Risk Factors for Caries



## No recent dental visit

Within last 6 months



## Poor oral care at home

Lack of daily proper oral hygiene



# Project Objectives



**12 month visit:** give oral health advice, materials and referrals, “Baby Teeth” book, offer varnish application



**24 month visit:** give oral health advice, materials and referrals, “Potter the Otter” book, offer varnish application



Oral Health messages and offer fluoride varnish (if needed) at all well child visits



# Pediatric Oral Health Activities



- Anticipatory Guidance
- Brush, Book, Bed
- Rethink Your Drink
- Fluoride varnish
- Early referrals



# Anticipatory Guidance



Messages  
for  
Parents:

Establish a “Dental  
Home” by Age One

Examine your eating  
habits – limit  
snacking

Make brushing teeth  
a part of your daily  
routine

Never too early to  
start focusing on Oral  
Health



# What Happens at the 1<sup>st</sup> Dental Visit?



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Mostly Educational

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May provide cleaning

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Check teeth eruption and placement



# Oral Hygiene



## In the first year...

- Rub gums with wash cloth or baby tooth brush

## Once teeth erupt...

- Introduce a tooth brush
- Use a small amount of fluoride toothpaste

## After 1 year

- Wean from breast or bottle
- Use open or 360 cup





# Brush, Book, Bed



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Brush, Book, Bed, a program of the American Academy of Pediatrics (AAP), has a simple and clear message for parents:

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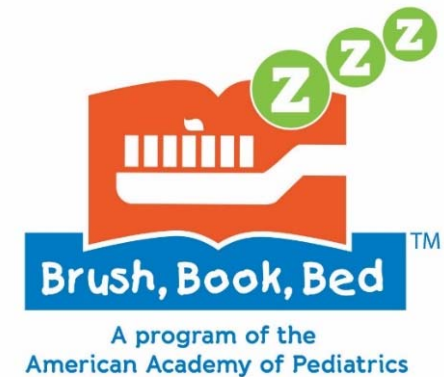
Each night, help your children to brush their teeth.

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Read a favorite book (or two)!

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Get to bed at a regular time each night.



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# Rethink Your Drink



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Breastfeeding is preferred. If using bottle, hold baby while feeding. No bottle in bed.

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Toddlers should drink only water or milk.



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# Too much fluoride?



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Parents may have concerns about the amount of fluoride in water, toothpaste and varnish



Size of a grain of rice (dab) until child can spit

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Giving multiple sources of topical fluoride is safe, even in combination



“Pea size” for all others



# Why Should Providers Apply Fluoride Varnish?



- Young children are seen **earlier** and **more frequently** by medical providers than by a dentist
- Medical providers are now placing fluoride varnish to **prevent decay**
  - Research shows high **efficacy** of fluoride varnish



Check for pine nut allergy before administration



# Fluoride Varnish - Facts



A protective resin coating of sodium fluoride

Painted on teeth in less than 1 minute

1 application cuts decay risk in half

Safe to apply up to 5x per year  
- 3x in medical office , 2x in dental office



# Fluoride Varnish Billing



May be reimbursable

CPT Code 99188

Still useful to document for  
Medicare RVUs



# Varnish Application Video



<https://www.youtube.com/watch?v=OzM4UQxP67Q>



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# Referral Process



## Routine Referral

- Every 6 months, beginning at age one for low, moderate and high risk children (*a Medi-Cal/Denti-Cal benefit once in a six month period*)
- Children with special needs may require more frequent referrals

OR

**Refer** if a problem is detected or suspected at any time regardless of age





# Dental Network



## Share the Care

Dentist Finder:  
sharethecaredental.org  
or call:  
(619) 692-8858

## Anderson Center for Dental Care

858-576-1700  
ext. 3745

## MediCal Dental Program (formerly Denti-Cal)

[www.smilecalifornia.org](http://www.smilecalifornia.org)



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# Oral Health Materials



Which oral health activity is right for your office?

- Review print materials, books, varnish

## Tracking

- Books, materials will be provided by the County (via AAP-CA3). Each month we will determine how many oral health interactions you had based on the materials remaining.
- Office will report in monthly survey



# Oral Health Project Participation



To participate in this project, the following is required:

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Implement, track and report monthly at least one of the Enhanced Oral Health Activities during the 12 and 24 month well-child visits– at least six months post training date.

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Provide success stories.

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Initiate appropriate referrals to an oral health provider.

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Train new providers in Oral Health activities as they come on board or contact AAP-CA3 to provide in-office training.

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Provide feedback to project management team at the end of the project.



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# Thank You



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Survey

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Arrange for Material Drop off

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Q & A period



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