Bright Futures and Oral Health
Strategies for Promoting Oral Health Within the Well-child Visit

Presented by:
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AGENDA

• Overview of Bright Futures
• Overview of the AAP Section on Oral Health
• Maternal and Child Oral Health Guidance
• Promotion of Oral Health Within the Well-visit
  – And how AAP & AMCHP can help!
DISCLOSURE STATEMENT

Susan A. Fisher-Owens, MD, MPH, FAAP

- I have no relevant financial relationships with the manufacturers(s) of any commercial products(s) and/or provider of commercial services discussed in this activity.
- I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

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Kathy Janies

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The mission of Bright Futures is to promote and improve the health, education, and well-being of infants, children, adolescents, families, and communities.

- Bright Futures is the health promotion/disease prevention part of the medical home
- At the heart of the medical home is the relationship between the clinician and the family or youth
What is Bright Futures?

...is a set of principles, strategies and tools that are theory-based, evidence-driven, and systems-oriented, that can be used to improve the health and well-being of all children through culturally appropriate interventions that address the current and emerging health promotion needs at the family, clinical practice, community, health system and policy levels.

Video Link:
https://brightfutures.aap.org/about/Pages/About.aspx
Who Can Use Bright Futures?

- States and Communities
- Families
- Health Care Professionals
Work with states to make the Bright Futures approach the standard of care for infants, children, and adolescents

Help health care professionals shift their thinking to a prevention-based, family-focused, and developmentally-oriented direction

Foster partnerships between families, health care professionals, and communities

Empower families with the skills and knowledge to be active participants in their children’s healthy development
Part 1: Health Promotion Themes

- 12 chapters highlighting key health promotion themes
- New themes: Media use; Children with Special Health Care Needs; Social determinants of health (eg, food insecurity)

Part 2: Health Supervision Visits

- Rationale and evidence for screening recommendations
- 32 age-specific visits (including prenatal visit)
- 5 health supervision priorities for each visit
  - Designed to focus visit on most important issues for child that age
  - Includes: social determinants of health, health risks, developmental issues, positive reinforcement
Health Promotion Themes

Promoting Oral Health

Oral health is critically important to the overall health and well-being of infants, children, and adolescents. It covers a range of health promotion and disease prevention concerns, including dental caries, periodontal disease, health behavior development, and alignment of facial bones, jaws, and teeth. Other oral diseases and conditions include trauma or injury to the mouth and teeth. Oral health is an important issue requiring continued health supervision from the health care professional.

Childhood caries is a preventable and transmissible infectious disease caused by bacteria (e.g., Streptococcus mutans or Streptococcus sobrinus) that form plaque on the surface of teeth. The bacteria interact with sugar in foods and beverages, turning them into acids that dissolve teeth and cause decay. Caries is one of the most common chronic diseases in children—5 times more common than asthma. Left untreated, pain and infection caused by dental caries can lead to problems in eating, speaking, and learning. Twenty-three percent of children aged 2 to 3 years and 40% of children aged 4 to 6 have caries, and many school hours are lost each year because of dental problems related to caries.

Dental caries is a complex disease with individual-, family-, and community-level influences. Several population groups are particularly vulnerable to caries. For example, children and youth with special health care needs are at increased risk. National surveys also have demonstrated that children in low- and moderate-income households are more likely to have caries and more decayed teeth than children from more affluent households. Even within income levels, children of color are more likely to have caries than are white children. Thus, sociodemographic status should be viewed as an initial indicator of risk.

American Academy of Pediatrics

Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents

Bright Futures: prevention and health promotion for infants, children, adolescents, and their families

American Academy of Pediatrics

Dedicated to the health of all children

Figure 2: Oral Health Risk Assessment Tool

The Periodicity Schedule and the Bright Futures Guidelines

The Periodicity Schedule tells you what to do in well-child visits, while the Bright Futures Guidelines tell you how to do it—and how to do it well.
**PERIODICITY SCHEDULE: ORAL HEALTH**

The AAP recommends that fluoride varnish be applied to the teeth of all infants and children at least once every 6 months and every 3 months for children at elevated caries risk, starting when the first tooth erupts and until establishment of a dental home.

Footnotes:

33. Perform a risk assessment. See “Maintaining and Improving the Oral Health of Young Children” ([http://pediatrics.aappublications.org/content/134/6/1224](http://pediatrics.aappublications.org/content/134/6/1224)).

34. See USPSTF recommendations ([https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/dental-caries-in-children-from-birth-through-age-5-years-screening](https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/dental-caries-in-children-from-birth-through-age-5-years-screening)). Once teeth are present, fluoride varnish may be applied to all children every 3–6 months in the primary care or dental office. Indications for fluoride use are noted in “Fluoride Use in Caries Prevention in the Primary Care Setting” ([http://pediatrics.aappublications.org/content/134/3/626](http://pediatrics.aappublications.org/content/134/3/626)).
AAP Section on Oral Health

Why Us??

The Importance of Oral Health

• Early childhood caries is the most common chronic disease of early childhood
• 23% of children have experienced tooth decay by ages 2 – 5
  – Area of greatest disparity in children’s health, for NA/Al, Mexican & black children
• Young children frequently see the pediatrician, but don’t often see the dentist
What happens to primary teeth impacts oral health for a lifetime.

– True
– False
“Just Baby Teeth”??

• Costs to child:
  – Pain – emergency room visit, 20%
  – School loss – 51 million hours of school per year
  – Impact on adult teeth – greatest likelihood of poor outcome in adulthood if primary caries experience
  – Systemic health impact – increased costs and morbidities
Primary Eruption Chart

<table>
<thead>
<tr>
<th>Teeth</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incisors</td>
<td>6–12 months</td>
</tr>
<tr>
<td>First molars</td>
<td>1st year</td>
</tr>
<tr>
<td>Second molars</td>
<td>2nd year</td>
</tr>
<tr>
<td>Canines</td>
<td>1st to 2nd year</td>
</tr>
</tbody>
</table>

Anterior teeth remain until age 6 – 7 but primary molars remain until child is 10 – 12 years old.
PEDIATRICIANS CAN HAVE AN IMPACT

**Stewardship:** The mouth is part of the body. Improving children’s oral health is improving children’s *overall* health. It is what pediatricians do.

**Prevention:** Early childhood caries is *almost completely* preventable.

**Opportunity:** We have *access* to children. They will see a physician sooner and more often than they will see a dentist, especially in the first 3 years.

**Preventing Pain & Suffering:** Children with poor oral health are more likely to *experience pain*, miss school and perform poorly in school.
Prevention is Key—and the Standard of Care!

- Prevention: Early childhood caries is *almost completely* preventable
- Risk assessment, access to fluoride (supplements and fluoride varnish), anticipatory guidance, and dental referral are standards of care in pediatrics
- Screening, counseling and referral are part of Bright Futures/AAP Periodicity Schedule and oral health policies

Visit [www.aap.org/oralhealth](http://www.aap.org/oralhealth)
US PREVENTIVE SERVICES TASK FORCE

Summary of recommendations since 2014:

- **B level** evidence for children birth to age 5 for fluoride supplementation if water is deficient in fluoride
- **B level** evidence for universal application of fluoride varnish by primary care providers to primary teeth after eruption
**But It Doesn’t Stop There**

- **Part of Routine Care**
  - Risk Assessment
  - HPV vaccine promotion
  - Obesity and caries prevention
  - Tobacco cessation
  - Dental trauma
- **Encourage/Advocate**
  - Prenatal oral health
  - Dental sealants
  - Water fluoridation advocacy and education
ABOUT THE SECTION ON ORAL HEALTH

Mission:

The Section on Oral Health (SOOH) was formed to improve the care of infants, children, and adolescents by providing an educational forum for the discussion of problems and treatments related to oral health. The Section focuses on improving communications between pediatricians and pediatric dentists, education, and advocating for children's oral health issues. The Section welcomes members who are pediatric dentists, pediatricians, and allied health professionals.
SECTION ON ORAL HEALTH
2019-2020 EXECUTIVE COMMITTEE

Executive Committee
– Patricia Braun, MD, MPH, FAAP, Chair
– Jeff Karp, DMD, MS, Chair-elect
– Eve Kimball, MD, FAAP
– Karen Sokal-Gutierrez MD, MPH, FAAP
– Anupama Tate, DMD, MPH
– John Unkel, MD, DDS, MPA

Liaisons
American Dental Association
American Dental Hygienists' Association
American Academy of Pediatric Dentistry
AAP Section on Pediatric Trainees
KEY ACTIVITIES

- Protect Tiny Teeth
- Brush, Book, Bed Initiative
- Campaign for Dental Health
- Chapter Oral Health Advocates
- Education & training
- Medical-dental integration & collaboration
- NEW: Oral Health Prevention Primer
PROTECT TINY TEETH TOOLKIT

Brush, Book, Bed is a comprehensive AAP program for pediatric practices to encourage a healthy nighttime routine that includes oral health, reading and establishing a bedtime routine.

CAMPAIGN FOR DENTAL HEALTH
ILikeMyTeeth.org

The Campaign for Dental Health promotes fluoridation and provides easy-to-use tools and information for health professionals and the public in English and Spanish.

- Websites & social media
- Network of organizations & volunteers
- Resource development & dissemination

“i’m a doctor, but i’m also a parent…

...and i support community water fluoridation to give kids a healthy start.”

American Academy of Pediatrics
Dedicated to the health of all children®
We all play a vital role in oral health disease prevention.

The American Academy of Pediatrics (AAP) Oral Health Prevention Primer is designed to help pediatricians and other health professionals address oral health in practice, understand the roles of oral health allies, and learn how to collaborate and advocate to achieve optimal oral health for their community to prevent dental disease before it starts.
Pediatricians or pediatric dentists in each chapter who:

- Deliver trainings on how to incorporate oral health into the medical home.
- Advocate for children's oral health issues.
- Connect pediatricians to other oral health advocates.
- Build relationships with dental colleagues in their communities to improve access to oral health care.

**Connect with your COHA today!**

EDUCATION AND TRAINING

• Smiles for Life National Oral Health Curriculum
• Oral Health EQIPP
• Protecting All Children’s Teeth Curriculum
• Pediatric Oral Health Flip Chart and Reference Guide
Reader Feedback Request

The latest issue is about oral health and pregnancy. Please tell us what you think about Brush Up on Oral Health. What topics would you like to learn more about? See our feedback form.

PIOHQI Final Report

This final report describes the achievements of 16 projects funded through the PIOHQI initiative to improve oral health for pregnant women and infants, lessons the projects learned, and resources they produced.

Resources on Opioids and Pain Management

This collection of selected resources offers current, high-quality information about pain management for children, adolescents, and women, including pregnant women.
ADDITIONAL RESOURCES FOR HEALTHCARE

Bright Futures Oral Health Pocket Guide

EQIPP - Helping You Improve Care for Children

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Oral Health Coding Fact Sheet

Coding for Pediatric Preventive Care
2019 booklet
**MEDICAL-DENTAL INTEGRATION**

**Collaboration** is the key to success

- There are many implementation models, projects and resources
- Connect to stakeholders in the health professions (family support, WIC, medical offices, etc) serving children and families, and in communities (e.g., schools, faith-based, athletics, violence prevention, etc)
- Identify the services offered and look for opportunities to collaborate (school-based sealant programs; mobile vans, etc.)
- Local, regional and state programs may also offer oral health services that would benefit from a working relationship between pediatricians and the dental community including hygienists
AMCHP’s Innovation Station provides you with the tools and resources necessary to search for, implement, and submit practices and strategies from the MCH field.

http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/Pages/Innovation-Station.aspx
AMCHP & Partner Resources

• Check out AMCHP’s Oral Health page: http://www.amchp.org/programsandtopics/CHILD-HEALTH/projects/oral-health/Pages/default.aspx

• Check out our friends at Community Catalyst! They’ve recently become the new home for the Children’s Dental Health Project’s materials and resources: https://www.communitycatalyst.org/
THANK YOU!

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