

AAPHD First Oral Health Assessment Policy

Adopted: May 4, 2004

Dental caries is the most prevalent infectious disease of 5- to 17-year-old children—five times more common than asthma and seven times more common than hay fever (1). In infants and children under the age of 5, dental caries is called early childhood caries (ECC). The effects of ECC can be devastating since tooth decay causes severe pain, infection, and malnutrition, and can lead to impaired speech development, gastrointestinal disorders, and low self-esteem. However, ECC is a disease that is largely preventable because of how it is caused and when it begins; the oral health of children is best assured through preventive measures that begin during infancy (2,3). Therefore, the need for oral health assessments, anticipatory guidance, prevention, and early intervention among infants and young children has been recognized by the policy statements of the American Public Health Association and the American Academy of Pediatrics¹⁻³. Many dental and medical organizations such as the American Academy of Pediatrics (4), the American Academy of Pediatric Dentistry (5) the American Dental Association, the American Dental Hygienists' Association, and the American Academy of Pediatrics, as well as many state Medicaid programs (6) recommend age 1 year for the first oral health evaluation. By adopting the following guidelines, we can work together to eradicate the terrible epidemic of ECC. The prevention of early childhood oral diseases requires an interdisciplinary approach, given the present low rate of dental attendance in early childhood, and that such prevention should commence in the health care networks already servicing children (3).

• WHEREAS, oral health is important throughout the lifespan and influ-

ences overall health, wellness, and quality of life (7,8); and

• WHEREAS, dental caries (a multifactorial, diet-dependent infectious disease with significant behavioral components) can begin in infancy if primary preventive measures are not undertaken, and can progress to advanced stages without early diagnosis and treatment (2,9); and

• WHEREAS, oral health is an important and integral component of health and development of healthy pregnancy outcomes; and

• WHEREAS, the seriousness and societal costs of childhood caries are significant in light of estimates indicating that 5 to 10 percent of preschool-age children have early childhood caries, that national data indicate 8 percent of 2-year-olds and 40 percent of 5-year-olds have already experienced dental caries, and this rate is even higher among families with low incomes and among some racial and ethnic minorities (8,10,11); and

• WHEREAS, survey results show that 20 percent of children from families with low incomes and 40 percent of children in some American Indian populations have early childhood caries (12); and

• WHEREAS, early childhood caries may have significant implications on overall child health, often requiring extensive restorative treatment and extraction of teeth at an early age, resulting in considerable cost and increased risk; and substantially contributing to pain, personal suffering, speech, learning and eating problems, as well as poor child nutrition, low body weight, and potential risk to overall child health (8-10,13); and

• WHEREAS, a conference sponsored by the National Institutes of Health in October 1997 emphasized the serious health, social, and eco-

nomic consequences of the current worldwide epidemic of early childhood caries, and stressed the need to combine health promotion, preventive measures, and early interventions to curtail the epidemic among young children (8,9,13); and

• WHEREAS, infection with the mutans streptococcus organisms associated with most cases of early childhood caries has been shown to occur in children as young as 3 months of age (14,15); and

• WHEREAS, case reports suggest that change may be achieved in dietary and health behaviors for infants and young children at risk of developing early childhood caries, significantly reducing the risk of such disease through reinforcement of simple interventions and instructions involving fluorides, diet, and dental plaque control (16-18); and

• WHEREAS, early visits to many trained health care professionals provide an opportunity to promote feasible and affordable primary prevention measures for oral health (3).

BE IT RESOLVED THAT THE AMERICAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY:

• Recommends that all children receive an oral health assessment (screening) and appropriate referral by a trained health care professional within six months after the eruption of the first primary tooth, but no later than 1 year of age;

• Recommends that evidence-based and tested curricula for the training of dental and other health care providers be developed and implemented appropriately.

• Recommends that primary care organizations and early childhood health and education programs, such as WIC, Title V (MCH), and Early Start, promote age 1 as the appropriate

¹APHA Policy Statement 6604: A National Dental Health Program for Children. APHA Policy Statements, 1948–present, cumulative. Washington, DC: American Public Health Association; current volume.

²APHA Policy Statement 6611: Dental Health in Comprehensive Personal Health Services. APHA Policy Statements, 1948–present, cumulative. Washington, DC: American Public Health Association; current volume.

³APHA Policy Statement 8806: Prevention of Baby Bottle Tooth Decay. APHA Policy Statements, 1948–present, cumulative. Washington, DC: American Public Health Association; current volume.

age for a first oral health assessment to institute primary preventive measures and anticipatory guidance by all child health practitioners;

- Strongly encourages state Medicaid and State Children's Health Insurance Program (SCHIP) programs, child health and dental insurance programs, and managed care organizations to include oral examinations by a dental professional beginning as early as age 1 year as a reimbursable preventive dental service;

- Urges the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Centers for Medicare and Medicaid Services (CMS), the Health Resources and Services Administration (HRSA), and other Department of Health and Human Services (DHHS) agencies to include in their programs promotion of oral health of infants and children as an integral component of general health assessment and health promotion, and to provide specific information, training, and technical assistance on oral health assessment procedures and anticipatory guidance messages;

- Recommends that state and local health departments and community health centers incorporate oral health in interdisciplinary ways in their programs for infants and children, and

that these organizations initiate efforts to train and encourage the participation of trained health care professionals and their staff to provide oral health assessment and referral for dental services for young children in their programs.

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