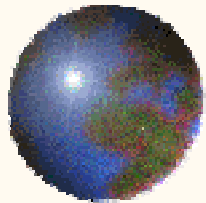




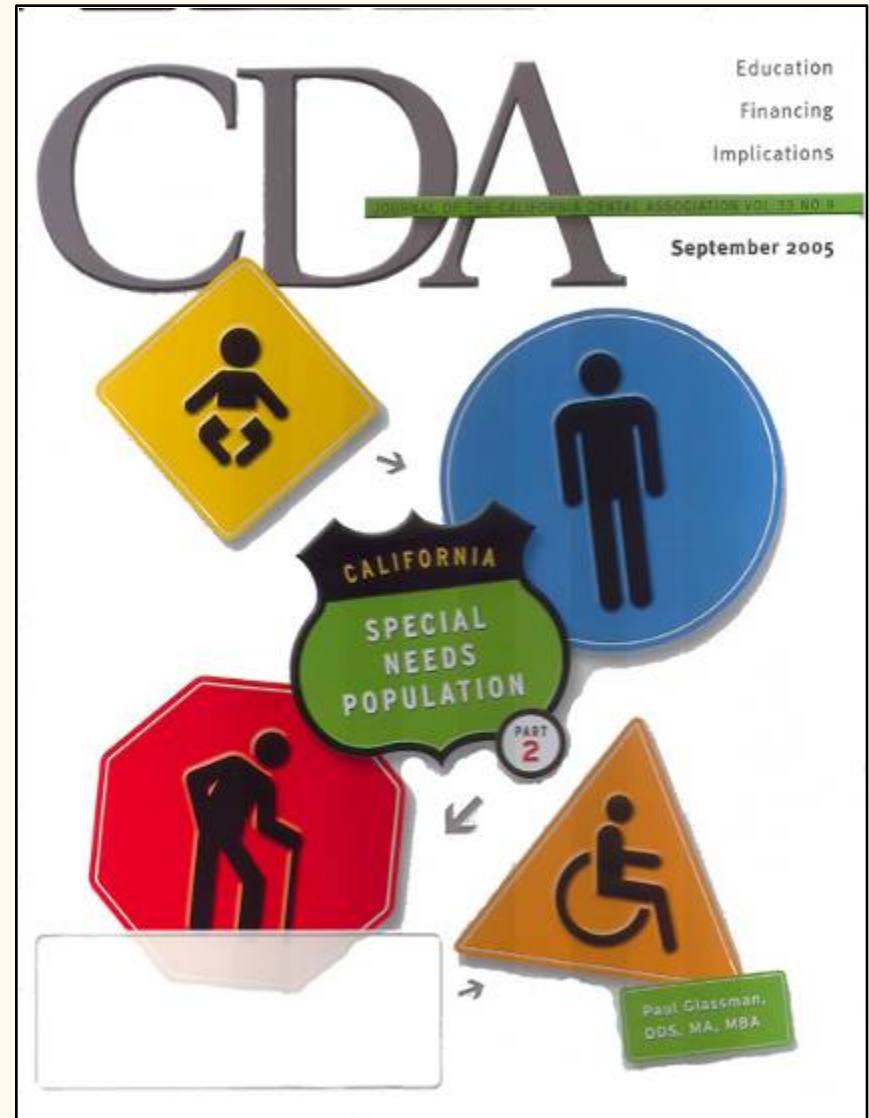
# The Role of the General Health and Social Service Professionals in Identifying Infants and Toddlers at Risk for Oral Health Problems



Paul Glassman DDS, MA, MBA

Christine Miller RDH, MHS, MA

California Dental Association Journal  
August/September 2005




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# Oral Health for People With Special Needs: Consensus Statement on Implications and Recommendations for the Dental Profession

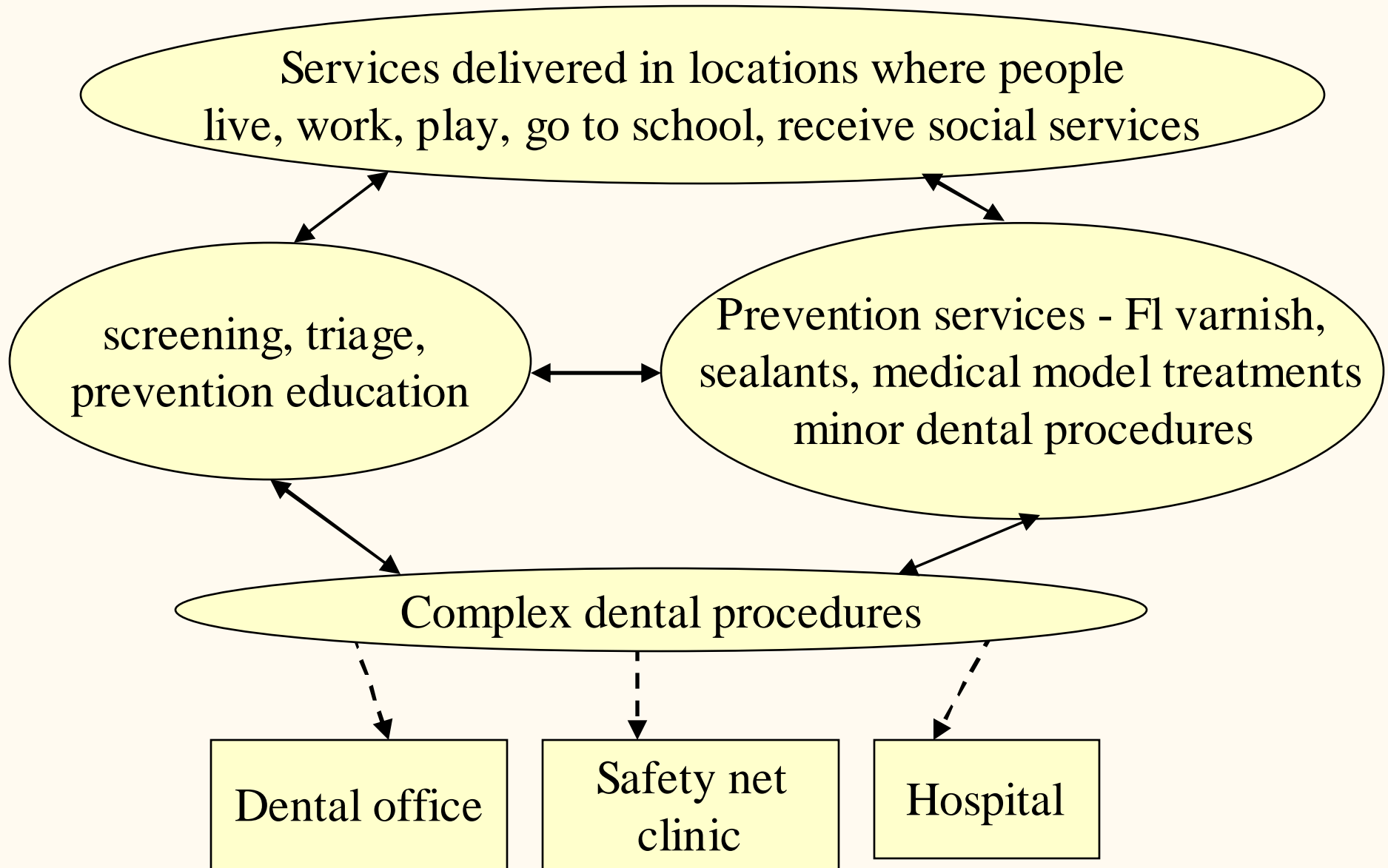
Paul Glassman, DDS, MA, MBA; Tim Henderson, MSPH; Michael Helgeson, DDS; Linda Niessen, DMD, MPH; Neal Demby, DDS, MPH; Christine Miller, RDH, MHS, MA; Cyril Meyerowitz, DDS; Rick Ingraham, MS; Robert Isman, DDS, MPH; David Noel, DDS, MPH; Rolande Tellier; and Karen Toto, MA

## Abstract

In November 2004, the Pacific Center for Special Care at the University of the Pacific Arthur A. Dugoni School of Dentistry developed oral health recommendations as a part of the California Commission on Aging's Strategic Plan for an Aging Population.

1 of 5

# *Oral Health Care Delivery System*



What is Early Start? - Microsoft Internet Explorer

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Address <http://www.dds.cahwnet.gov/EarlyStart/ESQuestionAnswers.cfm> Go Links

California Home Wednesday, September 27, 2006

Welcome to **California**

**DDS** Department of Developmental Services  
*"Building Partnerships, Supporting Choices"*

**What is Early Start?**

**Frequently asked Questions**

[Which children are served?](#)  
[What services are provided?](#)  
[How do I access Early Start services?](#)  
[Who provides services?](#)  
[How much does it cost?](#)  
[How do I find out more?](#)

**Which children are served?**  
 Infants and toddlers from birth to 36 months may be eligible for early intervention services if through documented evaluation and assessment they meet one of the criteria listed below:

1. have a developmental delay in either cognitive, communication, social or emotional, adaptive, or physical and motor development including vision and hearing; or
2. have established risk conditions of known etiology, with a high probability of resulting in delayed development; or
3. are at high risk of having a substantial developmental disability due to a combination of risk factors.

[California Government Code, Section 95014](#)

**What services are provided?**  
 Based on the child's assessed developmental needs and the families concerns and priorities as determined by each child's Individualized Family Service Plan (IFSP) team, early intervention services may include:

- assistive technology
- audiology

**Related Links**

- [Early Start Home Page](#)
- [What is Early Start?](#)
- [Parent's Rights](#)
- [Family Resource Centers/Networks](#)
- [Early Start Resources Materials](#)
- [Training and Technical Assistance](#)
- [Interagency Coordinating Council \(ICC\)](#)
- [Statutes and Regulations](#)
- [Online Resources](#)
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1. have a developmental delay in either cognitive, communication, social or emotional, adaptive, or physical and motor development including vision and hearing; or
2. have established risk conditions of known etiology, with a high probability of resulting in delayed development; or
3. are at high risk of having a substantial developmental disability due to a combination of risk factors.

[California Government Code, Section 95014](#)

**What services are provided?**

Based on the child's assessed developmental needs and the families concerns and priorities as determined by each child's Individualized Family Service Plan (IFSP) team, early intervention services may include:

- assistive technology
- audiology
- family training, counseling, and home visits
- health services
- medical services for diagnostic/evaluation purposes only
- nursing services
- nutrition services
- occupational therapy
- physical therapy
- psychological services
- respite services
- service coordination (case management)
- social work services
- special instruction
- speech and language services
- transportation and related costs
- vision services


**How do I access Early Start services?**

If you think that your child or a child in your care is not developing like other children or has delays, California Early Start can help.

Evaluation services are available to all children who may be eligible for Early Start. Anyone can make a referral. The first step that parents can take is to discuss their concerns with their health care provider/doctor.

**Assistance**

- [Interagency Coordinating Council \(ICC\)](#)
- [Statutes and Regulations](#)
- [Online Resources](#)
- [Complaint Processes](#)



**Featured Links**

- [Autism](#)
- [Consumer Advisory Committee](#)
- [DDS Safety Net](#)
- [DDS Fact Books](#)
- [Parental Fee Program](#)
- [Family Cost Participation Program](#)
- [Habilitation Services](#)
- [Publications and Other Resources](#)
- [DDS Forms](#)
- [Community Training & Event Calendar](#)
- [Consumer's Guide to the Lanterman Act](#)
- [Vendorization and Rates](#)

Done Internet

# The California Early Start Program: Integrating Oral Health

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- Department of Developmental Services
- 0-3 year olds "at risk" for having a developmental disability
- Health screening, referral for intensive intervention services
- Did not include attention to oral health

# Project Details

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- Two-year project – funded by CA 1<sup>st</sup> 5 Commission
- Identify 7-10 Social Service or General Health Professionals from each of 8 sites
- Integrate “Oral Health Risk Assessment” into ongoing assessment
  - Training on assessment and intervention
- Work collaboratively with Dental Coordinator who can provide:
  - Training and intervention for families, caregivers and other professionals



# Project Details

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- Training
  - Early Childhood Caries
  - Risk assessment
  - Traditional prevention practices
  - Medical model prevention activities

# Early Childhood Caries

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- Most prevalent chronic disease of childhood
- 5 times more prevalent than asthma
- 7 times more prevalent than hay fever



# Severe ECC

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- Distinctive pattern of tooth decay that begins on upper primary teeth
- Rapidly progressing to other teeth as they erupt



# The effects of ECC

- Pain
- Infection
- Self-esteem



# Early Signs of Decay: White Spot Lesions

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- The first visible sign of tooth decay
- Reversible
- Parents can lift the lip and look



# The Caries Balance

**S**aliva  
adequate

**B**ad Bacteria

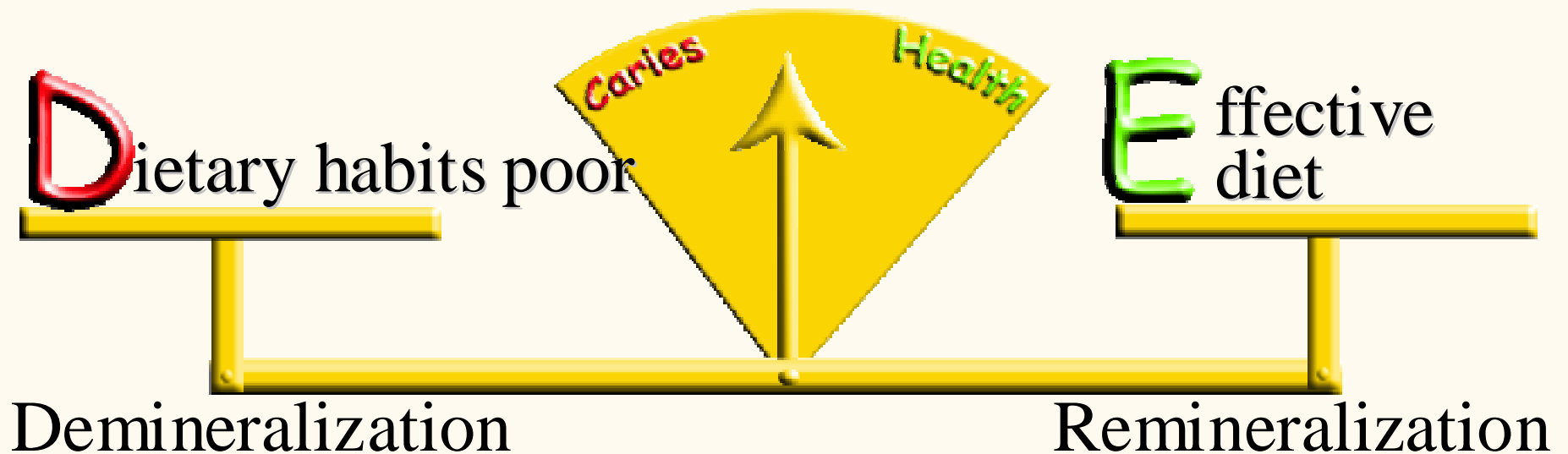
**A**nti-  
microbial

**A**bsence saliva

**F**luoride

**D**ietary habits poor

**E**ffective  
diet



# Project Details

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- Assessment
  - Risk Assessment Tool
- Intervention
  - Companion Brochure
  - Counseling Guide

# The Oral Health Risk Assessment Form

<b>Oral Health Risk Assessment</b> <input type="checkbox"/> INITIAL VISIT <input type="checkbox"/> FOLLOW-UP VISIT DATE: _____					CONSUMER NAME: _____ UC#: _____   DOB: _____ COUNSELOR: _____				
Do you have any concerns about your child's oral health? ___ No specific concerns					<b>PERSONAL INFORMATION</b> Parent Name and Phone Number: _____ _____ Primary Language Spoken at Home _____ Gender ___ M ___ F				
Have you noticed any white or brown spots or holes in your child's teeth? ___ Yes ___ No ___ Has no teeth Is your child using any of the following and at what time of the day or night: (check all boxes that apply)					Insurance Coverage ___ Medi-Cal ___ CCS ___ Healthy Families Other (specify): _____				
	Day	Evening	Naptime	While Sleeping at Night	<b>RECOMMENDATIONS &amp; INTERVENTIONS</b> Brochure Highlighted and Given ___ Yes ___ No Counseling Provided: ___ Cleaning Teeth ___ Medications ___ Habits (i.e. putting baby to sleep with bottle) ___ Diet (i.e. sugar intake)				
Sipper Cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Referral to Dental Coordinator</b> ___ Yes ___ No ___ 6 mos. follow-up ___ Family Declined Referral ___ If Yes, Referral Form attached				
Bottle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Oral Health Goal in IFSP</b> ___ To be included ___ Included ___ No (if included, check all that apply) ___ Tooth brushing/cleaning ___ Behavioral ___ Dental Appointment ___ Dental Coordinator ___ Medications ___ Baby bottle/ Nutrition				
Breast Feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Client Referral(s)</b> ___ Primary Medical Care ___ Specialty Medical Care ___ Dental Care ___ Specialty Dental Care ___ Speech Therapy ___ Social Service ___ Nutrition Services ___ Behavioral Services ___ Transportation ___ Developmental Services ___ Childcare ___ Other				
If applicable, what do the bottles and/ or sipper cups contain at each time period: Day: _____ Evening: _____ Naptime: _____ While Sleeping at Night: _____ Do you brush your child's teeth after his/ her last food or drink of the evening? ___ Yes ___ No Does your child use a pacifier that is dipped in something sweet? ___ Yes ___ No Some medication can affect your child's oral health; is your child on any medication? ___ Yes ___ No ___ Diltiazem ___ Tetracycline ___ Other antibiotics ___ Tranquilizers/Sedatives ___ Medications delivered in a sugary syrup ___ Fluoride drops/ tablets ___ Other (specify): _____					<b>Developmental Delay</b> (check all that apply) ___ Mental Retardation ___ Epilepsy ___ Cerebral Palsy ___ SED ___ Autism/POD ___ Blindness ___ Orthopedic Impairment ___ Speech Impairment ___ Specific Learning Disability ___ Deafness or Hearing Impairment ___ Another Impairment lasting 6 mos. or longer ___ Unknown				
What do you use to clean your child's teeth and gums? ___ Soft cloth or gauze ___ Toothbrush (soft, hard - circle one) ___ Fingerbrush for babies/ toddlers ___ Other (specify): _____					<b>OTHER FINDINGS OR CONCERNS</b> (including barriers to seeking dental care for child)				
Do you have a dentist for your child? ___ Yes ___ No Date of last dental visit _____ Would you like assistance locating a dentist? ___ Yes ___ No Are you interested in an oral health training session? ___ Individual ___ Group ___ No					Revised: 7/26/06				
Distribution: ___ Consumer Chart ___ Dental Coordinator									



# Oral Health Risk Assessment

INITIAL VISIT     FOLLOW-UP VISIT

DATE: \_\_\_\_\_

**Do you have any concerns about your child's oral health?**

\_\_\_ No specific concerns

**Have you noticed any white or brown spots or holes in your child's teeth?** \_\_\_ Yes \_\_\_ No \_\_\_ Has no teeth

**Is your child using any of the following and at what time of the day or night: (check all boxes that apply)**

	Day	Evening	Naptime	While Sleeping at Night
Sipper Cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bottle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast Feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If applicable, what do the bottles and/ or sipper cups contain at each time period:**

Day: \_\_\_\_\_

Evening: \_\_\_\_\_

Naptime: \_\_\_\_\_

While Sleeping at Night: \_\_\_\_\_

**Do you brush your child's teeth after his/ her last food or drink of the evening? \_\_\_ Yes \_\_\_ No**

**Does your child use a pacifier that is dipped in something sweet?  
\_\_\_ Yes \_\_\_ No**

**Some medication can affect your child's oral health; is your child on any medication? \_\_\_ Yes \_\_\_ No**

\_\_\_ Dilantin \_\_\_ Tetracycline \_\_\_ Other antibiotics

\_\_\_ Tranquilizers/Sedatives

\_\_\_ Medications delivered in a sugary syrup

\_\_\_ Fluoride drops/ tablets

\_\_\_ Other (specify): \_\_\_\_\_

**What do you use to clean your child's teeth and gums?**

Soft cloth or gauze

Toothbrush (soft, hard – *circle one*)

Fingerbrush for babies/ toddlers

Other (specify): \_\_\_\_\_

**Do you have a dentist for your child?**  Yes  No

**Date of last dental visit** \_\_\_\_\_

**Would you like assistance locating a dentist?**  Yes  No

**Are you interested in an oral health training session?**

Individual  Group  No

## **RECOMMENDATIONS & INTERVENTIONS**

**Brochure Highlighted and Given** \_\_\_ Yes \_\_\_ No

### **Counseling Provided:**

\_\_\_ Cleaning Teeth \_\_\_ Medications \_\_\_ Habits (i.e. putting baby to sleep with bottle) \_\_\_ Diet (i.e. sugar intake)

### **Referral to Dental Coordinator**

\_\_\_ Yes \_\_\_ No \_\_\_ 6 mos. follow-up \_\_\_ Family Declined Referral  
\_\_\_ If Yes, Referral Form attached

**Oral Health Goal in IFSP** \_\_\_ To be included \_\_\_ Included \_\_\_ No  
(If Included, check all that apply)

\_\_\_ Tooth brushing/cleaning \_\_\_ Behavioral  
\_\_\_ Dental Appointment \_\_\_ Dental Coordinator  
\_\_\_ Medications \_\_\_ Baby bottle/ Nutrition

**Client Referral(s)** \_\_\_ Primary Medical Care \_\_\_ Specialty Medical Care  
\_\_\_ Dental Care \_\_\_ Specialty Dental Care \_\_\_ Speech Therapy  
\_\_\_ Social Service \_\_\_ Nutrition Services \_\_\_ Behavioral Services  
\_\_\_ Transportation \_\_\_ Developmental Services \_\_\_ Childcare \_\_\_ Other

**Developmental Delay** (check all that apply) \_\_\_ Mental Retardation  
\_\_\_ Epilepsy \_\_\_ Cerebral Palsy \_\_\_ SED \_\_\_ Autism/PDD  
\_\_\_ Blindness \_\_\_ Orthopedic Impairment \_\_\_ Speech Impairment  
\_\_\_ Specific Learning Disability \_\_\_ Deafness or Hearing Impairment  
\_\_\_ Another Impairment lasting 6 mos. or longer \_\_\_ Unknown

**OTHER FINDINGS OR CONCERNS** (including barriers to seeking dental care for child)

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					Revised: 7/26/06				

### Brush and Floss AM & PM

- Place a soft-bristled toothbrush where gums and teeth meet and wiggle it back & forth.



- Don't forget to brush the inside surfaces.



- Start FLOSSING daily when 2 teeth touch.

Adaptive Aids are available to help you clean your baby's teeth:

- Modified grips/handles
- Electric or 2-sided brushes
- Mouth props
- Floss holders



The American Academy of Pediatric Dentistry (AAPD) recommends bringing your child to a dental office or clinic by his or her 1<sup>st</sup> birthday!

&  
Ask your dental or medical provider about protecting your child's teeth with fluoride!

For More Brochures Contact:



Pacific Center for Special Care  
2155 Webster Street  
San Francisco, CA 94115  
(415) 749-3384  
Fax: (415) 749-3399  
[www.pacificspecialcare.org](http://www.pacificspecialcare.org)

### Getting an "EARLY START" on Dental Health



Baby teeth are important for:

- Smiling
- Chewing
- Speaking
- Self-Esteem



### Early Childhood Cavities:

- Are a serious infection of the teeth!
- Start as white spots on the front top teeth and can spread to the back molars.
- Cause pain and stop your child from eating.
- Can necessitate having teeth pulled which can affect speech and lead to crooked permanent teeth.



These are sample photos of:  
(1) white spots  
(2) cavities  
(3) infected teeth



### Lift the Lip!

- Check for cavities by laying your child on your lap and lifting up his lip to check the upper front teeth, especially near the gums.



### Don't Bathe the Teeth in Sugar!

*Prolonged exposure to sugars from milk or juice, while sleeping or napping can lead to severe tooth decay.*

- Don't put your baby to sleep with a bottle that contains anything other than water.
- Try a clean pacifier, instead of a bottle at bedtime, if your child is younger than two years old. After the age of 2, avoid using a pacifier because it can affect the way the teeth develop and bite together.



- Transition your baby to a cup by age one.
- Avoid giving your child sugary drinks, such as juice and soda.
- Avoid snacking in between meals.
- Limit sweets to right after mealtime, because how often your child is exposed to sugar can determine how easily cavities form.

### Some Medications Contain Sugar!

Beware! Liquid medications have a lot of sugar that can cause tooth decay; rinse or brush after giving them to your infant or toddler.



### Cavities are Caused by GERMS!

*Cavities can spread from person to person!*

- Avoid sharing food, utensils, or cups with your baby or child.
- Brush and floss your own teeth daily; have regular dental check-ups and eat healthy. You will be less likely to pass cavity-causing germs to your own children.

### Remove the GERMS!

- Before teeth come in, clean baby's mouth with a clean, wet wash cloth daily.
- Start brushing baby's teeth twice a day with a soft toothbrush, as soon as the first tooth comes in.



- Lay baby's head in your lap to brush so you can see all the teeth.
- Use a thin film or very small pea-size amount of fluoride toothpaste on your child's teeth, as early as 6-12 months of age. Wipe out excess. Make sure your baby or toddler does not swallow the toothpaste.



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## Remove the GERMS!

- Before teeth come in, clean baby's mouth with a clean, wet wash cloth daily.
- Start brushing baby's teeth

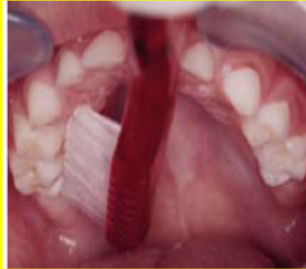


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- Use a thin film or very small pea-size amount of fluoride toothpaste on your child's teeth, as early as 6-12 months of age. Wipe out excess. Make sure your baby or toddler does not swallow the toothpaste.



## Brush and Floss AM & PM

- Place a soft-bristled toothbrush where gums and teeth meet and wiggle it back & forth.



- Don't forget to brush the inside surfaces.



- Start FLOSSING daily when 2 teeth touch.

## Adaptive Aids are available to help you clean your baby's teeth:

- Modified grips/handles
- Electric or 2-sided brushes
- Mouth props
- Floss holders



## ORAL HEALTH COUNSELING

- ◇ *Baby teeth are important*
- ◇ *Relationship between teeth and overall health*
- ◇ *Child's first dental visit around his/her first birthday*
- ◇ *Mother's/caregiver's oral health affects baby's oral health*

### Oral Health and Hygiene (Infants: 0-12 Months Old)

- ◆ Familiarize yourself with the normal appearance of your baby's teeth and gums so you can identify changes or problems.
- ◆ Begin cleaning the teeth and gums upon the eruption of the first tooth, using a washcloth, gauze or soft toothbrush.
- ◆ At the age of 6 months, you may begin using a washcloth, gauze, or soft toothbrush to apply a small film of fluoridated toothpaste to the teeth.
- ◆ Check the front and back of the teeth for white/brown spots (sign of cavities).

### Oral Health and Hygiene (Toddlers and Young Children)

- ◆ It is the parent/ caregiver's responsibility to ensure that children under 8 years are receiving help brushing.
- ◆ Begin brushing toddler's teeth with a soft brush and pea-size amount of fluoridated toothpaste by the age of one, but make sure the child avoids swallowing the toothpaste and rinses out thoroughly with water.
- ◆ Make an appointment for toddler's first dental visit around his/her first birthday.

### Oral Development

- ◆ Know the importance of baby teeth: for chewing, speaking, self-esteem, overall health, and as a placeholder for permanent teeth - they also allow proper chewing of healthy foods for proper nutrition and growth development.
- ◆ Most infants don't get their first tooth until after 6 months old. For infants with developmental delays, the first tooth may be late.
- ◆ Most of the "baby" teeth will appear by the age of 2.
- ◆ Teething babies can be irritable. When teething, give a teething ring or washcloth to the child to bite on to help soothe sore gums.

### Oral Habits

- ◆ Sucking a pacifier may help calm an infant and will not harm the teeth during *infancy*.
- ◆ However, caregivers should start weaning finger/thumb/pacifier sucking by the time the child is 18 months to 2 years old because these habits may affect the child's occlusion (the way the teeth bite together), especially if continued past the age of 4 years.

#### Diet and Nutrition

- ◆ Do not put the baby to bed with a bottle, prop it in the mouth, or allow feeding "at will".
- ◆ Sugars in milk and juice can cause cavities.
- ◆ At 6 months, begin to offer a cup for water or juice.
- ◆ At 9 months, if bottle feeding, begin weaning and encourage the child to drink from a cup.
- ◆ At 12 months, wean from the bottle.
- ◆ By the age of 2, the child should be completely weaned from the bottle and drinking exclusively from a cup.
- ◆ Offer healthy snacks and drinks. Do not give soda or other sugary, carbonated drinks to the child.
- ◆ Dilute juice with tap water - apple and grape juices have high sugar content. Aim to slowly reduce juice to zero in the bottle or sipper cup.
- ◆ Limit the frequency of sugary snacks. It is the number of exposures, not just the amount, of sugar which can be detrimental to teeth.
- ◆ Caregivers should not taste or share eating utensils with the child because bacteria can be transferred to the child's mouth.

#### Fluoride

- ◆ Fluoride is a very effective tool used to prevent tooth decay by strengthening the tooth enamel.
- ◆ Fluoride is found in many toothpastes, rinses, and fluoride varnish, which is applied topically to teeth.
- ◆ Fluoride is also found in food and the water supply of many regions.
- ◆ Very small amounts of fluoride are in the water supply (less than 1 ppm). It doesn't seem like much, but can help developing teeth grow strong.
- ◆ In areas where the water is not fluoridated, supplemental fluoride drops or tablets may be available and prescribed by a physician or dentist. (You can call your local water department to find out if your water supply is fluoridated.)

#### Injury Prevention (to prevent injury to the mouth or face)

- ◆ Child-proof your home: poison, trauma, electrical outlet/cord injury prevention, use of safety locks, gates at top and bottom of stairs, dangling drapery and electrical cords
- ◆ Use a properly secured infant car seat.
- ◆ Always keep one hand on the baby on high places such as changing tables, beds, sofas, or chairs.
- ◆ Always use a safety belt or infant seat when placing infant in a shopping cart.
- ◆ Do not use baby walkers.
- ◆ Ensure child wears a helmet when riding in a seat on an adult's bicycle, or on own tri/bicycle.

# Service Coordinator Oral Health Activity

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- 8 sites, ~ 40 Service Coordinators
- ~2500 oral health assessments
- 800 require dental coordinator follow-up
- 400 require referral to dentist



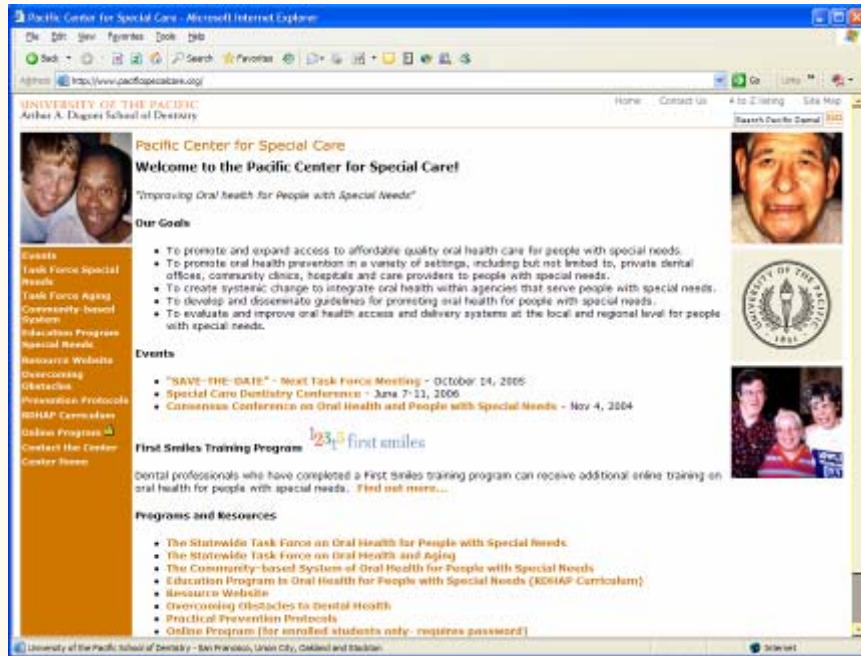
# Service Coordinator Focus Groups

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- Initial concerns – time, unfamiliar, not a priority, family concerned about other issues
- Service Coordinators now consider it “part of what we do – should have been doing this all along”
- Feel good about giving family something they can actually do something about



<http://www.PacificSpecialCare.org>



<http://www.SCDonline.org>