



Dental Public Health Project Descriptive Report Form

Please provide a description of your organization’s successful dental public health project by completing this form. Add extra lines to the form as needed but stay within **word limits**.

Please return the completed form to Lori Cofano: lcofano@astdd.org

Name of Project
Protect Tiny Teeth Toolkit (American Academy of Pediatrics)
Executive Summary (250-word limit-236 currently)
<p>Cavities (dental caries) are one of the most common chronic diseases of childhood — affecting half of all children and disproportionately impacting low-income children and children of color. Children who develop caries early in life not only may experience acute pain and infection, but also require restorations under general anesthesia and are at risk for chronic, lifelong poor oral health. Infancy is when pediatricians see patients and their caregivers with the greatest frequency, and thus have regular opportunities to perform preventive oral health services.</p> <p>Despite the American Academy of Pediatric Dentistry (AAPD) recommendation for all children to have their first dental visit by age 1, in 2016, 80.2% of children aged 1 year had never seen a dentist. Although most pediatricians agree they should play a role in promoting oral health, many reported existing barriers in implementing oral health services such as inadequate time during visits, lack of payment for fluoride varnish application, and oral health risk assessment, inadequate training, and lack of dentists accepting young children in their practice.</p> <p>To support pediatricians in the implementation of oral health services and establish routine preventive care in infancy, the American Academy of Pediatrics (AAP) created the Protect Tiny Teeth Toolkit (www.aap.org/tinyteeth). This kit includes communication and practice tools that can be used to educate health care professionals and families about oral health and to support integration of preventive oral health for pregnant patients and infants in medical settings.</p>
Name of Program or Organization Submitting Project
Organization: American Academy of Pediatrics

Essential Public Health Services to Promote Health and Oral Health in the United States

Place an "X" in the box next to the Core Public Health Function(s) that apply to the project.

X	Assessment (Investigate, diagnose, and address health hazards and root causes)
X	Policy development (communicate effectively to inform and educate)
X	Assurance (build a diverse and skilled workforce & improve and innovate through evaluation, research, and quality improvement)

<http://www.astdd.org/state-guidelines/>

Project submissions will be categorized by the Core Public Health Functions on the ASTDD website.

Healthy People 2030 Objectives

List Healthy People 2030 objectives related to the project.

- OH-01 Reduce the proportion of children and adolescents with lifetime tooth decay
- OH-02 Reduce the proportion of children and adolescents with active and untreated tooth decay
- OH-08 Increase use of the oral health care system

This information will be used as a data resource for ASTDD purposes.

Keywords for sorting the project by topic.

Provide **three to five** keywords (e.g., access to care, children, coalitions, dental sealants, fluoride, policy, Medicaid, older adults, pregnant women, etc.) that describe the project. Keywords are used to categorize submissions.

1. Education: Oral Health Education for Pregnant Women
2. Screening: Oral Health Screening for Children
3. Training: Oral Health Training for Medical Providers

Detailed Project Description

Project Overview

(750-word limit)

1. What problem does the project address? How was the problem identified?

Dental caries is one of the most common chronic childhood conditions. Nearly half of children experience tooth decay, and children from low-income and ethnic minority backgrounds suffer higher rates of decay and severe consequences including chronic and acute mouth pain, local and disseminated infection, treatment under general anesthesia, school absence, and accompanying health and developmental risks.¹ During the COVID-19 pandemic, rates of dental caries increased with children spending more time at home snacking and dental care being frequently delayed or forgone.² There is a national shortage of practicing dentists to meet the need of the pediatric population, especially children who are low-income, on Medicaid, or uninsured. Evidence shows that dental caries is largely preventable if intervention and prevention measures are instituted earlier than 3 years of age.³ Children in the first 3 years of life are seen frequently in their medical homes for other

health supervision and disease prevention measures, and oral health risk assessment and preventive treatments can be incorporated into these visits. The U.S. Preventive Services Task Force (USPSTF) recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride and that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption (B recommendation).⁴ In addition, all 50 state Medicaid programs now reimburse medical providers for the provision of preventive dental services including caries risk assessment and fluoride varnish application.⁵ This Protect Tiny Teeth Toolkit was developed to provide medical providers with the skills to provide preventive oral health services in the primary care office. The toolkit assists pediatricians, OBGYNs, and family medicine providers implement oral health screening, education, and referral in their practices.

1. NIDCR. Oral Health in America (2021). <https://www.nidcr.nih.gov/oralhealthinamerica>
2. C.S. Mott Children's Hospital National Poll on Children's Health, University of Michigan (2021), <https://mottpoll.org/reports/pandemic-posed-challenges-childrens-oral-health>
3. Pahel BT, Rozier RG, Stearns SC, Quinonez RB. Effectiveness of preventive dental treatments by physicians for young Medicaid enrollees. *Pediatrics* 2011;127(3):e682-9
4. USPSTF, Prevention of Dental Caries in Children Younger Than 5 Years: Screening and Interventions (2021)
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-dental-caries-in-children-younger-than-age-5-years-screening-and-interventions1>
5. Smiles for Life. Fluoride Varnish Ordering and State Specific Information. (2022)
<https://www.smilesforlifeoralhealth.org/resources/practice-tools-and-resources/state-specific-fluoride-varnish-information/>

2. Who is the target population?

Medical providers who see children and/or those who see pregnant women (OBGYN, Family Medicine, Pediatrics, Nurses, community health workers, etc.)

3. Provide relevant background information.

A decade after the USPSTF recommendation and AAP Bright Futures recommendations for Preventive Pediatric Health Care that pediatricians apply fluoride varnish to children younger than age 5,¹ the most recent 2018 AAP Survey of Fellows on oral health found that only 17% of pediatricians applied fluoride varnish in their practice setting.² In recent years, medical schools and pediatric and family medicine residency programs have begun to include oral health in their curriculum, including oral health screening, risk assessment, counseling, and fluoride varnish application; however, practicing medical providers trained prior to the past few years commonly lack these skills.³ This toolkit aims to provide these skills to participants and aim to improve quality of care.

1. AAP Workgroup, Bright Futures Periodicity Schedule (2021) 2021 Recommendations for Preventive Pediatric Health Care. *Pediatrics* 147.3.
2. Sisk B, Lewis C, Barone L, Quinonez R, Krol D, Braun P. (2019). Trends in Pediatricians' Practices and Perceived Barriers to Oral Health Assessments: 2008-2018. Presented at 2019 Pediatric Academic Societies annual meeting.
3. Simon L, Silk K, Savageau J, Sullivan K, Riedy C. (2018). Oral Health Training in Osteopathic Medical Schools: Results of a National Survey, *Journal of Osteopathic Medicine*, 118(7):463-471.

4. Describe the project goals.

In 2020-2021, ten prenatal practices were selected to implement the toolkit. Patient chart data was collected monthly and run charts were created to track progress. Monthly virtual calls were held to discuss project successes or challenges. The goals of the project were:

- 1) Enable medical providers to screen children for tooth decay. The goal was to increase screening by 20% over baseline.
- 2) Empower medical providers to educate families about the importance of oral health in overall health. The goal was to increase oral health education by 20% over baseline.
- 3) Train medical providers to apply fluoride varnish to teeth during primary care visits. Increase fluoride varnish application by 20% over baseline.
- 4) Assist medical providers in creating patient referrals to dental professionals. Increase referral by 20% over baseline.
- 5) Measure and assess the above impacts of the program.

Resources, Data, Impact, and Outcomes (750-word limit)

1. What resources were/are necessary to support the project (e.g., staffing, volunteers, funding, partnerships, collaborations with other agencies or organizations)?

Originally a part-time staff person worked with medical provider volunteers to design the materials. The materials were created after messaging testing the ideas with parents.

After the materials were created, a part-time staff person was hired to recruit participating practices, host the virtual meetings, facilitate discussion, and evaluate the program. This staff person was in charge of establishing partnerships with medical practices implementing the Protect Tiny Teeth toolkit and developing the evaluation tools to assess the toolkit's impact on practice and patient health.

Currently, there is no funding for this program. A staff person is on hand to answer questions from those interested in using these resources and to customize other organizations logos on the resources.

2. (a) What process measure data are being collected (e.g., sealants placed, people hired, etc.)?

During the project years, fluoride varnish applied, number of patients educated, screened, or referred was tracked. Please see the "[Overview & Results Report: Prenatal Settings](#)" or "[Overview & Results Report: Pediatric Settings](#)" to see all project run charts. Currently, with no project funding, only the logo customization requests are tracked.

(b) What outcome measure data are being collected (e.g., improvement in health)?

The short timeline of this project did not allow for following patients long term for improvements in health.

(c) How frequently are data collected?

Monthly over six months. Please see the "[Overview & Results Report: Prenatal Settings](#)" or "[Overview & Results Report: Pediatric Settings](#)" to see all project run charts.

3. How are the results shared?

An overview & results documents were created for the prenatal project as well as the pediatric project. An implementation guide was created to assist those who are interested in implementing a similar project. All materials can be found on <https://www.aap.org/tinyteeth>. These documents were promoted through oral health social media and online channels. This project was presented at the National Oral Health Conference in 2022 and 2023. AAP is also planning a webinar to highlight this project in 2024.

Budget and Sustainability

(500-word limit)

Note: Charts and tables may be used.

1. What is/was the budget for the project?

\$150,00 annually

2. How is the project funded (e.g., federal, national, state, local, private funding)?

Federal

CDC funding

3. What is the sustainability plan for the project?

Continue to seek funding to update and promote utilization of this toolkit.

Lessons Learned

(750-word limit)

(a) What lessons were learned that would be useful for others seeking to implement a similar project?

- a. It is important to establish supportive policies within healthcare clinics. One prenatal practice shared that each pregnant person needed to have a letter from their primary provider to see a dentist. This was an unnecessary hurdle for dental care. This practice worked to establish a standing order that all prenatal patients could see a dentist at any time during their pregnancy.
- b. It is important to set up a workflow that makes integrating oral health easy. Some clinics decided to have their community health workers conduct oral health education, in other clinics the family physician talked about oral health at the beginning of every visit. Every clinic had to try different workflow options to find the one that worked best for them.
- c. Many project participants emphasized how important it was to develop community relationships. Medical providers need to know who the dental providers are within their community, what kinds of patients dentists see, and what insurances these dental providers accept.
- d. Project participants mentioned it was important to discuss guidance so all providers within the community are saying the same message (for example that

children can be seen at age one or that it is safe to see a dental provider while pregnant), so patients are not hearing conflicting information.

(b) Any unanticipated outcomes?

- a. The COVID-19 pandemic was occurring during this 2-year implementation project around the Protect Tiny Teeth toolkit. Several patients did not want to remove their masks to show the medical provider their teeth and gums.

(c) Is there anything you would have done differently?

- a. We wish we could have written into our IRB a 1-year post project follow-up survey to see if the progress made by participating practice sites was sustainable.

Resources

List resources developed by this project that may be useful to others (e.g., guidelines, infographics, policies, educational materials). Include links if available.

- American Academy of Pediatrics (AAP): [Protect Tiny Teeth Toolkit](#)
- AAP: [Brush, Book, Bed](#)
- AAP policy: [Maintaining and Improving the Oral Health of Young Children \(2022\)](#)
- AAP policy: [Fluoride Use in Caries Prevention in the Primary Care Setting \(2020\)](#)
- AAP policy: [Oral Health Care for Children with Developmental Disabilities \(2013\)](#)
- AAP: [Oral Health Flipchart](#)
- AAP: [Risk Assessment Tool](#)
- American Dental Association (ADA): [Health Policy Institute](#)
- Academic Pediatrics: [Incorporating Oral Health into Pediatric Practice: National Trends 2008, 2012, 2018 \(2022\)](#)
- ADA: [MouthHealthy](#)
- American College of Obstetricians and Gynecologists (ACOG): [Oral Health Care During Pregnancy and Through the Lifespan \(2017\)](#)
- American Dental Hygienists' Association (ADHA): [Dental Hygienist Scope of Practice](#)
- Campaign for Dental Health: [Common questions about Fluoride](#)
- Centers for Disease Control and Prevention (CDC): [Children's Oral Health](#)
- Healthychildren.org (AAP): [Give Your Baby the Best Possible Start](#) (English & Spanish)
- Journal of the American Association of Nurse Practitioners: [Integrating Oral Health Curricula into Nurse Practitioner Graduate Programs: Results of a US Survey \(2018\)](#)
- National Academy for State Health Policy (NASHP): [State Medicaid Coverage of Dental Services for General Adult and Pregnant Populations](#)
- National Maternal and Child Oral Health Resource Center: [Oral Health During Pregnancy Resources](#)
- Oral Health Nursing Education and Practice (OHNEP): [Nurse Midwifery Program: Interprofessional Oral Health Faculty Toolkit](#)
- Smiles for Life: [A National Free, Online Oral Health Curriculum](#)

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To Be Completed By ASTDD	
Descriptive report number:	99008
Associated BPAR:	Early Childhood Caries Prevention and Management
Submitted by:	American Academy of Pediatrics
Submission file name:	DES99008IL-tiny-teeth-toolkit
Submission date:	September 2023
Last reviewed:	September 2023
Last updated:	September 2023