



## Dental Public Health Activities & Practices

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### SECTION I: PRACTICE OVERVIEW

**Name of the Dental Public Health Activity:**

**The American Academy of Pediatrics' Oral Health Initiative**

**Public Health Functions:**

Policy Development – Collaboration and Partnership for Planning and Integration  
 Assurance – Population-based Interventions  
 Assurance – Oral Health Communications  
 Assurance – Building Linkages and Partnerships for Interventions  
 Assurance – Building State and Community Capacity for Interventions  
 Assurance – Access to Care and Health System Interventions

**Healthy People 2010 Objectives:**

7-10 Increase community health promotion programs addressing multiple HP 2010 focus areas  
 21-1 Reduce dental caries experience in children  
 21-2 Reduce untreated dental decay in children and adults  
 21-10 Increase utilization of oral health system  
 21-12 Increase preventive dental services for low-income children and adolescents  
 21-14 Increase number of community health centers & local health departments with oral health component

**State:**

All states

**Federal Region:**

All regions

**Key Words for Searches:**

Children's oral health, pediatric oral health, oral health training, provider training, pediatrician, child health provider, workforce, oral health assessment

**Abstract:**

Dental caries is the most prevalent infectious disease among US children. Through improved education, training, and partnerships with other professionals, pediatricians can make a difference in addressing children's oral health disparities. The American Academy of Pediatrics' Oral Health Initiative implements activities with a focus on public and professional education; collaboration at the local, state, and national levels to affect systems change; and improved communication and interest within the organization on oral health disparities. OHI activities include material development, formal trainings, educational sessions, and communication activities (Web site, monthly E-Newsletter and listservs). Several mechanisms have been put in place to ensure effective coordination of program activities. For example, a multidisciplinary project advisory committee (PAC) was formed to provide oversight to all program activities and is made up of representatives from key national organizations. Having pediatrician involvement in children's oral health has an impact particularly for children in underserved areas. Pediatricians are able to provide anticipatory guidance and preventive services while waiting for the establishment of a dental home. Costs associated with the Oral Health Initiative are approximately \$250,000 per year.

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## SECTION II: PRACTICE DESCRIPTION

### History of the Practice:

In 1999, the **American Academy of Pediatrics (AAP)** established the **Section on Pediatric Dentistry (SOPD)** as a means 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. In 2003, recognizing the importance of addressing oral health as part of overall health, the SOPD developed the AAP Policy Statement: *Oral Health Risk Assessment Timing and Establishment of the Dental Home*. The policy statement recommends that pediatric providers be trained to perform oral health risk assessment, that pediatricians provide oral health-related anticipatory guidance to parents, and that pediatricians support the concept of the dental home by assisting in the identification of a dental care provider. In 2006, with AAP's increased involvement in oral health, the SOPD changed its name to the **Section on Pediatric Dentistry and Oral Health** and expanded the Section with additional representatives (physicians and dentists). In addition, the Section focused on improving communications between physicians and dentists, improving advocacy for oral health, promoting proper nutrition, and facilitating early diagnosis and prevention of dental disease in infants, children, adolescents, young adults and those with special health care needs.

The **AAP Oral Health Initiative (OHI)** began in 2002 in response to the Surgeon General's Report on the state of oral health in America. The AAP convened an Oral Health Work Group that included pediatricians, pediatric dentists, general dentists, dental hygienists and others to provide the Academy direction for promoting oral health. The work group was funded by the federal Maternal and Child Health Bureau (MCHB) as part of the Pediatric Collaborative Care (PedsCare) grant charged with promoting greater collaboration between pediatricians and other health professionals to benefit child health.

It was determined that the best way for the AAP to begin to address children's oral health issues was to develop training materials that would support pediatric health care professionals in assessing the oral health risks of their patients, to provide communication outlets related to pediatric oral health, and to develop educational programs to promote an understanding of oral health issues for children and their caretakers. The AAP continued to build on this work through funding from the MCHB Partnership to Promote Maternal and Child Health (PPMCH) grant program.

### Justification of the Practice:

In 2000, the US Surgeon General called attention to the importance of children's oral health and the high incidence of dental caries. Despite major efforts in recent years, oral health disease still poses a significant health threat to many children, and oral health disparities in children still exist.

Research has indicated that access to early oral health care is critical in the early identification and prevention of the disease. Because pediatricians and other child health professionals are most likely to encounter new mothers and infants, it is essential that they are aware of the infectious pathophysiology and associated risk factors of Early Childhood Caries (ECC) to make appropriate decisions regarding timely and effective intervention.

If pediatricians and other health care professionals could examine young children and facilitate the referral of children who most need treatment by a dental health professional, it is likely that the effects of ECC would decrease, resulting in improved general health for children. But as was found recently in a periodic survey conducted by the AAP, most pediatricians believe they should perform oral health assessments and counseling, yet few are confident in their ability to perform the more difficult screening tasks. Many pediatricians identified their lack of professional education as a barrier to oral health screening; they also identified payment issues and parent misinformation regarding the need for dental visits as barriers to very young children receiving care. More education and training are needed for pediatricians and other child health professionals to routinely conduct oral health risk assessments. In addition, it is important to introduce oral health training earlier in the educational pathway e.g., medical school and residency programs are the optimal times to present new educational content, that will be implemented when graduates enter practice.

## Inputs, Activities, Outputs and Outcomes of the Practice:

AAP promotes improved maternal and child health status by offering pediatricians the tools and support they need to provide community-based, collaborative care within a medical home. Oral health is one of the focus areas in which collaborative care can make a significant difference. AAP's Oral Health Initiative (OHI) aims to educate pediatricians and other health care professionals about oral health, determine promising practice models for decreasing oral health disparities at the community level, increase public awareness about the infectious nature of dental caries and the importance of good oral hygiene, and provide a framework for the AAP to address disparities related to other health conditions.

### Oral Health Initiative (OHI) Activities

OHI activities include:

- **Oral Health Risk Assessment Training for Pediatricians and Other Child Health Professionals** – In 2005, the AAP released this training as a CD-ROM, which is based on the recommendations from the AAP's 2003 Policy Statement on *Oral Health Risk Assessment Timing and Establishment of the Dental Home*. The training provides materials that give an overview of the elements of risk assessment and triage for infants and young children. The training focuses on the etiology of caries including preventive strategies, tips on performing an oral health risk assessment and screening, advice regarding the establishment of a dental home, parent/patient education and anticipatory guidance, and AAP recommendations.
  - The presentation can be downloaded from the AAP Web site at: <http://www.aap.org/oralhealth/cme/download.htm>.
  - Continuing Medical Education (CME) credit is offered free online at: <http://www.aap.org/oralhealth/cme/>.
- **Protecting All Children's Teeth: A Pediatric Oral Health Training (PACT)** – The OHI has recently completed a 13-module training aimed to educate pediatricians, pediatricians in training, and others interested in infant, child and adolescent health about the important role that oral health plays in overall health. It has been approved for 11 hours of free CME. The goal of this curriculum is to train pediatricians to become more knowledgeable about child oral health, more competent in providing oral health guidance and preventive care, and more comfortable sharing the responsibility of oral health with dental colleagues. Access online at: <http://www.aap.org/compeds/dochs/oralhealth/pact.cfm>.
- **Pediatric Oral Health E-Newsletter** – As a way to provide news and updates to physicians and others interested in children's oral health, the Oral Health Initiative began distributing the Pediatric Oral Health E-Newsletter in 2003. The E-News provides members with information, updates, and notifications of events related to oral health. Subscribing to the E-Newsletter can be made by sending a request to [oralhealth@aap.org](mailto:oralhealth@aap.org).
- **Oral Health Web Site** – The Oral Health Web site, designed to provide information to both health care professionals and parents, is housed on the AAP Web site. The site covers many topics related to oral health including: general oral health information and resources, AAP related resources, fluoride issues, state oral health resources, highlighted community-based oral programs, and more. The Web site can be accessed at [www.aap.org/oralhealth](http://www.aap.org/oralhealth).
- **Articles on Oral Health** – To promote oral health to its members, the AAP has published oral health articles in both *AAP News* and *Pediatrics* and developed policy statements. These articles/policy statements can be accessed on the Oral Health Web site.
  - AAP News articles: <http://www.aap.org/compeds/dochs/oralhealth/aapNews.cfm>
  - *Pediatrics* articles: <http://www.aap.org/compeds/dochs/oralhealth/pediatrics.cfm>
  - Policy Statements: <http://www.aap.org/compeds/dochs/oralhealth/policy-statements.cfm>
- **Pediatrics in the 21<sup>st</sup> Century: Something to Smile About: the Pediatrician's Role in the Oral Health** – The 2008 Pediatrics in the 21<sup>st</sup> Century (Peds21) Summit focused on oral health and was held in Boston on October 10, 2008. (Peds 21 is an AAP initiative designed to address emerging issues that will impact the practice of pediatrics and pediatric care in the 21st century.) The Summit program started with a joint welcoming message from the AAP President Renee Jenkins, MD, American Academy of Pediatric Dentistry President Beverly Largent, DDS, and American Dental Association President, Mark Feldman,

DDS. Former US Surgeon General, David Satcher, MD, served as the keynote speaker. The day's programming included presentations on: (1) science of oral disease, (2) oral health and the well-being of the child, (3) societal impact of oral health, and (4) intervention on an individual and state level.

- The presentations are available online at <http://www.aap.org/peds-21/> as a video stream.
- Posters presented at the Summit can also be viewed online at <http://www.aap.org/commped/doch/oralhealth/peds21-posters.cfm>.
- **The National Summit on Children's Oral Health** – In November 2008, the OHI hosted the National Summit on Children's Oral Health. The goal of the Summit was to collaborate with various leading medical, dental and other organizations, and federal agencies, to discuss national progress in meeting the recommendations of the 2000 Surgeon General's Report (SGR) on Oral Health in America and to identify appropriate strategies to overcome identified barriers in accelerating children's access to oral health care services in the United States. Summit materials include abstracts/articles and are available on the [Results of the AAP National Summit on Children's Oral Health Web page](#). As background information for the Summit, papers were commissioned from nationally prominent oral health educators, researchers, and policy experts, published in the [Academic Pediatrics' Special Issue on Children's Oral Health](#). The papers in this Special Issue also reflect discussions at the Summit, consider progress and challenges remaining in children's oral health since the release of the SGR on Oral Health, and discuss key educational, research, and policy strategies proposed to advance children's oral health and access to oral health services.
- **Oral Health Preceptorship Program** – The mini grant program provides pediatricians in underserved areas with the support of a pediatric dentist, general dentist who works with children, or pediatrician with oral health expertise who will instruct participants in conducting oral health risk assessments during well-child visits, demonstrate mother/caretaker interviews, provide instruction on fluoride varnish application, and suggest ways of instructing other health care professionals in doing risk assessments. Information about the sites and site visits for the preceptorship program can be found online at <http://www.aap.org/commped/doch/oralhealth/preceptorship.cfm>.
- **Chapter Advocate Training on Oral Health (CATOOH)** – the American Dental Association Foundation's *Working Together for Oral Health* grant supports the OHI's work in educating physicians. At the CATOOH, representatives from each of the 66 AAP Chapters will be trained to serve as that Chapter's Chapter Oral Health Advocate (COHA). The COHA functions as the Chapter's oral health experts offering trainings on incorporating oral health assessments into well child visits, establishing collaborative relationships with general dentists, pediatric dentists, state and local dental organizations to improve children's oral health in their communities, and providing oral health technical assistance to Chapter members related to oral health. The first training was held in December 2008. Additional information about the CATOOH and COHAs including future trainings can be found online at <http://www.aap.org/commped/doch/oralhealth/catooh.cfm>.

While the AAP's OHI is a national project, it has aspects that have a direct effect on state and local programs, particularly through the Oral Health Preceptorship Program and Chapter Oral Health Advocate Program (COHA). For the trainings, sites are encouraged not only to invite pediatricians, family medicine physicians and obstetricians/midwives, but also to include representatives from other child health professional organizations (WIC, Head Start, Department of Health, etc), the dental community (general dentists, pediatric dentists, public health dentists, dental hygienists, etc.) and local community leaders (government). When planning site visits, OHI staff strongly emphasizes the need to be inclusive on conference calls and through other communications. During the trainings, preceptors and COHAs invite participants to contact OHI staff should they need technical assistance, materials, or support in doing their own trainings. The AAP has made all its trainings and materials available for replication upon request.

#### OHI Administration and Staffing

The Director of the AAP Department of Practice (DOP) is the program supervisor, who provides oversight of program activities, serves as the primary conduit between the grant and the AAP's Board of Directors and Executive Committee, and is the key interface with other AAP Departments addressing oral health issues. The OHI Manager, who has developed a strong working relationship with pediatricians, coordinated several child health initiatives within the

AAP, and collaborated with many national organizations that focus on children's oral health, coordinates project activities. Also, with funding from grants, two consultants are contracted to support the OHI – one supports Web site development and maintenance work and the other the CATOOH projects.

A team of volunteer pediatricians, pediatric dentists and other child health professionals assists the OHI staff and provide oversight and direction to all activities. Direct oversight for the program is provided by the Oral Health Initiative Steering Committee (OHISC). The thirteen member Steering Committee consists of seven pediatricians with a strong background in oral health, one family practice physician, one pediatric resident and three pediatric dentists who also represent the AAP Section on Pediatric Dentistry and Oral Health (SOPDOH). Additional support is provided by a multidisciplinary Project Advisory Committee (PAC), which provides expert guidance on the grant activities and is composed of representatives from various key national organizations. The PAC meets annually and is made up of all members of the OHISC and representatives from the following organizations:

- American Academy of Family Physicians
- American Academy of Pediatric Dentistry
- American Association of Public Health Dentistry
- American Dental Association
- American Dental Hygienist Association
- American Public Health Association
- Association of Pediatric Program Directors
- Association of State and Territory Dental Directors
- Center for Disease Control and Prevention
- Centers for Medicare & Medicaid Services
- Children's Dental Health Project
- Family Voices
- Head Start/Early Head Start
- Hispanic Dental Association
- Indian Health Service
- Maternal and Child Health Bureau
- Medicaid/SCHIP Dental Association
- National Association of Pediatric Nurse Practitioners
- National Maternal and Child Health Resource Center
- National WIC Association

#### OHI Funding and Leveraging Resources through Partnership

- Start-up funding for the OHI came from the federal MCHB Pediatric Collaborative Care (PedsCare) grant.
- MCHB awarded the AAP a *Partnership to Promote Maternal and Child Health* grant. The 5-year grant (2005-2010), titled *Partnership to Reduce Oral Health Disparities in Early Childhood* (PROHD), builds on the work completed under the PedsCare grant.
- The American Dental Association Foundation (ADAF) grant – *Working Together for Oral Health* – provides three years of funding (2007-2010). The award of \$100,000 per year will support the Initiative's work in educating physicians.
- Support for the National Summit on Children's Oral Health and subsequent publications has been provided by Delta Dental, the Dental Trade Alliance Foundation, Procter and Gamble, Aetna, American Academy of Pediatric Dentistry, American Dental Association, Dentsply, Henry Schein, Inc, Massachusetts Delta Dental Foundation, the Maternal and Child Health Bureau (HRSA), Maternal and Child Health Program, University of Washington School of Public Health and Community Medicine, Oral Health America, The Pew Charitable Trusts, The Santa Fe Group, University of Washington School of Dentistry Department of Pediatric Dentistry, and Washington Dental Service/Washington Dental Service Foundation/Oral Health Institute.

#### OHI Outputs

- Over 14,000 copies of the *Oral Health Risk Assessment Training for Pediatricians and Other Child Professionals* on CD-ROM have been distributed since its release in 2005. To date, 825 individuals have taken the training for Continuing Medical Education (CME) or ADA CERP credit.
- Currently there are over 800 subscribers to the Pediatric Oral Health E-Newsletter. However, since the E-News is passed (via listservs®) to organizations and medical/dental programs,

AAP believes the E-News is circulated to at least 3 times the monthly subscriber list. Recipients include pediatricians, pediatric/general dentists, family practitioners, dental hygienists, state dental health directors, oral health educators, Head Start personal, Indian Health Service physicians/personal; anyone with an interest in children's oral health.

- The AAP Oral Health Web Site is visited by approximately 20,000 unique visitors per month.
- An online 13-module curriculum *Protecting All Children's Teeth: A Pediatric Oral Health Training* (PACT) was developed to be utilized by residency programs to train their pediatricians in oral health to a competency level expected of a good general pediatrician.
- The Oral Health Preceptorship Program has given 40 preceptorship grant awards over the past four years (2004-2009), with an additional 10 awards to be announced for 2009-10. With each preceptorship award, a site receives its own Web page which the site updates periodically. The preceptorship grant programs are listed online at <http://www.aap.org/commpeds/dochs/oralhealth/preceptorship-all.cfm>.
- The first AAP Chapter Advocate Training on Oral Health was held on December 5-6, 2008 with 20 Chapters participating. They included Chapters from: Alabama, Delaware, District of Columbia, Georgia, Indiana, Louisiana, Maine, Maryland, Massachusetts, Michigan, New Jersey, New York, Ohio, Ontario, Pennsylvania, Rhode Island, Vermont, and West Virginia. Each Chapter Oral Health Advocate is responsible for updating their Chapter/state activities on the Web site at: <http://www.aap.org/commpeds/dochs/oralhealth/links-state.cfm>.
- Staff of the OHI receive and respond to 150-200 technical assistance calls per month. Technical Assistance inquiries cover a large range of issues such as: state Medicaid reimbursement for oral health services issues, how pediatricians can get training in oral health issues, AAP oral health activities, support for OHISC, PAC, and AAP staff related to oral health, oral health grant opportunities, communities' collaboration with pediatricians on oral health issues, etc.

#### OHI Achievements and Benefits

When the program was initiated in 2002, few pediatricians were aware of their role in children's oral health and/or were expanding their role in promoting children's oral health. This initiative has not only increased pediatricians' awareness of oral health but also offered tools to support pediatricians and other child health professionals as they institute oral health care into practice. Through the various training mechanisms and educational venues, the OHI has been able to train the pediatrician to promote oral health and integrate oral health care in his/her practice.

Although a formal evaluation of OHI outcomes has not been conducted (will be addressed in the future), several observations show the achievements and benefits of the program's efforts:

- In 2005, 2,000 copies of the *Oral Health Risk Assessment Training for Pediatricians and Other Child Professionals* were distributed. The demand for the product was so great that the training was revised and an additional 2,000 copies were printed in 2006, and in 2007, 10,000 copies were printed so that each pediatric resident in the US was provided with a copy. Because of the high demand for the training, the material was placed online in a downloadable format as well as for FREE CME. In the one year since posting, 825 individuals have taken the training for CME or ADA CERP credit.
- Many states such as Kentucky, Maryland, Montana, Ohio, Pennsylvania, South Carolina, and Utah, have used the training – *Oral Health Risk Assessment Training for Pediatricians and Other Child Professionals* – as the basis for state-wide trainings of child health professionals including physicians, allied health professionals and office staff.
- To promote oral health as part of the pediatric residents' general training, the *Protecting All Children's Teeth* curriculum was developed. The training was pilot tested in four pediatric residency programs in 2008. Many have requested permission to incorporate the curriculum since its official release in June 2009.
- Typically a Peds 21 program (described above) has between 100-300 participants. The 2008 Oral Health Peds 21 session had 725 attendees. This is a clear indication that more pediatricians have an increased interest in oral health issues.
- To develop a supportive environment for pediatricians to provide preventive services, members of the OHI have been working with states to obtain Medicaid reimbursement for physicians providing preventive oral health care. When the OHI began its work, there

were only 11 states with a reimbursement provision for physicians; now there are 30 states providing reimbursement to physicians.

### Sustainability

The Oral Health Initiative (OHI) was able to add oral health as one of the four clinical priority areas in the AAP Strategic Plan. These strategic priorities serve to guide the AAP towards fulfilling its mission. Staff has drafted the initial implementation plan which will guide AAP efforts to integrate oral health into its overall child health strategies.

A new grant will continue to support efforts of the AAP's OHI. The American Dental Association Foundation (ADAF) invited AAP to apply for a Strategic Alliance grant. A proposal – titled "Working Together for Oral Health" – was submitted to support the continuation of the Preceptorship program and support new AAP Chapter Oral Health Summits to improve child health professionals' skills in performing oral health risk assessments. A Chapter Summit on Oral Health would offer a one-day session for representatives from the 66 AAP Chapters. It would have a train-the-trainer format based on the Oral Health Risk Assessment Training for Pediatricians and Other Child Health Professionals. Participants would be informed about the role pediatricians and their staff play in assessing children's oral health, how to conduct an oral health risk assessment (including oral screening exam), how to provide appropriate oral health instruction to families, and how to develop a management plan with referral to a dental home. Pre- and post-test will be given to assess the pediatrician's knowledge base and learning achievements. The goal is for the participants to take their training back to their Chapter and share the information with members of their pediatric community. In January 2009, the AAP was notified that they have been awarded the grant and the "Working Together for Oral Health" proposal will receive 3 years of funding (\$100,000 per year). With support of the ADAF grant, the OHI will continue to build on the Preceptorship program and 10 sites will be awarded for each year of the new grant.

### **Budget Estimates and Formulas of the Practice:**

Costs associated with the OHI program are approximately \$250,000 per year.

### **Lessons Learned and/or Plans for Improvement:**

OHI's lessons learned include:

- Everything takes more time than original thought! One needs to double or even triple the time one thinks an activity (e.g., development, review and approval of training, resource and other project materials.) will take to implement.
- Having the right people who are passionate is key to success. The OHI has been blessed with a devoted group of volunteer members who know that pediatrician involvement is integral to meeting the needs of children's oral health.
- By having oral health added to the AAP's strategic plan as one of the four Child Health Topics, oral health received more exposure and thus increased awareness of the AAP membership on the topic.
- Collaborating with various national organizations has been vital to the OHI's success. Through these collaborations, AAP has been able to draw attention to the oral health issue as well as identify other sources of funding.

OHI's plans for improvement include:

- Within the year, oral health will be integrated into AAP Strategic Plan and will have a permanent place as an AAP focus area. AAP will continue the work to educate physicians, parents, and the public about the importance of children's oral health.
- Now that much of the leg work has been completed to add oral health as one of AAP's top child health priorities, OHI staff is hoping to focus more attention on integrating oral health into pediatric residency programs.
- The MCHB Partnership to Reduce Oral Health Disparities in Early Childhood grant will end in 2010. AAP will seek another cycle of funding to expand current activities. OHI staff



would like to increase efforts to address the link between nutrition/obesity and oral health outcomes.

#### Available Information Resources:

1. AAP Oral Health Initiative Website  
[www.aap.org/oralhealth](http://www.aap.org/oralhealth)
2. AAP policy statements:
  - “Oral Health Risk Assessment Timing and Establishment of the Dental Home” (*Pediatrics*.2003; 111: 1113–1116).  
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;111/5/1113>
  - “Preventive Oral Health Intervention for Pediatricians” (*Pediatrics* 2008; 122: 1387–1394)  
<http://aappolicy.aappublications.org/cgi/reprint/pediatrics;122/6/1387.pdf>
3. AAP Oral Health Trainings
  - *Oral Health Risk Assessment Training for Pediatricians and Other Child Health Professionals*  
<http://www.aap.org/oralhealth/cme/>
  - *Protecting All Children’s Teeth: A Pediatric Oral Health Training*  
<http://www.aap.org/commpeds/doch/oralhealth/pact.cfm>
4. Pediatric Guide to Children’s Oral Health Flip Chart and Reference Guide  
<http://www.aap.org/ORALHEALTH/links-tools.cfm>
5. AAP Oral Health Resources
  - *AAP News* is the official News magazine of the American Academy of Pediatrics. *AAP News* articles relate to oral health are available at <http://www.aap.org/ORALHEALTH/aapNews.cfm>.
  - *PEDIATRICS* is the official journal of the American Academy of Pediatrics. *PEDIATRICS* articles related to oral health are available at <http://www.aap.org/ORALHEALTH/pediatrics.cfm>.
  - *Pediatrics in Review* is a monthly continuing medical education (CME) journal, containing review articles and special features. *Pediatrics in Review* includes the following articles related to oral health:
    - [Fluoride](#)
    - [Fluoride Supplementation and Dental Caries](#)
    - [Consultation with the Specialist: Dental Care](#)



## SECTION III: PRACTICE EVALUATION INFORMATION

### Impact/Effectiveness

*How has the practice demonstrated impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence, outcomes of the practice and/or evaluation results)?*

Effectiveness of the OHI is demonstrated by:

- Increased pediatrician understanding of their role in children's oral health as seen in the strong response to training programs and educational sessions offered, Monthly E-Newsletter circulation, Web hits, and technical assistance provided. Because of the project, pediatricians are recognizing their role in children's oral health and adding oral health risk assessment as part of well-child visits.
- The AAP's OHI is now recognized as a leader in children's oral health issues by other national organizations. This is evident by the number of requests for pediatric representation on task forces, work groups, and as speaker for oral health programs.
- As a result of the National Summit on Children's Oral Health, Wendy Mouradian, MD, Co-chair of the Summit was asked to be the keynote speaker for the 2009 National Oral Health Conference to provide a summary of the Summit and next steps.

### Efficiency

*How has the practice demonstrated cost and resource efficiency where expenses are appropriate to benefits? How has the practice demonstrated realistic and reasonable staffing and time requirements? Provide unit cost analysis or cost-benefit analysis if appropriate.*

AAP's OHI provides efficiency by:

- Offering training, communications, resource materials and technical assistance that are provided centrally from AAP to all states and 66 AAP Chapters. Information is widely shared online. Using the train-the-trainer model trainees and AAP Chapters are providing further training in their states to local providers and serving as resource experts to promote oral health.
- Building infrastructure to integrate oral health in all states through their membership.

### Demonstrated Sustainability

*How has the practice showed sustainable benefits and/or how has the practice been sustainable within populations/communities and between states/territories? What mechanisms have been built into the practice to assure sustainability?*

Oral health has been integrated into the clinical priority areas of the AAP Strategic Plan which will promote the role of pediatricians and other child health professionals. These strategic priorities guide the AAP in fulfilling its mission and will build the integration of oral health into its overall child health strategies.

OHI staff is always looking for additional funding opportunities to expand the program on an ongoing basis. For example, AAP will seek another cycle of funding from the MCHB to increase efforts to address the link between nutrition/obesity and oral health outcomes.

### Collaboration/Integration

*How has the practice built effective partnerships/collaborations among various organizations and integrated oral health with other health projects and issues? What are the traditional, non-traditional, public and private partnerships/collaborations established by the practice for integration, effectiveness, efficiency and sustainability?*

Numerous partnerships and collaborations have evolved since the OHI was initiated. They included:

- The OHI Project Advisory Committee (PAC), having started with representation of 12 national organizations, currently has expanded to 20 organizations. This shows that interest of other organizations has grown in the AAP work on children's oral health.
- The OHI is collaborating with the American Dental Association, American Academy of Pediatric Dentistry, Children's Dental Health Project, Family Voices, the PEW Foundations, and Proctor & Gamble on many projects which will benefit children.
- The OHI has established a Chapter Advocate program, which has become the model for Chapter Champions within the AAP. This effort reflects collaboration with the states.

### **Objectives/Rationale**

*How has the practice addressed HP 2010 objectives, met the National Call to Action to Promote Oral Health, and/or built basic infrastructure and capacity for state/territorial/community oral health programs?*

The AAP OHI's goals and objectives address the following Healthy People (HP) 2010 objectives:

- Increase community health promotion programs addressing multiple HP 2010 focus areas.
- Reduce the proportion of young children with dental caries experience in their primary teeth.
- Reduce the proportion of children, adolescents, and adults with untreated dental decay.
- Increase the proportion of children and adults who use the oral health care system each year.
- Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

### **Extent of Use Among States**

*Describe the extent of the practice or aspects of the practice used in other states?*

The OHI is a national project that sets up models for states to use (e.g., trainings, Chapter Oral Health Advocate, information gathered regarding reimbursement, etc). OHI provides technical assistance to physicians, other grantees, and the public in all states.

The OHI mission statement – to encourage and support child health care providers to conduct oral health risk assessment and provide education and preventive oral health services to families within the context of well child care; and to promote the establishment of a dental home – guides OHI to connect programs at the national, state and local levels.