



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		
Brush, Book, Bed Program (American Academy of Pediatrics)		
Executive Summary (250-word limit-221 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.</p> <p>Parents and their children see a pediatric provider in the first years of life more often than dental providers. Therefore, the Brush, Book, Bed program was developed as a program for providers to reinforce three important health messages to parents: brush their children’s teeth, read together, and establish a regular bedtime. This program promotes good oral hygiene, literacy, and sleep health. The Brush, Book, Bed program has a poster, parent handout, sticker, and bookmark templates for all to use for free. This program works in both medical and dental settings. It is targeted for children ages six months to six years.</p> <p>Parents are the first line of defense against cavities in their children. However, brushing the child’s teeth before bed may make them upset and create difficulty in establishing a bedtime routine. The Brush, Book, Bed program is a great resource to give to parents during medical or dental visits to establish good oral health routines.</p>		
Name of Program or Organization Submitting Project		
Organization: American Academy of Pediatrics		
<p><i>Essential Public Health Services to Promote Health and Oral Health in the United States</i></p> <p>Place an “X” in the box next to the Core Public Health Function(s) that apply to the project.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px; border: 1px solid black; text-align: center;"> <input type="checkbox"/> </td> <td style="border: 1px dotted black; padding: 5px;"> Assessment (Investigate, diagnose, and address health hazards and root causes) </td> </tr> </table>	<input type="checkbox"/>	Assessment (Investigate, diagnose, and address health hazards and root causes)
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	Policy development (communicate effectively to inform and educate)
X	Assurance (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

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
2. Families
3. Children
4. Bedtime routines

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 Furthermore, 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 missed completely.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 Brush, Book, Bed was developed to provide medical providers with a tool to give to parents to help them establish good bedtime routines around oral health, literacy, and sleep.

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

2. Who is the target population?

Pediatricians, Physicians, Public Health Nurses, Nurse Practitioners, Physician Assistants, Nurses, Medical Assistants, Office Managers, Dentists, Hygienists, Dental Assistants, and other dental and medical staff.

3. Provide relevant background information.

The purpose of the Brush, Book, Bed (BBB) Program is to link together three important health messages. It educates families about the importance of nighttime routines. It links oral health information to messages about early literacy and sleep. It was piloted in 2014 by several pediatric and family medicine practices. BBB was piloted focusing on parents with children six month – six-year-old well-child visits. BBB can be used in the dental setting as well.

Steps in implementation include:

- 1) Get buy-in from your practice and coworkers.
- 2) Identify a champion who will coordinate all aspects of the Brush, Book, Bed program.
- 3) Train staff on the importance of oral health, literacy, and sleep.
- 4) Obtain supplies including books ([Brush, Brush, Brush](#) by Alicia Padron works well), toothbrushes, toothpaste, and handouts for families. Donations can often be found from community organizations, dental offices, or book drives.
- 5) Reach out to local dental and medical offices to let them know about your project.
- 6) Develop an evaluation plan and make goals to reach. Celebrate when you reach them!
- 7) Develop a dental referral system and list of referrals if families do not have a dentist or disclose serious dental problems that need attention quickly.

4. Describe the project goals.

In 2014, pediatric and family medicine practices piloted the Brush, Book, Bed program. The goal was to have >80% of all families receiving the Brush, Book, Bed program materials and messaging from a provider.

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)?

Funding was used for a part time staff member to work with pediatrician volunteers to create and design the Brush, Book, Bed program. Funding was used for a part time staff member to organize the partnerships with medical practices to implement the Brush, Book, Bed program. Now that the program has no dedicated funding staff just maintain the resources online in their spare time. For future readers, other programs have integrated the Brush, Book, Bed program into their Health Department, Community Health Worker Program, or other ways with existing program funding for oral health. Some programs have written small grants (\$50,000-\$100,000) to do similar evaluation projects in their states.

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

Tracking the number of Brush, Book, Bed materials distributed to families (books, toothbrush, toothpaste, bookmarks, stickers, etc.) Note: There is no funding to support evaluation or tracking of medical and/or dental practices using this program.

(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

- 3. How are the results shared?** All resources are available on www.aap.org/oralhealth (under resources for families)

Budget and Sustainability

(500-word limit)

Note: Charts and tables may be used.

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

\$50,000 annually (includes part time staff member, printed materials, and donated supplies)

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

Federal CDC and HRSA funding & private funding (Henry Shine, AAP Friends of Children Fund)

3. What is the sustainability plan for the project?

Continue to promote the Brush, Book, Bed program for utilization. Continue to seek funding to update and promote utilization of this program.

Lessons Learned

(750-word limit)

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

- a. Participating sites shared that it felt great to be able to give a book, a toothbrush, and toothpaste to families. Providers working in impoverished areas stated that families may not be able to purchase oral health necessities or books so having a program with physical materials to drive home the health messaging was great.
- b. Participating sites shared that giving families new toothbrushes and toothpaste were a major trigger to remind parents to do the health activity at home. This was an important aspect of the project. Giving each sibling a toothbrush and book during the visit was found to be very successful as well. A variety of toothbrushes and books in the room was effective to give children the ability to choose during each visit and the family can begin to build their library at home.

- c. Some participating sites were able to get toothbrushes and toothpaste donated from local dental practices or dental societies to sustain the project.
- d. Some participating sites were able to get books donated from different non-profit organizations to sustain the project.

(b) Any unanticipated outcomes?

No

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

No

Resources

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

Oral Health

- American Academy of Pediatrics (AAP): [Oral Health initiatives](#)
- AAP: [Protecting All Children's Teeth Free, Online Curriculum](#)
- AAP/National Maternal and Child Oral Health Resource Center: [Bright Futures Oral Health Pocket Guide](#)
- 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](#)
- AAP: [Protect Tiny Teeth Toolkit](#)
- AAP: [Brush, Book, Bed](#)
- American Dental Association (ADA): [Health Policy Institute](#)
- Academic Pediatrics: [Incorporating Oral Health into Pediatric Practice: National Trends 2008, 2012, 2018 \(2022\)](#)
- ADA: [MouthHealthy](#)
- 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)
- Smiles for Life: [A National Free, Online Oral Health Curriculum](#)

Early Literacy Resources

- AAP policy: [Literacy Promotion: An Essential Component of Primary Care Pediatric Practice](#)
- [Reach out and Read](#)

Sleep Resources

- AAP policy: [Sleep-Related Infant Deaths \(2022\)](#)
- HealthyChildren.org [Articles](#) on the topic of sleep for families

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To Be Completed By ASTDD	
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