

# Dental Public Health Activity Descriptive Summary

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## Infant Oral Health Program (IOCP)

### Objectives:

Early Childhood Caries (ECC) is a chronic infectious multifactorial disease in children 6 years of age or younger and it affects 600 million children worldwide<sup>1,2</sup>. Yet ECC is entirely preventable. When left untreated, ECC can lead to pain and infection as well as to difficulty in eating, speaking, and learning. These difficulties can have detrimental and long ranging effects on cognitive development, school readiness, self-esteem and lead to a diminished quality of life.

In 2010, UCLA launched an Infant Oral Care Program (IOCP) at the Venice Family Clinic (VFC) Simms/Mann Health and Wellness Center. The IOCP provides care coordination that is culturally competent, sensitive to language and oral health literacy challenges and increases access to care and improves oral health outcomes through a disease prevention management model with appropriate and cost-effective dental services targeted at underserved, low-income, minority children ages 0- 5 and their caregivers in a non-traditional setting. This innovative and unparalleled Interprofessional (IPE) prevention model represents the future of oral health, early intervention and dental disease management, and sets a new standard of comprehensive, integrated, widely accessible and evidence-based dental care. The specific aim of the program is to simultaneously increase entry points of access and increase the number of trained dental **and pediatric primary care providers** (MDs, nurse practitioners, nurses...) to integrate perinatal and pediatric health care with oral health services to improve overall health outcomes. To strengthen the infrastructure of the medical & dental delivery system, we have partnered with WIC, HS/EHS, and a Federally Qualified Health Center (FQHC) to provide basic dental services in a non-clinical setting. FQHC dental clinics in close proximity would provide secondary (acute) dental care, and university or similar programs, supply specialized tertiary care treatment.

### Methods:

The program aims to increase access to care and improve oral health outcomes through an individualized disease prevention and management model (CAMBRA) targeted at underserved, low-income, minority children ages 0-5 and their caregivers in a non-traditional setting<sup>3</sup>. It established partnerships with Women, Infants and Children (WIC) and Early Head Start/Head Start programs to increase entry points to dental care through coordinated referrals and with assistance from Early Head Start (EHS) coordinators.

IOCP not only trains dental students/residents but it includes training for pediatric medical residents and pediatric nurse practitioner students and works in collaboration with trained Community Oral Health Workers (COHWs).

### Results:

IOCP has provided comprehensive care for a total of 1206 unique patients across 3599 visits from July 2010-January 2019 (*the IOCP clinic only operates one day a week!*). From caries reduction perspective -19% of patients have presented themselves with early evidence of caries (white spot lesions) and 20% of patients have presented themselves with evidence of dental caries. IOCP program has been able to maintain a majority of these cases without further caries progression.

We have been able to reduce the burden of disease for these patients from 78% incidence to 23% in 8 years through medical/dental collaboration.

### Conclusion:

This innovative and unparalleled IPE model represents the future of oral health, early intervention and individualized dental disease management, and sets a new standard of comprehensive, integrated, widely accessible and evidence-based dental care emphasizing prevention. Promoting the AGE-ONE

visit, early detection and intervention as part of the primary care model within a medical/dental integration setting is an essential pathway for helping to reduce ECC rates.

UCLA IOCP: <http://www.uclaiocp.org/>

## References

1. Pitts N, Diaz-Guallory C, et al. Early childhood caries: IAPD Bangkok Declaration. Int J Paediatr Dent. 2019;29:384-386.
2. FDI Policy Statement. Perinatal and infant oral health. 2014, New Delhi: India.
3. Ramos-Gomez F, Ng MW. [Into the future: keeping healthy teeth caries free: pediatric CAMBRA protocols](#). J Calif Dent Assoc. 2011 Oct;39(10):723-33. PubMed PMID: 22132584; PubMed Central PMCID: PMC3457698.

## Lessons Learned:

Benefits for working with a co-located primary care community site, is that the medical and dental electronic records are merged, so therefore all providers have easy access to the patient's social and medical, and dental history. Communication between different providers for the same patient is improved (for example to help close car gaps) and referrals can be easily tracked. This helps support and improve interprofessional communication and practice and improves patient outcomes.

It is important to maintain one consistently employed IOCP coordinator who can make dental appointments for the patients, confirm patients for their appointments, maintain follow up schedules, and oversee the correct electronic dental records input.

Being co-located makes it easy for patients to receive comprehensive wrap-around services during one visit to the clinic and it improves follow up and reduces no show rates. Patients appreciate the warm hand-offs between medical and dental providers.

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