

# Dental Public Health Activity Descriptive Summary

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## North Carolina's Into the Mouths of Babes Program

NC's Into the Mouths of Babes (IMB) program trains and pays primary care medical professionals to provide preventive oral health services (POHS) to Medicaid-insured children from tooth eruption to age 3 ½. Core partners include the NC Department of Health and Human Services Oral Health Section, NC Medicaid, UNC Schools of Public Health and Dentistry, NC Academy of Family Physicians and NC Pediatric Society. NC continues to address a dental workforce shortage and maldistribution, although dentist participation in Medicaid has improved since the project beginning in 2000. POHS in IMB visits include oral evaluation, risk assessment, parent counseling, fluoride varnish application, and a dental referral as indicated. Use of a NC-developed priority oral health risk assessment and referral tool is part of the training and can be used to prioritize referrals of the children at highest risk of caries in workforce shortage areas where referring every child to a dental home at age 1 is not an option. The American Academy of Pediatrics Bright Futures Guidelines encourages provision of preventive oral care as a joint responsibility between oral health and other health professionals, particularly when resources are limited. Associated costs include approximately \$8 million annually for Medicaid claims totaling between 155,600 and 165,000 Into the Mouths of Babes (IMB) visits each year since 2014.

Outcomes include improved access to POHS for young Medicaid-insured children as well as an increased number of dental visits, an approximate 17% reduction in tooth decay for children receiving four or more IMB visits before age three, and reductions in decay rates and disparities at the statewide kindergarten level beginning in 2004 (references in outcomes section). Lessons learned are numerous and documented in the publications linked throughout this report.

The fundamental factor for success is equal commitment and effort from each of the partner organizations.

- Hagan JF, Shaw JS, Duncan PM, eds. 2017. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents (4th ed.). Elk Grove Village: American Academy of Pediatrics.

[https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4\\_OralHealth.pdf](https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_OralHealth.pdf)

### Lessons Learned:

Key to IMB success is initial commitment and involvement of all partners. Each continues to have an active role in the program. Thoughts from partners on what they would do differently: 1) track preventive visits for dental as well as medical providers from the program's beginning so growth can be measured and compared, 2) include quality improvement as a training component or as follow-up to training, and 3) designate targeted resources to assist and track practices addressing barriers including connecting families to dental homes.

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