



Policy Opportunities to Prevent and Manage Early Childhood Caries What Every Policy Maker Should Hear!

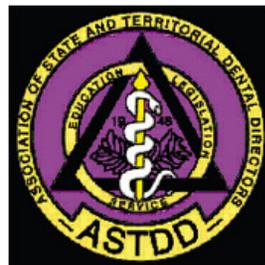
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On behalf of the National Oral Health Policy Center

National Oral Health Policy Center At CDHP



- Collaboration: CDHP & state policy groups



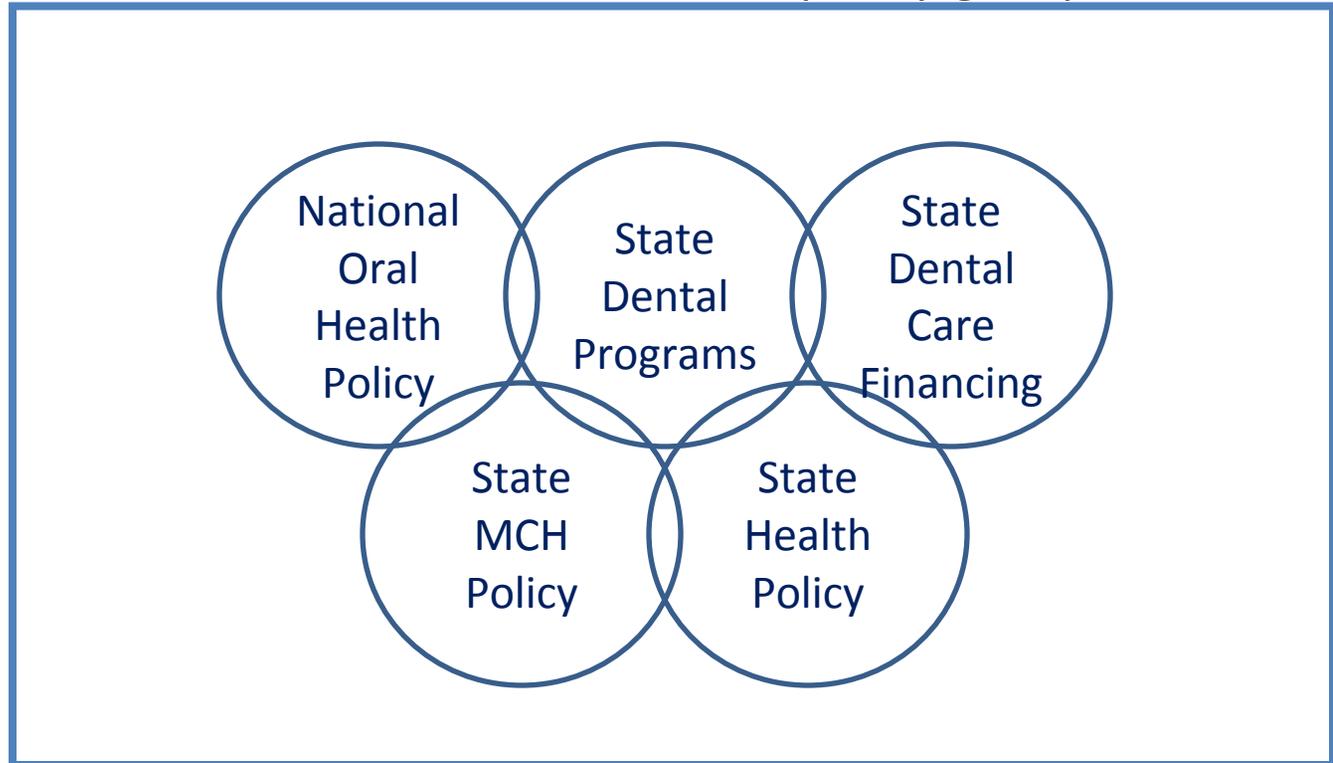
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- Sponsor: Maternal and Child Health Bureau
- Lead staff: Meg Booth MPH

Messaging for State Policymakers



- Semiannual signature document for policymakers
 - Timely, Targeted, Responsive, Actionable + Examples



#1: October 2009

Better Health at Lower Costs: Policy Options for Managing Childhood Tooth Decay

#2: April 2010

Strategies for Sustaining and Enhancing Prevention of Childhood Tooth Decay during Challenging Times

#3: Upcoming

State Options and Opportunities for Oral Health Promotion through Healthcare Reform

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Better Health at Lower Costs: Policy Options for Managing Childhood Tooth Decay

Trends

- Pediatric tooth decay remains highly prevalent
- Socially vulnerable children are most impacted
- Childhood cavities are consequential
- Science supports caries management early in life to limit cavity occurrence
- Care – and therefore dental expenditures – are not proportionate to need.

Significance to policymakers

Science based, timely, effective interventions hold promise for better oral health at lower state costs

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Better Health at Lower Costs: Policy Options for Managing Childhood Tooth Decay

Policy Solutions

Support and promote community-wide, evidence-based policies that promote children's oral health and manage dental caries while targeting most intensive interventions to those children at highest risk for the disease.

Basic public health principles:

1. Prevention and health promotion for communities
2. Risk-based targeted interventions for individuals
3. Distinguish oral health from dental care and promote both
4. Re-characterize for the public dental caries as a prevalent, chronic, yet manageable disease

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Preventing and Managing Childhood Tooth Decay

Needs of Young Children and Families

Intensive (high risk, early and advanced disease): Some children and families need access to intensive interventions to treat and help reverse the spread of dental caries.

Moderate (high risk, no disease): Many children and their families need access to counseling and risk management programs, dental sealant programs and other efforts to help prevent the spread of dental caries.

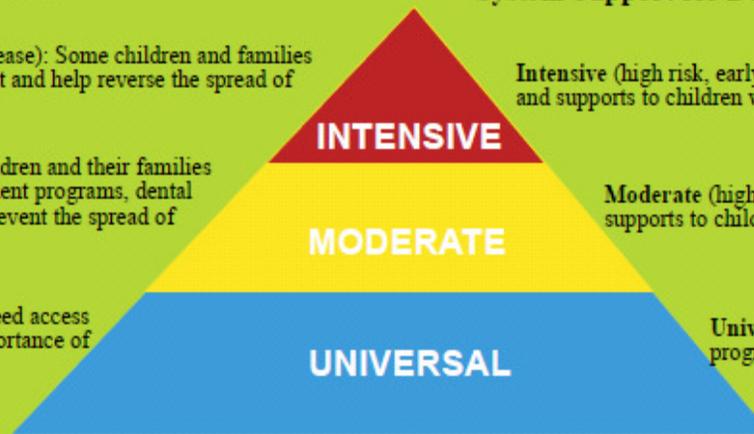
Universal: All children and their families need access to public health efforts that promote the importance of oral health and help prevent dental caries.

System Support for Dental Caries Prevention and Management

Intensive (high risk, early and advanced): Provide intensive individual services and supports to children with early and advanced dental caries.

Moderate (high risk, no disease): Provide individual services and supports to children at-risk for dental caries.

Universal: Provide universal, evidence-based, quality programs and services to prevent dental caries.



Intensive (high risk, early and advanced disease) (e.g., disease management program; diagnosis, preventive and restorative treatment plan)

Moderate (high risk, no disease) (e.g., counseling and risk management, fluoride varnish, dental sealant programs)

Universal (e.g., preventive dental check-ups, community water fluoridation, school-based preventive and screening programs, public education and awareness, dental tracking and reporting)

Core Elements of a Comprehensive System of Care

- Health Promotion and Disease Prevention
- Comprehensive Public and Private Dental Coverage
- Linkages with Child Serving Programs and Systems (e.g., primary care, child care, schools, Head Start, WIC)
- Quality Improvement
- Workforce Development
- Dental Tracking and Monitoring

Source: Adapted from the Oregon Model for Supporting Young Children's Social and Emotional Development in Early Childhood Care and Education Settings.



Better Health at Lower Costs: Policy Options for Managing Childhood Tooth Decay

1. Collaborate: involve
 - National, state, local policymakers
 - Public & private program administrators
 - Child & family advocates
 - Oral health professionals' organizations
 - Foundations & Funders
 - Educators
 - Health systems/ medical providers
 - Parent groups
 - Community activists and organizers
 - Faith community
 - Press
 - Social welfare community
 - Minority interests' representatives
 - And more and more and more and more

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2. Utilize evidence based guidelines/protocols for clinical, behavioral, and dietary
 - Risk assessment
 - Anticipatory guidance
 - Disease prevention
 - Disease management & suppression

Methods:

- Adopt NYS *Oral Health Care During Pregnancy and Early Childhood Practice Guidelines*
- Promote CDC-supported CWF and school based sealant programs



Oral Health Care During
Pregnancy and Early Childhood
Practice Guidelines

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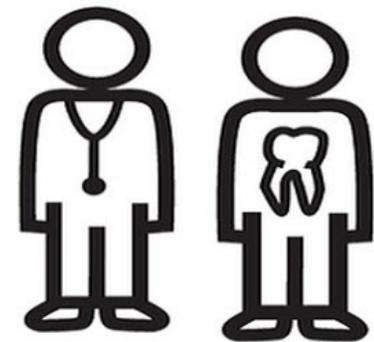
3. Strengthen the education of practitioners regarding

- prevention
 - disease management
 - health promotion
- at community, family, & individual

levels

Methods

- Interdisciplinary training on ECC management
- Integration of oral health care into primary care medical practice, including prenatal visits (screen, triage, counsel, varnish, refer)



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4. Incentivize medical and dental providers for prevention and disease management analogous to other chronic conditions (e.g. asthma, obesity, diabetes) for

- Adoption of chronic disease model
- Engagement of medical providers

Methods

- Conduct trails in Medicaid and CHIP (post DRA)
- Partner with private insurers in disease management and inter-professional demonstrations



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5. Target women of child-bearing age, pregnant women, and new mothers to promote

- Primary prevention
- Risk mitigation
- Anticipatory guidance
- Early professional liaison (“Age one dental visit” in “dental home”)

Methods

- Strengthen oral health components of existing programs including WIC, home visitation, Healthy Start, Early Head Start etc.



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6. Focus national and state policies and programs on childhood caries *as a chronic disease process*

Methods

- Convene a statewide summit targeted to raising awareness, knowledge, and skills in dental disease management
- Support community-level integrated demonstrations of ECC disease management



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7. Raise the public's value for children's oral health and awareness/
knowledge caries as a chronic infectious (but manageable) disease

Methods

- Assess existing public health campaigns on other topics and identify opportunities to integrate oral health messaging
- Develop a state-level public awareness campaign targeting the general public, early childhood care providers, and key stakeholders.



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Klamath County OR ECCPP: Putting it all together

Klamath County ECC Prevention Program 93% of 2 years olds caries free

- Collaborate
 - WIC, Medicaid, Dental & Medical Communities, RDH Educators
- Use Evidence
 - Home visits at 6w, 6m, 1y by RDH students addressing transmission, prevention, management
- Strengthen providers
 - Grand rounds for physicians
- Incentivize disease management
 - Age one dental visit/dental home by Medicaid
- Target pregnant women and new mother
 - Low-income women with high caries experience
- Focus governmental policy
 - Coordinated public health effort across agencies
- Raise awareness
 - Information at every touch point

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Systems-Fix Approach



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