INTRODUCTION

Background
You cannot be healthy without oral health. Oral health and general health are not separate entities. The mouth is part of the body the same as the heart or the kidneys in that you cannot experience systemic, or overall, health without good oral health. Oral health is a critical component of health and must be included as part of individual and community health programs.¹

The landmark Oral Health in America: A Report of the Surgeon General emphasized that oral health means much more than healthy teeth. It also means being free of chronic pain, cancers lesions, birth defects and other diseases and condition affecting the oral area. It is the part of the body that encompasses the mouth “allows us to speak and smile; sigh and kiss; smell, taste, touch, chew, and swallow; cry out in pain; and convey a world of feelings and emotions through facial expressions.” It also provides protection against infections and environmental insults. Oral examination can detect signs of nutritional deficiencies as well as a number of diseases, including microbial infections, immune disorders, injuries and some cancers. Research shows associations between oral infections and heart and lung diseases, stroke, and low-birth-weight, premature births.²

Purpose
This toolkit was developed by the Colorado Department of Public Health and Environment (CDPHE) to assist Early Childhood Councils, educators, and others working to improve the oral health of young children in Colorado by offering information, resources and tools. The toolkit is designed as a companion document to the Colorado Healthy Community Standards, Oral Health that were developed to support maternal and child health efforts of the Colorado Department of Public Health and Environment. For more information go to http://www.cdphe.state.co.us/ps/mch/index.html. The standards are envisioned as aspirational goals for all Colorado communities to achieve. It is expected that if all standards are met then residents will have good oral health.

Community Standards, Oral Health

1. Every person has a dental home that interacts with a health home to promote overall wellbeing and address physical, behavioral and oral health needs.

2. Community water is fluoridated at optimal levels to prevent tooth decay.

3. Oral health education is provided in health care, child care, school, workplace and other settings

4. There are sufficient dental professionals to meet oral preventive care and treatment needs and sufficient dental and other trained professionals to address oral health promotion needs.

5. Every person receives evidenced-based interventions to promote oral health.

6. The oral health needs of the community are identified and advocates work to meet these needs.
7. Disparities in access to care are actively monitored and the community is engaged in promoting health equity.

How to Use This Toolkit
Each chapter contains background information, suggestions for action and resources. Chapters concisely summarize key concepts helpful to understanding each standard. Each chapter offers suggestions for what activities individuals, child care centers, and Early Child Care Councils can take to make a difference in their communities. Finally, resources are listed that will provide more detailed information, if desired.

Two other resources are provided in this section.

Oral Health Statistics - offers a snapshot of national and Colorado specific statistics about children’s oral health illustrating the need to address this important area.

Factors to Promote Good Oral Health and Prevent Cavities in Children - summarizes key factors that need to be available to help ensure all Colorado children have healthy teeth. Understanding these factors and how they are interrelated will illustrate why the different community standards are important.

Resources
The National Maternal and Child Oral Health Resource Center's purpose is to respond to the needs of states and communities in addressing current and emerging public oral health issues. The resource center collaborates with federal, state, and local agencies, national and state organizations, associations and foundations to gather, develop and share quality information and materials.

Bright Futures is a national disease prevention and health promotion initiative funded by the Maternal and Child Health Bureau. This toolbox highlights materials that advance the Bright Futures philosophy of promoting and improving the oral health of infants, children, and adolescents. http://www.mchoralhealth.org/Toolbox/index.html

ORAL HEALTH STATISTICS

The following information provides a national and Colorado-based snapshot of the oral health of children.

National Data³

- **Oral Health in America: A Report of the Surgeon General** identified dental as the most common unmet health need among children in the United States.
- Almost three times as many children lack dental insurance as lack medical insurance.
- Dental caries impact four of 10 children aged 2 to 11 years, particularly those who are from poor families and racial/ethnic minorities.
- On average, 28 percent of children aged 2-5 years have caries.
- According to the U.S. Government Accountability Office⁴, of children enrolled in Medicaid:
  - One in three has untreated tooth decay and one in nine has untreated decay in three or more teeth.
  - One in three children aged 2 to 8 years have received dental care in the previous year and one in eight children have never seen a dentist, compared to half of children with private health insurance.
  - Only 37 percent of children enrolled in Medicaid received a preventive dental service, far below the Healthy People 2010 target of 66 percent.
- Findings from the National Health and Nutrition Examination Survey show that 80 percent of dental caries is found among 25 percent of children.
- Non-white children had greater unmet dental needs than white children, with Hispanic and Native American children at particularly high risk. Native American and Latino children were least likely to have dental insurance, with approximately two thirds of each group having dental coverage, compared with as high as 85 percent coverage rates in other racial/ethnic groups.
- Families of children with special needs identify dental care as the most prevalent unmet health care need, surpassing mental health, home health, hearing aids and all other services.
- There are inadequate numbers of dentists in many rural/frontier areas and in disadvantaged urban settings. It is estimated that it will take over 9,000 professionals to meet the dental needs in these communities.

Colorado Data⁵.⁶.⁷

- In Colorado, dental decay is a serious problem for children and is a disease of poverty. Third grade children from low income families have nearly double the rate of tooth decay compared to children from higher income families, and their decay is more likely to go untreated.
- Forty-five percent of kindergarten and 57 percent of third-grade children have tooth decay, higher than the Healthy People 2010 goal of 42 percent. Furthermore, 23 percent of children in kindergarten and nearly 25 percent of children in third grade have untreated tooth decay. Among the poorest children, 35 percent have untreated dental caries.
- More than one in four Hispanic children have no regular source of dental care and are three times more likely to have unmet dental needs than White, non-Hispanic children.
- More than 20 percent of low-income children have teeth in fair or poor condition compared to less than 4 percent of higher-income children.
- Only one in three children in low and middle income families have sealants compared to nearly one of two children from higher income families. Furthermore, the children from lower income families are three times more likely to need urgent dental care.
Factors to Promote Good Oral Health and Prevent Cavities in Children

This section summarizes key factors that need to be in place so that all Colorado children have healthy teeth. Understanding these factors and how they are interrelated illustrates why the different community standards are important.

Tooth decay is almost completely preventable. The Association of State and Territorial Dental Directors’ resource Best Practice Approach: Prevention and Control of Early Childhood Tooth Decay have identified key practices to preventing tooth decay. Some of ASTDD suggestions about how families and caregivers can prevent cavities in children are summarized below.

1. **Fluoride** - Fluoride prevents and slows the progression of tooth decay and can even reverse very early tooth decay. Sources include drinking water with optimal levels of fluoride and use of products such as fluoride varnishes, gels, toothpastes, mouth rinses and supplements (See the fluoride chapter for more information.).

2. **Reduction of Bacteria that Cause Tooth Decay** - Children are not born with the bacterium that causes dental decay. It is transmitted from the mother or primary care giver to the child. The risk of tooth decay can be lowered by reducing the transmission of this bacteria from caregiver to child by:
   - Reducing the **bacteria in the mouth of the mother or primary caregiver** - Evidence suggests that most young children acquire bacteria that cause tooth decay primarily from their mothers. Efforts to reduce the transmission of bacteria from mothers to children improve the likelihood of better oral health for the child. This requires oral health education/counseling, preventive treatment, and home care for the parents and primary caregivers. While helping reduce the chance of cavities for the infant, it also improves the well-being of the caregivers.
   - Minimizing the **transmission of bacteria that cause tooth decay** - Minimizing saliva-sharing activities between children and parents/caregivers limits bacterial transmission. Examples include avoiding the sharing of utensils, food and drinks; discouraging a child from putting his/her hand in the caregiver’s mouth; not licking a pacifier before giving it to the child; and not sharing toothbrushes. The goal is to help children prevent or delay acquiring the bacteria that cause tooth decay.

3. **Education and Anticipatory Guidance for Parents and Caregivers** - Parents and caregivers benefit from knowing how to promote good oral health. This includes sharing information about good home care practices and prevention strategies and finding dental homes for children. Guidance is needed in the following areas:
   - The causes and prevention of tooth decay
   - Avoidance of saliva-sharing behaviors
   - Appropriate fluoride intake for the child
   - Recognizing early signs of tooth decay
   - Bottle feeding
   - Promoting good oral hygiene and nutrition habits
   - Speech/language development
   - The first dental visit
   - Injury prevention
In addition to taking action to prevent tooth decay, the Association of State and Territorial Dental Directors also recommends all children have an age 1 year dental visit and a dental home.

4. **Age 1 Year Dental Visit** - The American Association of Public Health Dentistry (AAPHD), American Academy of Pediatric Dentistry (AAPD), American Dental Association (ADA), American Academy of Pediatrics (AAP) and American Public Health Association (APHA) recommend that infants receive an oral evaluation within six months of the eruption of the first primary tooth, but by no later than 1 year old. This evaluation is intended to assess and check for dental problems and educate parents/caregivers.

5. **Dental Home** To achieve optimal oral health, children need professional dental care, which should start in infancy and continue over a lifetime. National organizations such as AAPD, AAP and Children’s Dental Health Project (CDHP) support the concept of a dental home, which brings together the interaction of the child, parents, non-dental professionals, and dental professionals to deliver oral health care in a comprehensive, continuously accessible, coordinated, and family-centered way. A dental home should emphasize prevention and disease management, as well as care tailored to meet individual needs for better health outcomes at lower costs. A dental home should also provide parental education and counseling including anticipatory guidance, and make necessary referrals to dental specialists. The age one visit can be the first step to establishing a dental home.

In summary, if all children and their families develop good oral health habits, participate in an Age 1-year dental visit and have a dental home, many more Colorado children would enjoy good oral health.
Standard 1 - Every person has a dental home that interacts with a health home to promote overall wellbeing and address physical, behavioral and oral health needs.

Background
There are a number of related concepts that address the need to provide care in a more integrated manner. Although navigating the concepts can be confusing, the main idea is that every child has a place where their medical, oral and behavioral health is addressed. The health home concept is recent and becoming more common. The medical home is an idea that has been developing over a number of years. In Colorado, the medical home concept has developed with the inclusion of oral health. Dental home builds from the concept of medical home and applies key concepts to the provision of dental care.

Since oral health is part of overall health, oral health awareness and linkages to a dental home are integral to the health home concept in Colorado. To provide comprehensive care to patients, a health care provider must assure that oral health needs are being addressed by a trained dental professional. Concurrently, the dental home practitioner must ensure that medical needs are addressed and help to assure that the patient has access to a medical home. Because of the linkage between oral and overall health, it is important that the health care and dental care providers interact when necessary and share relevant information. This requires developing linkages, referral systems and the ability to share health information between offices.

Definitions
Health Home: Health home⁹ refers to an approach to providing primary care in which children receive integrated, comprehensive medical, dental and mental health care that is focused on prevention and early intervention, with reliance on specialists to help with disease management and provide intensive care (e.g., treatment procedures and therapies).

Medical Home: The American Academy of Pediatrics defines the medical home¹⁰ as an approach to providing comprehensive primary care, not a building, house, hospital, or home health care service. This approach is characterized as family-centered. A pediatric care team works in partnership with a child and a child’s family to assure that all of the medical and non-medical needs of the patient are met. Through this partnership, the pediatric care team helps the family access, coordinate and understand specialty care, educational services, out-of-home care, family support, and other public and private community services important for the overall health of the child and family.

Dental Home: According to the American Academy of Pediatric Dentists, a dental home refers to the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated and family-centered way. Establishment of a dental home begins when a child reaches 12 months of age and includes referral to dental specialists when appropriate.
Colorado Medical Home Initiative
Since 2001, the Colorado Medical Home Initiative\(^\text{11}\) has worked to build a sustainable system that delivers quality health care for all children. Lead agencies include the Colorado Department of Health Care Policy and Financing and the Colorado Department of Public Health and Environment. Numerous government, nonprofit, family and professional organizations support this effort. According to the Colorado Medical Home Initiative in this state, a medical home is not a place, but it:

- Is a concept of quality health care.
- Is a team approach to coordinating health care services
- Promotes a partnership between families and providers.
- Encompasses medical, mental and oral health care.
- Is accomplished when families feel included and valued, and when care and treatment options are mutually discussed and collaboratively decided.

Components of the Colorado Medical Home:
- Accessible - Families know whom to call, insurance plans accepted, community based, and there is physical accessibility to needed services
- Family-Centered - The family is recognized as the principal caregiver and center of strength, knowledge and support for the child. The family voice is valued.
- Continuous - The same health care professionals are available from infancy through adolescence, and transition to the adult health care system is successful.
- Comprehensive - The child’s and family's medical, educational, developmental, psychological and other service needs are identified and addressed.
- Coordinated - A plan of care is developed by the health care provider, child and family and is shared with other involved providers, agencies and organizations.
- Compassionate - Efforts are made to understand and empathize with the feelings and perspectives of both the child and family. Families are comfortable, satisfied participants.
- Culturally Responsive - The child’s and family’s cultural background (including beliefs, rituals and customs) are recognized, respected and incorporated into care planning.

Dental Home Component
According to the American Academy of Pediatric Dentists, the dental home describes the ongoing relationship between the dentist and patient. The dental home includes all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated and family-centered way. Dental home should start no later than when a child reaches 12 months of age. Comprehensive care that includes risk assessment, preventive and restorative care, preventive oral health care, anticipatory guidance and referral to other oral health care professionals is provided through this arrangement. A dental home is a place where the following are available\(^\text{12}\):
• An accurate risk assessment for oral diseases and conditions
• An individualized preventive oral health program based on risk assessment
• Anticipatory guidance about growth and development issues (for example, teething; thumb, finger, or pacifier habits; and feeding practices)
• A plan for emergency oral trauma treatment
• Information about proper care of the infant's or child's teeth and soft oral tissues
• Information about proper nutrition and dietary practices
• Comprehensive oral health care in accordance with the child's needs and accepted guidelines and periodicity schedules for pediatric oral health
• Referrals to other oral health specialists (such as endodontists, oral surgeons, orthodontists and periodontists) when care cannot be provided directly within the dental home.

Action

• Reinforce the relevance of good oral health to good overall health for children and their families.
• Educate families about the value of health, medical and dental home concepts.
• Be aware and participate in efforts in your community to develop health, medical and dental homes and ensure the two concepts are linked.
• Learn about the Colorado Medical Home Initiative and participate as appropriate (http://www.astdd.org/docs/TrendNotes4_May_2011.pdf).
• Support the integration of oral health information within electronic health records and ensure that dental providers are included in health information exchanges.
• Support training efforts that enhance medical professionals’ ability to provide preventive care and dental professionals’ ability to work with children in an interdisciplinary approach.
• Support public and private financing that supports medical and dental providers’ abilities to work within comprehensive and collaborative health homes.

Resources


The Colorado Medical Home Initiative is a systems-building effort to promote quality health care for all children in Colorado. Bringing together many organizations, the Colorado Medical Home Initiative is dedicated to building a sustainable system that delivers quality health care for all children. http://www.coloradomedicalhome.com/cmhi.html

The National Center for Medical Home Implementation works in cooperation with federal agencies, particularly the MCHB, and other partners and stakeholders to ensure that all children and youth, including children with special needs, have access to a medical home. http://www.medicalhomeinfo.org. Colorado specific information can be found at http://www.medicalhomeinfo.org/state_pages/colorado.aspx.

Standard 2 - Community water is fluoridated at optimal levels to prevent tooth decay.

Background

Water and Fluoride
The use of fluoride is an effective, safe, and low-cost way to prevent tooth decay. The Centers for Disease Control and Prevention (CDC) recognize water fluoridation as one of the great public health achievements of the 20th century. Decades of research document that water fluoridation is an effective, safe, and low-cost way to prevent tooth decay. Fluoride prevents and can even reverse tooth decay by strengthening and rebuilding the hard white surface of teeth known as enamel.

Political opposition is one of the few barriers to fluoridating water supplies as are technical difficulties in fluoridating certain water systems. Numerous studies demonstrate the safety of fluoride and verify its role in reducing tooth decay for people of all ages, cultures and income levels. Over 62 years of scientific research shows no association between fluoridated water and risk for cancers, impaired bone health, or any other adverse health effects.

Fluoride is the name given to a group of naturally occurring compounds present in varying amounts in almost all soil, water supplies, plants, and animals. Nearly all water sources contain some level of fluoride. Water fluoridation is the adjustment of the natural levels of fluoride in drinking water to achieve a level which is optimal for the prevention of tooth decay. These levels are recommended by the Environmental Protection Agency and are routinely re-evaluated through scientific research to reaffirm the safety and effectiveness of the current recommended levels.

In Colorado, community water fluoridation is voluntary, a decision made by local authorities or by public vote. The public can contact the Colorado Department of Public Health and Environment at http://www.cdphe.state.co.us/pp/oralhealth/fluoridation/index.html to learn about community water systems.

Since sources of fluoride are now more readily available (such as in toothpaste), the U.S. Department of Health and Human Services (HHS) and the Environmental Protection Agency have proposed changes in the optimal level for community water fluoridation. To learn more about this proposed change, please visit http://www.cdc.gov/fluoridation/fact_sheets/cwf_qa.htm.

Fluoride varnish is a common method of providing topical fluoride to the primary teeth and is effective in preventing cavities. Varnish is a thick, resinous lacquer that is painted onto the tooth surface and quickly sets. It remains on the tooth surface until removed by repeated tooth brushing. Many dentists, physicians and programs, such as Cavity Free at Three, apply fluoride varnish.

Toothpaste is a good source of topical fluoride. Ask the child’s dentist or health care provider for advice. Caution is needed when providing toothpaste with fluoride to children younger than 24 months as they tend to swallow it. Children usually do not have the skill to brush their teeth well until around age 4 or 5. Parents should brush their young child’s teeth thoroughly twice a day until the child can handle the toothbrush alone. After that continue to monitor that proper brushing techniques are used.
Action

- Find out if your community’s water is fluoridated. See resources listed below.
- Educate families about the importance of fluoride to health.
- Encourage children and families to drink water that is fluoridated.
- If parents currently choose to buy bottled water, remind them that tap water is safe, and contains beneficial levels of fluoride. If they choose to buy water ensure that it has adequate fluoride.
- Remind families that when teeth appear, they should be brushed at least twice a day with an aged-appropriate toothbrush with soft bristles. Seek advice from the child’s dentist and pediatrician about when to begin brushing teeth with toothpaste with fluoride. Typically for children younger than five, a "rice-size" amount of fluoridated toothpaste is recommended. Young children will want to swallow toothpaste, and with supervision will learn over time not to do so.
- Children usually do not have the skill to brush their teeth well until around age 4 or 5 or older. Parents should brush their young child’s teeth thoroughly twice a day until the child can handle the toothbrush alone. After that continue to monitor that proper brushing techniques are used.
- If prescribed by a dentist or physician, use prescription fluoride supplements and high concentration fluoride products.
- Encourage regular dental visits.
- Educate parents about the value of fluoride varnish for primary teeth and sealants for permanent teeth.

Fluoride Level
To determine if your water has optimal levels of fluoride for the prevention of dental decay, go to My Water’s Fluoride, Centers for Disease Control and Prevention. Information is given first by county and then by the name of the water system serving your area.
http://apps.nccd.cdc.gov/MWF/CountydataV.asp?State=CO

Private wells are not subject to safe water drinking standards or testing. It is the private owner’s responsibility to ensure the safety of their drinking water.
For general well water information, Centers for Disease Control and Prevention (CDC): http://www.cdc.gov/healthywater/drinking/private/wells/testing.html
Well Water and fluoride, CDC:
http://www.cdc.gov/fluoridation/fact_sheets/wellwater.htm
Checklist of questions about well water testing, Colorado Department of Public Health and Environment (CDPHE):
Well water testing, including fluoride, CDPHE:
http://www.cdphe.state.co.us/lr/pages/water/WhenTest4Page.pdf
Labs certified to test private samples, CDPHE:
http://www.cdphe.state.co.us/lr/pages/cert/SDWLList.pdf
Various testing packages available through the State Laboratory, CDPHE:
http://www.cdphe.state.co.us/lr/pages/water/WaterPackagesText.pdf
Pricing for various tests through the Colorado State Laboratory, CDPHE:
http://www.cdphe.state.co.us/lr/pages/water/PrivateCustomerWaterTestingPriceList.pdf
Resources


Colorado Department of Public Health and Environment, Oral Health Unit http://www.cdphe.state.co.us/pp/ oralhealth/OralHealth.html
Standard 3 - Oral health education is provided in health care, child care, school, workplace and other settings

Background
There are a set of materials provided in this section for use in developing education materials and interventions. The resources listed describe some of the curriculum available to use with young children, child care staff and families. It is hoped that this information will assist the reader in developing the types of materials needed within her or his work environment.

- **Dental Caries Primer** – summarizes the process that leads to cavities and highlights why fluoride, teeth brushing, and good nutrition are important to oral health.
- **Key Education Messages to Promote Oral Health in Children** - lists important messages about children’s oral health. Counseling and education activities can be developed around this information to teach parents and children about good oral health.
- **Health Literacy Primer** – offers background about how to communicate taking health literacy into account.

Action

- Review each section and use within your classroom or other setting.
- Use information to work with parents and to address questions from the community.

Resources


- **Promoting Children’s Oral Health. A Curriculum for Health Professionals and Child Care Providers**, California Childcare Health Program. This curriculum is written for early child care educators with an interest in promoting oral health, such as early child care and education professionals, child care health consultants, school nurses and child care health advocates. [http://www.ucsfchildcarehealth.org/pdfs/Curricula/oral%20health_11_v7.pdf](http://www.ucsfchildcarehealth.org/pdfs/Curricula/oral%20health_11_v7.pdf)

Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition, National Resource Center for Health and Safety in Child Care and Early Education. These national standards represent the best evidence, expertise and experience in the country on quality health and safety practices and policies that should be followed in today’s early child care and education settings.

Nothing But the Tooth, National Maternal and Child Oral Health Resource Center. Available in English and Spanish, this video provides information on oral health and oral hygiene for pregnant and parenting women and their infants. The content focuses on the importance of visiting the dentist early in pregnancy, maintaining oral hygiene practices throughout pregnancy, and potential concerns about oral disease during pregnancy. http://www.youtube.com/watch?v=4m41tR3s9sE&feature=channel_video_title

Dental Caries Primer

Background
Tooth decay affects children in the United States more than any other chronic infectious disease. Young children are more likely than others to experience tooth decay. If left untreated tooth decay causes pain and infections that may lead to problems that affect eating, speaking and learning.

The good news is that tooth decay is preventable! It is now possible to nearly eliminate tooth decay in young children, using a combination of good oral hygiene, dental sealants and fluoride. By understanding the factors that influence tooth decay and cavities, we have a better sense of how to promote healthy teeth for every child in the community.

Definitions
Dental caries is a transmittable and contagious bacterial infection caused primarily by two bacteria: Streptococcus mutans and Lactobacillus. It involves demineralization and remineralization of tooth structure that can lead to tooth decay. In the earliest stages, caries is a preventable and reversible process.

A cavity is the end product of the caries process. A cavity is structural damage or, more simply, a hole in the tooth.

Early childhood caries is the presence of one or more decayed, missing (owing to caries), or filled tooth surfaces in any primary tooth in a child age 6 years or younger.

How Cavities are Formed
Bacteria are normally present in the mouth and convert all foods, especially sugar and starch, into acids. Bacteria, acid, food debris and saliva combine in the mouth to form a sticky substance called plaque that sticks to the teeth. Plaque is most likely found on the back molars, just above the gum line on all teeth, and at the edges of fillings. Plaque that is not removed from the teeth mineralizes into tartar. Plaque and tartar irritate the gums, resulting in gum inflammation and gum disease.

Plaque begins to build up on teeth within 20 minutes after eating (the time when most bacterial activity occurs). If this plaque is not removed thoroughly and routinely, tooth decay will not only begin, but flourish.

The acids in plaque dissolve the enamel surface of the tooth and create cavities. Cavities are usually painless until they grow very large and affect nerves or cause a tooth fracture. If left untreated, an infection can develop and the tooth can be damaged and ultimately lost. Sugars and starches increase the risk of tooth decay. Sticky foods are more harmful than non-sticky foods because they remain on the surface of the teeth. Frequent snacking increases the time that acids...
are in contact with the surface of the tooth. Whether a cavity develops is dependent on a number of factors, including the availability near the decay of fluoride or other minerals needed for healthy teeth.

Resources

**OPEN WIDE**

**Tooth Decay from Open Wide: Oral Health Training for Health Professions**, National Maternal and Child Oral Health Resource Center. This resource is a series of four modules designed to help health and early childhood professionals working in community settings (for example, Head Start and WIC staff) promote oral health in the course of promoting general health for infants, children and their families. [http://www.mchoralhealth.org/OpenWide/index.htm](http://www.mchoralhealth.org/OpenWide/index.htm)
Key Education Messages to Promote Oral Health in Children

The following are important messages about children’s oral health. Education and activities can be developed around this information to help ensure good oral health.

Baby Teeth Matter
- Baby teeth are important
- Tooth decay can develop as soon as the first tooth appears.
- Tooth decay in baby teeth can lead to infections — it hurts.
- If baby teeth are lost too early, the teeth that remain may move and not leave any room for the adult teeth to emerge.
- Teeth are essential to good nutrition.
- Baby teeth are important for speech development.

Clean and Brush Teeth
- Even before their teeth emerge, infants need proper oral care to develop strong teeth and avoid cavities. Clean an infant’s gums with a soft damp cloth after feedings to prevent the buildup of bacteria.
- When teeth appear, they should be brushed at least twice a day with an aged-appropriate toothbrush with soft bristles. Seek advice from the child’s dentist and pediatrician about when to begin brushing with toothpaste with fluoride. Typically for children younger than five, a “rice-size” amount of fluoridated toothpaste is recommended. Young children will want to swallow toothpaste and with supervision will learn over time not to do so.
- Children usually do not have the skill to brush their teeth well until around age 4 or 5 or older. Parents should brush their young child’s teeth thoroughly twice a day until the child can handle the toothbrush alone. After that continue to monitor that proper brushing techniques are used.
- Every person has a dental home that collaborates with a health home to promote overall wellbeing and address physical, behavioral and oral health needs.
- They will need ongoing adults help and supervision to do a good job of cleaning their teeth.

Fluoride Matters
- Whenever possible drink water with optimal levels of fluoride.
- In communities with inadequate water fluoridation, a child’s doctor or dentist may prescribe daily fluoride supplements beginning at about six months old.
- If using bottled water, choose brands that contain fluoride.

Good Nutrition and Eating Habits Matter
- Children should eat well and enjoy age appropriate fruits and vegetables, whole grain foods, calcium-rich low-fat milk, cheese, lean protein and other healthy foods.
- Offer regular meals and snacks. Avoid ongoing and excessive snacking. A typical pattern for children is three meals a day and two or three snacks.
- Limit food and drinks high in sugar.
The frequency of eating and drinking matters. Avoid frequent eating and drinking as this can promote dental decay. When children sip on beverages (even fruit juice or milk) or eat continuously there is significantly more exposure to bacteria, and they are more likely to develop tooth decay.

Young children should not be put to bed with a bottle or sippy cup. If this does happen, the only liquid offered should be water, as the sugars in the milk, juice and other liquids come in contact with teeth and can lead to tooth decay.

Children are encouraged to begin drinking from a cup as they approach their first birthday and to be weaned from the bottle by 12-14 months of age.

See your Dental and Medical Professional Regularly
- Children should have their first dental visit no later than their first birthday
- When a child’s permanent teeth emerge, discuss the use of dental sealants with his or her dentist.
- Well child visits are an important time to learn more about healthy eating and developing good oral health.

Healthy Family Members and Caregivers Help Prevent Cavities
- All family members and caretakers should take good care of their teeth for their own wellbeing and to avoid passing cavity-causing bacteria to children. This is especially important for pregnant women.
- Germs that cause cavities can be spread from utensils, cups, shared food and other objects, so avoid sharing these objects.

Resources
Health Literacy Primer

Background
According to the Centers for Disease Control and Prevention (CDC), health literacy is the degree to which an individual has the capacity to obtain, communicate, process and understand basic health information and services to make appropriate health decisions.

According to the National Assessment of Adult Literacy, about 30 million adults struggle with basic reading tasks. Nearly 40 million adults in the United States are thought to have below-average literacy skills, defined as less than a 5th grade reading level. These individuals may be unable to read or understand basic written information. Furthermore, it is estimated that only 12 percent of consumers have proficient health literacy skills. It is possible that nearly nine of ten adults may lack many of the skills needed to take care of their health. Older people, non-whites, immigrants and those with low incomes are disproportionally more likely to have trouble reading and understanding health information. However, the report cautions it is not easy to know who this issue affects.

Studies indicate that low health literacy is associated with poor health status, higher use of expensive care and emergency services, and increased rates of hospitalizations. Low health literacy can affect a person’s ability to locate health care providers and services, fill out health forms, share personal health information with providers, manage chronic diseases and engage in self-care. People are more likely to ignore or misunderstand educational efforts without clear information and an understanding of the information's importance.

Action
- Provide information in an easy to understand manner.
- Recognize how difficult it is for many adults to understand health related concepts and provide information accordingly.
- Consider the needs of individuals with low literacy when preparing written materials. Make all education and other materials easy to understand and relevant.
- As educators, assist health and dental professionals in your community in preparing health education materials.

Resources

The Centers for Disease Control and Prevention, Health Literacy website provides information and tools to improve health literacy and public health. These resources are for all organizations that interact and communicate with people about health. http://www.cdc.gov/HealthLiteracy/introduction.html
Center for Health Care Strategies A non-profit health policy resource center dedicated to improving health care quality for low-income Americans. 
http://www.chcs.org/usr_doc/Health_Literacy_Fact_Sheets.pdf

Literacy Communication and Information System is a national dissemination and professional development system, providing information on literacy research, practice, and resources http://www.nifl.gov
Standard 4 - There are sufficient dental professionals to meet oral preventive care and treatment needs and sufficient dental and other trained professionals to address oral health promotion needs.

Background\textsuperscript{22,23}

Many people in Colorado face economic and geographic barriers to oral health care services. Low-income families, ethnic and racial minorities, immigrants, people with special health care needs and those living in rural areas are more likely to lack access to basic oral health care.

Nationally, compared to the overall population, the number of available dentists has decreased over time due to the decline in the number of practicing professionals and a reduction in dental school graduates. Even where the numbers of dentists are adequate, the distribution of practitioners to serve at-risk and vulnerable populations remains a concern. Of the nation’s dentists, approximately 90 percent provide services in the private sector with more than nine of ten dentists working in solo or two-person practices. Overall, there are few dentists practicing in public and nonprofit oral health clinics.

In 2009, the federal government estimated that to meet the current demand for dental care, an additional 9,432 dentists would be needed. In Colorado that year, there were 18 counties and two parts of counties designated as geographic Dental Health Professional Shortage Areas (HPSA), with another 18 designated as low-income dental HPSAs. Nine counties did not have an active licensed dentist and 13 lacked a dental hygienist; 10 more had only one licensed dentist and three had only a single dental hygienist.
Increasing Access to Oral Health

The Surgeon General’s Report on Oral Health indicated a need for dental, medical and public health providers to work together to promote oral health through campaigns, programs and services that emphasize disease prevention and health promotion. The report called for an interdisciplinary approach and emphasizes expanding workforce capacity and productivity by integrating oral health with general health services and programs.

According to the State and Territorial Dental Directors, the issues and possible solutions impacting oral health and oral health care access are multifaceted. State and local infrastructure and capacity to provide oral health care for underserved populations needs to be enhanced.

- ASTDD recommends these approaches to increasing access to dental care:
  - Expanding the traditional delivery system;
  - Developing community-based integrated delivery systems that are collaborative and innovative;
  - Increasing the health care workforce; and
  - Assuring sustainability through adequate and long-term funding.

- ASTDD strategies to address access to dental care issues include:
  - Dental public health approaches aimed at addressing access to care issues should incorporate strategies that increase the number, distribution and availability of dentists for all populations.
  - Dental public health approaches aimed at addressing access to care issues should incorporate strategies to increase the availability of and expand the scope of practice of dental auxiliary personnel.
  - Dental public health approaches aimed at addressing access to care issues should incorporate strategies to integrate education and prevention with services provided by non-dental providers.
  - Development and promotion of the mid-level oral health providers would require appropriate infrastructure for training, practice-related policy changes and modifications to the current health care system.

In Colorado, efforts are underway to address access and workforce issues. Cavity Free at Three educates health care providers in the early detection and prevention of oral disease in young children. It also assists general dentists on how to provide oral health care for children 0-3 year old and anticipatory guidance for their parents. Dental hygienists are increasingly being called upon to provide more preventive services and care to children. A new effort, Colorado Partnership to Improve Children’s Oral Health, is encouraging more dentists to care for children enrolled in Medicaid. The University of Colorado at Denver Health Sciences Center School of Dental Medicine is training dental and health care professionals in techniques to prevent dental decay in children through the Frontier Center. Oral Health Colorado is working on developing sustainable models of school-based oral health care.

Action

- Become knowledgeable about the issues related to provider access in your community.
Encourage health and dental providers to become involved in efforts like Cavity Free at Three.

Participate in efforts to address provider shortages within your community.

Resources

Cavity Free at Three is a nonprofit Colorado-based program aimed at preventing oral disease in young children and pregnant women using dental and health providers to offer education, screening, fluoride varnish and dental care referrals. Educational resources are available through the website: http://www.ucdenver.edu/life/services/AHEC/ProgramAreas/Pages/CavityFreeatThree.aspx

Oral Health Colorado (OHCO) is the state-wide oral health coalition. OHCO works with community oral health coalitions throughout Colorado, and will develop sustainable models of school-based oral health care that can be replicated throughout the state. www.OralHealthColorado.org

Assistance in Finding a Dentist

The Colorado Dental Association (CDA) has a tool to assist the user in finding a dentist anywhere in Colorado as well as information on low cost dental resources. http://cdaonline.org/index.php?option=com_content&view=article&id=88&Itemid=56.

In the Denver area, the Metropolitan Denver Dental Society has a referral website for low cost dental resources including information for families with Medicaid. http://www.mddsdentist.com/resources/lowincome.asp. For other communities, contact the local dental association chapter.

The Healthy Teeth Happy Babies Campaign from the Delta Dental of Colorado Foundation has a dental referral webpage. http://www.healthyteethhappybabies.com/index.php/parents/access-to-care
Standard 5 – Every person receives evidenced-based interventions to promote oral health.

Background
According to the University of Massachusetts Medical Library, evidence-based public health practice is “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of communities and populations in the domain of health protection, disease prevention, health maintenance and improvement.”

Evidence-based practice combines a practitioner’s expertise with the best evidence derived from a systematic review of relevant research. It involves finding and selecting resources that are credible, relevant and applicable to the area of practice.

The use of evidenced-based practice is based on the need to make informed decisions using science, rather than intuition, opinion or anecdotal information. The expected outcome of this approach is the higher likelihood that programs, policies and interventions will be effective and that limited resources will be used more efficiently.

The Association of State and Territorial Dental Directors (ASTDD) supports an evidenced-based practice approach and has developed a Best Practices Project. ASTDD defines a best practice as a public health strategy that is supported by evidence for impact and effectiveness. Its website offers evidence based upon research, expert opinion, field lessons and theoretical rationale. The project provides best practice information for state and community oral health programs. The following are some of the best practice approach reports available on the website:

ASTDD Best Practice Approach Reports
- State-based Oral Health Surveillance System
- State Oral Health Coalitions and Collaborative Partnerships
- State Oral Health Plans and Collaborative Planning
- Statutory Mandate for a State Oral Health Program
- Use of Fluoride: Community Water Fluoridation
- Use of Fluoride: School-based Fluoride Mouthrinse and Supplement Programs
- School-based Dental Sealant Programs
- Access to Oral Health Care Services: Workforce Development
- Oral Health of Children, Adolescents and Adults with Special Health Care Needs
- Improving Children's Oral Health through Coordinated School Health Programs
- Prevention and Control of Early Childhood Tooth Decay

Action
- Explore the evidence base when considering strategies to use to improve oral health in a classroom, coalition or community.
- Use tools referenced on this page to learn more about key oral health practices.
Resources

The Institute for Oral Health offers data, insights, and potential solutions for improving the efficiency and effectiveness of dental care treatment, delivery, and policies.  
http://www.iohwa.org/institute-for-oral-health-about.htm

Evidenced-Based Practice for Public Health, University of Massachusetts Medical Library This informative website provides online access to evidence-based public health resources, knowledge domains of public health, and public health journals and databases.  
http://library.umassmed.edu/ebpph/index.cfm

Guide to Community Preventive Services, Task Force on Community Preventive Services. This site offers a collection of summaries and recommendations detailing the effectiveness, economic efficiency, and feasibility of interventions for a number of health topics.  
http://www.thecommunityguide.org/index.html

Model Practice Database, National Association of County and City Health Officials. This is a collection of projects from around the United States highlighting successful public health projects.  
http://naccho.org/topics/modelpractices/database

Promising Practices Network, RAND Corporation. This tool offers a collection of summaries of successful projects, programs and practices addressing the needs of children and youth.  
http://www.promisingpractices.net/default.asp
Standard 6 - The oral health needs of the community are identified and advocates work to meet these needs.

Background
Engaging in ongoing assessment of the needs of a community allows concerned residents to identify and resolve problems. Local health departments and early childhood councils are particularly likely to look at the needs of children in their area and seek solutions to address identified needs.

Working with like minded people and organizations has always been an effective way to mobilize action leading to needed changes. The Association of State and Territorial Dental Directors discusses the use of oral health coalitions as a best practice approach in communities. The following section has been excerpted from that document.

“Oral health problems usually involve significant social and cultural factors and require many resources and partners to implement prevention and treatment services. Building linkages with partners can provide more public recognition and visibility, leverage resources to expand the scope and range of services, provide a more comprehensive approach to programming, enhance clout in advocacy and resource development, enhance competence, avoid duplication of services and fill gaps in service delivery, and accomplish what single members cannot.”

Definitions
A coalition is an organization of individuals representing diverse organizations, factions or constituencies who agree to work together to achieve a common goal.

A collaboration is a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. The relationship includes a commitment to a definition of mutual relationships and goals, a jointly developed structure and shared responsibility, mutual authority and accountability for success, and sharing of resources and rewards.

According to ASTDD, coalitions are important for a number of reasons. Coalitions can:

1. Enable organizations to become involved in new and broader issues without having the sole responsibility for managing or developing those issues.
2. Demonstrate and develop widespread public support for issues, actions or unmet needs.
3. Maximize the power of individuals and groups through joint action (increase the “critical mass” behind a community effort by helping individuals achieve objectives beyond the scope of any one individual or organization.
4. Minimize duplication of effort and services (which can also improve trust and communication among groups that would normally compete with one another).
5. Help mobilize more talents, resources and approaches to influence an issue than any single organization could achieve alone.

6. Provide an avenue for recruiting participants from diverse constituencies, such as political, business, human service, social and religious groups, grassroots groups and individuals.

7. By their flexible nature can allow them to exploit new resources in changing situations.

**Colorado Coalitions**

Each community is likely to have a variety of resources including health departments, schools, nonprofit and private groups interested in improving the health and well-being of children. Many communities already have existing coalitions dedicated to the areas of early childhood education and oral health. Two coalitions that have worked to create this tool kit are listed below.

**Oral Health Colorado**

Since 2003, there has been a statewide oral health coalition in Colorado. In 2010, Oral Health Awareness Colorado! was renamed Oral Health Colorado (OCHO). OCHO is committed to building a strong statewide advocacy network; developing and supporting community oral health coalitions throughout the state; and collaborating with partners to assure that best practices are developed and shared. http://www.oralhealthcolorado.org

**Early Childhood Councils**

The Early Childhood Councils were created by state legislation (HB06-1062). The intent of the councils is to change the way early childhood stakeholders do business through collaborative planning, networking, funding, coordination and implementation. Each county is led locally by a council that is a community-based collaborative working to build a comprehensive early childhood system that connects children, families, and resources to quality services in early care and education, health, mental health and family support.

In Colorado, early childhood services are defined by legislation to encompass: early care and education; family support; mental health; and health (including oral health). An Early Childhood Colorado Framework is available to illustrate how the four service areas can work together to best serve Colorado children and families. The framework is found at http://earlychildhoodcolorado.org/inc/uploads/CO_EC_Framework.pdf.

An Early Childhood Council works to create internal capacity by bringing together local partners from each of the four service areas to make decisions about how to improve the availability, accessibility, capacity and quality of services locally. Community partners then build the local foundations for collaboratively improving services for children and families. Finally, the Early Childhood Councils impact services. The collaborative efforts of local partners participating in the Early Childhood Councils mean that all stakeholders in the community are working together to improve the availability, accessibility, capacity and quality of services. http://www.cde.state.co.us/early/ECC.htm.

**Action**

- Learn about and participate in local community coalition dedicated to improving the health and oral health of children in your area.

**Resources**

*Smart Mouths, Healthy Bodies: An Action Plan to Improve the Oral Health of Coloradans* is the state oral health plan. The plan is being updated and will be complete in early 2012. The plan focuses on six major topic areas. These topic areas, and the related outcomes and strategies, will
help guide and direct a strong, unified statewide movement in support of achieving oral health for all residents.  [http://www.oralhealthcolorado.org](http://www.oralhealthcolorado.org)

The **Children's Dental Health Project** is a national non-profit organization with the vision of achieving equity in children's oral health. The project works to eliminate barriers to preventing tooth decay to ensure that all children reach their full potential.  
[http://www.cdhp.org/about_cdhp/about_childrens_dental_health_project](http://www.cdhp.org/about_cdhp/about_childrens_dental_health_project)
Standard 7 - Disparities in access to care are actively monitored and the community is engaged in promoting health equity.

**Background**
Health equity exists when all individuals and populations have equal opportunities for good health. Health disparities exist in populations because of differences in the presence of disease, health outcomes, or access to health care across racial, ethnic, socioeconomic and other lines. These disparities are often the outcomes of health inequities associated with uneven exposure to the factors that promote or diminish health. These factors are related to the health care system, the environment and personal behavior. The manner in which care is delivered also plays an important role in health equity.

Income inequalities remain an ongoing concern when addressing children's oral health. Children living in poverty suffer twice the tooth decay as their more affluent peers, and their decay is more likely to go untreated. The children who suffer the most dental disease have the least access to oral health care services. Dental care is the most commonly reported unmet health care need in the U.S., two times more common as unmet medical care.

Approximately, 80 percent of tooth decay is found in 25 percent of children. Children from racial/ethnic minority groups experience multiple disparities in medical and oral health, access to care, and use of services. Low-income and minority children including those with special health care needs are at greatest risk of inadequate access and poor oral health. Disparities in access to dental care are associated with family income, race/ethnicity, caregiver education and special health care needs.

Influencing health disparities is complex and multi-dimensional. Reducing disparities requires wide-ranging approaches that target populations at highest risk and use evidenced-based solutions. A starting point is understanding what is leading to the disparities and to seek solutions that make a difference. Increasing access to the factors that support oral health and a reduction of those that cause harm is a good place to begin. In the context of oral health, this includes brushing teeth with fluoridated toothpaste; positive eating habits; drinking fluoridated water; having a dental home; and payment resources.

**Determinants of Health**
A public health approach to achieving health equity uses a focus on primary prevention of the root causes of illness and poor health. In general, population groups that suffer the worst health status are also those that have the highest poverty rates and the least education. Healthy People 2020 describes how individual and community health are intrinsically linked. A person's health is profoundly affected by the health of the community and the environment in which she lives, works, and plays. At the same time, the collective behaviors, attitudes, and beliefs of everyone who lives in the area also affect the health of the community. Individuals require knowledge, motivation and opportunities to make informed
decisions about their health.

A number of factors interact to determine if a person is healthy or not. These determinants of health: individual biology and behavior; the physical and social environment; societal policies and interventions; and access to quality health care have a profound effect on the health of individuals and communities. It is estimated that individual behaviors and environmental factors have the most impact on health and wellbeing.

An individual’s health is influenced by biology, which includes genetic makeup, family history, and the physical and mental health problems acquired during life. A person engages in specific behaviors such as tooth brushing and this interacts with the biological factors to influence oral health. Additionally, the social and physical environments influence wellbeing by interaction with individual biology and behavior thus influencing influence health. The social environment includes interpersonal interactions, social institutions, the workplace, housing, and many other factors. Examples of the social environment in oral health are factors that support positive oral health, such as access to a year one dental visit. Health is also influenced by the physical environment such as water and air. For oral health, access to fluoridated water is an example of an environmental factor. Access to quality oral health care is another important factor influences health and is a vital component in ensuring that individuals and communities are healthy.

**Action**

- Be aware of the significance of health disparities, their impact and how to improve health outcomes of underserved populations.
- Participate in community efforts to eliminate disparities.
- Participate in efforts that ensure access to quality health and dental care for all children and assist families in getting the dental services they need.
- Support efforts to address the root causes of health disparities such as poverty, lack of education and other determinants of health.
- Develop cultural and linguistic competency within your workplace and council.
- Develop and participate in culturally appropriate health promotion and disease prevention initiatives to reduce health disparities.

**Resources**

*The Connection between Health Disparities and the Social Determinants of Health in Early Childhood* is a Health Watch prepared by the Colorado Department of Public Health and Environment. The report describes the impact of health disparities during the important period of childhood. Colorado Specific information is provided including information on oral health. [http://www.chd.dphe.state.co.us/Resources/pubs/ECHealthDisparities2.pdf](http://www.chd.dphe.state.co.us/Resources/pubs/ECHealthDisparities2.pdf)

The National Center for Cultural Competency mission is to increase the capacity of health care and mental health care programs to design, implement, and evaluate culturally and linguistically competent service delivery systems to address growing diversity, persistent disparities, and to promote health and mental health equity. [http://nccc.georgetown.edu/index.html](http://nccc.georgetown.edu/index.html)
The US Department of Health and Human Services, Office of Minority Health’s, National Partnership for Action mission is to increase the effectiveness of programs that target the elimination of health disparities through the coordination of partners, leaders, and stakeholders. The result is the National Stakeholder Strategy for Achieving Health Equity a roadmap for eliminating health. [http://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=11](http://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=11)

Think Cultural Health’s goal is to advance health equity at every point of contact through the development and promotion of culturally and linguistically appropriate services. Think Cultural Health is the flagship initiative of the Office of Minority Health, Center for Linguistic and Cultural Competence in Health Care. It offers the latest resources and tools to promote cultural and linguistic competency in health care. [https://www.thinkculturalhealth.hhs.gov/Content/about_tch.asp](https://www.thinkculturalhealth.hhs.gov/Content/about_tch.asp)

Advancing Health Equity provides information, resources and tools to help organizations provide equitable health care to all. It is a project of the University of California, San Francisco, Center for the Health Professions. [http://www.advancinghealthequity.org](http://www.advancinghealthequity.org)

The Children's Dental Health Project is a national non-profit organization with the vision of achieving equity in children's oral health. The project works to eliminate barriers to preventing tooth decay to ensure that all children reach their full potential. [http://www.cdhp.org/about_cdhp/about_childrens_dental_health_project](http://www.cdhp.org/about_cdhp/about_childrens_dental_health_project)
Resources

The National Maternal and Child Oral Health Resource Center's purpose is to respond to the needs of states and communities in addressing current and emerging public oral health issues. The resource center collaborates with federal, state, and local agencies; national and state organizations and associations; and foundations to gather, develop and share quality information and materials. http://www.mchoralhealth.org/about/index.html

Bright Futures is a national disease prevention and health promotion initiative funded by the Maternal and Child Health Bureau. This toolbox highlights materials that advance the Bright Futures philosophy of promoting and improving the oral health of infants, children, and adolescents. http://www.mchoralhealth.org/Toolbox/index.html


Standard 1 - Every person has a health home that promotes overall wellbeing and addresses physical, behavioral and oral health needs.


The Colorado Medical Home Initiative is a systems-building effort to promote quality health care for all children in Colorado. Bringing together many organizations, the Colorado Medical Home Initiative is dedicated to building a sustainable system that delivers quality health care for all children. http://www.coloradomedicalhome.com/cmhi.html

The National Center for Medical Home Implementation works in cooperation with federal agencies, particularly the MCHB, and other partners and stakeholders to ensure that all children and youth, including children with special needs, have access to a medical home. http://www.medicalhomeinfo.org. Colorado specific information can be found at http://www.medicalhomeinfo.org/state_pages/colorado.aspx.


Standard 2 - Community water is fluoridated at optimal levels or alternative sources of fluoride are promoted and provided.

http://www.cdc.gov/fluoridation/fact_sheets/fi_caries.htm

Colorado Department of Public Health and Environment, Oral Health Unit  
http://www.cdphe.state.co.us/pp/oralhealth/oralHealth.html

My Water's Fluoride, Centers for disease Control and Prevention.  
http://apps.nccd.cdc.gov/MWF/index.asp

http://apps.nccd.cdc.gov/gisdoh/default.aspx

Standard 3 - Oral health education is provided in health care, child care, school, workplace and other settings


Promoting Children's Oral Health. A Curriculum for Health Professionals and Child Care Providers, California Childcare Health Program. This curriculum is written for early child care educators with an interest in promoting oral health, such as early child care and education professionals, child care health consultants, school nurses and child care health advocates.  http://www.ucsfchildcarehealth.org/pdfs/Curricula/oral%20health_11_v7.pdf


Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition, National Resource Center for Health and Safety in Child Care and Early Education. These national standards represent the best evidence, expertise and experience in the country on quality health and safety practices and policies that should be followed in today’s early child care and education settings.  http://nrckids.org/CFOC3/index.html

Nothing but the Tooth, National Maternal and Child Oral Health Resource Center. Available in English and Spanish, this video provides information on oral health and oral hygiene for pregnant and parenting women and their infants. The content focuses on the importance of visiting the
dentist early in pregnancy, maintaining oral hygiene practices throughout pregnancy, and potential concerns about oral disease during pregnancy.

http://www.youtube.com/watch?v=4m41tR3s9sE&feature=channel_video_title

**Bright Futures,** American Academy of Pediatrics. Bright Futures is a national health promotion and disease prevention initiative that addresses children's health needs in the context of family and community. [http://brightfutures.aap.org](http://brightfutures.aap.org)

**Primer**

**Tooth Decay from Open Wide: Oral Health Training for Health Professionals,** National Maternal and Child Oral Health Resource Center. This resource is a series of four modules designed to help health and early childhood professionals working in community settings (for example, Head Start and WIC staff) promote oral health in the course of promoting general health for infants, children and their families. [http://www.mchoralhealth.org/OpenWide/index.htm](http://www.mchoralhealth.org/OpenWide/index.htm)

**Education Messages**


**Health Literacy**


**The Centers for Disease Control and Prevention, Health Literacy** website provides information and tools to improve health literacy and public health. These resources are for all organizations that interact and communicate with people about health. [http://www.cdc.gov/HealthLiteracy/introduction.html](http://www.cdc.gov/HealthLiteracy/introduction.html)

**Center for Health Care Strategies** A non-profit health policy resource center dedicated to improving health care quality for low-income Americans. [http://www.chcs.org/usr_doc/Health_Literacy_Fact_Sheets.pdf](http://www.chcs.org/usr_doc/Health_Literacy_Fact_Sheets.pdf)

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Association of State and Territorial Dental Directors, Best Practice Approach Access to Oral Health Care Services: Workforce Development
http://www.astdd.org/docs/BPAAccessWorkforce.pdf

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Evidenced-Based Practice for Public Health, University of Massachusetts Medical Library
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Guide to Community Preventive Services, Task Force on Community Preventive Services.
This site offers a collection of summaries and recommendations detailing the effectiveness, economic efficiency, and feasibility of interventions for a number of health topics. http://www.thecommunityguide.org/index.html
Model Practice Database, National Association of County and City Health Officials. This is a collection of projects from around the United States highlighting successful public health projects. [http://naccho.org/topics/modelpractices/database](http://naccho.org/topics/modelpractices/database)

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**Standard 6 - The oral health needs of the community are identified and advocates work to meet these needs.**

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http://www.cdhp.org/about_cdhp/about_childrens_dental_health_project

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2 IBID

3 Children’s Dental Health Project. Equity: Reducing Oral Health Disparities.  

4 Medicaid: Extent of Dental Disease in Children Has Not Decreased, and Millions Are Estimated to Have Untreated Tooth Decay. 2008.  


http://www.astdd.org


9 National Center for Medical Home Implementation Overview.  
http://www.medicalhomeinfo.org/about

10 The Colorado Medical Home Initiative.  
http://www.coloradomedicalhome.com/cmhi.html


13 Association of State & Territorial Dental Directors. Best Practices Approach Reports, Use of Fluoride: Community Water Fluoridation.  
http://www.astdd.org/use-of-fluoride-community-water-fluoridation-introduction


http://www2.nidcr.nih.gov/sgr/sgrhome/chap7.htm

16 Association of State & Territorial Dental Directors. Best Practices Approach Reports, Use of Fluoride: Community Water Fluoridation.  
http://www.astdd.org/use-of-fluoride-community-water-fluoridation-introduction

http://www.ada.org/seions/professionalResources/pdfs/fluoridation_facts.pdf

18 IBID

http://www.cdc.gov/oralhealth/publications/factsheets/brushup_quiz.htm

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