



Child and Teen Checkups (C&TC) FACT Sheet

For primary care providers

Dental Checkup

C&TC Requirements:	Qualified Personnel	Documentation
<p>Dental Checkup Verbally refer the child for their first dental examination at the time of the eruption of the first tooth in the mouth or no later than one year of age.</p> <p>An oral exam is performed as part of the physical exam at every C&TC screening. The health history information gathered from the parent or guardian during the C&TC screening or at a dental visit will help determine a child's carries risk status. A child should see a dentist every 6 months or as indicated by the child's risk status/susceptibility to disease. http://www.aapd.org/media/policies_guidelines/p_cariesriskass.ess.pdf. See the schedule of age-related dental standards at http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-5544-ENG.</p>	<p>Anyone may verbally refer a child for preventive dental care.</p> <p>Oral exam may be performed by a physician, nurse practitioner, physician's assistant, or RN who has completed the 3-day C&TC training</p>	<p>Document verbal dental referrals for preventive care.</p> <p>Include a box to check that a dental referral was made by age one or at the eruption of the first tooth and at each subsequent C&TC visit.</p>

Facts about Dental Health:

- Dental caries is the most common chronic disease affecting children in the United States. It is 5 times more common than asthma and 7 times more common than hay fever [1].
- The vertical colonization of *S mutans* from mother to infant is well documented. Genotypes of *S mutans* in infants appear identical to those present in mothers in approximately 71% of mother-infant pairs [2].
- Fluoridation of municipal water supplies is cost-effective. For most cities, every \$1 invested in community water fluoridation saves \$38 in dental treatment costs [3].
- Minnesota Statute 144.145 requires fluoridation of municipal water supplies. These water supplies provide drinking water for approximately 75% of Minnesotans. The remaining 25% of the state's population have private wells that may or may not have the optimal amount of natural fluoride to prevent decay [4].
- Fluoride varnish, applied to the surfaces of teeth, strengthens teeth and reduces decay [5].
- New research is pointing to associations between chronic oral infections and heart and lung diseases, stroke, and low-birth-weight, premature births. Associations between periodontal disease and diabetes have long been noted [6].

Key Points:

- Prevention of early childhood caries (ECC) begins with intervention in the prenatal and perinatal periods [7].
- Children and adolescents living in poverty suffer twice as much tooth decay as their more affluent peers, and their disease is more likely to go untreated [8].
- If untreated, the dental caries' process progresses to cavitation and associated acute pain, cellulitis, tooth loss, dysfunctional speech patterns, space loss and crowding and diminished facial appearance [9].
- More than 51 million school hours are lost each year because of dental-related illness [8].
- The daily reality for children with untreated oral disease is often persistent pain, inability to eat comfortably or chew well, embarrassment at discolored and damaged teeth, and distraction from play and learning [8].
- The leading causes of oral and head injuries are sports, violence, falls, and motor vehicle crashes [8]. Safety belts, car safety seats, bike helmets, and mouth guards can prevent a significant number of injuries to the head, face, jaw, mouth, teeth, and oral tissues.
- Tobacco-related oral lesions are common in teenagers who use spit (smokeless) tobacco. The lesions occur in 35 percent of snuff users and 20 percent of chewing tobacco users [8].
- Tobacco use (e.g., cigarettes, chewing tobacco) is a leading cause of oral cancers and periodontal diseases, and is also a factor in the development of gingival bleeding and recession, halitosis, and dental staining [8].
- Fluoride works to control early dental caries in several ways. Fluoride concentrated in plaque and saliva inhibits the demineralization of sound enamel and enhances the remineralization (i.e., recovery) of demineralized enamel. Fluoride also inhibits dental caries by affecting the activity of cariogenic bacteria [10].
- A small pea-sized amount of fluoride toothpaste can be used on the toothbrush after the child has learned how to spit. Fluoride toothpaste should not be swallowed.

Professional Recommendations:

The American Academy of Pediatrics (AAP - 2003)

- Pediatricians and pediatric health care professionals should develop the knowledge base to perform oral health risk assessments on all patients beginning at 6 months of age. Patients who have been determined to be at risk of development of dental caries or who fall into recognized risk groups should be directed to establish a dental home 6 months after the first tooth erupts or by 1 year of age (whichever comes first). Online: <http://www.aap.org/compeds/dochs/oralhealth/policy-statements.cfm>.

The American Academy of Pediatric Dentistry (AAPD - 2004)

- All primary health care professionals who serve mothers and infants should provide

parent/caregiver education on the etiology and prevention of early childhood caries (ECC). Oral health counseling during pregnancy is especially important for the mother.

- Every infant should receive an oral health risk assessment from his/her primary health care provider or qualified health care professional by 6 months of age.
- Health care professionals and all stakeholders in children's health should support the identification of a dental home for all infants at 12 months of age.
- The placement of sealants and their continued maintenance are scientifically-sound and cost-effective techniques for prevention of pit and fissure caries.
- Systemically administered fluoride supplements should be considered for all children drinking fluoride-deficient (<0.6 ppm) water.

http://www.aapd.org/media/Policies_Guidelines/G_InfantOralHealthCare.pdf.

It is important for C&TC providers to talk to the child, parent or guardian about good dental health and getting regular preventive dental health care.

- Because dental caries (tooth decay) is the most prevalent chronic disease in the U.S., it is recommended that infants and young children receiving C&TC screenings receive fluoride varnish applications at 3-6 month intervals.
- Because dental caries can occur in children as young as 12 months of age, it is recommended that they begin receiving fluoride varnish applications at 12 months of age or when the first tooth erupts.
- By providing prevention education and fluoride varnish applications as part of the C&TC visit, providers can help reduce the risk of dental decay for young children. Primary care providers and other appropriately trained primary care clinic staff can perform the application of fluoride varnish.
- Note: Primary care providers will be reimbursed for fluoride varnish application in addition to regular C&TC payment. Information on billing for fluoride varnish applications can be found in the Minnesota Health Care Programs Provider Manual, Chapter 9, Children's Services.

A verbal referral for regular preventive dental care should be given at each subsequent C&TC visit.

Resources: (Accessed April 14, 2009)

- Minnesota Department of Human Services (DHS). C&TC Documentation Forms [Online] http://www.dhs.state.mn.us/id_028848 and Criteria Guidelines for C&TC Provider Documentation. [Online]: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_144708.
- C&TC Schedule of Age-Related Dental Standards. <http://edocs.dhs.state.mn.us/lfsrserver/Legacy/DHS-5544-ENG>.
- C&TC Online: Oral Health Screening Training: www.health.state.mn.us/divs/fh/mch/webcourse/dental/index.cfm.
- The Oral Health Initiative Protecting All Children's Teeth (PACT): A Pediatric Oral Health Training Program. Free online training: <http://www.aap.org/oralhealth/pact.cfm>
- Centers for Disease Control and Prevention, Division of Oral Health. Children's Oral Health Overview. Online: <http://www.cdc.gov/oralhealth/topics/child.htm>.

Resources (continued)

- American Academy of Pediatric Dentistry
 - Anticipatory guidance and parent/patient education. *Guidelines on infant oral health care*. 2004. Clinical Affairs Committee – Infant Oral Health Subcommittee. The American Academy of Pediatric Dentistry (AAPD). Online:
http://www.aapd.org/media/Policies_Guidelines/G_InfantOralHealthCare.pdf.
 - AAPD Dietary Fluoride Supplementation Schedule Online:
http://www.aapd.org/media/Policies_Guidelines/G_FluorideTherapy.pdf.
 - Caries-risk assessment tool (CAT). Online:
http://www.aapd.org/media/Policies_Guidelines/P_CariesRiskAssess.pdf.
- Dental Health Screening and Fluoride Varnish Application. Online:
<http://www.meded.umn.edu/apps/pediatrics/FluorideVarnish/index.cfm>.
- Bright Futures Toolbox. Online: <http://www.mchoralhealth.org/Toolbox/professionals.html>.
- National Maternal and Child Oral Health Resource Center. <http://www.mchoralhealth.org/>. OHRC identifies and collects information about oral health programs and initiatives funded by the Maternal and Child Health Bureau (MCHB) and other agencies, associations, corporate sponsors, and foundations.

References: (Accessed April 14, 2009)

1. American Academy of Pediatrics Oral Health Initiative. Online:
<http://www.aap.org/oralhealth/>.
2. The American Academy of Pediatric Dentistry (AAPD). Clinical Affairs Committee – Infant Oral Health Subcommittee. *Guideline on infant oral health care*. 2004..Online:
http://www.aapd.org/media/Policies_Guidelines/G_InfantOralHealthCare.pdf.
3. Centers for Disease Control: Fluoridation. Nature’s way to prevent tooth decay. Online:
http://www.cdc.gov/fluoridation/pdf/natures_way.pdf
4. Minnesota Department of Health. *MN Oral Health Data Book*. October 2006. Community water fluoridation. Online: <http://www.health.state.mn.us/oralhealth/>
5. Minnesota Child and Teen Checkups. January 2007. Fluoride Varnish Fact Sheet: Prevention of dental caries in children. Online: <https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-5012-ENG>
6. US Dept of Health and Human Services. *Oral health in America: A report of the Surgeon General*. Rockville, Md: US Dept of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health; 2000. Online:
<http://www2.nidcr.nih.gov/sgr/execsumm.htm>.
7. American Academy of Pediatric Dentistry. Policy on early childhood caries (ECC): Unique challenges and treatment options. Online:
http://www.aapd.org/media/Policies_Guidelines/P_ECCUniqueChallenges.pdf.
8. National Center for Chronic Disease Prevention and Health Promotion Oral Health Resources. Children’s oral health: Fact sheet. Online:
http://www.cdc.gov/OralHealth/publications/factsheets/sgr2000_fs3.htm.
9. Dental health screening and fluoride varnish application course. Online:
<http://www.meded.umn.edu/apps/pediatrics/FluorideVarnish/index.cfm>.
10. MMWR. August 17, 2001 / 50(RR14); 1-42. Recommendations for using fluoride to prevent and control dental caries in the United States. Online:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5014a1.htm>.