

Smiles for Life: What the Primary Care Provider Can Do to Impact Oral Health in School-Based Health Centers

Objectives

- Review oral health status of children/adolescents
- Discuss three major oral health conditions/diseases found in children and adolescence
- Learn about other behaviors/conditions that effect oral health
- Review Oral Health Assessment and consent, and other forms
 - Perform Smiles for Life Fluoride Varnish Training
 - Discover what's in the goodie bag
 - Hands-on varnish application

Adolescence and Oral Health

The World Health Organization defines adolescents as between the age of 10 and 19 years

- Gaining independence - making personal and diet related choices
 - Heavily influenced by social environment
- Attitudes formed during adolescence may last into adult life
- Oral health behaviors are established, habits are formed

Adolescence and Oral Health

- Time period of significant caries activity
 - Less than optimum diet
 - Oral hygiene is a low priority
- The first signs of periodontal disease can occur

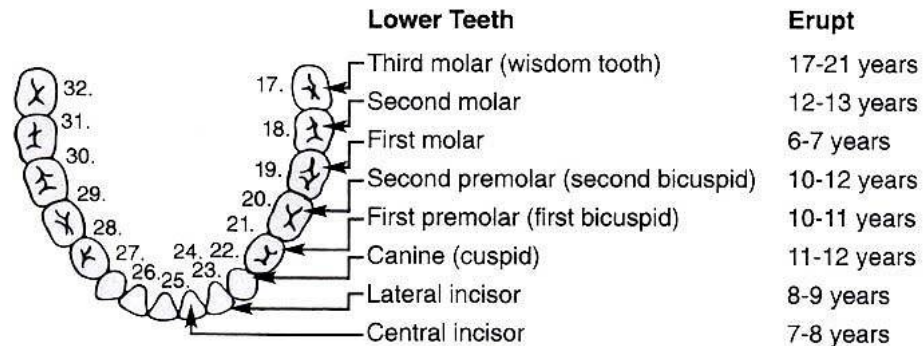
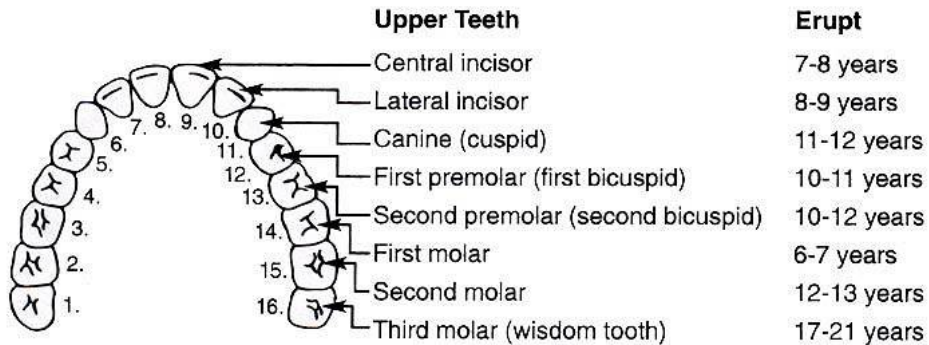


Oral Health

- 12-year-old molars have erupted
 - Third molars develop and erupt
- Between the ages of 10 and 12, the entire set of primary teeth has been replaced with permanent dentition
 - It's important for providers to emphasize the positive effects of regular dental visits, fluoride, sealants and oral hygiene

Adult Dentition

PERMANENT DENTITION



8 incisors + 4 canine + 8 premolars + 12 molars = 32 Teeth

A National Snapshot

41% of children ages 2-11 years have had caries in their primary teeth and 21% have untreated caries

42% of children ages 6-19 years have had caries in their permanent teeth and 14% have untreated caries

Students in CO schools where more than ½ of the students qualify for National School Lunch Program:

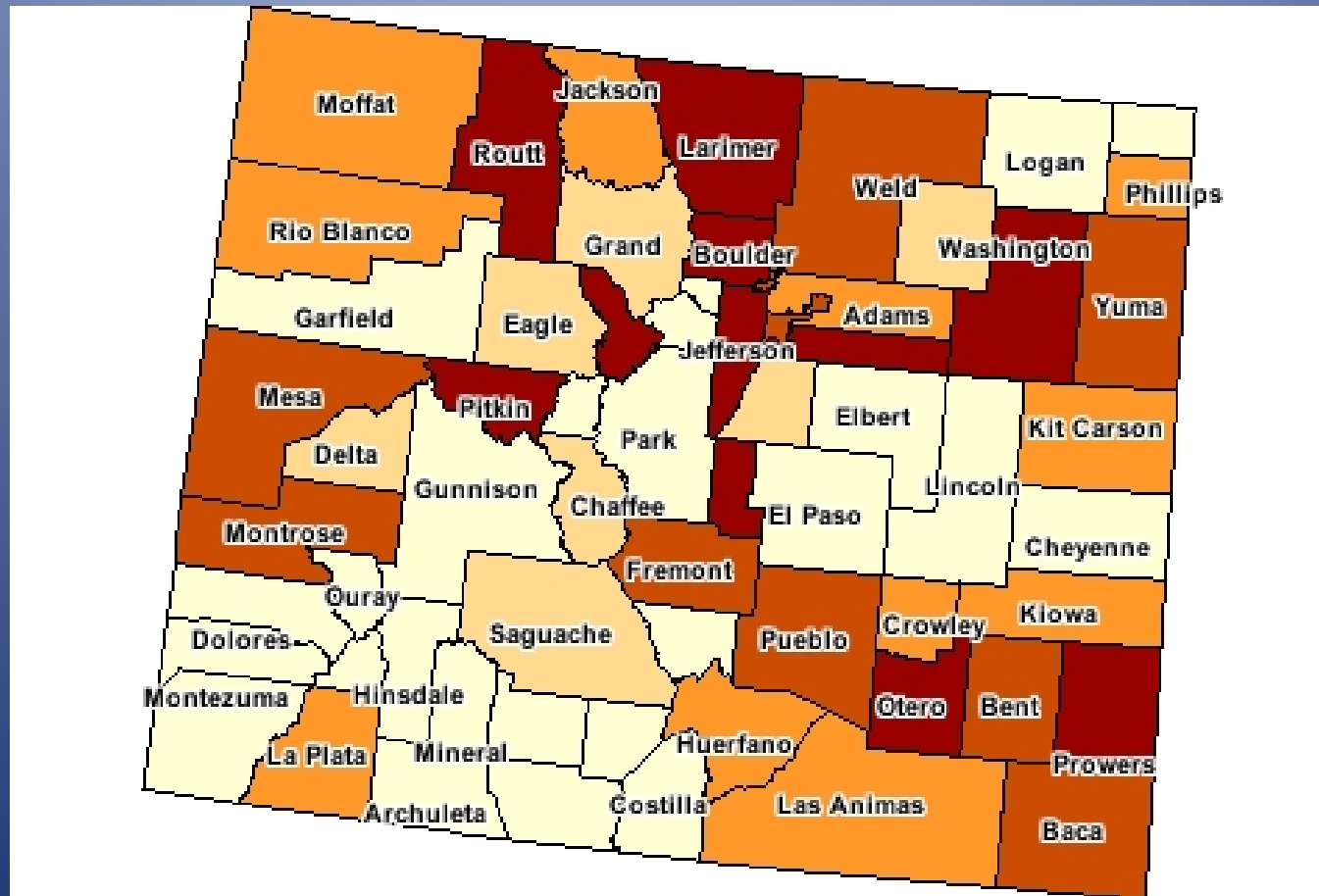
72% of third-graders experienced dental decay compared to 47 % of students in more affluent schools

Among Hispanic children, over 70% of third-graders have experienced dental decay compared to 48% of white, non-Hispanic third-graders.

Colorado's Realities

- Of Colorado's 64 counties, more than 20 do not have a participating Medicaid dentist
- Nine counties have no dentist at all
- 100 pediatric dentists in CO concentrated in the Front Range. Only 30% take Medicaid

Water Fluoridation by County



Three major dental diseases and conditions affecting children and adolescents

- Dental caries
- Periodontal disease
- Malocclusion

Dental Caries

- Nearly 100% preventable
- Most common chronic disease of children and adolescents
- Four times more common than asthma among adolescents aged 14 to 17 years
- Poor and minority children are disproportionately affected
- Untreated decay has health, economic, education, and social implications

Dental Caries

- Nationally, adolescents lose an estimated 52 million hours of school time each year due to dental problems and related care
- School-based health centers can help to decrease this burden by incorporating fluoride varnish, and other preventative services

Dental Caries



Periodontal Disease

In general- surveys show a positive picture of periodontal health of most school-aged children

But looking closer, school-based surveys show that nonwhite adolescents ages 13 to 17 tended to have slightly worse periodontal health than white adolescents

The percentage of African Americans (10%) and Hispanic (5%) adolescents with periodontal attachment loss exceeded the percentage of white adolescents (1.5%) with periodontal attachment loss

Periodontal Disease



Periodontal Disease



Malocclusion- More Than Just a Bad Bite

Malocclusion problems tend to worsen in adolescence

- Crowding increases
- Orthodontic problems worsen or become apparent

Crooked and crowded teeth:

- Make cleaning the teeth difficult
- Can lead to tooth decay, gum disease and possibly tooth loss
- Improper bite can interfere with chewing and speaking, can cause abnormal wear to tooth enamel, and can lead to problems with the jaw

Malocclusion



Other Behaviors and Conditions that affect the Oral Health

Intraoral/Perioral Piercing

Involve the tongue, lips, cheeks, uvula or a combination of sites

- Increased salivary flow
- Gingival injury or recession
- Damage to teeth and restorations
- Interfere with speech and mastication
 - Scar-tissue formation
- Development of metal hypersensitivities
- Possible vector for blood borne hepatitis (hepatitis B, C, D and G) transmission
 - Secondary infections

Piercings



Behaviors	
Cigarette smoking	Short-term: mucosal changes, staining Long-term: increase risk oral cancer, periodontal disease
Smokeless tobacco	Same as for cigarette smoking
Alcohol and drug	Short-term use: complicates drug administration by DDS, dental neglect in addicted patients Long-term use: increase risk oral cancer
Participation in athletics	Traumatic injuries to teeth and jaw
Oral contraception	Periodontal disease from hormone changes; increase risk of dry socket after extraction
Conditions	
Bulimia	Periodontal problems: acid destruction of enamel from vomiting
Pregnancy	Gingival inflammation
Sexually transmitted disease	Oral infections
HIV infection	Periodontal disease; access may be restricted
Stress	Oral infection

What the Provider Can Do

Oral Health Assessment Form

Consent Wording

Other Forms

Score 1.0	Score 2.0	Score 3.0	Score 4.0	Score 5.0
No evidence of plaque	Evidence of mild plaque		Pain and/or swelling	Pain and/or swelling
Gums pink/healthy	Gums show slight redness	Gums show slight redness	Gums red and swollen	Gums red and swollen
No white or discolored spots	No white or discolored spots	White spots noted	Brown spots noted and/or mild decay noted	Obvious decay noted
No erupted permanent molars or clear evidence of sealants on all erupted molars	No erupted permanent molars or clear evidence of sealants on all erupted molars	No sealant on one or more erupted permanent molars		
Fewer than two restorations	Two or more restorations			
Services Performed Today				
<input type="checkbox"/> Assessment <input type="checkbox"/> F Varnish	<input type="checkbox"/> Assessment <input type="checkbox"/> F Varnish <input type="checkbox"/> Hygiene Instr	<input type="checkbox"/> Assessment <input type="checkbox"/> F Varnish <input type="checkbox"/> Hygiene Instr <input type="checkbox"/> Nutrition Cnsl	<input type="checkbox"/> Assessment <input type="checkbox"/> F Varnish <input type="checkbox"/> Hygiene Instr <input type="checkbox"/> Nutrition Cnsl <input type="checkbox"/> F Supplement	<input type="checkbox"/> Assessment <input type="checkbox"/> F Varnish <input type="checkbox"/> Hygiene Instr <input type="checkbox"/> Nutrition Cnsl <input type="checkbox"/> F Supplement
Next Steps				
F/U in 12 months	F/U in 6 months Re-apply F varnish Repeat hygiene instructions	Refer for sealants F/U in 6 months Re-apply F varnish Repeat hygiene instructions Provide nutrition counseling	Refer for cleaning Refer for sealants Refer for minor restoration F/U in 2 months Re-apply F varnish Repeat hygiene instructions Provide nutrition counseling	Refer to dentist F/U in 2 months Re-apply F varnish Repeat hygiene instructions Provide nutrition counseling

Sample

Fluoride Varnish Caregiver Consent Form

Dear Caregiver,

As a preventative dental service at (SBHC name), we are offering the application of a protective coating called *fluoride varnish* to your child's teeth to help protect against cavities.

Please indicate below whether you give permission for your child to receive the application of fluoride varnish.

YES, I give permission for my child to receive the fluoride varnish application.

(Please sign below)

NO, I do not give permission for my child to receive this preventative fluoride varnish application.

Name of Child: _____

Date of Birth: _____

I have read the information sheet about fluoride varnish, and will allow a health professional to apply the varnish to my child's teeth. I understand that this is a painless procedure that will take only a few minutes.

Signature of Caregiver: _____ Date: _____

Caregivers Name (*please print*) _____

Other Forms

- Price list and ordering information
 - F12 varnish product list
- Template for dental referral sheet
 - F12 varnish information sheet
 - CASBHC Position Statement
- Fluoride varnish certification and billing info
 - Oral health resources
- Executive Summary for Policymakers

Smiles for Life

- Nation's only comprehensive oral health curriculum
- Developed by the Society of Teachers of Family Medicine Group on Oral Health
- Designed to enhance the role of primary care clinicians in the promotion of oral health for all age groups
 - Eight oral health modules available

Fluoride Varnish

Smiles for Life Module 2 and 6

Module 6 complete today

www.smilesforlifeoralhealth.org

Save documentation

Billing codes in folder

Medicaid Reimbursement for F12 Varnish

- Most states reimburse physicians for varnish application to young children
 - Five states reimburse to older children
 - In CO, varnish can be applied by trained (SFL Module 2 and Module 6) providers- MD NP PA
 - Reimbursed for assessment and varnish age birth-four years (the day before 5th birthday)