

CME and CE Information

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- American Academy of PAs (AAPA)
- American Dental Association's Continuing Education Recognition Program (ADA CERP)
- American Psychological Association (APA)
- Association of Social Work Boards (ASWB)
- Commission on Dietetic Registration (CDR)

Dental care in schools:

Developing the future pediatric oral health workforce and striving for health equity



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*Postdoctoral Training in General, Pediatric and Public Health Dentistry and
Dental Hygiene*



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We want to hear from you!

- How often are students
 - in the office complaining of dental pain?
 - absent because of tooth/mouth pain or dental appointments?
- Do your students and families struggle to find dental services?
- What barriers exist for your program to begin dental services?
- Are you confident in your oral health knowledge?



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Our why...



1 in 4 Ohio children have had a cavity by age 5



More likely for children living in poverty, utilizing Medicaid or lacking insurance coverage, and living in underserved areas



Tooth pain can impair sleep, growth, eating, and the ability to learn



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Learning Objectives

Objective 1

Describe an established, portable community-based dental clinic that serves schools, Early Head Start childcare centers, and community sites

Objective 2

Learn strategies for increasing the dental workforce

Objective 3

Explore oral health education, screening methods, materials, and tools necessary for providing dental services in existing school-based programs without a dental team



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Learning Objective 1:

Describe an established, portable community-based dental clinic that serves schools, Early Head Start childcare centers, and community sites



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Community-based mobile dental clinic



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- **Dental care in the community**

- Preventative and Restorative
- Partners: Reynoldsburg City Schools, Columbus City Schools, OSU Early Head Start
- HRSA grant: resident training site – alternative care models

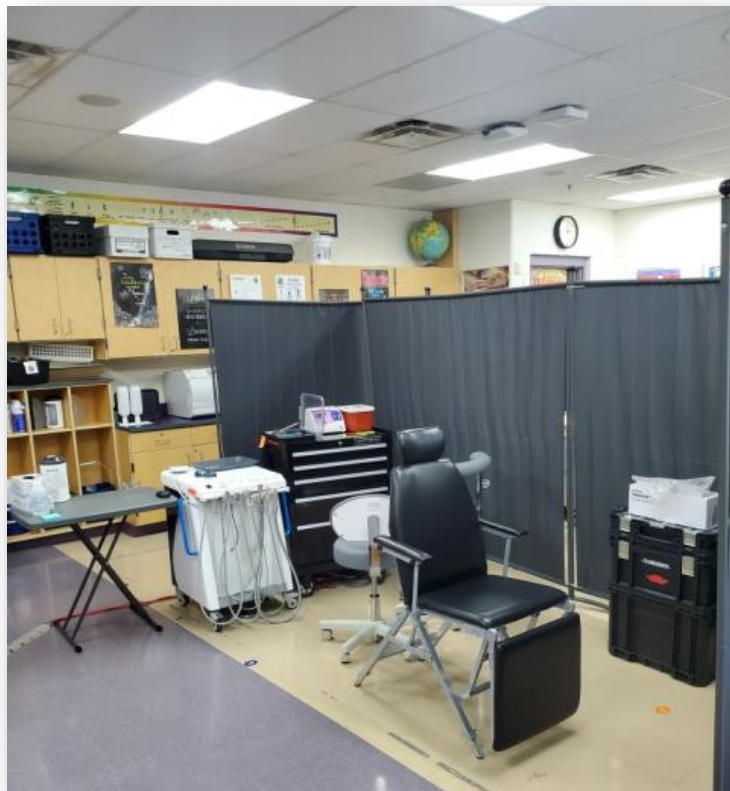
- **Students served:**

- Underserved and vulnerable populations
- Medicaid/HMOs, uninsured
- Immigrant/refugees – diverse languages
- No “dental home”: ~85% of the patients did not have a dental home or had not had a dental appointment in the previous three years



Equipment





2023

Visits: 1,500
 Exams: 646
 Cleanings: 648
 Sealants: 1,255
 SDF: 457
 Restorations (fillings): 172
 Stainless Steel Crowns: 239
 Extractions: 92



All clinical staff members work **TO THE TOP** of their licensure

- **Registered Dental Hygienist (RDH)**
 - OHASP
 - Without dentist present
 - Silver Diamine Fluoride (SDF)
 - Interim Therapeutic Restorations (ITR) *in future*
- **Expanded Function Dental Assistant (EFDA)/Certified Dental Assistant (CDA)**
 - Without dentist present
 - Sealants
 - SDF (*EFDA*)



Early Head Start Program



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Supplies needed:
Toothbrush, fluoride varnish, gauze,
patient napkin, headlight, and PPE

- Knee-to-knee exam (OHASP RDH and caregiver)
- Oral health screenings, cleanings and fluoride varnish
- Early intervention – ages 0-3
 - Diet, fluoride counseling
 - Decrease emergency room visits
 - Catch dental problems before “it’s too late”
- Dentist must do exam every year

Learning Objective 2:

Learn strategies for increasing the dental workforce



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Dental workforce pipeline programs



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- **High School Career Academy**
 - For high school students in select zip codes
 - 3.5 hours after school, twice a month, for 6 months
 - Various NCH employees talk about their healthcare career
- **Youth & Young Adult Employment Program**
 - Paid summer work experience
 - Opportunity to build skills and gain work experience within a health care setting
 - 4- or 8-week session (20 hours per week)
 - Job descriptions vary by department



- **Surgical Exposure and Exploration Program**
 - For underserved students interested in medicine
 - Simulations and hands-on training
 - Surgeon or dentist mentor
 - 4-week paid summer internship or community service hours
- **Community Dental Program Internship for High School Students**
 - Observe dentists providing dental treatment
 - Learn about dental procedures, materials, supplies, and equipment
 - Trained how to provide oral health education
 - Dentist mentor
 - 1-2 hours weekly, for 3 months (during school year)



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Learning Objective 3:

Explore oral health education, screening methods, materials, and tools necessary for providing dental services in existing school-based programs without a dental team



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Stage 1: Oral health education and nutritional counseling



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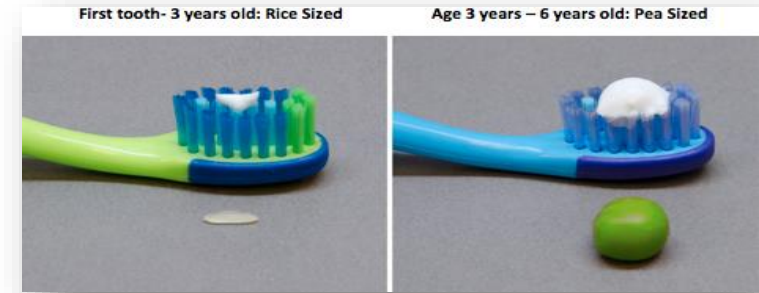


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- Toothbrushing is **not** an optional part of the day
 - Crying is OK! What about diaper changes?
 - Part of daily routine that kids come to expect
 - Twice recommended, but night more important
 - Does not need to happen in the bathroom...



- Guardians need to help until child can wash dishes, tie shoes, cut meat (~ age 10)
- Guardians should model brushing behavior
- **Go to bed with clean teeth**



- Soft-bristled toothbrush
- Any brand, any flavor of fluoride toothpaste
- Taste is important
- Start using when first tooth comes in!
- No training toothpaste

- Start with a conversation
 - “So, mom, tell me what your kiddo likes to drink during the day?”
 - “Dad, would you say your child is more of a snacker?”
- Juice at most....
 - Ages 1-3 – 4 oz daily
 - Age 4-6 – 4 to 6 oz daily
 - Ages 7-18 – 8 oz
 - Only with a meal
 - No bottles of juice
 - No juice at bedtime

Tooth Snack Guide

Won't Cause Cavities*	(Usually) Won't Cause Cavities	Causes Cavities Easily
 (Low Carb foods) Raw, Crunchy Vegetables Raw, Leafy Vegetables Cheese Nuts 100% Nut butters All Meats All Fats Water <i>← If you are thirsty, drink water!</i> Eggs	  Whole Milk <i>Crunchy is best</i> Fresh Fruit Whole grain bread Popcorn Smoothies Dark Chocolate (>70% Cacao) Yogurt <i>Don't get carried away, but it rinses away better than other desserts.</i> Ice Cream Dips & Sauces Oatmeal	 Candies Soda Juice Chocolate milk Cookies Dried fruit Fruit snacks/strips Dried flour cereals Pretzels <i>Please still eat them, just not all day long</i> Crackers Oranges & Bananas Sports Drinks

Remember to give your child age appropriate food. Nuts, hot dogs, grapes, and sausages are common choking hazards, especially in children three years old and under.

This list, including milk and fruit, has the potential to cause cavities quickly if you don't organize meal and snack times. The sugars won't stay in contact with teeth for long with organized eating habits.

Even some healthy foods can cause cavities quickly. Being processed and/or dried is not good for teeth. Fresh bread is better than dried flour for teeth.

*There are always exceptions, especially dry mouth, acid reflux, genetic anomalies, hypoplasia, and unforeseen circumstances.



Important Prevention Tips

- Always try to have a sip of water after every meal or snack!
- Give your child 4 to 6 organized "mini-meals" a day with only water in between.
- Disorganized eating or drinking will cause cavities even with healthy foods!
- Help your child brush their teeth daily until they are six or seven years old.
- Only have water after the night time brushing.
- Floss teeth if they are touching for additional protection.
- Schedule an infant screening exam with your dentist at age one.
- Fluoride application at your dentist every six months can also help reduce cavities by 20 to 30%.
- Never leave a bottle in bed with baby!
- Get enough Vitamin D!

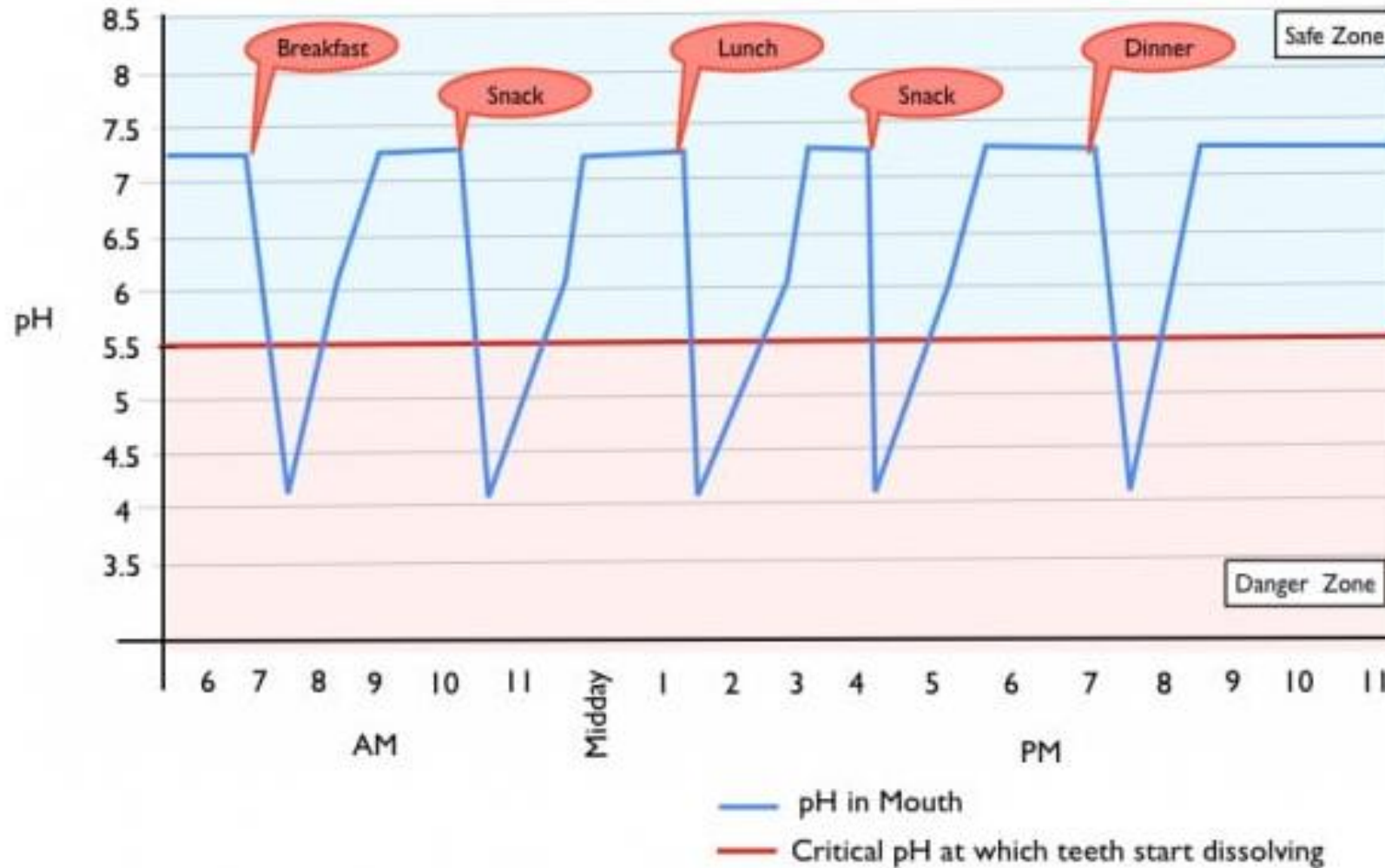


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A Healthy Stephan Curve



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Expensive, regulated
by FDA vs EPA,
usually no fluoride,
and so much plastic!



VS.



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An illustration of three healthcare workers standing side-by-side. The worker on the left is a woman with dark hair, wearing a light blue surgical cap, a light blue face mask, and light blue scrubs with red shoes. The worker in the middle is a woman with blonde hair, wearing a blue surgical cap, a light blue face mask, and blue scrubs with blue shoes. The worker on the right is a man with dark skin and short dark hair, wearing a light blue face mask and green scrubs with green shoes. All three are wearing red capes that extend behind them. A white rectangular box with a thin red border is centered over the image, containing the text "Find your oral health champion" in a bold, dark blue font.

**Find your oral
health champion**

Stage 2: Oral health screenings



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How?

- “Give mom a hug” or “One leg around each of your hips”
- “She will lay back into our laps”
- “You hold her hands”
- Crying is good – the mouth is open!
- Use your finger on gum pads if needed
- Takes 1-2 minutes!



- Parents *help you*
- “Show and Tell”
 - Teeth
 - Oral hygiene/brushing
 - Caries

But what am I looking for?



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Loose tooth



Tooth eruption



Stain



Gingivitis



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Fused teeth



Aphthous ulcer



Low frenum attachment



Eruption cyst



Incisal chips



Delayed eruption/teething



Iron Supplement Stain



Thrush



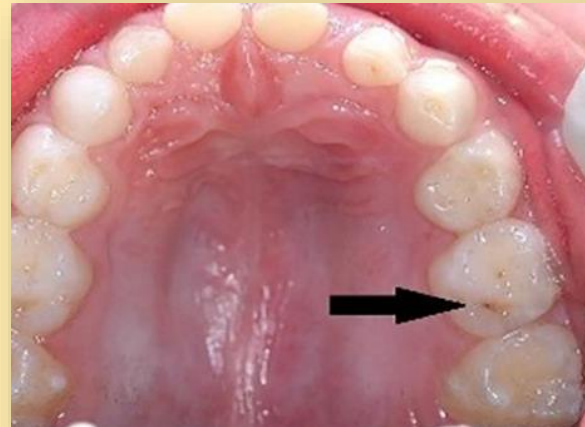
Oral Habits



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Dental abscess -- “pimple”



Dental caries (cavities)



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Dental trauma



Facial
swelling – needs
immediate care



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If you see something,
do you have
somewhere to refer
your patients?

Establish a dental
partnership!



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Stage 3: Fluoride varnish



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Why?

- Reduces enamel **d**emineralization
- Promotes enamel **r**emineralization
- Easy! 30 seconds or less

Things to consider --

- Who can order vs. who can apply
- Pay attention to IFU—each brand is different!
- Don't like one kind? Try another!
- CPT code 99188
 - FV can be done every 180 days until age 6 (Ohio Medicaid)
 - Does not interfere with dental billing code
 - Private insurance may not cover



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Stage 4: Silver Diamine Fluoride (SDF)



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- What is it?

- Silver - Antimicrobial
- Fluoride – Strengthens teeth



- What does it do?

- Decreases tooth sensitivity
- Slows dental caries process
 - More effective than FV
 - Stops and prevents 80% of cavities
 - Diet and hygiene must also improve simultaneously
 - For teeth of all ages
- “Buys” more time for teeth to fall out or get treated



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- Contraindications
 - Silver allergy
 - Throbbing or dead teeth
- Cost
 - ~\$175 for 8mL bottle
 - < \$1 per patient
- Yucky taste
 - FV to mask taste
- And it stains!
 - Cavities
 - Clothing
 - Countertops
 - Cheeks/hands/skins



Why should you care?

- It can help with...
 - Rampant caries
 - Teeth that are sensitive
 - Kiddos who can't (or won't) cooperate
 - Special healthcare patients
 - Access to care barriers (distance, financial)
 - Long wait lists for dental care
 - Sensitive baby teeth soon to fall out



- **CPT code 0792T (Category III)**
 - *The application of silver diamine fluoride 38% by a physician or other qualified health care professional*

Interested? Partner up with a local dental team!

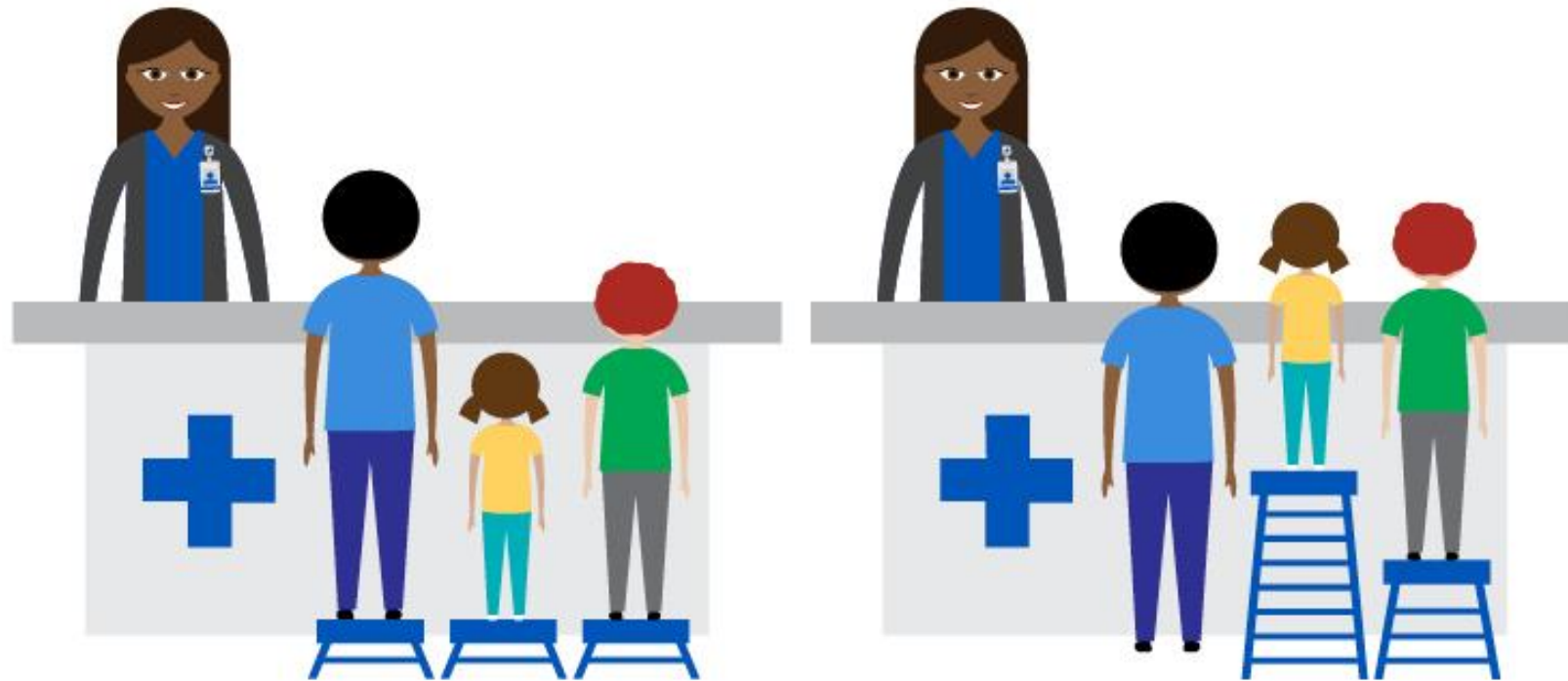


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But how does this help achieve health equity and the future workforce?



Equality/Equity



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1. Bring the dental team to the children who need it and teach trainees how they can do it too
2. Increase healthcare/dental exposure for youth under-represented in dentistry – *You can't be what you can't see!*
3. Raise the level of oral health education and prevent disease progression in the children who don't have access to dentists, but have access to you!



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Back to you...

How can you incorporate this new information into your existing programs?

Let's share!



Thank you!

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Speaker Feedback and Questions
for Follow-Up



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