

Introduction

The expert panelists who developed *Bright Futures in Practice: Oral Health*, like those who worked on the Bright Futures project, consistently focused on one question: What do children and families need to prevent disease and promote health?

Recognizing oral health as a vital component of overall health, the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services, sponsored the development of this guide. *Bright Futures in Practice: Oral Health* is designed to address the oral health needs of children and families and can be used by many different types of professionals. In addition to describing oral health supervision guidelines, *Bright Futures in Practice: Oral Health* also presents a brief overview of preventive oral health issues, providing professionals and families with a shared understanding of the essentials of oral health.

Dental Professionals as Partners in Prevention

The family is the focus for health supervision. For all dental professionals, creating a partnership with families is one of the most important goals of health supervision. Interventions by health professionals, while important, represent only a small



fraction of a child's life and environment. Families are the major source of oral health promotion and prevention—for it is within the context of the family that information is translated into behavior.

Ultimately, family priorities will determine the success of oral health prevention. Professionals need to work with families to fit oral health in its proper place for individual children and their families.

Dental professionals also have a larger role in their preventive care partnership with families. Since dental professionals often see children and families on a regular basis, they are sometimes the “first line” in assessing the overall health and well-being of children and can effectively determine risk. Dental professionals can make referrals to other health professionals and can reinforce preventive health messages about immunizations, nutrition, developmental milestones, child care, safety practices, and other health habits such as tobacco use. The dental professional should review previous recommendations for each visit and the periodicity schedules from *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* and provide anticipatory guidance as appropriate.

To be most effective, dental professionals and other health professionals must be partners in primary care and share information about each child. Other health professionals can reinforce developmentally keyed oral health issues during their health supervision visits with children and adolescents. This partnership with families, dental professionals, and other health professionals helps to ensure a seamless system of care for children.

Four Innovations in Oral Health Supervision

Bright Futures in Practice: Oral Health highlights four innovative areas that are particularly significant in the context of contemporary trends in health care:

- **Contributions of both dental and nondental professionals in oral health provision** are detailed in the guidelines, to foster greater coordination, cooperation, and cost-effectiveness in pediatric oral health care delivery. Nondental health professionals are the primary providers of oral health supervision during the first year of life, referring the infant to a dental professional for care if screening indicates a problem. After the child has a first dental visit, at age one, the dental professional is the primary provider of oral health supervision and the health professional provides screening and reinforces oral health messages during other health supervision visits.
- **Early intervention** is emphasized, beginning with prenatal counseling and the scheduling of a dental visit by the child's first birthday. Unfortunately, "early intervention" is often regarded as starting children's dental care at age three, despite the fact that the caries process may be well developed before this age. Many children who have dental caries (often referred to as cavities or tooth decay) before the age of three do not receive adequate guidance or appropriate fluoride supplementation. The oral health guidelines advocate early intervention before age three, to prevent early childhood caries and to achieve optimal fluoride intake during the critical developmental period.
- **Risk assessment** is a health supervision strategy based on the premise that all

children are not equally likely to develop oral health problems. Risk assessment helps the professional develop individual plans for a child's preventive and treatment needs for four major problems—dental caries, periodontal disease, malocclusion, and injury—and thus develop more successful and cost-effective interventions.

- **Oral health outcomes** outlined in the guide are, by definition, comprehensive, attainable, and measurable. By presenting a model for measuring the educational, behavioral, and physical aspects of oral health supervision, the guide helps dental and health professionals to identify oral health outcomes for individual children, adolescents, and families and to formulate meaningful measures of quality.



Bright Futures in Practice: Oral Health

Vision and Goals

- Improve the oral health of infants, children, and adolescents by setting guidelines for prevention and care.
- Improve the partnership between dental professionals, other health professionals, and families in promoting the oral health of children. o-
- Specify desired oral health outcomes for children in the areas of education, behavior, and physical health. -
- Identify the health services essential to achieve these outcomes in any program addressing oral health.
- Describe the roles of health professionals, including dental professionals, in the delivery of oral health services and suggest points of coordination and cooperation.
- Assist dental professionals in assessing individual risk factors so that common diseases and conditions can be prevented or diagnosed and treated early. -
- Suggest appropriate components of quality management for oral health supervision of children.

How This Guide Is Organized

Section I

Oral Health Supervision Guidelines

These guidelines provide an overview of preventive oral health supervision for five developmental periods: prenatal, infancy, early childhood, middle childhood, and adolescence. Although age groupings are designed to take advantage of naturally occurring developmental milestones, many issues cut across multiple developmental periods. The guidelines in this section present a concise overview rather than a comprehensive description of pediatric oral health. The remaining sections of the guide provide specific tools and strategies as well as information on key components of oral health, to support and explain the guidelines.

The guidelines serve as a starting point. Each child has an individual level of risk, as determined by a dentist. Note that the guidelines aim at a midpoint, so some children will need more professional intervention and others will need less to achieve desired outcomes. The guidelines do not prescribe a specific regimen of care, but build upon existing guidelines and treatment protocols such as those of the American Academy of Pediatric Dentistry.¹

Section II

Risk Assessment

Optimal oral health supervision requires that care be tailored to individual levels of disease risk. This section describes how to use risk assessment in oral health, and lists the risk and protective factors for the four major issues in oral health—dental caries, periodontal disease, malocclusion, and injury.

Section III

Measuring Outcomes

The guide includes a model for age-appropriate outcome measures that are essential in evaluating the effectiveness of interventions and must be a part of any contemporary health care program. By knowing the intended oral health outcomes, dental and other health professionals, the family, and the child or adolescent can target their efforts throughout the years of growth and development. Outcomes must be comprehensive, attainable, and measurable.

Section IV

Making Oral Health Supervision Accessible

Many families do not participate in oral health supervision because of financial concerns, cultural differences, special health needs, or fear of discomfort or infection. Dental and health professionals need to address these concerns if all children are to benefit from oral health supervision.

Section V

Oral Health Cue Cards

The cue cards that accompany this guide are a concise tool that can be used when implementing oral health supervision. The cards include recommended periodicity and services, trigger questions, risk assessment, anticipatory guidance, and outcomes in a template for five developmental periods: prenatal, infancy, early childhood, middle childhood, and adolescence.



Adapting *Bright Futures in Practice: Oral Health* for Individual Use

To use this guide effectively, start by examining the oral health supervision guidelines. For maximum effectiveness, tailor these principles to the individual needs of children and communities. In particular, risk assessment—as much clinical art as science—must be applied carefully to ensure greatest success. Adapt the risk models for each child, recognizing the roles of culture, competing health

concerns, health behaviors, and social conditions. Adapting the guidelines to specific community resources requires consideration of funding, licensure, availability of trained personnel, and patterns of practice. Measure the successful use of risk assessments and targeted interventions according to the outcomes detailed in this guide.



