

Arizona Public Health Association Resolution
First Oral Health Assessment

The Arizona Public Health Association, referencing the American Public Health Association resolution number 9903; and

Understanding the importance of oral health throughout the lifespan, and cognizant of the influence oral health has on overall health, wellness, and quality of life; and

Recognizing the need for oral health assessments, anticipatory guidance, prevention, and early intervention among infants and young children;

Believing that oral health of children is best assured through preventive measures that begin during infancy; and

Recognizing that dental caries (a multi-factorial, diet dependent infectious disease with significant behavioral components) can begin in infancy if primary preventive measures are not undertaken and can progress to advanced stages without early diagnosis and treatment; and

Realizing that the seriousness and societal costs of childhood caries are enormous in light of estimates indicating that five to ten percent of preschool-age children have early childhood caries nationally, and this rate is even higher among families with low incomes and among some racial and ethnic minorities, and that thirty-seven percent of Arizona children between the ages of two and four years have experience tooth decay; and

Noting that survey results show twenty percent of children from families with low incomes and forty percent of children in some American Indian populations have early childhood caries; and

Recognizing that early childhood caries have significant implications on overall child health, often requiring extensive restorative treatment and extraction of teeth at an early age, resulting in considerable cost and increased risk; and substantially contributing to pain, personal suffering, speech, learning and eating problems, as well as poor child nutrition, low body weight and potential risk to overall child health; and

Recognizing that transmission of dental disease causing bacteria occurs early in life, primarily from mother to infant; and

Noting that the Surgeon General of the United States released a report entitled Oral Health in America: A Report of the Surgeon General in May 2000, which indicates that while advances in the nations oral health have occurred over the past half century, these advances are not shared by all Americans including children who loose more than 51 million school hours each year due to dental-related illnesses; and

Realizing that infection with the mutans streptococci organisms associated with most cases of early childhood caries has been shown to occur in children as young as nine months of age; and

Noting that in a study of 3,003 children in the Women, Infants, and Children (WIC) Nutrition Program, over forty percent of all preschool caries experienced had occurred before the age of three; and

Observing that in the first and second years of life, a majority of affected children in these WIC programs had early-stage dental caries confined to enamel that were potentially remineralizable through dietary and fluoride interventions and dental plaque control; and

Recognizing that there is evidence that change can be achieved in dietary and health behaviors for infants and young children at risk of developing early childhood caries, significantly reducing the risk of such disease through reinforcement of simple interventions and instructions involving fluorides,

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diet, and dental plaque control; and

Recognizing that early visits to may health professionals provide an opportunity to promote feasible and affordable primary prevention measures for oral health; and

Understanding that the prevention of early childhood oral diseases requires an interdisciplinary approach, given the present low rate of dental attendance in early childhood, and that such prevention should commence in the health care networks that already serve children; and

Recognizing that many health professionals and some dental professionals have had little or no training or experience in providing oral health assessments, oral preventive care, or anticipatory guidance (counseling about oral development and home care at various development stages) for infants and young children; and

Noting that many dental organizations such as the American Academy of Pediatric Dentistry, the American Dental Association, the American Dental Hygienist's Association, and the American Academy of Pediatrics Committee on Practice and Ambulatory Medicine, as well as many state Medicaid programs, recommend age one for the first oral health evaluation; therefore Arizona Public Health Association

1. Recommends that primary care organizations and early childhood health and education programs, such as WIC, Title V (MCH), and Early Start, promote age one as the appropriate age for a first oral health assessment to institute primary preventive measures and anticipatory guidance by all child health practitioners, thus impacting the Arizona epidemic of early childhood caries; and
2. Strongly encourages AHCCCS and KidsCare, other child health and dental insurance programs, and managed care organizations to include oral examinations by a dental professional beginning as early as age one as a reimbursable preventive dental service; and
3. Urges the agencies to include in their programs promotion of oral health of infants and children as an integral component of general health assessment and health promotion, and to provide specific information, training, and technical assistance on oral health assessment procedures and anticipatory guidance messages; and
4. Recommends that state and local health departments and community health centers incorporate oral health in interdisciplinary ways into their programs for infants and children, and that faculty organize training programs for health professional students' in association with these programs; and
5. Strongly encourages AHCCCS and other health and dental insurance programs and managed care organizations to include oral health services for pregnant women and women of childbearing age.