Oral Health/Fluoride Varnish Application

Adapted from: California Child Health & Disability Prevention (CHDP) Program Statewide Dental Subcommittee
PROBLEM STATEMENT

• Low income children are at highest risk for dental caries (cavities)

• Dental caries is the most common chronic disease of childhood with 59% of 12 – 19 year olds having at least 1 documented cavity (AAP 2020)

• Dental caries is historically the most frequently reported problem of CHDP children

*Survey of 7 Counties, California Child Health and Disability Prevention (CHDP) Program, 2008
AAP Children's Oral Health

To encourage and support child health care providers to conduct oral health risk assessments and education

To provide preventive oral health services to families and to link them to a dental home
TRAINING OBJECTIVES

01 Complete a risk assessment
02 Perform an oral assessment and provide anticipatory guidance
03 Document correctly
04 Refer all children age one and over
05 Apply fluoride varnish
ORAL HEALTH/FLUORIDE VARNISH REFERENCE MATERIALS

Click on pic for HAG #18

Click on pic for Growing up healthy link

Click on pic for Medi-Cal Dental and Optometry provider list for SCC
ORAL HEALTH/FLUORIDE VARNISH REFERENCE MATERIALS CONT.

Click on pic to see dental referral classifications

Click on pic for dental periodicity schedule

Click on pic to see first tooth first birthday
STEP 1: RISK ASSESSMENT

All CHDP and low-income children are considered at risk for dental caries.
Low-income children and children of color are more at risk of dental carries due to lack of access to health care and other resources.

Due to systemic and institutionalized racism, low income and POC children experience disproportionate health burdens.

Screening for dental carries early on in these communities can help alleviate some of the health burden experienced by disadvantaged communities.
HEALTH EQUITY (CONTINUED)

• “Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.”

- CDC

CHDP attempts to fill health equity gaps by providing services to communities that are under-resourced and underserved.
ADDITIONAL CARIES RISK FACTORS

• Tooth Decay
  – Poor oral habits can be passed on to children
  White spot lesions on teeth

• Poor Feeding Habits
  Frequent snacking
  Sugary foods and drinks
  Bottle in bed
  Bottle after age 1

• Lack of Fluoride in
  – Drinking water
  – Vitamins/Supplements

• No Recent Dental Visit
  – Within the last year

• Poor Homecare
  – Lack of daily brushing and flossing

• Children with Special Needs
• Foster Children
F L U O R I D E  A S S E S S M E N T

• Ensure only **one** systemic fluoride:
  • Tap water if fluoridated
  • Well water (test for fluoride level)*
  • Bottled water with added fluoride
  • Fluoride supplements by prescription from medical or dental office

• **Encourage all topical fluorides:** Toothpaste, rinses, treatment in a dental or medical office, fluoride varnish in a school, childcare, or other community setting

*www.swrcb.ca.gov/water_issues/programs/gama/domestic_wells_testing.shtml
*https://www.cdc.gov/fluoridation/faqs/wellwater.htm
STEP 2: ORAL ASSESSMENT

Perform an inspection of the mouth, teeth, and gums at each health assessment visit.

Smiles for Life: https://youtu.be/Hw99Aoti7ZE
First Five Oral Health: http://www.youtube.com/watch?v=UF4Ra1Zgovl

* California Code of Regulations Title 17 Section 6843, “An inspection of the teeth, gums and mouth is part of the health assessment.”
Provide Anticipatory Guidance

Oral health messages to parents*

Use a small amount of toothpaste with fluoride
- Toothpaste should not be swallowed
- Use the size of a grain of rice (dab) until child is able to spit
- Use a “pea size” for all others

Ask dentist about sealants
- Protects pits and grooves from decay

Before
Size of a grain of rice (dab) until child can spit

After
“Pea size” for all others
STEP 3: DOCUMENTATION

Reasons to Document

- **Identifies** children that need care coordination to access dental services. **Submit** care coordination form to CHDP.
- **Fulfills Federal EPSDT mandates** and reduces risk of State and Federal audits.
- Data reported may **increase funding**
- **Strengthens** overall CHDP program
DENTAL AREAS TO DOCUMENT
CHART DOCUMENTATION

Dental Assessment

Comments/Problems
Describe the condition and classify using Class I, II, III or IV. Use the CHDP care coordination form and submit to CHDP.

Routine or Non-Routine Referral to Dental Home
DENTAL TREATMENT CLASS 1

- No visible decay, inflammation or oral problems
- Refer to dentist for routine dental care

*(Children with full Medi-Cal are covered through Denti-Cal for routine care every 6 months)*
DENTAL TREATMENT CLASS II

- **Mild Dental Problems** - Small carious lesions (including decalcifications) and/or mild gingivitis
- **Condition is Not Urgent** - Requires a dental referral

- **Beginning Decay** (white chalky decalcification near gum line)
- **Small Carious Lesions**
- **Mild Gingivitis** (slightly red and swollen gums)
DENTAL TREATMENT CLASS III

- **Severe Dental Problems** –
  - Large carious lesions, abscess, extensive gingivitis, a history of pain, or severe (medically handicapping) malocclusion

- **Need for Dental Care is Urgent** – Conditions can progress rapidly to an emergency. *Make dental appointment today!*

- **Abscess** (See dentist without delay!)
- **Large Carious Lesions**
- **Extensive Gingivitis** (red, swollen, infected, inflamed gums)
- **Early Childhood Caries (ECC)**
LIMITED ORTHODONTICS AND CRANIOFACIAL CARE THROUGH DENTI-CAL OR CCS

Severe Medically Handicapping Malocclusions - Children with all permanent teeth present or age 13 through 20

Cleft Lip/Palates and Other Craniofacial Anomalies - Children age 0 through 20
DENTAL TREATMENT CLASS IV

- **Emergency** Dental Treatment Required - Acute injury, oral infection, or pain

- See Dentist **Immediately** - or at least within 24 hours
STEP 4: DENTAL REFERRAL

First tooth, first birthday handout
**PROVIDER COMMUNICATION**

- Provide written communication
- to the dental provider
- when possible

- Become familiar with the dental resources in your community
  - CHDP Local dentist list
  - Denti-Cal 1-800-322-6384
STEP 5: FLUORIDE VARNISH

The CHDP Provider’s Role
CHDP PROVIDERS PREVENT DENTAL DECAY

- Young children are seen earlier and more frequently by medical providers than by a dentist.
- Low income young children are at highest risk for dental decay.
- Medical providers are now placing fluoride varnish to prevent decay.
- Research shows high efficacy of fluoride varnish.
**FLUORIDE VARNISH - FACTS**

- A protective resin coating of sodium fluoride

- Painted on teeth in ≈ 1 minute
  (Crying improves visibility and access)

- 1 application cuts decay risk in half ***

- Applied up to 5x per year
  3x in medical office
  2x in dental office
FREQUENCY OF APPLICATION

• The optimal interval of application has not been established.*

• After the first fluoride varnish treatment, subsequent treatments can be applied every 3-4 months.

• Schedule during a well child exam, follow-up visit, or stand-alone appointment.
FLUORIDE VARNISH - WHO CAN APPLY?

• Medical Office Setting
  – MD
  – Trained nurses and assistants under MD Rx*

Community Setting**
(School, health fair or government program)

Any trained person
• With signed parental permission
• Under a doctor’s (or dentist’s) prescription
• Following doctor’s (or dentist’s) protocol

FLUORIDE VARNISH - WHICH TEETH BENEFIT?

**No Visible Decay**
but high risk

*Preventable* with fluoride varnish and good home care

**Advanced Decay**
destroyed enamel

**Irreversible**, however with fluoride varnish decay progression is inhibited
~ Dental treatment needed ASAP ~

**Beginning Decay**
white chalky decalcification near gum line

*Reversible* with fluoride varnish and better home care to inhibit progression of caries

**Teeth Without**
pulp exposure or open lesions

*Avoid* these areas, but apply fluoride varnish to all other teeth in the mouth
EASY AND EFFECTIVE

Applying Fluoride Varnish is one of the easiest and most effective procedures a medical provider can do to help protect the oral health of their young patients!

With just a swipe of fluoride varnish, I can prevent tooth decay for this little girl!
FLUORIDE VARNISH - PRACTICUM -

• Speaker Demonstration
  • Video of fluoride varnish application: https://youtu.be/aFZdytow-fg

• Participant Practice

California Child Health & Disability Prevention (CHDP)
Program Statewide Oral Health Subcommittee
http://www.dhcs.ca.gov/services/chdp/Pages/Training.aspx
# Dental Training Summary

<table>
<thead>
<tr>
<th>Do a risk assessment</th>
<th>Perform an oral assessment and provide anticipatory guidance</th>
<th>Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refer child every 6 months beginning at age one</td>
<td></td>
<td>• ROUTINE REFERRAL or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Note PROBLEM SUSPECTED</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Record COMMENTS/PROBLEMS area and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provide dentist name and phone number</td>
</tr>
</tbody>
</table>

- Encourage a “Dental Home” at any age for child and family
- Assess for and apply fluoride varnish when indicated
REFERENCES

- AAP Oral Health Risk Assessment Tool; https://pediatrics.aappublications.org/content/146/6/e2020034637
- Bright Futures in Practice: Oral Health
  *Dental Caries Risk Assessment Table*
- **AAP Dental Home Policy** http://pediatrics.aappublications.org/content/122/6/1387
- American Academy of Pediatrics Television http://www.youtube.com/watch?v=zNOlGS1ggSg&feature=player_embedded
- **Minnesota Oral Health Coalition: Provider Training Fluoride Varnish HD - YouTube**
- Vanish Varnish: https://www.youtube.com/watch?v=8-1TmgEVoU8