Promoting Oral Health in the Medical Home

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CLINICAL REPORT Guidance for the Clinician in Rendering Pediatric Care

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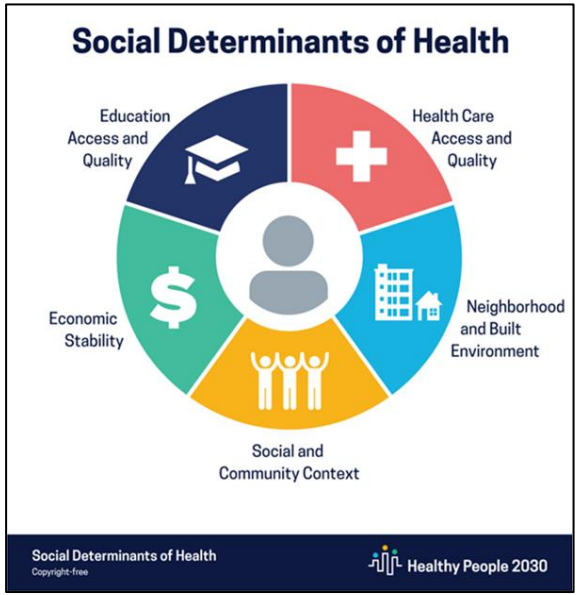
Maintaining and Improving the Oral Health of Young Children

David M. Krol, MD, MPH, FAAP,[a,b] Kaitlin Whelan, MD, FAAP,[c,d] THE SECTION ON ORAL HEALTH

Krol DM, Whelan K; AAP Section on Oral Health. Maintaining and Improving the Oral Health of Young Children. Pediatrics. 2023;151(1):e2022060417

Disparities in Oral Health

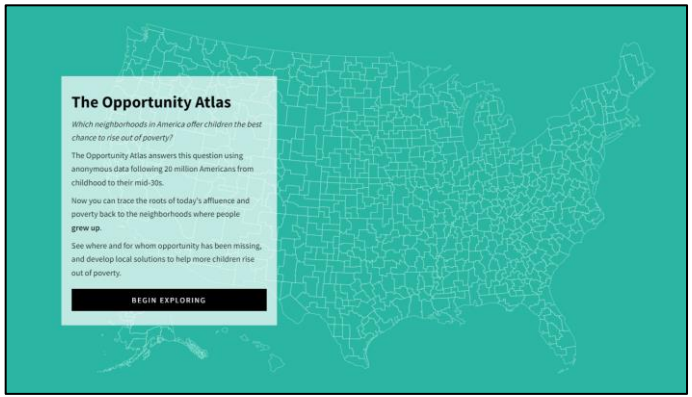


ELSEVIER
The Journal of the American Dental Association
Volume 154, Issue 2, February 2023, Pages 113-121

Investigation
Caries Risk Assessment

Caries risk and social determinants of health: A big data report

Juan L. Rodriguez MS, Madhuli Thakkar-Samtani BDS, MPH, Lisa J. Heaton PhD, Eric P. Tranby PhD , Tamanna Tiwari BDS, MDS, MPH



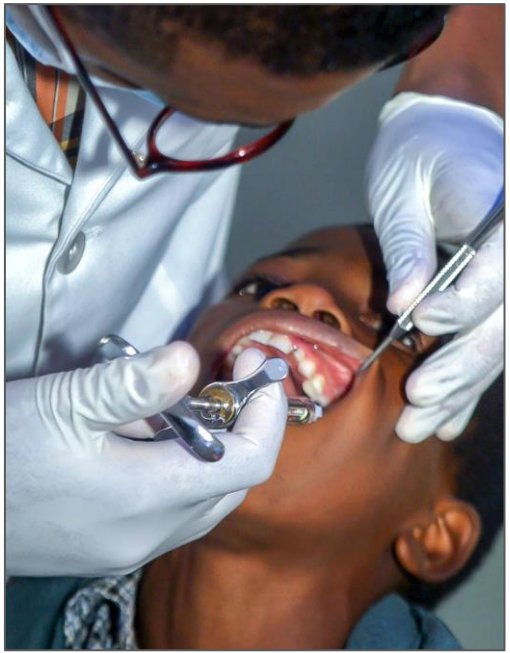
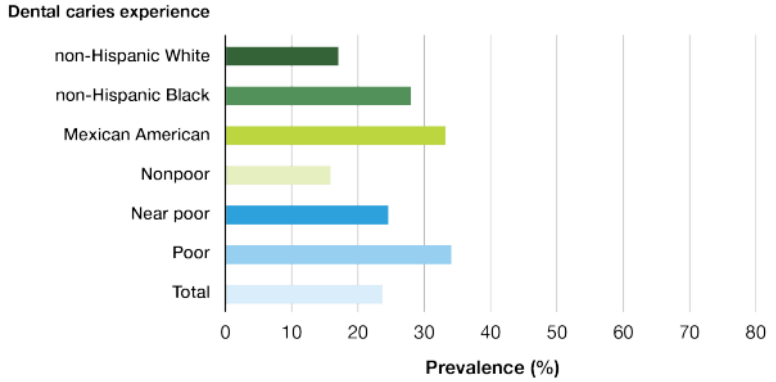


Image: Unsplash

1. Disparities in Oral Health. https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm
2. Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved September 1, 2022, from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Oral Health in America: Advances and Challenges

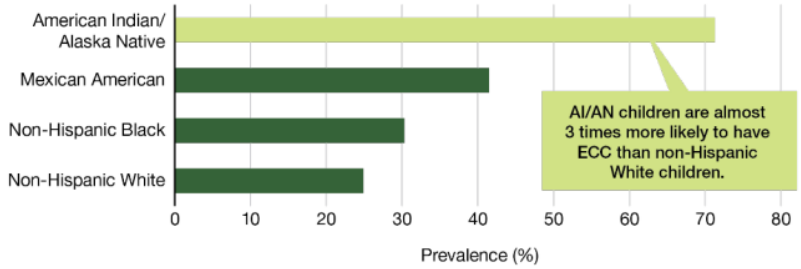
Figure 6. Percentage of children ages 2–5 with dental caries in primary teeth by poverty status and race/ethnicity: United States, 2011–2016



Notes: Dental caries experience (dft > 0). **FPG** = Federal Poverty Guideline: < 100% FPG = poor; 100–199% FPG = near poor; and ≥ 200% FPG = nonpoor.
Source: Centers for Disease Control and Prevention (2019).

The prevalence of dental caries remains greater than 40% among children 2 to 19 years of age.

Figure 7. Percentage of American Indian/Alaska Native (AI/AN) children ages 3–5 with early childhood caries (ECC) during 2018–2019 in relation to other same-age children in the United States by race/ethnicity during 2013–2014



Source: Phipps et al. (2019).

1 in 10 preschoolers and 1 in 5 children between 6-11 years old have decay that requires treatment.

1. Krol DM, Whelan K; AAP Section on Oral Health. Maintaining and Improving the Oral Health of Young Children. Pediatrics. 2023;151(1):e2022060417
2. Dye BA, MitnikGL, IafollaTJ, Vargas CM. Trends in dental caries in children and adolescents according to poverty status in the United States from 1999 through 2004 and from 2011 through 2014. J Am Dent Assoc. 2017 Aug;148(8):550-565.e7. doi: 10.1016/j.adaj.2017.04.013.
3. Holve S, Braun P, Irvine JD, Nadeau K, Schroth RJ. American Academy of Pediatrics Committee on Native American Child Health and Section on Oral Health, Canadian Paediatric Society First Nations, Inuit, and Metis Health Committee. Early childhood caries in Indigenous communities. Pediatrics. 2021;147(6):e2021051481
4. Oral Health in America: Advances and Challenges. Bethesda (MD): National Institute of Dental and Craniofacial Research (US); 2021 Dec. https://www.nidcr.nih.gov/oralhealthinamerica

SC ORAL HEALTH SNAPSHOT

CHILDREN DATA

19.56% of kindergarten and 3rd grade children have untreated tooth decay[1]

12.6% of Medicaid eligible children received sealants[2]

42.6% of Medicaid eligible children and teens aged 1-20 years received preventive dental services[3]

31.4% of Medicaid eligible children aged 0-5 years received preventive oral health services[4]

South Carolina Oral Health Plan 2022-2026. South Carolina Oral Health Coalition. https://connectingsmilessc.org/wp-content/uploads/2022/12/sc_oral_health_plan.pdf

The COVID-19 Pandemic Worsened Dental Access and Inequities

- At the onset of the pandemic, the CDC recommended that dental settings prioritize urgent and emergent needs over elective visits.

- A cross-sectional household survey of almost 350 families in Pittsburgh, PA revealed that **3x as many households reported unmet dental care for children as compared to unmet medical care.**
- Unmet child dental care was more common in households where pandemic-related job or income loss occurred.

"Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic: Dental Settings" Last Updated February 2, 2022. Accessed March 17,

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SHARE

Children, especially those in rural areas, face long waits for dental procedures in ORs

March 1, 2022

Michael D. Webb, D.D.S., M.Ed., and Amr M. Moursi, D.D.S., Ph.D.

Download PDF

Article type: Focus on Subspecialties

Topics: COVID-19 , Dentistry/Oral Health , Environmental Health

Children living in rural areas face numerous barriers to dental care, including living in a family with lower income, inadequate insurance coverage and/or having to travel long distances to receive specialty care. In addition, operating rooms (ORs) are not readily accessible in rural areas for dental procedures that require general anesthesia.

The American Academy of Pediatric Dentistry (AAPD) Pediatric Oral Health Research and Policy Center has sounded the alarm after finding OR space for dental procedures is decreasing. In a nationwide survey of AAPD members, more than 50% reported access to hospital ORs has worsened since March 2020, and 74% indicated that wait time has increased (Vo AT, et al. *Pediatr Dent*. 2021;43:33-41).

Due to these barriers, strategies to improve oral health and access to dental care are important for children living in rural areas.

Most children with cavities can be treated in a dental office. Some, however, require general anesthesia in an operating room because they are unable to cooperate due to young age, extreme fear and anxiety or special health care needs.

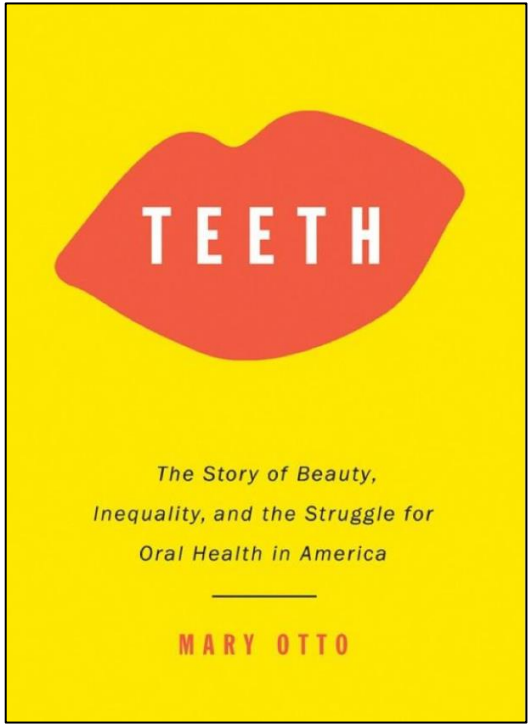
Dental OR Waitlist and COVID

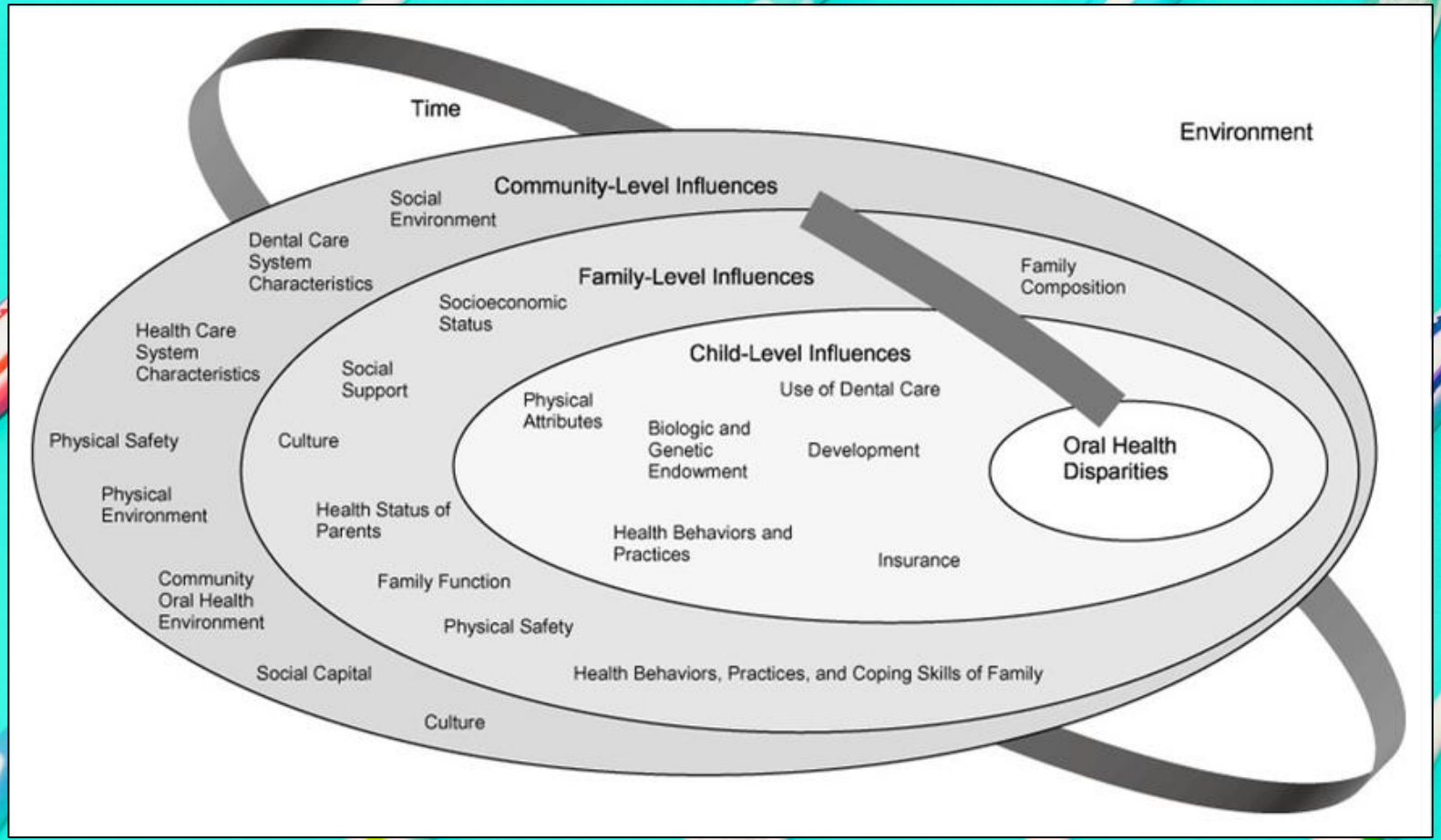
- Increased OR wait time due to OR closure during COVID
- Insurance coverage of dental procedures under general anesthesia
- Oral health inequities deepened

1. Vo AT, et al. Denial of Operating Room Access for Pediatric Dental Treatment: A National Survey. Pediatr Dent. 2021;43:33-41
2. Kalash D. How COVID-19 deepens child oral health inequities. The Journal of the American Dental Association, (2020), 643-645, 151(9)

"...Dental disease, however grave, has long been overshadowed by the other problems weighing on people living in poverty.. the hardships that shape behavior impact oral health.

- Excerpt from interview with dentist Edwin Allgair working in southwestern Alaska, featured in Mary Otto's book Teeth

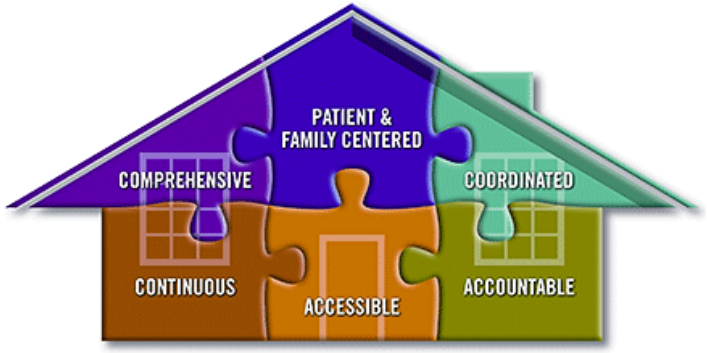




Fisher-Owens, SA Gansky, LJ Platt, et al. Influences on children's oral health: A conceptual model. Pediatrics 2007; 120(3): e510.

The Medical Home for Oral Health

The Patient-Centered Medical Home (PCMH) model attempts to overcome barriers to fragmented service delivery by providing care that is comprehensive, accessible, patient and family-centered, coordinated, culturally-effective and proactive. A PCMH should address overall health and well-being, including oral health.[1-3]



- Well-child visit schedules result in 12 medical office visits before age 3.[4]
- Shortage of dentists nationwide comfortable seeing children under 3.[5]
- **Medical providers play a significant role in oral health care interactions in the first 4 years of life.** In 2018, 88% of all visits by age 1 and 52% of all visits up to age 4 for patients with Medicaid took place in a medical home.[6]

1. National Committee for Quality Assurance (NCQA) PCMH Recognition: Concepts. Accessed March 16, 2022 https://www.ncqa.org/programs/health-care-providers-practices/patient-centered-medical-home-pcmh/pcmh-concepts/
2. Health systems strengthening glossary. World Health Organization January 2011. Accessed March 16, 2022. https://www.who.int/healthsystems/Glossary_January2011.pdf
3. Oral Health in America: Advances and Challenges. Bethesda (MD): National Institute of Dental and Craniofacial Research (US); 2021 Dec. https://www.nidcr.nih.gov/oralhealthinamerica
4. AAP/Bright Futures Periodicity Schedule 2021, https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf
5. Smile for Life https://www.smilesforlifeoralhealth.org/courses/child-oral-health/
6. Tranby EP et al. A Cross-Sectional Analysis of Oral Health Care Spending Over the Life Span in Commercial and Medicaid-Insured Populations. JADA 2022: 153(2)101-109. doi:10.1016/j.adaj.2021.07.028

Early Childhood Caries

"Nursing Caries" "Baby bottle tooth decay"

- Can lead to inability to chew food, and to pain and infection.
- Dental pain affecting sleep and QoL
- **Starts in upper front teeth** early in life and progresses **fast** (months)
- 75% of AI/AN children between the ages of 3 and 5 years had ECC, and in many communities, the **caries rate was >90% (5 times greater than that of the general US child population)**.
- **Early childhood caries is the single greatest risk factor for caries in the permanent dentition**

1. Dye BA, MitnikGL, IafollaTJ, Vargas CM. Trends in dental caries in children and adolescents according to poverty status in the United States from 1999 through 2004 and from 2011 through 2014. J Am Dent Assoc. 2017 Aug;148(8):550-565.e7. doi: 10.1016/j.adaj.2017.04.013.
2. Oral Health in America: Advances and Challenges. Bethesda (MD): National Institute of Dental and Craniofacial Research (US); 2021 Dec. https://www.nidcr.nih.gov/oralhealthinamerica
3. Low W, Tan S, Schwartz S. The effect of severe caries on the quality of life in young children. Pediatric Dentistry. 1999 Sep-Oct;21(6):325-326. PMID: 10509332.
4. Phipps K, Ricks TL. The Oral Health of American Indian and Alaska Native Children Aged 1-5 Years: Results of the 2014 IHS Oral Health Survey. Rockville, MD: Indian Health Service; 2015

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Bright Futures.

National Interprofessional Initiative on Oral Health
engaging clinicians eradicating dental disease

The American Academy of Pediatric Dentistry
The Recognized Leader in Children's Oral Health

Patient Name:_____ Date of Birth:_____ Date:_____

Visit: ☐6 month ☐9 month ☐12 month ☐15 month ☐18 month ☐24 month ☐30 month ☐3 year
☐4 year ☐5 year ☐6 year ☐Other_____

RISK FACTORS

⚠ Mother or primary caregiver had active decay in the past 12 months
☐Yes ☐No

● Mother or primary caregiver does not have a dentist
☐Yes ☐No

● Continual bottle/sippy cup use with fluid other than water
☐Yes ☐No

● Frequent snacking
☐Yes ☐No

● Special health care needs
☐Yes ☐No

● Medicaid eligible
☐Yes ☐No

PROTECTIVE FACTORS

● Existing dental home
☐Yes ☐No

● Drinks fluoridated water or takes fluoride supplements
☐Yes ☐No

● Fluoride varnish in the last 6 months
☐Yes ☐No

● Has teeth brushed twice daily
☐Yes ☐No

CLINICAL FINDINGS

⚠ White spots or visible decalcifications in the past 12 months
☐Yes ☐No

⚠ Obvious decay
☐Yes ☐No

⚠ Restorations (fillings) present
☐Yes ☐No

● Visible plaque accumulation
☐Yes ☐No

● Gingivitis (swollen/bleeding gums)
☐Yes ☐No

● Teeth present
☐Yes ☐No

● Healthy teeth
☐Yes ☐No

ASSESSMENT/PLAN

Caries Risk:
☐Low ☐High

Completed:
☐Anticipatory Guidance
☐Fluoride Varnish
☐Dental Referral

Self Management Goals:
☐Regular dental visits
☐Dental treatment for parents
☐Brush twice daily
☐Use fluoride toothpaste
☐Wean off bottle
☐Less/No juice
☐Only water in sippy cup
☐Drink tap water
☐Healthy snacks
☐Less/No junk food or candy
☐No soda
☐Xylitol

Table 1. Caries-risk Assessment Form for 0-5 Years Old

Use of this tool will help the health care provider assess the child's risk for developing caries lesions. In addition, reviewing specific factors will help the practitioner and parent understand the variable influences that contribute to or protect from dental caries.

Factors	High risk	Moderate risk	Low risk
Risk factors, social/behavioral/medical			
Mother/primary caregiver has active dental caries	Yes		
Parent/caregiver has life-time of poverty, low health literacy	Yes		
Child has frequent exposure (> 3 times/day) between-meal sugar-containing snacks or beverages per day	Yes		
Child uses bottle or non-spill cup containing natural or added sugar frequently, between meals and/or at bedtime	Yes		
Child is a recent immigrant		Yes	
Child has special health care needs[α]		Yes	
Risk factors, clinical			
Child has visible plaque on teeth	Yes		
Child presents with dental enamel defects	Yes		
Protective factors			
Child receives optimally-fluoridated drinking water or fluoride supplements			Yes
Child has teeth brushed daily with fluoridated toothpaste			Yes
Child receives topical fluoride from health professional			Yes
Child has dental home/regular dental care			Yes
Disease indicators ƒ			
Child has noncavitated (incipient/white spot) caries lesions	Yes		
Child has visible caries lesions	Yes		
Child has recent restorations or missing teeth due to caries	Yes		

[α] Practitioners may choose a different risk level based on specific medical diagnosis and unique circumstances, especially conditions that affect motor coordination or cooperation.

ƒ While these do not cause caries directly or indirectly, they indicate presence of factors that do.

Instructions: *Circle YES that corresponds with those conditions applying to a specific patient. Use the circled responses to visualize the balance among risk factors, protective factors, and disease indicators. Use this balance or imbalance, together with clinical judgment, to assign a caries risk level of low, moderate, or high based on the preponderance of factors for the individual. Clinical judgment may justify the weighting of one factor (e.g., heavy plaque on the teeth) more than others.*

Overall assessment of the child's dental caries risk: High ☐ Moderate ☐ Low ☐

1. AAP Oral Health Assessment Tool. https://www.smilesforlifeoralhealth.org/wp-content/uploads/2020/06/Oral_Health_Assessment_Tool.pdf
2. American Academy of Pediatric Dentistry. Caries-risk assessment and management for infants, children, and adolescents. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2022:266-72.

Maternal Dental Disease and Risk to Child

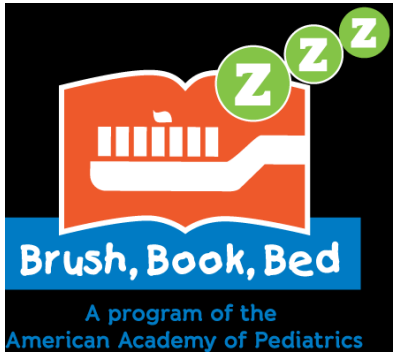
- Cariogenic bacteria can be transferred from the mother or primary caregiver **to** baby through **saliva** contact.
- The more **untreated cavities** in the **mouth** of the mother, the more likely the child will be have higher levels of bacteria, increasing the child's risk for **tooth decay.**
- Counsel on avoiding premastication of baby food, as well as not cleaning off pacifiers for infant with mouth.

1. Berkowitz RJ. Mutans streptococci: acquisition and transmission. Pediatr Dent. 2006 Mar-Apr;28(2):106-9; discussion 192-8. PMID: 16708784.
2. Xiao J, Alkhers N, Kopycka-Kedzierawski D, T, Billings R, J, Wu T, T, Castillo D, A, Rasubala L, Malmstrom H, Ren Y, Eliav E: Prenatal Oral Health Care and Early Childhood Caries Prevention: A Systematic Review and Meta-Analysis. Caries Res 2019;53:411-421. doi: 10.1159/000495187

Perceived Parental Barriers to Daily Oral Care

- Perceived early ability to brush independently
  - Assist with teeth brushing until the age of 8
  - Counsel on responsive feeding practices by discouraging bottle propping or letting infant have bottle in crib; encourage scheduled family meal times (AAP Institute for Healthy Childhood Weight)
- Perceived child resistance to brushing
  - Developmentally appropriate behaviors including growing independence
  - Distraction with storytelling, songs, timers
- Skipping when child sick or tired/asleep after outings as times
  - Importance of daily routines, consistency between caregivers (AAP's 5 Rs of Early Literacy)
  - Encourage AAP Brush, Book, Bed Program

The 5 R's
Reading
Rhyming
Routines
Reward with praise
Relationships



1. Smile for Life https://www.smilesforlifeoralhealth.org/courses/child-oral-health/
2. AAP Institute for Healthy Childhood Weight. Accessed March 17, 2022 https://ihcw.aap.org/Documents/Early%20Feeding/Responsive%20Feeding/AAP-Responsive-Feeding_Print-Fact-Sheet.pdf
3. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents 4th Edition by American Academy of Pediatrics. 2017
4. COUNCIL ON EARLY CHILDHOOD, Pamela C. High, Perri Klass, Elaine Donoghue, Danette Glassy, Beth DelConte, Marian Earls, Dina Lieser, Terri McFadden, Alan Mendelsohn, Seth Scholer, Elaine E. Schulte, Jennifer Takagishi, Douglas Vanderbilt, P. Gail Williams; Literacy Promotion: An Essential Component of Primary Care Pediatric Practice. *Pediatrics* August 2014; 134 (2): 404–409. 10.1542/peds.2014-1384

Often Families Receive No Formal Instruction in Correct Brushing

Toothbrushing 101

- Brush after eating, standing or sitting behind the child
- Lift lip and brush along gumline and on both sides of each tooth
- Teach child to spit, not swallow, but don't rinse away toothpaste
- Floss once teeth touch

*Electric toothbrushes and water flossers are great, but can be expensive

(See AAP/Smiles for Life resources for more!)

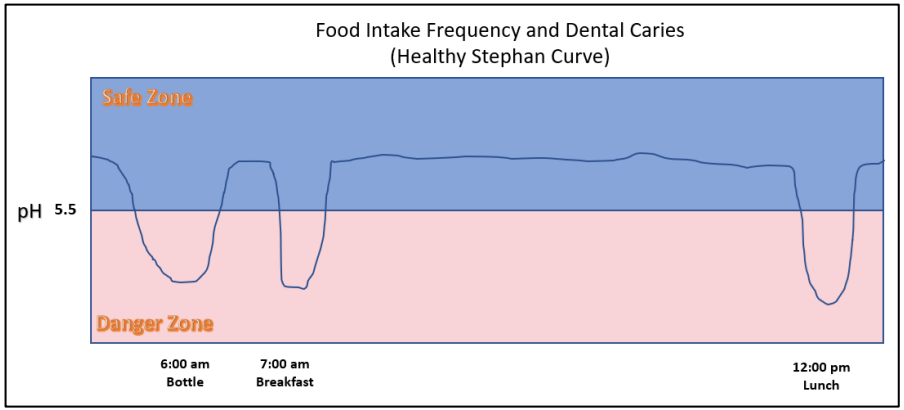
Additional Tips

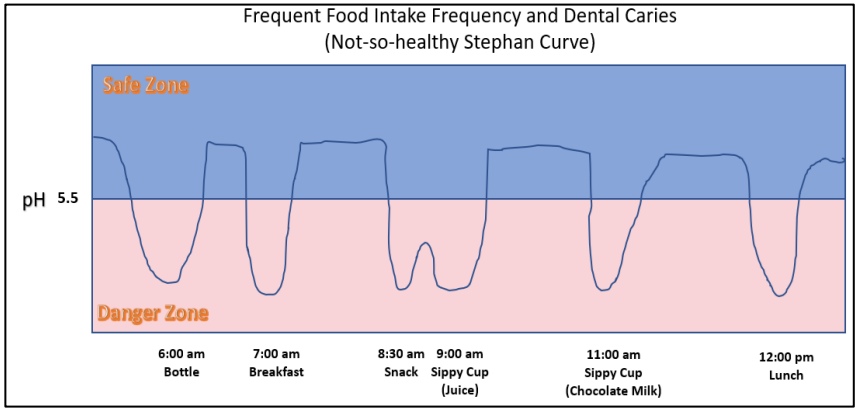
- Routine is key! Stick to a daily schedule that includes dental care
- Two toothbrushes for mirroring
- Let child watch in mirror
- Take a break if causing tantrums, use a towel or washcloth in interim to wipe teeth
- Visuals to help know how to long to brush teeth - songs, timers, hour-glass, apps

Smile for Life https://www.smilesforlifeoralhealth.org/courses/child-oral-health/

High Frequency Sugar Consumption

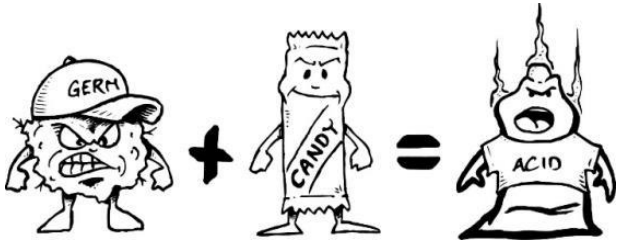
- Encourage responsive feeding practices.
- Avoid continuous drinking of sugar sweetened beverage with bottle propping, putting infant to sleep with bottle, letting toddlers walk around with sippy cups.
- Avoid continuous grazing/snacking, especially of highly processed foods.





AAP Institute for Healthy Childhood Weight. Accessed March 17, 2022 https://ihcw.aap.org/Documents/Early%20Feeding/Responsive%20Feeding/AAP-Responsive-Feeding_Print-Fact-Sheet.pdf

Access to Healthy Foods



- Highly processed foods don't have the vitamins and minerals teeth need
- Highly processed foods full of sugar and carbs which bacteria turn into acid
- Families experiencing food insecurity often depend on low cost, shelf stable foods and have high prevalence rate of dental caries.

1. Chi DL et al. Socioeconomic status, food security, and dental caries in US children: mediation analyses of data from the National Health and Nutrition Examination Survey, 2007-2008. *Am J Public Health*. 2014;104(5):860-864. doi:10.2105/AJPH.2013.301699
2. https://drinksdestroyteeth.org/

Children and Youth with Special Health Care Needs are “those children and youth who have or are at risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.”

Both the AAP and the AAPD’s Caries Risk Assessments recognize that having special health care needs is an independent risk factor for caries.

1. Children and Youth with Special Health Care Needs. HRSA Maternal & Child Health. https://mchb.hrsa.gov/programs-impact/focus-areas/children-youth-special-health-care-needs-cyshcn. Last updated 10/2021. Accessed 5/5/2022.
2. AAP Oral Health Assessment Tool. https://www.smilesforlifeoralhealth.org/wp-content/uploads/2020/06/Oral_Health_Assessment_Tool.pdf
3. American Academy of Pediatric Dentistry. Caries-risk assessment and management for infants, children, and adolescents. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2021:252-7.
4. Frese W et al. Caries Risk Factors for Primary Care Providers Based on Shared Determinants of Health. American Academy of Pediatric Dentistry Pediatric Oral Health Research and Policy Center. May 9, 2016. https://www.aapd.org/assets/1/7/Yr2_Report_Final_Copy.pdf

Dental Care is the Most Common Unmet Health Care Need for CYSCHCNs

- 1 in 4 families with CYSHCNs report oral health care as the most common unmet health care need, especially restorative care like restorations, crowns and extractions.[1]
- CYSHCNs have worse oral health status than non-CYSHCNs[2]
- Poor oral health affects overall health.
  - Studies have demonstrated adverse effects of poor oral health on multiple chronic conditions, including diabetes control.[3]
  - A 2019 study published in *Pediatrics* concluded that only dental care was associated with a decreased risk of subsequent pneumonia hospitalization in children with neurologic impairment facing high risk of recurrent severe pneumonia.[4]

1. Lang C, Kerr D and Chi D. Preventive Oral Health Care Use for Children with Special Health Care Needs aged 6 through 12 years Enrolled in Medicaid. JADA 152(10) 800-812. October 2021.
2. Lydie A. Lebrun-Harris, María Teresa Canto, Pamella Vodicka, Marie Y. Mann, Sara B. Kinsman; Oral Health Among Children and Youth With Special Health Care Needs. *Pediatrics* August 2021; 148 (2): e2020025700. 10.1542/peds.2020-025700
3. Mealey BL. Periodontal disease and diabetes. A two-way street. [published correction appears in J Am Dent Assoc. 2008;139(3):252]. J Am Dent Assoc. 2006;137(suppl):26S–31S
4. Lin JL et al. Pneumonia Prevention Strategies for Children with Neurologic Impairment. Pediatrics October 2019,144 (4) e20190543; DOI: https://doi.org/10.1542/peds.2019-0543.

Dental Care is the Most Common Unmet Health Care Need for CYSCHCNs

Barriers to Access

- General dentists lack training/comfort treating this population.[1]
- Programs across the country to address this (residency fellowships, HRSA funding, integration into dental school curriculum)
- CYSHCNs often require a team of healthcare providers. Finding and accessing experts to provide good oral health care can be daunting for parents, especially in rural or underserved areas.[2]
- Legislative efforts needed that focus on reimbursement rate increases.[1]
- Dental billing is procedure based and does not account for medical or social diagnoses.
- Additional strategies needed in order to improve age appropriate at-home oral health behaviors.[1]

1. Lang C, Kerr D and Chi D. Preventive Oral Health Care Use for Children with Special Health Care Needs aged 6 through 12 years Enrolled in Medicaid. JADA 152(10) 800-812. October 2021.
2. National Institutes of Health. Oral Health in America: Advances and Challenges. Section 2A: Oral Health Across the Lifespan: Children. Bethesda, MD: US Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research, 2021
3. .Frank M, Keels MA, Quiñonez R, Roberts M, Divaris K. Dental caries risk varies among subgroups of children with special health care needs.
4. Pediatr Dent. 2019;41(5):378–384 8. Chi DL, Rossitch KC, Beeles EM. Developmental delays and dental caries in low-income preschoolers in the USA: a pilot cross-sectional study and preliminary explanatory model. BMC Oral Health. 2013;13:53

Medical Complexity is Often Combined with Social Complexity

- Higher odds to be living in poverty or in a low-resource neighborhood
- Higher prevalence of ACEs
- Transportation issues**:** Lack of car, limited access to public transportation, gas money concerns; lack of driver's license if undocumented; difficulty in transporting patient due to wheelchair/medical equipment
- Financial stress and employment inflexibility: Time away from work for frequent appointments, frequent illness, loss of job, unemployment or underemployment.
- Parental stress: Solo parent/caregiver, no childcare, missed school days
- Limited health literacy
- Language barriers

Abdi F et al. Children with special health care needs face challenges accessing information, support, and services. ttps://www.childtrends.org/wp-content/uploads/2020/02/CYSHCN-Brief_ChildTrends_February2020.pdf. Accessed 5/5/2022

Medical Complexity is Often Combined with Social Complexity

Other considerations specific to dental care:

- Caregivers overwhelmed with other care needs and don't prioritize oral health
- Difficulty brushing may be a battle parents want to avoid
- Limitation of dental providers due to lack of insurance or Medicaid insurance
- Financial limitations to buying basic oral care items

Abdi F et al. Children with special health care needs face challenges accessing information, support, and services. https://www.childtrends.org/wp-content/uploads/2020/02/CYSHCN-Brief_ChildTrends_February2020.pdf. Accessed 5/5/2022

In the medical home we can be powerful advocates for our patients' oral health!

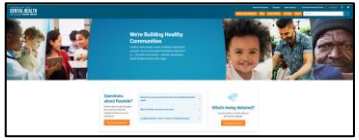
- Perform caries risk assessments, apply fluoride varnish, counsel self-management goals, & refer to a dental home.
- Screen for and address the social determinants of oral health.
- Identify local dental services, create / distribute referral lists, handout toothbrushing supplies, etc.

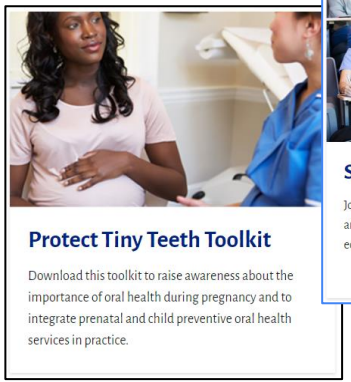
Smile for Life https://www.smilesforlifeoralhealth.org/courses/child-oral-health/

Oral Health Counseling for Pediatric Practices
Resources for Providers

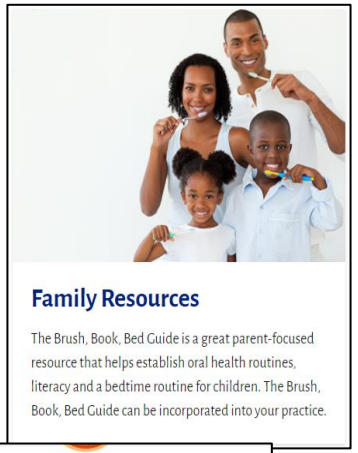
[Smiles for Life: A National Oral Health Curriculum]
[Child Oral Health Module]
[Caries Risk Assessment, Fluoride Varnish, and Counseling Module]

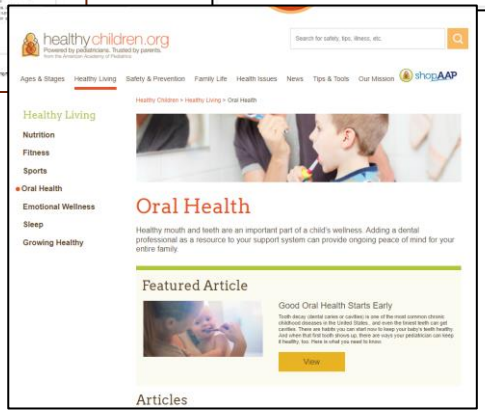
American Academy of Pediatrics [Section on Oral Health Resources]
[AAP Oral Health Prevention Primer]
[AAP Campaign for Dental Health]





Oral Health Counseling for Pediatric Practices
Resources for Families



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SESAME STREET
SONGS

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