Early Childhood Caries (ECC, also known as early childhood tooth decay) is the most common chronic disease of childhood, occurring at least five times more frequently than asthma, which is the second most common chronic disease of childhood.

American Indian and Alaska Native (AI/AN) children experience tooth decay at a higher rate than the general U.S. population. Over 50 percent of AI/AN children ages 2-5 years have ECC.

By two years of age, many AI/AN children already have ECC, supporting the fact that prevention and early intervention of this disease process needs to begin with pregnant women and infants. For children in Head Start, we want to prevent future decay in the erupting permanent teeth.

Dental caries (tooth decay) is an infectious, transmissible disease caused by cavity-causing bacteria (mutans streptococci, lactobacilli, and other acid-producing bacteria). The bacteria that cause tooth decay are fueled by sweet foods and drinks and other fermentable carbohydrates like crackers and chips. Over time, the enamel breaks down, resulting first in a chalky white spot that then progresses into a cavity. The picture above shows what happens when these white spot lesions continue to progress to rampant decay, a condition known as Severe Early Childhood Caries (S-ECC).

Tooth decay in young children is not a normal part of growing up. Any decay in children under the age of 6 years is considered Early Childhood Caries, even if it is only one tooth. Primary teeth are important for eating, holding space for permanent teeth, talking, and smiling.

Severe ECC (where six or more teeth are decayed) causes pain and infection. ECC can also result in poor self-esteem and a reluctance to smile. Treatment of Severe ECC can cost up to $10,000 per child, especially if the children need to be hospitalized and treated under general anesthesia. ECC places a huge financial burden on insurance, Medicaid, IHS, Tribal programs, and families least able to afford treatment.

Dental treatment alone does not remove the disease-causing bacteria. Even after treatment, the disease rages on for high-risk children. That’s why the ECC Initiative was created—to help show dental teams and our medical and community partners how to prevent ECC and provide early intervention for the disease. The ECC Initiative is both comprehensive and collaborative, involving all of us working together to prevent ECC and improve the well-being of AI/AN children. Please join us in the ECC Initiative.

Together, we CAN make a difference!

IHS Division of Oral Health, 2010
## What can you do to prevent Early Childhood Caries?

<table>
<thead>
<tr>
<th>ECC Partners</th>
<th>Actions</th>
</tr>
</thead>
</table>
| **Area Dental Officers and Dental Support Centers** | Support ECC Initiative  
 Assist with local program planning  
 Provide mini-grants to support ECC Initiative  
 Sponsor Caries Stabilization and ECC courses  
 Oversee and support Basic Screening Surveys (BSS) for your Area |
| **Dental Staff**                     | Participate in local program planning  
 Implement caries stabilization  
 Increase access for pregnant women and 0-2 year olds  
 With your ADO or DSC, conduct a Basic Screening Survey |
| **Tribal Health Boards**             | Sponsor resolutions to support ECC Initiative  
 Support your dental clinic’s ECC Initiative community activities |
| **Medical Staff**                    | Apply fluoride varnish, screening, and referrals for 0-2 year olds during well-child visits; provide prevention messages to families |
| **Public Health Nurses**             | Apply fluoride varnish, screening, and referrals for 0-2 year olds during well-child visits; provide prevention messages to families |
| **Community Health Nurses**          | Apply fluoride varnish, screening, and referrals; provide prevention messages to families |
| **CHRs**                             | Apply fluoride varnish, screening, and referrals; provide prevention messages to families |
| **WIC**                              | Apply fluoride varnish, screening, and referrals; provide prevention messages to families |
| **Head Start**                       | Daily brushing with fluoride toothpaste  
 Apply fluoride varnish 3-4 times/year onsite  
 Provide prevention messages to families |

Together we can prevent ECC!!!

The IHS ECC Initiative offers resources, as well as online courses on fluoride varnish and caries stabilization.

Go to [http://www.doh.ihs.gov/ecc](http://www.doh.ihs.gov/ecc) for more information.