



**National Children's Dental Health Month  
February 2018**

**Indian Health Service, Division of Oral Health**



February is National Children's Dental Health Month (NCDHM). The American Dental Association (ADA) held the first national observance of Children's Dental Health Day on February 8, 1949. Since then, the concept has grown from a two-city event into a nationwide program. This month-long national health observance brings together thousands of dedicated dental professionals, health care providers and others to promote the benefits of good oral health to children and adults, caregivers, teachers and many others. The NCDHM Program Planning Guide offers program resources, which can be accessed through the ADA website at:

[https://www.ada.org/~media/ADA/Public%20Programs/Files/NCDHM/NCDHM\\_2018\\_Program\\_Planning\\_Guide.pdf?la=en](https://www.ada.org/~media/ADA/Public%20Programs/Files/NCDHM/NCDHM_2018_Program_Planning_Guide.pdf?la=en)

The Indian Health Service (IHS) Division of Oral Health (DOH) supports NCDHM and its messages of Oral Health Promotion and Disease Prevention. American Indian and Alaska Native (AI/AN) children suffer disproportionately from dental diseases. IHS, Tribal, and Urban Dental Programs are dedicated to reducing these disparities in oral health through ongoing prevention and treatment interventions, and through outreach and education efforts.

It is encouraged that you and your local Dental Program use the month of February and the opportunities for outreach and education of NCDHM to bring the oral health disparities experienced by AI/AN children to the attention of your community and local leadership, along with the accompanying IHS, DOH highlighted prevention and dental treatment strategies. Resources pertaining to IHS DOH dental focus areas, such as Early Childhood Caries (ECC), childhood and adolescent dental issues, Health Promotion and Disease Prevention (HP/DP), Program and Project Planning, Data Briefs, and much more are available through the IHS Dental Portal website, at [www.ihs.gov/DOH/](http://www.ihs.gov/DOH/). Together, we can improve the oral health of our communities!

**Fact 1. AI/AN school-aged children and adolescents have a lower dental access rate within a 12 month period, compared with the general US population.**

All children, from pre-school to graduating from high school, should see their dentist at least once a year. AI/AN school children are often seen through dental outreach programs for preventative services, but this cannot take the place of having a Dental Home, a person's own dental clinic and dental team for themselves and their family. Here is how your Dental Program can improve children's dental access:

- ✓ Encourage the annual dental visit for children and for families with children
- ✓ Offer open access and walk-in clinics for children
- ✓ Collaborate with medical partners for referrals of children
- ✓ Review and promote the dental outreach and school-based programs of your clinic
- ✓ Promote continuing dental education for all team members to become more familiar and comfortable with seeing and treating children
- ✓ Evaluate and try to eliminate barriers to children's access in your community

**Fact 2. AI/AN preschool-aged children, school-aged children, and adolescents have higher dental decay (meaning untreated decayed or carious teeth) rates, compared with the general US population.**

On average, AI/AN children have much more dental decay, that is untreated dental cavities and treatment needs, than the general US population. This is true for preschool children, school-aged children, and adolescents. Comparing the AI/AN group with the general U.S. population, there is almost a 4-fold difference in unmet dental need for children aged 3 to 5 years old and for children aged 13 to 15 years old, and more than double for children aged 6 to 9 years old. Here is how your Dental Program can improve children's dental decay rates:

- ✓ Update and promote your clinics Health Promotion and Disease Prevention Plan for community oral health education and for outreach prevention strategies (Fluoride Applications, Sealants, Oral Hygiene and Supplies, Dental Access, Nutrition)
  - Preschoolers: The importance of preventing and treating Early Childhood Caries (ECC) in primary teeth; collaborate with WIC, Head Start, and medical partners
  - School-aged: The importance of preventing and treating dental decay in school-age children; collaborate with schools, health fairs, and community centers
- ✓ Review the referral process for outreach programs to provide meaningful access

- ✓ Evaluate the process and policy to provide treatment and follow-up of existing dental decay for preschoolers, adolescents and high schoolers

**Fact 3. AI/AN preschool aged children have high rates of untreated dental decay and significant unmet dental care needs. This fact starts very young, with children aged 1 year old and 2 years old having high rates of untreated dental decay often leading to urgent dental treatment needs.**

The percent of preschool children with untreated decay increases between the ages of 1 to 2 years, then increased to an even greater level for children aged 3-5 years. About 6% of AI/AN preschool children have a need for urgent dental care, which means that they have tooth pain or a serious oral infection. Treating such young children for serious dental problems can be difficult and stressful for the child, their family, and for their community, and often means a visit to the operating room and the need for general anesthesia. Here is how your Dental Program can improve children's dental decay rates:

- ✓ Two is Too Late! Focus on early prevention and outreach for the very youngest members of your community and promote HP/DP outreach for 1 year olds, 2 year olds, pregnant women, and families with young children.
- ✓ Early dental intervention and treatment is necessary to stop little dental problems from becoming big dental problems
  - Oral health education and outreach to families on the importance of baby teeth
  - Oral health education and outreach to medical partners on the importance of dental screenings and referral
- ✓ Review the treatment and urgent care policy for preschool children for your Dental Program

**For more information on references, resources, and datasets on national oral health measures, goals and objectives:**

- (1) **Government Performance and Results Act (GPRA).** For more information on GPRA dental indicators, see [www.ihs.gov/crs/gprareporting/](http://www.ihs.gov/crs/gprareporting/).
- (2) **Healthy People 2020 (HP 2020) Oral Health Objectives Datasets.** For more information on HP 2020 Oral Health Objectives, see [www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives](http://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives).

(3) **IHS Division of Oral Health Data Briefs**; these can be accessed through the IHS Dental Portal website, at [www.ihs.gov/DOH/](http://www.ihs.gov/DOH/)

Resources on IHS DOH dental focus areas and Health Promotion and Disease Prevention Program and Project Planning is available through the **IHS Dental Portal** website, at [www.ihs.gov/DOH/](http://www.ihs.gov/DOH/).

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Further information and technical assistance can be found by contacting Dr. Chris Halliday, Oral Health Promotion and Disease Prevention Coordinator for the Indian Health Service, at (301) 443-4323, or [Christopher.halliday@ihs.gov](mailto:Christopher.halliday@ihs.gov)