National Children’s Dental Health Month

To increase oral health awareness and promote being proactive about childhood caries, the American Dental Association recognized February as National Children’s Dental Health Month (NCDHM).

This year’s NCDHM campaign slogan was “Choose Tap Water for a Sparkling Smile.” While bottled water has become the trend in recent years due to concerns about the purity and taste of tap water, it is important to realize that most bottled water does not contain fluoride. Fluoride is a compound added to many community water supplies. As we drink the tap water, it bathes our teeth in the fluoride, making them stronger and more resistant to decay. We also reap the benefits of this compound systemically as we drink it. Tap water undergoes an extensive purification process making it safe to drink.

Early studies by the CDC reported fluoridation in community water supplies reduced dental caries by a rate of 50 to 70 percent, making it one of the best public health achievements of the 20th century. To find out whether your drinking water contains fluoride, visit nccd.cdc.gov/DOH_MWF/.

The National Children’s Oral Health Foundation reports that one in five children still go entirely without dental care, and 44 percent of children in the U.S. have cavities by the time they reach kindergarten. Pediatric dental disease remains the number one unmet health care need for children throughout the nation, despite the fact that it’s 100 percent preventable.

Whether you’re a parent, teacher, or dental professional, there are ways for you to celebrate this significant month and to recognize the importance of healthy oral health habits all year long.

The American Dental Association, in partnership with the American Dental Foundation, offers an abundance of resources on their website, including the NCDHM Program Planning Guide. The guide includes easy-to-do activities, program planning timetable tips, a sample NCDHM proclamation, and other free and downloadable materials for promoting oral health to children and parents. Visit www.ada.org to read more about the 2017 campaign.
Community Cafe:
Dental and Medical Professionals Join Forces to Promote Children’s Oral Health

Pediatricians and members of the dental community gathered at the Nemours/A.I. duPont Hospital for Children on November 9, 2016, to attend the first-ever Building the Health Care Neighborhood through Pediatrician/Dentist Collaboration.

Hosted by Nemours Health & Prevention Services in partnership with the Dental Society of Delaware, American Academy of Pediatrics (AAP), Division of Public Health (DPH), and Delaware Oral Health Coalition (DOHC), the event aimed to offer an opportunity for professionals from various disciplines to forge working relationships and develop new ways to collaborate to promote oral health for children.

Attendees included 17 dental professionals and 14 pediatric providers, representing Nemours and the community. Following dinner and networking, inter-professional groups worked together on a case study to identify differences and similarities, areas of concern, and barriers to dental care for children under 3 years old. The participants shared ideas for improved communication and promotion of dental homes for children by age 1.

Response to the event was overwhelmingly positive. Comments included:

“Loved the collaboration and diverse participants of pediatricians, nurse practitioners, dentists, and dental hygienists.”

“Hope for improvement of oral health and communication.”

“Discussion of common goals and ways to achieve.”

“Appreciated the opportunity to meet new Nemours dentist.”

Future events are planned to further the conversation and enhance referral networks. An additional meeting will be held this year in Kent and Sussex counties, in collaboration with the Delaware Dental Society.

For more information about how to be a part of the next event, contact Cindy Biederman of Nemours at Cynthia.Biederman@Nemours.org.

Delaware Smile Check receives first supply donation

The DPH Bureau of Oral Health and Dental Services (BOHDS) recently received a gracious donation from Dental Health Products, Inc., for the Delaware Smile Check Program, the bureau’s latest oral health outreach program.

Delaware Smile Check aims to provide resources for children who are not receiving regular dental care. A public health hygienist travels to schools and performs screenings using a portable dental chair and light to determine a child’s need for dental care. If the child has noticeable cavities or excess plaque buildup, the hygienist will make a referral to a local dentist.

The hygienist will also help coordinate treatment if he or she sees an emergency situation, and will follow up to make sure the child has received care. The goal of the program is to make parents and guardians aware of the oral health status of each child and provide them with the education and resources to get the best care possible. This program is available to all students regardless of Medicaid status.

Because the Delaware Smile Check program is entirely grant funded, it depends largely on donations from sponsors who share an interest in improving the oral health of underserved children.
As we focus on promoting good oral health in our children, we need to also advocate for another demographic – senior citizens. During our youngest years, we are at risk for cavities because we have less control over in maintaining a healthy diet and brushing properly/frequently enough.

As people enter their golden years, even those who went many years in their adult lives without incurring a cavity will find themselves at high risk and again experiencing dental problems. While cavities are often associated with children, they are actually more common in seniors age 65 and older. Here’s why:

**Difficulty with Oral Hygiene Care:** Elderly patients may sometimes have dexterity issues, making it difficult to properly manipulate the toothbrush or a piece of floss to effectively clean their teeth. This leads to plaque and tartar build up, inflammation of the gums, and, if untreated, gum disease. Gum disease has been shown to exacerbate other conditions that commonly afflict seniors, including diabetes. New studies have even shown a link between poor oral hygiene and pneumonia, a leading killer of institutionalized elderly patients. Electric toothbrushes or manual toothbrushes with modified handles that are easier to grasp (like a tennis ball) are available to help people with the issue of dexterity.

**Dry Mouth:** Certain types of medication can reduce the amount of saliva, causing the mouth to feel dry. Saliva serves an important purpose in rinsing and fighting bacteria. Specific kinds of prescription medication – antidepressants, medications for high blood pressure and anti-seizure medications – can be responsible for this lack of saliva. People taking such drugs are especially prone to a rapid decline in their teeth. Staying hydrated and drinking water is important for elderly people who suffer from dry mouth. Sugar-free mints are also a good way to stimulate saliva production. Over-the-counter products that serve as saliva substitutes can also offer some relief from this discomfort and help reproduce the saliva to bathe the teeth and prevent cavities.

**Gum Recession/Aging Teeth:** Just as the enamel is weaker on baby teeth than it is on adult teeth, the enamel on elderly teeth has endured many years of wear and is weaker. In addition to this, elderly teeth are likely to have recession, which means the gums have pulled away from the teeth, leaving the roots exposed. Without this added protection of gum coverage, the roots are especially prone to decay. Teeth may also become brittle and fracture more easily.

Certainly, oral care can be a challenge for seniors and, in some cases, their caretakers. Some may resist help, avoid seeing the dentist, or have problems paying for the dental treatment they require because they lack adequate insurance coverage.

Fluoride supplements, alcohol-free mouthwashes, saliva substitutes, healthy diets low in sugar, and a helping hand to encourage proper hygiene at home are all important steps to reduce the risk of dental disease in the geriatric population. Elderly patients need oral health champions as much as children do. To learn more about aging and dental health, visit [www.ada.org](http://www.ada.org).
No Reason to Smile: The Link Between Bullying and “Bad Teeth”

Consider what is known already about the impact a lack of dental care can have on the life of a child – painful, sometimes life-threatening cavities and infection; malnourishment and dietary deficiencies from not being able to properly chew; impaired speech development and delayed cognitive and social development; declining academic performance; etc. Now, add to this list another factor that is equally as painful to children as toothaches, if not more so – bullying.

A recent study published in the American Journal of Orthodontics and Dentofacial Orthopedics revealed that teeth were the number one targeted physical feature to increase a child’s chance of being bullied, ranking higher than any other aspect of physical appearance, including weight.

According to the study, about half of the 920 sixth-grade students surveyed reported having been bullied, and about half of those bullied could say for certain that they were singled out because of their teeth. The most commonly reported dental-facial features targeted were spacing between the teeth, missing teeth, the shape or color of the teeth, and prominent upper anterior teeth (“buck teeth”). Dental decay is another reason children may be bullied.

Studies have shown that dental decay in school children age 8 to 14 years old was associated with emotional and social well-being. The Center for Disease Control (CDC) cites that students who are bullied are more likely to:
• experience low self-esteem and isolation.
• perform poorly in school and have negative feelings about going to school.

School nurses have a unique opportunity to identify incidents of bullying early on. They can often provide resources for emotional counseling and referrals for dental care. While adults within the school environment are often tasked with bearing the responsibility for initiating anti-bullying interventions, dentistry also plays an important role in offsetting the effects of bullying in children. More dental professionals are trying to incorporate this kind of screening and counseling into their routine appointments.

To learn more about how bullying affects children who are both targets and witnesses, and how you can do your part to help protect the children in your community, visit www.stopbullying.gov. For information about dental resources available to improve children’s oral health and self-esteem, visit http://www.dhss.delaware.gov/dhss/dph/hsm/ohphome.html.

Protect that Smile!

✓ Brush 2 min. 2x per day.
✓ Visit the dentist every 6 months.
✓ Avoid sugary foods and drinks.
✓ Floss every day.
✓ Use fluoride.