Annual Report of the AAP Section on Pediatric Dentistry (SOPD)

ACTIONS since January 2007

1) Membership (Dr. Charles Czerepak – chair)
   a) Current membership status as of March 31, 2007:
      240 (16 physicians)
   b) Benefits – receive AAP news updates via email, AAP News Bulletin, a copy of
      the Red Book, CE via Pedialink
   c) Special Benefit for 2007 – receive a copy of the AAP Oral Health Training CD
      from monies for recruiting new members ($100 for each new member)

2) Bylaws and Nominations (Dr. Paul Weiss – chair)
   a) Nominations for 2007/2008
      — renew Dr. Huw Thomas and Dr. Martha Ann Keels
      — Dr. Martin Davis completes his term in 2007
      — Dr. Adriana Segura Donly’s name has been submitted to the
        Nomination Committee to replace Dr. Martin Davis
      — Dr. David Krol’s name has been submitted to the Nomination
        Committee as the first pediatrician to be added to the Executive
        Committee
   b) Appointments for 2007/2008
      — Dr. Lois Jackson has been appointed to the
        Nominations Committee
   c) Status on Name Change Request — Proposed new name
      “Section on Pediatric Dentistry and Oral Health”
      — currently being voted on by the members of SOPD

3) CME (Dr. Huw Thomas- chair)
   a) AAPD/AAP session at AAPD Annual Session 2007
      May 27th 9: 00 am
      Topic: Endocrinology
      Dr. Daniel Hale – How to create an overweight child
      Dr. Jane Lynch – It’s a matter of Size: Treating short stature
      Dr. William Rogers – Pediatric Diabetes – the old and the new
   b) Selected speakers for AAP NCE 2007 San Francisco
      1) Plenary Session on Oral Health – Dr. Jim Crall
      2) Meet the Experts (to be given twice)
         — Drs. Adriana Segura-Donly and Martha Ann Keels
      3) Infant Oral Health Workshop – Drs. David Krol and Rosie Roldan
c) AAP Pedialink (online CME program for residents and members)
   Dr. Rebecca Slayton completed the first course on ECC risk assessment –
   one of the Hot Topics for April 2007.

d) Currently selecting topics for AAP-NCE 2008 in Boston

4) Publications (Dr. Marty Davis – chair)
   a) SOPD published article in AAP News February 2007
      Author Dr. Margot Jaffe
      Title – Early Orthodontic Needs for Pediatricians

   b) Spotlight article due for AAPD – share AAP strategic plan regarding
      oral health and review how to join SOPD

   c) AAP Surgical Section – approved the Referral Guidelines for Pediatric
      Dentistry and will be amended to the next printing of the Master Referral
      Guidelines – for when to Refer to a Surgical Subspecialist.

   d) Winter 2007 issue of AAP’s Healthy Children Magazine – there will be an
      article about oral health: “Oral Health for Children: Never Too Early to
      Start.” – initiated by Dr. Eileen Ouliette

   e) Currently revising the AAP Health Literacy Guidebook/AAP Patient
      Education Handout – Caring for Your Child’s Teeth – Dr. Jessica Lee

5) AAP Policy and Guidelines (Dr. Kevin Hale – chair)
   a) proposed AAP policy entitled “Preventive Oral Health
      Intervention for Pediatric Medical Practitioners” with AAPD
      * SOPD Ex-Com unanimously supports this policy with a few
        minor editorial changes
      * awaiting AAPD BOT approval – due April 4, 2007

   b) proposed guideline – Dental Trauma management for Pediatricians

6) AAP Annual Leadership Forum (ALF) – March 29-April 2, 2007
   – both oral health resolutions passed.

   1) Resident Education Initiative — “…. data from the 2006 AAP Graduating
      Residents Survey showed both a significant lack of oral health training during residency
      and a tremendous interest in more CME on oral health. … AAP should promote
      adequate Oral Health education during pediatric residency training as well as support
      and regularly include educational sessions on oral health in its programs including
      PREP, Pediatrics in Review.”

   2) Dental Screening and Fluoride Varnish — “… that the AAP strongly encourage
      and support efforts for each Chapter to develop plans for the Oral Health Screening and
      Fluoride Varnish application training of pediatricians, who see children who would
benefit from these applications, and that adequate payment for this service be arranged through each Chapter’s Medicaid Programs.”

7) SOPD Award Recipient for 2007
   — Dr. Eileen Ouliette, Immediate Past President AAP
   She will receive her award at a special awards luncheon at AAP’s NCE meeting in October.

8) ADA requested meeting with AAP on March 5, 2007
   Appendix 1 contains the minutes from this meeting

9) AAP Oral Health Initiative Grant is organizing Oral Health Preceptors –
   See Appendix 2 for explanation of the Oral Health Preceptor Program.

Respectfully submitted,

Martha Ann Keels, DDS, PhD
Chair, AAP Section on Pediatric Dentistry
Appendix 1

Summary Report of the Joint Meeting between the American Academy of Pediatrics and the American Dental Association on March 5, 2007

Attendees AAP: Renee Jenkins MD, FAAP President-elect; Errol Alden MD, FAAP, Executive Director; Roger Suchyta MD, FAAP, Associate Executive Director; Suzanne Boulter MD, FAAP, Chair-Oral Health Initiative Steering Committee; David Krol MD, FAAP, OHI Steering Committee; Charles Czerepak DMD, MS, FAAPD, Section on Pediatric Dentistry-Membership Chair; Edward Zimmerman MS, Director Department of Practice; Wendy Nelson, Manager, Oral Health Initiative; Aleksandra Stolic, Staff Manager for Section on Pediatric Dentistry.

Attendees ADA: Kathleen Roth DDS, President; Mark Feldman DDS, President-elect; James Bramson DDS, Executive Director; Lindsey Robinson DDS, Vice-chair, Council on Access, Prevention and Interprofessional Relations; Mary Logan, Chief Operating Officer; Bill Prentice, Associate Executive Director, Governmental Affairs; Lewis Lampiris DDS, Director, Council on Access, Prevention and Interprofessional Relations.

Background: ADA requested a formal meeting with AAP at Elk Grove Village, Illinois.

The AAP welcomed the ADA representatives. Dr. Roth discussed the value to the two organizations of partnering. The AAP outlined the strategic plan of the AAP, which includes the clinical goal of oral health. The AAP then outlined its Oral Health Initiative, which included the policy of establishing a dental home by age of one year.

The ADA responded that there was work to be done to engage organized dentistry to the one-year visit. Dr. Krol pointed out that if dentists see patients at a latter age for the initial visit, it produced a gray area for physicians. It essentially produced competing standards.

The ADA outlined its strategic plan. In this plan, the ADA proposed a new member of the dental team, the “Community Dental Health Coordinator.” This non-licensed partner of a dental team would help patients in a community to navigate the health care system. The position would have some clinical skills but would not be able to perform extractions. The curriculum is currently being developed. The AAP pointed out this position could dovetail with the pediatric position of a case manager. The AAP stressed the need to develop curriculum for the CDHC for the 0-3 year old child.

Dr. Alden stressed the need for both Associations to send a consistent message for the medical and dental home.

The ADA pointed out several issues related to fluoride.

1. Fluoride levels for infants, specifically use of reconstituted formula with fluoridated water.
2. Increased difficulty in getting community water supplies fluoridated.
3. The ADA is supportive of physicians applying fluoride varnish to the teeth of young children combined with training to recognize dental caries for referral.

The AAP stated that a policy entitled “Preventive Oral Health Intervention for Pediatric Medical Practitioners” was being developed. The ADA asked to review a draft of the policy and the AAP agreed. It was also pointed out there is an opportunity for the ADA to petition the FDA to sanction the use of fluoride varnish as a preventive agent in young children.

It is the AAP’s goal to have oral health champions within each chapter. In the ensuing discussion it was revealed that the ADA was constructing a simple caries risk assessment tool for general dentists and medical professionals.

Mr. Prentice presented the ADA Washington Legislative Overview. The ADA’s current goal is to get reauthorization for SCHIP with mandated dental benefits. The Children’s Dental Health Improvement Act of 2007 (S-739) was discussed. Currently, under SCHIP, dental benefits are optional. The AAP is currently speaking with the Children’s Defense Fund.

Dr. Bramson described, “Give Kids a Smile Day,” a public awareness campaign about dental access. Last year, 30 million dollars of care were donated. The AAP described the PROHD grant, which distributed free oral health education CD’s to 10,000 pediatricians.

Dr. Bramson suggested the ADA establish an official representative with the AAP and the AAP with the ADA. The ADA wants to share its wealth of oral health information with the AAP.

The individuals at the table agreed to work for an agenda for children, looking at all components of oral health, including finance. The first area to address is oral health education.

Respectfully submitted,

Charles Czerepak DMD, MS
Appendix 2

AAP Oral Health Preceptor Program

Preceptor Topics

Preceptors should be prepared to talk about the following topics on a site visit:

DIET
- When to start talking about transitioning from bottle to cup (about 9 months)
- Advice about what to put in the bottle
- Night feedings
- Sippy cup issues (frequency, content)
- Hidden sugars in starchy foods
- Foods that stick to your teeth to avoid (fruit leather, raising, sticky buns, etc)

ORAL HYGIENE
- When to start brushing/wiping teeth
- When to use fluoride containing toothpaste
- When is child old enough to brush him/herself
- Flossing – when to start, how often
- When to make first dental appt

FLUORIDE
- Testing well water
- Call to ascertain whether fluoride is in public water supply
- Prescribing fluoride drops for infant starting at 6 months; transition to chew tabs as soon as possible for topical effect; make sure dose is correct
- Fluoride contents in baby water
- Toothpaste as a source of fluoride
- Encourage use of municipal water if fluoridated (no need to buy bottled water)

Materials you should consider reviewing before a site visit include:

Policy Statement:
- Oral Health Risk Assessment Training for Pediatricians
  (http://aappolicy.aappublications.org/cgi/content/full/pediatrics;111/5/1113)

AAP News articles:
- Early Risk Assessment Can Lead to Better Oral Health (May 2003); Available online at:
  http://aapnews.aappublications.org/cgi/content/full/22/5/202
- Pediatric Practices Should Assess Caries Risk in Young Patients (June 2003); Available online at: http://aapnews.aappublications.org/cgi/content/full/22/6/253
- Something to Sink Your Teeth Into (July 2003); Available online at:
  http://aapnews.aappublications.org/cgi/content/full/23/1/21
• Oral Health Risk Assessment Training for Pediatricians and Other Child Health Professionals, which will be sent to you. It is available online in a PDF version at: http://www.aap.org/commpeds/dochs/oralhealth/screening.cfm

**ORAL HEALTH AT THE AAP**

*If you are new to the program, staff from the Oral Health Initiative will set up a time to discuss this with you prior to your visit. A summary of activities is provided below.*

**American Academy of Pediatrics**

**Oral Health Initiative**

**Background Information**

The Oral Health Initiative began at the American Academy of Pediatrics (AAP) in 2001 in response to the Surgeon General’s Report on the State of Oral Health in America. With funding from the federal Maternal and Child Health Bureau (MCHB), the AAP convened an Oral Health Work Group composed of pediatricians, pediatric dentists, dental hygienists and others to provide direction for Oral Health Initiative (OHI) at the Academy. The OHI was funded as part of the Pediatric Collaborative Care (PedsCare) grant to promote more collaboration between pediatricians and other health professionals to benefit child health. It was determined that the best way to address children’s oral health issues was to develop training materials that would support pediatric health care professionals in assessing the oral health risks of their patients (eg presentations, tool kit), to provide communication outlets (eg listserv®, Web site) related to pediatric oral health, and to develop educational programs to promote an understanding of oral health issues for children and their caretakers.

To help support the AAP work in children’s oral health, in 2005 the MCHB awarded the Academy a five-year grant, the Partnership to Reduce Oral Health Disparities in Early Childhood (PROHD). The project works to address children’s oral health issues through the development of training materials, providing communication outlets related to pediatric oral health, and developing educational programs. The project is overseen by a steering committee made up of pediatricians and pediatric dentists. A multidisciplinary Project Advisory Committee (PAC) also provides expert guidance on the grant activities. Members include representatives from the following groups:

- American Academy of Family Physicians (AAFP)
- American Academy of Pediatric Dentists (AAPD)
- American Association of Public Health Dentistry (AAPHD)
- American Dental Association (ADA)
- American Dental Hygienist Association (ADHA)
- American Public Health Association (APHA)
- Association of Pediatric Program Directors (APPD)
- Association of State and Territory Dental Directors (ASTDD)
- Center for Disease Control and Prevention (CDC)
Centers for Medicare and Medicaid Services (CMS)
Family Voices
Head Start/Early Head Start
Indian Health Service (IHS)
National Association of Pediatric Nurse Practitioners (NAPNAP)
National WIC Association (NWA)

Understanding the important role pediatricians can plan in addressing the oral health of young children, the AAP added oral health as one of its child health priorities to the Academy’s strategic plan.

The following activities were initiated as part of the PROHD grant.

Training Materials
It was determined that providing pediatricians and other child health professionals with training in oral health concepts and risk assessment of patients would be the most efficient way to educate pediatricians about the importance of oral health as part of general health. Pediatricians, because they see children from birth on, are ideally positioned to serve as the first contact in the area of oral health - particularly for children in the 0-3 year age group. It is not easy for families to establish a dental home for their children less than 3 years old (as recommended by both the AAP and AAPD policy statements) because of a significant shortage of pediatric dentists and a reluctance by general dentists to see infants and toddlers. This places the responsibility for oral health education and screening in the child health professionals’ office.

The Oral Health Risk Assessment Training for Pediatricians and Other Child Health Professionals was released. The training provides materials that give an overview of the elements of risk assessment and triage for infants and young children, and is based on the AAP policy statement “Oral Health Risk Assessment Timing and Establishment of the Dental Home.” The kit contains a PowerPoint Presentation and speaker’s notes (on CD-ROM), and various AAP oral health materials. The training focuses on the etiology of caries including preventive strategies, tips on performing an oral health risk assessment and screening, advice regarding the establishment of a dental home, parent/patient education and anticipatory guidance, and AAP recommendations. The training was piloted at selected AAP chapter meetings, workshops at the NCE, a Head Start Regional meeting, and several hospital grand rounds before final release. The preliminary sessions provided feedback that was incorporated into the final kit. One thousand Speaker’s Kits have been distributed to pediatricians, pediatric/general dentists, family practitioners, dental hygienists, state dental health directors, oral health educators, Head Start personal, Indian Health Service physicians/personal, and others interested in children’s oral health. The Speaker’s Kit is also available on the AAP’s Oral Health Web site. http://www.aap.org/commpeds/dochs/oralhealth/screening.cfm.

Oral Health Risk Assessment Preceptorship Program
This mini grant program was developed as part of the PedsCare grant to provide pediatricians interested in implementing oral health assessments and varnish application in their practice with mentorship support. The purpose of the award was to
obtain individualized one-on-one training to perform oral health risk assessments, maternal/caretaker oral assessment interviews, and, if appropriate, to learn to apply fluoride varnishes. In the first year, 2004, 6 awards were given as follows:

- **Sells Indian Hospital** in Sells, AZ, providing training to providers for the Tohono O’odham Indians in both remote rural and urban settings.
- **Clara Vista Medical Associates** in Tucson, AZ, providing training to pediatricians in private practice, county hospitals, community health centers, and residents, who provide care to urban, suburban and rural populations.
- **Eureka Pediatrics** in Eureka, CA, providing training to providers in rural health center where 90% of the children in the area are at risk for dental disease.
- **Middlesex Hospital** in Middletown, CT, providing grand rounds training in the hospital and presentations to the community (eg local legislators, State Dental Task Force staff, local dentists, etc)
- **Hasbro Children’s Hospital** in Providence, RI, providing training to community pediatricians, family physicians, Med-Peds and Family Physician residents, as well as faculty.
- **Center for Advancement of Urban Children** in Milwaukee, WI, providing grand rounds training at Medical College of Wisconsin and hands-on workshops to pediatricians, pediatric health care providers, residents, and medical students, who provide care to largely urban populations.

In 2006 seven awards were presented to:

- **White Mountain Pediatrics** in Lakeside, AZ providing services to rural and Native American populations.
- **All Children’s Hospital** in St. Petersburg, FL, a residency training program where 85% of the children seen are on public aid.
- **University Health Sciences Center Department of Pediatrics** in Baton Rouge, LA, a community based primary care pediatric practice providing service to a large urban and inner city population.
- **Tornillo Wellness Center** in El Paso, TX, a residency program which provides service to 7 community clinics with urban, rural, and immigrant populations.
- **Kaiser Santa Teresa** in San Jose, CA, providing service to 50,000 children, many of whom are multi-cultural, through the work of 30 providers.
- **El Jardin Clinic** in Houston, TX, a bilingual medical home providing services to primarily Spanish-speaking patients.
- **Loma Linda University**, Moreno Valley, CA, a teaching hospital facility, which is a continuity clinic site for residents, providing services to a heavily immigrant population

**Children’s Oral Health Listserv®**
The Children’s Oral Health Listserv® was established to provide individuals interested in oral health with up-to-date information. This vehicle was developed to provide members with information, updates, and notifications of events related to oral health. Currently there are over 550 subscribers to the in the Children’s Oral Health E-News. Members of the listserv® include pediatricians, pediatric/general dentists, family practitioners, dental hygienists, state dental health directors, oral health educators, Head...
Start personal, Indian Health Service physicians/personal; anyone with an interest in children’s oral health.

Oral Health Web Site
The Oral Health Web site, which is designed to provide information to both health care professionals and parents, is housed on the AAP Web site. The site covers many topics related to oral health including: general oral health information and resources, AAP related resources, funding opportunities, highlighted community-based oral programs, and more. The Web site can be accessed at www.aap.org/oralhealth.

Educational Sessions
Educational sessions have been developed and presented by members of the Oral Health Initiative, in a number of different venues. These include local/national conferences, workshops, grand rounds, and as guest speakers at meetings.

The focus of the PROHD grant includes:

Providing education and training opportunities/resources to pediatricians and other child health professionals on early childhood dental caries.
- Offer a preceptorship/mentorship program that provides individualized training to pediatricians and other child health professionals.
- Create and distribute resources focusing on early childhood caries prevention and management.
- Investigate oral health disparities at the community level.
- Develop screening tools for use in primary care settings using both computerized and paper based tools.
- Assist in revising the Bright Futures oral health materials.

Developing strategies for improving Medicaid reimbursement for oral health services for non-dental professionals.
- Work with the Committee on Child Health Financing in identifying ways to support reimbursement for oral health screening provided by pediatricians and other child health professionals.
- Identify states that currently provide Medicaid reimbursement for oral health services and consider tracking data on usage and cost/benefit ratio.

Providing support to states and communities to improve oral health practices and programs.
- Provide technical assistance, including identifying potential funding sources, and assist in the establishment of collaborative partnerships that would benefit children’s oral health.
- Facilitate the development of best practice models in communities that face significant oral health disparities.
- Disseminate information on best practices at the community, state, and national level.

Exploring the feasibility of incorporating oral health content into residency training programs.
- Evaluate and help disseminate residency curricula that focus on oral health
- Work with the Anne E. Dyson Community Pediatrics Training Initiative to promote oral health training in residency programs
- Advocate for inclusion of oral health-related questions in the certification exams of pediatricians and other child health professionals
- Continue to encourage articles on oral health in AAP materials including AAP News

Focusing on Oral Health within the AAP
- Establish AAP Chapter Oral Health State Advocate program
- Increase collaboration between the AAP and other national organizations (eg American Academy of Pediatric Dentistry, American Dental Association, state dental societies) to focus on the oral health needs of children, particularly those ages 0 to 3 years.