Partnering for Prevention

Working together to put the mouth back into the body’

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Healthy Mouth ✔ Healthy Body
Early childhood decay is:

- Almost entirely **PREVENTABLE** and can be stopped
- One of the most common childhood diseases
- Infectious and transmissible disease
- Highest reason for hospital admissions in this age group.
- Nearly half of Tasmanian 5 year olds have a history of dental disease
**Evidence indicates:**

- Clear link between socio-economic factors and oral health – not shared equally across the population.

- Early years are when lifetime habits are established.

- Child with decay = adult with decay.

- Pregnancy and the first year are important times to identify “at risk” children

- Economic returns higher in early years

- Advice to families can be delivered by non–dental providers
Behavioural risk factors of early childhood decay

- Bottles in bed
- Sweeteners on dummies
- Sugary drinks in bottles and sipper cups

- Frequent snacking and grazing on sugary foods and drinks
- Time sugars are in the mouth

- Fluoride availability - child NOT having their teeth cleaned regularly
- Parents or caregivers with poor oral health habits
Consequences of early childhood decay.

A case study

Chantelle Aged 3

Parents were worried about the appearance of her front teeth – intermittent pain on eating. First ever visit to dental clinic. Chantelle still uses a bottle and she prefers water cordial and milo. Mum and dad admit to Chantelle liking lots of sweets and she snacks often.
Chronic abscess 75 54, 51 and 61

**Treatment:**
1. Extract carious teeth under general anaesthetic (8 upper teeth and 4 lower teeth).

2. Follow up preventive advice:
   a. Stop using the bottle and encourage tap water
   b. Fluoride toothpaste and twice daily brushing with fluoride toothpaste, spit out and don’t rinse recommended
   c. Try to reduce how often sugar is given in the diet.
Possible intervention opportunities for Chantelle and her family...

- Early dental visits
- Ante-natal information
- Child Health and Parenting Service Nurses
- Pharmacy
- General Practices – Nurse Practitioners
- Early Years educators
Parents cannot prevent the disease if they are unaware of the importance of oral health and have no access to information on prevention.

- Child health professionals such as maternal child health nurses, general practitioners as well as pharmacists, child care workers and early years educators are better placed to engage with and influence new parents rather than oral health professionals.

- Clear referral pathways for early intervention is critical to good oral health.
To improve the health of all Tasmanian children through better oral health, prioritizing those most in need.
How are we doing this?

**Lift the Lip – a population health program**

Working with skilled partners such as Child Health and Parenting Services (CHaPS) who engage with young children and parents/carers.

Builds the oral health capacity of multiple partners to recognise poor oral health practices and support families to make healthier choices.
Lift the Lip –
A partnership approach that:

- Integrates oral health into general health assessments
- Promotes early intervention and prevention
- Provides consistent evidence based messages
- Builds the oral health capacity of partners to recognize early dental decay and use their skills to assess the decay risk of families
- Provides guidance to families to reduce, change or prevent poor oral health practices
- Provides a priority and appropriate referral pathway
Lift the Lip – Referral Pathway

Healthy Teeth
NO REFERRAL NEEDED
Encourage regular dental care.

Early Stage Decay
REFERRAL NEEDED
This may be reversible if treated early.

More Advanced Decay
REFERRAL NEEDED
Brown spots that don’t wipe off and obvious cavitation.

Advanced Decay
IMMEDIATE REFERRAL
If swelling or infection is present consider a medical referral first.

If any of these stages of decay are noticed please discuss with the parent/guardian that:

1. Their child would benefit from a dental appointment with Oral Health Services Tasmania (OHSST) or the private dental sector.
2. If they consent to being seen by OHSST a referral form will be completed and emailed to liftthelip@ths.tas.gov.au
3. OHSST will contact the parent/guardian to arrange a dental appointment at an OHSST clinic.
4. Feedback will be provided by OHSST to the referring professional if their email details are provided on the referral form.
5. If the parent chooses to see a private dentist, they should make an appointment for the child with their dentist.

Oral Health Services Tasmania offers FREE dental treatment for ALL children under 18 years of age.
*Almost all dental care is FREE if parents present their Medicare Card for bulk billing.

liftthelip@ths.tas.gov.au or www.dhhs.tas.gov.au/oralhealth
When should we have intervened?

This a failure of intervention!
Thanks everyone!