The Children's Oral Health Institute

Back-to-School and Back-to-Daycare with Healthy Smiles for All

August is *Back to School Month,* and this could mean some babies may also be going back to daycare. For some babies, it may be their first time being cared for outside of the home all day. Despite the more than one-quarter of US preschoolers (28%) having experienced visible cavities[1] well before entering school, infants and toddlers enrolled in daycare are not required to have an oral health examination.

This is unlike children entering elementary school in states that require oral health clearance. According to the Council of State Governments, in 2007 there were 12.5% of states requiring parents to provide certification of an oral health assessment as a condition of school entry.[2] Head Start children are required to have a current dental examination by a dentist within 30 days of enrollment and are required on an annual basis thereafter.[3]

A 2018 American Academy of Pediatric Dentistry (AAPD) national survey reveals that 74 percent of U.S. parents do not take their child to the dentist by their first birthday,[4] despite this national oral health recommendation. Therefore, to further support the commitment of government, of organized dentistry and of the professions of dental medicine and medicine, it is essential to pursue the establishment of a national infant and toddler oral health daycare enrollment policy. Insurance administrators, health professionals, legislative leaders, parents, and other caregivers are encouraged to accelerate a *Back-to-School and Back-to-Daycare with Healthy Smiles for All* model.

The framework of this legislation would require the guardians of all children enrolled in daycare between the ages of 1 and 4 to provide verification that, (1) identifies the established **dental home,** (2) confirms the **age-one dental visit** is fulfilled, (3) deems the recommended follow up dental visits are satisfied, and (4) affords a value-based incentive to the parent-caregiver and to health professionals for this resolute commitment to disease prevention. The establishment of such a vital U.S. policy to require the infant oral examination for admission into daycare programs is fundamentally consistent with our 9 months to age 1 (one) well-baby visits, and with the perseverance of our nation's Early and Periodic Screening, Diagnosis and Treatment Programs (EPSDT). Such a policy approach offers promise to the unified, and interprofessional efforts of dentists, physicians and other stakeholders to reduce Early Childhood Caries (ECC), which has exponentially increased in communities with the advent of the COVID-19 pandemic.

AAPD President Dr. Amr M. Moursi compellingly adds, "A first dental visit at the onset of daycare not only brings the child to a dental home but empowers families to bring the benefits of life-long oral health to children at the most optimal time. The AAPD supports efforts to bring children to a dental home as soon as possible in their lives to make oral health equity a reality."

This holistic paradigm offers increased legitimacy to the exemplary of our U.S. health standards for dental and physical examinations, vaccines, and lead exposure screenings under these imperatives. These standards are in fact developed from a foundation that embraces compassion and impartiality. Afterall, like "school-age" children entering preschool and kindergarten, infants and toddlers are "daycare-age," and often enter daycare with teeth present as early as six months of age. Furthermore, like school-age children, infants and toddlers must be up-to-date on all shots and vaccines to attend licensed daycare programs.

This obvious inequity demonstrates a lack of the same oversite requirements for the protection of the infant and toddler dentitions, and overall health that is afforded school-age children. The newly erupted teeth of infants and toddlers are equally vulnerable to the pain and suffering that rapid carious destruction can impose. In fact, it is this very young patient population, when traumatized with ECC, that more frequently ends up on the operating table under general anesthesia. Comprehensive dental rehabilitation surgery for children with this disease diagnosis can last up to three hours. The prevalence of treated and untreated tooth decay among American Indian, Alaska Native, Native Hawaiian, Hispanic, and Brown and Black third-graders is considerably higher today,[5] and these children are highly likely to have been candidates for these hospital-based dental surgeries. More than half, (54%) of American Indian children between 1-5 years of age have experienced tooth decay.[6] Daycare-age children deserve parity with their school-age counterparts, and without question they deserve the opportunity to remain caries free.

Dr. Bianca Dearing, Assistant Professor in the Department of Pediatric Dentistry at Howard University, submits, "This policy idea could have a remarkable influence on the acceptance of the age one dental visit and on the prevention of this preventable ECC disease. It further expands our contemporary think-tank initiatives and implementation approaches in oral health care prevention across the profession, from academic education and specialty training programs to federally qualified health care centers (FQHC), and private practices. From a public health and epidemiologic perspective, this policy offers vital research opportunities to examine evidenced outcomes that could support long-term, widespread adoption."

While these recommendations may have been previously contemplated, it is important to resist delay, and institute what is proper. The state of affairs surrounding pediatric oral health care is of great concern for some communities.[7] It is therefore consistent with our Hippocratic Oath to at the least, test these measures. *Back-to-School and Back-to-Daycare with Healthy Smiles for All* offers an important philosophy to inaugurate to help guarantee infants and toddlers are comprehensively "daycare ready". It may help to reduce ECC. It may be key to improving parental recognition of the importance of the primary dentition. Improved compliance behaviors motivated by the act of an *infant and toddler oral health daycare enrollment policy* could ensure more children obtain the crucial age-one dental visit. When babies smile, we all smile.

Submitted by,

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[1] U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000: 10-11.

[2] Association of State and Territorial Dental Directors | Dental Health Project, *Emerging Issues in Oral Health.* October 2008

[3] Office of Head Start. *Head Start Program Performance Standards, Part 1302-42 Child Health Status*. June 23, 2022.

[4] American Academy of Pediatric Dentistry. New Survey by America's Pediatric Dentists Highlights Gaps in Oral Health Knowledge and Generational Differences in Caring for Little Teeth. 2018

[5] Coor, Allison, and Wenderoff, Josh. *Inequitable Access to Oral Health Care Continues to Harm Children of Color: Analysis of outcomes among third-graders highlights gaps in data,* The Pew Charitable Trusts. March 11, 2022,

[6] Ricks, Timothy L., and Phipps, Kathy R. *The Oral Health of American Indian And Alaska Native Children Aged 1-5 Years: Results of The 2014 IHS Oral Health Survey*. Indian Health Service Data Brief. April 2015

[7] Casamassimo, Paul S., N. Sue Seale, John S. Rutkauskas II, and John S. Rutkauskas. *Are US dentists adequately trained to care for children*? Pediatric Dentistry 2018; 40(2): 93-97.

About the contributors:

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