



Oral Health & WIC Nutrition Programs: Working Together for Healthier Children in New Hampshire



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Abstract

This project reports on the baseline prevalence of tooth decay and need for dental care of infants and children enrolled in New Hampshire's Women, Infants, and Children (WIC) Nutrition Program.

The objective of this project was to assess the need, obtain baseline data related to oral health among New Hampshire WIC infants and children and utilize the findings for future program planning.

This project determined that children participating in NH WIC Nutrition Programs would benefit from early intervention provided by public health dental hygienists that includes: dental assessment, parent education, fluoride varnish application, and links for families to reparative dental treatment when needed.

Introduction

- Tooth decay is the most prevalent chronic disease in children, despite its highly preventive nature.²
- The majority of children with tooth decay are from families of low socioeconomic status.¹ Many of these children, 5 years old or younger, are enrolled in WIC.¹
- A child's first dental visit should take place within six months of eruption of the first primary tooth or by one year of age.⁴
- Approximately eight percent of children have tooth decay by the age of two.³
- A dental visit at age three is often too late for prevention and the interventions required to treat tooth decay are both expensive and invasive.²
- Is it possible that children participating in NH WIC Nutrition Programs would benefit from early intervention provided by public health dental hygienists?



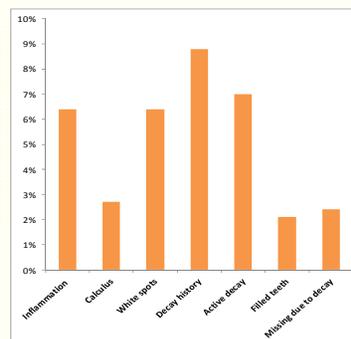
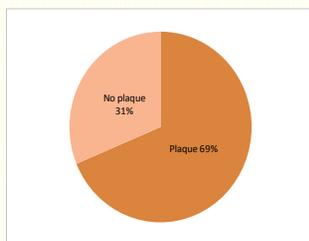
Methodology

- Six public health dental hygienists conducted oral screenings on a convenience sample of 374 children age 0-5 years.
- Screenings were conducted at seven New Hampshire WIC clinic sites from June 2011 to December 2011.
- Children were screened for several oral health indicators.
- Parents identified barriers that kept them from seeking dental care for their children.
- Parents determined oral health goals they felt they could accomplish within the next six months for their child.
- Data was entered utilizing Epi Info software; calculating proportions and means.
- All participating children had signed parental consent forms.

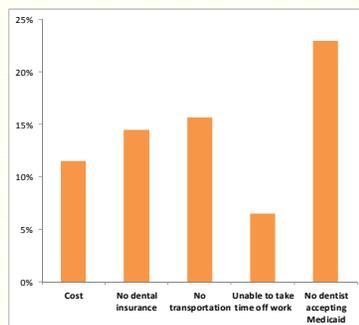


Results

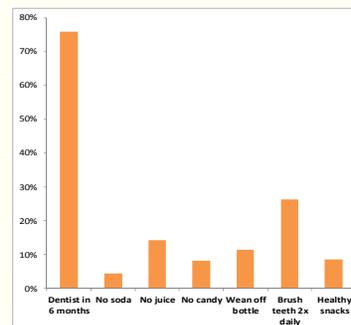
ORAL HEALTH INDICATORS ASSESSED (n=374)



PARENT IDENTIFIED BARRIERS TO DENTAL CARE (n=165)



PARENT GOALS TO IMPROVE ORAL HEALTH (n=316)



COMMENTS FROM PARENTS

Barriers:

- "Dentist will not see until he is 3 years old."
- "Dentist does not see infants."
- "Dentist said at age 3 she could be seen."
- "Family dentist does not see them until they are 3."

Additional comments:

- "Did not know that he should be seen at one year."
- "I did not think she was old enough."

Limitations

- Study design: convenience sample.
- Relatively small sample size does not allow for subgroup analyses.
- Though internally valid, the generalizability of the findings is limited.

Conclusions

Children participating in WIC Nutrition Programs would benefit from early intervention provided by public health dental hygienists.

Favorable outcomes:

- The decay rate was lower than anticipated in the population of low income children based on a literature review.
- The ability to easily implement dental clinics at WIC clinic sites.
- Positive attitudes towards oral health screening and education from WIC participating families as well as WIC staff.
- Use lessons learned to increase number of WIC dental clinic sites, expand sample size, and offer more early interventions that prevent tooth decay.
- This study can be replicated at other NH WIC sites, particularly those in rural areas of our state where access to dental care facilities is limited.
- This presents an opportunity for WIC and oral health programs to promote consistent nutrition and oral health messages, and to provide educational materials to promote good nutrition and oral health.

Acknowledgments

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