PARTNERING WITH WIC TO IMPROVE ORAL HEALTH OUTCOMES FOR CHILDREN
Tooth decay is the most prevalent chronic disease in children, despite its highly preventive nature.\textsuperscript{2}

The majority of children with tooth decay are from families of low socioeconomic status.\textsuperscript{1} Many of these children, 5 years old or younger are enrolled in WIC\textsuperscript{1}

For children, untreated cavities can cause pain, dysfunction, school absences, difficulty concentrating, and poor appearance—problems that greatly affect a child's quality of life and ability to succeed\textsuperscript{5}
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.¹⁴

By age three, children often have advanced decay

Interventions required to treat tooth decay are both expensive and invasive.³
Data represent report covering Dec 2011 - Aug 2013 on 1-<3 year olds assessed at Upper Valley Smiles sponsored by the Alice Peck Day Memorial Hospital in Lebanon NH.

*As recommended by the American Academy of Pediatric Dentistry (AAPD)⁶
COMMENTS FROM WIC PARENTS ON DENTAL ACCESS

- “Dentist will not see until he is 3 years old”
- “Dentist does not see infants”
- “Did not know he should be seen at 1 year”
- “Dentist said at age 3 she could be seen”
- “Family dentist does not see until they are 3”
- “I can’t find a dentist who takes under age 3 years and Medicaid”
- “I called multiple dentists, trying to find one who is currently accepting new Medicaid patients”
Extend the reach of preventive dental services to those who may not have access to care in a traditional dental office setting

Eliminates transportation barriers

May reduce anxiety that can accompany a trip to the dental office, for both parents and children

Directing oral health resources to where they are needed most

Taking the services to the clients
PARTNERING WITH WIC CLINIC SITES

- WIC nutrition programs present an opportunity to promote consistent oral health messaging
- Provide educational materials to promote good nutrition and oral health
- Have conversations with parents at each visit during examination of their child
- Empower parents to be able to give their child a positive oral health experience
Patient Name: __________________________  Date of Visit: ________________

Your child has been assessed to have the following risk for caries (cavities):

- [ ] High
- [ ] Medium
- [ ] Low

The pictures checked are the areas you agreed to focus on between today and your next visit.

- [ ] Next Fluoride visit
  - In ___ months

- [ ] Healthy Snacks

- [ ] No soda

- [ ] Juice only with meals
  - No juice boxes

- [ ] Only water/unsweetened milk in bottle.
- [ ] No sippy cup or only water in cup

* If bottle to bed, use only water

- [ ] Daily flossing

- [ ] Brush twice with thin smear of fluoride toothpaste

- [ ] Drink fluoridated water

- [ ] less or no candy & junk food

- [ ] Use Gel-kam ___ a day
  - Apply thin smear to all teeth
  - No eating, drinking or rinsing for 30 mins

- [ ] Chew Xylitol Gum

**IMPORTANT:** The last thing that touches your child's teeth before bedtime should be the toothbrush with fluoride toothpaste.

**Clinician's Comments:**

A SUCCESS STORY: YEAR 1
A SUCCESS STORY: YEAR 2
REFERENCES


