

Smiles for Life – a preschool oral health program



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Oral health need in preschool children

- 42% of children entering primary school have evidence of dental decay – 75% untreated (SDS data – DHSV 2003)
- High oral disease risk groups include those from lower socio economic backgrounds, culturally and linguistically diverse communities and rural communities (AIHW 2003)
- Child dependants of concession card holders have over 50% more decayed teeth than dependants of non-concession card holders (AIHW 2003)
- Correlation between oral disease and dietary disease (ADA 2003)

Aim and objectives

To improve the oral health of 0-5 year old children in Victoria

- Prevent of oral disease
- Access highest risk children
- Identify and refer children with disease or increased risk of disease to clinical services



Historical data

- Previous preschool dental initiatives include only nine (out of 78) municipalities with existing preschool dental programs
- Primarily screening based programs using dentists or dental therapists to identify disease including health education component directed to children
- Limited public dental workforce
- No statewide public dental services available to this age group

Strategy

- Integrated health promotion approach to look beyond traditional 'dental' models
- Increasing capacity of preschool allied health and children's services staff to build knowledge and skills in oral health and to identify disease or children at risk of disease
- Locally based programs to access those of highest need

Prevention – health and education professionals

- Resource support and update training of allied health professionals (eg MCHN) to educate parents about oral health
- Resource development and training of children's services staff (eg kindergarten teachers) in curriculum based oral health education programs
- Chair side oral hygiene and dietary counselling to parents of preschool patients



Prevention - settings based health promotion

- Health promoting preschools approach, policy based initiatives such as:
 - ✓ Drink well - Water as the preferred drink
 - ✓ Eat well - Fruit and Vegetable snacks
- Development and use of a curriculum based education resource
- Partnerships approach in working with early childhood settings establishing nutrition based programs, using a 'top down' approach engaging the support of the community



Access, identification and referral

- Locally defined high risk groups
- Training of allied health workers (eg MCHN) in oral health – particularly in disease and high risk behaviour identification and referral to services
- Training of children's services staff (eg kindergarten teachers) in disease and high risk behaviour identification and referral to services



Constraints

- Public and professional preconceptions of oral health promotion
- Limited public dental workforce
- Dental clinicians nervous about treating this patient group
- High adult dental treatment waitlists
- Limited general anaesthetic facilities
- Limited treatment options

Early successes

Prevention

- The majority of Victorian MCHN will complete update training by end of 2005
- Pilot areas show children's services staff and parents keen to take on health promoting preschools model
- Health promoting preschool model supporting wider health messages (eg obesity) and gaining recognition from other related programs
- Active linkages with other programs to avoid duplication of messages and efforts

Early successes

Access, identification and referral

- Allied health staff now have somewhere to refer children with oral disease
- Pilot areas showing success in using non-clinical staff to access high risk children, identify disease and refer to services
- Local areas looking beyond 'easy' access points and building supportive networks



Challenges

- To build skills and confidence of public health dental personnel in treating this age group
- To maintain relationships with allied health and children's services to continue to identify and refer high risk children
- To develop sustainable health promoting programs in early childhood settings

Future

- Mentoring programs with dental clinicians
- Develop communication networks between allied health, children's services and public dental programs
- Build networks with private dental practitioners to support outplacement of adult patients reducing load on public services

Smiles for Life

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