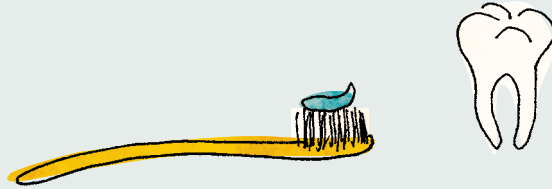


Putting new ideas where their mouths are



Face it—no tooth fairy is going to swoop in and mend the mouths of children with poor oral health.

But a decade of work by North Carolina public health and dental researchers at UNC has resulted in a kind of magic of its own—innovative programs that really *do* brighten the smiles of the state’s youngest and most vulnerable.

One of the prevention programs is working so well that 35 other states have adopted North Carolina’s model.

Into the Mouths of Babes was established in 2000 by a collaborative of public and private medical and dental groups, with funding from N.C. Medicaid. The initiative trained physicians to paint fluoride varnish on infants’ and young children’s teeth, screen for tooth decay and provide dietary and other dental health information to their parents. The program already reaches Medicaid-covered children in North Carolina in 45 percent of their well-child visits, says Gary

Rozier, DDS, MPH, professor of health policy and management at the UNC Gillings School of Global Public Health.

Rozier and others founded the program after seeing an increase in dental disease in young children, particularly those from

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low-income families and those with poor access to dental care. The program marked the first time physicians started “working in the mouth,” if you will,” said Rozier, who holds a Doctor of Dental Surgery from UNC-Chapel Hill.

In conjunction with Into the Mouths of Babes, Rozier helped develop two more projects to serve the dental needs of young North Carolinians.

Carolina Dental Home is a pilot program in Craven, Jones and Pamlico counties that

Dr. Gary Rozier (center) discusses his work in North Carolina with (l-r) project manager Leslie Zeldin; Dr. William Vann Jr., professor of dentistry; postdoctoral fellow Dr. Bhavna Pahel; and Dr. Daniel Lee.

works to ensure access to pediatric dental services despite a shortage of dentists. Using an assessment tool developed by UNC and the N.C. Division of Public Health’s Oral Health Section, physicians evaluate a child’s teeth and risk factors and decide whether to continue treating the child or refer him or her to a general or pediatric dentist trained through the program to work with young children. Physicians, for instance, will advise parents about health behaviors, such as the use of fluoridated toothpaste, but will refer a child with a cavity to a participating dentist. Officials have seen increased referral rates and improved efficiency since the program started, Rozier said.

“All of these efforts are focused on increasing access to preventive services at an early age so we can get to these kids before disease occurs and prevent poor outcomes like hospitalization, which is much too frequent,” Rozier said.

“The many collaborations between Dr. Rozier and the Oral Health Section of the

N.C. Division of Public Health are a model for the state,” said Rebecca King, DDS, MPH, chief of the Oral Health Section. “Working together, the public health school and the state health department bring together the best of the worlds of research and public health practice—to the benefit of North Carolinians.”

The other new project aims to promote preventive dental care in Early Head Start programs. Children who attend a participating Early Head Start program have their teeth brushed with fluoridated toothpaste at least once every day in the classroom. Teachers learn about oral health care and relay the information to parents and caregivers. Seventeen programs participate in the Early Head Start initiative in North Carolina, Rozier said.

Combined, the three programs provide a long list of benefits for preschool-aged children and their families. They help prevent tooth decay, reduce the amount of treatment a child needs and generally improve the oral-health-related quality of life for families, Rozier said. ■

—Natalie Gott

