

healthyfamilies healthysmiles

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The first oral health visit

Children should have an oral health check by age two. Oral health checks are beneficial to promote good oral health practices and for early identification of oral health problems.

Research shows that approximately 75 percent of children have not had a dental check up by the time they begin primary school and 11 percent of 1 – 3 year old children in Australia have experienced tooth decay¹. This is largely concentrated in families who experience socioeconomic disadvantage.

The first baby tooth usually erupts at around 6 months of age. Baby teeth play a crucial role in speech development, eating and creating space for the adult teeth. They are also quite vulnerable so it is important that they are taken care of.

Children should have an oral health assessment by two years of age. The assessments may be done by a maternal and child health nurse, GP, dentist or dental therapist. An oral health assessment in early childhood is important for:

- Early detection of tooth decay or other problems
- Evaluating teeth development
- Providing dietary advice to minimise the risk of tooth decay
- Providing advice on tooth brushing to remove plaque.
- Providing advice on use of an appropriate fluoride toothpaste.

A child's first dental visit is an important health milestone. Health and early childhood professionals can play a key role in preparing families for their child's first dental visit. The following are tips for professionals to give parents:

- Make your child's appointment early in the day, when the child is not tired.

¹ Jones K & Tomar SL, Estimated impact of competing policy recommendations for age of first dental visit. Pediatrics 2005; 115:906-914.

- Arrive a little earlier and allow your child to become familiar with the surroundings.
- Talk to your child about the visit in a positive way.
- Encourage parents to take a passive role to allow the staff to capture the child's full attention.

All children aged 0-12 years are eligible for public dental care (which includes check-ups). Children do not go on a waiting list and they will receive the next available appointment. Children receive free dental care if their parents have a current health care or concession card. For families without a health care or concession card there is a small fee (approximately \$31).

To locate your nearest public dental service visit www.dhsv.org.au Some families may choose to see a private dentist. For local dentists look in the yellow pages under 'dentists'.



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Early Childhood Educators' Working Group update

The Early Childhood Educators' Working Group is making progress on the development of the 'Oral Health Resource Kit for early childhood professionals'.

The Early Childhood Educators' Working Group is making progress on the development of the 'Oral Health Resource Kit for early childhood professionals'. This kit will help early childhood professionals promote the oral health of children 0-3 years of age in their daily practice.

The resource kit will be invaluable to educators and services as it aligns with the National Quality Standard and Victorian Early Years Learning and Development Framework. It will also help services in meeting the healthy eating and oral health benchmarks for the Achievement Program.

The kit will include:

- the relevant key oral health messages for young children
- age appropriate learning opportunities
- how to incorporate oral health into daily activities and routines
- how to engage with families around oral health and healthy eating
- links to other supporting resources to assist professionals in promoting oral health in early childhood services
- a range of consumer oral health factsheets
- policy samples.

The first edition of the Oral Health Resource Kit will be piloted early 2014.

We would like to acknowledge our Early Childhood Educators' Working Group partners: Creina Porter – The Centre of Excellence in Intervention and Prevention Science, Karen Chugg - Best Start Bass Coast, Kirsty Saunders - City of Greater Dandenong, Cat Kimber - Community Child Care Association, Jo Cooper - Gowrie Training, Glenda Glover - Early Learning Association Australia.



Spotlight on: Your Health - The Chief Health Officer's Report

Want to know how Victorians fare in terms of health and wellbeing? *Your Health: The Chief Health Officer's Report 2012* is out now.

This biennial report provides an overview of the health of Victorians. Following the National Health Performance Framework of 2009, the report highlights our health status, and the factors that that determine our health.

The good news:

Over the past five years hospital admissions for dental problems of children 0-4 years from rural areas has decreased.

This decrease is likely to be due to the extension of water fluoridation in rural areas. In Victoria, water fluoridation has reached 90 percent of Victoria's population.

Electronic copies of the report are available at: <http://www.health.vic.gov.au/healthstatus/composite/your-health/current.htm>



The Midwifery Initiated Oral Health Education Program is on track and racing

Healthy Families Healthy Smiles is offering the first round of the Midwifery Initiated Oral Health (MIOH) Education Program in Victoria.

After the successful results of the Victorian pilot earlier this year, Healthy Families, Healthy Smiles planned for two rounds of the MIOH Education Program in this financial year in partnership with the Centre for Applied Nursing Research (University of Western Sydney). The first round is already underway and the second will start in early 2014.

Thirty antenatal care midwives from various maternity services located in areas identified as high need in terms of oral health such as the Loddon Mallee and Gippsland Regions have enrolled. They are joined by colleagues from Frankston, Northern, Mercy Hospital for Women and The Royal Women's Hospitals. Two midwives from the Koori Maternity Services of Mallee District Aboriginal Health Service and Njernda Aboriginal Cooperation are also participating. Two key players in antenatal care at Portland District Health will also undertake the online training.

A further 28 midwives have registered for our next round of training, scheduled for early February.

Midwives are an important partner for promoting oral health during pregnancy and we know that if mums have good oral health it is more likely their children will too.

We are particularly looking for midwives, unit managers and clinical educators involved in antenatal care who work in:

- the Grampians region,
- Koori Maternity Services, or
- Midwifery lecturers.

If you want to learn more about the links between oral health and pregnancy and earn 16 CPD points register your expression of interest for the training by contacting Gillian Lang, gillian.lang@dhsv.org.au.

Location of midwives participating in the first round of MIOH Education Program post pilot



A rural solution

Local community midwife links pregnant women into the RFDS Mobile Dental Service.

Vicki Broad is the community midwife at Robinvale District Health Service. Having participated in the Victorian pilot of the MIOH Education Program, she includes oral health promotion in the antenatal booking visits she conducts. The women using the service come from many ethnic backgrounds including Fiji, Tonga, Thailand, Cambodia, Vietnam, Korea and India. The Royal Flying Doctors Mobile Dental program operating in the Northern Mallee region provides Vicki with the opportunity to organise women's antenatal care visits on the same day that the dental service visits Robinvale. The women can go from the antenatal clinic to the dental chair, all in the same location. Without this service women may have to travel to either Ouyen or Mildura, almost 100kms or more, to visit a public dental service.



Tooth Packs project is in final countdown

Important findings emerge from second round of Tooth Packs surveys.

Since early last year Maternal and Child Health (MCH) services in four local government areas (Greater Dandenong, Brimbank, Swan Hill and Bairnsdale) have been participating in the Tooth Packs project. Tooth Packs involves the distribution of oral health promotion materials and oral hygiene products in addition to the anticipatory guidance and mouth checks already conducted in the MCH service.

In April we reported some preliminary findings from the first data collection period, conducted at the 18 month key ages and stages visit. We are currently analysing the second round of surveys collected at the two years of age visit. The third and final phase of data collection has commenced, with 500 follow up surveys sent to participating families. The surveys were available in English, Vietnamese and Punjabi. We have received over 200 responses so far. All families who respond to the last survey receive a family 'tooth pack' with age-appropriate toothbrushes and toothpaste.

From the second round of surveys, where 760 families participated and received 925 tooth packs during October 2012 to March 2013, important findings came to light.

One finding was that about 12 percent of children were found to have dental disease at the two year old MCH visit. This is higher than what was seen at the 18-month visit, but is consistent with national data (Law V et al 2007). Further, of these 12%, virtually all were referred by the MCH nurse to seek dental care, although we currently do not know whether the parents act upon these referrals.

Another finding identified was that two year old children are consuming tooth-unfriendly fruit juice/cordial, chocolates/lollies and sweet spreads more frequently than children aged 18 months of age. This highlights that oral health promotion needs to start at a very early age with families, once solid foods are introduced and the first tooth appears. Not only do MCH nurses play a key role here but also early childhood professionals involved with childcare and playgroups who can include oral health promotion in their services to children 0-3 years.

Recently the project team visited the participating MCH services to provide an update on the results so far and to receive feedback from the MCH nurses on the project. There is widespread agreement amongst the MCH nurses that the distribution of tooth packs is feasible and acceptable to clients. It allows nurses to link the distribution of products with oral health promotion and a mouth check. They also suggested starting at an earlier age (12months) and targeting high needs families.

It is hoped that the research findings can assist in further strengthening oral health promotion within the key ages and stages framework of the Maternal and Child Health Service.

We would like to acknowledge the dedicated staff of the Maternal and Child Health Services involved in the project, the Department of Education and Early Childhood Development for their support, and the Department of Health for funding the project.



Top: The MCH team from City of Greater Dandenong.
Below: The Swan Hill MCH team

get in touch

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