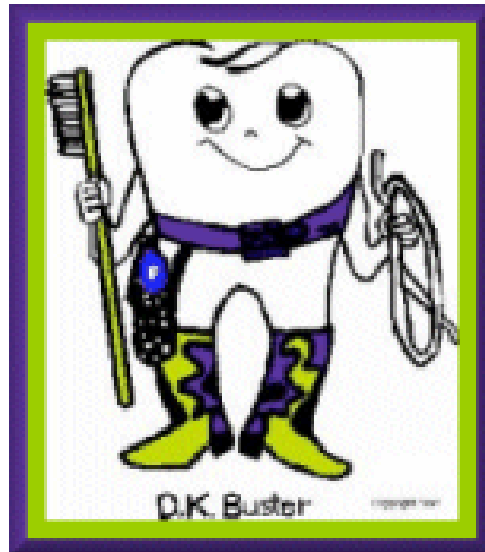


ORAL HEALTH MANUAL FOR SCHOOL NURSES



Texas Department of
State Health Services
Oral Health Program
1100 W. 49th St.
Austin, Tx 78756

www.dshs.state.tx.us/dental



TABLE OF CONTENTS

Part 1 – Overview

Overview of the Manual.....	1-1
Surgeon General’s Report.....	1-3
Healthy People 2010	1-4
Children’s Dental Facts	1-5

Part 2 – Dental Facts

Introduction	2-1
<i>The Tooth: Parts and Supporting Structures</i>	
Tooth Composition	2-2
Tissues.....	2-2
Supporting Structures.....	2-2
Tooth Anatomy	2-3

Dental Disease

Dental Caries	2-4
Stages in Progression of Dental Caries	2-5
Periodontal Disease	2-6
Stages in Progression of Gum Disease	2-8

Eruption and Shedding of Teeth

Eruption and Shedding of Primary Teeth	2-9
Eruption of Permanent Teeth	2-9

Fluoride

How Fluoride Works	2-10
How Fluoride is Obtained	2-10
Fluoride in Food	2-12
Supplements	2-12
Toothpaste	2-12
Mouth rinse/gels	2-12
School based fluoride mouth rinse ..	2-13
Dental office fluoride.....	2-13
Fluoride varnish.....	2-13

Sealants

How do sealants work?	2-15
Life of a sealant.....	2-15
Treatment	2-15

Mouth Guards

Injury Prevention	2-16
Types of Mouth Guards.....	2-16

Nutrition and Oral Health

Poor Nutrition	2-17
Mouth Body Connection	2-17
Eating Habits.....	2-18
Early Childhood Caries.....	2-18
Food Guide Pyramid	2-18

Sour Habits

High Acidic Levels 2-19
Tooth Erosion 2-20

Methamphetamine Use 2-22
Oral Piercing 2-22

Smokeless or Spit Tobacco

Tobacco Use 2-24
Sean Marsee 2-25
Rick Bender 2-25

Pregnancy and Oral Health

Pregnancy and gum disease 2-26
Premature delivery 2-26
Diet during pregnancy 2-27
Calcium loss 2-27
Pregnancy tumors 2-27
Bacteria transmission 2-27
White spots 2-28

Part 3 – Glossary

Abrasion 3-1
Abscess, Periapical 3-1
Abscess, Periodontal 3-2
Acute Necrotizing Ulcerative Gingivitis 3-2
Attrition 3-2
Canker Sore 3-3
Cheek Biting 3-3
Cheilitis 3-3

Cold Sores, Fever Blisters 3-3
Diastema 3-4
Discolored (Dead) Teeth 3-4
 Enamel Hypoplasia 3-4
 Mottled Enamel 3-5
 Tetracycline-Stained Teeth 3-5
Erosion 3-6
Fordyce’s Granules 3-6
Geographic Tongue 3-6
Gum Boil 3-7
HIV-infected Persons 3-7
Hypodontia 3-8
Leukoplakia 3-8
Macrodontia 3-8
Malocclusion 3-9
Oral Cancer 3-9
Pericoronitis 3-10
Primary Herpetic Gingivostomatitis 3-10
Pyogenic Granuloma 3-11
Supernumerary Teeth 3-11
Syphilis 3-12
Torus 3-12

Part 4 – Inspections and Screenings

Protocol 4-1
Supplies 4-1
Procedure 4-2
Recording Inspections Results 4-2
Recognizing Dental Disease 4-4

Part 5 – Dental Care Programs

<i>Department of State Health Services</i>	
Oral Health Program	5-1
Public Health Dental Program	5-1
Texas Fluoridation Program	5-1
Public Health Sealant Program	5-2
Take Time for Teeth	5-2
Schools Promote Good Oral Health	5-2
Website	5-3
<i>Dental Care Programs</i>	
2-1-1	5-4
EPSDT	5-4
<i>Texas Health Steps</i>	
What is THSteps?	5-5
Who is eligible?	5-5
Applying for Medicaid	5-5
Finding a THSteps dentist	5-6
Help Parents Access Medicaid Services	5-6

Part 6 – First Aid

Summary Information for Dental Emergencies	6-1
Dental First Aid Supplies	6-1
<i>Specific Problems</i>	
Tooth Pain With No Accident	6-3
Knocked-Out Permanent Teeth.....	6-3
Fractured, Chipped, or Broken Tooth	6-4
Loose Permanent Tooth.....	6-4

Uncontrolled Bleeding, Bitten Tongue or Lip, Trauma from Facial Injury	6-4
Recurrent, Continual, or Uncontrolled Bleeding After Extractions	6-5
Inflamed Gums	6-5
Intruded Tooth	6-5
Possible Fractured Jaw	6-6
Canker Sores	6-6
Orthodontic Emergencies	6-6

Part 7 – A Recommended Curriculum

<i>Tattletooth II, A New Generation</i>	
Dental Health Curriculum	7-1
Lesson Objectives	7-2
Kindergarten.....	7-3
Grade 1	7-4
Grade 2	7-4
Grade 3	7-5
Grade 4	7-6
Grade 5	7-7
Grade 6	7-8

Part 8 – Appendices

Dental Health Videos.....	8-1
Children’s Dental Books	8-6
English/Spanish Glossary	8-8
Oral Health Educational Tools and Resources	

Part 1 – Overview

OVERVIEW OF THE ORAL HEALTH MANUAL FOR SCHOOL NURSES

INTRODUCTION

Strong leadership is the cornerstone of a successful school oral health program. The School Nurse is best positioned to coordinate and integrate all oral health program components: school health services, curriculum, and environment.

A successful oral health program should provide parents and students with the knowledge and tools they need to make good oral health decisions. Informed and motivated parents and students can prevent many oral health problems and lessen the long-term effects of existing ones.

Schools should provide an environment conducive to healthy living. A complete oral health program that includes classroom instruction, treatment services, and emergency care or referral should be part of that environment.

The purpose of this manual is to help School Nurses to:

1. Assess the oral health needs of the students and the school
2. Provide an easy and up-to-date reference on oral health topics

3. Know how to perform dental inspections and to recognize potential dental problems
4. Obtain oral health treatment for indigent and low-income students
5. Know how to respond to various dental emergencies

Sound oral health is a vital aspect of a student's total health. A child with a toothache or mouth pain will not learn as effectively as a child without pain. The goal of this manual is to assist School Nurses as they care for the total health of their students.

This manual is designed to be an easy-to-use reference tool. The table of contents provides quick access to specific topics by listing the seven main topic sections, the appendices, and their subdivisions.

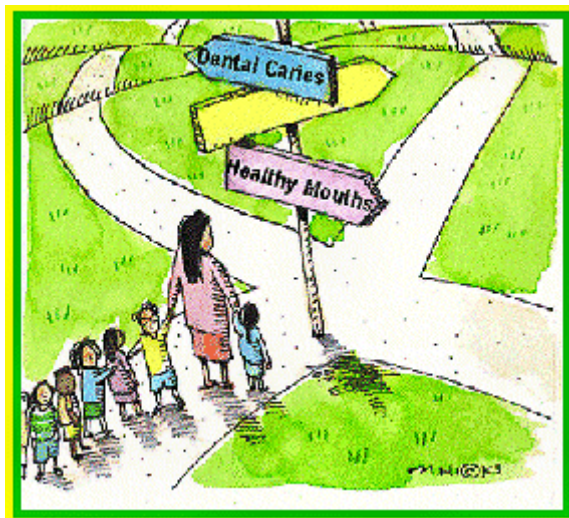
Poor oral health can negatively impact a child's self image and their ability to learn. Anything a School Nurse does to help a student achieve better oral health makes an improvement in that child's life. Knowing about oral health problems and the dental services available in the local community allows the School Nurse to best utilize those resources for the benefit of students.

How Can the School Nurse and Teachers Promote Good Oral Health?

- Generate interest within your school for oral health and nutrition programs.
- Use the Teacher's Guide of Dental Activities PK-6 at www.dshs.state.tx.us/dental/teachers_guide.shtm
- Display oral health posters.
- Encourage school administrators and parents to request healthy foods in school vending machines.
- Recruit and assist volunteer dentists to conduct dental screenings in your school.

Who Else Can Help?

- School Nurses and Teachers should be the catalysts in promoting good oral health practices in children PK-6.
- Local dentists, hygienists, and dental assistants may be available to assist in training teachers and to make volunteer classroom presentations.
- Informed parents can be advocates for good oral care at home.
- Community organizations can collaborate with and publicize the program.



ORAL HEALTH IN AMERICA 2000 U.S. Surgeon General's Report

The 2000 U.S. Surgeon General's Report: *Oral Health in America* states, "a silent epidemic of oral diseases is affecting our most vulnerable citizens – poor children, the elderly, and many members of racial and ethnic minority groups."

The Report restated to the public the importance of oral health in their daily lives. It provided state-of-the-science evidence on the integral relationship between oral health and general health, including recent reports of possible links between chronic oral infections and diabetes, osteoporosis, heart and lung conditions, and certain pregnancy complications. Major findings and themes of the report are highlighted below.

- Oral health includes more than cavity-free teeth.
- Oral diseases and disorders can affect one's health and well being throughout life.
- The mouth reflects a person's general health and well-being.
- Oral diseases and conditions can be associated with other health problems.
- Lifestyle behaviors that affect general health such as tobacco use, excessive alcohol use, and poor dietary choices affect oral and craniofacial health also.
- Safe and effective measures exist to prevent the most common dental diseases - dental caries and periodontal diseases.
- There are broad and significant oral health disparities within the United States population.
- Better health education and awareness can improve the oral health of America and reduce health disparities.
- Scientific research plays a key role in reducing the burden of diseases that affect the face, mouth, and teeth.

HEALTHY PEOPLE 2010

In January 2000 the Office of Disease Prevention and Health Promotion of the U.S. Department of Health and Human Services released a report entitled Healthy People 2010 (HP 2010). HP 2010 is a comprehensive set of disease prevention and health promotion objectives for the Nation to achieve over the first decade of the new century. Government and private sector scientists created the report and it identifies a wide range of public health priorities and specific measurable objectives. The overarching goals of HP 2010 are to increase the quality and years of healthy life and to eliminate health disparities.

HP 2010 recognizes that oral health is an essential and integral component of health throughout life. The report emphasizes that oral preventive and early dental intervention services are essential to good oral health and that access to these services must be improved. While many persons of all ages are receiving professional services in the oral health system, more emphasis must be placed on vulnerable populations in need of professional care. To accomplish the oral health goals set by HP 2010 existing barriers in the dental care system must be reduced or removed.

The HP 2010 oral health goals seek to prevent and control oral and craniofacial diseases, conditions, and injuries and improve access to related services. Several of these goals that pertain to children are listed below.

Healthy People 2010 objectives:

- Reduce the proportion of children and adolescents with dental caries in their primary or permanent teeth.
- Increase the proportion of schools that require use of appropriate head, face, eye, and mouth protection for students in school-sponsored physical activities.
- Reduce the proportion of children, adolescents, and adults with untreated dental decay.
- Increase the proportion of children who have received dental sealants on their molar teeth.
- Increase the proportion of children and adults who use the oral health system each year.
- Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.
- Increase the proportion of school-based health centers with an oral health component.



Children's Dental Health Needs and School-Based Services: A Fact Sheet

■ The Need

- Tooth decay (or dental caries) is one of the most common chronic childhood diseases 5 times more common than asthma and 7 times more common than hay fever.¹
- Children living in poverty suffer twice as much tooth decay as their more affluent peers, and their disease is more likely to be untreated.¹
- Fluoridation is the most effective way to prevent dental carries but more than 100 million Americans do not have an optimally fluoridated water supply.²
- Over 80 percent of tooth decay in school children is on chewing surfaces of teeth that dental sealants can protect but only 18.5 percent of children and adolescents have at least one sealed permanent tooth.²
- 25 percent of children living in poverty that enter kindergarten have never seen a dentist.¹
- One in five Medicaid eligible children received preventive dental services in 1993.³
- 23 million children do not have dental insurance coverage. Uninsured children are 2.5 times less likely than insured children to receive dental care.^{1, 7}

■ The Schools

- More than 51 million school hours are lost each year to dental-related illness.¹
- Children living in poverty suffer nearly 12 times more restricted-activity days than children from higher-income families.¹
- 34 percent of schools identify or refer for dental problems.⁴
- According to CDC, school-based dental sealant programs could increase the prevalence of dental sealants and reduce or eliminate racial and income disparities among children with sealants.⁵
- Over half of US school-based health centers screen children for dental problems. A smaller number of these centers offer dental care and sealants.⁶

Source: Oral Health in America: A Report of the Surgeon General, 2000.

■ References

1. US DHHS. Oral Health in America: A Report of the Surgeon General. Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institute of Health, 2000.
2. National Center for Education in Maternal and Child Health. Trends Children's Oral Health. Arlington, VA, 1999.
3. US DHHS, OIG. Children's Dental Services Under Medicaid: Access and Utilization. OEI-09-93-00240. April 1996.
4. School Health Policies and Programs Study: A Summary Report. Journal of School Health, Vol. 7, No. 7, 2000.
5. Centers for Disease Control and Prevention. Impact of Targeted, School-Based Dental Sealant Programs in Reducing Racial and Economic Disparities in Sealant Prevalence Among Schoolchildren — Ohio, 1998-1999. MMWR. 2001;45(34);736-8.
6. National Assembly on School- Based Health Care. Creating Access to Care for Children and Youth: School-Based Health Center Census 1998-1999. June 2000.
7. Grantmakers in Health. Filling the Gap: Strategies for Improving Oral Health. Washington, DC. 2001.

Source: www.healthinschools.org/cfk/dentfact.asp

Part 2 – Dental Facts

DENTAL INFORMATION FOR SCHOOL NURSES

This section serves as a ready reference for the school nurse and provides general background information.

- The Tooth: Parts and Supporting Structures
- Dental Disease
- Eruption and Shedding of Teeth
- Fluoride
- Sealants
- Mouth Guards
- Nutrition and Oral Health
- Sour Habits
- Meth Mouth
- Oral Piercing
- Smokeless Tobacco
- Pregnancy and Oral Health

THE TOOTH: PARTS AND SUPPORTING STRUCTURES

An understanding of tooth anatomy and the tissues that support the teeth aids in understanding the progressive and destructive nature of dental caries and periodontal (gum) disease

TOOTH COMPOSITION

The crown is the visible part of the tooth. It has five surfaces:

- Occlusal or the “chewing surface”
- Lingual or tongue side
- Buccal or labial, cheek or lip side
- Mesial or toward the midline
- Distal or away from the midline

The neck is located where the root(s) end(s) and the crown begins, just below the gum line. The root(s) anchors the tooth in the jawbone

TISSUES

Enamel is the hardest tissue in the body. It covers the crown and protects it from the abrasive actions of chewing. Enamel’s strength also provides relative protection from decay.

Dentin forms the bulk of the tooth’s structure. It lies under the enamel layer. Dentin is mineralized but is not as hard as enamel, therefore, decay progresses more rapidly in dentin

than in enamel. Dentin contains some living cells.

Cementum is a very thin mineralized substance that covers the root dentin, just as enamel covers the dentin in the crown. The periodontal ligament attaches to the cementum and anchors the tooth to the jawbone.

Dental pulp is sometimes called the “nerve” of the tooth. It occupies a thin canal at the core of each root and culminates in a central chamber inside the tooth crown. The pulp is made up of nerves, blood vessels, and connective tissue. Dental pulp serves nutritive and sensory functions and also produces dentin. When the pulp becomes inflamed due to cavities or trauma, tooth pain can result. When bacteria enter the pulp through cavities or a crown fracture, the pulp tissue begins to die.

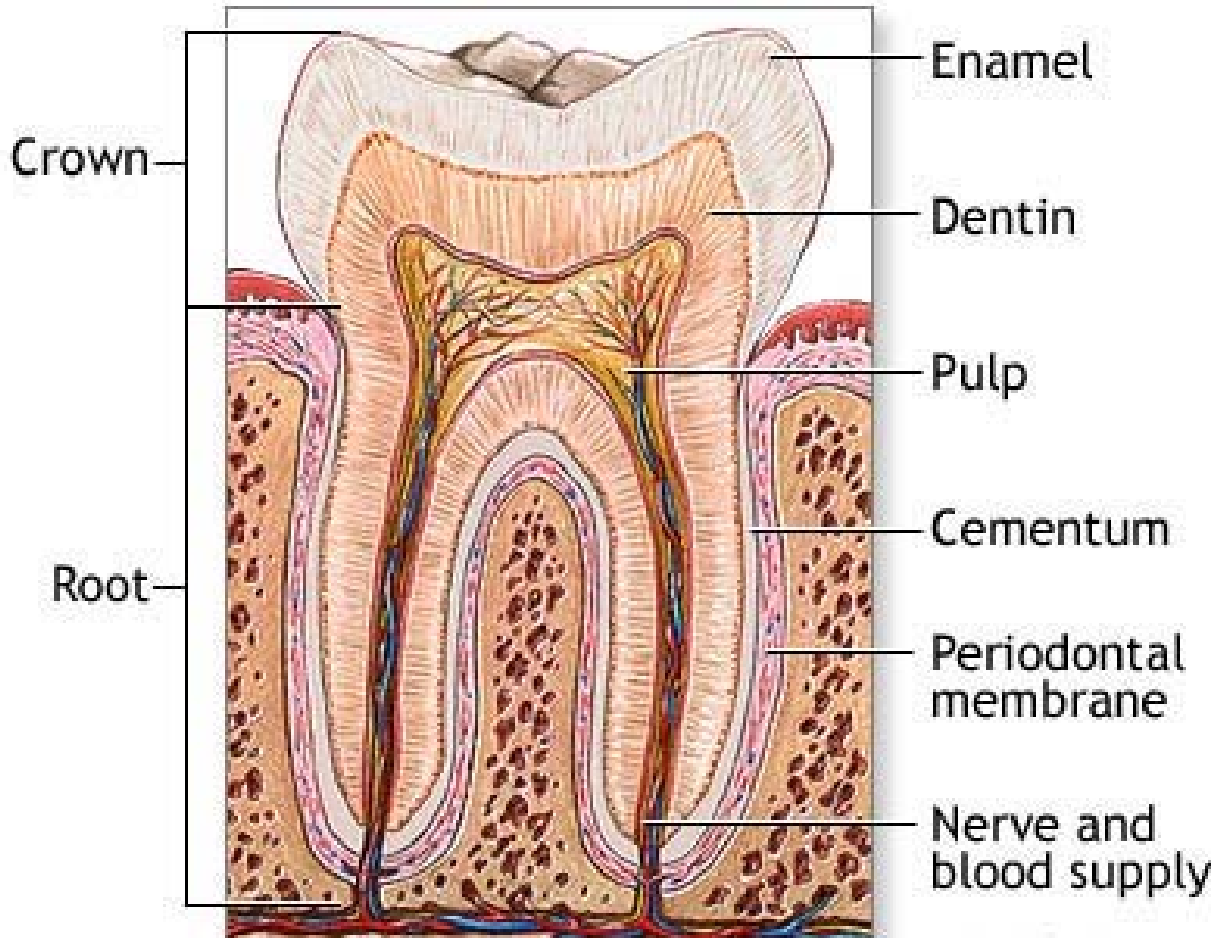
SUPPORTING STRUCTURES

Alveolar bone encircles the tooth roots and supports the tooth in the jawbone.

Gingiva is the soft tissue, commonly known as the gum that covers the alveolar bone.

The periodontal ligament is tiny threads of fibrous tissue that anchor the tooth root to the alveolar bone.

TOOTH ANATOMY



DENTAL DISEASE

Dental diseases have existed as long as humans have had teeth. Prevention and control of dental disease requires an understanding of the disease process.

DENTAL CARIES

Dental caries is a bacterial disease process that creates a hole or cavity in a tooth. Cavities and tooth decay are common names for dental caries.

Certain bacteria that live in the mouth cause cavities. Dental plaque is colonies of bacteria that build up and stick to the tooth surface. The bacteria in the plaque break down carbohydrates and sugars, which produce acids. These acids de-mineralize and weaken tooth enamel. Once decay penetrates the enamel it spreads quickly through the less dense dentin. If left untreated the decay will progress through the dentin and infect the tooth pulp.

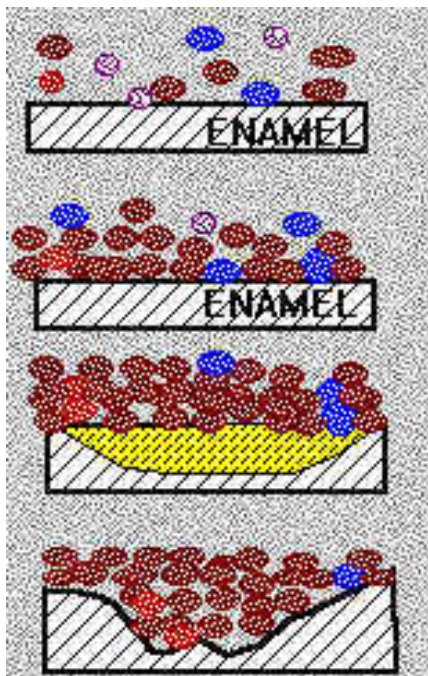
Everyone develops plaque on their teeth, but not everyone develops cavities. Several factors cause this. The make-up of the mouth's bacterial population is unique to each individual.

The more decay causing bacteria that populate a person's mouth, the more prone they are to tooth decay.

How frequently one consumes carbohydrate and sugar containing foods and drinks determines how much "acid producing fuel" the bacteria have access to. A person who sips one sugared soft drink throughout the course of the day is constantly giving the bacteria the building blocks to produce a steady stream of acids. Contrast this to someone who quickly consumes a sugared soft drink in the morning, at lunch, and at dinner. While this is certainly not the healthiest of habits and the second person is consuming three times the sugar of the first person, the sugars are passing quickly through the mouth. The episodic consumption allows the mouth's saliva to buffer the bacterial acids produced before the next soft drink is consumed and, all things being equal, the second person is less cavity prone.

The consistency of foods also plays a role in the caries process. Sticky sugary foods stay in the mouth and on the teeth longer allowing the bacteria to produce more acids than with less sticky foods.

STAGES IN THE PROGRESSION OF DENTAL CARIES



The more frequent the exposure to carbohydrates, the more frequent the attack of acids. When dental plaque is left undisturbed, a chalky white area occurs where minerals have been removed, and the thickness of the enamel is reduced. These are decalcified areas and are the first stages of cavities. If the demineralizing process continues as a result of the plaque, a hole will form. The decay process first attacks the outer layer of enamel; then the dentin (the next internal layer which is less dense than the enamel), and eventually the pulp, which contains the

tooth's nerve tissue and blood vessels. The advanced stage of tooth decay is injury to the pulp, which may result in an abscess at the tip of the root of the tooth. An abscess is an infection that may result in a build-up of internal pressure caused by inflammation of the tissue. If the decay progresses as far as the pulp, it could permanently injure the tooth, resulting in the need for treatment or in the loss of the tooth.

Cavities can occur on three areas of a tooth: in the pits and fissures, which are located on the chewing surfaces of the back teeth, on the surfaces between the teeth, and at the gum line.

Disrupting the plaque formation by flossing and brushing with fluoride toothpaste can prevent dental cavities. The primary benefit of fluoride is not that it stops cavities from forming but that it stops cavities from progressing through a constant process known as demineralization. Research indicates that remineralized fluoridated enamel crystals are two to three times their original size, increasing the enamel's resistance to cavities. The pits and fissures are best protected with dental sealants. Dentists or dental hygienists place these clear or shaded bonded resins on the

chewing surfaces of back teeth, making it potentially possible for students to reach adulthood without ever experiencing cavities.

PERIODONTAL DISEASE

Periodontal diseases, commonly called gum disease, are diseases that attack the tissues around the tooth that give the tooth support and stability. The two most common periodontal diseases are gingivitis and periodontitis. Both are bacterial disease processes.

Gingivitis occurs when bacteria at and/or below the gum line cause inflammation of the gingiva (the gums). Gingivitis is common among children and most often presents as gums that bleed when brushing or flossing. If the bacteria are not removed through brushing, flossing, or professional cleaning, the inflammatory process will continue and the gingiva's protective attachment to the tooth's supporting bone can break down. This breakdown of the gingival attachment can allow bacteria to penetrate deeper into the gingival pocket (the space between the tooth and the gingiva that lies below the gum line). Once the toxins produced by the bacteria in the gingival pocket begin

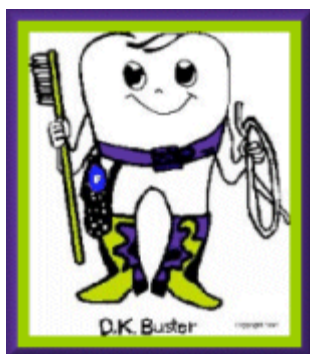
to destroy the tooth's supporting bone, the gingivitis has progressed to early stage periodontitis.

While gingivitis is a disease of the gum tissues, periodontitis is a disease that destroys the supportive bone that forms the tooth socket. Periodontitis is the most common cause of tooth loss in adults. The stages of periodontitis are labeled as early, moderate, or advanced. Which stage of the disease is present is dependent on what degree of destruction of the supporting bone has occurred. Periodontitis is most often a chronic disease process and therefore, is not a common disease of childhood. However, poor oral hygiene and lack of routine dental care in childhood can lay the foundation for periodontitis to begin as the child enters their teenage years.

The bacteria in dental plaque and those that reside in the gingival pocket between the tooth and gums are the causative factors for both gingivitis and periodontitis. Therefore, as with any bacterial disease, if you can control the bacteria you can control the disease process. The longer inflammatory oral bacteria remain in one place in the mouth the more destructive the localized

bacterial population becomes. This is why good oral hygiene and professional dental cleanings are so important in preventing periodontal diseases. Brushing and flossing remove the bacteria from the surfaces of the teeth that the brush and floss contact. Professional dental cleaning breaks up and removes much of the destructive bacterial population that reside in the gingival pocket below the gum line. Consistent removal of the bacteria disrupts the cycle, which if left alone, results in a succession of more destructive bacterial populations and progression of the disease process.

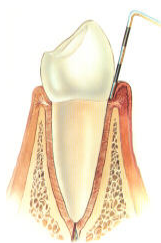
The best way to treat periodontal diseases is to not let them begin. Preventive care, the cornerstone of which is good daily brushing and flossing, is the best and least expensive treatment for periodontal diseases.



STAGES IN THE PROGRESSION OF GUM DISEASE



HEALTHY GUMS



GINGIVITIS



**EARLY AND
MODERATE
PERIODONTITIS**



**ADVANCED
PERIODONTITIS**

Characteristics of Healthy Gums

- pink or coral pink color (normal variations in color depend on race and complexion)
- firm, resilient tissues
- 'orange-peel' texture (known as stippling)
- shape that follows the contour of the teeth and forms a scalloped edge
- no areas of redness, swelling or inflammation
- no bleeding during daily plaque removal
- no discomfort

Eight Warning Signs of Periodontal Disease:

- gums that bleed when you brush or floss your teeth
- gums that are red, swollen or tender
- gums that have pulled away from teeth
- infection including purulence (pus) between the teeth and gums when the gums are pressed
- permanent teeth that are loose or separating
- any changes in the way your teeth fit together when you bite
- any changes in the fit of your partial denture
- bad breath
- itchy sensation

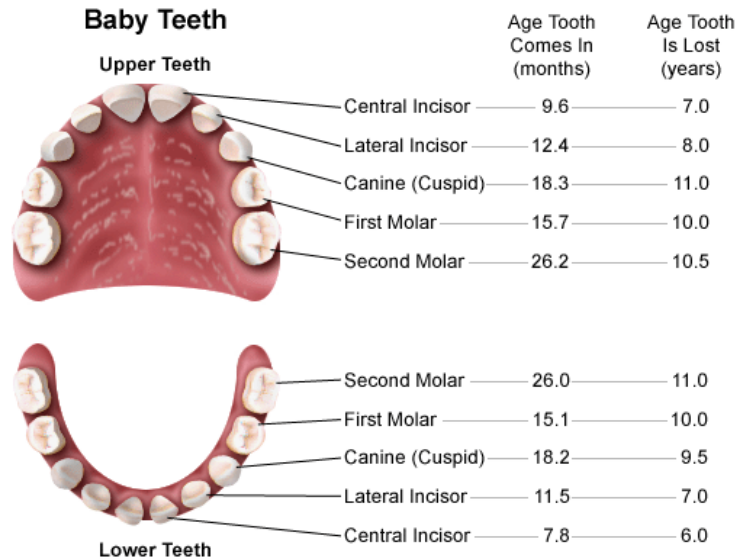
ERUPTION AND SHEDDING OF TEETH

Teeth are essential to personal appearance. Properly positioned teeth with normal occlusion (bite) add symmetry and harmony to the facial appearance and are an important aspect of the expression of emotion and personality. Teeth make it possible to bite and chew food. They also aid in speaking clearly.

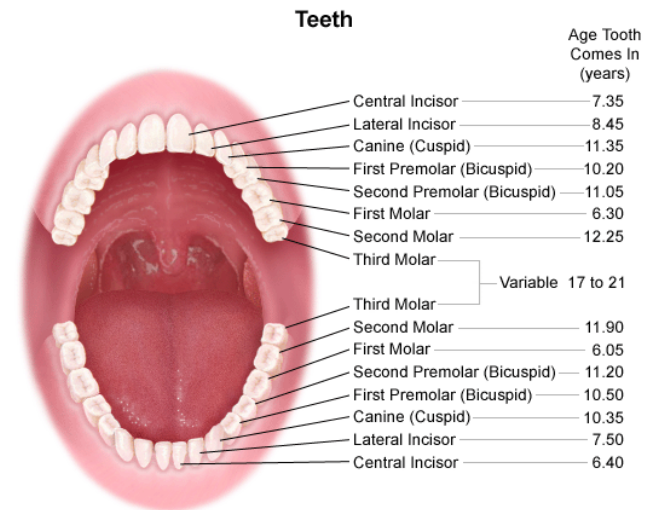
The 20 primary teeth are also called deciduous, or baby teeth. They serve as guides and space savers so the permanent teeth will erupt in their proper positions.

Before the permanent teeth erupt, the roots of the primary teeth will begin to dissolve through a process called resorption. Premature loss or delay in shedding primary teeth may result in crooked permanent teeth, speech problems, irregular and unattractive facial features, possible periodontal problems, and increased cost of dental service. If a primary tooth is lost prematurely, a dentist can replace it with a space maintainer to prevent teeth on either side from drifting inward and causing the permanent tooth to erupt in an incorrect position.

ERUPTION AND SHEDDING OF PRIMARY TEETH



ERUPTION OF PERMANENT TEETH



FLUORIDE

Fluorides protect teeth against dental decay by strengthening the outer layer of the tooth surface. The use of systemic and topical fluorides is a valuable tool to prevent or reduce the prevalence of dental caries.

How Fluoride Works

Teeth continually experience periods of demineralization and remineralization. Acids consumed in the diet or produced by oral bacteria demineralize the tooth surface. Products, drinks, or foods that contain fluoride act to inhibit tooth demineralization and promote remineralization.

Fluorides are delivered to the teeth in two ways. Systemic fluorides are ingested and enter the bloodstream as part of the digestive process. Fluorides are ingested by consuming fluoridated drinking water, by eating foods that contain natural fluoride, or when fluoridated products, such as toothpaste, are swallowed. Systemic fluorides consumed while the teeth are forming in the jaws (ages birth to teen years) are incorporated into the enamel of the developing teeth. The tooth enamel matrix formed in the presence of

systemic fluoride ions is significantly stronger than enamel formed without systemic fluorides being present.

The second way fluorides reach the teeth is through the topical application to teeth of products or compounds that contain fluoride. These topical fluorides act to recharge the fluoride content of the tooth surfaces that they contact. Topical fluorides remineralize and strengthen the tooth surface. Topical fluorides include fluoridated toothpaste or mouth rinses, professionally applied fluorides, or fluoridated drinking water.

How Fluoride is Obtained

Fluoridated drinking water that contains an optimal natural fluoride level or has been adjusted to have 0.8 parts per million (ppm) fluoride (optimal level for Texas) is the most efficient and economical way to obtain both a systemic and topical fluoride effect. Over the past 50 years a multitude of governmental and private research groups have conducted numerous studies that have shown that fluoridated drinking water safely reduces the prevalence of dental decay. Water

fluoridation has received the unqualified approval of every major health organization in the nation. Numerous opponents to water fluoridation exist. They will periodically receive much media attention in their efforts to discount the safety and efficacy of fluoridated water. However, there is no sound evidence that water fluoridation negatively affects the public's health in any way. Water fluoridation and its effect on reducing the rate of tooth decay have been declared one of the greatest public health initiatives of the past century. Over 11 million Texans are served by public water systems that adjust fluoride levels, and another 4 ½ million Texans drink naturally fluoridated water. In Texas, it costs about 25 cents per person per year to adjust drinking water to the optimal level of fluoride.

When water containing fluoride is consumed, a small amount is retained in the mouth and incorporated into the tooth by surface uptake (topical effect). As previously discussed, the ingested fluoride reaches the blood stream and produces the systemic fluoride effect for developing teeth. Fluoride does not affect the taste, color, and odor of water.

Certain areas of the state have water that contains too much natural fluoride (more than 4 parts per million). When children consume this water during their tooth developmental years a whitish to brown mottling may result. This cosmetic effect is called dental fluorosis. The teeth affected by fluorosis are generally healthy, extremely strong, and decay resistant. However, some types of fluorosis can have a detrimental effect on teeth. Students served by water systems with too much natural fluoride should consider drinking only bottled water containing the proper amount of fluoride until their ninth birthday.

Supplemental fluoride dosage is based on the existing concentration of fluoride in the local water, the age of child, the child's caries risk, and nutritional factors such as the level and frequency of sucrose consumption. Always consult a dentist or physician before starting any fluoride supplements. If fluoride supplementation is determined to be necessary the following graph shows the most recent supplementation recommendations.

Fluoride Supplement Dosage

Schedule---FEB 2002 (Source: CDC)

Concentration of Fluoride Levels In Drinking Water			
Age (yrs)	<0.3 ppm	0.3-0.6 ppm	>0.6 ppm
0 to 0.5	0	0	0
0.5 to 3	0.25mg	0	0
3 to 6	0.50 mg	0.25 mg	0
6 to 16	1 mg	0.5 mg	0

Approved by the American Dental Association, American Academy of Pediatrics and American Academy of Pediatric Dentistry

Fluoride in food

Certain foods contain natural levels of fluoride, which can act on teeth systemically. Examples of fluoride containing foods are fish, beef, liver, butter, flour, eggs, tea, spinach, and any product processed with water that contains fluoride.

Supplements

The effect of fluoride supplements is primarily systemic; however, there is a topical effect while it is in the mouth.

Fluoride supplements come in the form of tablets, drops, and lozenges. They are prescribed by a dentist or physician and contain a measured amount of fluoride. Fluoride supple-

ments are a fluoride substitute for children in areas without optimal levels of fluoride in the water. However, to reduce the chance of fluorosis developing, fluoride supplements should never be started unless the exact fluoride content of a child's regular source of drinking water has been accurately determined.

Toothpaste

Not all toothpastes are equal. Brushing with fluoridated toothpaste provides a topical application of fluoride each time it is used and is preferable to brushing with toothpaste without fluoride. In cases when a child is experiencing rampant or severe decay the dentist may prescribe a highly concentrated fluoride containing toothpaste.

Mouth Rinses and Gels

Fluoride mouth rinses or gels, used at home, are indicated when a person is at high risk for decay, has rampant cavities, or has orthodontic appliances such as braces. Other circumstances when a fluoride rinse or gel may be appropriate could include their use by children with special physical or mental challenges. Some fluoride mouth rinses are available over the counter while more concentrated

versions require a prescription. Rinses and gels are usually contraindicated for children less than six years of age and when excessive ingestion of the products may occur due to the inability to spit these products out of the mouth.

School-Based Fluoride Mouth Rinse.

School-based fluoride mouth rinse programs are used in some areas where the water system is deficient in fluoride. Once a week, under supervision, the students rinse a 0.2 percent solution of neutral sodium fluoride between their teeth for one minute and then spit it into a paper cup for proper disposal. This topical application is inexpensive and is an effective treatment to reduce tooth decay.

Dental Office Fluoride Treatments

Dentists have a variety of fluoride compounds that they apply during visits to the dental office. Typically, foam trays loaded with a fluoride gel or foam are placed in the mouth for four minutes. After the treatment, the excess fluoride is suctioned or spit out of the mouth. The patient should not rinse, drink, or eat anything for 30 minutes after the topical fluoride treatment.

Fluoride Varnish

Fluoride varnish is the newest fluoride delivery vehicle on the US market. This method of providing fluoride to teeth has been used in Europe for more than 25 years. Fluoride varnish is approved by the FDA and is endorsed by the American Dental Association as a tooth-desensitizing agent but is ethically used “off-label” as a topical fluoride treatment. The varnish is painted onto teeth and helps prevent new cavities and can potentially stop or reverse small cavities that have already started. Because only a very small amount of fluoride varnish is used (0.25-0.40 mls) and because the varnish turns it a waxy film when it contacts saliva, there is little chance that the varnish will be ingested. Therefore, fluoride varnish can be used on babies from the time their first teeth erupt. It is the ideal medium of topical fluoride application for children below the age of six years. The varnish is painted on the teeth. It is quick and easy to apply and does not have a bad taste. The child’s teeth will be yellow after the

fluoride varnish is painted on, but the yellow color will come off regular tooth brushing at bedtime the day of application. Dentists may use several regimens for fluoride varnish application depending on the age, access to care, and caries activity of a particular child.

CONCLUSION

Multiple opportunities to access fluoride exist for people today. This increased access to systemic and topical fluorides is the prime reason why dental caries has been significantly reduced in recent years. The topical effect of fluoride benefits all ages. It is even noticeable in later life as gums begin to recede. Receding gums expose extremely vulnerable root areas that are much weaker than the enamel that covers the crown of the teeth. Gum line decay is among the leading causes of tooth loss in later life. Topical fluorides strengthen exposed root

surfaces and make them more resistant to decay.

Fluoride is a valuable tool in preventing tooth decay but it is not a replacement for good oral hygiene. Students should continue to brush and floss daily, eat well-balanced meals, reduce their sugar and acidic intake by eating healthy snacks, and to see their dentists on a regular basis.

More Information

For more information about fluoride, contact the DSHS Oral Health Program or the American Dental Association.



SEALANTS

Sealants are clear or shaded acrylic resin (plastic) coatings that are applied to the chewing surfaces of teeth to prevent decay. Sealants protect the grooved and pitted surfaces of the teeth, especially the chewing surfaces of back teeth where most cavities of children are formed. Sealants are most effective if they are applied soon after the tooth has erupted. This will usually be between the ages of 6 and 7 for the first permanent molars and 12 and 13 for the second permanent molars. Sealants may be applied to primary molars and permanent premolars when deemed beneficial.

HOW DO SEALANTS WORK?

If the cusps of a tooth are “mountain tops”, the fissures on the chewing surface of a back tooth are “valleys”. Even if a child brushes and flosses carefully, it is difficult to clean the tiny pits and fissures (“valleys”) on certain teeth. A single toothbrush bristle is too large to reach inside a fissure. Food and bacteria can build up in these fissures, placing a child at risk for tooth decay. Sealants “seal out” food and plaque by creating an impenetrable physical barrier between tooth and the bacteria that can cause cavities, thus reducing the risk of decay.

Sealants are only one part of the strategy to keep a child’s teeth free from decay. Brushing, flossing, balanced nutrition, limited snacking and regular dental visits are still essential to a bright, healthy smile.

LIFE OF A SEALANT

When properly applied and cared for, sealants can last for many years and protect a child throughout the most cavity-prone years. If a child has good oral hygiene and avoids biting hard objects, sealants can last even longer. Studies show that after several years, as many as 66 percent of sealed teeth completely retain their seal.

TREATMENT WITH SEALANTS

The application of a sealant is quick and comfortable with no drilling or anesthesia required. It takes only one visit. The dentist or dental hygienist applies a conditioning solution to the tooth to prepare the surface. The sealant is then flowed into the grooves of the tooth and allowed to harden or to be hardened with a special light. Eating is permitted shortly after the treatment.



MOUTH GUARDS



Injury Prevention

It is estimated by the American Dental Association that athletic mouth guards prevent more than 200,000 dental sport injuries each year in high school and collegiate football alone. Mouth guards sharply lower the incidence and severity of injuries to the teeth and mouth during athletic training and competition. They also act as a buffer against more serious injuries such as concussions, jaw fractures, and neck injuries. The most vulnerable and least protected part of the body is the face.

Although traditionally associated with football, mouth guards prevent injuries in many athletic activities. Dental and sports medicine studies indicate that almost any vigorous activity can result in injuries to the teeth, lips, cheeks, tongue, and jaws.

Activities requiring the use of mouth guards include:

Baseball	Basketball
Racquetball	Soccer
Gymnastics	Football
Skateboarding	Volleyball
Bicycling	Ice Hockey
Handball	Martial arts
Boxing	Wrestling

Types of Mouth Guards

The most effective mouth guards combine several features. They should be resilient and light enough for easy breathing and speaking. Proper fit, durability, and ease in cleaning are also properties of a good mouth guard.

Three types of mouth protectors are currently available: custom-made protectors, mouth-formed protectors, and stock mouth protectors.

The **custom-made protector** is the best in terms of fit, comfort, and ease of speech. A dentist makes a cast of the athlete's upper teeth and constructs the mouth guards based on this model. Less expensive is the **mouth-formed protector**, made of a soft material that easily molds to the athlete's teeth. It may not fit as well or last as long as a custom-made protector. The **stock mouth protector** is the least expensive and can be found in sporting goods stores. Little can be done to adjust the fit of this type of mouth guard.

A mouth guard minimizes sports injuries despite the type used. It is an inexpensive piece of equipment that can prevent serious or permanent injury to the face and mouth.



NUTRITION AND ORAL HEALTH

Nutrition and oral health have a direct influence on the progression of tooth decay and infection periodontology. Good nutritional status and dietary practices can help the body's immune system to fight off periodontal (gum) diseases and prevent dental carries.

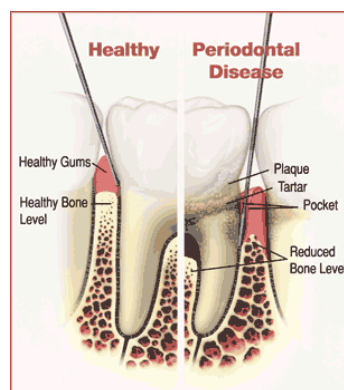
Poor Nutrition

Low dietary intakes of calcium and vitamin C have been associated with periodontal disease.

- Researchers found that men and women who had calcium intakes of fewer than 500 milligrams, or about half the recommended dietary allowance, were almost twice as likely to have periodontal disease.
- The relationship between calcium and periodontal disease is likely due to calcium's role in building density in the alveolar bone that supports the teeth. Poor nutrition can worsen the condition of gums.
- Vitamin C is associated with the prevention of periodontal disease. Its antioxidant properties have a role in

maintaining and repairing connective tissue. Low dietary vitamin C; less than the recommended 60 mg per day puts individuals at nearly one-and-a-half times the risk of developing severe gingivitis.

Periodontal disease is an infection caused by bacteria that accumulates in pockets between the teeth and gums. Calcium is necessary for healthy bones, teeth, muscle contractions and other body functions.



The Mouth Body Connection

The ability to chew and swallow is a critical function to obtaining essential nutrients for the body. Oral health plays an integral role in assuring adequate nutritional status.

Diseases that interfere with the body's immune system may worsen the condition of the gums. A growing body of evidence suggests that certain oral bacteria can damage specific organ systems and systemic processes in the body if they gain access to the bloodstream.

Eating Habits

- Sugars (fruit sugar, milk sugar and table sugar) and cooked starches (cookies and bread, etc.) in foods can cause cavities.
- Sticky foods (raisins, candy, etc.) pose greater risks of decay than those that clear the mouth quickly.
- Unusual eating or drinking habits such as sucking on citrus fruit slices and swishing or holding acidic drinks in the mouth may be a greater factor in tooth erosion than the amount consumed.

Early Childhood Caries

Early Childhood Caries, is caused by frequent prolonged exposure of a child's teeth to liquids containing sugars. Lactose (milk sugar in cow's milk, formula and breast milk) can cause

decay when in prolonged contact with the teeth.

- Allowing a child to fall asleep with a bottle of formula, juice, Gatorade, or other sweet liquid can lead to severe and rampant tooth decay.
- Water is the only safe liquid in a bottle or sippy cup when putting a child down at bed or naptime.

Additional recommendations to help keep your teeth healthy

Drink lots of water! A moist mouth helps ward off tooth decay and periodontal diseases.

Food Guide Pyramid



The Food Guide Pyramid, a widely recognized nutrition education tool, translates nutritional recommendations into the kinds and amounts of food to eat each day. Check it out at www.mypyramid.gov.

SOUR HABITS

High Acidic Levels

Do your students suck on lemons, pickles, sour candy, or “salt and lemon” powdered products? They may end up with serious tooth problems. The citrus (“salt and lemon”) powders that are imported from Mexico and sold by super-markets, convenience stores, ice cream truck vendors, schools and added to fruit cups are especially harmful to teeth. They all have a high acidic level (pH value). Exposing teeth to highly acidic foods that can be almost as acidic as battery acid (see table below) causes serious problems ranging from sensitive teeth to permanent nerve damage.

pH value (acid level)	
Battery Acid	.5
Citrus powders	1.5
Lemons	2.2
Cola	2.3
Pickles	3.4
Orange Juice	3.5
Water	6.0
Milk	6.5
Baking Soda	12

The lower the pH value, the more acidic.

Some of these items contain citric acid, sugar, salt, chili powder, and silicon dioxide (sand). Citric acid weakens tooth enamel. It takes three or four hours for saliva to neutralize this acid. The sugar ingredients fuel cavity-causing bacteria. Salt and chili powder help lower the pH level and weaken tooth enamel making it more vulnerable to decay causing bacteria. The sand added to the citrus powder to prevent it from hardening acts like sandpaper to abrade the tooth surface.

There are many “sour” candies on the market. These are very popular candies with school-aged children. Any candy with the word “Sour” in its name likely contains high levels of citric acid and will erode and weaken tooth enamel.

Pickles contain vinegar (acetic acid). When children bite into the pickle and suck out the juice they are bathing their teeth in a constant flow of fresh acid.

Tooth Erosion

Erosion damage starts with the thinning of the tooth enamel. The tooth surface appears white (decalcification) and discolored. The surfaces appear rough with missing natural contours and anatomical features.



***Start of decay -
White spots***



***Eroded enamel -
missing surface***

If this “white spotting” is not detected and treated early, the teeth are prone to decay with permanent damage occurring in as little as a few months time.



***Worn down molar
with decay present***



Premolar tooth decay



Deep decay

Restoring acid-damaged teeth can be very costly. The treatment may involve cosmetic bonding, porcelain veneers and/or porcelain crowns. If the sour habits still continue after the teeth have been fixed there is a likelihood that the problem will continue beneath the fillings. Tooth colored fillings may fall out because the acid continues to eat away the enamel and undermines the filling. Silver fillings will eventually fail because the enamel supporting the filling will erode, which exposes the filling margins to new decay. In severe cases, children have lost teeth because the acidic erosion and decay were so destructive that the tooth could not be restored.

Action Steps:

- 1) Discourage your students from buying these products.
- 2) Discourage the sale and/or use of these products in your school.
- 3) Enlist parent and teacher's support to fight this problem.
- 4) Instruct children not to brush immediately after consuming these products. These products are so acidic that the toothbrush will abrade the weakened enamel if the teeth are brushed before the saliva can act to

remineralize the enamel surface. This remineralization process can take several hours to complete. Instead of brushing, the acid should be neutralized by rinsing with water, rinsing with a mouthwash containing fluoride, or rinsing with baking soda water (8 ounces of water with 1 teaspoon of baking soda).

- 5) Recommend regular check-ups every 6 months.

Abstracted from: The Mission by Jim Barrett, UTHSC, Fall 1995

Photos from: CC-NCPHD/THD/PHR-11

Methamphetamine Use “Meth Mouth”

Methamphetamine is a highly addictive and illicit drug. Street names include: meth, speed, ice, chalk, crank, fire, glass, and crystal. Methamphetamine is a potent central nervous system stimulant that can cause shortness of breath, hyperthermia, nausea, vomiting, diarrhea, irregular heartbeat, high blood pressure, permanent brain damage, and rampant tooth decay.

Some users describe their teeth as “blackened, stained, rotting, crumbling, or falling apart.” The destruction can be so great that tooth extraction is the only treatment option. The extensive tooth decay seen with methamphetamine use results from the drug’s acidic nature, its tendency to dry mouth tissues, and the craving for sugary drinks and foods the “meth high” creates.

A methamphetamine “high” can last up to 12 hours, which can lead to long periods of poor oral hygiene. During this time, users may grind or clench their teeth in ways that are harmful to teeth and gums.



Meth Mouth

Oral Piercing

The tongue is a popular piercing site in the mouth for today’s youth. Those who choose oral piercing may be looking to their dentists and physicians for help afterwards.

Common symptoms after oral piercing include pain, swelling, infection, an increased flow of saliva and injuries to the gum tissue. Severe and difficult-to-control bleeding can result if a blood vessel was in the path of the piercing needle. Swelling of the tongue is a common side effect for most people. In extreme cases, a severely swollen tongue can close off the airway and prevent breathing. Other post-piercing complications can include chipped or cracked teeth, blood poisoning, or intravascular blood clots.

There is a risk of exposure to bloodborne diseases if piercing tools are not properly sterilized. The use of non-sterilized or improperly sterilized

piercing instruments increases the chance that the person being pierced could acquire the viruses that cause Hepatitis B, Hepatitis C, HIV infection, or other diseases carried by bloodborne pathogens.

The jewelry itself also presents some hazards. You can choke on any studs, barbells or hoops that come loose in your mouth, and contact with the jewelry can chip or crack your teeth.



Source: American Dental Association

SMOKELESS OR SPIT TOBACCO

Cigarette smoking and the use of smokeless tobacco impair oral health. Sand and other abrasives are added to spit tobacco to cause tiny abrasions on your gums, which help you absorb the nicotine faster. It also causes worn and stained teeth. The sugar added to spit tobacco causes tooth decay and the chemicals cause gum disease and tooth loss. Spit tobacco users also develop white patches on their cheeks and gums called leukoplakia. Leukoplakia can become cancerous, but usually disappears if you stop chewing tobacco.

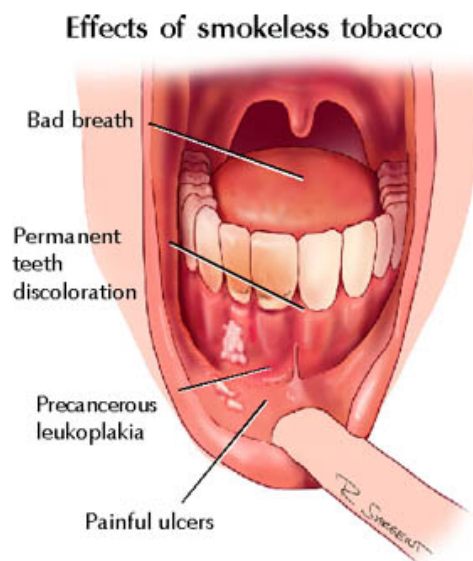
Smokeless tobacco contains irritants that can permanently destroy gum tissue and damage the sensitive tissues of the mouth. It can also result in mouth sores and receding gums. Receding gums leave tooth roots exposed and more likely to decay or to become sensitive to extreme temperature changes.

Smokeless tobacco causes problems for more than your mouth. It also causes high blood pressure, heart disease and stroke.

Smokeless tobacco is NOT a safer alternative to smoking. Like cigarettes, the tobacco contains toxic chemicals including nicotine, the

addictive substance in tobacco which is also used as an insecticide; formaldehyde, which is embalming fluid; polonium 210, nuclear waste; lead, a nerve poison; nitrosamines, cancer causing chemicals; hydrocarbons, car exhaust and cadmium, a chemical used in batteries. These chemicals are absorbed into your body through your gums and cheek tissue. Every package of smokeless tobacco contains the same amount of nicotine as 30 to 40 cigarettes.

There are two types of smokeless tobacco, **chew**, which is cut into long strips and **dip**, which is cut very fine, like a powder. They both contain the same chemicals and cause the same health problems.



People who use chew or dip have an increased risk of oral cancer and only half of those with oral cancer live five years after diagnosis. Those who do are often left disfigured.

Sean Marsee began using dip at 12. He was a track star at his high school and thought smokeless tobacco must be safe because his coach knew he used it. Sean died at 19 from oral cancer. Sean's story can be found at <http://whyquit.com/whyquit/SeanMarsee.html>.



For more information about smokeless tobacco contact the Department of State Health Services at 1-800-345-8647 www.dshs.state.tx.us/otpc.

Rick Bender began using smokeless tobacco at 12. He played baseball, saw the pros chewing tobacco and wanted to look like they did. He was in his 20s when he lost half his face to cancer as a result of his habit. Today Rick spends his time trying to educate young people about the dangers of spit tobacco. Rick's story is at <http://www.tobaccofacts.org/pdf/gasp2001-2.pdf>.



Additional information can also be found from the American Cancer Society at www.cancer.org or from Texas A&M at <http://dontdip.tamu.edu/index1.html>.

For help quitting tobacco, call the Texas Tobacco Quitline at 1-877-YES-QUIT (1-877-937-7848). Telephone counseling is free of charge.

Pregnancy and Oral Health

Pregnancy and Gum Disease

Pregnancy is a time to take extra special care of your teeth and gums. The mother's oral health can affect the general and dental health of the unborn child. Any infection during pregnancy is a cause for concern.

Gingivitis may occur more frequently during pregnancy due to the rise in the body's hormone level. These increased hormones exaggerate the way gum tissues react to the irritants in plaque. Gum disease often occurs in women whose oral hygiene habits were not good during pregnancy.

Tooth decay can occur if a woman increases her snacking on sugar-rich food and does not maintain good oral hygiene. During the third trimester, women tend to eat smaller amounts more frequently during the day; therefore, it is important to eat healthy foods and snacks and brush with fluoride toothpaste.

Premature Delivery

Research has linked periodontal disease in pregnant women to an increased risk of premature delivery. Pregnant women with gum disease may

be six times more likely to have a baby that is born too early and too small.

Researchers believe that bacteria from diseased gums enter the bloodstream and may then affect the levels of prostaglandin (PGE₂), a hormone that is naturally present in a woman's body. Usually in the ninth month of pregnancy, the level of PGE₂ rises significantly and triggers the start of labor. In women with serious gum disease, the level of PGE₂ may rise too soon and trigger early labor.

Regular dentist visits are especially important during pregnancy; however, it is best to have elective work done before becoming pregnant.

Generally, all aspects of a routine dental hygiene visit are safe for pregnant women, unless the physician advises otherwise. The second trimester is considered the best time to receive routine dental care. It is important that the pregnant woman informs the dentist of her pregnancy at the time of the visit.



Diet during pregnancy and baby's tooth development

Eating a balanced diet is necessary to provide the correct amounts of nutrients to nourish both mother and child. The pregnant woman's diet during the nine months of pregnancy affects the development of her unborn child -- including teeth. A baby's teeth begin to develop between the third and sixth month of pregnancy, so it is important that she receive sufficient amounts of nutrients -- especially calcium, protein, phosphorous, and vitamins A, C, and D.

Calcium loss during pregnancy

It is a myth that calcium is lost from the mother's teeth during pregnancy. The calcium the baby needs is provided by her diet, not by her teeth. If dietary calcium is inadequate, however, the body will pull from calcium stores in her bones. An adequate intake of dairy products -- the primary source of calcium -- or supplements will help ensure an adequate intake of calcium during pregnancy.

Pregnancy tumors

Occasionally overgrowths of gum tissue, called "pregnancy tumors," appear on the gums during the second trimester. These localized growths or swellings are usually found between the teeth and may be related to excess plaque. They bleed easily and are characterized by a red, raw-looking mulberry-like surface. They are often surgically removed after the baby is born.

Bacteria transmission -- caregiver to child

Because cariogenic bacteria (especially mutans streptococci) are transmitted soon after the first teeth erupt, decreasing the caregiver's mutans levels may decrease the child's risk of developing early childhood caries.

The actual dynamics of transmission of caries-causing bacteria from caregiver to baby depends on factors such as the frequency and quantity of the saliva transferred to baby and its concentration of decay-causing bacteria.

Bacteria may be transmitted from caregivers to child when he or she “cleans” the baby’s pacifier in his or her own mouth, using the spoon the caregiver eats with to feed the baby, or kissing the baby on the mouth.

The younger the child is when these decay-causing bacteria are "implanted," the greater the child's immediate and long-term risk of developing cavities. Because decay-causing bacteria grow in greater volume than other bacteria on the teeth, children as young as 12 months who have any visible plaque on the front teeth should be considered as high-risk for early tooth decay—even if the teeth themselves look healthy. In addition, if the baby is fed sugar containing foods or drinks at the time of bacterial transfer, the bacteria are more likely to establish themselves on the child's teeth.




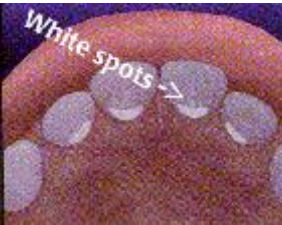




White Spots

As soon as a baby’s teeth come in, they should be wiped with a washcloth every day. A child’s front teeth should be checked at least once a month for “white spots.” See the pictures to the right.

A common cause of tooth decay in children is placing sugar drinks in a baby bottle. A child should not have a bottle at bedtime unless it contains water only.

The following series of pictures show the progression of Early Childhood Caries (Cavities).

Front View Rear View

		HEALTHY TEETH No Decay. Ask the dentist about fluoride needs.
		EARLY DECAY This stage, which is called "White Spots," can be reversed. See a dentist right away.
		LATER DECAY Take child to the dentist before cavities get worse.
		SEVERE DECAY Must see a dentist to avoid future tooth loss.

Part 3 – Glossary

GLOSSARY OF COMMON ORAL HEALTH CONDITIONS

The following glossary identifies numerous dental conditions. Dental caries (tooth decay) and periodontal disease are not included since they are discussed in the Dental Facts section. By becoming familiar with the glossary, you will be aware of the array of dental conditions students might have and the seriousness of their nature. The glossary provides a description of the problem, the cause, and the treatment. When you are unsure of a condition, always refer a student to a dentist for diagnosis and treatment.

ABRASION

DESCRIPTION

Mechanical wearing away of teeth at the crown as the result of some abrasive substance or occupational hazards. Toothbrush or dentrifice abrasion is usually seen as wedge-shape notches where the teeth meet the gum line. Abrasion may produce hypersensitive teeth.

CAUSE

Can be the result of a habit such as holding nails or pins in the teeth and using smokeless tobacco. It also can occur as a result of brushing back and forth with a hard-bristled toothbrush and/or the use of highly abrasive toothpaste.

TREATMENT

Removal of the source; possibly restore with filling. Correct brushing technique and/or brush with a less abrasive toothpaste.

ABSCCESS, PERIAPICAL

DESCRIPTION

A localized collection of pus and cells in bone or soft tissue. The most frequently seen abscess in children is the periapical or bottom of a root or tooth abscess that results from advanced tooth decay that has reached the pulp. The abscess is characterized by severe pain and temperature sensitivity (especially heat) and may include facial swelling.

CAUSE

Anything that causes the pulp to die; i.e., extensive tooth decay, trauma, fractured tooth.

TREATMENT

Root canal treatment or extraction.

ABSCESS, PERIODONTAL

DESCRIPTION

Swelling of the gum tissue resulting from bacteria that are occluded in the gingival crevice. Gum tissue is raised and reddish purple.

CAUSE

Bacteria occluded in the gingival crevice.

TREATMENT

Removal of necrotic material, drainage, and teeth cleaning. Improve hygiene.

**ACUTE NECROTIZING
ULCERATIVE GINGIVITIS
(ANUG, Vincent's Infection, or
Trench Mouth)**

DESCRIPTION

This rare disease is characterized by fever and painful, swollen, fiery red gums between the teeth, which are generally covered by a gray membrane. There is extreme oral pain and hyper-salivation. The gums bleed easily. In the acute stage, it

has a characteristic foul odor. It is common in persons between the age of 15 and 25, especially during times of increased stress.

CAUSE

Borrelia Vincentii and fusiform bacillus; stress; undernourishment; lack of oral hygiene; and psychosomatic factors may be predisposing. Neglect of daily oral hygiene is an important factor.

TREATMENT

Better oral hygiene and oral prophylaxis; maybe antibiotics. Reduce stress.

ATTRITION

DESCRIPTION

Mechanical wearing away of teeth from chewing. May reflect a normal aging process and can be accentuated by coarse diets, tobacco chewing, or bruxism. The primary teeth of young children may be affected.

CAUSE

Grinding teeth at night, tobacco chewing, and normal wear.

TREATMENT

May need crowns, if excessive. Break habit of grinding. Wear a bite splint.

CANKER SORE **(Recurring Aphthous Stomatitis)**

DESCRIPTION

Canker sores occur in approximately 20% of the population. Females and young adults are slightly more susceptible. Canker sores are painful, superficial ulcers that have a gray center surrounded by a red halo. Ulcers vary in size, usually being 2 to 5mm in diameter. They may occur anywhere on the oral mucosa and reoccur at various sites within the mouth. Burning is a preliminary complaint that is followed by intense pain for a few days' duration. Canker sores last 10-14 days. Ulcers are not contagious.

CAUSE

Unknown. Trauma, stress, menstruation, nutritional deficiencies, and food allergies may be factors.

TREATMENT

No known specific treatment. Dentist may prescribe medication for relief.

CHEEK BITING

DESCRIPTION

White wavy line of varying length located on the inside of the cheek, bilaterally. Lesions are nontender,

smooth to palpation, and will not rub off.

CAUSE

Cheek biting habit.

TREATMENT

Symptomatic treatment. Change habit.

CHEILITIS

DESCRIPTION

Inflammation of the lips and corners of the mouth which appear red and may be cracked and crusted. It is not infectious.

CAUSE

Caused by constantly licking the lips and corners of the mouth or by nutritional deficiencies.

TREATMENT

Lip conditioner; B complex vitamins and improved diet. Advise the student to stop licking his or her lips. Refer to the dentist if the condition continues.

COLD SORES, FEVER BLISTERS **(Recurrent Herpes Simplex)**

DESCRIPTION

A recurring viral infection appearing as small clusters of vesicles that erupt, coalesce, and form slightly depressed, yellow-brown ulcers that

have distinct red halos. Cold sores are usually seen on or around the lips. They begin as fluid filled vesicles that rupture and leave raw, red surfaces that later crust and heal. The vesicular fluid contains the virus; in this stage, the disease is highly infectious. Reinfection occurs in approximately 40% of people. Students should be warned about rubbing these sores and using greasy lip ointment as this may spread the infection. Finger and eye infections frequently occur from this type of transmission. Infection lasts 10-14 days.

CAUSE

Herpes simplex virus or herpes virus hominess Type I (HVA-1), found to be related to stress, sunlight, heat, trauma, or immunosuppression.

TREATMENT

No known specific treatment. Dentist or physician may recommend symptomatic treatment. Sunscreen is effective as a preventive measure. Management also includes lysine, vitamin C, and antiviral drugs.

DIASTEMA

DESCRIPTION

An abnormally large space between teeth. It is most noticeable when it occurs between the upper central incisors.

CAUSE

Probably genetic.

TREATMENT

Orthodontics, bridge, frenectomy, veneers, and fillings. (Tooth-colored resins may be indicated.)

DISCOLORED TEETH

Dead Teeth (Nonvital Teeth)

DESCRIPTION

Usually turn dark after a period of time. Also, teeth that have had root canal treatment can turn dark.

CAUSE

Traumatic accident or tooth infection.

Deep cavities.

TREATMENT

Bleaching, veneers, or crowns.

ENAMEL HYPOPLASIA

(Poorly Mineralized Enamel)

DESCRIPTION

Enamel that is more translucent than normal. If enamel is thin, the darker dentin will affect the tooth color. Areas in the enamel that are poorly

mineralized because of excessive fluoride in the drinking water and some hereditary defects may appear opaque or stained. Small grooves, pits, and fissures on the enamel surface may be seen in mild cases; deep horizontal rows of pits in severe cases. The enamel may appear *snow capped*, yellowish, or brown. One or several teeth may be involved.

CAUSE

Results from a disturbance in enamel deposition including genetic factors, trauma, or systemic factors. The condition may be associated with a deficiency of vitamin A,C, or D; measles; chicken pox; scarlet fever; etc.

TREATMENT

Crowns, daily fluoride, or other treatments as determined by the dentist.

**MOTTLED ENAMEL
(Fluorosis)**

DESCRIPTION

Chalky white to brown stain in the enamel, resulting from excessive fluoride during the time the tooth is developing. The severity increases with an increase in ingested fluoride.

Amounts of fluoride greater than 2ppm in the water may result in mottled enamel.

CAUSE

Too much fluoride ingested while the tooth is forming.

TREATMENT

Possible use of bleaching, veneers, or crowns for aesthetic purposes. Teeth with fluorosis are generally quite resistant to decay. If pitted, teeth may be restored with fillings. To prevent fluorosis, make sure the student only uses a pea-sized portion of toothpaste and spits most of it out.

**TETRACYCLINE-STAINED
TEETH**

DESCRIPTION

Gray teeth.

CAUSE

The medication tetracycline. Taken by a pregnant woman during fetal tooth development, tetracycline affects the primary (baby) teeth; taken by a child under eight years of age (while anterior teeth develop), tetracycline affects the permanent teeth.

TREATMENT

Usually no treatment. The individual may need crowns or veneers for aesthetic reasons, if the condition is severe.

EROSION

DESCRIPTION

Loss of tooth structure by chemical process without action of bacteria; i.e., contact of acid with teeth. Any chemical that is placed in prolonged contact with the tooth and produces a drop in the pH can produce erosion. Erosion increases sensitivity.

CAUSE

Consumption of “salt and lemon” powdered products containing high levels of Citric Acid, “sour” candies, sucking citrus slices or pickles, frequent vomiting; frequent exposure to chlorinated water by swimmers. Excessive consumption of sweetened carbonated beverages and sports drinks may accelerate the condition.

TREATMENT

Removal of source of acid or habit. Fluoride treatments may be helpful during early erosion. Restorations cover exposed dentin.

Revised August 2006

FORDYCE’S GRANULES

DESCRIPTION

Whitish-yellow granules clustered along the inside of the cheeks and lips. The lesions are nontender, rough to palpation, and do not rub off.

CAUSE

Unknown.

TREATMENT

None.

GEOGRAPHIC TONGUE

DESCRIPTION

Geographic tongue is a condition affecting 1-2% of the population. Map-like denuded areas on the tongue surface are present. These areas change shape with time. The tongue may be sensitive where there is a severe shedding of surface cells. It seems to be more demarcated during times of stress or illness.

CAUSE

Unknown.

TREATMENT

No treatment usually needed. Topical anesthetic can be used, if condition is painful. Good hygiene – including brushing the tongue is recommended.

GUMBOIL

DESCRIPTION

A type of abscess showing up on the gum. There is a collection of pus in the gum, which is swollen and obstructed.

CAUSE

A gumboil may result from infection around the tip of the root or in the gum tissue or from trauma. Also may be due to a foreign body such as a popcorn husk wedged between the tooth and the gum.

TREATMENT

Root canal treatment, removal of the source of infection, or extraction.

HIV-INFECTED PERSONS: FREQUENT ORAL CONDITIONS

DESCRIPTION

Thrush

Appears as milky white curds or patches on the inside of the mouth. It can usually be wiped off. It may also appear as red irritated spots on the tongue, the roof of the mouth, or at the corners of the mouth. It is caused by an overgrowth of yeast in the mouth.

Hairy Leukoplakia

Caused by a virus and found on the sides of the tongue. It doesn't wipe off like thrush. There is no significant problem except the appearance of it.

Kaposi Sarcoma

The most common malignancy associated with HIV infection. Purple spots or bumps frequently appear on the roof of the mouth but can grow anywhere on the outside or inside of the mouth. If intra-oral lesions are left untreated, they can grow to fairly large lesions making it difficult to chew and swallow.

Ulcers

Caused by a variety of microorganism and even some medications. Sometimes the ulcers become so painful that they interfere with eating.

HIV – Associated Gingivitis or Periodontitis

DESCRIPTION

An inflammation of the gums or a destruction of the bone around the tooth. HIV-associated gingivitis/periodontitis can be a major problem because it can develop rapidly and become severe. In addition to

interfering with eating, it can cause great discomfort and bleeding.

CAUSE

Opportunistic infection secondary to HIV infection.

TREATMENT

Medication, oral prophylaxis, and improved oral hygiene.

HYPODONTIA

DESCRIPTION

The congenital absence of teeth. All or some of the teeth may be missing. Hypodontia may occur in primary or permanent teeth; however, it is most common in the permanent dentition.

CAUSE

Probably genetic.

TREATMENT

Dentures or partial plates; orthodontics. The condition may not be necessary to treat.

LEUKOPLAKIA

DESCRIPTION

White patch that varies in size, homogeneity, and texture. High-risk locations include the floor of the mouth, ventral tongue, lateral tongue, and uvulo-palatal complex. Lesions do not rub off and usually are not tender. Onset occurs after
Revised August 2006

prolonged contact with an inducing agent; the condition persists as long as the inducing agent is present. Thought to be a precursor to cancer.

CAUSE

Typically, the use of smokeless tobacco.

TREATMENT

Discontinuation of tobacco use. Biopsy and histologic examination must be followed by close observance.

MACRODONTIA

DESCRIPTION

A development disorder characterized by an increase in the size of the teeth. Or teeth of normal size may appear to be abnormally small jaws. Macrodonia is often seen in incisors and their molars. This condition may affect one, several, or frequently all teeth. The disorder is also called *macrodonism*, *mega-dontia*, and *megalodontia*.

CAUSE

A developmental disorder.

TREATMENT

Perhaps orthodontics. The dentist may possibly recontour or reshape the teeth.

MALOCCLUSION

DESCRIPTION

Derived from two Latin words: *mal*, meaning bad, and *occlusion*, meaning closure. Malocclusion is the poor positioning of the teeth, which interferes with maximum efficiency during chewing. Classification of malocclusion is primarily based on the relation of the six-year molars, upper to lower.

Class I, Malocclusion

The jaw relationship is good. Facial balance is usually quite satisfactory. There is not enough room to accommodate all the teeth in their correct position.

Class II, Malocclusion

The upper jaw protrudes past the lower jaw, producing a malalignment of the teeth.

Class III, Malocclusion

The lower jaw protrudes past the upper jaw, producing a malalignment of the teeth.

CAUSE

May be hereditary. Characteristics such as small jaws and large teeth are sometimes inherited. Physiological abnormalities such as diastema (an abnormal large space between teeth) may also be

Revised August 2006

inherited. Retained primary teeth, thumb sucking, and habitual habits such as resting the hand on the jaws for long periods of time are also caused of malocclusion.

TREATMENT

Orthodontics. Frequently, some teeth must be removed for the remaining teeth to be moved into good alignment. Usually the orthodontist prefers to wait until most of the permanent teeth have erupted and the jaws are more developed before starting orthodontic treatment. However, with young children, the orthodontist or pedodontist may use simple appliances to prevent or simplify later orthodontic treatment. The procedure involves the use of certain kinds of appliances to help guide the teeth into correct position. This procedure is called interceptive orthodontics.

ORAL CANCER

DESCRIPTION

May begin as changes in the lining of the mouth. Signs of oral cancer are:

- a red sore on the lips, gums, or inside of the mouth that does not heal within two weeks and that bleeds easily

- white patches inside the mouth or on the lips
- swelling or lumps in the mouth, neck, lips, or tongue
- numbness or pain in the mouth or throat without any apparent cause
- difficulty in chewing or swallowing food
- difficulty in moving the tongue or jaw

CAUSE

Exact cause unknown. Oral cancer is directly linked to tobacco use and excessive alcohol consumption. Other causes are believed to be nutritional deficiencies, oral neglect, chronic trauma, radiation, and immune suppression.

TREATMENT

Depends on stage of detection. Early detection gives more of a chance to treat conservatively and successfully; it is the key to successful oral cancer treatment. If the dentist notices any signs of cancer, a biopsy will be performed. Surgery and radiation therapy may be required.

PERICORONITIS

(Swollen Gums Around Wisdom Teeth)

DESCRIPTION

Inflammation of the soft tissue surrounding the crown of a partially erupted or impacted tooth. The inflammation and infection can occur under and around the flap of the gum as the tooth erupts. This is more frequently associated with lower wisdom teeth.

CAUSE

Tooth eruption accompanied by infection.

TREATMENT

Antibiotics and irrigation of the infected area around the crown.

PRIMARY HERPETIC GINGIVOSTOMATITIS

DESCRIPTION

Occur more frequently in children under age 10 and in young adults ages 15 to 25 years. The mouth ulcers resemble those seen in recurring aphthous stomatitis. The infection does not reoccur as in aphthous stomatitis. Students can easily pass the infection to one another; during the infection, the

student develops immunity. There is usually a 3-to-10-day incubation period. The student may have a fever and sore mouth and may generally feel sick.

CAUSE

Herpes Simplex Virus Type I and II (HSV).

TREATMENT

Treatment typically for symptoms. A dentist or physician can prescribe Acyclovir. The student may need to be isolated.

PYOGENIC GRANULOMA

DESCRIPTION

More frequently seen at puberty and during other times of hormonal changes in the body. It appears in a localized part of the mouth, between the teeth, and it will be bright red, fleshy, and soft. A benign tumor that results from some chronic irritation of the gums; i.e., plaque and tartar in an unclean mouth or an imbedded foreign body.

CAUSE

Reaction of the tissue to chronic irritation and poor oral hygiene. Females are more susceptible because of hormonal influences.

TREATMENT

Possible removal of chronic irritant. Possible surgical removal by a dentist.

SUPERNUMERARY TEETH

DESCRIPTION

Supernumerary teeth (or extra teeth), also called hyperdontia, occurring in about 1 percent of the population. The most frequently occurring type of supernumerary tooth is the mesiodens. This type of tooth is usually considerably smaller than a regular tooth. It generally occurs in permanent dentition between the upper incisors; however, it may occur anywhere in the dental arch. A supernumerary tooth may erupt or may be detected only by X-ray. As a result of the supernumerary tooth, other teeth may be crowded and difficult to clean.

CAUSE

Probably genetic.

TREATMENT

Extract supernumerary tooth.

SYPHILIS

DESCRIPTION

Primary Stage, Chancre

Initially appears as a small papule that elevates, enlarges, erodes, and becomes ulcerated. The lesion is usually punched-out, indurated, 2 to 3cm in diameter, and without a red inflammatory border. The surface is covered by a yellowish, highly infectious serous discharge.

Secondary Syphilis

Concurrent oral lesions of secondary syphilis appear as oval red macules, pharyngitis, or isolated or multiple mucous patches (painless, shallow, highly infectious ulcers surround by a red halo).

Congenital Syphilis

May result in malformation of the teeth; i.e., Hutchinson's teeth – notched incisors and mulberry molars; Hypoplasia – anomalies in the shape, structure, and number of teeth.

CAUSE

Treponema pallidum. Venereal disease.

TREATMENT

Antibiotics. Refer to a physician.

TORUS

DESCRIPTION

A bony hard nodule or mass located on the palate at the midline, or under the tongue on the inside of the mandible. This lesion is firm, asymptomatic (unless traumatized), slow growing, and longstanding.

CAUSE

Genetic.

TREATMENT

None.

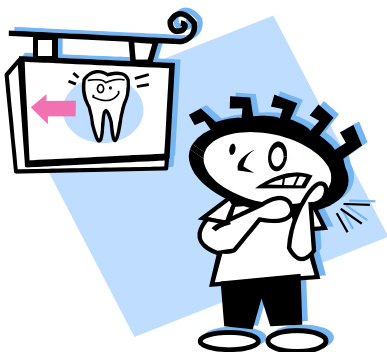
Part 4 – Inspections and Screenings

ORAL HEALTH INSPECTIONS AND SCREENINGS

Since dental disease affects more students than any other single health problem, it is important that a school health service include oral health screenings and inspections. A dental screening or inspection does not replace an examination by a dentist or physician. Ideally, students should have an in-office examination by a dentist every six months.

Dental screenings and inspections are important for a number of reasons. They:

- identify students who may have impending pain and who need dental treatment
- make students aware of their dental status
- provide an opportunity to collect and summarize data as part of the overall health status of students in the school and district
- provide data to help teachers understand the importance of teaching dental health in the classroom



PROTOCOL FOR INSPECTIONS AND SCREENINGS

The purpose of dental inspections or screenings is to observe and record areas in and about the oral cavity of each student, which may indicate dental disease, and to refer the student for care when suspicious conditions are present. Early recognition of dental problems prevents future complications.

The Texas Department of State Health Services recommends screening students in Kindergarten, Grade 3, and Grade 8. If this is not feasible, kindergarteners and third graders should be screened. If only one grade level can be screened, the grade level of choice would be 3rd grade. These recommendations are based on the need for early detection of problems and reflect best timing of placement of sealants on permanent teeth.

Supplies

- tongue depressor – to deflect tongue and cheeks
- flashlight
- gloves

Optional supplies

- gauze squares – to grasp tongue, remove debris, manipulate tissue
- Vaseline – to lubricate lips
- face mask

Procedure

- Place the student so his or her mouth is at your eye level.
- Using tongue depressor and flashlight, examine the teeth, gums, and adjoining soft tissue systematically. Look at all surfaces of the teeth: outside (labial), inside (lingual), and biting (occlusal) surfaces.
- For efficiency, follow this sequence in the inspection:
 1. Lips. Lift them up and away from the teeth.
 2. Inside of cheeks. Stretch them away from the teeth; this is a frequent cancer site.
 3. Roof of mouth
 4. Throat, tonsillar region
 5. Tongue. Look at all surfaces: top, underside, and lateral borders; the tongue is a frequent cancer site.
 6. Floor of mouth
 7. Gums
 8. Teeth. Look for decay, observe occlusion (bite).
 9. Tissue of the outside of the face and neck. Note any lesions, swelling, etc.

Recording Inspections Results

Findings may be recorded as:

No apparent care needed

No apparent abnormality is present; conditions are within normal limits.

Care Needed

Deviation from the normal is observed; indicate if treatment is needed; note if condition is not necessarily urgent. Fewer than four teeth seem affected by cavities.

Care needed immediately

- severe deviation from the normal is observed; emergency treatment is indicated. Prolonged bleeding of gums, possible abscess, is evidenced.
- large cavities the size of a small green pea are visible, or more four teeth are affected with small cavities.
- obvious cavities exist.
- gums are red, puffy, swollen, and possibly tender.

Students with the following symptoms or conditions should have the inspection deferred for at least two weeks; if the symptom or condition is still present after two weeks, report the situation to the parents and to the dentist.

- mouth lesions, sores, or ulcers

- herpes simplex (cold sores, fever blisters)
- impetigo (Child with suspected impetigo must be excluded from school immediately and must be referred to a physician.)
- gum lesions or sores (In the case of a gum boil or abscessed tooth causing a lesion, classify as acutely abnormal and refer to the dentist.)
- white coating on the tongue or gums (Refer to a dentist.)

The table on the following page is a guide to determining normal, abnormal, and acutely abnormal conditions in the various areas of the mouth.

RECOGNIZING DENTAL DISEASE

To recognize dental disease, you must first be able to identify healthy normal gingiva and teeth. The terms *normal* and *health* gingiva are used in conjunction with the characteristics below. Although the normal varies, general characteristics form a base line from which the distinction between healthy and diseased tissue can be made.

RECORD OF FINDINGS	CLINICAL APPEARANCE SOFT TISSUES: LIPS, INSIDE OF CHEEKS, ROOF AND FLOOR OF MOUTH, THROAT, TONGUE
1. No apparent care needed	All areas generally appear healthy and normal in color, size, texture, and contour of the tissue. Pale, coral pink variations in pigmentation are related to complexion and ethnic and racial background. Persons of races with darker skin may have areas of brown or black pigmentation.
2. Care needed	<p>Areas show mild or moderate deviation from the normal such as the presence of inflammation or a lesion.</p> <p>Record the location and description of ANY suspicious lesion, apparent deviation, or abnormality. These may be ulcerous, eroded, white, swollen, fissured, wartlike, etc., growths.</p> <p>Common abnormal findings include:</p> <ul style="list-style-type: none"> • Herpes simplex (cold sore, fever blister) Location: lips Clinical appearance: white or red ulcer-like lesion surrounded by a ring of inflamed tissue • Aphthous ulcer (canker sore) Location: inside of lips and cheek, tongue, floor of mouth, palate, gums, deep area where inner lip surface and gums meet Clinical appearance: same as herpes simplex; see Glossary.
3. Care needed immediately	Areas show severe deviation from the normal such as inflammation; any lesion or sore that does not dissipate after TWO WEEKS. Such abnormalities should be noted and described on the record.

RECORD OF FINDINGS	CLINICAL APPEARANCE SOFT TISSUE: PERIODONTAL TISSUE INCLUDING GUMS
1. No apparent care needed	Tissue appears pinkish and firm.
2. Care needed	Redness exists primarily near the gum line; some bleeding occurs upon contact or while brushing.
3. Care needed immediately	<p>Redness exists and bleeding occurs. The tissue is swollen and puffy. Some soreness exists. Redness extends through much of the gum tissue. The tissue bleeds easily. The tissue appears enlarged, swollen, puffy, glossy. The student may complain of sore, tender gums. The student may have halitosis (bad breath). Pus exudes from the gum line upon pressure. Gums shrink away, recede from the teeth. Teeth may be mobile.</p>
RECORD OF FINDINGS	CLINICAL APPEARANCE TEETH
1. No apparent care needed	No apparent decay is observed; all teeth and restorations appear sound.
2. Care needed	One or more teeth are decayed; gum line or biting surface appears chalky white.
3. Care needed immediately	<p>One or more teeth appear badly decayed. NOTE: Decay appears as a chalky white area on the enamel in its beginning states. Grayish white discoloration may be around margins of previous restorations.</p> <p>Tooth structure that is lost or eaten away usually appears dark, brown, and decayed.</p> <p>A boil may appear around the gum of an abscessed tooth.</p>
RECORD OF FINDINGS	CLINICAL APPEARANCE ORAL HYGIENE; CLEANLINESS OF THE SOFT TISSUES AND TEETH
1. No apparent care needed	<p>Good oral hygiene is observed.</p> <p>Plaque, calculus, and stain are absent or exist in a minimal amount.</p>
2. Care needed	Fair oral hygiene is observed.

	<p>Moderate plaque, calculus, or stain accumulation is observed, primarily around the gum line.</p> <p>Oral hygiene instructions are indicated.</p>
3. Care needed immediately	<p>Poor oral hygiene is observed.</p> <p>Gross plaque, calculus, or stain is accumulated primarily around the gum line.</p> <p>Oral hygiene instruction.</p>
	<p>PLAQUE – is a gelatinous, colorless, bacterial film. It is best detected by dyeing it with a coloring agent such as disclosing tablets or food coloring. In its gross form, it may be seen as soft, white-yellowish, usually around the gum line. It can be removed with a toothbrush or by wiping with a gauze square.</p> <p>CALCULUS – (tartar) is a hard, white-yellowish, cement-like substance. Common sites are the gum line area of the tongue-side of the lower teeth and the cheek-side of the upper molars. It cannot be wiped or brushed away.</p> <p>STAIN – is commonly on the tongue-side and in the pits and grooves of the teeth. It is usually black or brown and may be green along the gum line of some children.</p>

Instruct the student to close his or her teeth together in a normal, relaxed bite. Retract each cheek to observe the occlusion.

RECORD OF FINDINGS	CLINICAL APPEARANCE OCCLUSION: ORTHODONTICS
1. No apparent care needed	All teeth in the maxillary (upper) arch are in maximum contact with the mandibular (lower) arch, with the upper teeth slightly overlapping the lower teeth. The jaw relationship is normal, but there may be slight irregularities in the placement of individual teeth.
2. Care needed	<p>Deviation is observed from the ideal occlusion:</p> <ul style="list-style-type: none"> • A retruded lower jaw in relation to the upper jaw • A protruded lower jaw in relation to the upper jaw
3. Care needed immediately	Any deviation that interferes with speech or that is especially deforming requires treatment.

Part 5 – Dental Care Programs



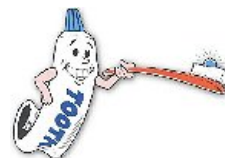
TEXAS DEPARTMENT OF STATE HEALTH SERVICES ORAL HEALTH PROGRAM

The Oral Health Program (OHP) at the Department of State Health Services (DSHS) serves to encourage the residents of the State of Texas to improve and maintain good oral health. The OHP works collaboratively with various partners across the State in order to identify the oral health needs of Texans and to identify resources to meet these needs

As a result of *Oral Health in America: A Report of the Surgeon General* and the subsequent release of *A National Call to Action to Promote Oral Health*, the awareness of the link between oral health and overall health of individuals has come to light.

OHP has staff located in Austin, Lubbock, Tyler, Houston, San Antonio, and El Paso. These dental public health professionals serve the residents of Texas by providing preventive dental services for low-income, underserved, pre-school, and school-aged children in collaboration with many of our partners.

Public Health Dental Program



- Assistance to communities with fluoridation of their water supply system
- Pit and fissure sealants provided to children who qualify in selected (areas) schools

The Texas Fluoridation Program

Over fifty years of research have proven that fluoridated water is the most cost-effective way to prevent tooth decay. The Texas Fluoridation Program can provide the following to qualified communities:



- Technical help in system design and equipment installation,
- System for tracking statewide levels of fluoride to make sure communities are keeping the right levels, and
- Education to people and communities about the safety and benefits of fluoridation.

Public Health Sealant Program



The Public Health Dental Program offers a program that involves the use of sealants. The sealants program is a free service already available in selected areas of the state for school children that qualify.

Take Time For Teeth Oral Health Training

Educational Materials Include:

- Flipchart (English and Spanish)
- Brochure (English, Spanish, and Vietnamese)

These educational materials were developed to present a standardized oral health message for the residents of Texas. This emphasizes the importance of optimum oral health. For questions or more information about these materials, please contact the Oral Health Program at (512) 458-7323.

School Nurses and Teachers Promote Good Oral Health

- By getting others interested in the program.
- By using the Teacher's Guide of Dental Activities PK-6 – available online at:
www.dshs.state.tx.us/dental/teachers_guide.shtm
- By displaying oral health posters.
- By working with school administrators and parents to provide healthy food in school vending machines.
- By arranging for dental screenings and helping volunteer dentists screen students.

School nurses and teachers can be the catalysts in promoting good oral health practices in children PK-6. Encourage your local dentists, hygienists, and dental assistants to assist in training teachers and making volunteer classroom presentations. Encourage parents to support the programs by reinforcing dental health practices at home with their children. Community organizations can cooperate by publicizing the program.

DSHS Oral Health Program Website:

www.dshs.state.tx.us/dental

Click on “Outreach” to find this helpful information for schools:

PowerPoint presentations

- “How to Prevent Early Childhood Caries”
- “How to Use Dental Floss”

Tattletooth II, A New Generation

Teacher’s Guide of Dental Activities for Pre-Kindergarten through Sixth Grade.

Healthful Hints for Healthy Mouths

- What You Need to Know About Your Teeth
- Primary Teeth
- Six-Year Molar
- Eruption and Shedding of Primary Teeth
- Dental Health Habits
- Suggested Nutritional Snacks
- Brushing Your Teeth
- Flossing
- Dental Products
- Fluoride
- Crooked Teeth
- Accidents Involving Teeth
- Selecting a Dentist

HIPAA

Provides link to information about the Health Insurance Portability and Accountability Act.

THSteps Periodicity Schedule

Medical checkups require a “dental referral”

Smokeless Tobacco Prevention

Information about smokeless tobacco and its effects on oral health

Reports

- Fluoridation Costs
- Final Report and Recommendation to the Legislature Border Pilot Program House Bill 2614 (PDF 241K)
- Statewideness Report SFY 2000 (PDF, 370K)

For more information, please contact:

Oral Health Program
Department of State Health Services
Mail Code 1938
1100 West 49th Street
Austin, Texas 78756-3199
Phone 512-458-7323
Fax: 512-458-7256



DENTAL CARE PROGRAMS

The provision of oral health services is an essential part of a total school health program. Students in every school need dental care, but many may be unaware of their need. Numerous other students may come to you because they are in pain from dental disease. Most students see their private practitioner for dental care; however, some parents need assistance in obtaining treatment for their children. Often parents are unable to get help or do not know where to go for assistance.

This section will help you locate resources for dental treatment for your students.

2-1-1

The Health and Human Services Commission Referral Hotline 2-1-1 provides information regarding free or low cost dental care in a specific area. If the number is not yet working in your area, check the referral website at www.helpintexas.com

Texas Health Steps

The Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) is for children who qualify for Medicaid. In Texas, this program is known as Texas Health Steps.

Call the THSteps Hotline free at 1-877-THSteps (1-877-847-8377) for:

- a list of THSteps providers,
- assistance with scheduling appointments,
- transportation to THSteps exams and medical or dental appointments,
- case management referrals,
- other needs as requested.

Other Resources

Local Health Departments, Community Health Centers, Migrant Health Centers, Rural Health Clinics, and Federally Qualified Health Centers also may offer oral health services.



TEXAS HEALTH STEPS

Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT or Title XIX)

What is Texas Health Steps (THSteps)?

THSteps is a service for children between the ages of 0 and 21 years who are covered by Texas Medicaid. Through THSteps, recipients can receive regularly scheduled medical and dental check-ups at no cost, as well as treatment for problems discovered during the check-ups.

The mission of THSteps is to expand recipient awareness of existing health services offered by the program, to stimulate recipient use of preventive services, and to make comprehensive services available through private and public providers so that young people in the THSteps recipient population can receive medical and dental care before health problems become chronic and irreversible damage occurs.

THSteps/Medicaid-enrolled physicians, dentists, nurses and other medical personnel provide check-ups, evaluation, and treatment. Dental check-ups are offered every six months starting at age one.

Who is eligible?

Anyone who receives Medicaid and is under the age of 21 is eligible for THSteps. THSteps services are provided at no cost to the recipient. A recipient may receive services without regard to sex, race, color, disability, national origin or religion. These services are confidential and voluntary.

Applying for Medicaid

The **State of Texas Assistance and Referral System (STARS)** allows you to self-screen for potential eligibility for programs provided by the Health and Human Services Commission and other Texas state agencies at:

www.yourtexasbenefits.com

A family can apply for Medicaid or the Children's Health Insurance Program by calling 1-800-647-6558. Assistance can also be obtained by calling 2-1-1 or the Medicaid Client Hotline: (800) 252-8263.

Finding a THSteps dentist

Not all dentists and physicians are THSteps providers. A recipient may obtain the names of local providers by calling the THSteps Hotline at 1-877-847-8377

THSteps recipients may call the Medical Transportation Program at 1-877-633-8747 to obtain transportation to a medical or dental appointment or other Medicaid covered service at no cost.

TIPS TO HELP PARENTS ACCESS MEDICAID SERVICES

Challenge: No telephone to make an appointment for a THSteps dental visit.

Solution #1:

Ask if the family has a close friend or relative who would allow use of a phone. This is not always desired, because families may want privacy when talking about their needs.

Solution #2:

Ask if a parent can get to a pay phone close by to make the call. Remind them that 1-800 and 1-877 numbers are free.

Solution #3:

Offer to make the call yourself.

Challenge: Family does not have transportation to get to a THSteps dental visit.

Solution:

Give the parent the toll-free number to call for free Medical Transportation services - 1-877-633-8747.

Challenge: Family cannot get urgent care for a Medicaid covered child because provider has a long waiting list.

Solution:

Suggest that the parent call the Medicaid hotline at 1-877-847-8377 to find another provider.

Challenge: Cannot keep appointments.

Solution 1:

Stress the importance of recipients keeping their appointments and being on time. Remind them to call and cancel if they can't make an appointment. Many providers will not reschedule a patient who has a history of missed appointments.

Part 6 – First Aid

SUMMARY INFORMATION FOR DENTAL EMERGENCIES

In the event of an accident to the teeth, tongue, lips or cheek, perform the following first aid procedures:

1. Calm the student and examine the mouth area.
2. If necessary, gently rinse the mouth to better observe the situation.
3. Check for:
 - Knocked out tooth
 - Fractured, chipped or broken tooth
 - Loose tooth (gently wiggle the affected tooth); if there is bleeding, use gloves or some other barrier for protection
 - Intruded tooth (tooth has been driven into the supporting soft tissue)
 - Upper and lower arches that do not properly come together (alignment is off or one side of the bite does not come together indicates a possible fractured jaw)

- Uncontrolled bleeding of soft tissue (the tongue, cheeks, lips and gums)

Dental First Aid Supplies

Include these items in your first-aid kit for use in dental emergencies. You may wish to assemble a separate dental emergency kit.

Avulsed Tooth Kit

An avulsed tooth is a tooth that has been knocked completely out of the mouth. With proper storage and handling it is possible that a dentist can successfully re-implant the tooth in its socket. Each nurse, coach, and PE teacher should have a tooth saver kit readily accessible and be trained in how it is used. Each school should have more than one kit on hand.

There are several tooth saver kits available for purchase. Two such products are the EMT Tooth Saver kit (available through Smart Practice (800) 522-0800) and the Save-A-Tooth kit (available at www.save-a-tooth.com).

Medications

- Salt (1/4 tsp per glass of warm water)
- Hydrogen peroxide solution
- Oil of cloves
- Orabase with benzocaine
- Benzocaine ointment

Other Supplies

- Gloves
- Cotton
- Cotton swabs
- Sterile gauze
- Soft dental wax (paraffin) available from local orthodontist
- Tongue blades
- Dentist name and telephone number

SPECIFIC PROBLEMS

Tooth Pain with No Accident

- Determine which tooth is causing the pain
- Have the student rinse vigorously with warm (body temperature) saltwater. This can dislodge food that is packed into a deeply decayed tooth and is irritating a diseased and/or exposed nerve
- Gently remove debris from the cavity of an affected tooth
- If none of the above has relieved the pain and the student will not see a dentist immediately, place a pellet of cotton lightly dampened with oil of clove or Ambesol in the painful area and cover with sterile gauze. Do not place aspirin on the painful area as it will cause a chemical burn on the tissue.
- Swelling can be controlled by applying a cold compress to the area on the outside of the cheek.
- Arrange for the student to see a dentist as soon as possible.

Knocked Out Permanent Tooth

- Immediately attempt to locate the lost tooth. If the tooth cannot be found, look again in the mouth area where the tooth should be to make sure it has not been driven up into the soft tissue.
- Do not vigorously rinse the area where the tooth was.
- Do not attempt to clean or handle the tooth unnecessarily. Handle the tooth by the top or crown, not by the root portion.
- Try to reinsert the tooth and hold in position with clean gauze or cloth. Have the student hold the tooth in place by biting on a clean gauze pad or cloth.
- If the tooth is not reinserted, and a tooth saver kit is not available, place it in a clean container with Hanks Balanced Salt Solution or milk, saliva or water.
- Have the student GENTLY bite his or her teeth together. Look carefully to see if any other teeth have been displaced.
- Arrange for the student to see a dentist.

Fractured, chipped, broken tooth

- Cleanse gently with warm water if necessary.
- Cover with sterile gauze to protect the tooth from further exposure to the air or cold liquid.
- If a tooth is pushed in, do not attempt to pull it back out position. It should re-erupt on its own.
- Place cold compresses over the face in the area of the injury.
- If the fractured portion of the tooth is substantial, child should see a dentist immediately. Try to locate and take fractured portion to the dental office. If fractured portion is small, child should see dentist within 24-48 hours.

Loose Permanent Teeth

- Gently cleanse the area with warm water.
- Protect the teeth from additional pressure. For example, if the front teeth are loose, have the student bite on a gauze pad on both sides of the back teeth to hold the mouth open.

- Immediately apply pressure using a clean, soft material (preferably sterile gauze).
- As soon as the bleeding is under control, substitute a cold compress for direct pressure
- If the bleeding does not stop after 15 minutes, take the student to a dentist, oral surgeon, physician, or hospital emergency room.

Uncontrolled bleeding, bitten tongue or lip, trauma from facial injury

- Immediately apply pressure using a clean, soft material (preferably sterile gauze).
- As soon as the bleeding is under control, substitute cold compresses for direct pressure.
- If the bleeding does not stop after 15 minutes, take the student to a dentist, oral surgeon, physician, or hospital emergency room.

Recurrent, continual, or uncontrolled bleeding after extraction

- Do not swish or rinse the area for 12 hours after the extraction as it may wash out the blood clot formed at the site of the extraction. Normal drinking is permissible. Do not drink from a straw. Do not smoke.
- Place a sterile gauze pad in the area and have the student gently bite on it for about 15 minutes.
- Replace soaked gauze pads with clean ones when necessary. The patient may swallow during this time.
- If the bleeding persists after 15 minutes, wrap a moistened tea bag in a sterile gauze pad and have the student gently bite on it for another 15 minutes.
- A cold compress may be applied to the area on the outside of the cheek until bleeding has stopped. Apply for 20 minutes, remove for 20 minutes, and repeat.
- If bleeding cannot be controlled within one hour, call a dentist for consultation. Uncontrolled

bleeding is rare; however, if it occurs, the area needs pressure and immediate professional attention.

Inflamed gums

- If the gums are red, swollen and sore, rinse thoroughly with a warm saltwater solution (1/4 tsp. of salt in a glass of warm water) or with equal parts of water and 3% hydrogen peroxide.
- Inflamed gum tissue can be the result of poor oral hygiene. To regain healthy tissue, gently floss and brush daily and seek professional care.
- Inflamed gum tissue may or may not be the result of a blow to the mouth. Keep the teeth and gums clean. A cold compress may be applied to the area on the outside of the cheek to help control swelling and bleeding.

Intruded Tooth

- Gently cleanse area with warm water.
- If a tooth has been driven into the soft tissue, do nothing.

Intruded teeth are best left alone to re-erupt at their own pace.

- Make an appointment with a dentist.

Possible Fractured Jaw

- Ask the student to close the teeth together and check for proper relationship of upper to lower teeth. Especially look for teeth on one side of the mouth to not to be in contact when the teeth on the other side are already in proper contact.
- Look for muscle spasm on the injured side.
- If swelling is present, apply cold compresses.
- If either of the above is observed, gently stabilize the lower jaw. For example, gently tie a scarf under the jaw and around the top of the head.
- Immediately take the student to an oral surgeon at a hospital emergency room.

Canker Sores

- Apply Orabase with benzocaine or Vitamin E oil for temporary relief. Check protocol.

- Spicy, salty, acidic and sugary foods should be avoided if the sore is on the lips or in the mouth.
- Put ice on it.
- Consult a dentist if pain or fever persists.

Orthodontic emergencies involving braces

- The following is suggested for irritation of the mouth caused by a protruding orthodontic wire:
 - o A blunt item (cotton swab, tongue depressor) should be used to gently bend the wire until it no longer irritates the tissue.
 - o When you are unable to move the protruding wire, simply wrap its end with cotton, gauze or soft dental wax.
 - o Do not try removing any wires lodged in the gums, cheek or tongue. Secure an immediate appointment with an orthodontist.
 - o Remove a loose or broken wire if it can be easily done. Loose or broken appliances that do not

bother the student do not usually require emergency attention.

- The placement or adjustment of appliances can cause discomfort for a few days. Some relief may be given by having the student hold warm saltwater in the mouth. Ibuprofen or Tylenol may be taken for pain (according to the student's age). Soft food is advisable until the mouth feels comfortable.

Part 7 – A
Recommended
Curriculum

TATTLETOOTH II, A NEW GENERATION

Dental Health Curriculum

Tattletooth II, A New Generation is a dental health curriculum available free of charge to teachers in Pre-Kindergarten through 6th grade. Ideally, a school would implement all components of the dental health education program. When students receive free dental care, it is especially important for teachers to use the curriculum and to teach dental disease prevention.

The curriculum can be downloaded from the DSHS Oral Health Group website at:

www.dshs.state.tx.us/dental/teachers_guide.shtm

There are a number of features designed to be attractive to teachers.

The curriculum:

- Is available in English and Spanish, Pre-Kindergarten and Kindergarten
- Is correlated to the required health and science essential elements of instruction and to TASS targets
- Is easily integrated into a number of subject areas

- Incorporates many of the indicators used in the Texas Teacher Appraisal instrument

The following key excerpts from the curriculum are included in this manual:

- o Lesson objectives for each grade level
- o List of library books on dental health
- o List of audiovisuals available from the Department of State Health Services
- o Listing of oral health educational tools and resources
- o English Spanish glossary

The *Tattletooth* teachers' manual also contains bulletin board suggestions for dental health. Ideally, you will work with others on the school staff toward achieving prevention of dental problems through education. *Tattletooth II, A New Generation* is a program that is challenging, exciting, and fun for students.

TATTLETOOTH II: A NEW GENERATION

Lesson Objectives

Preschool

Students will be able to:

Unit 1

- Name the parts of the mouth: lips, teeth, gums, tongue
- Identify a toothbrush as his or hers
- Identify the place for storing toothbrushes

Unit 2

- Hold a toothbrush properly
- Brush the outside surfaces of top teeth properly

Unit 3

- Distinguish between *inside* and *outside*
- Brush the outside surfaces of the bottom teeth properly

Unit 4

- Practice brushing outside surfaces of top and bottom teeth
- Brush the inside surfaces of the top teeth properly
- Identify five causes of accidents that harm the teeth

Unit 5

- Identify germs as troublemakers for teeth
- Brush the inside surfaces of the bottom teeth properly
- Identify the tongue as the way we taste food

Unit 6

- Identify nutritious foods for snacks
- Brush chewing surfaces of teeth properly

Unit 7

- Become familiar with the dentist, the dental office setting, and the procedures that take place there
- Identify flossing as a way to clean the tight spaces between teeth
- Receive recognition for learning toothbrushing skills

Kindergarten

Students will be able to:

Lesson 1

- Name the parts of the mouth: lips, teeth, gums, tongue
- Identify the root, neck, and crown of a tooth.

Lesson 2

- Name the two sets of teeth
- Explain that primary teeth come out naturally and new teeth come in to replace them
- Describe their own experiences with losing primary teeth

Lesson 3

- Explain that daily cleaning of teeth is necessary for good dental health
- Demonstrate the correct way to hold toothbrush

Lesson 4

- Identify sticky, sweet foods that are bad for their teeth
- Identify nutritious snacks that are good for their teeth.

Lesson 5

- State the importance of dental visits

- Describes what happens in a dental office

Lesson 6

- Create skills given different dental health situations
- Demonstrate knowledge of the following concepts presented in this lesson through creative dramatics:
 1. We must brush each tooth carefully and hold the toothbrush correctly.
 2. We all get two sets of teeth in a lifetime – primary and permanent.
 3. Dentists help us learn to care for our own teeth, and they clean and care for our teeth.
 4. Sticky and sweet foods are not good for our teeth.
 5. Each tooth has a root, neck, and crown.

Lesson 7

- Prepare healthy snacks that promote dental health
- Share the dental health skits prepared in the previous lesson

Grade 1

Students will be able to:

Lesson 1

- Demonstrate the correct techniques for brushing the teeth, including holding, positioning, and manipulating the brush
- Demonstrate the correct technique for brushing the outside and chewing surfaces of the teeth

Lesson 2

- Identify their six-year molars
- Explain the importance of taking care of the six-year molars

Lesson 3

- Identify teeth shaped for cutting, tearing, or grinding foods
- Identify the differences in the teeth (shape and size)
- Identify similarities of teeth in the upper and lower jaws

Lesson 4

- List tools that dental health workers use to help them maintain healthy teeth
- Identify tools that are used to repair teeth

Lesson 5

- List four ways of preventing dental injuries
- Identify an emergency procedure for a chipped or broken tooth

Lesson 6

- Discuss the effects of one's fresh breath and clean teeth on his or her self-esteem

Lesson 7

- Judge the consequences of not brushing their teeth
- Apply knowledge of dental health to caring for their own teeth

Grade 2

Students will be able to:

Lesson 1

- Describe the importance of brushing teeth to prevent dental disease
- Brush, giving attention to the outside, inside, and chewing surfaces of their teeth

Lesson 2

- Identify the enamel and dentin
- Identify the crown, neck, and root of a tooth

Lesson 3

- Describe the process of losing primary teeth and gaining permanent teeth
- Summarize the process of resorption
- Explain the need to maintain spaces for the permanent teeth when primary teeth are lost prematurely

Lesson 4

- Identify foods that are high in sugar
- Describe the ill effects of combining sugar and plaque

Lesson 5

- Describe the progressive process of decay
- Analyze the need for care of teeth

Lesson 6

- Discuss a dental product that can aid in the prevention of tooth decay

Lesson 7

- Describe the feelings regarding dental health habits
- Recognize that good dental health begins with the individual

Grade 3

Students will be able to:

Lesson 1

- Name and locate the four different kinds of teeth and tell how each kind helps in chewing
- Explain that the teeth's most important function is to aid in digestion by breaking food into small bits

Lesson 2

- Describe the development of dental caries (cavities) and gingivitis (gum disease) and relate these processes to tooth structure
- Identify the causes of dental caries and gingivitis

Lesson 3

- Demonstrate correct brushing techniques, giving attention to the outside, inside, and chewing surfaces of their teeth
- List five habitual practices necessary to take care of their own teeth

Lesson 4

- Explain the value of flossing
- Demonstrate the correct way to:
 - o Hold dental floss

- o Wind the floss
- o Move the floss
- o Floss the upper front teeth

Lesson 5

- Identify potential dental hazards
- List ways to prevent injuries to the mouth and teeth
- Identify first-aid procedures to sue in case of dental emergencies

Lesson 6

- Describe four stages of dental development
- Explain the processes of resorption and eruption

Lesson 7

- Demonstrate willingness to accept responsibility for caring for their teeth
- Explain the long-term benefits of practicing good dental health habits as children
- Recognize the importance of regular dental check-ups

Grade 4

Students will be able to:

Lesson 1

- Describe the value of regular and frequent dental visits in the prevention of dental caries and gum disease.
- Identify common services and equipment used by dental professionals during regular checkups
- Give two reasons for having dental x-rays as part of the regular dental checkups

Lesson 2

- Describe the role of fluoride in prevention of tooth decay
- Name six ways to obtain fluoride for prevention of tooth decay
- Identify the American Dental Association's Seal of Acceptance

Lesson 3

- Identify sugar as a major cause of dental caries and gum disease
- Recognize the names of common sugars contained in foods
- Identify sucrose as one of the most decay-producing sugars

Lesson 4

- Read food labels to determine the sugar content of cereals
- Select low-sugar cereals and snacks given the sugar content

Lesson 5

- Describe the role of plaque in the development of dental caries and gingivitis
- Demonstrate recommended techniques and procedures for brushing and flossing, with emphasis on the upper teeth

Lesson 6

- Apply concepts developed in Lessons 1-5 on specialized care of teeth
- Research and develop a product to communicate knowledge of concepts

Lesson 7

- Prepare picture graphs to demonstrate their knowledge of the amount of sugar in selected foods

Grade 5

Students will be able to:

Lesson 1

- Explain the progressive nature of dental caries in relation to the structure of the tooth
- Describe the effects of untreated dental caries on the individual
- Describe the treatment for the early stages of dental caries
- identify three preventive measures for dental caries

Lesson 2

- Describe the need for healthy gums
- Define and describe the causes of periodontal disease
- Describe the symptoms of the disease in relation to the structure of the teeth and gums
- List three ways to control or prevent periodontal disease

Lesson 3

- Demonstrate proper flossing procedures for lower teeth
- Review and practice brushing procedures
- Describe the need for flossing and brushing in relation to plaque formation

Lesson 4

- Describe the consequences, causes, and common treatments for poorly aligned teeth and bites
- Explain the basic principle of orthodontic treatment
- Identify two dental health practices that need to be performed regularly while under the care of an orthodontist

Lesson 5

- Evaluate the relative risk of injury to the permanent teeth from four high school sports
- List three types of sports mouth protectors
- Describe an emergency procedure for replacement of damaged teeth

Lesson 6

- Match the names of dental specialists with their services
- Differentiate restorative from preventive services provided by the general dentist
- Match drawings of dental examination equipment with their names and functions

Lesson 7

- Name seven types of dental aids
- Identify advantages and disadvantages of a variety of dental aids
- Describe the characteristics of a good versus a worn-out toothbrush
- Evaluate various types of dentifrices based on the recommendations of the American Dental Association

Grade 6

Students will be able to:

Lesson 1

- Identify six health practices to reduce the chance of developing tooth decay

Lesson 2

- Identify eight dental specialists and their services
- Describe seven products or services offered by dental professionals
- List two reasons why knowledge of dental specialists and services are important

Lesson 3

- Describe and demonstrate recommended procedures for brushing and flossing
- Describe how flossing and brushing prevent plaque formation

Lesson 4

- Recognize that development of tooth decay is influenced by the type of food consumed and by eating patterns
- Identify foods high in starch, sugar, and acid as the type of foods that contributes to tooth decay
- Recognize that the number of times sugar is consumed is more harmful than the amount consumed
- Identify two characteristics of noncariogenic snack foods (nonretentive, no sugar)

Lesson 5

- Define smokeless tobacco
- List six dangers from the use of smokeless tobacco
- Identify three strategies used to promote the use of smokeless tobacco

Lesson 6

- Categorize fluoride treatments as systemic or topical
- Evaluate the cost effectiveness of five types of fluoride treatments

Lesson 7

- Describe the major functions of the forensic dentist
- List the types of information used by the forensic dentist to establish identity and assess child abuse

Part 8 – Appendices

Dental Health Videos for School Health
Texas Department of State Health Services
Phone: (512) 458-7260 Fax: (512) 458-7474
www.dshs.state.tx.us/avlib

THE BARNYARD SNACKER - 4014

Video color 5 min. 1982 P

The Tooth Chicken investigates the problem of snack food and candy wrappers strewn all over the barnyard. The discovery of Hungry Hog as the culprit leads to an important nutrition lesson on the value of a balanced diet, healthy snacks, and good oral hygiene. (ADA)

BRUSHING AND FLOSSING – 4426

Video color 8 min. 1987 P-A

Teaches the proper care of teeth, by showing proper brushing and flossing techniques. (DVI)

BRUSHING WITH DUDLEY AND DEE DEE – 5735

Video color 6 min. 1994 K

Designed especially for preschoolers, this video features Dudley's magical way of teaching Dee Dee how to brush and floss correctly. (ADA)

CHUCKLES AND THE HAPPY TEETH – 5007

Video color English-8 min., Spanish-8 min. 1992 P

In this puppet show video Chuckles meets a friend named Mary who teaches him the importance of brushing, flossing, going to the dentist and staying away from sweets. Aimed at children 3-5 years old. (WIC)

CLEAN KIDS (closed captioned) – 6964

Video color 15 min. 1999 EI-I

Demonstrates correct handwashing and explains the importance of clean hands to good health. Shows the importance of regular toothbrushing.

Gives additional good grooming tips. (MARSH)

DUDLEY'S CLASSROOM ADVENTURE – 5736

Video color 8 min. 1991 E1

Dudley's assignment is to write a report on a healthy mouth. This program teaches about diet, brushing and flossing, sealants, mouthguards, and more. Designed for children in Grades 3 – 5. (ADA)

DUDLEY'S VISIT TO THE DENTIST – 5738

Video color 7 min. 1990 K-P

Dudley meets the dental team and learns about the dental office. Teaches children of kindergarten age through third grade what to expect when they visit their dentist. (ADA)

DUDLEY THE DRAGON – 4601

Video color 5 min. 1976 P

Dudley, the village dragon, is misunderstood as well as disliked because he has dirty, ugly teeth. A village boy who has learned about good health in school visits Dudley and teaches him how to care for his teeth through proper brushing. Written in verse for preschool and primary children. Cleared for TV. (ADA)

GEENA'S TREMENDOUS TOOTH ADVENTURE – 5563

Video color 8 min. 1993 K-P

An animated video for pre-school and early elementary audiences. Provided courtesy of Crest toothpaste, encourages young children to take care of their teeth by brushing, flossing, eating healthy snacks, and

getting check-ups at their dentist's office. The Texas Department of State Health Services does not endorse any particular brand or products. (PROCTE)

THE HAUNTED MOUTH - 4604

Video color 13 min 1974 JrH-A
B. (Bacterial) Plaque encourages preventive dentistry by showing how teeth are destroyed by dental neglect. Explains how to brush and floss and the importance of regular visits to the dentist. (ADA)

IT'S DENTAL FLOSSOPHY, CHARLIE BROWN - 4015

Video color 5 min. 1979 P – A
Charlie Brown and the gang learn how to use dental floss properly. Animated. (ADA)

JODY SAYS, LOVE YOUR TEETH – K0001

Kit w/video color 14 min. 1991 K– P
Introduces dental health to very young children. May be used for hearing impaired preschoolers. Includes a 14 minute video, storybooks, puzzles, teacher workbook, Jody Coyote hand puppet with extra teeth and adhesive dots, large toothbrush and mouth model, dental office items. (ADA)

A KID'S GUIDE TO PERSONAL HYGIENE – 5717

Video color 17 min. 1988 K
Entertainer Bill Harley whimsically relays this important message to youngsters: practicing proper hygiene is a healthy and necessary part of life. Cartoon drawings frame the snappily sung, guitar-laced lyrics advising children to wash, bathe, and brush teeth daily. (KIDSAF)

LET'S TALK ABOUT A VISIT TO THE DENTIST – 5223

Video color 15 min. 1990 E1
Mr. Rogers takes viewers on a visit to his dentist's office. Knowing what to expect on a first visit to a dental office can make it easier for children and parents. Children are introduced to the staff of the dental office and to some of the dental equipment, supplies, and procedures that would probably be encountered. (FAMC)

MR. DIP LIP – M0002

Model E1-SrH
The unsightly, vivid consequences of dipping shown in this model will convince anyone that dipping is disgusting and definitely not worth it. The mouth opens and closes from the rear and the fleshy-like lips retract to show the disease effects dipping can have on the inner lip, gums and teeth. For use by health educators. (HLTHED)

MR. GROSS MOUTH – M0001

Model E1-Sr H
What can smokeless tobacco do to your mouth? This accurate model shows the effects of this deadly, filthy habit on the teeth, tongue and oral cavity. A bottle of tobacco juice comes with each model with instructions on how to make the tongue "spit". This model is three times the normal size and is mounted on a wooden case for easy use by health educators. (HLTHED)

PARENT, IT'S UP TO YOU (Revised) English/Spanish – 6640

Video color 31 min. 1997 SrH-A
Designed for the classroom teacher to use in conjunction with the *Parent, It's Up to You* oral health manual written

for Texas' schools' PEP Programs. The major goal of this educational program is to provide knowledge and to teach skills that will enhance personal hygiene and overall self-esteem. The dental curriculum consists of three lessons: one each for pregnant mothers, parents of infants, and parents of preschoolers. The video contains three films that cover topics on baby bottle tooth decay, dental care for infants (**Looking to Keep Decay Away** English/Spanish VC-6304), and dental care for preschoolers (**Healthy Teeth: A Guide for Parents of Preschoolers** VC-5253 English and VC-6021 Spanish). The goal of the program is to ensure better dental health for teenage parents and their children. (DENTAL)

PRESCRIPTION FOR PERIODONTAL HEALTH – 4219

Video color 11 MIN. 1988 JrH-A
Presented by the National Institute of Dental Research. Describes the stages of periodontal disease and ways that it can be prevented through good oral hygiene and dental examinations. (VIDTRN) (DENTAL HEALTH)

PROTECT YOUR WINNING SMILE – 5776

Video color 12 min. 1995 JrH-SrH
Provides a program to raise the awareness of youth regarding the importance of wearing mouth protection during sports and recreational activities. (IDPH)

SEAL IN A SMILE

English – 4343 Spanish – 4998
Video color English-11 min.; Spanish – 4- ½ min., 1988/1991 E1-A

The first 4-1/2 minute version discusses the need for and application of dental sealants, a plastic protective coating for back teeth. The following 6-1/2 minute school version provides information on the school dental sealant program. (DENTAL)

SHOWDOWN AT SWEET ROCK GULCH – 4083

Video color 13 min. 1973 P
Presents a preventive dentistry message with a western background. The Bad Health Gang, led by Plaque, attempts to take over Sweet Rock Gulch. Aided by the dentist and his assistant, the children banish the gang from town with toothbrush and floss. Intended for young audiences, includes brushing and flossing instructions as well as diet advice for the control of dental disease. Cleared for TV. (ADA)

SMILES ACROSS TEXAS: A SCHOOL NURSE'S TRAINING GUIDE FOR DENTAL HEALTH – 6020

Video color 17 min. 1995.
Professional. Prepared for school nurses to help recognize common dental problems which may be found in public school children. Includes common abnormalities and their causes, oral infections, types of dental disease, results of the use of smokeless tobacco, and evidence of HIV infection. (DENTAL)

SMOKELESS TOBACCO: THE SEAN MARSEE STORY – 4060

Video color 15 min. 1986 JrH-A
Presents the dangers of smokeless tobacco including oral cancer, oral leukemia, gum disease, tooth loss, and nicotine addiction. Tells the true

story of Sean Marsee, a high school track star and habitual user of snuff, who died of oral cancer at age 19. Stresses that smokeless tobacco is not a safe alternative to smoking and encourages saying “no” when faced with peer pressure. (DISNEY)

SMOKELESS TOBACCO: THE WHOLE TRUTH – 4049

Video color 9 min. 1985 E1-SrH
Former baseball great Jim Lonborg, who is now a practicing dentist, alerts young people to the proven addictive qualities of smokeless tobacco and its potential dangers: gum disease, tooth loss, cancer of the mouth and gums, and leukoplakia. Dispels mistaken idea that snuff and chewing tobacco are less harmful than cigarettes and offers an alternative role model. (SUNBUR)

SPIT TOBACCO KILLS: THE EXTREME DANGER OF CHEWING AND DIPPING TOBACCO – 6864

Video color 28 min 1996 JrH-SrH
Describes the real damage that spit tobacco can do to the human body. Includes the warning signs of diseases caused by using spit tobacco. Shows how the media shapes the views of teenagers concerning spit tobacco. (HUMRE)

TAKE TIME FOR TEETH (English/Spanish)-6571

Video color; Eng – 7 min, Span-8 min. 1997 SrH-A
Covers basic knowledge about oral health and prevention. Topics include: the importance of dental checkups for pregnant women, the recognition of “white spots” on the teeth, how to prevent baby bottle tooth decay, the advantages of taking a child to the

dentist at 1 year of age and then for routine checkups every 6 months after that, and the importance of dental sealants in reducing tooth decay. Video was developed in conjunction with the “Take Time for Teeth” oral health training module. (DENTAL)

TATTLETOOTH: A NEW GENERATION – 4124

Video color 34 min. 1989 A & Professional
Designed for the classroom teacher to explain parts of the Tattletooth dental health curriculum and to explain how to prepare for a brushing and flossing demonstration in the classroom. Version 1 (17 min.) is for grades K-2. Version 2 (17 min) is for grades 3-6. (AISDT)

TATTLETOOTH: BRUSHING AND FLOSSING DEMONSTRATIONS – 4125

Video color 22 min. 1987 P-E1
Follow-along brushing and flossing demonstrations simulate a real-life visit by a dental professional. (DENTAL)

TOOTHBRUSHING – 4605

Video color 3 min. 1985 P-A
Explains the importance of brushing in routine home oral health care and illustrates a step-by-step procedure for toothbrushing (modified “Bass” scrub technique). Designed with in-office patient education in mind. (ADA)

TOOTHBRUSHING WITH CHARLIE BROWN - 4016

Video color 5 min. 1978 P-A
Charlie Brown and the Peanuts gang teach youngsters brushing and flossing techniques in this animated film. (ADA)

WHATSA HYGIENE? (closed captioned) – 7517

Video color 18 min. 1999 I-JrH
Musical video encouraging good hygiene for preteens and young teens. Discusses handwashing, tooth-brushing, flossing, showering, nail care, hair care, and dressing with clean neat clothing. (MARSH)

WHAT'S WRONG WITH TOBACCO? – 6861

Video color 30 min. 1994 JrH-A
Presents kids who have already kicked the nicotine habit as well as teens currently struggling to become tobacco-free. Uses contemporary music and street scenes to persuasively discourage tobacco use. Shows the effect of advertising on young people. Explains that “spit tobacco” is not a safe alternative to smoking, adversely affecting the gums and teeth. (HUMRE)

CHILDREN'S DENTAL BOOKS

Albert's Toothache or El Dolor De Muelas De Alberto by Barbara Williams, Dutton 1974.

Alley Alligator's Awesome Smile by Timothy E. McNutt, Sr., D.D.S., 1991.

Alligator With A Toothache by Dean DeGroat, Crown, 1977.

Arthur's Loose Tooth (book and audiotape set) by Marc Brown, Little Brown & Co., 2003

Barney Goes to the Dentist by Publishing Lyrick, 1997

Berenstain Bears Visit The Dentist, by Stan and Jan Berenstain, Random House, 1981

Brush Your Teeth Please, Pop-Up by Leslie McGuire

Bugs Bunny Goes to the Dentist by Seyour Reit, Golden Books, 1978

Caillou at the Dentist by Johanne Mercier, 2004

Crocodile and the Dentist, The by Taro Gomi

David Decides About Thumbsucking by Susan M. Heitler

Dear Tooth Fairy by Kath Melletin, 1997

Dilly Goes to the Dentist by Bradman, Viking, 1987

Does a Hippo Say Ahh? by Fred Ehrlich, M.D., 2003

Does a Tiger Open Wide? by Fred Ehrlich, M.D., 2003

Does a Lion Brush? by Fred Ehrlich, M.D., 2003

Dora, Show Me Your Smile! By Christine Ricci, 2005

Dragon Teeth and Parrot Beaks: Even Creatures Brush Their Teeth by Almute Grohmann, 1998

First Experiences Going to the Dentist by Anne Cirardi

Fresh and Fun: Teeth (K-2) by Jacqueline Clarke

Germs Make Me Sick by Melvin Berger, Harper Collins Children's Books, 1987

Going to the Dentist by Merianne Borgardt, 1991

Going to the Dentist by Fred Rogers, 1989

Going to the Dentist, First Experiences by Anne Civardi

Harry and the Dinosaurs Say RAAHH! By Ian Whybrow, 2004

Have You Ever Seen a Moose Brushing His Teeth... by Jamie McClaine

Helpful Hattie by Janet Quin-Harkin, 1983

How Many Teeth? by Paul Showers, Crowell, 1991

I Know Why I Brush My Teeth (Sam's Science) by Kate Rowan

Just Going to the Dentist by Mercer Mayer, 1990

King's Toothache, The by Colin West, 1988

Lion Who Wouldn't Brush His Teeth, The by Michael A. Peele

Little Bear Brushes His Teeth (Little Bear Goes to Kindergarten) by Jutta Langreuter

Little Rabbit's Loose Tooth by Lucy Bates, Crown, 1975

Michael and The Dentist by Bernard Wolf, Wind Press, 1980

Mickey Visits the Dentist by Ronnie Kraus, Putnam, 1980

My Dentist by Ann and Harlow Rockwell, Greenwillow Books, 1975

My Dentist, My Friend by P.K. Hallinan, 2002

My Friend the Dentist by Watson, Switzer, Hirschberger, Crown, 1987

Night Before the Tooth Fairy, The by Natasha Wing, 2003

Open Wide: Tooth School Inside by Laurie Keller

Say Cheese! by Carolyn Dinan, 1986

Small Worlds Up Close by Lisa Grillone and Joseph Gennaro, Crown Books, 1987

Taryn Goes to the Dentist by Jill Krementz, Crown, 1986

Teeth by Jacqueline Maloy, 1992

Teeth 'n' Smiles: A Play by David Hare

Throw Your Tooth on the Roof: Tooth Traditions from Around the World by Selby Beeler, 2001

Tooth for the Tooth Fairy, A by Louise Gunther, Gossard, 1978

Tooth Book, The by Theo LeSieg, Beginning Books, 1981

Tooth Book, The by Dr. Seuss, Random House, 1981

Tooth Fairy by Sharon Peters, Troll, 1981

Tooth Fairy Book, The by Deborah Kovacs Lydecker, 1992

Tooth Fairy, The by Peter Collington, 1998

Tooth Trip, The by Eva Ericksson, 1985

Trip to the Dentist, A by Margot Linn, 1981

Tusk! Tusk! by Annie Mitra, 1990

What To Expect When You Go To The Dentist by Heidi Murkoff, 2002

When I See My Dentist by Susan Kuklin, 1988

Wobbly Tooth, The by Nancy Evans Cooney, G.P. Putnam's and Sons, 1978.

ENGLISH/SPANISH GLOSSARY

TEACHER'S GLOSSARY

GLOSARIO PARA EL MAESTRO

(Note: *** indicates no comparable word in Spanish)

Abscess – A collection of pus at the end of the root or around the roots caused by infection.

Abceso – *Una acumulación de pus en el ápice o alrededor de la raíz, causado por una infección.*

Acid – A compound produced by the action of bacteria on carbohydrates having the ability to cause caries (tooth decay).

Acido – *Una solución producida por la acción de microbios en carbohidratos (azúcares Y almidones), que tiene la habilidad de causar caries.*

Air spray – A spray of air used to dry the teeth so that the dentist can see it better.

Spray de aire – *Un spray de aire que se usa para secar los dientes para que el dentista, pueda verlos mejor.*

Alignment – The proper position of the teeth.

Alineamiento – *La posición correcta de los dientes.*

Alveolar bone – That portion of the jaw supporting the roots of the tooth.

Hueso alveolar – *La porción de las quijadas en las cuales se insertan las raíces de los dientes.*

Amalgam – A material used for filling teeth. It is a combination of silver, copper, tin, and mercury.

Amalgama – *Material que se usa para rellenar los dientes. Es una combinación de plata, cobre, aluminio Y azogue (mercurio).*

Anesthesia – A substance injected into the gums to remove pain.

Anestesia – *Substancia que se inyecta en la boca para dormir el área.*

Arch, dental – A term used to designate the upper or lower teeth collectively.

Arco, dental – *Terminio usado para designar los dientes superiores e inferiores, colectivamente.*

Bacteria – Microorganisms (commonly referred to as germs) capable of producing disease under the right conditions.

Bacteria – *Microbios (germens) capaces de producir enfermedades bajo condiciones propicias.*

Bicuspid – A double-pointed (two cuspid) tooth on each side (premolar) of the top and bottom jaws. There are eight bicuspids, and they are found only in the permanent teeth. The function of the bicuspid is to crush food.

Bicuspide – *Un diente con doble cúspides, de la maxilla o mandíbula, en ambos lados. Hay ocho premolares y se encuentran unicamente en la dentición permanente. La función de los permolares es triturar el alimento.*

Bitewing X-ray – A type of intraoral X-ray.

Braces – A dental device consisting of a wire arrangement worn on the teeth to force irregularly aligned teeth into their proper places.

Frenos – *Aparato dental que consiste en arreglar y alinear los dientes que están fuera de posición o lugar apropiado.*

Bracket table – A tray attached to the dental unit or a separate cart, upon which the dentist places the instruments to be used.

Mesa de unidad – *Charola en la cual el dentista coloca los instrumentos que va usar.*

Brushing – A process by which bacterial plaque and food debris are removed from

the exposed surfaces of teeth by using a toothbrush.

Cepillarse – *El procedimiento de remover la comida de las superficies expuestas de los dientes con un cepillo.*

Calculus – An accumulation of calcium deposits, commonly called tartar, that form on surfaces of teeth. It is a hard deposit formed on the teeth from bacterial plaque and minerals from the saliva.

Calculo – *Acumulación de depositos de calcio que se forman en las superficies de los materiales de la saliva y de la placa dental.*

Carbohydrates – A classification of foods represented by starches, sugars, and celluloses; a large class of organic compounds containing carbon, hydrogen, and oxygen.

Carbohidratos – *Clasificación de alimentos representados por azúcares, almidones, y celulosas. Una clase grande de compuestos organicos conteniendo carbón, hidrógeno, y oxígeno.*

Cavity – See dental caries. Hollow place or hole caused by decay in tooth.

Carie – *Ver: caries dentales. Lugar hueco o hoy causado por caries del esmalte.*

Cementum – The boney-like layer (mineralized tissue) that forms the outer surfaces of a tooth root. It is the hardest tooth structure.

Cemento – *Capa tipo-hueso (tejido mineralizado) que forma la superficie exterior de la raiz del diente. Es la tercera estructura mas dura de un diente.*

Chaw or Chew – Shredded tobacco placed between the cheek and teeth.

Chaw o Masticar – *Tabaco en trozos colocado entre la mejilla (cachete) y los dientes.*

Crown – The exposed part of the tooth above the gum line.

Corona – *La parte expuesta del diente, arriba de la linea de la encia.*

Cuspid – A sharp pointed tooth (single cusp), with a long heavy root located at the “corner” of the dental arch. It is used for breaking and tearing food. These teeth are sometimes called “canine” or “eye teeth.”

Colmillo – *Un diente filoso y puntiagudo con una raiz larga y pesada, colocado en la esquina del arco dental. Es usado para desbaratar o rasgar la comida. Estos dientes son a veces llamados “caninos.”*

Dappen dish – A dish to hold prophylaxis paste.

Platillo dental – *Recipiente usado para la pasta profilactica.*

Decay – See Dental caries.

Deciduous teeth – Primary teeth, baby teeth, milk teeth, and temporary teeth are all names for deciduous teeth. The 20 deciduous teeth begin to appear in the mouth when a baby is about six months old.

Dientes de leche – *Dientes primarios. Hay 20 dientes de leche, los cuales aparecen desde que en nino tiene seis meses.*

Dental assistant – A person who is trained to help the dentist at the examining chair.

Asistente dentista – *Persona entrenada para ayudar al dentist en la silla de consulta.*

Dental chart – Printed forms used to record information, written and graphic, regarding the patient’s dental and medical findings and history.

Expediente dental – *Forma, impresa, en la cual se apunta todos los datos, observaciones, y tratamientos dentales de u paciente.*

Dental caries – A disease process of the tooth that destroys the tooth structure and produces a cavity.

Caries dentales – *Proceso de enfermedad que destruye las estructuras del diente y produce un agujero o hoyo.*

Dental floss – Nylon or silk thread used to remove dental plaque from the in-between surfaces of the tooth.

Seda dental – *Hilo de nylon o seda usado para remover la placa de comida de entre los dientes.*

Dental health – Freedom from diseases of the teeth and their supporting structures.

Salud dental – *Libre de enfermedades dentales.*

Dental hygienist – A person trained in an accredited school or dental college and licensed by the state in which he or she resides to provide specific dental services such as cleaning teeth (prophylaxis) and educating the public in dental health practices under the direction of a licensed dentist.

Higienista dental – *Persona que va a la universidad a estudiar para provér servicios dentales especificados como limpieza de dientes (profilaxis), educar al público para que tenga una buena higiene dental y supervisada por un dentista con licencia. La higienista tiene una licencia estatal.*

Dental laboratory technician – A person trained and skilled in the construction of artificial appliances for the teeth.

Dental prophylaxis – The professional cleaning of teeth by a dentist or dental hygienist.

Profilaxis dental – *Limpieza profesional de los dientes por un dentista o higienista dental.*

Dental scaler – A metal tool used by a dentist or dental hygienist to scrape deposits from the teeth.

Escavador dental - *Instrumento dental, de metal, usado para quitar el deposito de los dientes.*

Dental unit – The apparatus that the dentist and dental hygienist use when they take care of a patient's teeth; it includes a power chair, bracket table, light, suction, air and water spray, and the rotary and high-speed pieces (drills).

Unidad dental – *Aparato que usa el dentista o higienista dental cuando dan tratamiento a los dientes. Incluye silla, mesa de unidad, luz, succión, aire, agua y las piezas de mano.*

Dentifrice – Toothpaste or tooth-powder used with a toothbrush to clean teeth.

Dentifrico – *Pasta o polvo dental que se usa en un cepillo para limpiar los dientes.*

Dentin – The hard, calcified tissue that forms the bulk and shape of the tooth; it is

the second hardest tooth substance. It is found in the crown and root and is covered with enamel and cementum.

Dentina – *Estructura dura del diente que le dá la forma. Es la segunda substancia mas dura del diente. Se encuentra en las coronas y las raizes y está cubierta con esmalte y cemento.*

Dentition – The kind, size, and arrangement of the teeth.

Denticion – *Los dientes en la boca; conjunto de dientes. Clase, tamaño y colocación de los dientes.*

Digestion - The process of breaking down food for absorption in the body.

Digestion – *Proceso de deshacer alimentos para que en cuerpo pueda absorberlos.*

Disclosing wafer – When chewed, it stains plaque on teeth.

Pildoras de descubrimiento – *Tabletas que al masticarlas, manchan y enseñan la placa en los dientes.*

Enamel – The hard, glossy, white covering of the tooth crown; enamel is the hardest substance in the body.

Esmalte – *Blanca y brillante capa que cubre la corona del diente. El esmalte es la substancia mas dura en el cuerpo.*

Endodontics – The dental specialty that deals with the treatment of the disease of the dental pulp.

Endodoncia – *Especialidad dental que trata las enfermedades de la pulpa dental.*

Eruption – The appearance of the tooth through the gums.

Erupción – *Cuando aparece el diente a través de la encía.*

Explorer – An instrument with a tiny point at the end that is used by the dentist and dental hygienist to determine if teeth are healthy.

Explorador – *Instrumento usado por el dentista o higienista dental para examinar y sentir que el diente esté saludable.*

Extraction – The act of removing or pulling a tooth.

Estracción – *Acto de remover o sacar un diente.*

Extra oral X-ray – An X-ray taken with the film placed outside the mouth.

Radiografía extra-oral – *Radiografía tomada con la película puesta afuera de la boca.*

Filling – A material (usually gold, silver alloy, or plastic) inserted in a prepared cavity in a tooth.

Relleno – *Material, usualmente de oro, plata, or plastico que se inserta en la cavidad del diente.*

Fixed bridge – An appliance made of gold or porcelain, designed to replace missing teeth and cemented into place.

Puente fijo – *Aparato dental hecho de oro or porcelana o de los dos materials, que repone los dientes que se han perdido.*

Flossing – The use of dental floss to remove bacterial plaque from the in-between surfaces of the teeth.

Uso de seda dental – *Remover la placa bacterial de entremedio de los dientes.*

Fluoridation – The addition or adjustment of the fluoride content in the public water supply to prevent or reduce tooth decay.

Fluoración – *Ajuste del fluoruro contiendo en las agues publicas para prevenir or reducir caries.*

Fluoride – A compound of fluorine and one or more elements; valuable in the reduction of tooth decay.

Fluoruro - *Un compuesto de fluor con uno o mas elementos; valioso para la reducción de caries.*

Fluoride treatment – The application of fluoride to the surfaces of the teeth.

Tratamiento de fluoruro – *La aplicacion de fluoruro en la superficies de los dientes, con enjuage o compuesto.*

Fluorosis – Discoloration (mottling) of the tooth enamel caused by too much fluoride in the drinking water during tooth formation.

Fluorosis – *Descoloración del esmalte del diente causado por demasiado fluoruo en el agua, durante la formación del diente.*

Food habit – The frequent eating of one or more types of foods; for example, drinking sweetened beverages between meals every day.

Habitos de comer – *Comer frecuentement una o dos tipos de comida: liquidos, refrescos, agues frescas, endulzados demas.*

Forensic dentistry – Application of dental skills and techniques to law enforcement agencies. An example is the identification of human remains.

Odontologia forensica – *Aplicacion de las artes dentales a los casos policiacos, como en casos de identificar cadavers.*

Frenum or frenulum – A band of fibrous tissue attaching the inner surface of the upper lip and the gums between the central incisors. This band of tissue is important because it can be large, causing separation of the upper central incisors.

Frenillo – *Superficie del labio superior y de la encia entre los incisivos centrals. Este tejido es importante porque puede ser la causa de la separación de los incisivos centrals.*

Gingiva – The gums that surround the teeth.

Gingiva – *Encia alrededor de los dientes.*

Gingivitis – Inflammation of the gums, characterized by pain, redness, swelling, and tendency to bleed.

Gingivitis – *Inflamación de las encias con características de dolor, inflamación, rojizas, y tendencia a sangrar.*

Grind – To crush into small particles. The function of the bicuspids and molars.

Tritura – *Masticar y remoler la comida hasta hacer pequeúas particulas. Es la función de los premolars y muelas.*

Gumboil – An inflammation and swollen part of the gum tissue caused by an abscessed or diseased tooth.

Postemilla – *Inflamación y hinchazón de parte de la encia, causada por un absceso o un diente malo.*

Gum recession – When the roots of the teeth become exposed and the teeth become sensitive to hot and cold.

Dientes decarnados – *Cuando las raizes de los dients están expuestas y el diente está muy sensible a lo frio o a lo caliente.*

Hand piece – A motor or air driven device that has changeable tips.

Health – The state of feeling good; freedom from disease.

Salud – *Estado saludable; sin ninguna enfermedad.*

Herpes Simplex – Fever blister, cold sores – localized collection of fluid under the skin around the mouth or nose.

Herpes Simplex – *Fuego o acumulación local de local de liquidos debajo del tejido en la cavidad oral o nasal, causado por un virus.*

Hygiene, oral – Cleanliness or proper care of the mouth and teeth.

Higiene oral – *Limpieza apropiada y cuidado de la boca y dientes.*

Hypoplasia – Defective development of tissue – poorly formed enamel causes a rough and irregular band to appear around each tooth – teeth may be abnormally small.

Hypoplasia – *Desarrollo defectuoso del tejido duro, esmalte pobremente desarrollado, aspero y irregular en los*

dientes. Son dientes anormales y pequeños.

Impacted tooth – The condition in which a tooth is embedded in the alveolar bone so that eruption is prevented.

Diente enterrado (limpactado) – *La condición del diente que está enterrado en el hueso alveolar y no puede brotar.*

Incisor – One of the four front teeth of either jaw used for cutting.

Incisivo – *Uno de los cuatro dientes de enfrente ya sea de arriba o de abajo.*

Inlay – A filling made of gold or porcelain that is prepared in the laboratory and cemented into a previously prepared cavity in the tooth. It usually does not cover the cusps of the tooth.

Encrustación – *Relleno de oro, o porcelana, hecho en un laboratorio y que se pega con cemento en una cavidad, previamente preparado, de un diente. Normalmente no cubre las cúspides de un premolar o muela.*

Interdental stimulator – Used to massage the gum between the teeth.

Estimulador interdental – *Aparato que se usa para dar masaje a la encía entre los dientes.*

Irritants – Primarily bacterial products that cause damage to the gums and teeth.

Irritantes – *Productos que causan daño a las encías y diente.*

Intraoral X-ray – An X-ray taken with the film placed inside the mouth.

Radiografía intra-oral – *Una radiografía donde la película se coloca en el interior de la boca.*

Malocclusion – Irregularity of teeth alignment to the extent that the teeth fit together poorly when the mouth is closed.

Maloclusión - *Alineamiento irregular de los dientes que al cerrar la boca, los dientes no ensamblan bien.*

Mastication – The chewing of food to prepare it for swallowing and digestion.

Masticación – *Masticar la comida, remoliendola, para tragarla y digerirla.*

Mixed dentition – A dentition in which both primary and permanent teeth are present.

Dentición mixta - *Dientes de leche y dientes permanentes al mismo tiempo.*

Molars – The teeth located behind the bicuspids used for grinding and chewing food. There are 12 molars in the permanent set of teeth.

Molares (muelas) – *Piezas dentales localizadas atrás de los premolares y que se*

usan para masticar y triturar la comida.

Tenemos 12 molares permanentes.

Mouth mirror – A small mirror with a long handle used to view parts of the mouth.

Espejo dental – *Pequeno espejo de mango largo que se usa para ver las partes de la boca.*

Mouthwash – Liquid used to rinse the mouth; mouthwash containing fluoride is best.

Enjuague oral – *Liquido que se usa para enjuagar la boca y que es mucho mejor si contiene fluoruro.*

Nonretentive foods – Foods that are readily removed from the mouth by the natural action of the tongue, cheeks, lips, and saliva.

Alimentos no-retentivos - *Comidas que se quitan de las superficies de los dientes con la acción natural de la saliva, la lengua, los labios, y las mejillas (cachetes).*

Occlusal – The chewing or grinding surfaces of molar and bicuspid teeth.

Occlusion – The full meeting or contact of the biting surfaces of the upper and lower teeth in a normal position.

Occlusión - *El completo contacto de las superficies de los dientes de arriba y abajo, en la posición normal.*

Oral – Pertaining to the mouth.

Oral – *Refiriendose a la boca.*

Oral cavity – The mouth.

Cavidad oral – *La boca.*

Oral Leukoplakia – a common, potentially pre-cancerous disease of the mouth that involves the formation of white spots on the mucous membranes of the tongue and inside of the mouth.

Leukoplasis oral (Leucoplaquia) – *Una forma de cancer oral que se manifiesta como tejidos blancos en la boca.*

Oral pathology – A dental specialty dealing with the study of a mouth disease through examination and microscopic study.

Cirugia oral – *Especialidad dental que consiste en el diagnóstico y tratamiento de enfermedades, golpes, y mala formación de la cavidad oral.*

Orthodontic appliance – A brace made of wires and bands fastened to the teeth by an orthodontist to guide teeth into proper position.

Aparato orthodontico – *Bandas y alambres que se acomodan en los dientes para obtener la posición correcta de los dientes.*

Orthodontics – A dental specialty that involves the prevention and correction of malalignment and malocclusion of the teeth.

Ortodoncista – *Especialidad dental que corrige y prevé la mala oclusión y mal alineamiento de los dientes.*

Palate – The roof of the mouth.

Paladar – Techo de la cavidad bucal.

Pedodontics – A dental specialty that includes training of the child to accept dentistry; restoring and maintaining primary, mixed, and permanent dentition; applying preventive measures for dental caries and periodontal disease; and intercepting and correcting various problems of occlusion.

Pedodoncia – *Especialidad dental de niños. Enseña a los niños a aceptar los tratamientos de reconstrucción de dientes o muelas, prevención de caries, enfermedades de la encía y evita problemas de oclusión. (Tratamiento de niños.)*

Periodontal disease – Gum diseases, including gingivitis and periodontitis, are serious infections that, left untreated, can lead to tooth loss. Periodontal disease is a chronic bacterial infection that affects the gums and bone supporting the teeth.

Enfermedad periodontal – *Infección de las estructuras de los dientes, que si no se cura destruye los tejidos que sostienen al diente*

en se alvéolo, resultando en la pérdida de la pieza.

Periodontal membrane – A layer of tissue made up of tiny fibers, nerves, and blood vessels that helps hold and cushion the tooth in its socket.

Membrana periodontal – *Una capa de tejidos en la cual se insertan los dientes y consiste de fibras, vasos vasculares, nervios, y hueso y que sostiene al diente en su alvéolo.*

Periodontics – A dental specialty dealing with the treatment of gums, bones, and other supporting structures of the teeth in health and disease.

Periodoncista – *Especialidad dental de tratamiento de las encías y huesos (Paraodontista)*

Periodontitis – Inflammation of the supporting tissue of the teeth.

Periodontitis – *Inflamación de los tejidos y encías.*

Permanent teeth – The second set of teeth or those that follow the primary teeth (32 in number).

Dientes permanentes – *Segundo juego de dientes o sea los que siguen a la dentición primaria. Consisten de 32 piezas.*

Pit – A small indentation in the crown of the tooth.

Surco occlusal – *Hendidura en la corona de un diente.*

Plaque – A patch of bacteria, slime, and tissue cells on the tooth.

Placa dental – *Capa de microbios, tejidos, y células en la superficie de un diente.*

Polysaccharide – A complex carbohydrate.

Polisacarina – *Un carbohidrato complicado.*

Power chair – A dental chair that can be automatically adjusted by electrical power to position the patient.

Silla automática – *Sillón dental que automáticamente se ajusta, por electricidad, a la posición que se requiere.*

Premolar – See Bicuspid.

Preventive services – Services provided by dentists that prevent dental problems.

Servicios preventivos – *Servicios que provee el dentista para prevenir problemas dentales.*

Primary Dentition – See Deciduous teeth.

Prophylaxis – Teeth cleaning by a dental specialist.

Profilaxis – *Limpieza por medio de un especialista dental.*

Prophylaxis cup – A rubber cup used on the end of the hand piece to polish the teeth – often called a “prophy cup.”

Copa de profilaxis – *Copa de hule que se usa en la punta de la pieza de mano para pulir los dientes.*

Prosthodontics – A dental specialty concerned with the fabrication and placement of appliances designed to replace missing teeth.

Protodoncia – *Especialidad dental que se limita a fabricar, poner, y mantener aparatos dentales que reponen los dientes que se han perdido.*

Prosthodontist – A dentist who practices the specialty of prosthodontics.

Protodoncista – *Especialista en prótesis.*

Public health dentistry – A dental specialty serving dental health of the public through community action such as education, fluoridation, and clinical services for indigent citizens.

Servicio público odontología – *Servicio dental al público para educar a la asistencia pública y tratamientos de clínicos para personas necesitadas.*

Pulp – The center portion of the tooth that contains nerves, blood vessels, and connective tissue.

Pulpa – *La parte central del diente que contiene nervios, vasos vasculares, y tejidos.*

Pumice – A special kind of toothpaste that the dentist or dental hygienist uses to clean teeth.

Piedra poma – *Polvo dental molido que se utiliza para la limpieza de los dientes.*

Pyorrhea – See Periodontitis.

Radiographs – X-ray films of the teeth and bones.

Radiografías – *Película de rayos-X de los dientes y huesos.*

Resorption – A loss of some of the tooth, bone, gum tissue by disease or trauma, as in the root of the primary teeth before shedding.

Resorción – *Pérdida (destrucción) de dientes, hueso o tejidos de la encía por enfermedad o trauma, como en las raíces de los dientes de leche antes de que se caigan.*

Restoration – A broad term applied to any dental filling, inlay, crown, bridge, partial denture, or complete denture that restores or replaces loss of tooth structure, teeth, or oral tissue.

Restauración – *Termino que se aplica o se usa para rellenos, encrustaciones, coronas,*

puentes, dentaduras parciales o denturas completas, para reemplazar los dientes.

Retentive food – A food substance usually sticky in form that remains in the mouth longer than other foods.

Comidas retentivas – *Sustancia usualmente pegajosas y chiclosas que se quedan mas tiempo en los dientes que los demas alimentos.*

Rinsing – A process of removing loose bacteria, their products, and food from the mouth by swishing with water.

Enjuagar – *Proceso de remover las bacterias sueltas por medio de el enjuague con agua.*

Root – The part of the tooth covered by cementum that normally extends beneath the gum; it anchors the tooth to the jaw and gives it nourishment.

Raíz – *La parte central del diente que contiene nervios, vasos vasculares, y tejidos.*

Root canal – A process in which the pulp of a dead tooth is scraped out and the chamber is filled.

Canalización – *Proceso de remover la pulpa de un diente muerto; se limpia el canal, se esteriliza, y se rellena de nuevo.*

Safety mouth protector – Also called mouth guard; used by athletes to prevent oral injuries. It is a molded piece of plastic that fits over the upper teeth.

Guardia protector – *Plastico que usan los atletas para prevenir daño a la boca. El molde de plastico se usa sobre los dientes.*

Saliva – The mixed secretions of the glands of the mouth.

Saliva – *Liquido producido por las glandulas de la boca; es principio de la digestión de la comida.*

Saliva ejector – A device with a straw attached, used on mouth suction piece, held and operated by the patient to remove saliva and water from mouth during dental prophylaxis.

Succionador – *Aparato que sirve para sacar la saliva o agua de la boca durante tratamientos dentales.*

Sealant – A plastic coating applied to teeth, especially back teeth, to protect them from dental caries.

Sellante – *Una capa de plastico que se aplica a los dientes, especialmente en las muelas de atras, para prevenir caries.*

Silicate – A restorative material close to the color of the tooth used to restore teeth.

Silicato – *Material que se usa para restaurar dientes. El material usado es casi idéntico al color original del diente.*

Six-year molar – First permanent molars that erupt at approximately six years of age and are often mistaken for primary teeth.

Molar (muela) de los seis años – *El primer molar o muela permanente que sale aproximadamente a los seis años. La mayoría de las veces se confunde con una muela de leche o muela primaria.*

Smokeless tobacco – Chewing tobacco or snuff that is held in the mouth so that the alkaloid nicotine is absorbed into the bloodstream through the oral mucosa. The use of this product can cause cancer of the mouth.

Tabaco sin humo – *Tabaco que no se enciende, que se mastica o tabaco en polvo que se coloca en la boca. Los tejidos de la boca absorben la nicotina y la pasan a la sangre. El uso de estos productos puede causar cancer de la boca o la garganta.*

Snuff – Powdered tobacco that is placed between the gums and the teeth and that can cause cancer of the mouth.

Tabaco en polvo – *Se pone o se acomoda entre la encia y el diente y puede causar cancer en la boca o la garganta.*

Space maintainer – An appliance inserted in place of a missing tooth to prevent teeth from drifting.

Mantenedor de espacio – Aparato que se inserta en el espacio donde falta un diente y previene que se muevan los dientes de enseguida.

Starch – A polysaccharide from various plants having the formula $(C_6H_{10}O_5)_n$.

Almidón – Una polisacarina, derivada de varias plantas, cuya fórmula es $(C_6H_{10}O_5)_n$.

Suction apparatus – One of the dentist's instruments that sucks water out of the mouth.

Aspirado – Uno de los instrumentos que usa el dentista para sacar el agua de la boca.

Sugar – A food substance that, when combined with bacterial plaque, forms acids that cause dental caries.

Azúcar – Substancia dulce que combinada con la placa dental causa caries.

Sulcus – The small space between the gingiva and tooth.

Surco interdental – Pequeño espacio entre la gingiva y el diente.

Supernumerary teeth – Extra teeth resulting in crowding of the mouth.

Sometimes a mouth is crowded with the normal number of teeth.

Dientes supernumeraries – Dientes extras, o demasiados, que causan dientes encimados.

Systemic fluoride – Fluoride that enters the tooth from inside the body.

Fluoracion sistémica – Fluoruro que entra en los dientes del cuerpo.

Tartar – See Calculus.

Tongue tied – Congenital shortening of the frenum.

Tooth bud – The small seed under the gums that develops into a tooth.

Botón de diente – Semilla, en los tejidos, que forma el diente.

Topical fluoride – Fluoride compounds applied to the surfaces of the teeth by the dentist, dental hygienist, or the patient.

Fluoro Tópico – Aplicación de fluoro a las superficies de los dientes por un dentista, por una higienista dental, o por el propio paciente.

Topical fluoride treatment – Application of fluoride solutions to the teeth by rinsing or brushing.

Trauma – An injury of any kind whether physical, psychic, or physiological.

Trauma – *Golpe o daño.*

Trench mouth – Bacterial infection of the gums, tonsils, and floor of the mouth characterized by a characteristic odor, inflammation, ulceration, and painful swelling.

Trigger food – A food that when eaten will begin the process of tooth decay.

Alimento dañino – *Cualquier alimento que empieza a procesar caries.*

Vicent's infection – See trench mouth.

Water irrigator – A device that flushes out particles of food from between teeth and around orthodontic appliances with a spray of water.

Irrigador de agua – *Aparato que quita la comida de entre los dientes y de los frenos, por medio de un chorro de agua.*

Water spray – A spray of water used to wash away the debris from the teeth used during preparation of the teeth to receive fillings.

Jeringa de agua – *Aparato para lavar los dientes con un chorro de agua antes de colocar un relleno.*

Wisdom teeth – The last teeth on each side of the jaw, the third molars. They usually appear between the ages of 17 and 25.

Muelas de juicio – *Es la ultima muela de cada lado. Casi siempre brota entre la edad de 16 a los 25 años.*

X-rays – Radiation that is used to make films of teeth and bone.

Rayos-X – *Radiación que se usa para hacer una pelicula de los dientes y del hueso.*



Oral Health Educational Tools and Resources Contents



Section	Page
Introduction: About This Resource List	1
Tools & Resources for Teachers	2
Tools & Resources for Families and General Public	6
Tools & Resources for Children and Teens	14
Useful Web Sites on Oral Health	17



Oral Health Educational Tools and Resources



Introduction: About This Resource List

The Healthy People 2010 Objectives state that the earliest opportunity to prevent dental decay occurs during prenatal counseling about diet, oral hygiene practices, and the transmission of bacteria from parents to children. Dental care for pregnant females, counseling, reinforcement of health promoting behaviors with caregivers of children, and intervention by dental and other professionals to improve parenting practices provide the best available means of preventing the pain, psychological trauma, health risks and costs associated with early childhood caries. It is essential that other health professionals and social service agencies who provide care and case management to families with children at high risk of oral health be involved in the education and prevention of early tooth decay.

The resource list, *Oral Health Educational Tools and Resources*, is a product of the South Plains Oral Health Partnership in Health Services Region 1 in the State of Texas. It contains oral health education materials including books, videos, pamphlets, brochures, posters, and websites identified in three main sections:

Resources for Teachers,

Resources for Families and the General Public

Resources for Young Children through Teens

The South Plains Oral Health Partnership does not represent endorsement of any of these specific products or vendors. Please notify us of any changes to the material identified in these pages by calling (806) 767-0414.

**Oral Health Educational
Tools and Resources
Teachers**

❖ Note: The descriptions and intended target age have been defined by the publisher/author. Please review these materials to determine suitability for your target audience.

Title/Number	Order Source	Price	Notes	Target
<i>Parent, It's Up to You! Oral Health Manual for Pregnancy, Education, and Parenting Program</i> Available in Spanish	DSHS Oral Health Program (806) 767-0414	Limited number available from DSHS, Region 1	This teaching guide is designed for use with adolescent parents enrolled in the Pregnancy, Education, and Parenting Program in schools in Texas. The guide covers the skills needed by the students to assure their personal oral hygiene and that of their children. Each lesson plan includes background materials and instructions for teaching the class. Three lessons cover the mother's health during the prenatal and perinatal period and the oral health of infants and preschool-age children. The guide also includes resource materials, transparency masters, and the videotapes "Looking to Keep Decay Away and Health Teeth: A Guide for Parents for Pre-Schoolers".	Adolescent Parents
<i>Tattletooth II, A New Generation</i>	Texas Dept. of State Health Services, Oral Health Program, 1100 West 49 th Street, MC 1938, Austin, TX 78756 512-458-7323	Download from website dental@dshs.state.tx.us	This set of curricula provides a basic, comprehensive resource for educators, which will foster parental involvement in the promotion of oral health for Texas children. It includes units for preschool children, including those in Head Start, Pre-Kindergarten, and childcare for children in Kindergarten through Grade six. Each unit has an individual title: 'Superbrush' 'Something to Smile About' 'Miles of Smiles' 'Healthy Texas Teeth' 'Your Teeth': Your responsibility.' 'Special Care for Special Smiles' 'Dental Problems and Solutions,' and 'Personal Choices for Dental Health;' and each curriculum includes resources for the teacher. The set contains videotape for use with parents, and an audiocassette with songs; the videotape, which is provided in English and Spanish, is called 'Healthy Teeth: A Guide for Parents of Preschoolers.'	Preschool – Grade 6

Title/Number	Order Source	Price	Notes	Target
<i>Tooth Time</i>	Maine Oral Health Program Bureau of Health Division of Community Health 11 State House Station Key Plaza, 5 th Floor Augusta, ME 04333 207-287-3121	\$20.00	A comprehensive and sequential oral health curriculum for Grades K – 6. Tooth Time is designed to assist educators in promoting positive oral health practices to students and their families. This curriculum provides grade specific instructional strategies, guided lessons, activities, worksheets, bulletin board ideas and copies for transparencies. This curriculum is a cooperative project of the State of Maine Oral Health Program and the State of New Hampshire Bureau of Oral Health.	Grades K – 6
<i>Building The Future: The Maternal & Child Health Training Program</i>	National Center for Education in Maternal and Child Health (NCEMCH) 703-524-7802	Photocopy Free	Many dental injuries occur in children and adolescents. Oral and facial injuries can occur at home, school, and during participation in various sports activities. This flipchart is designed to be used as part of a children’s dental disease prevention program, helping staff members, teachers and parents understand oral injuries among school age children (particularly those experienced during sports and recreational activities) and their prevention. The flipchart covers oral injury among school age children, safety rules, the components of a dental first aid kit, toothache, broken tooth, knocked out permanent tooth, cut or bitten tongue, lip or cheek, objects caught between the teeth, broken jaw, bleeding after baby tooth falls out, cold or canker sores, and mouth guard protection (including the types of mouth guards available). The flipchart stresses that, by learning and practicing common safety rules, children can prevent injuries to themselves and their teeth. It is recommended that all children involved in sporting activities that may cause injury to the mouth or face should be fitted with a custom mouth guard.	Grades K - 12

Title/Number	Order Source	Price	Notes	Target
<i>Healthy Teeth Oral Health Education Database</i>	Nova Scotia Dental Association www.healthyteeth.org	Free	Healthy Teeth is an oral education database upon the science of oral health and designed for elementary Grades 3 – 6. It features animated graphics, easy-to-understand text, simple classroom experiments and much more. The Canadian Dental Association, Nova Scotia Dental Association and the Halifax County Dental Society form the site's primary sponsors. Health Teeth will be updated with new features and sections over time. There are no corporate sponsors.	Grades 3 – 6
<i>Oral Health & Learning: When Children's Oral Health Suffers, So does their Ability to Learn</i>	Nat'l Center for Education in Maternal & Child Health Georgetown University 703-524-7802 www.mchoralhealth.org	Available at no charge	This face sheet described the effect of poor oral health on children's ability to read. It covers lost school time, oral health and learning, nutrition and learning, and programs for improving oral health.	Teachers, Families, General Public
<i>The Maine Sealant Manual</i>	Maine Oral Health Program Bureau of Health Division of Community Health 11 State House Station Key Plaza 5 th Floor, Augusta ME 04333 207-287-3121	\$7.00	A manual designed for use by school personnel and dental personnel in developing and maintaining school-based or school-linked dental sealant programs. The manual explains guidelines for selecting schools and tooth selection criteria. Also included are suggestions for public education about the program, staff training, necessary forms and equipment and supplies.	Teachers, Dental Personnel
<i>Reference Guide to Dental First Aid and Emergencies</i>	Maine Oral Health Program Bureau of Health Division of Community Health 11 State House Station Key Plaza 5 th Floor, August ME 04333 207-287-3121	\$7.00	A resource guide designed to aid school nurses, school health aides, teachers, school administrators, other health and administrative personnel to effectively manage dental emergencies. These First-Aid procedures should provide temporary relief and assistance but are NOT intended to permanently resolve the dental problem.	Teachers School Nurses, School Health Aids, School Administrators

Title/Number	Order Source	Price	Notes	Target
<i>Take Time for Teeth Available in Spanish</i>	Department of State Health Services flipchart THSteps Products website http://www.thstepsproducts.com/ video Oral Health Program 512-458-7323	Available at no charge	This training module was developed to present a standardized message about oral health. The module comprises a video, and a flipchart for educational use. The materials present topics such as oral health as an important part of total health, causes and prevention of dental disease, early childhood caries, family oral health, and English-to-Spanish translations of important words.	Teachers
<i>Dental Screening Guide</i>	Arizona Dept. of Health Services Office of Oral Health 602-542-1866	Available at no charge	This poster depicts mouths and teeth with no obvious dental problems, those that need early dental care, and those that need urgent dental care.	Teachers
<i>A Healthy Mouth For A Lifetime: Oral Health for Everyone</i>	Children's Dental Health Institute of San Diego, Share the Care County of San Diego Health and Human Services 619-692-8858 sharethecaredental.org	\$24.95 including shipping	This manual outlines an oral health education program that is suitable for both professional and volunteer teachers and can be used with audiences of any age. The first section is oral health information for the teacher. It includes information about tooth structure, plaque, and prevention measures including fluoride, sealants, and effective dental hygiene. The dental effects of tobacco use and food choices are also discussed. The end of the section includes lists of materials, equipment, resources, and supplies needed. Section Two of the manual is twelve activity guides for learning good dental hygiene, the role of dental sealants, how safety equipment protects teeth, the negative effects of tobacco on oral health, and healthy food choices. Section Three is the appendix. It contains illustrations of tooth decay, handouts to go with the activities, additional information to be used in classes or newsletters, and lists of professional resources for nutrition and oral health.	Teachers

**Oral Health Educational
Tools and Resources
Families and General Public**

❖ Note: The descriptions and intended target age have been defined by the publisher/author. Please review these materials to determine suitability for your target audience.

Title/Number	Order Source	Price	Notes	Target
<i>Show Your Teeth!!!: Good Beginnings for Gorgeous Smiles: Only Grownups Can Make It Happen</i> Available in Spanish	National Center for Education in Maternal and Child Health 703-524-7802 www.mchoralhealth.org	Photocopy available at no charge	This flier teaches about the formation of children's teeth and the prevention of baby bottle tooth decay. It presents the value of fluoride toothpaste in the prevention of dental caries. Extensive color illustrations are included.	0 – 2 years, preschool
<i>Brushing Baby Teeth Daily: Teaching the Cleaning of Erupting Teeth</i> <i>English/Spanish/Viet</i>	University of Washington, Continuing Dental Education, School of Dentistry 206-543-5448	\$19.00 – first time After that \$14.00 each	This videotape presents techniques for cleaning infants' erupting teeth. The videotape shows methods and positions for best results	0 – 2 years
<i>Oral Health Fact Sheets</i>	Ohio Dept. of Health Bureau of Oral Health Services 614-466-4180 www.odh.ohio.gov	Single copies available at no charge	These oral health fact sheets, developed for a low- literacy audience, provide information on baby bottle tooth decay, pregnancy and oral health, fluoride, the correct method of brushing children's teeth, and the relationship between nutrition and oral health. Simple illustrations are included with each fact sheet.	0 – 2 years
<i>Helpful Hints To Keep Your Child's Teeth Healthy</i> Available in Spanish	Dept. of State Health Services Oral Health Program 512-458-7323 www.dshs.state.tx.us	Available from the website at no charge	These two posters tell the mother how to care for her baby's mouth, and warn her to look out for white spots on the teeth. The pictures show the development of decay from white spots to cavities to tooth loss, and stress at each stage that, if the teeth look like this, she should take her child to dentist.	0 – 2 years

Title/Number	Order Source	Price	Notes	Target
<i>Protect Your Child's Smile: 1-4 Year Olds: Young Children Need Healthy Teeth to Eat, Talk, and Smile</i>	U.S. Indian Health Service Dental Field Support and Program Dev. Section 301-443-1106	Single copies available at no charge	This brochure discusses four basic ways that help parents ensure good oral health for their very young children: Brush their child's teeth daily, offer healthy snacks, take the child to the dentist by age one, and ask about fluoride. The brochure was developed for use with Native American populations at the request of the Indian Health Service.	0 – 2 years
<i>Don't Wait Until It Hurts: Get Dental Treatment For Your Child</i>	U.S. Indian Health Service Dental Field Support and Program Dev. Section 301-443-1106	Single copies available at no charge	This brochure emphasizes the benefits of keeping baby teeth healthy and discusses three benefits of seeking dental treatment for baby teeth; reduced incidence of pain and infection; fewer cavities in permanent teeth. The brochure urges parents to help preserve their child's smile by following four basic tips on oral health care for young children. The brochure was developed for use with Native American populations at the request of the Indian Health Service.	0 – 2 years
<i>Baby Health Tip Cards: Early Childhood Caries Intervention Education</i> Available in Spanish	Arizona Dept. of Health Services Office of Oral Health 602-542-1866	Single sets available at no charge	These tips cards for baby health are part of a baby bottle tooth decay/early childhood caries intervention program in Arizona. The cards are designed for use with clients in a series of health education visits or for conveying prevention messages that stand-alone. Each of the six cards in a set addresses a different aspect of infant oral health. These topics are as follows: what causes baby bottle tooth decay; what baby bottle tooth decay causes in turn; how to bottle feed a baby; when a baby can use a cup; when a baby should give up the bottle; and what the white spots on a child's teeth mean. This health information is age appropriate and culturally representative.	0 – 2 years

Title/Number	Order Source	Price	Notes	Target
<i>Taking Care of Your Child's Teeth</i>	American Academy of Family Physicians 800-944-0000 www.aafp.org http://familydoctor.org	Download from website	This fact sheet offers information for parents about caring for their infant's or child's teeth. The fact sheet first explains why 'baby' teeth are so important and why they ought to be cared for. Written in a question and answer format, the fact sheet discusses how to care for the infants gums and teeth, the role of fluoride and fluoride supplements, when to visit the dentist, how to help the child with teething, how dietary choices affect the child's teeth, thumb sucking habits, and baby bottle tooth decay (nursing caries). The fact sheet gives parents specific guidelines for caring for the child's teeth and encourages parents to work closely with the dental care team.	0 – 2 years
<i>Protect Your Child's Teeth! Put Your Baby To Bed With Love, Not a Bottle</i> Available in Spanish, Chinese, Vietnamese, Cambodian, Laotian, Thai	National Oral Health Information Clearinghouse www.nohic.nidcr.nih.gov	Free	This brochure describes baby bottle tooth decay and tells parents how they can protect their baby's teeth. The brochure was developed for clients with low literacy levels and was tested for cultural sensitivity with each language population in a clinic setting.	0 – 2 years
<i>Your Child's Teeth</i>	Catalog Sales American Dental Association 312-440-2500	50 pk @ \$27.00 volume discount	This pamphlet discusses the value of preventive dental care in improving the oral health of American children. The topics discussed are nutrition and oral health during pregnancy, oral health for ages birth to six years and ages six to 12, and tips for caregivers.	0 – 12 years

Title/Number	Order Source	Price	Notes	Target
<p><i>Special Care for Special Needs: A Dental Education Booklet for Clients, Caregivers & Parents</i></p>	<p>Arizona Dept. of Health Services Office of Oral Health 602-542-1866</p>	<p>Fee, limited quantities available</p>	<p>The booklet provides instructions to ensure the dental hygiene of children with special health needs, including physical and mental disabilities. Written to help caregivers, parents, and the children themselves, the booklet addresses the eruption of primary or baby teeth and permanent teeth, dental emergencies, and preventive measures including good nutrition and the use of fluoride and sealants. The booklet describes conditions such as plaque, calculus, tooth decay, and periodontal diseases; presents techniques for brushing and flossing; and discusses special dental equipment and the positioning of the patient for dental hygiene.</p>	<p>Families with Special Needs Children</p>
<p><i>Prevent Diabetes Problems: Keep Your Teeth and Gums Healthy</i></p>	<p>National Diabetes Information Clearinghouse (NDIC) 800-860-8747 or 301-654-3327</p>	<p>Single copy free</p>	<p>This illustrated booklet, written in nontechnical language, uses a question and answer format to provide people who have diabetes with information on preventing tooth and gum problems caused by diabetes. High blood sugar helps bacteria grow, which can lead to a condition called periodontitis. Symptoms of tooth and gum damage include red, sore, swollen gums; bleeding gums, gums pulling away from teeth; loose or sensitive teeth; bad breath; a bite that feels different; and poor fitting dentures. The booklet explains how a person and his or her dentist can keep teeth and gums healthy. The booklet also provides general tips for staying healthy. In addition, the booklet includes sources of information about diabetes and describes the activities of the National Diabetes Information Clearinghouse.</p>	<p>People with Diabetes</p>

Title/Number	Order Source	Price	Notes	Target
<i>More Than Just A Pretty Smile: Oral Health For People With Diabetes</i>	Rapaport Publishing, Inc. 800-234-0923	Call for prices.	This article addresses the issue of oral health for people who have diabetes. People who have diabetes face special challenges for keeping their teeth and gums healthy. Research has showed a relationship between healthy gums and teeth blood glucose levels in the normal range, and overall good health in people who have diabetes. Few people know much about the connection between periodontal health and diabetes. Periodontal diseases are infections in the mouth that affect the soft gum tissue and the supporting bone. A high blood glucose level increases the risk for periodontal disease because it makes a person susceptible to infections, inhibits the healing of infections, promotes the growth of bacteria that feed on sugar, and reduces blood supply to the oral tissues. The article includes sources of additional information about dental products and good oral health.	People with Diabetes
<i>Oral Health & Learning: When Children's Oral Health Suffers, So does their Ability to Learn</i>	National Center for Education in Maternal & Child Health Georgetown University 703-524-7802 www.mchoralhealth.org	Free	This fact sheet described the effect of poor oral health on children's ability to read. It covers lost school time, oral health and learning, nutrition and learning, and programs for improving oral health.	Families, Teachers, General Public
<i>Health Smiles, Healthy Children</i>	Iowa Department of Public Health Dental Health Bureau 515-281-3733	Single copies free	This brochure provides parents with an overview of the role of dental hygiene in ensuring their children's oral health. Topics include information on primary and permanent teeth, plaque, gingivitis, decay, snacks, fluoride, sealants, dental care visits, and home hygiene.	Families
<i>Oral Health FAQs: Ask Tessie The Hygienist</i>	http://www.colgate.com/cp/corp.class/oral_care/faq/about.jsp	Free	This is an interactive website on oral hygiene. Tessie Lamadrid Black is a registered dental hygienist who is currently employed as Manager of Dental Hygiene Relations at Colgate Oral Pharmaceuticals.	Families

Title/Number	Order Source	Price	Notes	Target
<p><i>Stop Guide: The Smokeless Tobacco Outreach And Prevention Guide. A Comprehensive Dictionary Of Smokeless Tobacco Prevention And Cessation Resources</i></p>	<p>Applied Behavior Science Press 888-345-8744 www.abspress.com</p>	<p>Go to website for price</p>	<p>This directory provides a broad array of information regarding smokeless or spit tobacco use, focusing on cessation and prevention programs. Although titled a directory, the loose-leaf notebook contains a variety of informational materials, including published articles, essays, and statistics. Topics include the prevalence of snuff and chewing tobacco use in the US; legislation and litigation issues; tobacco industry marketing, sales, and promotion; ingredients in smokeless tobacco products; health problems associated with spit tobacco use, including dental caries, periodontal effects, soft tissue alternations, leukoplakia, cancer of the oral cavity and pharynx, and cardiovascular effects; school based resource organizations. The directory concludes with an extensive bibliography of materials on prevalence, health effects, physiology, use patterns, attitudes and perceptions; prevention, assessment, addiction and withdrawal, cessation, marketing, production and content, and public policy. The directory also includes a glossary of terms, a list of recommended alternatives to spit tobacco, and a series of article reprints.</p>	<p>Families and General Public</p>
<p><i>Achieving Fresh Breath: Tips for Fighting Halitosis</i> Stock #9429</p>	<p>StayWell 800-333-3032</p>	<p>23.49 for 50 + shipping and handling</p>	<p>This brochure describes halitosis (bad breath) and its causes. The brochure briefly discussed six common causes of bad breath, including bacteria and food particles, gum disease, dry mouth (xerostomia), certain foods, tobacco use, and other causes including certain diseases. The brochure then explains how the dental care provider can help find a cause for bad breath and help the patient treat the problem. The patient may be referred to another dental or medical specialist for evaluation and treatment. The brochure then lists and briefly describes strategies that readers can employ to help avoid bad breath; brush the tongue, keep a moist mouth, make dietary changes, stop smoking or chewing tobacco, and ask the dentist about prescription mouth rinses. The brochure is illustrated with simple line drawings.</p>	<p>Families and General Public</p>

Title/Number	Order Source	Price	Notes	Target
<i>Battling Bad Breath</i>	American Dental Association (ADA) Catalog Sales 800-947-4746	\$22.00 for 50; non-members \$33.00	This brochure from the American Dental Association guides readers in strategies to fight bad breath (halitosis). The brochure reminds readers that dentists can help identify the cause of bad breath and, if it is due to an oral condition, develop a treatment plan to help eliminate it. Food that collects between teeth, around the gums, and on the tongue can leave an unpleasant odor, or attract bacteria that cause bad breath. Therefore, adequate toothbrushing and flossing can prevent bad breath. The brochure also discusses the role of certain foods, the problem of bad breath in people who are dieting, bad breath as a warning sign of periodontal (gum) disease, dry mouth (xerostomia) and related bad breath, the use of tobacco products, and systemic disease or medical disorders that can contribute to bad breath. The back cover of the brochure offers five tips for preventing bad breath.	Families and General Public
<i>Seal Out Dental Decay</i>	National Institute of Dental and Craniofacial Research 301-496-4261	Call for prices.	This pamphlet explains what dental sealants are, why to get them, what causes tooth decay, why back teeth decay so easily, who should get sealants, should sealants be put on baby teeth, how much sealants costs, does insurance pay for them, how long do they last, what if a small cavity is covered by a sealant, are sealants new, how sealants are put on, and other ways to prevent tooth decay. The importance of fluoride is also presented.	Families and General Public
<i>Floss And Brush The Proper Way, Remove All the Plaque Once-A-Day Available in Chinese</i>	National Center for Education in Maternal and Child Health 703-524-7802 www.mchoralhealth.org	Free	This illustrated brochure shows the proper methods for brushing and flossing teeth.	Families and General Public

Title/Number	Order Source	Price	Notes	Target
<i>Tragic Choice: The Bob Leslie Story (#9) Video (12:00 min.)</i>	National Spit Tobacco Education Program (NSTEP) 312-836-9900	\$15.00	This video is about a high school baseball coach from California who started chewing at the age of 13. He quit chewing at the age of 27 but discovered he had oral cancer five months later. This video tells the story of Bob Leslie, his wife, and baby girl and what they went through. It also details what effects oral cancer from spit tobacco had not only on his family but on his ballplayers as well. Bob Leslie died on June 15, 1998, from oral cancer.	Families and General Public
<i>Oral Health Promotion Products</i>	Smile Makers P.O. Box 2543 Spartanburg, SC 29304 1-800-825-8085 www.smilemakers.com	Cost varies	Catalog with floss, stickers, posters, magnets, balloons, erasers, toothbrushes, brochures, tooth-shaped mirror, books, hand puppets	Families and General Public
<i>Oral health educational items</i>	Oral Health Products, Inc. P.O. Box 45623 Tulsa, Ok 74145 1-800-331-4645 www.oralhealthproducts.com	Cost varies, free downloads	Toothbrushes, coloring sheets, personal oral hygiene instruction sheets, dental gloss, disclosing tablets	Families and General Public

**Oral Health Educational
Tools and Resources
Children & Teens**

❖ Note: The descriptions and intended target age have been defined by the publisher/author. Please review these materials to determine suitability for your target audience.

Title/Number	Order Source	Price	Notes	Target
<i>Watching Your Mouth: Tending to Teeth in the Teen Years</i>	American Dental Association 800-947-4746	Member \$22.00 Non-member \$33.00 (50 ct)	Steer teens in the right direction to a healthy smile that will last a lifetime. This ADA brochure helps teens make the right decisions by addressing common concerns such as orthodontia, wisdom teeth, tooth whitening, and bad breath. Interesting while educational, it also reinforces good oral care.	Grades 6 – 12
<i>Are Your Eating Habits Hurting Your Smile</i>	American Dental Association 800-947-4746	Member \$22.00 Non-member \$33.00 (50 ct)	New brochure discusses the damaging effects of eating disorders such as bulimia and anorexia and looks at eating habits, good and bad, and how poor diet can result in tooth decay. Also lists ways to care for a smile and keep teeth healthy through eating the right foods and practicing good oral care.	Grades 6 – 12
<i>Oral Piercing – Is it Worth It?</i>	American Dental Association 800-947-4746	Members \$21.00 Non-members \$31.50 (100 ct)	This popular mini-brochure will help you communicate with your teenage patients in their language. Piercing is “in” and this color illustrated brochure directly addresses the current trend of body piercing and its effect on oral health. Your patients will better understand the medical and social risks of piercing tongue, lips, and cheeks, and how to avoid damaging consequences.	Grades 6 – 12
<i>Smart Choices for a Sharp Smile: Tips For Teens</i>	American Dental Association 800-947-4746	Members \$22.00 Non-members \$33.00 (50 ct)	A great companion piece to the <i>Watch Your Mouth</i> brochure, it continues to answer questions unique to teens and helps you promote good oral health. This ADA brochure addresses the complications of mouth jewelry and tobacco, the importance of mouth guards, and also reinforces tips for a healthy mouth.	Grades 6 - 12

Title/Number	Order Source	Price	Notes	Target
<i>Here's A Pitch No One Can Handle (#1) Brochure</i>	National Spit Tobacco Education (NSTEP) 312-836-9900	.45 cents per copy 250 plus at .40 cents	A brochure targeted at teens with pictures of oral cancer victims Rick Bender and Sean Marsee on the back cover. Inside is more information on spit tobacco.	Grades 6 – 12
<i>Brushing with Dudley and DeeDee</i>	American Dental Association 800-947-4746	Member \$15.00 Non-member \$22.50 (50 ct)	Fun and informative coloring book helps kids understand the importance of visiting the dentist by going with Dudley to his own dental appointment.	Children
<i>ABC's of Oral Health Dental Health (2 books)</i>	American Dental Association 800-947-4746	Member \$21.00 Non-member 31.50 (50 ct)	Colorful, interactive booklets with activities and games kids will love. Dudley and DeeDee visit Dr. Benchley to get advice on brushing, flossing, and proper diet.	Children
<i>Six Innings: The Little League Report (#10) Video (12:26 min.)</i>	National Spit Tobacco Education (NSTEP) 312-836-9900	\$15.00	If you're looking for something targeted at kids, this is your video. A few Little Leaguers assemble a news show about baseball and spit tobacco. They interview baseball celebrities like Joe Garagiola and Joe Carter among others and examine the myth that baseball and spit tobacco are a dual tradition.	Children
<i>Spit Tobacco Dangerous & Deadly (#3) Brochure</i>	National Spit Tobacco Education (NSTEP) 312-836-9900	.45 cents per copy 250 plus - .40 cents	NSTEP's most popular educational brochure, this piece features oral cancer victims and NSTEP spoke persons Bill Tuttle and Rick Bender. It also features support from Mickey Mantle, Henry Aaron, Len Coleman, and National Chairman NSTEP Joe Garagiola. Charles Schultz donates an anti-spit tobacco Peanuts cartoon on the back. (5" x 8" tri-fold)	Children

Title/Number	Order Source	Price	Notes	Target
<i>Fluoride Toothpaste: Just One Drop Is Enough</i>	Montana Dept. of Public Health and Human Resources 406-444-0276	Single copies available at no charge	This information display card graphically demonstrates the amount of toothpaste needed for tooth brushing. Included are recommendations for brushing and flossing, and guidelines for the age at which children can begin to brush their own teeth.	Children
<i>The Tooth Book, By Dr. Seuss Writing As Theo Lesieg</i>	Random House ISBN #0-375-81039-0 www.randomhouse.com	Contact your local bookstore	The story is brief and funny. The words are few and easy, and have a happy, catchy rhyme. The pictures are clear and colorful clues to the text. An offspring of the world-famous Beginner Books, this Bright and Early Book is designed for an even lower age group. <i>The Tooth Book</i> points out why animals have teeth.	Children
<i>Throw Your Tooth On the Roof: Tooth Traditions From Around the World</i>	Houghton Mifflin Co., ISBN #0-395-89108-6	Contact your local bookstore	What do you do when you lose a tooth? Do you put it under your pillow and wait for the Tooth Fairy? Not if you live in Botswana! In Botswana, kids throw their teeth onto the roof. In Afghanistan, they drop their teeth own mouse holes, and in Egypt, they fling their teeth at the sun. Travel around the world and discover the surprising things children do when they lose a tooth.	Children
Dental Health Posters and Healthy Habits Reminder Posters (12x19-1/2")	Latsa Company www.latsa.com 1-888-805-2872 Professionally Selected Dental and Health Educational Posters	Set of 4 Dental Health Posters: \$8.50 Healthy Habits Poster PST18 "I Brush My Teeth" : \$1.99	Colorful dental health posters which can be used to introduce and reinforce the dental health concepts. Children can read pictures without being able to read words. Messages are: Brush Your Teeth at School, Brush Your Teeth at Home, Choose Foods That Make You Healthy, and Visit Your Dentist. Healthy Habits Poster: Photographic poster encourages good behavior.	Children

**Oral Health Educational
Tools and Resources
Useful Web Sites**

Please note: This page contains links to related sites of interest. The Department of Health and Education do not endorse the views expressed on these sites nor assume any liability for the accuracy of any information on these sites.

Type of Website	Organization	Website
General Oral Health	CDC Oral Health resources	www.cdc.gov/nccdphp/oh/index.htm
	Colgate Palmolive Co.	http://colgate.com
	National Institute of Dental and Craniofacial Research	http://www.nidcr.nih.gov .
	National Oral Health Information Clearinghouse	www.nohic.nidcr.nih.gov
	New York University College of Dentistry	http://www.nyu.edu/dental
	Oklahoma Parent	http://www.okparent.org/health/dental.htm
	The Tooth Fairy Online	http://www.toothfairy.org/
	About Smiles	http://www.aboutsmile.com/
	Dental Information	http://www.qualitydentistry.com/dental/
	All About Braces: Orthodontic Information Page	http://www.braceinfo.com/
	The Wisdom Tooth	http://www.umanitoba.ca/outreach/wisdomtooth/
	Dental Advice for Parents	http://users.forthnet.gr/ath/abyss/advice.htm
	Dental Review Online	www.dentalreview.com/Childrens_books.htm
	My PediatricDentist.com	www.MyPediatricDentist.com
	Web Dental Office	http://users.forthnet.gr/ath/abyss/index.htm
Children's Oral Health	American Academy of Pediatric Dentistry	http://www.aapd.org
	Bright Futures	http://www.brightfutures.org
	Campaign for Tobacco Free Kids	http://tobaccofreekids.org
	Center for Health and Healthcare in Schools	www.healthinschools.org/cfk/dentfact.asp
	Citizens' Watch for Kids Oral Health	http://kidsoralhealth.org
	Fact Sheet – Your Child's First Dental Visit	http://www.drjay.com/1stvisit.htm
	Health Teeth Oral Health Education Database	www.healthyteeth.org
	Kinderstart – Dentists 4 Kids	http://www.dentist4kids.com
	Latsa Company	http://www.latsa.com/toothbrush_books.html
	National Maternal & Child Health Clearinghouse	www.nmchc.org
	National MCH Oral Health Resource Center	www.mchoralhealth.org
	Smile Makers	www.smilemakers.com

Type of Website	Organization	Website
	Texas Dept. of State Health Services Oral Health Group	www.dshs.state.tx.us/dental
	US Department of Health and Human Services	www.ask.hrsa.gov/OralHealth.dfm
Oral Health Professional Associations	American Academy of Pediatric Dentistry	http://www.aapd.org
	American Academy of Periodontology	http://www.perio.org
	American Association of Public Health Dentistry	http://aaphd.org
	American Dental Association	www.ada.org
	American Dental Hygienists Association	http://www.adha.org
	Academy of General Dentistry	http://www.agd.org
	Hispanic Dental Association	http://www.hdassoc.org
Other Websites with Info on Oral Health	American Public Health Association	http://www.apha.org
	Clinical Research Associates	http://cranews.com
	Dental Check – Baylor College of Dentistry	www.tambcd.edu/dentalhealthcheck
	Food and Drug Administration	http://www.fda.gov
	Foundation Center	http://www.fdncenter.org
	Healthfinder	www.healthfinder.gov
	Indian Health Service	http://ihs.gov
	National Foundation for Ectodermal Dysplasias	http://www.nfed.org
	Office of the Surgeon General	http://www.surgeongeneral.gov
	US Dept. of Health & Human Services	http://os.dhhs.gov
	Volunteers in Health	http://volunteerinhealthcare.org
	National Institutes of Health	http://nih.org
	Oral Health Products, Inc.	www.orahealthproducts.com
Specific Oral Health Issues	American Cleft Palate-Craniofacial Association	http://www.cleftline.org
	HIVdent	http://www.hivdent.org
	Oral Cancer Information Center	www.oralcancer.org
	Online Sports Dentistry	www.sportsdentistry.com