

# The IHS Dental Explorer

*A publication of the IHS Division of Oral Health*

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2011

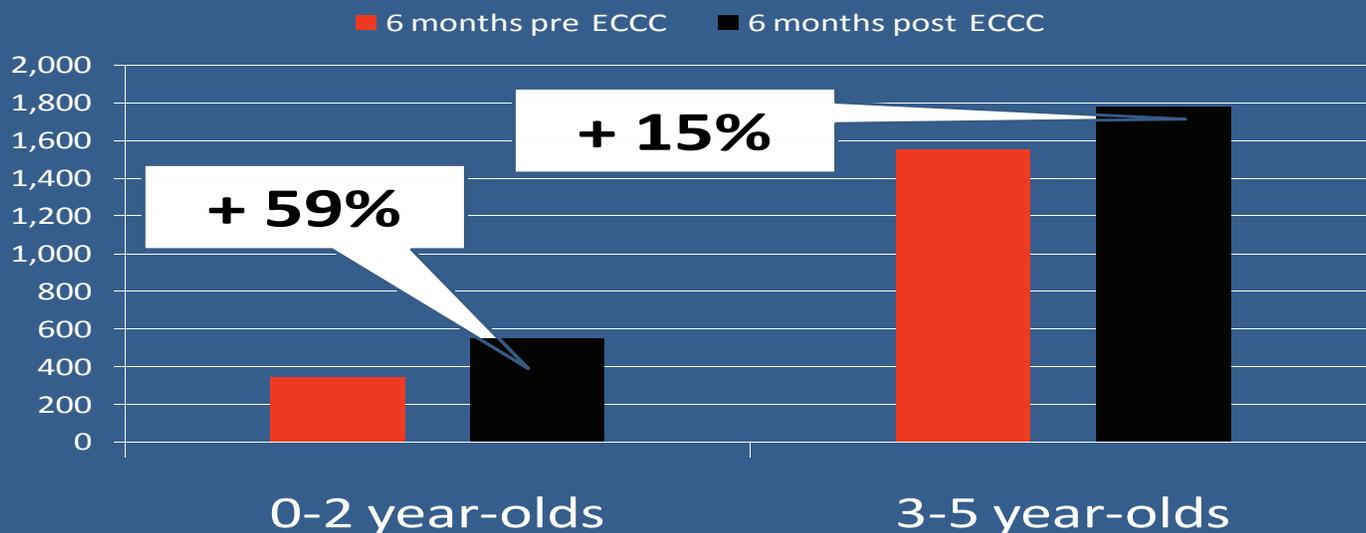
## **ECC Collaborative: Are YOU Protecting Children's Teeth with Mighty Mouth Sealants and Restorations?**

Wow, what a difference a year makes! A year ago, many dentists seemed a little cautious to provide glass ionomer interim therapeutic restorations (ITRs) or glass ionomer sealants.

However, as we look at the data for the first six months of the IHS Early Childhood Caries Collaborative, we see that **MANY** of you are doing ITRs. The number of ITRs placed in children under 2 years of age increased by a whopping 59%, while in the 3-5 year-olds we had an increase of 15%.

We encourage everyone to go to the IHS ECC Collaborative website to learn more about GI sealants and ITRs—[www.doh.ihs.gov/ecc](http://www.doh.ihs.gov/ecc), soon to be [www.ihs.gov/doh/ecc](http://www.ihs.gov/doh/ecc). We've also changed the name of ITRs to be more user-friendly—see the next page for the big news!

### Interim Therapeutic Restorations





## The New “Mighty Mouth” Fillings!

What is a “Mighty Mouth” filling? It is just another name for Interim Therapeutic Restorations, the official name of glass ionomer restorations on primary teeth.

A team from the Portland, Nashville, and Albuquerque Dental Support Centers even came up with a design for a new “superhero” designed to help promote the “Mighty Mouth” fillings. Shown below, this Native American character is shown with pink Triage® shooting out of a gun. We have developed “Mighty Mouth” stickers that your clinic can order by going to the IHS ECC Collaborative website—[www.doh.ihs.gov/ecc](http://www.doh.ihs.gov/ecc), soon to be [www.ihs.gov/doh/ecc](http://www.ihs.gov/doh/ecc), so you can give these out to children after you provide a glass ionomer sealant or restoration.



### Tips

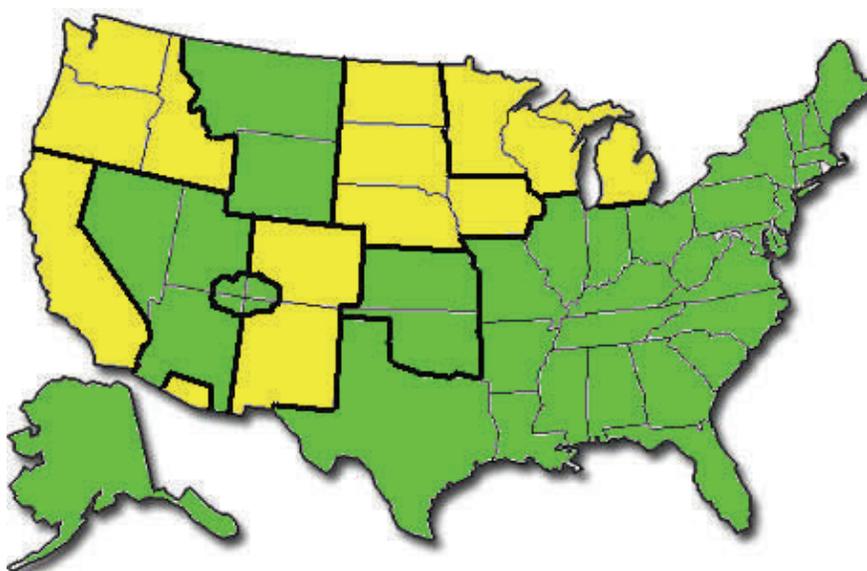
- *Tell parents these are temporary restorations that may last the life of the primary tooth.*
- *Use distraction to your advantage by giving the child things to hold or “jobs” to do when placing Mighty Mouth fillings.*
- *Give the child a Mighty Mouth sticker*
- *Remind families to brush their child’s teeth daily with fluoride toothpaste to “recharge” these fluoride-releasing sealants and restorations. Also, remind them to recharge Mighty Mouth fillings with fluoride varnish 3-4 times per year.*



## Pine Ridge promotes Mighty Mouth fillings!



## How much did my Area increase on ITRs?



### Area Performance: ITRs

-  >20% increase
-  10-20% increase
-  <10% increase



## How do you increase “Mighty Mouth” fillings?

The two sites that had the highest increases in ITRs/Mighty Mouth fillings were Tuba City and Blackfeet. We spoke with Dr. Craig Bruce from Tuba City and Drs. Gary Pannabecker and Mandrea Stebbins and asked them what they did to increase the number of ITRs in their programs. Here’s what they had to say.

### Tuba City, Navajo Area

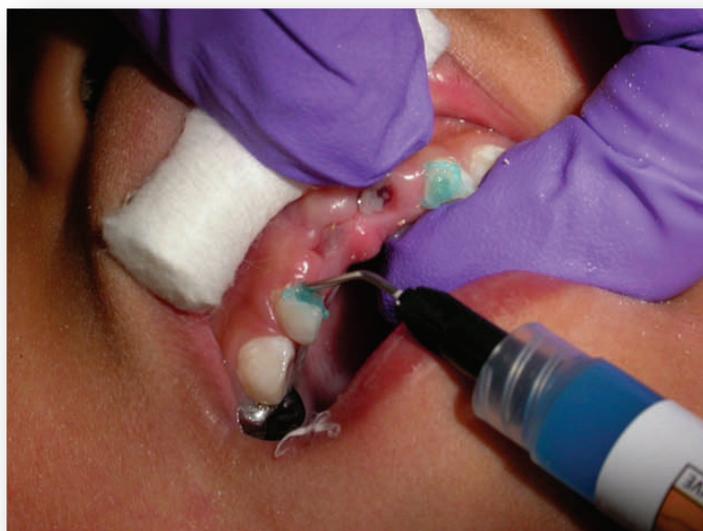
“We increased our ITRs by training all of the dental staff at Tuba City to apply ITRs. There seemed to be a mystique about glass ionomer by some general dentists only because they haven’t used it since dental school. Once a quick review of the material was explained and a few pediatric behavior management techniques were discussed, our general dentists became quite comfortable with the procedure. Everybody got on board with the ECC Collaborative and even our oral surgeon can do them!”

### Blackfeet, Billings Area

“We provided training using the online course for all of our dental staff and we stressed correct coding. A dentist, hygienist, assistant team went to Early Head Start twice last year and provided screening, fluoride varnish, and ITR sealants and restorations as appropriate. We have also increased out contract with a pediatric dentist and she applies GI sealants routinely for the children she sees.”

#### **QUICK FACT:**

**“Mighty Mouth”  
fillings can and should  
be applied by general  
dentists in very young  
children.**





## GI vs. Amalgam Restorations

There are several research articles comparing the longevity and strength of glass ionomer vs. amalgam restorations. An article by Mickenautsch et al (1) reviewed 6 of these studies. Several of these studies were randomized clinical trials using a study design where both a GI and amalgam class I restoration were placed in the same child's mouth. This controls for diet, toothbrushing, fluoride exposure, etc. since both restorations are exposed to the same oral environment. The authors concluded that carious lesions at the margins of single-surface GI restorations are less common than with amalgam fillings after 6 years in the permanent teeth. No difference was observed in the primary teeth, making GI restorations competitive with amalgam in both dentitions.

In a study by Mandari et al (2), 152 school-age children (mean age 11 years) received both GI and amalgam restorations. At the 6 year follow-up, 114 children were available for evaluation. The results were 75% success with conventional occlusal amalgam restoration, 76% success for modified-conventional low-viscosity GI, and 69% success for the ultraconservative GI applied in a field setting. The authors concluded that the 6-year survival of conventional occlusal amalgam restorations were statistically the same as the GI restorations. Secondary caries was significantly greater with amalgam restorations compared with GI restorations. This is most likely due to the fluoride associated with glass ionomer cements.

Since amalgam and GI seem to perform almost the same in the primary dentition, with similar longevity, why not use GI since it is easier on the child, less invasive, and preventive in nature? The release of fluoride appears to give GI restorations an advantage over amalgam for recurrent caries.

1. Mickenautsch et al. Eur J Paediatr Dent 10(1): 41-46, March 2009.
2. Mandari GJ et al. Caries Res 37:246-53, 2003.

**Interim Therapeutic Restorations (ITR) are endorsed by both the American Academy of Pediatric Dentistry (AAPD) and the IHS Division of Oral Health for the purpose of caries stabilization.**



## Take the Mighty Mouth Challenge!



### Challenge

During the next week, we will place at least one Mighty Mouth (glass ionomer) restoration on a child under 6 years of age.

If you need more instruction, take the online Caries Stabilization Course.

We need to take the online course. YES \_\_\_ NO \_\_\_

We need to order supplies for GI restorations. YES \_\_\_ NO \_\_\_

Describe how you will incorporate Mighty Mouth fillings in your program.

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To access the online course, go to [www.doh.ihs.gov/ecc](http://www.doh.ihs.gov/ecc) or [www.ihs.gov/doh/ecc](http://www.ihs.gov/doh/ecc)



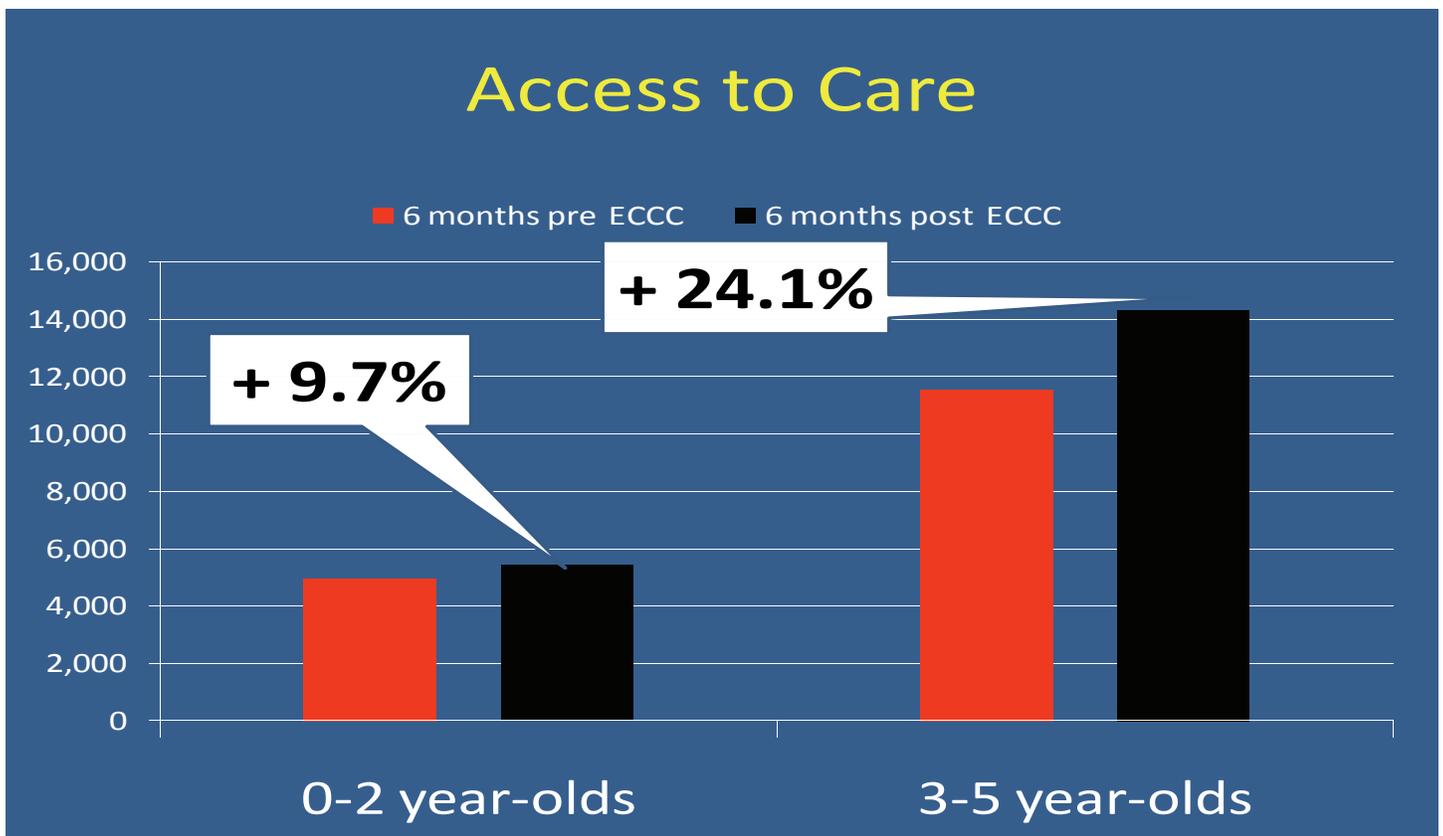


## How are we doing on increasing access to care?

Increasing access to care for 0-5 year-old AI/AN children is one of the 4 objectives of our IHS ECC Collaborative (the others are to increase sealants, fluoride varnish, and ITRs in 0-5 year-old children).

We hope to increase access to dental care, as measured by 0000 codes in RPMS, by 50% over the 5-year program. In the first six months of the program, we increased access by almost 10% in 0-2 year-olds and by almost 25% in 3-5 year-olds.

Because young children don't always present to our dental clinics when they are healthy, this is where our collaborative partners really help us. By screening young children and referring them to dental clinics, physicians, nurses, Community Health Representatives, Head Start teachers, and others are playing a vital role in promoting access to care. Read the stories on the next page about how some of our top programs increased access to care for 0-5 year-old AI/AN children.





## Top programs increasing access for 0-2 year-olds

Below are three sites that had some of the highest increases in 0-2 year-old access to care. How did they do it? We spoke to Dr. Brian Berg from Choctaw, Marsha Larrabee from Ft. Peck, and Dr. Danny Gilbert from Zuni. Here's what they had to say.

### Choctaw, Nashville Area

“We implemented a WIC screening program where we set aside one morning every month to see children referred from WIC. We also work closely with Early Head Start.”

### Ft. Peck, Billings Area

“This program implemented a well-baby dental exam/fluoride treatment as part of their medical units' regular well-baby clinics. We also coordinate with WIC for children to come 'next door' to the dental hygienist's office for dental checks and fluoride on a quarterly basis.”

### Zuni, Albuquerque Area

“We increased the number of dental screenings performed during well-child visits and provided education and materials to the WIC office. We provided ECC education for the medical staff, focusing on proper coding, improved visibility in community settings, and we designated a time block Friday afternoons for 0-5 year olds. In addition, 5 Head Start staff received fluoride varnish certification.”

**Do you see a common theme?**

**Each worked with medical  
and WIC to increase  
0-2 year-old access.**





## Top programs increasing access for 3-5 year-olds

Below are three sites that had some of the highest increases in 3-5 year-old access to care. How did they do it? We spoke to Dr. Alan Tatz from ACL and Kari Strang from Rosebud to find out. Here's what they had to say.

### ACL, Albuquerque Area

“Our staff practically went door to door across the community!! We basically took our program to the Head Start program and schools in our area. We were even down 2 dentists, but we increased access by going out to the community to provide dental services.”

### Rosebud, Aberdeen Area

“We have an active field program where we go out to sites around the reservation and provide dental screenings and fluoride treatments in partnership with the Head Start and WIC programs locally. By going out to the smaller communities around the reservation, transportation becomes a much smaller issue for parents. CHRs and Head Start staff arrange transportation to bring the children in to the clinic for more extensive exams and definitive treatment. By partnering with these programs, we have been able to see many of the local children that might have otherwise been overlooked until school age.”



**Do you see a common theme?**

**They worked with Head Start more closely and provided services at Head Start.**

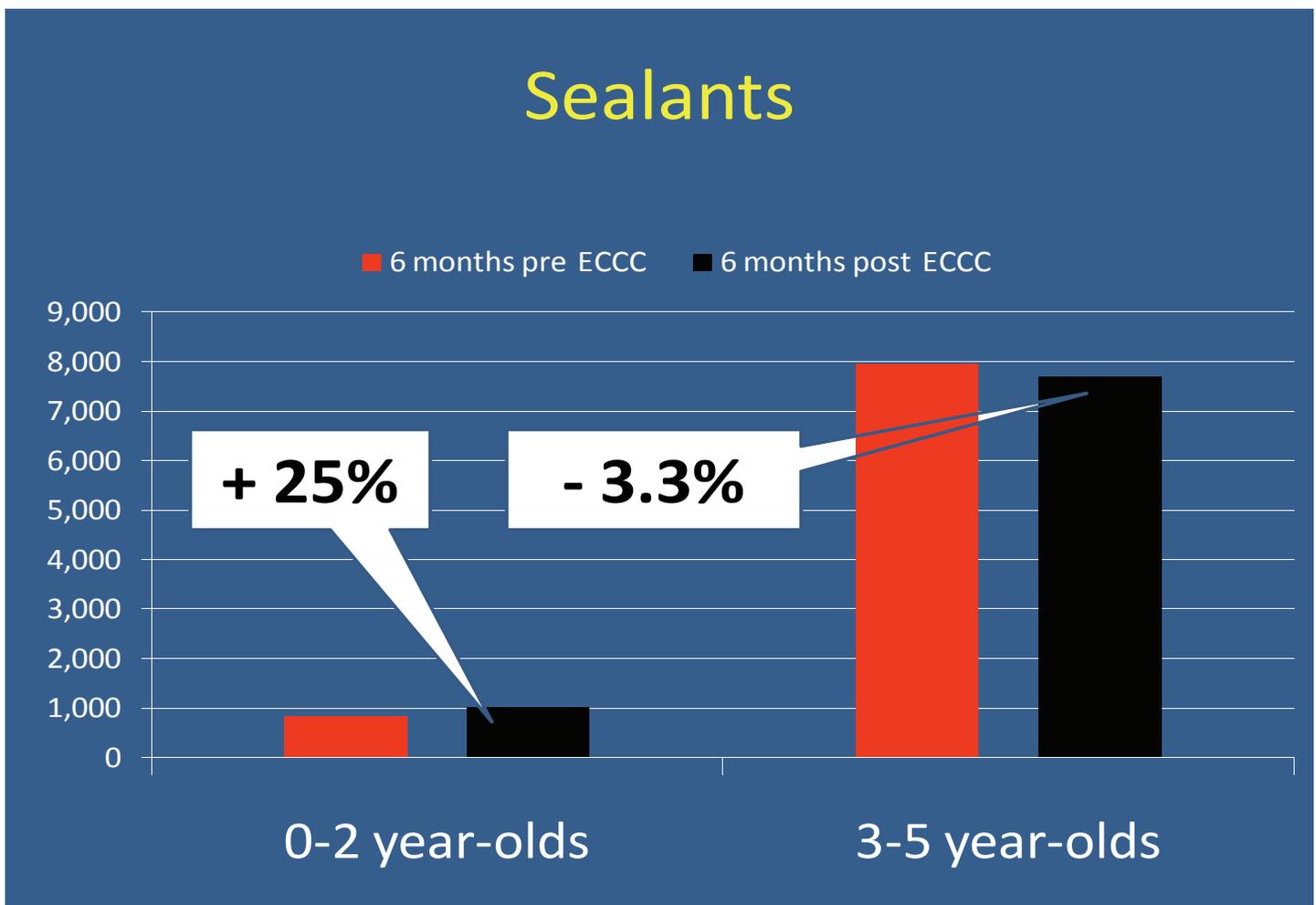




## How are we doing on increasing sealants?

The message is clear—don't wait until you have a great, cooperative patient to do sealants. We've had a big increase in dental sealants in the 0-2 year-old age group in the first year of the ECC Collaborative. Many clinics are placing Glass Ionomer sealants. These are especially effective when moisture control cannot be obtained. How often have we placed a resin sealant in a young child only to see it floating around in the mouth? The solution is to place a glass ionomer sealant.

When should you place GI sealants? When you examine the child in the clinic, if possible. If you have portable equipment, you can also place them in community settings like Head Start or schools. Resin sealants seem to have longevity when compared to GI sealants, so if you have moisture control, continue to place resin sealants. But if you don't have moisture control, consider placing Glass Ionomer Sealants!





## Top programs that increased sealants

We asked the programs that had the highest increases in sealants to tell us how they did it. We spoke with Dr. John Zimmer from Sisseton, whose program had the highest increase in 0-2 year-olds sealants, and we spoke to Dr. William Canada from Red Lake and Dr. Brandy Larson from Greater Leech Lake, whose programs had the highest increases in 3-5 year-old sealants. Here's what they had to say about the secrets behind their success.

### Sisseton, Aberdeen Area

Our success was a result of persistence. We have been placing sealants in the primary dentition for several years. We have partnered with the Early Head Start, Public Health Nurse, and the tribally-supported research project which has significantly increased our access to care. We have expanded our preventive services beyond fluoride and hygiene instruction by including glass ionomer sealants. This past year, we applied glass ionomer dental sealants at the Head Start center.

### Red Lake, Bemidji Area

We have an incredible dental hygienist that runs the school dental program. She and a dental assistant see children from Head Start through 8th grade.

### Greater Leech Lake, Bemidji Area

We developed a mobile unit to go into Head Start and the elementary school to do prevention and comprehensive care. We also have been successful in getting the medical side of the house to do OHI, distribute packets with toothbrushes and toothpaste and also to apply fluoride varnishes. We even have a program for pregnant moms!

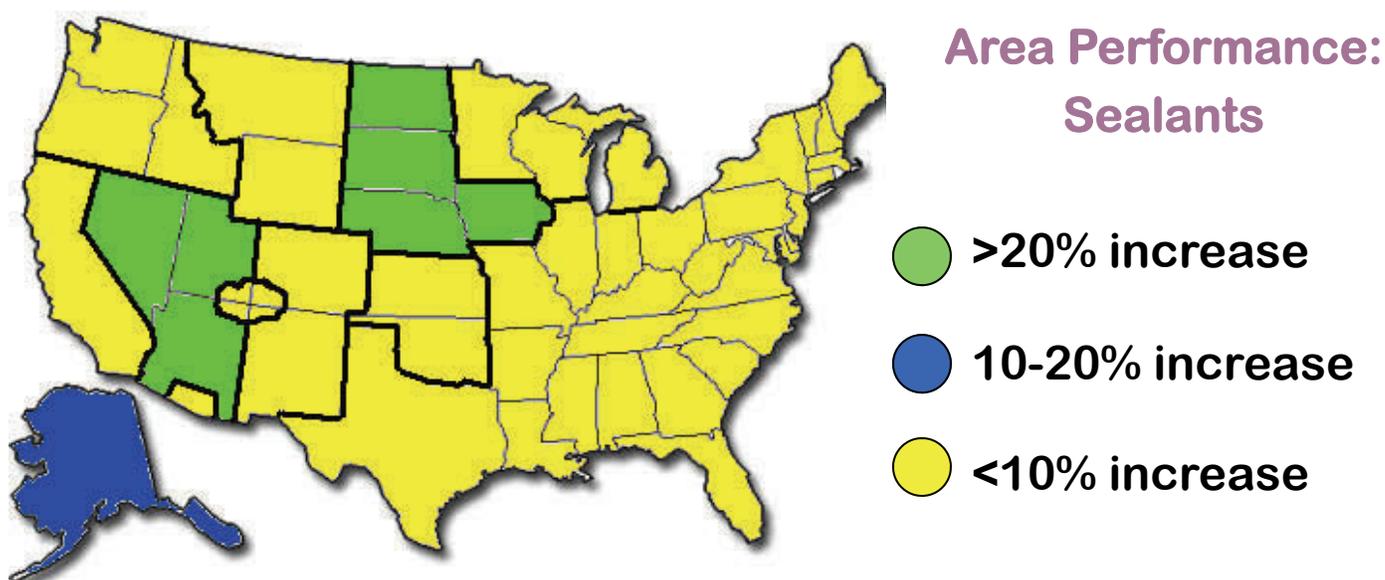




## How did my Area do in increasing sealants?

While we did show a large increase in 0-2 year-olds, most Areas showed only a small increase in sealants throughout the 0-5 year-old age group. This is probably because of the sheer number of 3-5 year-olds with sealants. Two Areas, however, did stand out—Phoenix Area and Aberdeen Area, each with substantial increases.

Our overall goal is to increase the number of sealants in 0-5 year-olds by 25% over the five-year length of the ECC Collaborative. Since many clinics have reported that they are “sealed out” with 3-5 year-olds, and Head Start does confirm that an unprecedented number of Head Start children now have sealants, the point needs to be made that the ECC Collaborative really targets 0-2 year-olds—early access, early fluoride varnish applications, and in relation to sealants, early application of sealants. Make it a goal to at least try GI sealants once in the next week. They are easy to do and can help prevent ECC.



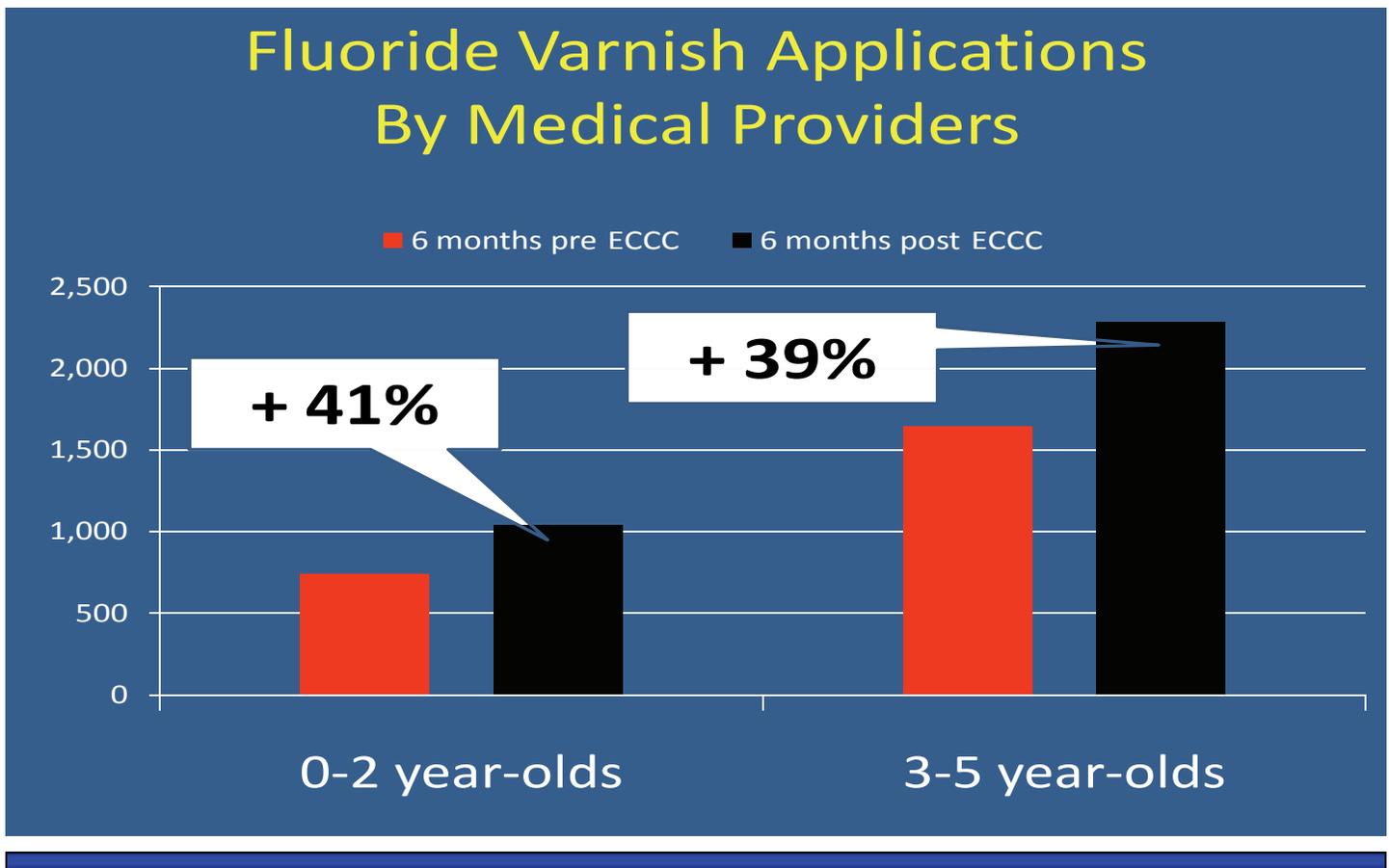


## How are we doing with fluoride varnish?

The ECC Collaborative calls for a 25% increase in the number of 0-5 year-old AI/AN children receiving topical fluoride (fluoride varnish) over the five-year program period. In the first 6 months of the Collaborative, we increased the number of patients by 3.7%, which isn't bad.

But do you want to hear the GREAT news? The number of fluoride applications, as measured by the V07.31 medical code in RPMS, increased by almost 40% in both 0-2 year-olds and 3-5 year-olds. The word is getting out to our medical and community partners about the importance of fluoride varnish applications three to four times per year.

Please continue to work with medical and community partners by teaching them how to apply fluoride varnish and supplying them with the varnish. They have certainly come through for us so far, and we think the number of children benefitting from fluoride varnish will continue to increase across the country.





## What is the secret to success with fluoride varnish?

We had several programs that showed huge increases in the number of 0-5 year-olds receiving fluoride varnish, so we decided to ask them what their secrets were. We spoke to Dr. Mark Myers at Chinle, Dr. Jim Webb from Phoenix Indian Medical Center, Dr. Cheryl Sixkiller from Yakama, and Dr. Jose Rodriguez from Pine Ridge to find the answers. Here's what they had to say.

### Chinle, Navajo Area

“We apply fluoride varnish at every opportunity-during initial exams, at the completion of routine care, after emergency visits, etc. Our pediatric staff are also very proactive in applying varnish after well-child exams.”

### PIMC, Phoenix Area

“The ECC Initiative helped give us more visibility for the use of topical fluoride varnishes. We started to treatment plan for more varnishes and we added more ‘Prevention Clinics’ which are quick 15 minute appointments running 2-4 chairs for 4 hours. Depending on the time available at these appointments, we review OHI, disclose, and apply fluoride varnish.”

### Yakama, Portland Area

“Our clinic has monthly ‘Children’s Health Days’ where parents can bring their kids in without an appointment for exams, sealants, and fluoride varnish treatments. We even volunteer for a few summer Saturday clinics. We also have a tribally hired dental hygienist who works full time at WIC providing screening, fluoride varnish, sealants, and education. She serves as a sort of case manager for young children and their families and is supported through her own Medicaid reimbursements. To get the word out about Children’s Clinic days, our service unit is the first facility with a federally approved Facebook Site!”

### Pine Ridge, Aberdeen Area

(Pine Ridge had the highest increase in the number of children receiving fluoride varnish from medical providers). “The dentist and dental hygienist talked with the Public Health Nurse and pediatricians about fluoride varnish applications. They apply fluoride varnish in their outpatient clinics and also in the field.”





## How Head Start is helping increase fluoride varnish

The IHS Head Start Program serves over 25,000 AI/AN children in 26 states. In 2009, they collaborated with IHS to develop an online fluoride varnish course for Head Start staff and medical providers. In 2010, IHS Head Start Program purchased 20,000 doses of fluoride varnish which are currently being distributed to Head Start Programs. This past year, the program developed new parent materials and bracelets to encourage families to complete needed dental treatment.

Head Start is involved in daily toothbrushing with fluoride toothpaste, application of fluoride varnish 3-4 times a year, child and family education, and completion of dental exams and treatment. You can help Head Start by meeting with them to discuss dental access, blocking out time for dental exams and treatment, and providing ITRs when possible to avoid expensive and difficult referrals.

### Key Partners

- Head Start or Early Head Start
- Daycare Centers
- Physicians and nurses
- WIC staff
- Community Health Representatives



**Contact one of your key medical or community health partners THIS WEEK!**



## Take the ECC Collaborative Challenge!!!



### Challenge

Contact at least one of your medical or community partners next week and set up a meeting to talk about how you can work together to prevent ECC.

Who I will contact:

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Describe how you can work together to prevent ECC

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# New education materials for families are here!

## Pregnancy

### Congratulations on Your Pregnancy

Your baby is on the way. These three dental health steps will help make sure your baby has a healthy start!



Get a dental checkup and ask your dentist what you can do to lower the bacteria that cause cavities in your own mouth.



Brush twice daily with fluoride toothpaste.



Eat a healthy diet and limit sweets and sodas.



Call your dental clinic today!



## 0-2 year olds

### Your Baby's Teeth

Your baby's teeth are very important! They help with chewing and learning to talk. Take these steps to keep your baby's teeth strong and healthy.



Lift the lip and look for chalky white or brown spots. Go to the dentist if you see these signs of cavities.



Brush baby's teeth twice daily with a smear of fluoride toothpaste beginning when the first tooth comes in.



Put baby in bed without a bottle and wean from the bottle around 12 months of age.



Feed your baby a healthy diet and limit sweets and sodas.



Ask about fluoride varnish treatments to protect your baby's teeth from cavities.

ASK YOUR DENTIST ABOUT MIGHTY MOUTH FILLINGS!



Call your dental clinic today!



## 3-5 year olds

### Strong teeth and a healthy mouth

Children age 3 to 6 have a mouth full of teeth! They are talking, chewing and becoming very independent. Help them learn good dental habits with these 4 steps:



Get a dental checkup for your child.



Brush your child's teeth twice daily with a pea-size amount of fluoride toothpaste.



Ask about fluoride varnish treatments to protect your child's teeth from cavities.



Feed your child a healthy diet and limit sweets and sodas.

ASK YOUR DENTIST ABOUT MIGHTY MOUTH FILLINGS!



Call your dental clinic today!



## Mighty Mouth Fillings (ITRs)

### Mighty Mouth Fillings for Your Child's Teeth

Mighty Mouth Fillings are special fillings for children — no drilling or shots. When your child has a cavity Mighty Mouth will protect against more decay!



- Mighty Mouth Fillings have fluoride to protect your child's teeth. Use fluoride toothpaste so Mighty Mouth fillings get stronger!
- Lift your child's lip to check for white or brown spots. Call your dentist so Mighty Mouth can save the day!



Call your dental clinic today!



## How to download and order educational materials

To order ECC Collaborative education materials, go to

[www.doh.ihs.gov/ecc](http://www.doh.ihs.gov/ecc) (soon to be [www.ihs.gov/doh/ecc](http://www.ihs.gov/doh/ecc))

- Download and print the revised ECC Packet beginning in mid-October 2011. You can print one or all of the pages. Use them when you are speaking to collaborative partners.
- Download and print the 4 new flyers/posters. These can be printed as single flyers or enlarged for posters.
- Mighty Mouth stickers can be ordered by contacting Dr. Tim Ricks at [tim.ricks@ihs.gov](mailto:tim.ricks@ihs.gov).





## IHS Early Childhood Caries Collaborative Steering Committee

- Dr. Tim Ricks, IHS National Dental Public Health Consultant, *Co-Chair*
- Dr. Bonnie Bruerd, IHS Head Start Program, Oral Health Consultant, *Co-Chair*
- Dr. Tim Lozon, Acting Director, IHS Division of Oral Health, *Ex-Officio*
- Dr. Mary Beth Kinney, Director, Dental Continuing Education Program
- Dr. Jim Schaeffer, Deputy Director, IHS Division of Oral Health
- Dr. Patrick Blahut, IHS Oral Health Promotion/Disease Prevention Coordinator
- Dr. Craig Bruce, IHS National Pediatric Dental Consultant
- Bob Bialis, IHS National Head Start Consultant
- Dr. Gary Pannabecker, Dental Chief, Blackfeet

**Others who have played a critical role on workgroups and ECC Collaborative projects, without whose help this Collaborative wouldn't be successful.**

- Dr. Rick Champany
- Dr. Chris Halliday
- Dr. Cathy Hollister
- Dr. Brandy Larson
- Suzanne Marks
- Janice Morrow
- Tommy Ricks
- Tal-ee Roberts
- Dr. Patrick Sewell
- Dr. John Zimmer
- All of those who spoke at IHS Dental Updates
- And, most importantly, ALL OF YOU!!!

