This project reports on the baseline prevalence of tooth decay and need for dental care of infants and children enrolled in New Hampshire’s Women, Infants, and Children (WIC) Nutrition Program.

The objective of this project was to assess the need, obtain baseline data related to oral health among New Hampshire WIC infants and children and utilize the findings for future program planning.

This project determined that children participating in NH WIC Nutrition Programs would benefit from early intervention provided by public health dental hygienists that includes: dental assessment, parent education, fluoride varnish application, and links for families to reparative dental treatment when needed.

Tooth decay is the most prevalent chronic disease in children, despite its highly preventive nature. The majority of children with tooth decay are from families of low socioeconomic status. Many of these children, 5 years old or younger, are enrolled in WIC.

A child’s first dental visit should take place within six months of eruption of the first primary tooth or by one year of age. Approximately eight percent of children have tooth decay by the age of two. A dental visit at age three is often too late for prevention and the interventions required to treat tooth decay are both expensive and invasive.

Is it possible that children participating in NH WIC Nutrition Programs would benefit from early intervention provided by public health dental hygienists?

Methodology

Six public health dental hygienists conducted oral screenings on a convenience sample of 374 children age 0-5 years.

Screenings were conducted at seven New Hampshire WIC clinic sites from June 2011 to December 2011.

Children were screened for several oral health indicators.

Parents identified barriers that kept them from seeking dental care for their children.

Parents determined oral health goals they felt they could accomplish within the next six months for their child.

Data was entered utilizing Epi Info software; calculating proportions and means.

All participating children had signed parental consent forms.

The objective of this project was to assess the need, obtain baseline data related to oral health among New Hampshire WIC infants and children and utilize the findings for future program planning.

This project determined that children participating in NH WIC Nutrition Programs would benefit from early intervention provided by public health dental hygienists that includes: dental assessment, parent education, fluoride varnish application, and links for families to reparative dental treatment when needed.

Tooth decay is the most prevalent chronic disease in children, despite its highly preventive nature. The majority of children with tooth decay are from families of low socioeconomic status. Many of these children, 5 years old or younger, are enrolled in WIC.

A child’s first dental visit should take place within six months of eruption of the first primary tooth or by one year of age. Approximately eight percent of children have tooth decay by the age of two. A dental visit at age three is often too late for prevention and the interventions required to treat tooth decay are both expensive and invasive.

Is it possible that children participating in NH WIC Nutrition Programs would benefit from early intervention provided by public health dental hygienists?

Methodology

Six public health dental hygienists conducted oral screenings on a convenience sample of 374 children age 0-5 years.

Screenings were conducted at seven New Hampshire WIC clinic sites from June 2011 to December 2011.

Children were screened for several oral health indicators.

Parents identified barriers that kept them from seeking dental care for their children.

Parents determined oral health goals they felt they could accomplish within the next six months for their child.

Data was entered utilizing Epi Info software; calculating proportions and means.

All participating children had signed parental consent forms.

The objective of this project was to assess the need, obtain baseline data related to oral health among New Hampshire WIC infants and children and utilize the findings for future program planning.

This project determined that children participating in NH WIC Nutrition Programs would benefit from early intervention provided by public health dental hygienists that includes: dental assessment, parent education, fluoride varnish application, and links for families to reparative dental treatment when needed.

Tooth decay is the most prevalent chronic disease in children, despite its highly preventive nature. The majority of children with tooth decay are from families of low socioeconomic status. Many of these children, 5 years old or younger, are enrolled in WIC.

A child’s first dental visit should take place within six months of eruption of the first primary tooth or by one year of age. Approximately eight percent of children have tooth decay by the age of two. A dental visit at age three is often too late for prevention and the interventions required to treat tooth decay are both expensive and invasive.

Is it possible that children participating in NH WIC Nutrition Programs would benefit from early intervention provided by public health dental hygienists?

Methodology

Six public health dental hygienists conducted oral screenings on a convenience sample of 374 children age 0-5 years.

Screenings were conducted at seven New Hampshire WIC clinic sites from June 2011 to December 2011.

Children were screened for several oral health indicators.

Parents identified barriers that kept them from seeking dental care for their children.

Parents determined oral health goals they felt they could accomplish within the next six months for their child.

Data was entered utilizing Epi Info software; calculating proportions and means.

All participating children had signed parental consent forms.

The objective of this project was to assess the need, obtain baseline data related to oral health among New Hampshire WIC infants and children and utilize the findings for future program planning.

This project determined that children participating in NH WIC Nutrition Programs would benefit from early intervention provided by public health dental hygienists that includes: dental assessment, parent education, fluoride varnish application, and links for families to reparative dental treatment when needed.

Tooth decay is the most prevalent chronic disease in children, despite its highly preventive nature. The majority of children with tooth decay are from families of low socioeconomic status. Many of these children, 5 years old or younger, are enrolled in WIC.

A child’s first dental visit should take place within six months of eruption of the first primary tooth or by one year of age. Approximately eight percent of children have tooth decay by the age of two. A dental visit at age three is often too late for prevention and the interventions required to treat tooth decay are both expensive and invasive.

Is it possible that children participating in NH WIC Nutrition Programs would benefit from early intervention provided by public health dental hygienists?

Methodology

Six public health dental hygienists conducted oral screenings on a convenience sample of 374 children age 0-5 years.

Screenings were conducted at seven New Hampshire WIC clinic sites from June 2011 to December 2011.

Children were screened for several oral health indicators.

Parents identified barriers that kept them from seeking dental care for their children.

Parents determined oral health goals they felt they could accomplish within the next six months for their child.

Data was entered utilizing Epi Info software; calculating proportions and means.

All participating children had signed parental consent forms.

The objective of this project was to assess the need, obtain baseline data related to oral health among New Hampshire WIC infants and children and utilize the findings for future program planning.

This project determined that children participating in NH WIC Nutrition Programs would benefit from early intervention provided by public health dental hygienists that includes: dental assessment, parent education, fluoride varnish application, and links for families to reparative dental treatment when needed.

Tooth decay is the most prevalent chronic disease in children, despite its highly preventive nature. The majority of children with tooth decay are from families of low socioeconomic status. Many of these children, 5 years old or younger, are enrolled in WIC.

A child’s first dental visit should take place within six months of eruption of the first primary tooth or by one year of age. Approximately eight percent of children have tooth decay by the age of two. A dental visit at age three is often too late for prevention and the interventions required to treat tooth decay are both expensive and invasive.

Is it possible that children participating in NH WIC Nutrition Programs would benefit from early intervention provided by public health dental hygienists?

Methodology

Six public health dental hygienists conducted oral screenings on a convenience sample of 374 children age 0-5 years.

Screenings were conducted at seven New Hampshire WIC clinic sites from June 2011 to December 2011.

Children were screened for several oral health indicators.

Parents identified barriers that kept them from seeking dental care for their children.

Parents determined oral health goals they felt they could accomplish within the next six months for their child.

Data was entered utilizing Epi Info software; calculating proportions and means.

All participating children had signed parental consent forms.