



DENTAL HOME

PHYSICIAN PLAYBOOK

A Physician Guide to help you support your patients' oral health along with resources for those in your care.



Dental Home Playbook

A guide to supporting your patients' oral health

Every child in the U.S. should receive routine, comprehensive care for their oral health needs. That care begins by establishing a dental home with a provider. The earlier in life this relationship starts, the better a child's ability to learn about and receive the benefits of preventive care to help avoid oral disease.

Although millions of people see their primary care provider every year, many millions more do not have a dental home for regular care. With your help, we can improve this gap by integrating oral health with primary care. Studies show when they are combined, access to oral care improves. It's a win-win for your patients' whole health.

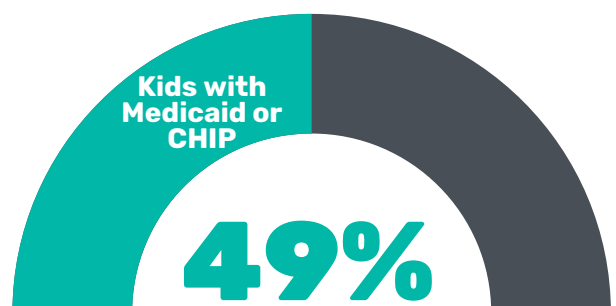
The fundamental purpose of the Dental Playbook is to help eliminate oral disease in children. By connecting this information to physicians like you, together, we can prevent the early onset of dental disease and remove barriers to health equity for lifelong health.



Oral Health Facts



26% OF KIDS AGES 2-8 HAVE HAD UNTREATED TOOTH DECAY¹



DID NOT VISIT THE DENTIST IN THE LAST YEAR²

The Problem

Oral health deficits are deeper for the disadvantaged.

Dental disease is a silent epidemic. Left untreated, it can be painful, destructive, and even life-threatening. Deamonte Driver is a real-life example of a worst-case scenario. At just 12 years old and uninsured, he died from a brain infection resulting from a tooth abscess that could have been treated with an \$80 tooth extraction.³ A tooth ache that probably didn't seem like a big deal at the time turned into a terrible tragedy—one that was completely preventable.

Teens and young kids like Deamonte suffer the unnecessary consequences of the most severely unmet healthcare need—oral disease. **Tooth decay is the most common chronic disease for this age group.** It's five times more common than asthma.⁴



Kids 2-5 years from low-income families are twice as likely to have decay as high-income kids ¹

2x 😞

Sadly, there will be more kids that end up like Deamonte if we don't do something about it. Almost half **(45%) of the 3.5 billion people in the world are affected by poor oral health, and 3 out of every 4 live in low- or middle-income** countries cites the *World Health Organization's Global Oral Health Status Report*. Despite significant improvements in dental care and mandated health insurance coverage for kids from low-income families in the last decade, the burden of oral disease in the U.S. is surprisingly consistent with the grim global view. Even today, about half of disadvantaged children with Medicaid benefits have not received any dental care in the last year due to economics, social circumstances, and geography.⁵

By taking a few simple steps in your primary care practice, you can make a difference in helping to eliminate your patients' unnecessary dental pain and suffering.

Big Barriers, Big Costs

There are multiple barriers to dental care access.



- Unaware of the connection between oral health and overall health, and the dangers of untreated dental disease.
- Lack of education on the importance of beginning preventive dental care between 6 to 12 months old.
- Limited or no dental insurance.
- Poor access to fluoridated water and nutritious foods.
- Inadequate access to care given shortage of nearby dentists or dentists who accept Medicaid.
- Fear associated with dental treatment.
- Transportation obstacles.
- Language barriers.

The costs of absent oral care are considerable.

- Painful dental issues like infections can inhibit chewing and eating, which can affect nutrition and growth in kids.
- Dental problems can deter laughing and smiling, hurting a child's social well-being.
- Poor oral health can be linked to behavioral health conditions and vice versa.
- Dental challenges in childhood can lead to school absences, setting kids back in school, and limiting their ability to succeed academically.
- In 2017, dental conditions treated in the ER cost the U.S. \$2.7 billion.⁵
- Worst of all, left untreated, tooth decay can be deadly.



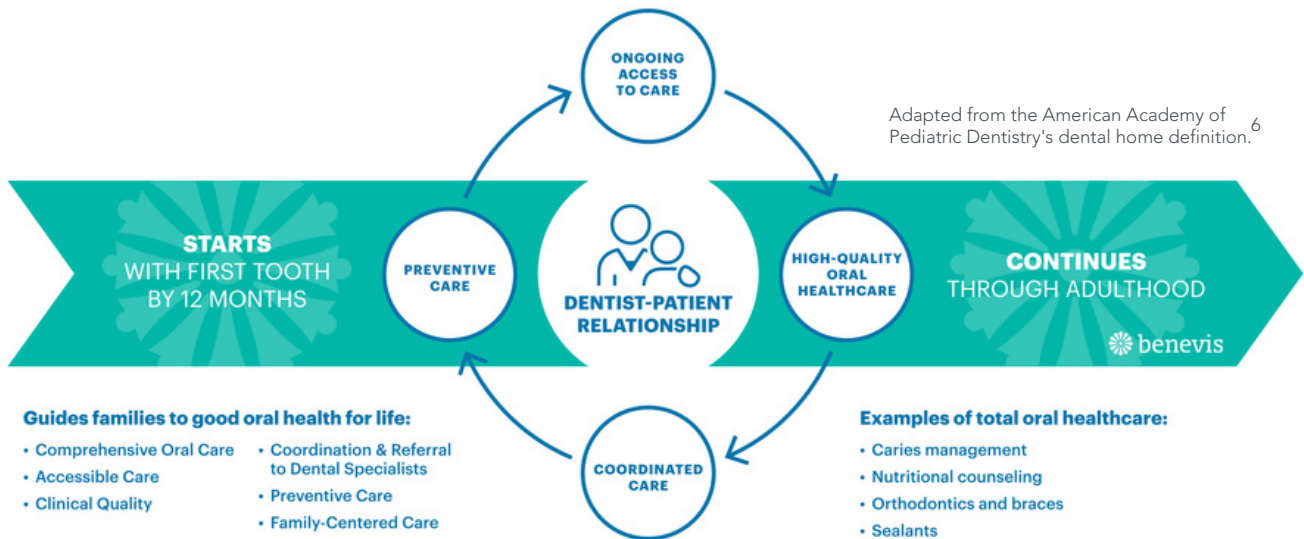
You can help your patients remove barriers and prevent some of these dental detriments by educating them on the importance of their oral health.

What is a dental home?

A dental home is the ongoing relationship a child or family establishes with a dental provider, much like the one they have with their primary care doctor. Through regular visits every six months, patients can receive preventive care to help reduce their risk of dental disease and establish a lifetime of healthy habits. A dental home is a place where families can learn how to take care of their oral health needs at every age in a safe and caring environment.

DENTAL HOME:

- One-to-one relationship between provider and patient/family
- Comprehensive, preventive oral healthcare and ongoing education
- Routine checkups every six months
- High-quality care in a safe environment
- Coordination of care and referrals to specialists
- Kind and compassionate care



Why is it important to have a good dental home?

Forming good oral health habits at an early age is especially important because it sets up kids for a healthier future. As dental home partners, dentists and care teams educate kids and families about the significance of oral health on their overall health and coordinate care based on every life stage.



You can support your patients by encouraging them to find a dental home for their oral health needs.

Physician Checklists

What can you do to support your patients' oral healthcare and journey in finding a dental home?

Oral health is an important part of an individual's whole health. Here are a few things you can do to help encourage and protect your patients' oral health.

Follow Clinical Preventive Recommendations from the American Academy of Family Physicians

- Prescribe oral fluoride supplementation for children as early as 6 months if there are deficiencies in their water supply.
- Beginning at the age of the first eruption of a tooth, apply fluoride varnish to the primary teeth.

Educate on Oral Health and Hygiene

- Educate expectant parents on the importance of maternal oral health and hygiene before the birth of a child. Discuss how tooth decay risks for the child increase if the mother has a greater percentage of cavity causing bacteria.
- Emphasize the importance and safety of receiving oral healthcare during pregnancy, including cleanings, X-rays and fillings.
- Reinforce oral health's role in your patients' overall health by including it in your discussion about HPV's part in oral cancer or tobacco cessation.
- Promote disease prevention by encouraging dental visits by 12 months old or with the breakthrough of a first tooth, the value of sealants on permanent molars, and the benefits of drinking water with fluoride.
- Share the CDC's P-E-A-R-L-S of Wisdom⁷ [video](#) and [flyer](#) from Benevis about the importance of taking care of a Child's First Teeth in your next patient newsletter.

Support Oral Care with Kids' Well Checks

Integrate the following activities into your primary care practice workflow to support your patients' oral health during regular scheduled medical visits.

- Conduct an oral health screening during a child's well visit, asking parents if their child has been to the dentist in the last 6 months in addition to a few other questions. [See Caries Risk Assessment screening forms on pages 7-10.](#)
- Explore your patient's mouth and tongue to look for signs of poor oral hygiene or disease.
- Refer your patient to a dental provider and/or provide interventions for treatment, including dietary restrictions and medications to protect teeth and gums, therapies for fluoride, tobacco, alcohol, or drug addiction, and education on oral hygiene.

Risk Assessment for Caries

Children 0-5 years old

Use the assessment to determine risk factors and contributors of dental caries. Circle one response per row.

	HIGH	MODERATE	LOW
SOCIAL, BEHAVIORAL & MEDICAL RISK FACTORS			
Caregiver has dental caries	Yes		
Caregiver lives in poverty and has low health literacy	Yes		
Child consumes > 3 sugary snacks/drinks per day	Yes		
Child drinks bottle/beverage with natural or added sugar between meals or at bedtime	Yes		
Child is a new immigrant to the U.S.		Yes	
Child has special healthcare needs		Yes	
CLINICAL RISK FACTORS			
Child has plaque on teeth	Yes		
Child has enamel defects on teeth	Yes		
PROTECTIVE FACTORS			
Child drinks fluoridated water or takes fluoride supplements			Yes
Child has teeth brushed daily with fluoride toothpaste			Yes
Child receives fluoride varnish by a health professional			Yes
Child receives routine dental care or has a dental home			Yes
DISEASE INDICATORS			
Child has noncavitated, emerging (white spot) caries lesions	Yes		
Child has visible caries lesions	Yes		
Child has missing teeth or recent restorations due to caries	Yes		

Adapted from the American Academy of Pediatric Dentistry's Caries-risk assessment and management for infants, children, and adolescents.⁸

Caries Risk Management

Children 0-5 years old continued ...

Use the following dental caries management and pathways to help determine the best course of action for your patients.

Overall Assessment of Child's Risk for Dental Caries

[Use clinical judgment and "yes" selections from risk factors to assign patient risk level]

Assign risk level	HIGH RISK	MODERATE RISK	LOW RISK
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CARIES MANAGEMENT GUIDE

	HIGH RISK	MODERATE RISK	LOW RISK
Diagnostics	<ul style="list-style-type: none"> • Recall every 3 months • Radiographs every 6 months 	<ul style="list-style-type: none"> • Recall every 6 months • Radiographs every 6-12 months 	<ul style="list-style-type: none"> • Recall every 6-12 months • Radiographs every 12-24 months
Preventive	<ul style="list-style-type: none"> • Drink optimally-fluoridated water or take fluoride supplements with fluoride-deficient water • Brush twice daily with fluoridated toothpaste • Professional topical treatment every 3 months • Silver diamine fluoride on cavitated lesions • Dietary counseling • Sealants 	<ul style="list-style-type: none"> • Drink optimally-fluoridated water or take fluoride supplements with fluoride-deficient water • Brush twice daily with fluoridated toothpaste • Professional topical treatment every 3 months • Dietary counseling • Sealants 	<ul style="list-style-type: none"> • Drink optimally-fluoridated water • Brush twice daily with fluoridated toothpaste • Dietary counseling • Sealants
Restorative	<ul style="list-style-type: none"> • Surveillance of non-cavitated (white spot) caries lesions • Restore cavitated or enlarging caries lesions • Interim therapeutic restorations (ITR) may be used until permanent restorations can be placed 	<ul style="list-style-type: none"> • Surveillance of non-cavitated (white spot) caries lesions • Restore cavitated or enlarging caries lesions 	<ul style="list-style-type: none"> • Surveillance

Adapted from the American Academy of Pediatric Dentistry's Caries-risk assessment and management for infants, children, and adolescents.⁸

Risk Assessment for Caries

Children 6 years and older

Use the assessment to determine risk factors and contributors of dental caries. Circle one response per row.

	HIGH	MODERATE	LOW
SOCIAL, BEHAVIORAL & MEDICAL RISK FACTORS			
Lives in poverty and has low health literacy	Yes		
Drinks > 3 sugary between meal snacks/beverages per day	Yes		
Is a new immigrant to the U.S.		Yes	
Uses hyposalivatory medication		Yes	
Has special healthcare needs		Yes	
CLINICAL RISK FACTORS			
Has low salivary flow	Yes		
Has plaque on teeth	Yes		
Has enamel defects on teeth	Yes		
Wears intraoral appliance		Yes	
Has defective restorations		Yes	
PROTECTIVE FACTORS			
Drinks water with fluoride			Yes
Has teeth brushed daily with fluoride toothpaste			Yes
Receives fluoride varnish by a health professional			Yes
Receives routine dental care or has a dental home			Yes
DISEASE INDICATORS			
Has interproximal caries lesions	Yes		
Has new noncavitated (white spot) caries lesions	Yes		
Has new cavitated caries lesions or lesions into dentin radiographically	Yes		
Had restorations in last 3 years (new patient) or last 12 months (existing)	Yes		

Caries Risk Management

Children 6 years and older continued ...

Use the following dental caries management and pathways to help determine the best course of action for your patients.

Overall Assessment of Patient's Risk for Dental Caries			
[Use clinical judgment and "yes" selections from risk factors to assign patient risk level]			
Assign risk level	HIGH RISK	MODERATE RISK	LOW RISK
CARIES MANAGEMENT GUIDE			
Diagnosics	<ul style="list-style-type: none"> Recall every 3 months Radiographs every 6 months 	<ul style="list-style-type: none"> Recall every 6 months Radiographs every 6-12 months 	<ul style="list-style-type: none"> Recall every 6-12 months Radiographs every 12-24 months
Preventive	<ul style="list-style-type: none"> Drink optimally-fluoridated water or take fluoride supplements with fluoride-deficient water Brush with 0.5 fluoridated gel/toothpaste Professional topical treatment every 3 months Silver diamine fluoride on cavitated lesions Dietary counseling Sealants 	<ul style="list-style-type: none"> Drink optimally-fluoridated water or take fluoride supplements with fluoride-deficient water Brush twice daily with fluoridated toothpaste Professional topical treatment every 6 months Dietary counseling Sealants 	<ul style="list-style-type: none"> Drink optimally-fluoridated water Brush twice daily with fluoridated toothpaste Dietary counseling Sealants
Restorative	<ul style="list-style-type: none"> Surveillance of non-cavitated (white spot) caries lesions Restore cavitated or enlarging caries lesions Interim therapeutic restorations (ITR) may be used until permanent restorations can be placed 	<ul style="list-style-type: none"> Surveillance of non-cavitated (white spot) caries lesions Restore cavitated or enlarging caries lesions 	<ul style="list-style-type: none"> Surveillance

Adapted from the American Academy of Pediatric Dentistry's Caries-risk assessment and management for infants, children, and adolescents.⁸

Helpful Resources

Need help finding dental Medicaid or CHIP Coverage for your patients?

Get familiar with your state's dental Medicaid or Children's Health Insurance Program (CHIP) coverage, which may offer support to your disadvantaged patients.

Encourage eligible families to sign up for dental insurance benefits or use existing benefits.

- Patients can check [here](#) to see if they qualify for Medicaid or CHIP benefits.
- Find a list of dental Medicaid or CHIP plans in each state [here](#).
- Patients can call the Health Insurance Marketplace at **1-800-318-2596** to apply for CHIP benefits or find a program by state.

Help families find dental providers in their communities who accept dental Medicaid or CHIP plans.

- Find health insurance programs and dental providers in your state [here](#).
- Use the dentist locator tool [here](#) to find a dentist in your area who accepts your state's Medicaid or CHIP insurance.



Share information on school-based oral health programs in your area.

School programs can help kids reduce missed days in the classroom and improve health, especially those with socioeconomic disadvantages.

- Through cooperative agreement programs, the CDC provides funding in 20 states to reduce dental caries, health disparities, and disease relative to poor oral health. See the states [here](#).
- Find out if Head Start programs are available in your city and state [here](#). Share links to forms for children and pregnant women [here](#).

Address local social determinants of health that present barriers to care; work together with local associations, schools, new parent or mom groups, other health professionals and the media to promote disease prevention.

Checklist for Caregivers

Tips for Healthy Teeth

Poor eating and brushing habits put kids at higher risk for cavities. That's why taking your child to the dentist by or before their first birthday and every 6 months after that is so important. Here are a few tips to help keep teeth healthy:

- Brush teeth at least 2 times a day with a small amount of fluoride toothpaste.
- Help kids younger than 6 brush their teeth, especially in hard-to-reach areas.
- Brush teeth in a circular motion – one time in the morning and again before bed.
- Spend at least 2 to 3 minutes brushing.
- After brushing, teach your child to rinse and spit out any extra toothpaste.
- Keep an eye on your child's brushing habits even as they get older.
- Rinse with mouth wash to kill germs between teeth where a toothbrush might not reach.
- Floss daily between teeth, especially in the back areas.
- Teach kids to floss on their own starting at age 7. Floss before brushing.
- Encourage kids to drink water with fluoride.
- Teach your kids to eat a well-balanced diet. Limit sweets and replace sugary snacks with breads, fruits and nuts.
- Choose healthier drinks for kids without added sugar, like milk and water.
- Find a Dental Home for your child and family to help keep the mouth and teeth healthy with regular dental visits.




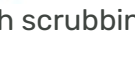


Your child's oral health is important to their overall health. **Be sure to take care of all 20 baby teeth. They show up around 2-1/2 to 3 year's old and are meant to last up to 10 years. Eating, speech, and future tooth placement depend on the health of these baby teeth.** That's why if your dentist finds tooth decay, it's important to follow through on your child's treatment.

Checklist for Caregivers

Brushing Tips

Here are a few tips caregivers can use to help kids build better oral health habits.

- ✓ Place toothbrush along the gum line and teeth at a 45° angle. 
- ✓ Gently brush the outer teeth using a back and forth rolling motion. 
- ✓ Gently brush the inner teeth using back and forth rolling motion. 
- ✓ Tilt brush vertically behind the front teeth and brush with up and down strokes using the front half of the brush. 
- ✓ Brush the biting surface of the teeth using a gentle back and forth scrubbing motion.
- ✓ To remove bacteria that causes bad breath, brush the tongue from back to front.
- ✓ The best toothbrushes for kids have soft and small brush heads.
- ✓ Never share a toothbrush between children. Replace it every 3 months.



52%

**OF KIDS
HAVE TOOTH
DECAY
BY AGE 8¹**



**1 IN 5 KIDS SUFFERS
TOOTH DECAY
BY AGE 5¹**

Citations

Sources of Data

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3-Otto, Mary. For Want of a Dentist. Washington Post Website. <https://www.washingtonpost.com/archive/local/2007/02/28/for-want-of-a-dentist-span-classbankheadpr-georges-boy-dies-after-bacteria-from-tooth-spread-to-brain-span/34055bc4-0986-4ee1-918a-fcfb0b3b541a/>. Published February 28, 2007. Accessed January 18, 2024.

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8-American Academy of Pediatric Dentistry. Caries-risk assessment and management for infants, children, and adolescents. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2022:266-72.

The balance of educational information on oral health and hygiene has been provided by Benevis dental hygienists and dentists.



Benevis is a leading dental healthcare organization for practices focused on delivering life-changing oral care and orthodontics to underserved communities. Through comprehensive care and operational services that expand access to dentistry, Benevis has a 20-year history of providing the highest quality care to approximately 5 million children and adults. Its network reaches more than 100 dental offices across the U.S. that deliver treatment during 1.4 million visits each year. Benevis also advocates for programs and legislation that ensure all families have access to the oral healthcare they need and deserve.

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