



Michigan CARIES PREVENTION PROGRAM

Sample Messages for Medical Providers

The following are sample messages for stakeholders to share with physicians and clinical support staff to highlight the most common chronic disease among children: **dental disease**.

Focus: Recommendations

#1: By age 2, one in five children in Michigan experience at least one cavity; half of all children enter kindergarten with a cavity (National Survey of Children's Health, 2005). Michigan's children deserve better. The American Academy of Pediatric Dentistry and the American Dental Association recommend that the first dental visit should occur no later than 12 months of age. Help protect your patients from the most common chronic disease - dental caries - by ensuring every patient has a dental home. Find referral resources [here](#), and find out more information at MITeeth.org.

#2: Medical providers are on the front lines and are dedicated to protecting their patients from disease. Protect your pediatric patients from dental disease by supporting the American Academy of Pediatrics Bright Futures recommendations by providing oral health screenings and fluoride varnish during the appropriate well-child visits. Learn how to incorporate these recommendations into clinical practice [here](#).

#3: The 2007 National Survey of Children's Health showed that of Michigan children 1-5 years of age, 44% had no preventive dental visits, such as check-ups and dental cleanings during the previous 12 months. In May 2014, the United States Preventive Services Task Force (USPSTF) recommended that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption. Learn more about the USPSTF recommendations [here](#).

Focus: Prevention

#1: 74% of general dentists in Michigan are aware that the American Academy of Pediatric Dentistry recommends that children begin routine dental care at age 1. However, only 36% implement this recommendation with their own patients (Clark & Fontana, 2012). Be part of the solution: check your patient's teeth today. If you see anything abnormal, refer your patient to a dentist. Dentists are more likely to see a young child if the child is referred by a medical provider. Find referral resources [here](#), and find out more information at MITeeth.org.

#2: Well-child visits provide an opportunity to discuss specific dietary habits (e.g., prolonged bottle use, frequent carbohydrate snacks) that could be putting the patient at greater risk for dental disease. Since young patients will typically see a physician eight times before their first visit to the dentist, it is important to complete an oral health risk assessment with the family to protect your patient's teeth from dental disease. Check out the American Academy of Pediatrics' Oral Health Risk Assessment Tool [here](#), and visit MITeeth.org to learn more about why oral health matters.

#3: A mother's oral health can impact the oral health of her child, as cavity-causing bacteria can be passed on from mother to child. Research continues to show links between periodontal disease and adverse outcomes in pregnancy, including preterm deliveries, low birth weight babies, and preeclampsia (American Academy of Pediatric Dentistry Perinatal Oral Health Guidelines, 2011). Therefore, it's crucial that pregnant mothers take special care of their teeth before, during, and after pregnancy. Be sure to recommend your pregnant patients visit a dentist if they have not seen a dentist within the last 6 months. Read more [here](#), and find out more information at MITeeth.org.



These messages were prepared by the Michigan Caries Prevention Program. Visit us at MITeeth.org.