

## Early Childhood Oral Health (ECOH) Program: The Role of Public Oral Health Services

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**Summary** The Early Childhood Oral Health (ECOH) Program encourages child health professionals to regularly check for signs of early childhood caries (ECC) by 'lifting the lip'. The policy describes responsibilities and procedures for implementing the ECOH Program in NSW.

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**Applies to** Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Affiliated Health Organisations - Declared, Public Health System Support Division, Dental Schools and Clinics, Public Hospitals

**Audience** All Public Oral Health Staff

**Distributed to** Public Health System, Community Health Centres, Dental Schools and Clinics, Divisions of General Practice, NSW Department of Health, Public Hospitals, Tertiary Education Institutes

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### Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

## EARLY CHILDHOOD ORAL HEALTH (ECOH) PROGRAM NSW: THE ROLE OF PUBLIC ORAL HEALTH SERVICES

### 1. Policy context

The Early Childhood Oral Health (ECOH) Program is a community-based early intervention program, built on the principles of integrated service delivery. The program encourages child health professionals to regularly check for signs of Early Childhood Caries (ECC) by 'lifting the lip'.

#### Definition of Early Childhood Caries (ECC)

The disease of ECC is defined as “the presence of 1 or more decayed (non-cavitated or cavitated lesions), missing (due to caries), or filled tooth surfaces” in any primary tooth in infants and preschool children.<sup>1</sup> In children younger than 3 years of age, any sign of smooth-surface caries is indicative of severe early childhood caries. It is caused by long and frequent bottle feeding, especially at night.

This Policy Directive should be read in association with the following documents:

- Early Childhood Oral Health Guidelines for Child Health Professionals: GL2007\_017
- Pit and Fissure Sealants: PD2007\_008
- Fluorides – use of in NSW: PD2006\_076
- Legislative Inquiry into Dental Services NSW 2006: Report, March 2006

It should also be consistent with whole of government policies & plans:

- A New Direction for NSW: State Plan
  - Delivering Better Services (S1)
  - Fairness and Opportunity (F1, F4, F5)
- Healthy Mouths Healthy Lives: Australia's National Oral Health Plan 2004-2013
- A New Direction for NSW: State Health Plan Towards 2010
- NSW Oral Health Strategic Directions 2005 - 2010

### 2. Introduction

Oral Health is essential for health and wellbeing and early childhood is the time when most lifetime habits are established. It offers the greatest opportunity for prevention of disease, which, in turn, can contribute to better health in adulthood. The Ottawa Charter for Health Promotion states that actions to reduce inequalities need to occur within the health sector and the wider policy context. Public Oral Health Services in NSW will work with key partners to implement the Early Childhood Oral Health Program.

## **3. Background**

- 3.1 Early childhood caries (ECC) is a serious dental condition occurring during the preschool years of a child's life when developing primary (baby) teeth are especially vulnerable. ECC can occur as soon as the first tooth erupts. During the first 12 months post-eruption susceptibility of teeth to decay is high.
- 3.2 It can be a devastating condition often requiring hospitalisation and dental treatment under general anaesthesia (GA). The majority of children on GA waiting lists in NSW are under the age of 5 years. In 2006-2007, 1,720 children aged between 0-4 years of age received dental treatment under general anaesthesia in NSW.
- 3.3 The pain, psychological trauma, health risks, and costs associated with restoration of carious teeth for children affected by ECC can be substantial.
- 3.4 Family circumstances, such as low socio-economic background, increase the risk of ECC. Thus, to be more effective and efficient, a holistic family-oriented approach is necessary.
- 3.5 The evidence strongly shows that ECC is one of the few chronic diseases that, if preventive messages are implemented, can be mostly prevented.
- 3.6 Oral health checks are recommended during child health checks at 6-8 months, 12 months, 18 months, and 2, 3 and 4 years of age.<sup>2</sup>

## **4. Policy Statement**

The identification of children at risk of oral disease and the detection of ECC at an early age can prevent widespread destruction of the primary teeth and is critical to good oral health outcomes for children. It is too late to begin oral examinations when children start school as dental disease may already be established.

## **5. Principles**

- 5.1 Oral health is essential for health and well being and must be integrated into the 'general' health agenda.
- 5.2 Poor oral health can have a serious impact on quality of life and good oral health in infancy and early childhood contributes to better health in adulthood.
- 5.3 Dental caries is a multifactorial disease and in early childhood is linked strongly to family behaviours and practices. Oral health services need to prioritise all eligible family members where one child is at high risk.

- 5.4 Intervening early makes good economic sense. Interventions targeted at young children will have much higher economic returns than later interventions. Policies that focus on the treatment of established problems or conditions are not sustainable.
- 5.5 Primary teeth are important for normal development, function and health. If children lose their primary teeth too early there can be an adverse effect on self-esteem, eating and the position of the adult teeth.
- 5.6 Generally, child health professionals<sup>3</sup> have more opportunities to engage with and influence new parents, and to conduct risk assessments, than do oral health professionals.

## **6. Intended objectives**

- All child health professionals receive core oral health training and have access to regular periodic updates in oral health
- All members of the oral health team are educated and trained to address the issues of children aged 0-5 years and are responsive to the prioritisation process for children with signs of, or risk for ECC and all eligible family members
- Referral information and supporting resources are available and accessible to child health professionals
- Culturally appropriate oral health information and resources are available to Aboriginal people
- Child health professionals who refer children receive timely feedback from the treating oral health professional
- Administrative structures and procedures support the referral and feedback processes
- Public policy enables optimisation of cost, quality, satisfaction and health outcomes.

## **7. Responsibilities**

### **7.1 Centre for Oral Health Strategy (COHS) NSW:**

- Develop state-wide resources & training packages
- Engage with Aboriginal Health personnel and communities in the development of culturally specific resources
- Promote education of oral health personnel in early childhood oral health
- Maintain a high level of consultation & liaison with key stakeholders
- Monitor ECOH Program uptake

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- Monitor oral health outcomes.

## 7.2 AHS Oral Health Managers and Clinical Directors:

- Allocate adequate resources to implement and sustain the ECOH program
- Support ongoing professional development for oral health staff
- Prioritise 0-5 year olds and all eligible family members, who are in the 'high risk' category
- Focus actions on higher risk groups, such as Aboriginal communities and others as identified by epidemiological and/or socio-demographic data
- Ensure that administrative structures and procedures support referral, appointment, treatment and feedback processes where appropriate
- Provide preventive information, resources and treatment to improve the oral health status of high risk groups
- Ensure all children referred by a child health professional are enrolled in the Information System for Oral Health (ISOH).

## 7.3 ECOH Coordinators:

- Train and provide periodic updates for child health professionals, including Aboriginal Health personnel
- Distribute ECOH resources & relevant supporting information
- Monitor ECOH program uptake at the AHS level
- Train oral health teams<sup>4</sup> in ECOH prioritisation and appointment protocol
- Build collaborative AHS partnerships between oral health and general health professionals
- Provide timely and accurate reports to AHS Management and to COHS (TAB A)
- Provide timely feedback to referring agent.

*Title: Early Childhood Oral Health (ECOH) Program NSW: The Role of Public Oral Health Services*

## 8. Procedures

### 8.1 Training

Procedure	Who	When	How
<ul style="list-style-type: none"> <li>Provide child health professionals, including Aboriginal Health personnel, with core ECOH Program training and annual oral health updates</li> </ul>	ECOH Coordinators	Annually	Train the trainer model developed by COHS.
<ul style="list-style-type: none"> <li>Provide oral health teams with professional development in early childhood oral health</li> </ul>	COHS	In conjunction with ECOH Program roll-out	Regional in-services, supported by DVD
<ul style="list-style-type: none"> <li>Provide oral health teams with training in referral and feedback procedures</li> </ul>	ECOH Coordinators	Prior to implementation. Include in AHS orientation & training programs	Develop local AHS protocols
<ul style="list-style-type: none"> <li>Provide ECOH Program participants with access to supporting state-wide policies, guidelines and resources</li> </ul>	COHS	As appropriate	ECOH Policy Directive, evaluation of resources, development of culturally specific resources for Aboriginal and CALD communities

**Title: Early Childhood Oral Health (ECOH) Program NSW: The Role of Public Oral Health Services**

## 8.2 Referral and Feedback

Procedure	Who	When	How
<ul style="list-style-type: none"> <li>Check the mouth and assess the risk for dental disease in children aged 0-5, following participation in ECOH Program training</li> </ul>	Child health professionals	Child Health Checks and other opportunistic interventions	As per ECOH guidelines
<ul style="list-style-type: none"> <li>Document findings and refer children at risk of dental disease to oral health services, using either paper-based or electronic referral system</li> </ul>		Following identification of risk of dental disease	Use referral template provided in ECOH guidelines
<ul style="list-style-type: none"> <li>Prioritise referrals from the ECOH Program (i.e. children receive a timely appointment and are not placed on a waiting list)</li> </ul>	Oral Health Services	First client contact	Through the Priority Oral Health Program (ISOH) referral protocols
<ul style="list-style-type: none"> <li>Routinely collect statistics on total number of referrals received</li> </ul>	ECOH Coordinator	Monthly	Use template (TAB A)
<ul style="list-style-type: none"> <li>Provide timely feedback to referring professionals / agencies</li> </ul>	ECOH Coordinator	Monthly	Develop local AHS protocols

## 8.3 Monitoring

Procedure	Who	When	How
<ul style="list-style-type: none"> <li>Record all children who enter the oral health service with a referral from a child health professional as a referral during their Priority Oral Health Program (POHP) triage</li> </ul>	Oral Health Services	During POHP triage	Tick "Do you have a referral from an NGO, Community Health, GP, DoCS?"
<ul style="list-style-type: none"> <li>Monitor ECOH Program uptake (i.e. number of 0-5 year olds enrolled in the ECOH Program; number referred for Specialist consult/GA)</li> <li>Report to COHS in a timely and uniform manner</li> </ul>	Oral Health Managers & ECOH Coordinators	Quarterly	Use template (TAB A)
<ul style="list-style-type: none"> <li>Monitor oral health outcomes, both short term (i.e. % who complete care; length of GA Waiting Lists) and long term (i.e. dmfs at 5 years of age)</li> </ul>	Area Health Services COHS	As appropriate	Refer to Waiting list protocol Participation in population oral health surveys

## 9. Additional Information

### 9.1 Web links

- ECOH Guidelines for Child Health Professionals [http://www.health.nsw.gov.au/policies/gl/2007/GL2007\\_017.html](http://www.health.nsw.gov.au/policies/gl/2007/GL2007_017.html)
- My First Health Record: Personal Health Record [http://www.health.nsw.gov.au/pubs/2007/child\\_health\\_record.html](http://www.health.nsw.gov.au/pubs/2007/child_health_record.html)
- Lift the Lip Brochures [http://www.health.nsw.gov.au/pubs/2007/lift\\_the\\_lip.html](http://www.health.nsw.gov.au/pubs/2007/lift_the_lip.html)
- Lift the Lip Translations [http://www.mhcs.health.nsw.gov.au/mhcs/topics/Dental\\_Care.html](http://www.mhcs.health.nsw.gov.au/mhcs/topics/Dental_Care.html)
- NH&MRC Public Statement on the Efficacy and Safety of Fluoridation 2007 <http://www.nhmrc.gov.au>

### 9.2 Endnotes

<sup>1</sup> American Academy of Paediatric Dentistry

<sup>2</sup> "My First Health Record" Personal Health Record, NSW Health 2007. SHPN (PHCP) 060174 ISBN 1741870178

<sup>3</sup> Any health professional who works with children, including General Practitioners, Paediatricians, Child & Family Health Nurses, Aboriginal Health Workers, Speech Therapists, Dieticians, Drug and Alcohol Workers, and others as identified.

<sup>4</sup> Oral health team includes clinicians (especially those who treat children), receptionists and oral health intake (call centre) staff

Title: Early Childhood Oral Health (ECOH) Program NSW: The Role of Public Oral Health Services

**TAB A: ECOH PROGRAM REPORTING TEMPLATE (to be completed by ECOH Coordinators quarterly)**

<b>AHS:</b>		
<b>Reporting period:</b>	Start date:	End date:

Referring professional / agency	Number of Lift the Lip referrals received	Number of feedback letters sent
Child & Family Health Nurse		
General Practitioner		
Practice Nurse		
Aboriginal Health Worker		
Community Health (DoCS, Drug & Alcohol etc)		
Non-Government Organisation		
Other		
<b>TOTAL:</b>		

Child Health Check	Breakdown of Lift the Lip Referrals received (and level of risk indicated)			Patient Outcome				
	Low	Medium	High	Appointed	Completed	FTA/ cannot contact	Referred GA	Private Practice
6-8 Months								
12 Months								
18 Months								
2 Years								
3 Years								
4 Years								
<b>TOTAL:</b>								

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