



Dr. John P. O'Keefe

“I believe the widespread adoption of this practice-building intervention can improve the oral health of our youngest and most vulnerable children.”

## Collective Efforts to Combat Early Childhood Caries

In September, I attended the annual meeting of the Canadian Academy of Pediatric Dentistry (CAPD). Dr. Louis-René Charette, the CAPD president, was most gracious in allowing me to meet my goals of learning about the specific issues currently important to the members of his organization and exploring how the CAPD can work more closely with JCDA in the future. During my time at the meeting, I was particularly impressed by how this organization has developed as an effective national voice on matters related to pediatric dentistry.

The issues that CAPD advocates for resonate particularly strongly with me, as I have a strong interest in public policy matters and have spent much of my time as a clinician treating children. If you visit the CAPD website ([www.capd-acdp.org](http://www.capd-acdp.org)) and click on the “Hot Topics” button, you will find 2 issues highest on the academy’s advocacy agenda — early childhood caries (ECC) and the desirability of every child finding a “dental home” by 1 year of age.

CAPD is particularly concerned about the increasing prevalence of ECC in Canada. ECC is a disease of multifactorial causes that requires new and innovative means of prevention and treatment. The dental profession needs allies from outside our sector to combat this condition. We certainly have common cause with our medical colleagues in this area, and CAPD has worked very hard to develop strong links with the Canadian Pediatric Society (CPS) on this topic. During the annual meeting, Dr. Ross Anderson delivered a report to the membership from the oral health section of the CPS, and the report was very well received.

The energy and innovation in combating ECC was also evident in the continuing education sessions at the CAPD meeting. Dr. Rocio Quiñonez of the University of North Carolina spoke passionately about her Baby Oral Health

Program (BOHP), one that she hopes can be viewed as a model of care for dental practitioners. The BOHP ([www.bohp.unc.edu](http://www.bohp.unc.edu)) offers practical tools to help implement a preventive oral health care program for infants, toddlers and their caregivers in a dental practice.

In another session, Dr. Rosamund Harrison, Dr. Clive Friedman and his staff team demonstrated the technique of motivational interviewing ([www.motivationalinterview.org](http://www.motivationalinterview.org)). What impressed me was the gentleness of this approach in dealing with parents of children with ECC. We all know well the feelings of guilt experienced by parents in these circumstances. So you can imagine that a technique, based on acceptance rather than judgment, is particularly suited to guiding parents toward healthier decisions relating to the oral health of their children.

It is never too early to guide new parents gently on the path to optimal oral health for their children. Many parents contact CDA with questions about their children’s oral health. Perhaps with more partnerships, CDA can further develop its online resource section on pediatric oral care for members of the public.

For practitioners, in this month’s Point of Care section, Dr. Felicity Hardwick answers the question, “What can we hope to achieve with the 1-year dental visit?” (p. 577). In a complementary audiovisual presentation in the electronic version of JCDA, Dr. Hardwick walks us through the actual technique that we can use to optimize the outcome of the first dental visit.

I believe the widespread adoption of this practice-building intervention can improve the oral health of our youngest and most vulnerable children. Unfortunately, research has shown that Canadian dentists are in the early stage of adopting the practice of the 1-year visit, which is encouraged by CDA.

Organized dentistry in Canada is taking the problem of ECC very seriously. For example, Drs. Harrison and Hardwick and a group of colleagues produced an excellent DVD on ECC prevention on behalf of the British Columbia Dental Association. Also, Dr. Friedman is chairing a newly constituted CDA task force on the prevention of ECC (p. 561). Rome will not be built in a day, but I am gratified to see some of our profession’s best minds engaged in combating such an important public health issue.

John O’Keefe  
1-800-267-6354, ext. 2297  
[jokeefe@cda-adc.ca](mailto:jokeefe@cda-adc.ca)