



National WIC Association
WIC for a Healthier America



NWA Statement on WIC and Oral Health

Feed them well.
Love them lots!
Your child has you.
And you have WIC!

NWA'S MISSION

NWA provides its members with tools and leadership to expand and sustain effective nutrition services for mothers and young children.

The WIC Program

The WIC Program is America's premier public health nutrition program serving over 9 million mothers and young children (over half of all America's infants and one-quarter of its young children 1-5 years of age) through 12,200 service provider agencies nationwide. WIC has improved the nutrition status and health of at-risk women and children and prevented the future development of nutrition related health problems for over 35 years.

The primary nutrition goals of the WIC Program are to improve dietary intake and feeding practices, improve birth outcomes, increase breastfeeding rates, and prevent obesity in the population WIC serves. These are accomplished by using individualized nutrition assessments to plan appropriate nutrition education needs, providing participant-centered education, and referrals to other health and social service providers as needed.

Oral Health Challenges of Young Children

Early childhood caries (ECC) is the most prevalent infectious and transmissible disease among US children.ⁱ By simply kissing their baby, parents and caregivers can pass to their children the bacteria responsible for tooth decay. If left untreated, decayed teeth can abscess, and infections from these teeth can lead to life-threatening health problems.

It has been estimated that 80 percent of ECC is found in just 25 percent of children, and that 80 percent of decay experienced by low-income children aged 2 to 5 years remains untreated.ⁱⁱ Children of low socioeconomic status 2 to 9 years of age had almost twice the level of decay than did higher socioeconomic status children. And it is reported that the mean decay experience in young Hispanic children 2 to 4 years of age was nearly twice that of African-American children and over three times that of White children.ⁱⁱⁱ Indeed, the prevalence of ECC increased from 1988-94 to 1999-2002, exceeding 55 percent among children whose families were below the federal poverty level, compared with 31 percent among children whose families were at 200 percent of the federal poverty level or higher.^{iv,v} Still, children whose mothers participated in WIC for a full year were about 1.7 times more likely to have two or more dental visits per year than those children who never participated in WIC.^{vi}

Oral health services are largely unfunded for families who lack dental insurance or the ability to pay out-of-pocket. The National WIC Association (NWA) supports appropriate funding for oral health experts to provide the suitable range of oral health services for this high risk population.

WIC Works Because it Provides:

- ➔ Supplemental nutritious foods with key nutrients needed for health;
- ➔ Nutrition education and breastfeeding support; and
- ➔ Referral to crucial health and social services, including dental care.

WIC has a long and distinguished history of working with many partners to enhance services provided to WIC families. While the WIC Program provides referrals and nutrition education information, WIC's legislative mandate requires that WIC maintain the integrity and focus of the core nutrition mission of the program to assure a continued record of success.

WIC's Role in Preventing Early Childhood Caries

The WIC Program does not have the funding or appropriately trained staff to meet the many oral health needs in the WIC population. Basic issues related to early childhood caries are addressed during the nutrition assessment process used for eligibility determination and as the basis for individualized nutrition services. In addition, some of WIC's nutrition education and feeding practice recommendations also address the preventions of ECC.

WIC's Oral Health Promotion Efforts^{vii}

WIC provides appropriate, consistent nutrition education to parents of WIC infants and young children on nutrition related oral health topics when the parent indicates an interest. Among topics discussed are:

- ➔ Avoid eating or drinking sugary foods and beverages.
- ➔ Brush the child's teeth regularly with fluoride toothpaste.

- ➔ Clean baby's teeth and gums every day, especially after feedings and before bed.
- ➔ Give only breast milk, formula or water in the bottle. Never put juice, soda, or other sweet drinks in the baby bottle.
- ➔ If using a pacifier, do not dip it in anything sweet like sugar or honey.
- ➔ As baby grows, start using a regular cup (not sippy or no-spill cups) with breast milk or formula around 6 months of age.
- ➔ Wait until 12 months to offer juice, and provide it from a cup; never from a bottle.
- ➔ Limit juice to 4-6 ounces (1/4-1/2 cup) a day at planned meals or snack time.
- ➔ Unlike bottle feeding, breastfeeding can go on as long as mom and baby want!
- ➔ Offer healthy snacks no more than 2 or 3 times a day.
- ➔ Moms should keep their mouth healthy and clean to prevent the spread of cavity-causing germs.

WIC provides educational materials that assist parents identify how ECC begins to develop on a child's front teeth. For example:

- ➔ If a chalky white line appears along the gumline, the acid has begun to destroy the enamel (hard outer layer of the tooth).
- ➔ If white spots/lines are left untreated, they can become cavities within a month.

WIC refers a child for dental services.

- ➔ Parents should plan their child's first dental visit by age 1, sooner if white spots appear along the gumline of the front teeth.
- ➔ Every family should have a dental home. The WIC Program may provide information about finding a dentist.

WIC encourages women who are pregnant or thinking about becoming pregnant to schedule a dental check up.

Successful WIC and the Oral Health Community Collaboration

To prevent early childhood caries in the WIC population, WIC programs and the oral health community should jointly:

- ➔ Identify mutually agreed upon and beneficial activities that further nutrition and oral health goals.
- ➔ Promote consistent nutrition and oral health messages as listed above.
- ➔ Provide educational materials to promote good nutrition and oral health.
- ➔ Honor current mandates in WIC legislation focusing on WIC core nutrition services and requiring reimbursement for services beyond the legislative mandate.
- ➔ Raise awareness about the need for funding of appropriate oral health services for low income families provided by dentists and other oral health experts.
- ➔ Refer low income families to prevention oriented oral health services.

References

- i U.S. Department of Health and Human Services "Oral Health in America : A report of the Surgeon General." Rockville MD: U.S.Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health; 2000.
- ii Beltrán-Aguilar ED, Barker LK, Canto MT, Dye BA, Gooch BF, Griffin SO, Hyman J, Jaramillo F, Kingman A, Nowjack-Raymer R, Selwitz RH, Wu T. "Surveillance for dental caries, dental sealants, retention edentulism, and enamel fluorosis -United States," 1988-1994 and 1999-2002. *MMWR*. 2005;54(3):1-44.
- iii Kaste LM, Selwitz RH, Oldakowski JA, Brunelle JA, Winn DM, Brown LJ. "Coronal caries in the primary and permanent dentition of children and adolescents 1-17 years of age." *J Dent Res*. 1996;75:631-41.
- iv Tsubouchi J, Tsubouchi M, Maynard RJ, Domoto PK, Weinstein P. "A study of dental caries and risk factors among Native American infants." *ASDC J Dent Child*. 1995;62:283-7.
- v Psoter WJ, Pendry DG, Morse DE, Shang H, Mayne ST. "Associations of ethnicity/race and socioeconomic status with early childhood caries patterns." *J Public Health Dent*. 2006;66:23-9.
- vi Lee JY, Rozier RG, Norton EC, Kotch JB, Vann WF., Jr "Effects of WIC participation on children's use of oral health services." *Am J Public Health*. 2004;94:772-777.
- vii Council on Clinical Affairs, "Policy on Early Childhood Caries (ECC): Classifications, Consequences, and Preventative Strategies," American Academy of Pediatric Dentistry and American Academy of Pediatrics, Adopted 1978, Revised 2008.