Background: Early childhood advocates identified dental caries as a significant public health problem for North Carolina in the mid-1990s. Information derived from an oral health surveillance system initiated about the same time confirmed the problem, documenting that more than 4 out of every 10 children began school having experienced tooth decay. Most of that disease occurring before 5 years of age went untreated. A workgroup funded by the Appalachian Regional Commission oversaw the development of a physician-based strategy to address oral health problems through prevention starting at birth. This initiative, known as Smart Smiles, grew into a series of sequential initiatives that have maintained and strengthened the initial approach to prevention of dental caries based in physicians’ offices, while incrementally expanded it to include additional community resources and approaches to the problem. These efforts have been funded by many Federal and state resources including CMS, NIH, CDC and HRSA. Overall, more than $60 million has been invested in the oral health of North Carolina’s pre-kindergarten school children during the last decade. (These separately funded initiatives are referred to as follows: (1) Into the Mouths of Babes Fluoride Varnish Project, (2) Carolina Dental Home; (3) Priority Oral Health Risk Assessment (PORRT) Initiative; (4) Zero Out Early Childhood Caries Early Head Start Project (ZOE); and (5) CHIPRA Connect the Docs.)

The Early Childhood Oral Health Collaborative grew out of the initial workgroup for Smart Smiles and has continued to advise the many partners who are working to reduce dental caries in the state’s young children. Its primary goal is to promote the development and implementation of comprehensive, evidenced-based programs for improving the oral health of North Carolina’s youngest and most vulnerable citizens as a way to eliminate disparities in oral health. This document provides a bibliography of research completed or nearing completion under the guidance of ECOHC.

Questions for Research and Evaluation Agenda and Related Publications:

Will physicians provide preventive dental services?


What is the best way to encourage adoption of preventive dental services among medical practices?


What is the quality of preventive dental services (screening, referral, counseling, F varnish) provided in medical practice?


(6) dela Cruz GG, Rozier RG, Slade GD. Dental Screening and Referral of Young Children by Pediatric Primary Care Providers. Pediatrics. 2004;114(5). [Available at: http://www.pediatrics.org/cgi/content/full/114/5/e642]


What are the patterns of preventive dental visits in medical practices?


Does the IMB program increase access to preventive dental services?


Does the IMB program increase visits to dental offices?


Does the IMB program reduce the need for dental treatment services?


Does the IMB program result in cost savings to Medicaid?


Does the IMB program improve oral health and oral health-related quality of life?


How should professional oral health services and community resources be integrated to improve oral health?


