



## The age one dental visit: information on the web

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### Abstract

*As consumers increasingly turn to the Internet as a health resource it is likely that parents may seek information on the recommended age for a first dental visit. A meta-search engine was used to determine whether a parent would find available, accessible, and authoritative information when seeking this recommendation. Of 47 "hits" on the phrase "first dental visit", only 2 were associated with major national health professional associations. Information obtained through this search technique was readily available and accessible but not authoritative. Individual searches on sites of leading dental and pediatric organizations revealed that all major dental organizations that provide consumer information and the Bright Futures consortium of child healthcare providers site all advocate the age 1 visit. The American Academy of Pediatrics, however suggests age 3 for the first visit. Information obtained from selected sites is available and authoritative but not particularly accessible unless the names of leading organizations are known. (Pediatr Dent 22:163-164, 2000)*

### Recommendations on the web to parents on the age one dental visit

Parents empowered by access to technology are increasingly turning to the Internet to seek information on child health care.<sup>1</sup> This phenomenon is endorsed by many as a major impetus toward consumer empowerment. Its utility assumes that appropriate information is available, accessible, reliable, and authoritative.

To test authoritative national organizational information available on the web regarding the first dental visit, Metacrawler.com was used as a search engine. A "meta" engine, this resource simultaneously searches multiple well-recognized search engines. It then collates findings, eliminates duplicates and ranks hits. Search on the entire phrase "first dental visit" resulted in 47 hits from over 10 search engines. Of these, careful inspection of the associated web addresses revealed that only two represented the recommendation of national professional organizations. Both the Academy of General Dentistry and American Dental Association sites, however, were low-ranked. Sources ranged from those of a student dental hygiene program to multiple independent dental practices, as well as a variety of consumer informational sites. Recommendations varied widely but tended strongly toward promotion of the age one visit.

This meta-search showed that information is readily available and accessible but not necessarily reliable and authoritative. It also revealed that leading national professional organizations have not formulated their web sites

in a way that search engines readily recognize authoritative consumer information on the first dental visit.

Only a very informed and dedicated consumer would seek to identify the names of leading national organizations that can offer authoritative professional advice and then search on each. Such a search was conducted for the following organizations:

American Dental Association (ADA),  
National Dental Association (NDA),  
Hispanic Dental Association (HAD),

**Table 1. Organizations Endorsing Bright Futures Guidelines for Child Health Supervision**

Ambulatory Pediatric Association
American Academy of Child and Adolescent Psychiatry
American Academy of Pediatric Dentistry
American Academy of Pediatrics
American College of Nurse-Midwives
American Dental Hygienists' Association
American Dietetic Association
American Medical Association
American Medical Women's Association
American Nurses Association
American Occupational Therapy Association, Inc.
American School Health Association
Association of Maternal and Child Health Programs
Association of State and Territorial Health Officials
Child Welfare League of America, Inc.
CityMatCH
Health Care Finance Administration
March of Dimes Birth Defects Foundation
National Association of Children's Hospitals and Related Institutions
National Association of County and City Health Officials
National Association of Pediatric Nurse Associates and Practitioners
National Association of School Nurses, Inc.
National Association of Social Workers
National Early Childhood Technical Assistance System
National Organization of Nurse Practitioner Faculties
Society of Pediatric Nurses
The National PTA
Zero to Three

American Academy of Pediatric Dentistry (AAPD), American Society of Dentistry for Children (ASDC), American Dental Hygienists Association (ADHA), Academy of General Dentistry (AGD), and American Academy of Pediatrics (AAP).

Of these NDA, HDA, and ASDC do not offer consumer advice on the first dental visit while the other organizations do so at the following web addresses:

AAPD: [www.aapd.org](http://www.aapd.org), click "parent information," then click "dental care for your baby", and

ADA: [www.ada.org/consumer/parenttips.html](http://www.ada.org/consumer/parenttips.html) #The First Dental Visit

ADHA: [www.adha.org/oralhealth/children.htm](http://www.adha.org/oralhealth/children.htm)

AGD: [www.agd.org/consumer/children.html](http://www.agd.org/consumer/children.html)

AAP: [www.aap.org/family/dental.htm](http://www.aap.org/family/dental.htm) under the title "when should children be seen by a dentist"

All except the AAP site recommend the age one dental visit. AAP recommends that the pediatrician can provide oral care until age three when a dental visit is indicated.

Bright Futures represents a national effort to consolidate the health supervision recommendations of multiple national or-

ganizations into a single authoritative source. According to the Bright Futures web site, [www.brightfutures.org](http://www.brightfutures.org), 28 national professional organizations endorse Bright Futures (Table 1). Consumer recommendations supporting the age one dental visit are found at: [http://www.brightfutures.org/healthform2/family/fb\\_1year.htm](http://www.brightfutures.org/healthform2/family/fb_1year.htm)

This search of professional organizations' web sites finds that information is available and authoritative but not readily accessible. Consumer information supports the age one dental visit with the notable exception of AAP. Because AAP is widely regarded as the most authoritative source on overall child preventive supervision, its continued recommendation for an age three first dental visit holds significant potential influence.

Information parents are likely to access is readily available and generally supports the age one dental visit but is not authoritative. Authoritative information is available on the web but is not readily accessible.

## Reference

1. Gregory-Head, B. Patients and the Internet: Guidance for Evidence Based Choices. *J Am Coll Dentists* 66 (2):46-50, 1999.

## ABSTRACTS OF THE SCIENTIFIC LITERATURE



### TREATMENT EFFECTS PRODUCED BY THE TWIN-BLOCK APPLIANCE

The purpose of this study was to compare the treatment of class II malocclusions when using either the twin-block appliance or the FR-2. 40 subjects (18 male and 22 female) were treated with the twin-block appliance. 40 subjects (21 male and 19 female) were treated with the FR-2. 40 subjects (20 male and 20 female) served as the class II controls. The age that treatment began for the twin-block group was 10y 5m, for the FR-2 group it was 10y 2m, and the age for the control group was 9y 11m. Treatment extended for 16 mo for the twin-block group, 24 mo for the FR-2 group and the observational time for the control group was 23 mo. Serial lateral cephalograms were superimposed on the basion-nasion plane at the pterygomaxillary fissure. The authors made the following conclusions. 1. "Significant decreases in overbite and overjet were observed at the end of treatment in the twin-block and Frankel groups compared with untreated Class II subjects." 2. "Compared with the Class II controls, statistically significant increases in mandibular length were observed in both treated groups; the twin-block patients achieved an additional 3.0mm of mandibular length and the FR-2 group an additional 1.9mm". 3. "No significant restriction of maxillary growth was observed in either functional appliance group." 4. "Compared with controls, a significant increase in lower anterior facial height was evident in both of the treatment groups. Vertical increase in the twin-block patients was significantly greater than in the FR-2 group." 5. "The twin-block sample also showed significant retroclination and extrusion of the maxillary incisors. In addition, the twin-block patients exhibited distal movement of the upper molars and proclination of the lower incisors."

**Comments:** This seems like a well controlled study that gives important comparative data for these two functional appliances. JEP

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**Treatment effects produced by the twin-block appliance and the FR-2 appliance of Frankel compared with an untreated Class II sample.** Toth LR, McNamara JA. *Am. J. Ortho. Dentofacial Ortho.* 116-6:597-609,1999. 59 references



### SCRIPTING PUBLIC SERVICE ANNOUNCEMENTS FOR RADIO

Public service announcements (PSAs) are short, simple "sound bites" that can provide health-related information via the media to a large audience, free of cost. Radio stations are required by law to set aside public service time; most often that airspace is filled with PSAs. Students in a health education class were required to script PSAs as part of their course work. Under the guidance of their instructor, the students gather newsclips, newsletters, scientific journals and other materials from which they can cull ideas for health related PSAs. Prior to their writing the PSAs, they also receive a guest lecture from a broadcasting professional. Students in the cited class produced 90 broadcast-quality PSA's in a period of eight years. The PSAs are focused on four main components: a "hook" to grab listeners' attention, practical information, common references the public can use to make a connection and a "call to action."

**Comments:** The students receive practical experience in an effective and economical education venue; the effort sets up a synergy between university faculty and the community that is mutually beneficial. PSAs provide a format for the distribution of a wide array of health-related information, tips that the listening public often take seriously. Any faculty member whose discipline includes public health education would do well to adopt this approach. SJM

**Scripting Public Service Announcements for Radio;** *Journal of Nutrition Education.* 31:235C, 1999.