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Dental Public Health Prevention Outline Alexander Heatrice DDS A. T. MPH736. 4-Intro to Dental Public Health October 20, Problem ment: It might appear that improved access to dental care and the inclusion of fluoride in toothpaste, public water supply and professional dental products have reduced the issues concerning dental caries in children. However, that is not really the case because the rate of dental caries among 1st to 6th grade students in urban school districts is still significantly high. In fact, if you look into the problem, high sugar intake among children is a significant contributor to dental caries.
Replacing food items made with sugar with those made with xylitol is therefore a very promising option, since xylitol has been found to have properties that help reduce dental caries (Lam, Riedy, Coldwell, Milgrom, & Craig, 2000).
Goals: Short term goal is to provide a safe and efficient solution to reduce dental caries among children. Long term goal is to improve dental health among children.
Objectives: To reduce the rate of dental caries among children.
Background: Reducing dental caries among children has been exceptionally challenging because children enjoy eating sweet food items.
Methodology: Randomized controlled trials will be conducted. The timeline for this three year project would involve periodic monitoring of the rate of dental caries in children. The major stakeholders are the school and parents of children and their approval is required to implement this project.
Cultural Competence: Children from all racial and ethnic backgrounds would be included in the project and differences between individual racial and ethnic groups will also be identified.
Funding: Grant funding from state government, federal government or National Institute of Health will be sought for the implementation of this project.
Evaluation: Routine dental examinations will be conducted every three months to monitor the changes in the rate of dental caries.
References
Lam, M., Riedy, C. A., Coldwell, S. E., Milgrom, P., & Craig, R. (2000). Children’s acceptance
of xylitol-based foods. Community Dentistry and Oral Epidemiology, 28(2), 97-101.