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Abstract Title

The Role of Non-Dental Providers in Delivering Preventive Oral Health Care to Young Children: A Scoping Review

Background

Early childhood caries (ECC) is a widespread public health issue, disproportionately impacting vulnerable populations. Integrating preventive oral health services (POHS) into pediatric primary care, particularly through non-dental primary care providers (NDPCPs) offers a promising strategy for early intervention. However, the global scope and characteristics of such integration remain unclear.

Objective

This scoping review mapped existing evidence on POHS, and caries risk assessment (CRA) delivered to children under six by NDPCPs. It focused on (1) the types and characteristics of services provided, and (2) their implementation in pediatric primary care.

Methods

Guided by the Joanna Briggs Institute (JBI) Scoping Review Framework, a comprehensive search of MEDLINE, EMBASE, CINAHL, and Web of Science was conducted for English-language studies published from 2009 to 2024. Eligible studies included primary research on CRA, fluoride varnish application, dental referrals, or oral health promotion delivered by NDPCPs (e.g., physicians, nurses, dietitians). Fifty-four studies met inclusion criteria and were narratively analyzed.

Results

Most studies (83%) were conducted in the United States, with additional representation from Australia, the United Kingdom, Europe, and limited low- and middle-income countries (LMIC) settings. Interventions were delivered by a wide range of NDPCPs including physicians, nurse practitioners, and health visitors, often during well-child visits. Common interventions included oral health education, CRA using structured tools, fluoride varnish application, and dental referrals. Several studies reported improved service uptake following provider training, electronic medical record (EMR) integration, or Medicaid reimbursement policies. Despite evidence of effectiveness and feasibility, no eligible studies were identified from Canada, highlighting a critical implementation gap.

Conclusion

NDPCPs are well-positioned to deliver POHS to young children, especially within supportive policy environments. This review highlights the importance of interprofessional training, reimbursement mechanisms, and system-level support to sustain oral health integration. Canada and similar contexts may benefit from adopting such frameworks, particularly to reach underserved and Indigenous populations.

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