



**PARTNERING WITH FAMILIES  
TO PROMOTE GOOD ORAL HEALTH**

*A tiered approach for helping every family  
make healthy choices*





## Why are Head Start and Early Head Start focused on oral health?

Tooth decay is:

- ▶ The #1 chronic, infectious disease among children. Even babies can have it!
- ▶ More common than childhood asthma.
- ▶ Preventable!
- ▶ A transmissible disease, meaning children can get the bacteria from caregivers. Pregnant women and moms need dental care too!

Achieving good oral health is not complicated. This document will help you support all families in meeting the Head Start Program Performance Standards. You can use the steps outlined here with many behaviors!

## Before annual staff training

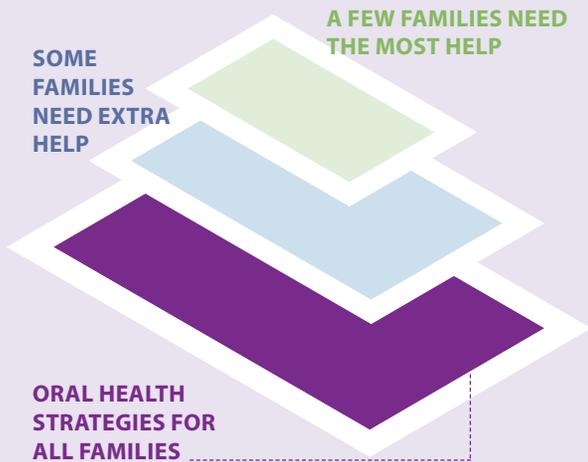
During pre-service and at least once during the year, train all staff in Head Start/EHS oral health requirements and oral health basics. Before the training, review your oral health Program Information Report (PIR) and in-class and home visiting practices.

- ▶ Are you meeting the Head Start Program Performance standards? Where are the challenges?
- ▶ Review the oral health materials you use with parents, such as the oral health flipchart (Healthy Smiles for Young Children). For a list of useful video materials, see: <http://www.dentistry.uiowa.edu/pediatric-videos>
- ▶ Evaluate the effectiveness of the program's family engagement activities in developing positive, collaborative family partnerships.
- ▶ Invite I-Smile coordinator to present to staff. Find your I-Smile coordinator here: <http://www.ismiledentalhome.iowa.gov>.

## During staff training

Review the Head Start/EHS requirements. Discuss definitions and deadlines (also on *Meeting Oral Health Requirements* chart in this document). Share your program's PIR data. Discuss the successes and challenges, and:

- ▶ the importance of family partnerships in reaching oral health goals
- ▶ the consistent messages parents need to hear
- ▶ the six steps for teaching expectations (see p. 3)
- ▶ family engagement and classroom practices around oral health
- ▶ a timeline for making sure families meet requirements and oral health goals



## During enrollment/intake

1. Explain Head Start oral health requirements. Gather information and documents.

Go through the *Meeting Oral Health Requirements* chart on the p. 7. Stress that parents must complete actions within 90 days (30 days for Migrant and Seasonal programs).

Explain why each requirement is important to the child's or pregnant woman's well-being. Discuss the benefits of good oral health. During this conversation, listen for cultural beliefs or practices that may conflict with the requirements.

Identify where the family needs support. Do they have a dental home? Explain how you—and I-Smile—can help. Plan the next steps.

Discuss what happens in the classroom around oral health; for example, gum wiping and toothbrushing, limiting juice and sugary or sticky foods, fluoride varnish.



*Wipe gums and teeth with a clean washcloth or gauze after meals.*



*Supervise brushing. Children can spit in a cup.*

Get written permission for the child to participate in program-based screenings and preventive care services (e.g., fluoride varnish applications).

2. Present the *Simple Steps for a Healthy Smile* handout (p. 8).

Explain why each practice is important. Which do they already follow?

3. Ask them to select a goal from the *Simple Steps for a Healthy Smile* handout.

Discuss what they need to do to meet their goal—and how you can support them.

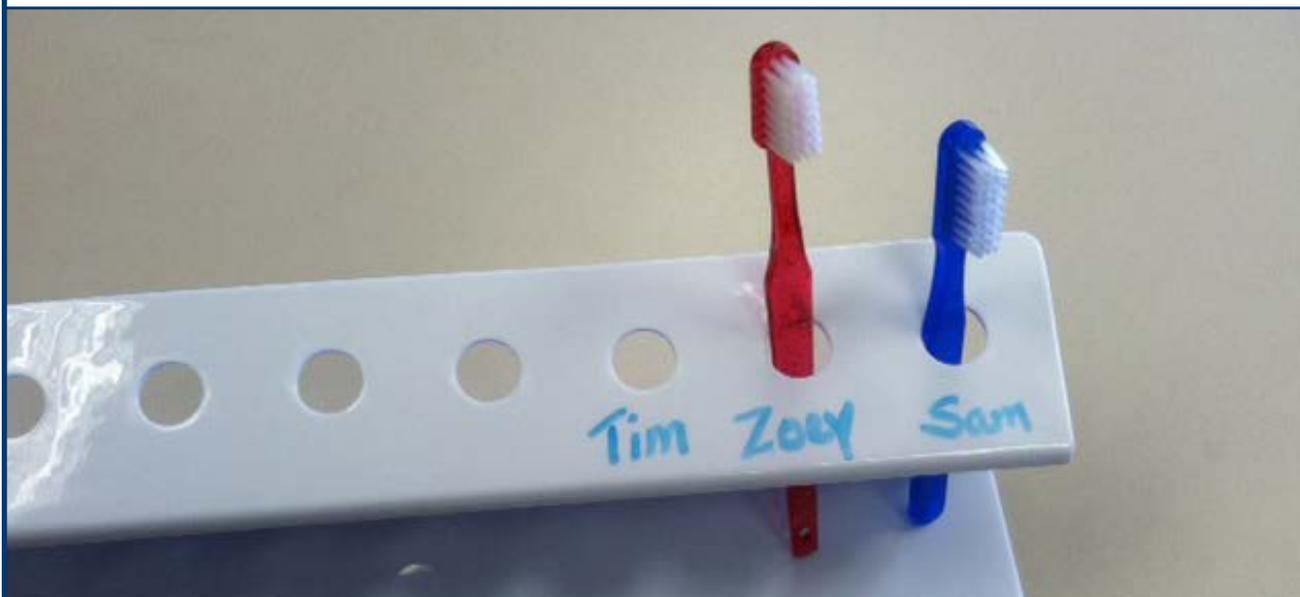
Work with them on an agreed-upon plan for meeting goals.

## All Families

### Six Steps for Teaching Expectations

When working with families, remember the steps for teaching expectations:

- 1 Clearly describe the desired behavior
- 2 Explain the skill/action needed
- 3 Demonstrate or review what needs to happen
- 4 Provide opportunities to practice
- 5 Promote generalization of the skill
- 6 Give positive feedback for effort



Supervise brushing. Children can spit in a cup.

## Between intake and the first 90 days (or 30 days for Migrant and Seasonal Head Start)

### 1. Reinforce requirements and deadlines through clear communication.

Families must choose to support their children's—and their own—oral health. Reinforce key messages and deadlines. Recognize and celebrate successes!

### 2. During home visits and individual meetings, document family progress and compliance.

Plan your meeting by consulting *Early Childhood and Oral Health: A Resource for Home Visitors*. Refer to the six steps for teaching expectations (p. 3), Meeting Oral Health Requirements (p. 7) and *Simple Steps for a Healthy Smile* (p. 8). Review family compliance with oral health requirements.

Review the goal they chose in their Simple Steps for a Healthy Smile. Listen to their stories and concerns. Address questions about how to meet goals. Encourage action if they haven't taken it.

Communicate clearly about what the family needs to do. Ask how they prefer to be reminded (i.e., text message, written or verbal reminders, phone call).

## Throughout the year

### 1. Hold family health/oral health trainings twice a year

Survey families and find out what they need to know. It could be nutrition, brushing techniques, “lift the lip” observations, the importance of the dental home, when the child or pregnant woman should visit the dentist, or other steps.

Reinforce the Head Start requirements for oral health.

Discuss how program staff can help. Some parents can “mentor” others, too!

### 2. Gather information and track progress.

Conduct annual surveys or focus groups with families to determine what goals they are meeting and what strategies worked. If a strategy didn't work, explore why not.

### 3. Pay attention to data.

Look for trends in family compliance and program spending on oral health.



## Families Who Need More Support

Take action as soon as you know that families are not taking steps to meet oral health requirements. Follow all steps for teaching expectations (see p. 3). Seek help from your I-Smile coordinator, if appropriate.

### Home visits or individual meetings

#### Reaffirm your concern for their child's health.

Explain the consequences of inaction for both their child and the Head Start program.

**Review their progress.** Ask what efforts have been made. Discuss goals they chose for preventive care. Praise/acknowledge any effort.

**Check for understanding.** Do parents/caregivers understand what they need to do? Ask them to tell you the expectations for their family. Listen for obstacles to action.

**See if oral health illiteracy or cultural customs** are impeding good oral health practice. Find out more in *The Invisible Barrier: Literacy and Its Relationship with Oral Health* (<http://tinyurl.com/8wtnyd7>).

**Discuss perceived problem situations** that are stopping progress. Strategize together about possible solutions and ask how you can help. You may need to provide the names of dentists or help them schedule an appointment.

**Explain that costs of services can be covered.** Ensure that they are enrolled in Medicaid or other dental insurance. If there is no insurance, seek pro-bono options.



White spots are the first sign of cavities or Early Childhood Caries (ECC).

## Communication

**Remind families of specific actions** to take. Use every opportunity to reinforce your message (e.g., during pick-up/drop-off, parent teacher conferences, etc.)

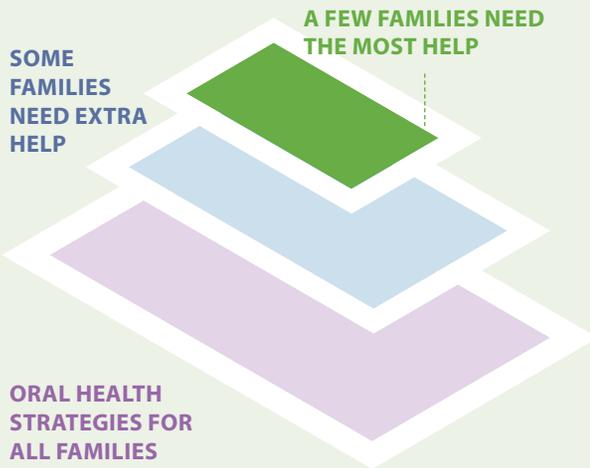
**Confirm dental offices are sending reminders** to both parents and Head Start/EHS. Check that they know the family's preferred communication method (text, e-mail, phone, postal mail).

### Use family contacts to reinforce messages

**Ask important family contacts** to work with you to support actions that caregivers need to take.

Reach out to:

- ▶ Significant and influential family members identified through family Eco-maps (e.g., ex-spouses, grandparents, other relatives, close friends).
- ▶ All program staff in contact with the family.
- ▶ All partner staff who work with the family (e.g., WIC, I-Smile coordinators, child care providers).



<http://www.ahrq.gov/research/findings/factsheets/literacy/cultural/index.html>

**Follow up with all partners, including I-Smile.** Have they supported the message that the family needs to take action? What do they see as the barriers to compliance?

**Revisit the accuracy and thoroughness of the Eco-map.** Are there other third-party supports or cultural mediators who might have particular persuasion power with the family? Don't overlook other parents who pursue good oral health seriously and are friendly with the family.

**Schedule a single day clinic** and take a few families at the same time. Try to bring families who know each other.

**Address transportation** issues by providing third-party transportation or gas vouchers.

As a last resort, do for the family what is needed; e.g., make appointments, drive them to the appointment, hand-deliver signed permission forms, provide free toothbrushes.



*Severe decay, or ECC, causes unnecessary suffering.*

## Families Who Still Don't Take Action

**Use the motivational interviewing approach** to identify new possibilities for helping them choose to act. (If you don't know what motivational interviewing is, talk to your director about training.) To learn more, see <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/multimedia/webinars/EngagingFamilies.htm>.

**Go through the specific behaviors required to meet oral health goals.** Use responses from motivational interviewing to frame solutions for meeting goals. Listen for specific factors that impede compliance, such as fear, or cultural or linguistic barriers. (For help, see

## Dental Home

**Who and When:** Head Start, EHS and enrolled pregnant women, <90 days of enrollment; <30 days for migrant and seasonal

**What:** A network of individualized care based on risk assessment, which includes oral health education, dental screenings, preventive services, diagnostic services, treatment services, and emergency services (IAC 641—50.2(135)).

## Oral Exams

**Who and When:** Head Start and pregnant women, <90 days of enrollment; <30 days for migrant and seasonal). EHS must be up to date on state EPSDT.

**What:** A full examination of the mouth and teeth performed by a dentist.

## Follow Up Treatment

**Who and When:** Head Start and pregnant women, within the program year

**What:** an oral examination may identify the need for follow up treatment, including extraction, restoration or pulp therapy.

## Preventive Services

**Who and When:** Head Start and EHS, <90 days of enrollment; <30 days for migrant and seasonal what: includes tooth brushing, wiping babies' gums, "lift the lip," fluoride varnish, sealants, oral health skills training and professional dental cleaning. Some services may be performed during the oral exam.

## Family Oral Health Education

**Who and When:** Head Start, EHS and pregnant women during family meetings or home visits what: includes discussion and/or demonstration of good oral health self-care practices, such as tooth brushing, flossing, "lift the lip," bottle weaning and healthy nutrition.



# SIMPLE STEPS FOR A HEALTHY SMILE!

Baby teeth are important!  
Follow these simple steps to prevent tooth decay.

## HEALTHY HABITS

- Clean the mouth twice a day, even if children fuss!**



**Babies:** Wipe the gums and tongue after meals or nursing. Use a clean washcloth or gauze.



**Children under 2:** Brush your child's teeth and tongue with a "smear" of fluoride toothpaste.



**Ages 2-7:** Brush your child's teeth and tongue with a "pea-sized" amount of fluoride toothpaste.

Everyone should brush twice a day for 2 minutes!

*Spit but don't rinse after brushing. Fluoride protects teeth.*



- Lift the lip.** Look for white spots on your child's teeth. They can become cavities. Show any white spots to a dentist or pediatrician.

## HEALTHY DRINKS

- Drink tap water.** It's free and safe! Most tap water has fluoride. Fluoride keeps teeth strong.



- Skip sugary drinks.** Serve water between feedings or meals.



## HEALTHY FOODS

- Eat healthy food.** Raw fruit and vegetables, whole grains and dairy are best. Limit sweets and sticky foods.



- Stick to a schedule.** Most food, juices and soda have sugar. Sugar is bad for teeth! Brush teeth or rinse with tap water to help prevent decay.



- Visit the dentist!** Take your child to the dentist by age 1. Everyone needs regular dental exams, including pregnant women!

**Congratulations on a healthy smile!**

