IHS Head Start Oral Health: Tools and Resources

"Tools and Resources" is intended as a companion document to "Oral Health for Head Start Children: Best Practices." While the Best Practices document focuses on prevention and early intervention, "Tools and Resources" contains practical ideas and resources to assist Head Start programs meet their performance standards in the area of oral health and plan and implement interventions to promote oral health for Head Start children and their families.

American Indian and Alaska Native (AI/AN) children experience dental caries at a higher rate than the general U.S. population. In order to prevent dental caries in the primary teeth, we must intervene before the first cavity develops, working with both pregnant women and families of infants. As children enter Head Start, we want to prevent future decay in the erupting permanent teeth.

Severe Early Childhood Cavities (ECC) causes pain and infection. Some children learn to live with this pain day in and day out. ECC results in increased missed school days and an inability to concentrate at school. Pain also affects a child's sleep and nutrition, resulting in poor overall health and well being. ECC can even result in poor self-esteem and a reluctance to smile. The primary teeth are important for eating, holding space for the permanent teeth, talking, and smiling.

Dental caries is a preventable, infectious, transmissible disease caused by mutans streptococci, lactobacilli, and other acid-producing bacteria. The bacteria that cause tooth decay are fueled by sweet foods and drinks and other fermentable carbohydrates like white crackers.

Traditional dental treatment alone does not stop these bacteria. Treatment of Head Start children must be accompanied by use of topical fluorides, sealants, and other interventions to prevent future dental decay in the permanent teeth.

No child can be truly healthy if he or she has poor oral health.

Indian Health Service and Head Start do not endorse any of the products listed in "Tools and Resources." Products are merely mentioned to provide examples of tools to support oral health, and the products listed represent only a sample of possible products that can be used to support oral health in Head Start programs.

Steps to Getting Started

Step 1: **Written Health Plan**

Step 2: **Access to Dental Home**

Step 3: **Dental Assessments**

Step 4: **Dental Treatment**

Step 5: **Topical Fluoride Programs Implemented**

Step 6: **Dental Emergency Plan**

Step 7: **Integration of Nutrition & Dental Health Services**

Step 8: **Dental Education for children, parents, and staff**

Step 9: **Family Partnerships**

Step 10: **Health Services Advisory Committee**

Step 11: **Primary Prevention**

And don't forget to document, document, document!

Step 1: Written Health Plan

Oral health should be an integral part of the written health plan, as well as overall performance plan of your grant. It should include the "who, what, when, and where" for arranging dental exams and treatment for any children determined not to be up to date for these services. The plan should also address parent consent and family engagement at every stage.

If you are establishing a new program, or periodically reviewing your health plan as part of an assessment process, be sure to look at examples of written health plans from other programs to provide direction. Review the health plan yearly and change it to reflect your own needs and resources.

Step 2: Access to a Dental Home

A dental home is a comprehensive, continuously accessible, and affordable source of oral health care. This can generally be arranged through your local Indian Health Service or Tribal Dental Clinic, but those programs without these resources will need to work with private dental health professionals.

Some children receive dental exams and preventive services at the center, and don't need to visit the dental clinic. This is fine as long as the family knows who they would call if the child had a dental emergency or needed dental treatment.

Programs need to put a system in place to track dental services, from the initial dental exam through dental treatment completion for each child. This allows the health manager and other staff to participate in working with the family to assure that each child's dental needs are met. These tracking devices also alert the health manager when a child's dental care is not getting done so that the Head Start program can intervene on the child's behalf.

Every child should be assessed for Medicaid eligibility. Even if the child is eligible for IHS/Tribal dental care, it is important to enroll each child with Medicaid so that the dental provider can collect state funding to support dental services.

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Step 3: Oral Health Determination

Every child should receive a determination as to whether he or she is up to date on a schedule of age appropriate dental care from a health professional within 90 days of enrollment. Most children will need a dental exam unless they had one prior to coming to Head Start. In AI/AN communities, it is up to the Head Start staff, in coordination with the IHS/Tribal dental staff, to determine how to most efficiently and effectively provide any needed dental care. While some programs provide diagnostic and preventive care at the Head Start centers, others prefer to bring the children to the dental clinic, individually or in groups.

Consent for routine dental care and topical fluoride should be part of the enrollment process. It is important that the results of the dental exams are communicated in writing to the parents. A standard form indicating whether or not the child needs treatment should be provided to each family.

Step 4: Dental Treatment

If the child needs dental treatment, Head Start must assist parents in making the necessary arrangements for dental treatment. This includes but is not limited to providing education to parents, identifying dentists, providing or arranging for transportation to the dentist, and providing or arranging for child care services. In instances where parents are unable to accompany their child to the dentist, Head Start programs, with written parental consent, can either transport the child to the dentist or have the dentist come to the center to provide services to the child. Whether parents need to be present during dental treatment is a local decision made in coordination between Head Start and the IHS/Tribal dental program. Parents should, however, accompany their child to dental appointments that involve extractions or other complex dental treatment. If the Head Start staff is transporting children to the dental clinic during the school day, it is important that parents have signed the treatment plan and that they receive written information about the dental treatment provided after each appointment.

The following materials were designed to encourage families to follow through on needed dental treatment. Both are posted on the IHS Head Start Program webpage. You can also order bracelets to put on children to remind families about upcoming appointments. Ordering information is on the same webpage.

- **“Baby Teeth are Important” (Early Head Start)**
- **“Dental Cavities: Don’t Wait Until it Hurts” (Head Start)**

Step 5: Topical Fluoride Programs Implemented

Fluoride prevents cavities by making teeth stronger. Fluoride can even stop cavities when they are still tiny. There are several ways to provide fluoride including water fluoridation, systemic supplements (fluoride drops or tablets), fluoride toothpaste, and fluoride varnish. The amount of fluoride a child will benefit from depends on their dental caries risk. Since most AI/AN children are at high risk for dental caries, they will benefit from a combination of water fluoridation, fluoride toothpaste, and topical fluoride varnish treatments.

Daily brushing with fluoride toothpaste.

All AI/AN children will benefit from daily brushing with fluoride toothpaste.

The recommended amount of toothpaste for children under 3 is a small smear. This is easy to do if you apply the toothpaste across the width of the brush instead of the length of the brush.

The recommended amount of toothpaste for children 3-5 is a pea-sized amount.

The IHS Head Start Program recommends circle brushing for Head Start classrooms. This method not only eliminates children crowding around the sink but it provides for a better educational experience for the children. For detailed instructions, be sure to check out **"Classroom Circle Brushing Quick Reference Guide"** posted on the IHS Head Start Program webpage.

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Toothbrushes and Toothbrush Racks

Be sure to purchase soft child-size toothbrushes. Your local IHS or Tribal Dental Program may provide toothbrushes and fluoride toothpaste. Check with them first. If you need to purchase these items, you can buy any ADA approved fluoride toothpaste from local stores, but it will probably be cheaper to order the toothbrushes from the websites listed below. Toothbrush storage racks should provide for each toothbrush to be stored and dried without touching the other brushes.

Dental Puppets

These are plush animals with large teeth that can be brushed. Dental puppets are helpful to demonstrate brushing and also as a distraction during the dental assessments.

Early Head Start: Baby Tenders and Toddler Toothbrushes

Baby tenders are soft covers that are put on the caregiver's finger and then the caregiver wipes the baby's teeth. A clean guaze or cloth can also be used to clean an infant's teeth and gums. There are various toddler toothbrushes but you can also use a child's toothbrush as long as the head of the brush is small enough to fit in the child's mouth.

There are many sources for the products listed above if you search the internet. We have listed four here for your convenience.

Practicon: www.practicon.com

SmileMakers: www.smilemakers.com

Plak Smacker: www.plaksmacker.com

Handling and Storage of Toothbrushes in AI/AN Head Start Programs

(Indian Health Service Dental Program, and the Head Start IHS Program)

Tooth brushing with fluoridated toothpaste decreases dental decay rates. Tooth brushing also helps to establish lifelong healthy habits to maintain good oral health. These important benefits justify the continued support for classroom tooth brushing programs. The proper handling and storage of toothbrushes in Head Start programs is necessary both to meet infection control standards and to satisfy the Head Start Performance Standards.

Toothbrushes can become contaminated, and transmit germs or bacteria. Common sense and proper hygiene practices should be the primary considerations in the use and care of toothbrushes. The following guidelines are suggested:

- Each child should have his own toothbrush, marked with his name. No sharing or borrowing of toothbrushes should be allowed.
- A pea-sized amount of fluoridated toothpaste should be dispensed onto a piece of paper or the bottom of a paper cup, but not directly from tube to brush.
- Following use, toothbrushes should be air dried and stored so they cannot contact each other. They should be protected from dirt and cross contamination (that is, protected from touching each other).
- Individual toothbrush covers may be used, but are not necessary or recommended. If used, they should be labeled with the child's name and have multiple air holes to allow ventilation and drying.
- If storage units that hold multiple toothbrushes are used, these containers should allow the brushes to air dry, and not be in contact with other brushes, and be protected from dirt. Storage containers should be cleaned once a week with mild soap and hot water. Toothbrushes should remain separated and not allowed to contact one another during this cleaning.
- Toothbrushes should never be decontaminated. Do not use bleach or disinfectants on toothbrushes. If a toothbrush becomes contaminated through contact with another brush or use by another child, it should be thrown away and replaced with a new one. Toothbrushes should be replaced when the bristles are flattened or splayed. Depending on the wear, brushes should be replaced about every three to five months.
- Tooth brushing should always be supervised to ensure that toothbrushes are not shared and that they are handled properly. When possible, an adult should brush with the children. In addition to serving as a role model, the adult can monitor the children with respect to these procedures and guidelines.

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Dr. Patrick Blahut

Fluoride Varnish.

Since most AI/AN children are at high risk for future dental caries, they will benefit from topical fluoride varnish treatments 3-4 times a year. Fluoride varnish is a safe, effective method to provide topical fluoride treatments to infants and toddlers. This can be coordinated with your local dental program. Often local dental staff will come to the Head Start center to provide fluoride varnish treatments, and they may even provide the necessary supplies. Be sure to include consent forms for topical fluoride treatments as part of the enrollment package.

Fluoride Varnish Online Course

The Indian Health Service and the IHS Head Start Program collaborated to develop an online course to train Head Start teachers and Health Managers to apply fluoride varnish. To take the course, go to:
http://www.ihs.gov/doh/index.cfm?fuseaction=ecc.varnish

To become certified you must complete the following steps:

- Complete "How to Apply Fluoride Varnish" course.
- Score 80% or greater to print an online certificate.
- Practice applying fluoride varnish on children with the help of local dental or medical staff.
- Dentist or physician signs certificate and issues standing orders when competency has been achieved.

Step 6: Dental Emergency Plan

A dental emergency plan should be part of your written health plan. This is the specific guideline for what to do in the event of a dental emergency, especially procedures for contacting parents and transportation of the child to the dental clinic. A dental emergency poster should be posted in each classroom, with instruction for first aid in dental emergencies.

First Aid for Dental Emergencies (posted on IHS Head Start webpage)
This poster can be downloaded and printed from the website.

Websites for additional information on dental emergencies

American Academy of Pediatric Dentistry brochure on dental emergencies:
http://digital.ipcprintservices.com/publication/?m=17244&l=1

Step 7: Integration of Nutrition & Dental Health Services

Nutrition and oral health are important because of the role that fermentable carbohydrates play in the process of dental caries. It is important to offer snacks that don't cause cavities and to encourage milk and water as the preferred beverages. It is also important to work with families to discourage soda pop. Pop does not belong in the diets of babies and preschoolers and families can help by not having pop in the home and insisting on milk at meals.

The National Maternal and Child Health Oral Health Resource Center has materials and nutrition program information on their webpage:
http://www.mchoralhealth.org/highlights/nutrition.html

Step 8: Dental Education for children, families, and staff

Oral health should be included in the health curriculum for Head Start children with take-home materials or educational sessions for family engagement. There are various oral health curriculums available to implement in the classroom. Health education is most effective when the Head Start teachers are provided the necessary information to implement classroom activities. Research has shown that when teachers are trained to provide health education, they will incorporate health in various meaningful ways throughout the school year. This is much more effective than having a dental health professional make a presentation once a year.

"Bright Smiles, Bright Futures" is an oral health and early literacy program developed by Colgate for Head Start and early childhood programs. This curriculum includes materials for classroom education and take home materials for families. The materials can all be downloaded from the following website for free.
http://www.colgate.com/app/BrightSmilesBrightFutures/US/EN/HomePage.cvsp

For a list of additional curricula recommended by the National Head Start Oral Health Resource Center, see the following website.
http://www.mchoralhealth.org/HeadStart/curricula/index.html

Step 9: Family Partnerships

Early Head Start grantees and other programs serving pregnant women are required to assist pregnant women to gain access to dental exams, education, and health promotion services as early in their pregnancies as possible.

Refer to "Oral Health for Head Start Children: Best Practices" document for strategies to improve the oral health of pregnant women and their infants. These interventions require coordination with IHS/Tribal dental programs, MCH programs, WIC, and Head Start.

For a list of additional resources and materials recommended by the National Head Start Oral Health Resource Center, see the following website.

http://www.mchoralhealth.org/materials/perinatal.html

Step 10: Health Services Advisory Committee

As a best practice, the Head Start Health Advisory Committee should include a dentist, dental hygienist, or dental assistant. It is advisable to meet with the local dentist to extend an invitation to participate in the Health Advisory Committee and if he/she is unable to participate, ask for another representative from the dental program.

If you are going to keep the attention of busy health providers, it is important that your meetings be well organized and brief. If you can hold your meeting during the lunch hour and provide food, that is even better. Be sure to distribute an agenda before the meeting.

"Weaving Connections" is a multimedia set of training materials for Head Start programs that focuses on the Health Services Advisory Committee. The Weaving Connections kit provides information and resources to help Head Start staff, parents, and HSAC members run an effective HSAC, and improve outcomes for children and families. For more information, check out the video below.
http://eclkc.ohs.acf.hhs.gov/hslc/hs/resources/ECLKC_Bookstore/Pub1760.htm

For a self-assessment "How Healthy is Your HSAC?" see below:
http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/Health/Health%20Manager%20Resources/Health%20Manager%20Resources%20Program%20Staff/How_Healthy_Is_Your_HSAC[1].pdf

Step 11: Primary Prevention

If we are ever going to change the prevalence of dental caries among AI/AN children, we must be involved in dental disease prevention. Education, daily use of fluoride toothpaste, and the provision of topical fluoride treatments is a start. Some programs, however, would like to do more to reduce the bacteria that cause cavities.

Early Childhood Caries (ECC) is the disease that causes cavities in the primary, or baby teeth. In order to prevent this disease, we must work with pregnant women and infants. By two years of age, many AI/AN children already have decay in their baby teeth. IHS and Tribal dental programs want to see babies soon after the first tooth erupts and no later than one year of age to assess the infant's risk for dental caries and also to begin education and topical fluoride treatments. As children get more teeth, sealants can be applied on the primary molar teeth. Most importantly, families need to be educated and motivated to brush twice daily with fluoride toothpaste.

Every community should work with pregnant women and infants to prevent ECC. It is worth the effort. Just imagine if it really works and the children entering Head Start in the future are mostly cavity-free.

To learn more about the national
Indian Health Service Early Childhood Caries Collaborative,
go to the following webpage. You will find scientific articles, best practices, and resources and materials that you can download and print.

http://www.ihs.gov/doh/index.cfm?fuseaction=ecc.display

Don't forget to document, document, document!

It is important to meet the performance standards, but when it becomes impossible, it is important to document why. Most of the performance standards relating to oral health are achievable through the organization and hard work of the Head Start staff. Some standards, like completing dental treatment, are often out of your control. In these instances, it becomes increasingly important that you document all attempts at compliance.

The National Maternal and Child Oral Health Resource Center has a large collection of online resources on oral health. Be sure to check out this valuable website.

http://www.mchoralhealth.org/

List of Key Performance Standards Related to Oral Health

For a complete list and wording of the Head Start Performance Standards see:
http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements

1304.20 **Written Health Plan**
Access to Dental Home
Dental Assessments
Dental Treatment
Topical Fluoride Programs Implemented
Primary Prevention

1304.21 **Dental Education for children, parents, and staff**

1304.22 **Dental Emergency Plan**

1304.23 **Integration of Nutrition & Dental Health Services**

1304.40 **Family Partnerships**

1304.41 **Health Advisory Committee**