IHS Head Start Oral Health Toolkit

This toolkit 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, the Toolkit contains practical ideas and resources to assist Head Start programs 1) meet their performance standards in the area of oral health, and 2) 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 mothers and 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, antimicrobials, 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 the Tool Kit. 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.

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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 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 parent involvement 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 Dental Home

A dental home is a comprehensive, continuously accessible, and affordable source of oral health care under the supervision of a dentist. 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.

Programs need to put a system in place to track dental services, from the initial oral health determination through dental treatment completion for each child. This allows the health coordinator 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 Coordinator 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.

Tracking Systems

There are various ways to track dental exams and treatment. Some programs have developed excel spreadsheets for tracking while others use computer-based tracking systems like ChildPlus. For a list of software vendors that have customized their software to interact with the Head Start National Reporting System, see the following website.

https://www.hsnrs.net/dataimport.jsp

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. These health professionals are staff or consultants who have training and experience in public health, nursing, health education, maternal and child health, or health administration. 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 any dental screenings or 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.

Oral Health Determination Letter
This is a letter that can be sent home to guardians after an oral health determination at the Head Start center.

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.

Dental Treatment Letter
This is a letter that can be sent home to the guardians to remind them to get their child's dental work completed.

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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 a small smear of fluoride toothpaste. For detailed instructions on cleaning the mouths and teeth of infants and children in Head Start, see the following link:

http://eclkc.ohs.acf.hhs.gov/hslc/Program%20Design%20and%20Management/Head%20Start%20Requirements/PIs/2006/resour_pri_00109_122006.html

The recommended amount of toothpaste 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.

Toothbrushing songs
Toothbrushing can become a group activity by having the children sing a song before or during brushing.

Minnesota Dental Association has posted simple songs that the children can sing while brushing. You can find the songs at the following website.
http://www.mndental.org/classroom/preschool/

There is also a toothbrushing song included in the Bright Smiles, Bright Futures Head Start curriculum by Colgate at the following website.
http://www.colgate.com/app/BrightSmilesBrightFutures/US/EN/HomePage.cvsp

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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.

Baby Tenders

These 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.

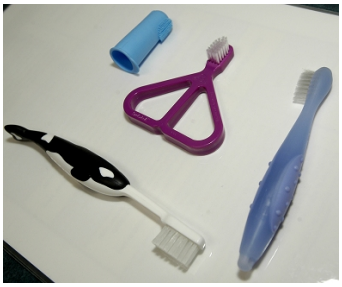
There are many sources for the products listed above if you search the internet. We have listed four here for your convenience.

Practicon: www.practicon.com

SmileMakers: www.smilemakers.com

Plak Smacker: www.plaksmacker.com

Paragon International: www.teachingaid.com



Fluoride Varnish.
Since most AI/AN children are at high risk for future dental caries, they will benefit from topical fluoride varnish treatments 2-4 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 Permission Form
This is a permission slip that you can modify for your own use for fluoride varnish at Head Start centers.

Fluoride Varnish for Children
Paint to Prevent
Fluoride Varnish for Your Baby's Teeth

These flyers and pamphlets are good education materials on fluoride varnish, designed specifically for AI/AN families. You can download and print these materials at:

http://www.doh.ihs.gov/HPDP/index.cfm?fuseaction=resources.publications

Fluoride Varnish (Be sure to order the individual dose with applicator included)

CavityShield: Omni Oral Pharmaceuticals, 1-800-445-3386

Duraflor: Medicom, 1-800-361-2862

Duraphat: Colgate-Palmolive, 1-800-372-4346

Handling and Storage of Toothbrushes in AIPB 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.

Revised: May, 2006
Dr. Patrick Blahut

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
This poster was updated in Fall 2006 by the IHS Head Start Program and can be downloaded and printed from the website.

Websites for additional information on dental emergencies

American Academy of Pediatric Dentistry:
www.aapd.org/publications/brochures/ecare.asp

American Dental Association
www.ada.org/public/manage/emergencies.asp

Colgate Bright Smiles, Bright Futures website has a Dental Emergencies Chart that can be downloaded and printed
http://www.colgate.com/app/BrightSmilesBrightFutures/US/EN/HomePage.cvsp

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.

Stop the Pop
Snack List for Healthy Teeth

These flyers and pamphlets are good education materials, designed specifically for AI/AN families. You can download and print these materials at:

http://www.doh.ihs.gov/HPDP/index.cfm?fuseaction=resources.publications

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

Oral health should be included in the health curriculum for Head Start children with take-home materials or educational sessions for parents. 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
This oral health and early literacy program for Head Start and early childhood programs includes materials for classroom education and take home materials for families. The materials can all be downloaded from the following website for free. You must, however, register on the website with your email address and a password that you create.
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/materials/

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.

The New York State Department of Health has developed a manual “Oral Health Care During Pregnancy and Early Childhood: Practice Guidelines.”

http://www.health.state.ny.us/publications/0824.pdf

Step 10: Health 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 website below.

http://www.acf.hhs.gov/programs/hsb/connections/index.htm

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.

Primary Teeth: 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. Interventions include xylitol and chlorhexidine regimens for women soon after birth to reduce the cavity-causing bacteria in the mother which will lower the amount and strength of the bacteria passed on to the child. 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.

Permanent Teeth: Through the implementation of xylitol programs in Head Start programs, we can reduce the number and strength of the bacteria in a preschooler's mouth which will reduce cavities in the future permanent teeth.

Xylitol

Xylitol is a natural sweetener, derived from plants, that is found in certain gum, mints, and other foods. It has the ability to actually kill the bacteria that cause cavities. The safety of xylitol has been extensively studied both in the US and internationally.

School-based xylitol programs have been proven effective at reducing dental caries. Ideally, the children need to be involved for at least one full school year and should receive the therapeutic dose at least five days a week. Since xylitol actually alters the cavity-causing bacteria, the children will benefit from this intervention for years to come.

Through Head Start, consider implementing a xylitol program for 3-5 year olds. Each child should receive at least 5 grams of xylitol daily during the school year. This is best accomplished by chewing xylitol gum or specially-ordered xylitol candy 3 times a day. It is usually given after breakfast, after lunch, and in the late afternoon either during circle time or on the way out the door.

Work with a local dentist to choose a xylitol product and order enough for each child to receive a therapeutic dose for one school year. You are looking for a product that lists xylitol as the first ingredient. Store the gum/mints under lock and key. Although not dangerous, ingestion of a large amount may cause diarrhea in some children.

Refer to "Oral Health for Head Start Children: Best Practices" for more information about preventing dental caries.

Early Childhood Cavities: A Crisis Among Native American Children
Baby Teeth are Important
Pregnancy and Dental Health
Xylitol
Control with Xylitol the Natural Way

These flyers and pamphlets are good education materials on fluoride varnish, designed specifically for AI/AN families. There are a wealth of education materials that can be downloaded and printed from the Indian Health Service website listed below.

Click on "Resources" on the left hand side, and then click on "Resource Guide".
http://www.doh.ihs.gov/HPDP/

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.

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 Head Start 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/HeadStart/materials/

You might also want to register to receive the National Head Start "Oral Health Alert", a free monthly electronic newsletter that provides timely information about Head Start oral health-related national campaigns and initiatives, Web sites, data releases, materials, and journal articles. To subscribe, go to http://www.mchoralhealth.org/alert/index.html

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List of Key Performance Standards Related to Oral Health

For a complete list and wording of the Head Start Performance Standards see:
http://www.access.gpo.gov/nara/cfr/waisidx_05/45cfrv4_05.html#1301

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**