

UC Irvine

UC Irvine Previously Published Works

Title

Connecting Oral Health and School Readiness

Permalink

<https://escholarship.org/uc/item/5b1966gr>

Authors

Newhart, Veronica Ahumada
Carpenedo, Dorota

Publication Date

2011

Peer reviewed

SCHOOL READINESS INITIATIVE

CONNECTING ORAL HEALTH & SCHOOL READINESS

January
2011

School Readiness Initiative
Description

Oral Health Questionnaire
Results

Oral Health Recommendations
for Parents and Caregivers



Help From Plum Creek - Kootenai Valley Head Start health and special service coordinator Terri Granger and Jerry Wolcott from Plum Creek Timber Company talk to children about keeping their teeth healthy. The Plum Creek Foundation recently awarded the Head Start program a \$2,500 grant to buy educational materials for classrooms and to send home with children to help them learn about oral and dental health.

Photo courtesy of Kootenai Valley Record

...Montana's children are tomorrow's workforce. There is a connection between quality education and economic success. It has been demonstrated in economies and by education specialists across the world that the best results come from the best beginnings...

– Brian Schweitzer, Montana Governor



What is the School Readiness Initiative?

Governor Schweitzer launched a school readiness agenda in 2006 by hosting two summits which focused on the importance of early childhood education. Many state agencies received suggestions on how best to support young children and families so that child development is maximized, professionals work more effectively together, and families are better served. Montana was one of seven states to receive a National Governor's Association grant to host this summit. Summit partners included the Head Start/State Collaboration Office and the Department of Public Health and Human Services (DPHHS) Early Childhood Services Bureau and Early Childhood Comprehensive Systems Core Team.

It was agreed that full-time kindergarten is a key piece to building a strong academic future for all of Montana's children. Each community plan was designed to impact the way in which children successfully transition to kindergarten. Each community team was awarded a \$3,000 mini-grant to pursue their action plans, with an eye toward early childhood public awareness and training.

How does Oral Health fit into the School Readiness Initiative?

In 2007, to help address the physical well-being and language development domains of school readiness, the Supplemental Nutrition Assistance Program (SNAP) provided the funding for several School Readiness Communities to provide oral health education and outreach to young children and their families.

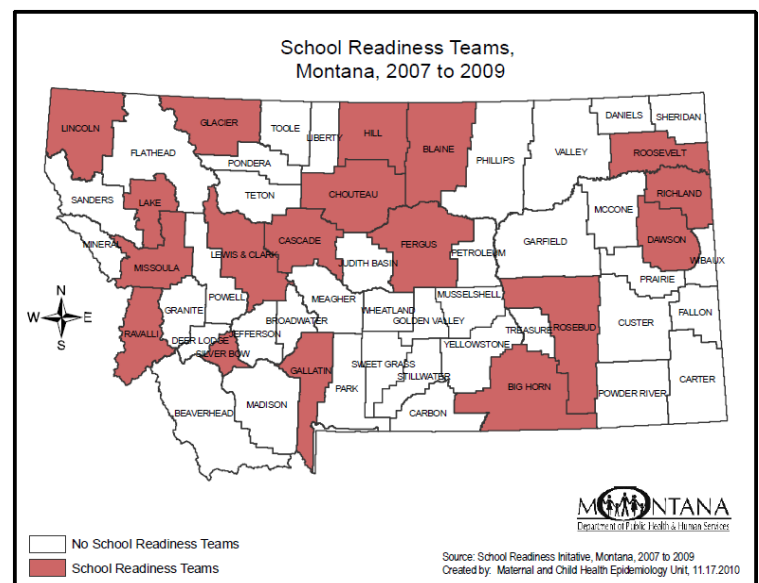
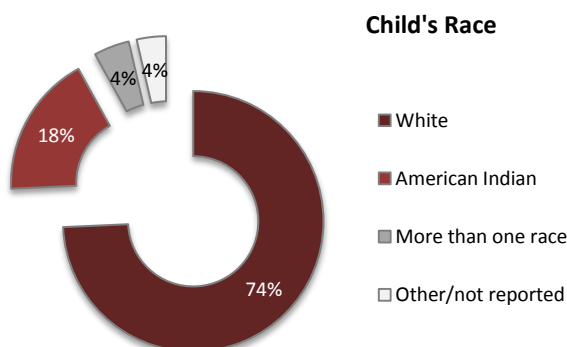
Through the SNAP Project, \$1500 awards were made available to all school readiness teams. Every participating school readiness team received \$1500 in addition to oral health materials and toothbrushes. Participating school readiness teams agreed to provide oral health education at community outreach events and collect oral health data by using questionnaires to collect information from families. The \$1500 awards were to be spent on oral health education materials for the community, with a minimum amount of \$500 to be spent on purchasing oral health-related children's books from a state approved list provided by the Early Childhood Services Bureau within the Human and Community Services Division of DPHHS. Each person who completed a questionnaire received a children's book and oral health materials to promote oral health education. The data from the questionnaires provided insight into parents' perceptions, attitudes and opinions on oral health.

What are the Results from the School Readiness Communities Oral Health Questionnaire?

The school readiness teams distributed the oral health questionnaire throughout Montana between 2007 and 2009. Data were submitted to DPHHS from 13 of the 18 teams (72%). A total of 1,355 questionnaires were returned. Approximately 80% of the questionnaires were filled out by mothers, 9% by fathers, 7% by grandparents and 4% by step-parents, guardians, other relatives, or childcare providers. The average age of children in this survey was 3 years. The questionnaire asked about the youngest child's demographic information and oral health care.

Less than half (49%) of the respondents said that their youngest child had ever seen a dentist

Figure 1



RESPONDENTS WHO SAID THAT THEIR CHILD HAD SEEN A DENTIST

Among children who had seen a dentist, the most recent dental visits were:

- Within the last month: 22%
 - Between 2 and 5 months ago: 38%
 - Between 6 months and 1 year ago: 31%
 - More than 1 year ago: 8%
 - Not reported: 1%
- 3% of children had a first dental visit before age 1.
- The average age of children at first dental visit was 3 years.
- The majority of children had a first dental between 3 and 4 years of age.

More than half (67%) of the respondents said that the main reason for their youngest child's last dental visit was for a dental check-up, and that the parent made the appointment without a reminder from the dentist. (Table 1)

Table 1. What was the main reason for your youngest child's last dental visit?

Reason:	#	%
Dental check-up made for the child on your own	445	67
Dental check-up because the dentist called or sent a reminder postcard to bring the child in	119	18
Scheduled appointment to pull a tooth	33	5
Emergency treatment	27	4
Other reasons	20	3
Not reported	25	4

RESPONDENTS WHO SAID THAT THEIR CHILD HAD NOT SEEN A DENTIST

"Child is too young" was the most common reason given by parents who said their child had not seen a dentist. (Table 2)

One parent stated "I haven't noticed cavities" as a reason for not taking their child to a dentist.

- The average age of children who did not have a dental visit was 2 years.
- The age range of children who did not have a dental visit was between 2 months and 9 years of age.

Table 2. What was the main reason your youngest child did not see a dentist?

Reason:	#	%
Child is too young	403	59
Doctor has not recommended taking child to a dentist	81	12
Child does not need dental care	35	5
Can't afford the cost of dental services and/or no insurance	27	4
Can't find a provider of dental services	23	3
Dental services are too far away	9	1
Other reasons	83	12
Not reported	25	4

The American Academy of Pediatric Dentistry recommends that every child see a dentist by age one.¹

RESPONDENTS' OPINIONS ABOUT ORAL HEALTH

When asked about the **appropriate age for a child to have his or her first dental visit**, the respondents said:

- Less than 1 year of age: 11%
- **Between 1 and 2 years of age: 35%**
- Between 2 and 3 years of age: 30%
- Between 3 and 5 years of age: 20%
- Over 5 years of age: 1%
- Not reported: 4%

Over half (66%) of the respondents disagreed or strongly disagreed with the statement **that no matter what they do, their youngest child is likely to get tooth decay**. (Figure 2)

A majority (87%) responded that they recognize that baby teeth are important. (Figure 3)

Figure 2: No matter what I do, my youngest child is likely to get tooth decay.

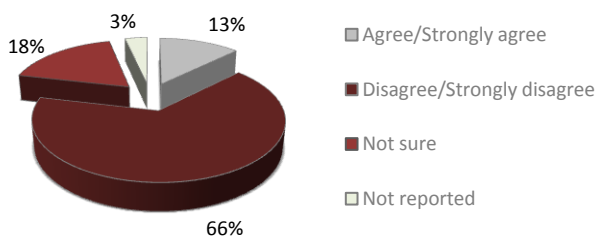
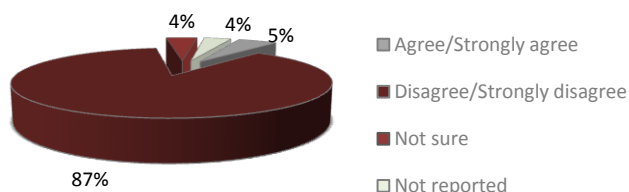


Figure 3: Baby teeth are not important, since adult teeth will take their place.





How are the School Readiness Communities' Oral Health Results Used?

- Provide a better understanding on what adults think about dental care for their young children.
- Give a better perspective on how parents are being advised on oral health recommendations for young children.
- Help to evaluate the possibility of integrating oral health education into existing primary healthcare activities.
- Help to plan community-based oral health interventions.

What Can Parents and Caregivers Do to Ensure Good Oral Health for Their Children?

- Encourage your children to eat regular nutritious meals and avoid frequent between-meal snacking.
- Protect your child's teeth with fluoride.
 - Use a fluoride toothpaste. If your child is less than 7 years old, put only a pea-sized amount on their toothbrush.
 - If your drinking water is not fluoridated, talk to a dentist or physician about the best way to protect your child's teeth.
- Talk to your child's dentist about dental sealants. They protect teeth from decay.
- If you are pregnant, get prenatal care and eat a healthy diet. The diet should include folic acid to prevent birth defects of the brain and spinal cord and possibly cleft lip/palate.
- Establish a dental home by age 1.



Brushing Tips:

Infants under the age of one

After a meal, wash your hands and then cover a finger with a gauze pad or soft cloth and gently wipe infant's gums.

Children older than one year

Twice daily, brush children's teeth with a soft bristled toothbrush, using a small smear of toothpaste that contains fluoride.

Montana Resources:

TO FIND A CHILDREN'S (under age 21) DENTAL PROVIDER IN MONTANA:

<http://medicaidprovider.hhs.mt.gov/clientpages/dentalcallist.pdf>

MEDICAID DENTAL FACT SHEET (transportation assistance is available):

<http://medicaidprovider.hhs.mt.gov/pdf/medicaiddentalfactsheetfindandkeep.pdf>

FOR ELIGIBILITY REQUIREMENTS:

<http://hmk.mt.gov/abouthmk.shtml>

Source:

1. American Academy of Pediatric Dentistry. Policy on the Dental Home, 2010. Accessed at:

http://www.aapd.org/media/Policies_Guidelines/P_DentalHome.pdf Accessed October 29, 2010.

Children Need Good Oral Health For....

- Freedom from pain and infection
- Ability to study and learn
- Normal facial development
- Ability to eat nourishing food
- Self-esteem