



# National Center on Early Childhood Health and Wellness

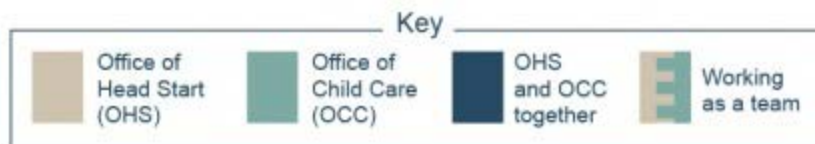


# General Reminders

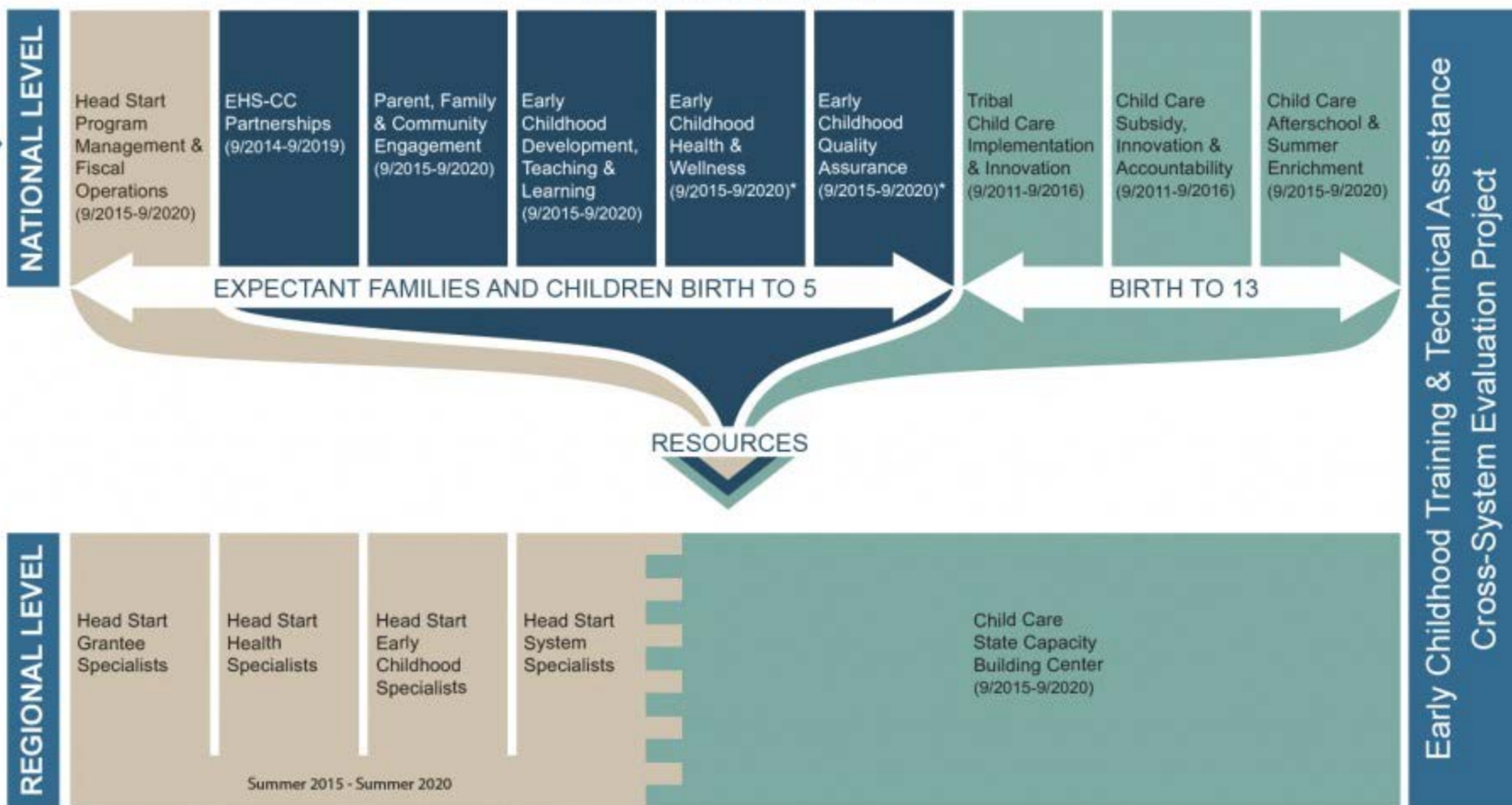
- This webinar will be recorded and archived on the ASTDD website
- Questions will be addressed after the speakers are finished. Please type your question into the “chatbox” that will appear at the end of the webinar, and click on the bubble to the right of where you type your question to send it to the moderator.



# EARLY CHILDHOOD TRAINING & TECHNICAL ASSISTANCE SYSTEM



## National Centers



# NCECHW—Our Team

- American Academy of Pediatrics
- University of California, Los Angeles Health Care Institute
- Georgetown University's National Maternal and Child Oral Health Resource Center
- Georgetown University's Center for Child and Human Development
- Education Development Center
- Child Care Aware of America
- Nemours
- University of Colorado, Denver, National Resource Center for Health and Safety in Child Care and Early Education
- Zero to Three



# NCECHW Vision



Provide resources, professional development, and guidance to promote health, safety, and wellness of children from birth to age 5 for families, early childhood education professionals, and health providers

# ACF Health and Wellness Goals

- Improve the health and safety of ECE settings
- Promote positive child health outcomes for children participating in ECE programs
- Increase preventive services related to health outcomes.
- Promote access to continuous, accessible health services for children and families
- Promote mental wellness and resiliency for staff, children, pregnant women, and families
- Strengthen networks and coordination of ECE programs and child health professionals



# Approaches

- Provide research-informed and/or evidence-based resources to the ECE community and families
- Provide a continuum of T/TA strategies for professional development
- Promote systems of coordination and collaboration in concert with other national centers, regional and state T/TA specialists, and other national initiatives to develop and integrate content



# Dissemination Methods

- Print and online resources
- Workshops
- Webinars
- Health institutes
- Learning collaborates





# Desired Outcomes

- Increased awareness of
  - Regulations and requirements to support health and safety of children in care settings
  - Resources to support health, wellness, and safety in early childhood
- Increased knowledge of
  - Prevention strategies
  - Family- and community-engagement strategies
  - Health and wellness practices




# Desired Outcomes (continued)

Special Collection

## Oral Health in Child Care and Early Education

Applicable Standards from:

***Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition***



A Joint Collaborative Project of  
American Academy of Pediatrics  
141 Northwest Point Boulevard  
Elk Grove Village, IL 60007-1019  
American Public Health Association  
800 I Street, NW  
Washington, DC 20001-3710  
National Resource Center for Health and Safety in Child Care and Early Education  
University of Colorado, College of Nursing  
13120 E 19th Avenue  
Aurora, CO 80045  
Support for this project was provided by the  
Maternal and Child Health Bureau,  
Health Resources and Services Administration,  
U.S. Department of Health and Human Services  
(Cooperative Agreement #U46MC09810)

- Increased use of specific practices to support
  - Family and community engagement in supporting children's health
  - Children's health and safety in early childhood education settings
  - ECE staff and family wellness
- Changes in state systems and policies to support
  - Caring for Our Children (CFOC) Basics
  - Health and safety recommended best practices

# Primary Audiences



- Early childhood education staff
  - Head Start/Early Head Start direct service staff and managers
  - Child care providers
  - Home visitors
  - Family child care providers
- OHS Regional T/TA providers
  - EC specialists
  - Health specialists
  - Systems specialists
  - Grantee specialists
- Child care health consultants
- CCR&R staff
- Child care T/TA provider

# Primary Audiences (continued)

- State regulatory and licensing agencies
- Federal staff
  - OHS
  - OCC
  - MCHB
- Pediatric medical providers
  - Pediatricians
  - Family physicians
  - Nurse practitioners
  - Dentists
  - Dental hygienists
  - Mental health professionals



Photo Source: Sharib4rd | Flickr | CC BY 2.0

# Health Specialists

## Role

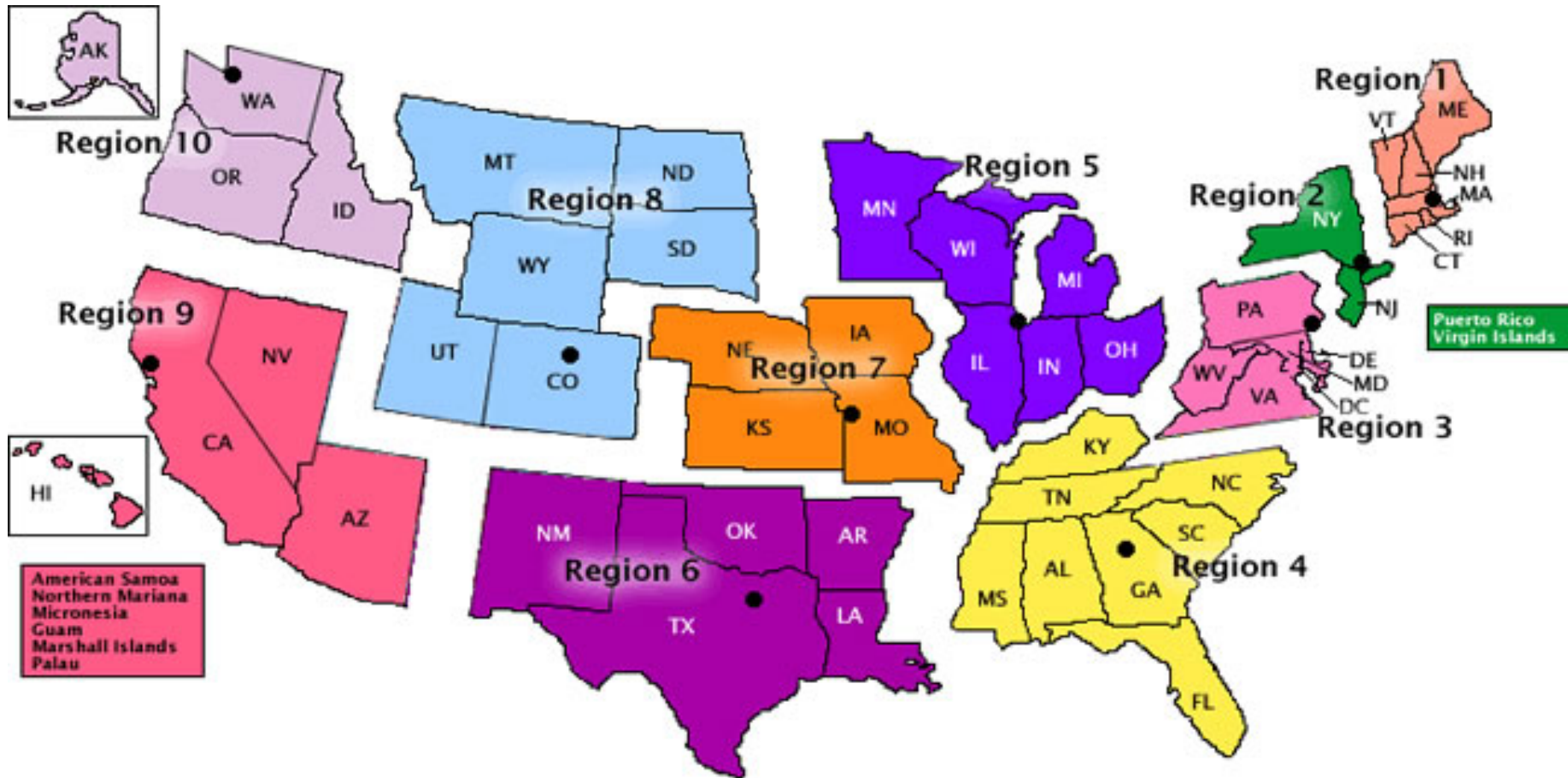
- Serve as a resource to other T/TA specialists on comprehensive health services, environmental health and safety, and engaging families in health issues.
- Serve as point of dissemination for health data and resources
- Aggregate/analyze state and regional health data to identify emerging trends and patterns.
- Provide training on health topics

## Experience

- Minimum of BA in public health, mental health, health education, maternal and child health, or health administration
- Minimum 5 years in health services in HS/EHS programs



# ACF Regions



● = Locations of Regional Offices/Regional Administrators

Region XI —American Indian and Alaska Native (AIAN) Head Start Programs  
Region XII—Migrant and Seasonal Head Start Programs (MSHS)

# National Center for Early Childhood Health and Wellness Oral Health Team

National Maternal and Child Oral Health Resource Center

Association for State and Territorial Dental Directors

Dental Hygienist Liaisons



# National Maternal and Child Oral Health Resource Center: Who Are We



Katrina Holt  
Director



Ruth Barzel  
Writer/Editor



Sarah Kolo  
Health  
Communications  
Specialist



Beth Lowe  
Health Education  
Specialist



# National Maternal and Child Oral Health Resource Center: What Do We Do

- Develop and disseminate materials
  - Brush Up on Oral Health newsletter
  - Head Start Health Services newsletter
  - Handouts for staff, pregnant women, and parents
- Develop, coordinate, and conduct educational presentations and trainings
- Provide information and technical assistance
- Review oral health content produced by NCECHW partners and other national centers



# Brush Up on Oral Health Newsletter



June 2015

- **Primary (Baby) Teeth**
- **Facts About Primary Teeth: Information for Head Start Staff to Share with Parents**
- **Cook's Corner: Sunny Oranges**

#### Did You Know?

- By the time a child is 2 to 3 years old, she or he usually has all 20 primary teeth.
- A child generally does not lose his or her last primary tooth until age 10 to 12.



#### Primary (Baby) Teeth

Many parents believe that primary (baby) teeth are less important than permanent teeth because primary teeth are going to "fall out anyway." However, primary teeth are key to a child's growth and development. Head Start staff play a vital role in helping parents better understand the importance these teeth.

This issue talks about why primary teeth are important and offers information that Head Start staff can share with parents. A recipe for a healthy snack that can be made in the Head Start classroom or at home is also included.

#### Facts About Primary Teeth: Information for Head Start Staff to Share with Parents

- **Primary teeth are important.** Primary teeth are key to young children's health and development in five very important ways. These include:
  - **Maintaining good health.** The health of primary teeth affects children's overall health and well-being. Untreated tooth decay in primary teeth can lead to infections that can cause fever and discomfort. Infection from an abscessed tooth can spread to other areas in the head and neck and lead to pain, severe swelling, and, in rare cases, death. Using antibiotics to treat dental infections may work temporarily. However, the infection will always return if the decay is not treated.
  - **Maintaining good nutrition with proper chewing.** To grow and be strong, children need to eat healthy food every day. Children with decay in their primary teeth are less likely to eat crunchy foods, such as fresh

- Monthly newsletter for Head Start and child care staff
- Provides information on current practice, practical tips for staff to share with parents for promoting oral health, and recipes for healthy snacks
- Subscribe at <https://eclkc.ohs.acf.hhs.gov/ECLKC/customer-service/CMAAlerts>

# Brush Up on Oral Health Newsletter



- Current and past issues available on ECLKC
- Topics addressed include
  - Smoking and oral health
  - Dental clinic care for children with disabilities
  - Healthy bedtime habits
  - Choosing healthy behaviors
  - Oral injuries
  - Toothbrushing
  - Medicaid and CHIP

# Health Services Newsletter

Monthly newsletter for Head Start and child care staff

- Importance of helping children and pregnant women establish a dental home, February 2014
- The role of drinks with sugar in children's oral health, February 2015
- Importance of family-style meals, March 2015



# Tip Sheets

- Tip sheet for Head Start health managers and tip sheet for families
- Tips for promoting good oral health and things parents can do to help their child



# Healthy Habits for Happy Smiles Handout Series



- Handouts for parents
- Oral Health topics addressed:
  - Dental visits
  - Children with special needs
  - Fluoride
  - Healthy drinks
  - Oral Injuries
  - Pregnancy
  - Teething
  - Toothbrushing
- In English and Spanish

# Early Childhood Learning and Knowledge Center Oral Health Pages



The screenshot shows a website page titled "Oral Health". At the top, there is a navigation bar with links for "School Readiness", "Emergency Preparedness", "Affordable Care Act", and "Safe and Healthy Family". Below the navigation bar is a header image of a woman and a child, with the title "Oral Health" in a large font. The main content area contains a paragraph about tooth decay, followed by two columns of resources. The left column is titled "Featured Resources" and lists several items, including a newsletter, forms, and tips for families and health managers. The right column is titled "Contact Us" and features a "Q&A" icon and a message about contacting the National Center on Health.

Home School Readiness Emergency Preparedness Affordable Care Act Safe and Healthy Family

## Oral Health

Tooth decay is the most common childhood disease. It is caused by bacteria that can be shared from person to person. Brushing twice daily with fluoride toothpaste is one of the most effective ways to prevent tooth decay and promote good oral health. Effective oral health practices vary depending on the developmental skills of each child. When children have a healthy mouth, they can speak more clearly, eat healthy foods, and feel good about themselves. A healthy mouth also means children can better focus and learn, have a pain-free mouth, and incur fewer dental costs.

### Featured Resources

Head Start staff is encouraged to review, use, and share the oral health resources below.

- [Brush Up on Oral Health newsletter](#)
- [Healthy Habits for Happy Smiles \(English and Spanish\)](#)
- [Oral Health Forms](#)
- [Oral Health Resources for Spanish-Speaking Families](#)
- [Oral Health: Tips for Families](#) [PDF, 68KB], available in [Spanish \(español\)](#) [PDF, 125KB]
- [Oral Health: Tips for Health Managers](#) [PDF, 1.1MB]

### Contact Us



If you would like help finding resources, contact the [National Center on Health](#).

## Search Tip

- Search online for “ECLKC oral health”

## Featured Resources

- *Brush Up on Oral Health* newsletter
- *Healthy Habits for Happy Smiles* handouts

## Three Secondary Pages

- Oral Health Assessment, Follow-up, and Treatment
- Oral Health Education Activities
- Oral Health Policies and Procedures

# **The Role of State Dental Hygienist Liaisons (DHLs) and Regional DHL Coordinators**

Presented by: Michelle Landrum, R.D.H., M.Ed.





# Role of State DHLs

- Serve as **communication links** between NCECHW and Head Start agencies and state, territory, and tribal child care agencies on topics related to improving the oral health of pregnant women and children enrolled in Head Start and child care
- **Collaborate** with state organizations (e.g., oral health programs, Head Start state collaboration office, child care agencies)
- **Promote evidence-informed information and materials** to Head Start agencies and state, territory, and tribal child care agencies, and offer strategies for accessing oral health care for pregnant women and children enrolled in Head Start and for children enrolled in child care



# Role of State DHLs

- **Present** at state Head Start–related and child-care-related meetings, as requested by NCECHW
- **Attend** state and/or local Head Start–related and child-care-related **meetings**
- **Share information about NCECHW-produced resources** and other OHS-approved resources with Head Start agencies and state, territory, and tribal child care agencies
- Prepare **quarterly reports** on Head Start and child care oral health activities occurring in the state
- DHLs will receive **\$750 in annual stipends** based on completion of specific criteria



# Role of Regional DHL Coordinators

- Perform DHL duties in their state
- Support DHLs in assigned regions
- Facilitate sharing of NCECHW-produced resources and other OHS-approved resources with DHLs in assigned regions
- Maintain an updated list of DHLs in assigned regions, and recruit new DHLs as needed in the region
- Collaborate with the regional Head Start health specialist on oral-health-related issues



# Role of Regional DHL Coordinators



- **Present** at national and/or regional meetings, as requested by NCECHW
- Participate in **evaluation activities**, including reviewing Head Start performance information reports and basic screening surveys for states in assigned regions
- Review DHL quarterly reports on Head Start and child care oral health activities occurring in their states from DHLs, and **prepare regional reports summarizing activities**

# Regional DHLs or Point of Contact

Gina Sharps (WV) Region III	Diane Flanagan (WI) Region V	Beth Stewart (TX) Region 6	Kathy Hunt (KS) Region 7	Julie Stage (NV) Region 9	Karen Yoder DHL Project Lead	Michelle Landrum DHL Project Co-Lead
Delaware	Illinois	Arkansas	Iowa	Arizona	Alabama	New Hampshire
D. C.	Indiana	Louisiana	Missouri	California	Alaska	New Jersey
Maryland	Michigan	New Mexico	Nebraska	Hawaii	Colorado	New York
Pennsylvania	Minnesota	Oklahoma			Connecticut	North Carolina
Virginia	Ohio				Florida	North Dakota
					Georgia	Oregon
					Idaho	Rhode Island
					Kentucky	South Carolina
					Massachusetts	South Dakota
					Mississippi	Tennessee
					Montana	Utah
						Vermont
						Washington
						Wyoming

# **DHL Quarterly Report and Stipend Request**

Presented by: Michelle Landrum, R.D.H., M.Ed.



# DHL Quarterly Report

- Now online and easier to complete!
- Link (will also be posted on DHL webpage)  
<https://www.surveymonkey.com/r/DHLQuarterlyReport>
- A new blank form will open each time you go to the link, so **please complete your report in one sitting**
- Your report will be sent to your regional DHL coordinator or point of contact
- Due dates
  - January 7, 2016 (activities from October to December, 2015)
  - April 7, 2016 (activities from January to March, 2016)
  - July 7, 2016 (activities from April to June, 2016)
  - October 7, 2016 (activities from July to September, 2016)

## DHL Quarterly Report

### \* 1. Contact Information

Name:

State:

Email Address:

### \* 2. Current Date

### \* 3. Regional DHL contact for reporting

Regional DHL contact

Select the name of the  
person you report to

### \* 4. Time period covered by this report

Quarter 1: October-December (due January 7)

Quarter 2: January-March (due April 7)

Quarter 3: April-June (due July 7)

Quarter 4: July-September (due October 7)

Please specify year



Once you have completed at least 1 activity in 2 of these categories, submit your stipend request

**\* 5. Please select the categories for the activities you carried out.**

- Assessment (reviewed child care, PIR and/or BSS data and/or facilitated/participated in screenings/exams)
- Access to care (provided referrals/follow up to dental homes)
- Prevention (promoted evidence based preventive practices such as applying fluoride varnish or brushing with fluoridated toothpaste)
- Education (shared NCECHW or other OHS approved materials and/or provided educational sessions)

Please share one or two key examples of activities in the category/categories checked above and list any outcomes. If direct services were provided for any of the four categories listed above, indicate the category, the target audience (e.g., pregnant women, children) and number of persons served.

**\* 6. Please indicate with whom you interacted on the activities listed above.**

- Head Start Collaboration Office Director/Staff
- Head Start Association Director/Staff
- Head Start Program Director/Staff
- Head Start Program Health Manager
- Head Start Regional Health Specialist
- State or Local Child Care Agency Staff
- State Oral Health Program Director or Staff
- Dentists
- Dental Hygienists
- Other Health Professionals
- Other (if checked, please specify below)

Other (please specify)

\* 7. Did you do any presentations at local, state, or national meetings not listed under Question #5, above.

Yes

No

8. If yes, to #7, specify the presentation title, meeting name, date, location, target audience and number of audience members in attendance.

\* 9. Did you attend any meetings related to your DHL role (e.g., Head Start health services advisory committee meeting, child care meeting)?

Yes

No

10. If yes to question 9, specify the meeting name, date and location.

11. Optional: If you have a success story that you would like to share, please describe it briefly. (ASTDD may contact you for more detail.)

Thank you for your work and for completing this quarterly report.

Done

# DHL Stipend

- \$750 annual stipend available
- Assist with DHL related activities, such as:
  - Local travel or supplies to serve programs
  - Educational resources for programs
  - Supplement travel expenses to a professional meeting (e.g., ADHA session, NOHC)
- Submit when at least one activity is completed under two different categories listed on the quarterly report
  - E-mail completed form to Bev Isman at [bev.isman@comcast.net](mailto:bev.isman@comcast.net)
- Stipend request form will be e-mailed to DHLs and is available on ASTDD's DHL webpage at <http://www.astdd.org/head-start-state-dental-hygienist-liaisons-information>

# Stipend Request Form



## ASTDD NCECHW State DHL Stipend Request Form

Name:

State:

Address:

City:

State:

Zip:

Email:

Phone:

SSN:

I have completed at least two of the following 4 categories of activities (check which ones) documented in my quarterly reports and request the \$750 stipend to use related to my role as a state DHL.

Assessment

Access to care

Prevention

Education

Date of request:

Signature:

Submit to ASTDD via Beverly Isman at [bev.isman@comcast.net](mailto:bev.isman@comcast.net)

# Questions?

