Brush, Book, Bed
The Importance of Routines

DHL Webinar
Presented by: Lauren Barone, M.P.H.
Moderated by: Michelle Landrum, R.D.H., M.Ed.

December 8, 2017
General Reminders

➢ This webinar will be recorded and archived on the ASTDD DHL webpage.

➢ Questions will be addressed after the speakers are finished. Please click on the icon at the top of your screen that looks like a person with their hand in the air. The moderator will recognize and “un-mute” you so you can ask your question.
Objectives

• Recognize year 3 DHL project strategies to improve the oral health of pregnant women and children served by Head Start and child care programs.

• Understand why routines are important for families.

• Describe the success and challenges of the Brush, Book, Bed (BBB) pilot program.

• Understand how to access and use AAP’s BBB Implementation Guide, AAP’s Chapter Oral Health Advocates, and Campaign for Dental Health/NCECHW posters.
DHL Administrative Updates

Presented by: Michelle Landrum
Year 3 DHL Project Workplan

Year 3 Strategies

1. Build or enhance DHL relationships at the state level through collaboration with key stakeholders.
   ✓ Refer to the July 2017 DHL webinar: https://astdd.adobeconnect.com/_a933923135/pdy1noehiw4h/?prot o=true

2. Promote toothbrushing with fluoride toothpaste starting with the eruption of the first tooth.
   ✓ BBB program
   ✓ I Like My Teeth posters
   ✓ Additional resources will be shared on future webinars
Year 3 DHL Project Workplan

Year 3 Strategies (Cont’d)

3. Promote drinking water (vs. sugar-sweetened beverages)
   ✓ I Like My Teeth posters
   ✓ Additional resources will be shared on future webinars

4. Improve DHL recruitment and engagement by promoting DHL project within ADHA
   ✓ Presenting at the ADHA 2018 annual conference
   ✓ Article in Access magazine
   ✓ DHL letter of introduction to ADHA state presidents
DHL Quarterly Report Form Updates Questions #5 and #6

5. Please select the categories for the activities you carried out this quarter.
   Note: Please provide the information requested in question #6 for each category you select.
   ☐ No activity this quarter [please skip to the next page]
   ☐ a) Assessment (reviewed child care, PIR and/or BSS data and/or facilitated participated in screenings/exams)
   ☐ b) Access to care (provided referrals/follow up to dental homes)
   ☐ c) Prevention (promoted evidence based preventive practices such as applying fluoride varnish or brushing with mmidated toothpaste)
   ☐ d) Education (shared NCEOHW or other OHS approved materials and/or provided educational sessions)
   ☐ e) Collaboration (communicated with Head Start or child care related staff or organizations)

6. For each category you selected in question 5, please share at least one example in the corresponding text box below and list any outcomes. If direct services were provided, list the target audience (e.g., pregnant women, children) and number of persons served. If you did not carry out activities in a particular category, please leave the text box blank.

   a) Assessments

   b) Access to care

   c) Prevention

   d) Education

   e) Collaboration
8. Did you provide any presentations using approved NCECHW slides at the local, state, or national level?

- Yes
- No (survey will skip to question 10)
DHL Quarterly Report Form Updates
Question #9

9. Please describe the presentation(s) you gave using approved NCECHW slides at the local, state, or national level.

**Notes:**
- You will be required to enter a response in at least 5 of the 6 fields for each presentation you gave.
- If it was a webinar or teleconference, please note this as the location.
- If you gave more than two presentations this quarter, list the two with the largest audiences here and email the details of the other presentation(s) to your regional DHL coordinator.

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10. Did you attend any meetings, webinars or CE courses related to your DHL role (e.g., Head Start health services advisory committee meeting, child care meeting, DHL webinar?)

- Yes
- No (survey will skip to question 12)
DHL Quarterly Report Form Updates

Question #11

11. Provide details about the meetings, webinars, or CE courses you attended.

**Notes:**
- You will be required to enter a response in at least 2 of the 3 fields for each event you attended.
- If it was a webinar or teleconference, please note this as the location.

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DHL Quarterly Report Form Updates

- Resources for quarterly reports
  - DHL At-A-Glance Activity Guide
  - Quarterly report tracking form (optional)
Brush, Book, Bed
The Importance of Routines

Lauren Barone, M.P.H.
Quick Intro

• AAP and Oral Health
• Evolution of BBB
Why Have Routines?

• Makes life predictable for children.
• Sets expectations and helps children learn how to be independent and confident.
• Creates a more serene household by reducing child and parental stress and anxiety.
• Establishes healthy habits early.
• Creates a family bond and special time together.
• Helps parents remember important things.
Why Read, Sing, or Just Talk to Children?

• Evidence is mounting on the importance of early literacy.
• Children who are read to from infancy have better language proficiency.
• Allows families the time to stop and enjoy each other, if only for a few minutes a day.
• Books are magical and an all-expenses-paid ticket to explore the world!
Why Brush?

• You know this part....
• Brushing twice a day with the recommended amount of fluoride toothpaste reduces caries risk.
• Parents need to assist with brushing until children are developmentally able to do it themselves.
• Letting children participate in brushing helps establish healthy practices that they are expected to continue throughout life.
Why a Regular Bedtime?

• Children may go to sleep faster and parents may get more sleep—need I say more?
• Sleep is a challenging topic, especially for parents of young children.
• Flexibility may be needed to account for differences in family schedules and personalities.
Why Brush, Book, Bed?

• Simple message for health professionals to communicate with families.
• Ties toothbrushing with other important health behaviors.
• Signals the health professional and the parent to think about and discuss oral health.
Pilot Study

Ten primary care practices:

- Participated in an introductory webinar on BBB and what is included in the BBB program, including brief education on oral hygiene, early literacy, and sleep.
- Ensured that all staff completed online oral health training for health professionals and Reach Out and Read literacy training.
- Identified and trained a survey coordinator to collect surveys at pre-implementation, early-implementation, mid-point implementation, and post-implementation intervals.
- Designed workflow plan for BBB implementation, and packaged all AAP materials distributed to families (toothbrushes, fluoride toothpaste, books, posters, and stickers).
- Administered program, collected surveys from families at timed intervals, and participated in phone interviews.
Pilot Study Results

• The study was evaluated using a five-question survey instrument and by interviewing each of the practices by telephone post-implementation.

• The survey was administered to families during 9- and 12-month-old well-child visits at four intervals.
Health Professional Communication/Fluoride Application

Did your child receive fluoride varnish application today or at a previous visit?

- Survey 1: 28.34%
- Survey 2: 44.76%
- Survey 3: 51.55%
- Survey 4: 59.31%

Did your doctor talk to you today about a bedtime routine for your child?

- Survey 1: 61.13%
- Survey 2: 83.37%
- Survey 3: 83.96%
- Survey 4: 83.9%
Did your doctor talk to you today about how to take care of your child's teeth?
Family Behavior Change—Reading

Reading a Story Is Part of Nighttime Routine (Pre-implementation)
- Yes: 81%
- No: 19%

Reading a Story Is Part of Nighttime Routine (End Point Check-In)
- Yes: 77%
- No: 23%
Family Behavior Change—Toothbrushing

Brushing Teeth Is Part of Nighttime Routine (Pre-Implementation)

- Yes: 31%
- No: 69%

Brushing Teeth Is Part of Nighttime Routine (End Point Check-In)

- Yes: 72%
- No: 28%
Improvement Opportunity

• We know BBB helped primary care health professionals talk about oral health, but there were only modest changes in family behavior.

• How can we look more closely at behavior change and pull the right levers to make a difference?
# Implementation Guide

**Brush, Book, Bed**

A program of the American Academy of Pediatrics

Implementation Guide

September 2015 (updated August 2017)

For more information email oralhealth@aap.org or visit https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Brush-Book-Bed.aspx

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Brush, Book, Bed Resources

- Caregiver handout in English and Spanish
- Bookmark and sticker templates
- Poster
- Health professional talking points
Funding Opportunities and Tips

- Local donations
  - Literacy or early childhood
  - Health
- Oral health community grants
  - ADA, AAPD, and DTA foundations
  - DentaQuest
  - ADHA Wrigley Company Foundation

- Partner with local dentists or dental societies for materials and donations.
- Partner with your local Reach Out and Read, WIC, or library/mall to amplify the BBB message to families in your community.
AAP Supports

• Consider connecting with your AAP Chapter Oral Health Advocate about BBB or other activities in which you can partner.

• Use the co-branded AAP Campaign for Dental Health and NCECHW posters!
Examples of DHLs Using Brush, Book, Bed

• Doug Bowman, Oral Health Kansas (speaking for Kathy Hunt)
• Diane Flanagan, Wisconsin
• Heather Blair, Vermont
Contact Information

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Website: https://eclkc.ohs.acf.hhs.gov/health
Questions?

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