The NCECHW’s oral health team, led by the National Maternal and Child Oral Health Resource Center (OHRC) at Georgetown University, in partnership with the Association of State and Territorial Dental Directors (ASTDD), implemented activities based on five major categories and goals. This report highlights some of the outputs and outcomes achieved under each of the five goals for the 5-year funding period, 2015–2020.

Infrastructure

Goal 1. Maintain an oral health workgroup to help guide the NCECHW oral health activities.

Maintained an oral health workgroup to help NCECHW with strategic planning of oral health activities to achieve desired outcomes for Head Start and child care staff. To seek input on current and proposed activities and to learn about changes in policies and practices impacting the project’s target population, the oral health team convened an annual meeting of the workgroup and communicated regularly via e-mail. Workgroup members provided valuable assistance throughout the project, reviewing draft resources to help ensure accuracy and appropriate literacy level and tone. In addition, workgroup members assisted the oral health team in developing draft guidance for the Office of Head Start (OHS) to suspend toothbrushing in Head Start programs during the COVID-19 pandemic to avoid transmission of the virus during brushing in the classroom.

The workgroup was composed of professionals with expertise related to child care performance standards and regulations, Head Start program performance standards, clinical practice, community/public health, and Medicaid. Members included:

- Conan Davis, D.M.D., M.P.H.
- Harry Goodman, D.M.D., M.P.H.
- Francisco Ramos-Gomez, D.D.S., M.S., M.P.H.
- Kathy Hunt, R.D.H.
- Timothy Ricks, D.M.D., M.P.H.
- Jane Steffensen, R.D.H., M.P.H., CHES
- Norman Tinanoff, D.D.S., M.S.
Materials Development and Dissemination

Goal 2: Identify, review, develop, print, and disseminate educational materials tailored to various audiences (e.g., home visitors, child care staff, Head Start staff, pregnant women, parents, health professionals).

**Brush Up on Oral Health**

- Series of monthly tip sheets for Head Start staff with information on current practice, practical tips for Head Start staff and parents for promoting good oral health, and recipes for a healthy snack.
- Topics include age 1 dental visit, anesthesia and sedation use, case management, healthy drinks, community water fluoridation, fluoride, healthy bedtime routines, home visiting, oral habits, oral injuries, pregnancy, primary teeth, preventing tooth decay, school readiness, stress and oral health, smoking, silver diamine fluoride, and toothbrushing. The tip sheets are available in English and in Spanish.
- In September 2020, there were 12,385 subscribers to *Brush Up on Oral Health*.

**Brush Up on Oral Health** User Feedback

- Responses to a 2019–2020 feedback request sent to *Brush Up on Oral Health* readership show that the tip sheet helped ensure that Head Start program policies and procedures related to oral health reflect current science and practice. Respondents reported that information from the tip sheet resulted in new policies and procedures in the classroom on preventing and responding to dental trauma, eliminating the use of over-the-counter teething medications, refining oral hygiene practices for infants, and implementing group toothbrushing at the classroom table. In addition, the information supported adherence to state EPSDT dental periodicity schedules and use of fluoride varnish and fluoride supplements for children living in communities without fluoridated water. Staff also used recipes from each issue’s Cook’s Corner section to prepare a healthy snack in the classroom and shared the recipes in newsletters and on recipe cards for parents to prepare at home.

**Healthy Habits for Happy Smiles**

- Series of 16 handouts for pregnant women and parents of infants and young children that provides simple tips on oral health issues.
- Topics include brushing a young child’s teeth, choosing healthy drinks, encouraging young children to drink water with fluoride, giving young children healthy snacks, taking care of oral health during pregnancy, and taking care of an infant’s oral health. The handouts are available in English and in Spanish.
Other NCECHW-Produced Oral Health Resources

- **Checklist for Child Care Staff: Best Practices for Good Oral Health** provides items that child care program staff can check to reflect what they are doing to promote good oral health for infants, toddlers, and young children. The checklist is available in English and in Spanish.

- **Cook’s Corner: Recipes for Healthy Snacks—Compiled from Brush Up on Oral Health** cookbook provides simple recipes to support children’s healthy growth and development with ingredients that are fresh, low in fat, and high in fiber. None of the recipes include added sugar. The cookbook is available in English and in Spanish.

- **Coronavirus Disease and Oral Health: Information for Parents About Promoting Good Oral Health at Home** handout for parents provides simple tips on serving healthy foods and drinks and promoting good oral hygiene habits to keep children’s mouths healthy during the COVID-19 pandemic. The handout is available in English and in Spanish.

- **Coronavirus Disease and Oral Health: Information for Parents About Visiting the Dental Office** handout for parents provides information about changes the dental team may have made to lower the risk of spreading COVID-19 to patients and parents. The handout is available in English and in Spanish.

- **Dental Hygienist Liaison Project** handout describes the dental hygienist liaison (DHL) project in which volunteer dental hygienists help promote oral health for pregnant women and children enrolled in Head Start and children enrolled in child care. The handout is available in English and in Spanish.

- **Getting to Know Me: Information to Share with a Pregnant Woman’s Dental Office** form for pregnant women to share information with dental office staff to help them meet the woman’s needs. The form is available in English and in Spanish.

- **Getting to Know Me: Information for Your Child’s Dental Office** form for parents to share information about their child with dental office staff to help them meet the child’s needs. The form is available in English and in Spanish.

- **Fluoride** paper for Head Start staff describes how fluoride can prevent tooth decay in children and pregnant women and how fluoride can be received. The paper is available in English and in Spanish.

- **I Like My Teeth** posters for consumers share simple, positive messages about brushing children’s teeth with fluoridated toothpaste, drinking fluoridated water, eating a healthy diet, and talking to the dentist or doctor about fluoride treatments for children. The posters are available in English and in Spanish.
  - **Drinking Water with Fluoride** (English, Spanish)
  - **Fluoride: Cavity Fighter** (English, Spanish)
• **Strengthen Your Body** ([English](#), [Spanish](#))
• **Teaching Them to Brush** ([English](#), [Spanish](#))

**Improving Parent Oral Health Literacy in Head Start Programs** journal article presents the results of a training for parents provided by 29 Head Start programs across the country.

**Questions to Ask When Looking for a Dental Office** form for parents of young children provides questions that parents can ask when they are looking for a dental office for their child. The form is available in English and in Spanish.

**Share the Love in February: It’s National Children’s Dental Health Month** video for Head Start staff to provide information about the importance of good oral health for young children and about how to promote oral health for this population. Video produced in partnership with the American Academy of Pediatrics’ NCECHW staff.

**Steps for Toothbrushing at the Table: Growing Healthy Smiles in Early Care and Education Programs** video to instruct Head Start and child care staff on how to set up a toothbrushing program at the classroom table. The video includes captions written in Spanish.

**Understanding the Dental Periodicity Schedule and Oral Exam: A Guide for Head Start Staff** paper provides information about the dental periodicity schedule, the Head Start program performance standard that addresses an oral exam, and elements of an oral exam.

**Recognitions**

- Received 2019 APEX Award for Publication Excellence (electronic media) from Communication Concepts for **Steps for Toothbrushing at the Table: Growing Healthy Smiles in Early Care and Education Programs**
- Received 2017 APEX Award for Publication Excellence from Communication Concepts for **Healthy Habits for Happy Smiles**

**Support for Early Childhood Learning and Knowledge Center**

- Worked with Head Start Information and Communication Center (HSICC) staff to post NCECHW oral health resources on the Early Childhood Learning and Knowledge Center (ECLKC) website and promoted awareness of these resources.
- Identified and reviewed oral health resources to determine whether they are appropriate for Head Start and child care staff, pregnant women, and parents.
- Updated, enhanced, and provided continual improvements to the oral health landing page and secondary pages of [ECLKC](#) to share resources with Head Start and child care staff, pregnant women, and parents. Promoted awareness of resources and ECLKC website.
  - **Oral Health** (landing page)
  - **Oral Health Assessment, Follow-up, and Treatment** (secondary page)
  - **Oral Health Policies, Procedures, and Standards** (secondary page)
  - **Oral Health Resources for Families** (secondary page)
  - **Oral Health Resources for Staff** (secondary page)
  - **Head Start Program Performance Standards Related to Oral Health** (secondary page)
Information and Technical Assistance

Goal 3: Provide oral health information and materials to home visitors, child care staff, Head Start staff, pregnant women, parents, and health professionals.

• Responded to 400 information requests. Examples include
  • California: Data on the age 1 dental visit.
  • Georgia: Resources to state Office of Oral Health on how to set up a toothbrushing program.
  • Iowa: Guidance on whether hydraulic fracturing (fracking) can contaminate drinking water.
  • Kansas: Picture of an adult cleaning an infant’s gums with a cloth.
  • Michigan: Strategies for cleaning Head Start staff’s and children’s toothbrushes (e.g., alcohol solution, bleach solution, foodservice-grade dishwasher, radiation wands).
  • Missouri: Sources where toothbrushes can be purchased for classroom brushing.
  • North Carolina: Evidence-based best practices for toothbrushing in Head Start programs.
  • South Dakota: Access to dentists for children enrolled in Head Start programs.
  • Vermont: Review of Champlain Valley Head Start’s toothbrushing policy and procedure.
  • Multi-states: Information about any changes as a result of the COVID-19 pandemic in Head Start program performance standard on EPSDT requirement for oral exam.
  • Multi-states: Transmission of COVID-19 to others via salivary droplets from spitting into a sink or a cup after toothbrushing in Head Start programs that remain open. Note: With assistance from NCECHW oral health workgroup, developed draft guidance for OHS’s webinar, Caring for Children in Group Settings During COVID-19, on April 24, 2020, and presentation to Head Start leadership and management on June 13, 2020.
  • Multi-states: Dental hygiene supplies (toothbrushes, fluoride toothpaste) for Head Start programs that remain open during the COVID-19 pandemic.
  • National: Source files for two Healthy Habits for Happy Smiles handouts: (1) Brushing Your Child’s Teeth and (2) Taking Care of Your Baby’s Oral Health for the Health Resources and Services Administration to pilot text and adapt for oral health awareness/literacy campaign.
• Helped Steve Shuman respond to other information requests from other national centers staff, federal steering committee members, and Head Start and child care staff.
• Reviewed materials on oral health at the request of NCECHW project officer and other NCECHW partners. Examples include
  • Reviewed Caring for Our Children: National Health and Safety Performance Guidelines for Early Care and Education Programs oral health section and provided photographs of toothbrush with fluoride toothpaste for inclusion in guidelines.
  • Reviewed oral-health-related content in draft Caring for Our Children Basic Workbook for center-based child care staff.
• Monitored e-mail account and Health and Wellness section of MyPeers, responded to requests, and posted information and resources, in particular on issues related to COVID-19 and oral health.
Presentations and Training

Goal 4: Develop, coordinate, and conduct oral health educational presentations and training tailored to various audiences (e.g., home visitors, child care staff, Head Start staff, pregnant women, parents, health professionals).

Throughout the NCECHW project period, the oral health team and its network of DHLs delivered over 109 trainings (85 in person and 24 webinars) at the national, regional, and state/local levels to regional training and technical assistance (T/TA) network staff, local Head Start staff, parents, and health professionals. Trainings were held in 36 states and Washington, DC. An analysis of the information is presented in Table 1. Oral Health Trainings.

- The number of trainings offered each year increased steadily throughout the project period, particularly at the state level.
- In-person trainings remained popular, and the number offered annually increased by more than 50 percent between 2015–2016 and 2018–2019 (from 12 to 30).
- The number of trainings that took place at the state and local levels annually increased nearly five-fold between 2015–2016 and 2018–2019 (from 5 to 24).
- The number of trainings taking place at the regional level increased at a slow but steady rate between 2015–2016 and 2018–2019 (from 0 to 5), and trainings reached Head Start staff from a significantly larger number of states between 2015–2016 and 2018–2019 (from 8 to 23).
- Program year 2019–2020 was set to continue the trend of more in-person and webinar presentations; however, many were canceled as a result of the COVID-19 pandemic.

Table 1. Oral Health Trainings

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Trainings</th>
<th>Training Type</th>
<th>Meeting Type</th>
<th>States Receiving Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015–2016</td>
<td>15</td>
<td>In-person–12 Webinar–3</td>
<td>State/local–5</td>
<td>AR, IL, KS, LA, MD, OH,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Regional–0</td>
<td>OK, TX</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>National–10</td>
<td></td>
</tr>
<tr>
<td>2016–2017</td>
<td>15</td>
<td>In-person–12 Webinar–3</td>
<td>State/local–3</td>
<td>AL, CA, FL, GA, IL, KY,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Regional–2</td>
<td>LA, MD, NC, NJ, NM, SC,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>National–10</td>
<td>TN</td>
</tr>
<tr>
<td>2017–2018</td>
<td>28</td>
<td>In-person–21 Webinar–7</td>
<td>State/local–7</td>
<td>AL, CT, DC, FL, GA, KY,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Regional–4</td>
<td>LA, ME, MS, NC, NH, NJ,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>National–17</td>
<td>NM, NV, NY, OH, RI, SC,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>TN, VT, WV</td>
</tr>
<tr>
<td>2018–2019</td>
<td>36</td>
<td>In-person–30 Webinar–6</td>
<td>State/local–24</td>
<td>AK, AL, AZ, FL, GA, IA,</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Regional–5</td>
<td>KS, KY, LA, MO, MS, NC,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>National–7</td>
<td>NE, NM, NV, SC, TN, TX,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>UT, VA, WA, WV</td>
</tr>
<tr>
<td>2019–2020*</td>
<td>15</td>
<td>In-person–10 Webinar–5</td>
<td>State/local–10</td>
<td>AR, CT, LA, MA, MD, ME,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Regional–3</td>
<td>MS, NE, NH, NM, OK, RI,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>National–2**</td>
<td>TX, UT, VT</td>
</tr>
</tbody>
</table>
Through June 30, 2020

** Four national presentations were cancelled due to the COVID-19 pandemic

Three trainings for Head Start health managers were held as part of the Health Care Institute between 2017 and 2019. These full-day trainings were well received, with 98 percent of the participants rating the overall training as excellent or good. After the institute, nearly 96 percent of participants indicated they were extremely confident or confident that they could train parents on the material presented. Even with high Likert scores on the content presented, the ratings increased over time (from 4.66 in 2016 to 4.85 in 2019) indicating that the information was relevant to the audience’s training needs and the oral health information needs of the families they served. See Table 2. UCLA Health Care Institute, Oral Health and Staff Wellness Trainings: Evaluation Results.

Table 2. Health Care Institute, Oral Health and Staff Wellness Trainings: Evaluation Results

<table>
<thead>
<tr>
<th>Audience and Evaluation Questions</th>
<th>Program Year 2 April 2017</th>
<th>Program Year 3 April 2018</th>
<th>Program Year 4 April 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>29 grantees, 61 Head Start staff from 21 states, all regions represented</td>
<td>34 grantees, 69 Head Start staff, from 22 states, all regions represented</td>
<td>30 grantees, 60 Head Start staff, from 12 states, all regions represented</td>
<td></td>
</tr>
<tr>
<td>Overall rating of training</td>
<td>98% excellent or good</td>
<td>98% excellent or good</td>
<td>98% excellent or good</td>
</tr>
<tr>
<td>Recommend training to other agencies</td>
<td>97% very likely or likely</td>
<td>97% very likely or likely</td>
<td>98% very likely or likely</td>
</tr>
<tr>
<td>Level of confidence to train parents on presented materials</td>
<td>95% extremely confident or confident</td>
<td>96% extremely confident or confident</td>
<td>96% extremely confident or confident</td>
</tr>
<tr>
<td>Content of materials presented appropriate</td>
<td>99% agree</td>
<td>99% agree</td>
<td>99% agree</td>
</tr>
<tr>
<td>Rating of content (5 point maximum): average of all oral health sessions</td>
<td>4.66 (4 sessions)</td>
<td>4.77 (6 sessions)</td>
<td>4.85 (6 sessions)</td>
</tr>
</tbody>
</table>

Regional DHL coordinators collaborated with regional health specialists to conduct in-person and virtual trainings for health managers attending regional and state meetings. Regional DHL coordinators also participated in regularly scheduled calls with health managers at the state and regional levels, helped regional health specialists identify and address oral health issues occurring in Head Start, and notified regional health specialists when new oral health information or resources relevant to Head Start became available.
Networks

Goal 5: Maintain a network of dental hygienist liaisons (DHLs) to support oral health services in child care and Head Start programs. Support a DHL in each state and a DHL coordinator in each region to foster communication between NCECHW oral health staff and DHLs in assigned regions.

During the National Center on Health project, the oral health team, consisting of OHRC and ASTDD, established the DHL project in 2012. With assistance from the American Dental Hygienists’ Association (ADHA), volunteer dental hygienists were recruited in each state to serve as a key communication link to Head Start and child care programs and oral health partners and to engage in collaborative efforts. More than 65 dental hygienists have served as state DHLs, with limited vacancies or turnover during the NCECHW 5-year project period (2015–2020). Activities have included leveraging resources and enhancing activities; conducting in-person and virtual trainings; and sharing science-based resources and clear, consistent messages with regional T/TA network staff and Head Start and child care program staff, with the goal of promoting the oral health of pregnant women and children enrolled in Head Start and children enrolled in child care programs.

In 2015, nine state DHLs were asked to serve as regional DHL coordinators to support and mentor DHLs in their assigned region and to assist the NCECHW oral health management team. Regional DHL coordinators met quarterly by phone and annually in person until travel restrictions were imposed in March 2020 to prevent the transmission of COVID-19. Support for the state DHLs included the DHL lead and co-lead consultants and other ASTDD consultants, a discussion list, and a webpage to provide easy access to project resources. These and other resources helped DHLs collaborate with state organizations such as Head Start associations, Head Start collaboration offices, health agency oral health programs, and child care agencies.

Types and levels of collaboration with 10 key groups were tracked each quarter. From October 2018 to December 2019, 50 percent or more of DHLs regularly collaborated with Head Start program directors and staff, Head Start health managers, state oral health program directors and staff, and local dental hygienists, and slightly lower percentages with other groups. An average of 36 percent of DHLs participated in Head Start health services advisory committee meetings and an average of 15 percent in state health managers’ network meetings. DHLs’ confidence in their ability to fulfill their roles increased over the years, with more than 70 percent reporting feeling “extremely confident” or “confident” in their roles in 2020, compared with 65 percent percent in 2017.

In 2015 the oral health status of young children, especially those enrolled in Head Start programs, was approved as a national oral health indicator for the National Oral Health Surveillance System (NOHSS), a collaborative effort between the Centers for Disease Control and Prevention and ASTDD. ASTDD’s data consultants provided T/TA to state oral health program staff and DHLs on using ASTDD’s Basic Screening Survey to collect data, resulting in 17 states and the Indian Health Service submitting qualified Head Start data to NOHSS; the consultants also responded to multiple questions from state DHLs and Head Start program staff.
State DHLs have built a strong track record of providing T/TA to Head Start and child care programs. Ninety-eight percent delivered in-person trainings, and 60 percent made virtual presentations. DHLs also tailored their presentations to audiences with different levels of knowledge and skills to ensure the audience’s needs were met. DHLs acquired extensive experience working with families from disadvantaged and underserved communities. In a June 2020 query, 37 percent of DHLs reported working with American Indian/Alaskan Native communities, 65 percent with children with special health care needs, 46 percent with children in foster care, 30 percent with migrant and seasonal farm worker communities, and 30 percent with families who are homeless.

In 2020, ASTDD recognized the DHL project as a best practice approach for collaborative partnerships (see Best Practice Approach: State Oral Health Coalitions and Collaborative Partnerships). In 2019, Deborah Bergeron, OHS director, recognized the DHL project for exceptional leadership and commitment to improving the oral health of pregnant women and children. Also in 2019, the DHL project received a presidential citation award from ADHA. The citation acknowledges exemplary contributions to the association and the dental hygiene profession. Articles on the DHL project and about DHLs appeared in the September/October 2018, May/June 2018, November/December 2019, and July/August 2020 issues of Access, ADHA’s magazine.