Oral Health Program Part I

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1. General Data
2. Description of site

The Christus Health and Wellness center is located in Beaumont Texas, and has been open for 20 years. It used to be served mainly as a wellness center for individuals maintaining a healthy life, and also used to include a cardiac center. Now the facility is 68,000-square-feet, with more than 60 group fitness classes, indoor and outdoor pools, indoor and outdoor tracks, indoor basketball gym, tennis courts, racquetball and squash courts, a day spa, summer and winter kids camps, tournaments, free child care, towel service, sauna, steam room and whirlpool, showers, locker room and much more. Unlike other area facilities, all of this fitness centers specialists have bachelor degrees in the health and fitness field. They are well trained to serve the physical needs of their members, and many of their fitness specialists also provide personal training. (1) The overall function and roll of our site is promoting and maintaining health and fitness for the community through providing memberships to their facility. Their funding source is non-profit.

1. Description of Target Group

Our target group for our oral health program is children ranging from ages four to twelve, both girls and boys, along with their parents. The criteria for our project are the members at the Wellness Center’s children, along with other groups and schools in the community. We are offering four different days (March 14-17) with a limit of 15 children per day to teach them about their oral health and how it relates to their overall health.

1. Description of Staff Population

The staff of the Wellness Center includes the Program Manager Marketing Manager, and the Youth Recreational Coordinator. (2) There are at least 40 people that work at the Christus Health and Wellness center, however we are working with 3-4 employees pertaining to our oral health program. Responsibilities of the staff include creating recreational activities, lessons, marketing, personal training, group training classes and assisting members with any other needs they may encounter. The required education level of the staff is a bachelor’s degree.

1. Description of Services Provided
	1. There is a program manager of the Christus Health and wellness center, and there is the youth recreational coordinator. They collaborate to set up youth, and adult activities throughout the year at the wellness center by providing flyers and general information to members and non-members throughout the community. Their programs are addressed to children from ages 4-12, and can also include adult activities from time to time. The events that Samantha puts together ranges from having schools visit the health and wellness center to teach them fun ways to implement exercise and healthy food choices into their lives to planning weekly activities in the summer or spring break that implements fun exercises and healthy choices pertaining to foods. Their daily routines consist of planning a variety of activities for kids and adults of the Health and wellness center such as racquetball, basketball, or volleyball tournaments and tennis lessons. Future plans include having more dental hygiene students come to their facility during summer times to teach children about oral hygiene.
2. Other Pertinent Data
	1. Our facility is located in Beaumont with water supply that has a fluoride concentration of .7 ppm. (3)
3. Information Related to Dental Health
	1. The Wellness Center does not have any information or services related to dental health however they are excited to have us come provide information to children and parents about oral hygiene.
4. Dental Health Status
5. Dental Caries

Dental Caries (tooth decay) is the single most common chronic childhood disease. It is 5 times more common than asthma and 7 times more common than hay fever. Over 50% of 5 to 10 year old children have at least one cavity or filling. The disparities are great among children in low-income families; poor children suffer twice as much untreated dental caries as their more affluent peers. Professional care is necessary for maintaining maximum oral health, yet at least 25% of poor children do not visit a dentist before kindergarten. Children from families without dental insurance are 3 times more likely to have dental needs than children with either public or private insurance. More than 51 million school hours are lost each year to dental-related illness. (4)

1. Periodontal Disease

Children and adolescents can have any of several forms of periodontitis (aggressive, chronic, and periodontitis as a manifestation of systemic disease). However, chronic periodontitis is more prevalent in adults, while aggressive periodontitis may be more common in children and adolescents. Aggressive periodontitis includes a history of rapid bone and attachment loss, and can be localized or generalized. Localized aggressive periodontitis is thought to be self-limiting, and managing periodontitis in children include antibiotic therapy in combination with non-surgical and surgical therapy. Early diagnosis ensures the greatest chance of successful treatment, so a periodontal examination should be a part of every child’s routine dental visit. (5)

1. Oral Hygiene

Oral health for young children depends primarily on parental interventions. (10) Brushing a child’s teeth twice a day, [flossing](http://dentistry.about.com/od/dentalhealth/ss/how_to_floss.htm) daily and regular dental [exams](http://dentistry.about.com/od/childrensdentistry/ig/Dentist-Appointment-Photos/) are important for creating good oral hygiene at an early age for your child. Parents are counseled and given the information needed to assess their child’s oral health status. They are taught how to intervene and to anticipate the child’s oral health needs at various ages and stages of growth and development. Healthcare professionals provide education through anticipatory guidance at regular intervals throughout their young life. (10)

1. Utilization of dental services

 Less than half of children aged ≤21 years (43.8%) used dental care in 2009 and only 14.2% of children aged ≤21 years received a preventive dental service (i.e., topical fluoride, sealants, or both) [(Table 1)](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6302a9.htm#Tab1). Children aged 6–10 years and 11–15 years were more likely to use dental care (55.0% and 57.8%, respectively) than children aged 0–2 years (7.6%), 3–5 years (43.7%), and 16–21 years (41.8%). Lower likelihood of dental care use and receipt of preventive care was associated with being a non-Hispanic black or Hispanic child, having lower family income, head of household having lower educational attainment, and not having medical insurance. Children with private dental insurance were more likely to receive preventive care than were children without private dental insurance. (6)

Goal:

The goal of this program is for our target group at the Christus Health and Wellness Center to have a life long understanding of how nutrition and proper oral hygiene contribute to the wellness of their teeth, and overall health.

Objectives:

1. Demonstrate the daily procedures during an appointment when they visit the dental hygienist, and contrast the difference between hygienist, dentists, and dental assistants.

2. Indicate a daily routine of proper oral hygiene such as better brushing, and flossing habits by 20%.

3. Challenge the children to recognize the difference between healthy snacks and unhealthy snacks by having them indicate the correct foods by playing nutritious bingo.

4. Educate parents of the youth participants to challenge their children to demonstrate correct brushing and flossing habits, and identify nutritious foods that will contribute to oral hygiene and overall health.

Rational (Review of the Literature):

 This program is directed towards children from the ages of 4-12 in need of an increased oral health education along with their parents of the Health and wellness center. Tooth decay (cavities) is one of the most common chronic conditions of childhood in the United States. Untreated tooth decay can cause pain and infections that may lead to problems with eating, speaking, playing, and learning. (7) Teaching the children and their parents about the importance of brushing, flossing, and nutritious foods will help them to prevent the prevalence of tooth decay. About 1 of 5 (20%) children aged 5-11 years have at least one untreated decayed tooth. 1 of 7 (13%) adolescents aged 12 to 19 years has at least one untreated decayed tooth. (7)

 A program was developed by the California School Boards Association Dental Health Foundation on integrating oral health into school health programs and policies In this program they discussed the impact of poor oral health on physical, social and emotional health. Inadequate nutrition was discussed as having detrimental effects on children’s cognitive, physical and oral development. This program relates to ours in that they stress the importance of oral health as it relates to overall health in the school programs. “Children who have untreated oral disease or injuries can suffer from inadequate nutritional intake, impaired growth and development, speech problems from missing teeth, or poor self-esteem.” (8) Less than optimal intake of nutrients, including calcium and fluoride, make the teeth more susceptible to attach by bacteria that cause tooth decay. (8)

 In this study by Grey Group and Wing joined the Ad Council and The Partnership for Healthy Mouths, Healthy Lives to teach parents and caregivers about good oral health habits and motivate them to get their children to brush their teeth two times a day. It showed that more than a fourth of children from age 2-5 and then 12-15 year olds were half of the younger, had tooth decay. They also showed that when the child has an unhealthy mouth it affected other abilities such as learning, self-esteem, and speech. Also if they have unhealthy mouth tooth decay can be associated with the children’s physical situations. This relates to our oral health program in that we are also trying to teach children and their parents about their oral health and healthy habits they should be implementing into their lives. (9)

 Dental Health Arlington is a nonprofit organization serving Southeast Tarrant County since 1993. SMILES is DHA's school based program. This innovative program aims to educate young children on the importance of preventative care and regular visits to their dentist. They teach the children how to brush their teeth, how to choose healthy snacks, how to floss, how dentists put on sealants, and about what plaque is and how to avoid it. (10) This program relates to ours because we want to teach the children what happens when they come to visit hygienists and the importance of brushing, flossing, and healthy snacks.

 All of our rationale has helped in the process of completing our assessment, and planning of our project. It is always better to re create an already successful project than doing something new, and it not working out as planned.

Program Design:

Activities: The oral health program is aimed at educating children and their parents of the Health & Wellness Center. The sessions will consist of educating the children and parents on the importance of oral health, and how it relates to their overall health by providing information about brushing, flossing, and nutrition. The classes will take place in the day care room of the Health and Wellness center. Prior to our program the youth program director sent out an email to all of the parents of the Health & wellness center providing information about what we will be doing. They informed the parents that we would be providing healthy snacks to the children to ensure we have permission to provide these foods for them. The sessions will be implemented in the following way

 Session 1: 4-6 Years old/ Plaque, brushing, flossing, nutrition

* + - * 1. Give an oral pre test to assess the education level of the children

How long do you brush your teeth?

How long should you brush your teeth?

Do you floss your teeth?

Sample sheet for them to circle healthy foods and unhealthy foods.

* + - * 1. Explain what plaque is and how it effects the oral cavity
				2. Establish a general idea of how to effectively remove plaque
				3. Explain how to implement a daily plaque control routine for the children
				4. Show video of the Bass Method
				5. Explain that not flossing leaves most of your tooth surfaces dirty.
				6. Show picture of a tooth and which surfaces they are missing when they don’t floss
				7. Participate in an activity where the children use floss to get play dough out from between Lego blocks to teach them how to floss.
				8. Discuss nutrition and how it relates to oral health
				9. Give them examples of food and have them choose the one that is best for the oral cavity
				10. Explain to the children what happens during a visit to the dentist, and what roles each person has in the office.
				11. Give an oral post test asking same questions from the beginning

How long do you brush your teeth?

How long should you brush your teeth?

Sample sheet for them to circle healthy foods and unhealthy foods.

Session 2: Repeat same activities as above for ages 4-6

Session 3: 6-8 Years old/ Plaque, brushing, flossing, nutrition

1. Give an oral pre test to assess the education level of the children

How long do you brush your teeth?

How long should you brush your teeth?

Do you floss your teeth?

Sample sheet for them to circle healthy foods and unhealthy foods.

* 1. Explain what plaque is and how it effects the oral cavity
	2. Establish a general idea of how to effectively remove plaque
	3. Explain how to implement a daily plaque control routine for the children
	4. Show video of the Bass Method
	5. Explain that not flossing leaves most of your tooth surfaces dirty.
	6. Show picture of a tooth and which surfaces they are missing when they don’t floss
	7. Demonstrate on puppets spool method of flossing, and have children participate by having them coming up and demonstrating themselves how to floss on the puppets as well
	8. Discuss nutrition and how it relates to oral health
	9. Provide Nutrient bingo cards to the children and have them participate in a game of nutrient bingo to help them learn the differences between healthy foods, and bad foods
	10. Explain to the children what happens during a visit to the dentist, and what roles each person has in the office.
	11. Give an oral post test asking same questions from the beginning

How long do you brush your teeth?

How long should you brush your teeth?

Do you floss your teeth?

Sample sheet for them to circle healthy foods and unhealthy foods.

Session 4: 8-12/ Plaque, brushing, flossing, nutrition

 a. Give an oral pre test to assess the education level of the children

How long do you brush your teeth?

How long should you brush your teeth?

Do you floss your teeth?

Sample sheet for them to circle healthy foods and unhealthy foods.

* + - * 1. Explain what plaque is and how it effects the oral cavity
				2. Establish a general idea of how to effectively remove plaque
				3. Explain how to implement a daily plaque control routine for the children
				4. Show video of the Bass Method
				5. Explain that not flossing leaves most of your tooth surfaces dirty.
				6. Show picture of a tooth and which surfaces they are missing when they don’t floss
				7. Demonstrate how to floss by using yarn, and flossing in between closed fingers to explain how they should be careful not to floss too hard, and to remove bacteria from each side of the tooth
				8. Discuss nutrition and how it relates to oral health
				9. Provide Nutrient bingo cards to the children and have them participate in a game of nutrient bingo to help them learn the differences between healthy foods, and bad foods
				10. Explain to the children what happens during a visit to the dentist, and what roles each person has in the office.
		1. Give an oral post test asking same questions from the beginning

How long do you brush your teeth?

How long should you brush your teeth?

Do you floss your teeth?

Sample sheet for them to circle healthy foods and unhealthy foods.

Session 5: Parents/ Information provided in pamphlets that will be handed out, and explained to parents who stay

* 1. Pre/ Post test questions
	2. How long parents should be brushing their children’s teeth, and how long the children should be brushing themselves
	3. Why it is important for the parent to help their children brush and floss their teeth
	4. Why good oral hygiene is needed for optimum overall health
	5. Why fluoride is important
	6. How cavities can be extremely detrimental to permanent teeth, when primary teeth are left untreated

Constraints and Alternative Strategies

1. Some children may think they already know the answers to most of our questions and may not pay attention to the information we are providing.
	* + Develop rapport with the audience and encourage them to ask questions to increase participation.
		+ Provide a visual aid to increase interest.
2. Parents may not be present at the oral health program to listen to our information we provide for them.
	* + Provide pamphlets for the parents with all the information taught to the children.
3. Children might not attend the oral health program.
	* + Have back up days to plan in case the children do not come.
		+ Make flyers to advertise the day, time, and topic of the oral health program that will be presented.
		+ Discuss with activities director about the importance of the oral health program.
4. We may have technical difficulties with the projector
	* + Bring flash drive to the facility and test if the slide show and videos will present on the projector/computer
		+ Have a back up plan of how to explain and demonstrate to the children how to brush if the video does not work.

Resources: Health & Wellness staff members, puppet, typodont, toothbrushes, water, apples, oranges, poster of “happy tooth” and “sad tooth”, bingo sheets, chips for bingo, yarn, floss, Lego blocks, play dough, mirror, gloves, masks, fluoride, projector

Budget:

* Toothbrush kits: donated by Colgate oral pharmaceutical & Johnson & Johnson (toothbrushes, tooth pastes, wild floss, mouth rinse, pamphlets)
* Water & apples or oranges: Donated by HEB
* Poster boards (nutrition): $5.00
* Yarn: $2.00
* Play-dough: $5.00
* Legos: $5.00
* Gloves: $5.00
* Masks: $3.00

Timetable:

* Monday March 14th 9- 9:30AM or 10- 10:30AM
* Tuesday March 15th 9- 9:30AM or 10- 10:30AM
* Wednesday March 16th 9- 9:30AM or 10- 10:30AM
* Thursday March 17th 9- 9:30AM or 10- 10:30AM

Evaluation:

 Formative Evaluation:

Daily meeting with program director to ensure that all needs were met during the oral health program presentation and that all educational needs were specified.

After each presentation, verbal questions and activities will be given to the children to know whether the children understood the information we have given them or not.

Summative Evaluation:

* + 1. A pretest and posttest will be given to the children to compare their knowledge of oral hygiene and nutrition from the beginning of the presentation to the end.
		2. We will provide a questionnaire for the activities director at the end of the oral health program to be able to assess the success of the program; allowing the director to critique the program and make comments or suggestions.
		3. We will provide pamphlets to the parents with all of the oral education we have given the children and important information they need to help keep their children’s oral health optimal.
		4. We will follow up every presentation with an example of what hygienist’s do in a private practice office, and verbally test the children on the different duties of the dentist, hygienist, and assistants duties to ensure they understand the differences.