# Incorporation of a Preventive Dentistry Program in a Home Start Program

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HOME START is a 3-year Head Start demonstration program developed in fiscal year 1972 by the Office of Child Development (OCD) of the Department of Health, Education, and Welfare. The program was designed in large part to help low-income parents do for their children at home the same kinds of things Head Start does for children in centers. Thus, although Home Start provides the same comprehensive services as Head Start (education, social services, parent involvement, and health—including medical, dental, mental health, nutrition, and safety) for children 3 to 5 years old, Home Start focuses on enchancing the quality of children's lives by building upon existing family strengths and emphasizing the role of parents as the first and most important influence in the growth and development of their children.

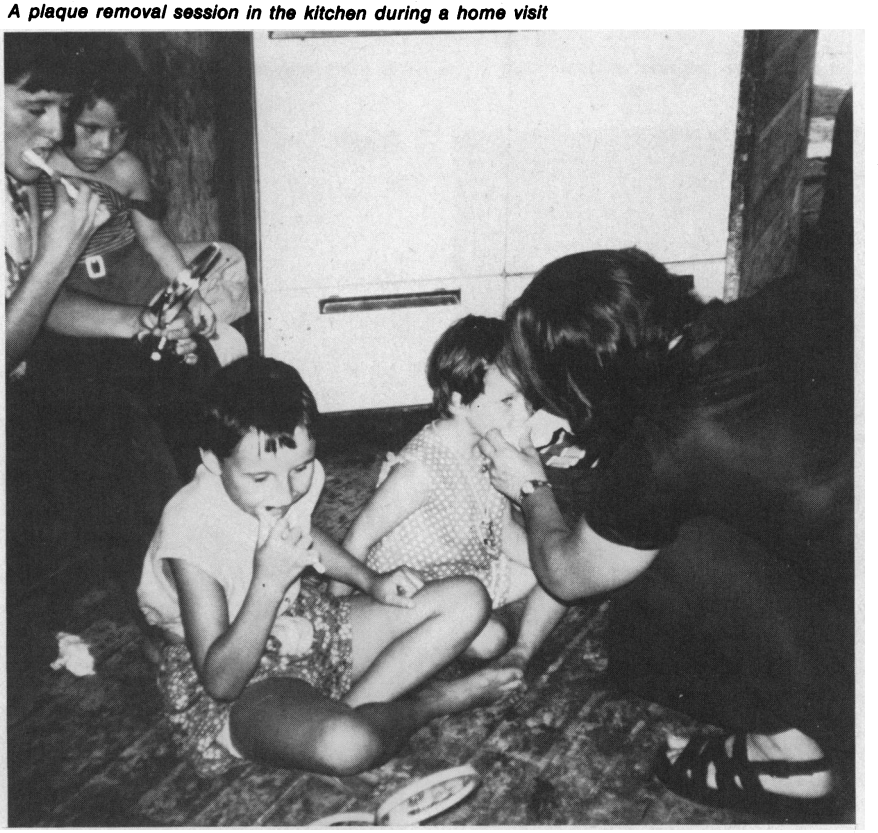
Sixteen OCD-funded Home Start programs have been organized in the United States. O'Keefe *(1)* has presented a comprehensive overview of those programs. Home Start is located in both rural and urban areas, and many ethnic and cultural groups are represented among the projects. When each project was initiated, its administrators were encouraged to develop a program that was responsive to the needs of the families in that particular location.

The primary purpose of the Home Start demonstration is to obtain information on various approaches to, and operational variations of, home-based services. It was anticipated that the demonstration would produce a legacy of information, materials, and trained people who have experience with home-based models.

## West Virginia Home Start

The West Virginia Home Start is a rural Appalachian project; its central office is in Parkersburg. The program has 18 home visitors who serve 156 families in a 9-county area. All the visitors are women, 19 to 60 years of age. Some have college degrees, and a few have not

*A plaque removal session in the kitchen during a home visit*



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*A home visitor with one of her Home Start families*

graduated from high school.

The Home Start project is a part of the West Central West Virginia Community Action Association, headed by an executive director. The administrative staff of Home Start consists of a director, an assistant director, and a registered nurse who coordinates the health services and activities.

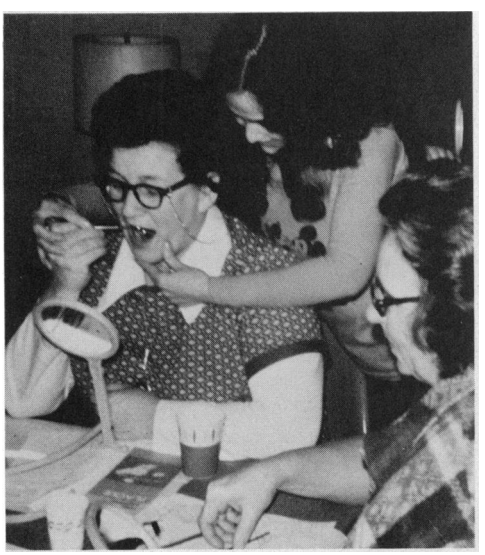
The families in Home Start live in the hills of West Virginia. Many homes do not have running water, and many do not have electricity. The lifestyle therefore frequently includes hauling water a quarter of a mile, using outdoor toilets, and walking a mile to the paved road or to the nearest neighbor. Moreover, the families are scattered throughout the hollows that are prevalent in the nine counties.

Home visitors work with each of their assigned families at least once a week for a 2-hour session. The parents in each county bring their preschool-age children to monthly meetings. The home visitors attend weekly in-service training sessions, which provide an ideal method for teaching and reinforcing any preventive program.

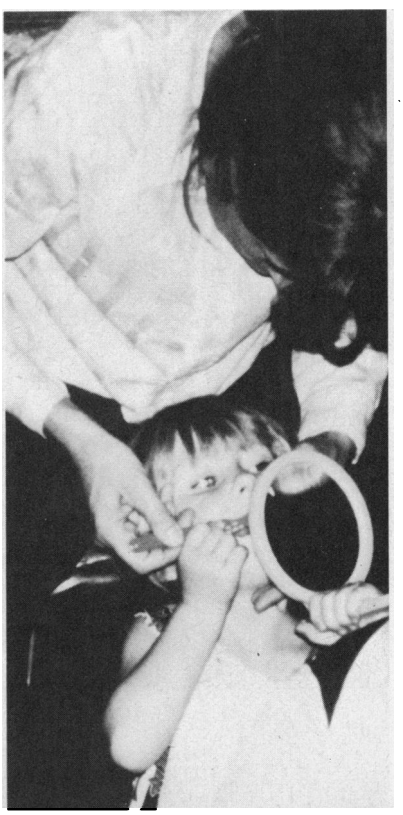
## Preventive Dentistry Program

In December 1973, a dental hygienist from the Division of Dentistry and a dentist from HEW's Philadelphia Regional Office made a 2-day visit to the West Virginia Home Start project. During this visit, the possibility of implementing a preventive dentistry program for Home Start families was discussed with the project's administrative staff, several home visitors, and many parents. Everyone agreed that such a program would be valuable. Because only a few families in the project had access to community fluoridation, a major objective of the dental program would be to initiate a self-administered regimen of fluoride applications.

Originally, it was thought that a supervised weekly fluoride mouthrinsing program would work well, inasmuch as the home visitors went to each home once a week.



*Home visitors learn to detect and remove plaque from their teeth during an in-service training session*



*Helping children to detect and remove dental plaque*

However, the planners soon realized that the children in school would miss the mouth-rinsing session. Therefore, it would be more beneficial to establish a daily fluoride tablet program, administered by parents and closely monitored each week by the home visitor. In addition to the fluoride tablet program, intensive dental health training would be given to the home visitors and administrative staff of Home Start so that they, in turn, could teach parents and their children various preventive concepts and practices. The Division of Dentistry was to provide two in-service training sessions for the entire Home Start staff in preparation for the program.

In late February 1974, the first workshop was held with all 18 home visitors and the program's health coordinator, director, and assistant director. Instruction was provided by Horowitz, assisted by some of the Home Start personnel. The overall theme of the instruction was that people are responsible for their own oral health and for preventing oral diseases. To achieve maximum participation in the workshop, we emphasized that each participant should be able to perform certain practices toward preventing oral diseases. The first in-service training session lasted 1½ days and included the following subjects and activities.

On the first day the instruction included discussion of the dimensions of various oral health problems, with emphasis on dental caries and periodontal disease. There was a discussion on activities for home visitors that could help Home Start families prevent oral diseases. The cornerstones of good dental health (community fluoridation and professionally applied and self-applied fluoride) were explained, followed by a talk on plaque, what it is, how to identify it by use of disclosing agents, and how to remove it by flossing and brushing.

Films on disclosing, flossing, and brushing were shown, and the participants practiced these procedures. Each participant received one-to-one instruction in the oral hygiene procedures and was taught to identify plaque in her mouth. Moreover, she demonstrated to herself that she could remove the disclosed plaque by flossing and brushing. Both waxed and unwaxed floss were available to the participants, and the pros and cons of each were discussed. A modified scrub method of toothbrushing was taught, and soft multitufted toothbrushes were used.

The final discussion of the day was centered on buying and serving foods for meals and snacks that are consistent with good oral health. A display was used to indicate the amount of sugar contained in frequently consumed foods, such as candy, cookies, canned fruits, and soft drinks. All snacks served during the workshop were practical examples of satisfying, nutritious, and non-cariogenic foods such as fruit, cheese, raw vegetables, and dips. A few participants joined the shopping expedition that evening to purchase "good" snacks for the second day of the workshop. At the market, they were asked to practice reading and interpreting food package labels to emphasize the importance of buying foods that do not promote dental decay. In addition, most of the participants assisted in preparing the food, which provided an excellent opportunity to discover foods they had not served previously as snacks and to learn new ways to use such foods in teaching color, texture, taste, and size to their Home Start families.

The participants were given pamphlets to read that night, and they were asked to teach a spouse, child, or a friend how to brush and floss his or her teeth.

On the second day, a motivational film, "Hold on to Your Teeth," was shown and discussed, followed by another practice session of disclosing, flossing, and brushing, and the participants took turns in instructing their colleagues in various oral hygiene procedures. The previous evening's assignment was discussed, including the experiences of participants in their attempts to teach brushing and flossing. A few participants had developed their own teaching aids to use with their families. One home visitor made an illustrated booklet to explain dental plaque; another participant wrote a skit about oral health. There was also a discussion of the importance of seeking routine professional care. Fluorides were reviewed, and the participants then took fluoride tablets in the manner prescribed.

Finally, aids and helpful tips in teaching preventive practices to young children were discussed. The home visitors were given numerous pamphlets, posters, toothbrushes, and a hand mirror to practice teaching what they had learned.

As a reinforcement to what the home visitors had been taught during the workshop, a series of pamphlets and brochures on preventive dentistry was sent to them each week in March by the Division of Dentistry. As a part of the overall plan, March was designated Dental Month for Home Start families. The March issue of the Home Start monthly newsletter, which is sent to each Home Start family, contained many dental health items, such as tips for good snacks, an article on plaque, and a puzzle for children. Also during March, the theme for each parents' meeting was "Preventing Dental Diseases." These sessions were conducted by the nurse, director, and assistant director from the Home Start office and the home visitor for each county.

Between the first and second training sessions, parental permission slips were drafted, and charts were developed to record the number of tablets dispensed to and consumed by each family.

In April, the second training session was conducted for the Home Start staff. All subject matter covered at the initial session was reviewed, and thorough plaque removal was practiced. During the 1-day session, the importance of the

home visitor's role in helping each family to attain and maintain good oral health was stressed. The staff members were shown how to teach their families to use the fluoride tablets correctly, and the home visitors and parents were given printed instructions to use for reference. The content of the parental permission slip was discussed, and it was explained that each child in the 3-to-14-year age group had to have an individually signed slip in order to participate in the fluoride tablet program.

Following the training session, the permission slips were distributed to the Home Start families. A majority of the parents gave permission for their children to participate, and in June the distribution of fluoride tablets began. There were a few complaints about the taste of the tablets, but generally the response was favorable.

Within a few weeks, however, it became obvious that some families were not regularly practicing the entire daily regimen. The administrative staff of Home Start requested and received additional assistance from the Division of Dentistry to bolster participation. The Division representative and local project personnel spent 4 days working in the homes with families who were not practicing the recommended preventive procedures. During this time, they visited 12 families who collectively had more than 60 children. Each family was given instructions and then asked to practice disclosing plaque and removing it by brushing and flossing. Also, the importance of adhering to continued daily use of the fluoride tablets and eating foods good for oral health was discussed with each family. Most of the families were positively receptive to the sessions.

An additional training session was then held for the entire Home Start Staff. All the subjects from previous workshops were reviewed. Problems and special situations encountered in the homes were discussed, and possible solutions were explored. Various new teaching aids were introduced, demonstrated, and distributed to the home visitors.

## Discussion

Many of the Home Start families were interested in participating in the preventive dentistry program, and most of them were still adhering to the program 6 months after its initiation. The majority of the parents have periodontal disease, grossly carious teeth, or have no teeth left—these parents do not want their children to suffer the pain and loss of teeth that they have experienced. The home visitors generally have been highly supportive of the preventive dentistry program. Moreover, the administrative staff of the West Virginia Home Start project is firmly committed to it. This is evidenced by the fact that the project personnel will soon be training personnel from other preschool programs that wish to initiate a home-based project, and the training will include a strong component in preventive dentistry.

The experience in West Virginia indicates that preventive dentistry can be incorporated successfully in home-based child development programs. The opportunity to continue direct contact with parents and their children in a community preventive-dentistry program offers both a means of tailoring the program to individual family needs and of reinforcing at appropriate intervals. Because the number of home-based education, health, and social programs is increasing, efforts should be made to incorporate preventive dentistry as an integral component.

### *Reference*

1. O'Keefe, R. A.: The Home Start demonstration program: An overview. Office of Child Development, Department of Health, Education, and Welfare, February 1973.

***Dental hygienist visits with children of a Home Start family***