

INTRODUCTION

- Minority children and those in low-income families have a higher incidence of early childhood caries.<sup>1</sup>
- Residents in Northern Manhattan have lower income and adolescents with poorer oral health than the averages for all residents in New York City.<sup>1</sup>
- Diet modifications and oral hygiene practices are crucial in preventing dental caries.
- Untreated dental caries lead to pain, abscesses, missed school, loss of sleep and difficulty eating and speaking.<sup>2, 3</sup>

This study was conducted to assess changes in knowledge and attitudes regarding nutrition and oral health following an educational intervention for caregivers of children at a Head Start program. An initial needs assessment informed the intervention.

METHODS AND MATERIALS

Settings and Sample

- 14 caregivers of children ages 3-5 years old at Fort George Head Start Program
- 12 parents and 2 grandparents recruited for an educational session at morning drop-off through flyers sent home with children

Educational Session and Survey

- Educational session and survey were developed from previously administered needs assessment
- Educational session was given in English and Spanish using a visual presentation. Topics included oral hygiene practices, nutrition, and how foods affect oral health. Time was allotted for questions from caregivers.
- Surveys with fifteen questions based on the educational session were administered before and after the presentation with demographic questions in the pre-survey and an open-ended comment section in the post-survey. Topics covered included:
  - *Demographics*: relationship to child, age of child, primary language
  - *Dental*: causes of cavities, oral hygiene practices, toothpaste ingredients and appropriate amounts
  - *Nutrition*: foods and drinks that are good or bad for oral health

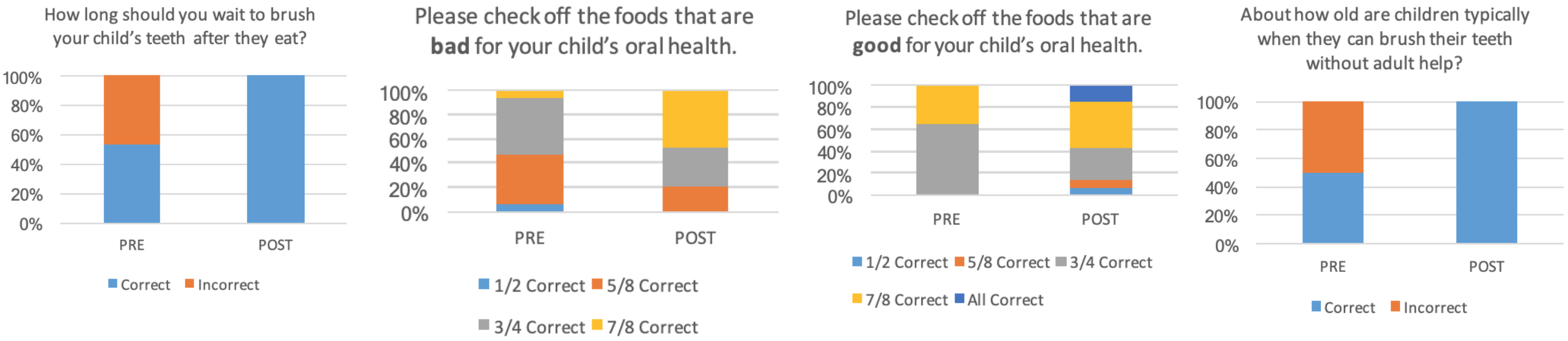
Data Analysis

Changes in knowledge and attitudes were assessed from the pre- and post-surveys.

RESULTS

At baseline:

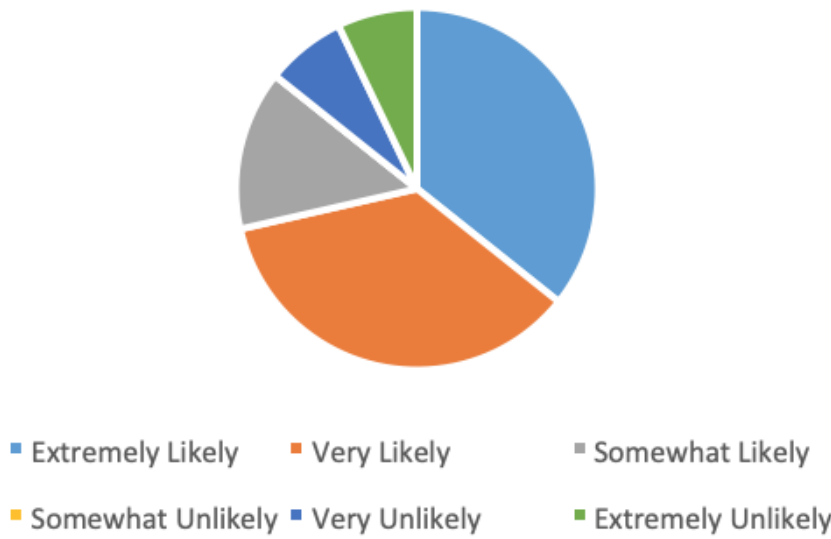
- ❖ 64.3% of caregivers knew they should brush their child’s teeth for two minutes twice a day
- ❖ 57.1% of caregivers were aware they need to wait 30 minutes between their child eating and brushing their teeth
- ❖ 0% of caregivers could properly identify five foods that are bad for their child’s oral health from a list of eight foods
- ❖ 100% of caregivers correctly identified sugar as the ingredient in juice that is bad for a child’s oral health



The knowledge of caregivers increased after their participation in the educational session, indicated by the increase in correct answers regarding oral hygiene practices and the impact of nutrition on oral health from baseline value:

- ❖ Before participating in the educational session, **64.3%** of caregivers answered how often and for how long they should brush their child’s teeth; post-intervention, **85.7%** of caregivers answered the question correctly.
- ❖ Before participating in the educational session, **50%** of caregivers answered the appropriate age at which a child can brush their teeth without adult help; post-intervention, **92.9%** of caregivers answered the question correctly.
- ❖ Before participating in the educational session, **57.1%** of caregivers correctly identified the time to wait to brush their child’s teeth after they eat; post-intervention **100%** answered the question correctly.
- ❖ Before participating in the educational session, **7%** of caregivers correctly identified 7 out of 8 foods in a list when asked about foods are bad for their child’s oral health; post-intervention **50%** correctly identified 7 out of 8 foods.

"How likely are you to change how you take care of your child's oral health, as a result of this presentation?"



"What is the most important thing you learned from today’s presentation?"

- ❖ “The time I should wait to brush after eating.”
- ❖ “What the child should eat and drink.”
- ❖ “That a child should brush twice a day.”
- ❖ “I learned many things that I did not know.”
- ❖ “What size of toothpaste to use for a child.”

Other comments:

- ❖ “Very good talk. I learned things I didn’t know. Thanks for the info. We hope to return for other talks like this.”
- ❖ “Brushing time after meals and foods and drinks that damage teeth.”
- ❖ “Very good conference.”

CONCLUSION & FUTURE DIRECTIONS

Limitations

- Small number of participants
- A doubled paged pre- and post-survey was distributed before the educational sessions. Some participants may have filled out the post-survey during the educational session

Conclusions

- Results of the post-survey suggest that in-person presentations on oral health education are successful in increasing knowledge and changing attitudes about oral hygiene practices and the impact nutrition has on oral health. 86% of participants reported the intervention was “extremely” or “very” likely to change how they care for their child’s oral health.

Future Directions

- Expanded educational interventions regarding the impact of nutrition on oral health
- Research caregivers’ perception on oral health-focused educational sessions

REFERENCES & ACKNOWLEDGEMENTS

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