

Factors Affecting the Oral Health of Early Head Start Children: A Qualitative Study of Staff, Parents and Pregnant Women

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Introduction

- Early childhood caries
 - Inequitable distribution among pre-school children
 - Negative consequences on children and families
- Need for innovative approaches to providing preventive and treatment services

Early Head Start (EHS)

- Created by the federal government (1995)
 - Targets low income children birth to 3 years of age
 - Operates under a set of Head Start (HS) performance standards, some relate to oral health
 - Well positioned to affect oral health of children and families
- Little is known about oral health knowledge and activities of EHS staff, parents and pregnant women

Study Aim

Examine EHS staff, parents and pregnant women's oral health knowledge, attitudes, and activities as well as their suggestions on oral health educational interventions targeting EHS children

Methods

- Nine focus groups were conducted in four North Carolina EHS programs
 - 4 sessions with staff, 3 with parents and 2 with pregnant women
- An open-ended interview guide
- Experienced moderators
- Sessions were taped in their entirety and transcribed verbatim

Analysis

- As transcripts became available, listened to the tapes and checked for completeness of information
- ATLAS.ti 5.0 was used for data analysis
- Research team assessed accuracy of themes, categories and interpretations

Results

- 66 participants: 31 staff, 22 parents, 13 pregnant women
- Staff: program directors, teachers and coordinators
- 6 themes identified

Theme 1: Importance of oral health

- Staff knowledgeable about the importance of oral health in young children
- Staff believe that most parents do not place enough importance on child's oral health. *"I really don't think it really crosses their (parents) minds that it is really important."*
- This perception is in contrast to what many parents reported
- Most pregnant women are not aware of the importance of dental care during pregnancy

Theme 2: Consequences of tooth decay

- Child-related consequences
- Caregiver-related consequences
"And the parent feels bad when the child does have a cavity, and feels like, 'Well, what did I do, and what didn't I do, why the child has that?'"

Theme 3: Communication between staff and parents

- Staff and parents expressed frustration in their efforts to communicate with each other
 - Staff unable to persuade parents that oral health is important
 - Parents feel not well understood, criticized and judged by staff
 - Parents have demanding lives and feel staff do not understand what parents go through from day to day. *"Well, they can give us advice, but like I said, this is our child so we're going to still do it the way we believe is right."*

Theme 4: Oral health activities in EHS programs and at home

- EHS programs:
 - Many preventive activities conducted
 - Gaps: Educational activities for parents and use of toothpaste
- At home:
 - Parents can't figure out how to incorporate children's oral health into daily routines
 - Parents unaware of the importance of fluoride

Theme 5: Provision of professional services for EHS children

- EHS
 - Dental screenings are routine
 - Assist families in obtaining dental care
 - Differences in interpretation of HS performance standard regarding dental examination
- Parents
 - Unsure of recommended age for first dental visit

Theme 6: Recommended educational activities

- Information:
 - Age to start tooth brushing
 - Age to start using fluoridated toothpaste
 - Age for first dental visit
- Skills building (e.g. communication)
- Participatory
- Cultural sensitivity

Conclusion

- Oral health intervention activities should address the needs and suggestions of EHS staff and families
- Tailored, theory-based interventions are needed to improve communication between staff and families
- Clearly defined policy guidelines on the application of HS oral health performance standards to EHS program is warranted