The Silent Epidemic
Poor Oral Health in Young Children

- Early childhood caries represents the most common, and possibly the most commonly overlooked, chronic disease in the United States-- five times more prevalent than asthma.
- Poor oral health in pregnant women can complicate birthing and is linked to having pre-term, low birth weight babies.
- Low birth weight babies have higher probabilities of having developmental disorders and other health problems than full term babies.
- Poor oral health in young children can lead to speech delays.
- Poor oral health in young children can limit lifelong successes related to school readiness, education, work, social connections, family relationships, and community participation.
- Poor oral health in young children is linked to health problems later in life including diabetes, heart disease, pneumonia, and stroke.
- Poor oral health impacts low-income and rural families more than the general population.

The good news is that tooth decay and oral diseases affecting young children are preventable. Prevention is key and it needs to start as early as possible!


BABY’S FIRST SMILES: Pass It On
ECOH Video Interventions

The ECOH team interviewed actual Early Head Start families and family centered professionals to develop an innovative set of short videos focusing on “starting early” and “family matters” in relation to family oral health routines, healthy eating, and going to the dentist. Baby’s First Smiles uses a family-centered, parent-to-parent learning approach to promote strength-based messages related to early childhood development, oral health, and to the medical and dental home.

The Challenge
Engaging Families: Is Change Possible?

Our research objective was to demonstrate whether the family-centered, peer-to-peer messages in Baby’s First Smiles: Pass It On were effective learning tools for parents and families with young children enrolled in Early Head Start and living in culturally diverse communities. Our goal was to change parents’ knowledge, attitudes, and behaviors relating to family oral health routines, healthy eating, going to the dentist, and sharing the message about early oral health.

Our belief is that a family-centered approach enhances positive oral health outcomes.
RESEARCH FINDINGS:
Statistically Significant Changes in Attitudes & Behaviors

Our 2012 evaluation compared two videos: 1) Baby’s First Smiles: Pass It On and, 2) Baby’s Oral Health, a state of the art, lecture-based video produced by the University of Toronto School of Dentistry. Nineteen Early Head Start (EHS) staff from two programs in Hawaii were randomly assigned to use one of these videos over an eight week period with 104 families they served. Pre- and post-test data were collected for 91 families and two-month followup surveys with 78 families. Additionally, evaluation workshops conducted in Hawaii, Oregon, and Tennessee provided data from 83 EHS family members and staff to determine usability and appeal of Baby’s First Smiles in communities that reflect the diversity of EHS nationwide. Results supported the effectiveness of the family-centered approach.

Increased Knowledge & Changed Attitudes:
• Both videos led to significant gains in knowledge in early oral health
• Only Baby’s First Smiles was associated with significant gains in positive attitudes about oral health

Changed Behaviors:
• At the follow-up period, families viewing Baby’s First Smiles videos were more likely to report positive changes in family oral health routines (73% vs. 53%), family eating (80% vs. 58%), and visits to the dentist (29% vs. 24%)
• Families who received Baby’s First Smiles were more likely to share the videos with family members and friends

Perspective from EHS Staff:
• Home Visitors felt that both videos were informative and valuable educational tools
• However, staff using Baby’s First Smiles were more enthusiastic about the content and presentation style. They appreciated the early childhood development focus and felt these videos were more engaging to families, drawing them in through the use of creative visuals, diverse family perspectives, and real-world examples.
• EHS families and staff in diverse communities who screened Baby’s First Smiles found the videos to be both effective and appealing. They could related well to the families in the videos and highly recommended their use to other EHS programs and community members.

Unanticipated Results:
• Although Baby’s First Smiles videos targeted parents and caregivers of young children, Family Participants and EHS Home Visitors consistently reported preschool aged siblings excited to engage with the videos.

More than 9 out of 10 participants living in culturally diverse communities in Hawaii, Oregon, and Tennessee reported that Baby’s First Smiles videos appealed to them and that they would recommend the videos to early childhood programs, family & friends.

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Since the videos, there have been many changes, especially in our routines with my 3 year old. I used to skip nights to brush my daughter’s teeth. But then we watched the videos together, and she was so super excited and say, “Mommy, we need to go brush our teeth.”  

EHS Parent 2012
NATIONAL REVIEWS

Baby’s First Smiles: Pass It On

Thank you for sharing your wonderful video with us! Baby’s First Smiles recognizes that children live within the context of families and that the strengths and priorities of families must be integrated into all aspects of our service system.

It’s clear the video was developed by experts with experience with evidence-based practices that positively affect the lives of young children and their families. The organizational framework aligns nicely with Head Start’s parent and family engagement outcomes. The content emphasizes the parent’s role as primary teacher and advocate for their child.

It’s evident that your process was guided by recent health behavior research and theoretical approaches to program development for diverse populations. You have considered the role that knowledge and perceptions play in personal responsibility... [as well as] individual motivation and readiness to change a behavior. Baby’s First Smiles will help parents and other caregivers examine the relations between their beliefs, attitudes, intentions, and behavior, as well as their perceived control over that behavior.

Your messages are simple and clear. The conversational format is engaging. The structure is flexible. Your reptile/animal images make us smile... And your take-home message- share what you know- is right on!

Jolene Bertness, Oral Health Specialist
National Maternal and Child Oral Health Resource Center
Georgetown University

I’m genuinely impressed. Unlike so many “educational” audio-visual programs, yours is quite viewer friendly. Using parents as spokespersons, interspersed with explanations from the professional is a most thoughtful approach. You are not bombarding the observer with boring science, but simply revealing the simple truth and facts of your messages- geared toward helpful guidance, not didactic lecturing. Your work captures that spirit perfectly.

Theodore Croll, DDS
Author of “The Gross, Disgusting and Totally Cool Mouth Book”

Implications for Programs
Mobilizing Families As Advocates

Improving oral health outcomes in very young children by mobilizing the power of families in prevention education is connected to improving infants and toddlers overall well-being and improving their successes later in life.

• EHS programs can increase their impact by using peer-to-peer and mentoring strategies to engage families with young children
• EHS programs using brief video interventions can promote positive attitudes and behaviors among diverse families and program staff
• EHS programs that partner with new and young families can create opportunities for families to expand advocacy roles in programs
• EHS programs that provide families with family-centered, research-based learning tools centered on child development can support family leadership in their communities

One of my families has an older preschooler who was so fascinated with the videos-- Mom shared her child started to floss and she’s only 5 years old! EHS Home Visitor 2012

I’ve been talking to my own daughter; encouraging her to focus more on oral health with my grandchildren. EHS Home Visitor 2012

I noticed my moms are moved now to brush their young ones teeth, especially watching what may happen when it’s neglected. EHS Home Visitor 2012

I didn’t know juices can be bad for teeth. And so now, we don’t drink much juice, just milk and water. And she loves that, actually prefers that. So I think that’s why going to the dentist is such a pleasant experience for her; she doesn’t have to worry about the pain. She’s been twice and so she loves it. EHS Parent 2012
Thank You to All Interviewed in Video Production:

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One of my families, when I first started showing the videos, the first one they watched, the 2 year old and the 3 year old were kind of creeped out by it. And when I went for the second time to show the second part, the mom said, “Oh, the kids are brushing their teeth more.” And then after that, the 3 year old said, “My friend has to watch this, my friend has bad teeth.” And so when I came for the third video, there were four other kids at the visit because they knew I was coming to show the next video. So for all the rest of the videos, they had all their friends at the next several visits. So this mom and this little girl really took it to heart!

EHS Home Visitor 2012

Mahalo to our Community Partners:
American Academy of Pediatrics Hawaii Chapter
Family Support Hawaii Early Head Start
Good Beginnings Alliance
Honolulu Community Action Program Head Start
Hawaii Academy of Pediatric Dentistry
Hawaii Head Start Collaboration Office
INPEACE- Keiki Steps
Kama’aina Kids
Keiki O Ka ‘Aina
Kokua Kalahi’Vally Comprehensive Family Services
Maui Economic Opportunity Head Start
Maui Family Support Early Head Start

National Head Start Association
National Maternal and Child Oral Health Resource Center
Parents And Children Together (PACT) Early Head Start
Seagull Schools Early Education Center
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The potential of a community’s tomorrow is only as strong as the success of children born today!

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