

## **Module 4: Effective Health Education and Community Oral Health Messages**

Time: 60 minutes



### **Learning Objective:**

**Describe ways to improve the effectiveness of oral health education.**

### **Additional Materials Needed:**

- Flipchart and markers
- PowerPoint presentation
- PowerPoint handout

### **Brainstorming Session and Discussion:**

Can you think of an important health behavior that you have changed in your life? Can you think of what it was that finally motivated you to make the change?

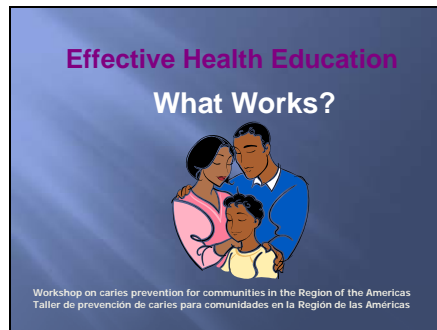
*Lead a discussion about health behavior changes.*

OK, let's take a look at the presentation on Oral Health Education. Keep in mind that it often takes more than just knowledge to change health behaviors. For example, we all know that we should get more exercise, but we don't always do it. Why? Maybe we don't have enough time, or maybe we would just rather do something else. See, it's not just a matter of knowledge, sometimes it is a matter of motivation, or priorities.

So, how do we get people to improve their oral health habits?

*Begin PowerPoint presentation.*

Slide 1



### **What Works?**

There is a science behind health education. We're going to talk now about what works to get people to change their health behaviors.

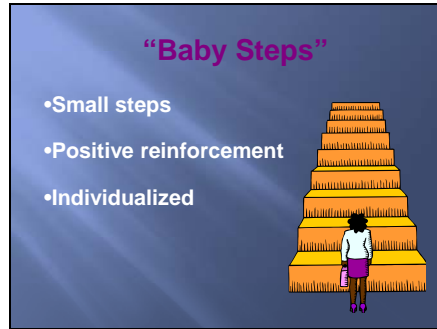
Slide 2



### **Too Much Information**

As eager as we are to give families a multitude of good advice, keep in mind that health education research and learning theory support providing 1-2 key messages at each visit. Think "baby steps." Ask yourself, "If this family only made one or two changes to improve their child's oral health, what would I want them to be?" The answers to this question guide you to your choices of what to focus on at any given visit. Then, you can make notes about what to cover at the next appointment.

So, this is an example where less is more!



### **Small Steps:** Only 1-2 key messages

#### **Positive reinforcement**

It is also very important to remain positive. If you are harsh or negative with people, they will in essence “shut down” and probably won’t hear anything else that you say. People learn most effectively when they are in a positive environment. A positive environment is built when we treat our patients with respect and kindness. Sometimes creating a positive environment is as simple as greeting your clients by saying “I’m so glad you’re here today.”

#### **Individualized Messages**

Make sure that you are picking messages that are relevant to the person. You’ll know if you get off track because you’ll find yourself saying the same things to everyone.

Try to figure out what each person cares about, and talk about that. For instance, someone might not care about dental decay, but they might care about having a beautiful smile. Focus on that.

Slide 4

### Health Beliefs

- Vary by family
- Vary by community and culture
- Vary by personal experiences




### Health Beliefs

Many health beliefs are cultural or family-based and may or may not be true. Many of us were told that if you sit too close to the TV, you ruin your eyes. We now know that this is not a fact. Many women believe that they will lose a tooth with each pregnancy, or that some children just have soft teeth. These are myths, but don't underestimate them, because they often have strong roots in being passed down from a highly-trusted elder, generation after generation. Our job is to carefully present the facts as we now know them while trying to be culturally sensitive and respectful.

Slide 5

**CAN YOU THINK OF ANY HEALTH BELIEFS THAT YOUR FAMILY BELIEVES EVEN THOUGH THEY ARE NOT TRUE?**



*Read Slide and let a few people give some examples.*

Slide 6



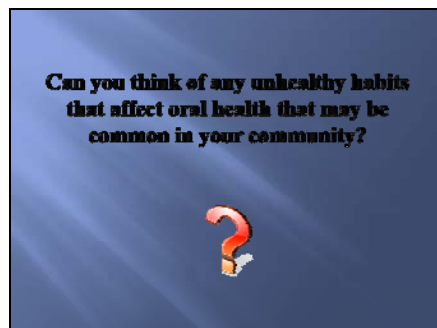
### **Cross-cultural education**

Sometimes a whole community believes in certain health myths, or they have ways of raising children that might not be healthy, like giving them sweets as a reward.

### **Remain non-judgmental**

The most important thing we can do is to remain non-judgmental, and try to understand why people have poor oral health habits. We have to understand this before we can help people change the bad habits.

Slide 7



*Read Slide and let a few people give some examples.*

Slide 8



### **Open-ended questions**

Instead of telling people what to do, it is often best to ask them what they think will work. Here are a few open-ended questions.

### **Examples of open-ended questions**

When would be the best time for you to brush your baby's teeth each day?

Can you think of a way to cut down on drinking soda pop in your family?

How do you plan to wean your child from the bottle?

### **Fact**

It's a fact that when people are involved in their own health education, they are more likely to change their behaviors. Whatever it is that you are focusing on, ask your clients, "What do you think would work?"

Slide 9



### **Community Oral Health Messages**

As we work together to improve oral health in our communities, we might want to choose a couple of oral health messages to promote throughout our communities. We could all work together to promote our messages and we could even use newspapers or radio to broadcast our oral health messages in our communities.

Slide 10

**Community Oral Health Messages**

- ❑ Baby teeth are important.
- ❑ Healthy Smiles, Healthy Families!
- ❑ Get an oral health screening for your baby by one year of age.
- ❑ Everyone should brush daily with fluoride toothpaste, beginning when a baby's first tooth erupts.

Can you think of more messages????

## Examples

*(read slide and let people offer other possible community oral health messages)*

Slide 11

**Community Oral Health Messages**

- ❑ Scientifically Accurate
- ❑ Consistent
- ❑ Repeated Often




## Community Oral Health Messages need to be

- Scientifically Accurate
- Consistent: One of the worst things we can do is to have different people giving the community conflicting oral health information. Pretty soon people don't know who, or what, to believe.
- Repeated Often

Slide 12

**Health Education is a Process**



## Health Education is a Process

Research in tobacco cessation has taught us that it usually takes many triggers, over time, to change health behavior. Try not to get discouraged, but consider each counseling visit as getting one step closer to change.

Slide 13



**The 2 Most Important Tools you have are**

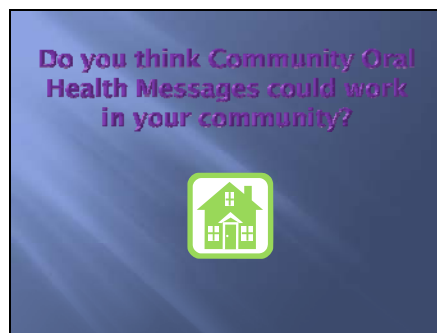
•Creativity: try to make your health education interesting and even funny, if possible. Don't be afraid to try different ways to get families interested in oral health.

•Genuine concern:

"People don't care what you know until they know that you care."

If you really care about the people you work with, it will show, and they will be more likely to listen to you as you build a positive relationship with them.

Slide 14



***Turn off projector.***

Think about some Community Oral Health Messages that might work in your community to promote oral health. We will be working in groups later in the workshop to develop and choose some favorite messages.

This is the end of the first day of training. How do you think it is going?

Have you learned anything new?

***Let a few people share their thoughts from the day.***

***Thank everyone for coming today and tell them you're looking forward to seeing them tomorrow.***



## **Module 5: Systemic Fluoride Interventions**

**Time: 60 minutes**



### **Learning Objective:**

**Describe the effectiveness of systemic fluoride and list ways to promote salt fluoride use in Central America.**

### **Additional Materials Needed:**

## **Module 6: Topical Fluoride Interventions**

**Time: 30 minutes**



### **Learning Objective:**

**Describe the effectiveness of fluoride toothpaste and fluoride varnish and list ways to promote their use in Central America.**

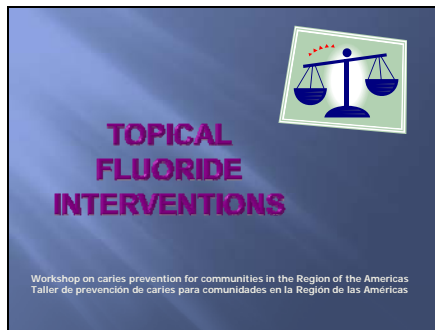
### **Additional Materials Needed:**

- Flipchart and markers
- PowerPoint presentation
- PowerPoint handout

Now that you've learned more about systemic fluoride, we're going to talk a little more about topical fluorides, especially the use of fluoride toothpaste and fluoride varnish.

***Turn on projector.***

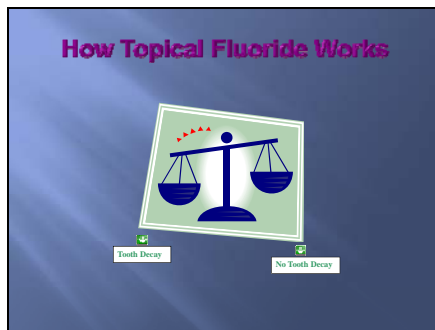
Slide 1



Remember how we talked earlier about tooth decay and the caries balance between pathological factors (what causes the disease) and protective factors (what prevents the disease)?

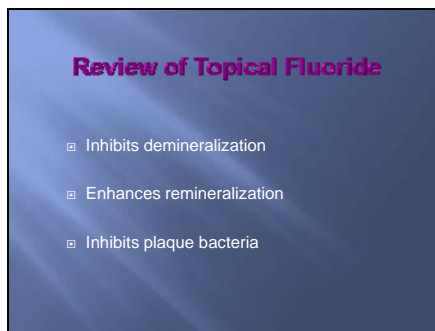
Topical fluoride is one of the tools we have to balance the scale in favor of protective factors to prevent cavities.

Slide 2



Let's talk a bit more about the caries balance? It is an ongoing balance between demineralization that causes cavities and remineralization that heals cavities. Topical fluoride helps tip the scale towards remineralization, but it needs to be used on a regular basis to do its job.

Slide 3



Fluoride is a key factor in the prevention and reduction of tooth decay. Fluoride works by inhibiting demineralization, enhancing remineralization, and inhibiting plaque bacteria. In other words, it works in many different ways to prevent cavities!

Slide 4

**Topical Fluoride Interventions**

- ❑ Promote daily use of fluoride toothpaste.
- ❑ Fluoride varnish applications for infants and children.

We are going to focus on two kinds of topical fluoride interventions in our communities. The first is the daily use of fluoride toothpaste and the second is fluoride varnish applications.

Slide 5

**Community-Based Fluoride Toothpaste Interventions**

- ❑ Encourage daily use for babies, children, and adults! Use posters, news articles, radio, and any other available media to promote this message to families in your community.
- ❑ Promote daily brushing with fluoride toothpaste in daycares and schools.



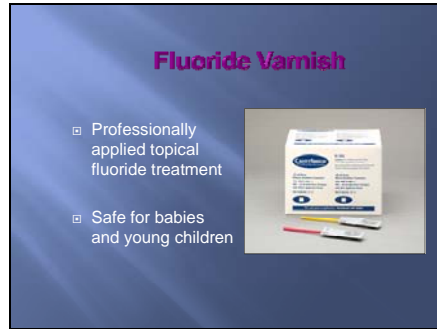
Something we can do community-wide is to promote the daily use of fluoride toothpaste for everyone, regardless of age. We can do that through the use of media like newspapers, radio, posters, and any other ways we can think up together. We'll practice developing community oral health messages later in the workshop.

We can also focus on babies and young children to promote daily brushing with fluoride toothpaste in daycare centers and schools.

### Question

Can you think of other ways to promote the use of fluoride toothpaste in your community?

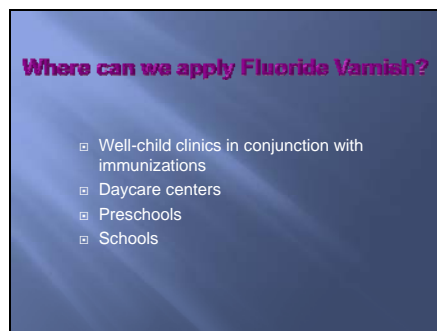
Slide 6



We will be focusing on the application of fluoride varnish for infants. Ideally, we want to provide 4 fluoride varnish treatments between the ages of 9-24 months. In addition, children of all ages who are at high risk for dental cavities, will benefit from 3-4 topical fluoride varnish treatments a year.

Our job will be to find ways to assure that babies and young children at high risk for dental caries receive topical fluoride varnish treatments several times a year.

Slide 7

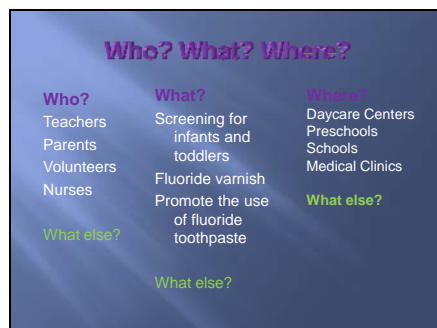


*(read slide)*

### Question

Can you think of other places that we might apply fluoride varnish? How can we be sure to reach all of the infants in our community?

Slide 8



This is a simple chart outlining ideas to promote topical fluoride in our communities by listing who might be involved, what we can do, and where it might be done?

### Question

Can you think of other things to add to this chart?

Slide 9

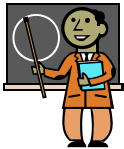


We'll be working more with all of these ideas for interventions later in the Community Workshop.

*Turn off projecto.r*

### **Brainstorming Session**

*Write a similar chart on newsprint and brainstorm other ideas about “Who, What, Where” could be done in your communities.*



*Training Tip: Write down everything, whether you agree with it or not. Later, when you present your Oral Health Plan, you can talk about how it meshes with these ideas.*



# SYSTEMIC FLUORIDE INTERVENTIONS

Workshop on caries prevention for communities in the Region of the Americas  
Taller de prevención de caries para comunidades en la Región de las Américas

# Two Ways to Deliver Fluoride

## SYSTEMIC FLUORIDE

- ▣ Salt Fluoridation
- ▣ Water Fluoridation
- ▣ Prescription drops or tablets

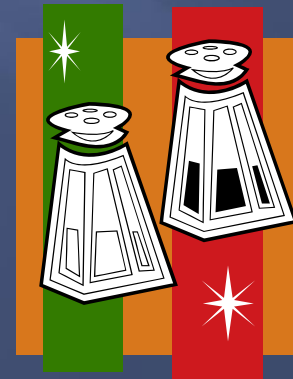
## TOPICAL FLUORIDE

- ▣ Fluoride Toothpaste
- ▣ Fluoride Mouthwash
- ▣ Fluoride Varnish



# What is “Systemic” Fluoride?

- ▣ Fluoride that is swallowed through food or drink.
- ▣ Fluoride can be added to public drinking water or salt.



# Systemic Fluoride Benefits

- ▣ Incorporated into the enamel of developing teeth, making them stronger.
- ▣ Incorporated into saliva, providing a topical effect on the teeth for people of all ages.



# **The World Health Organization (WHO) supports systemic fluoride.**

WHO (1994) Fluorides and oral health. WHO technical report series 846. 1994  
Geneva: World Health Organization

# CDC Statement

Fluoridation protects teeth in two ways:

- ▣ Enhances remineralization
- ▣ Inhibits plaque bacteria

CDC Website accessed on 06/25/2009 at  
<http://www.cdc.gov/fluoridation/benefits.htm>

# Good for Everyone!

- ▣ Since systemic fluoride has both a systemic and topical effect, systemic fluoride benefits people of all ages.



# Is Your Community Receiving the Benefits of Systemic Fluoride?



## **Module 7: Effectiveness of ART in a Prevention Program (PRAT)**

**Time: 60 minutes**



### **Learning Objective:**

**Explain appropriate protocols for ART (PRAT) for each age group.**

### **Additional Materials Needed:**

## **Module 8: Infection Control**

**Time: 60 minutes**

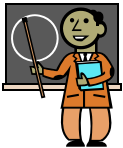


### **Learning Objective:**

**Perform an oral health screening and fluoride varnish application for infants and toddlers using the principles of infection control.**

### **Additional Materials Needed:**

- Powerpoint presentation
- PowerPoint handout
- Infection Control handout
- **Supplies**
  - Alcohol hand rub
  - Gloves
  - 2X2 gauze
  - Paper towels
  - Fluoride varnish with applicator
  - Child-size toothbrushes



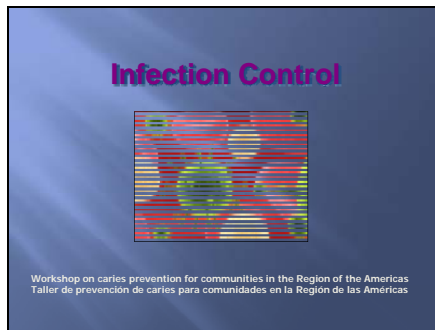
***Training Tip: Be sure and have all the necessary supplies before beginning this module. You will be demonstrating the principles of infection control for fluoride varnish application. Participants will then practice to become competent in using the principles of infection control.***

Now that you have learned about the benefits of fluoride varnish and how to apply it, let's talk about the importance of infection control when working with patients.

***Turn on the projector.***

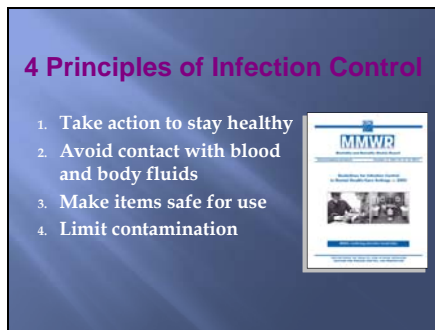


Slide 1



Infection control involves everything we do to create a safe environment when treating patients. The goal of infection control is to prevent or reduce the risk of transmitting microorganisms that could cause disease.

Slide 2



The information we will be discussing in this module follows the four principles of infection control recommended by the U.S. Centers for Disease Control:

- Take action to stay healthy
- Avoid contact with blood and body fluids
- Make items safe for use
- Limit contamination

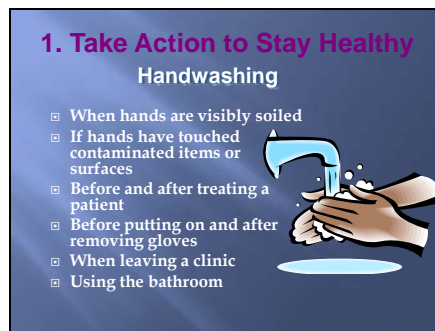
Slide 3



### 1. Take Action to Stay Healthy

Hand hygiene is considered the single most important way to reduce the risk of disease transmission. Why? The primary defense against infection and transmission of germs is healthy, unbroken skin.

Slide 4

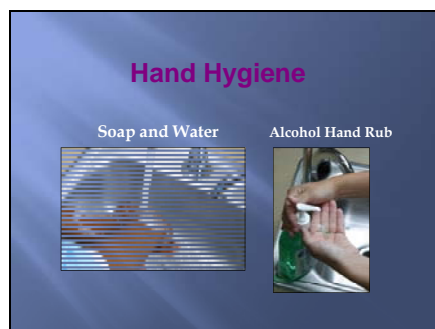


### 1. Take Action to Stay Healthy

Handwashing is part of hand hygiene. You need to wash your hands:

- When hands are visibly soiled
- If hands have touched contaminated items or surfaces
- Before and after treating a patient
- Before putting on and after removing gloves
- When leaving a clinic
- Using the bathroom

Slide 5



Handwashing can be done with plain soap and water. It is not necessary to use antimicrobial soap. Alcohol-based hand rubs can also be used. Either method is effective for removing the microorganisms which live on our own hands and the microorganisms we get from coming in contact with other people. The only time an alcohol-based hand rub is not effective is if hands are visibly soiled. In that situation, washing hands with soap and water is recommended.

***Trainer Note: It is not necessary to use antibacterial soap because the mechanical action of washing hands with soap and water or cleaning hands with alcohol-based hand rub removes the microorganisms. It has been found that routine use of antibacterial soap dries out the skin on the hands causing chapped hands.***

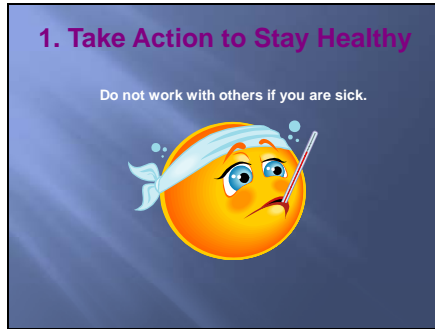
***It's important to consider the compatibility of lotions with antiseptic products and glove materials. Petroleum or other oil emollients in hand lotions may cause defects in gloves and reduce their effectiveness as a barrier. That is why hand lotions are not recommended when wearing gloves.***

Slide 6



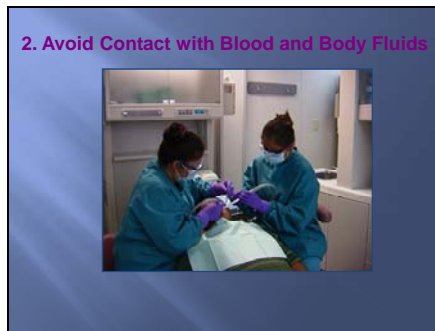
Hand hygiene also involves regular use of hand lotion to improve the health of our skin and to prevent skin dryness. However, do not use hand lotions and moisturizers when wearing gloves. It is best to use hand lotions and moisturizers during non-clinical times. Finally, hand hygiene includes keeping fingernails short. Multiple outbreaks involving fungal and bacterial infections have been associated with artificial nails. For that reason, it is recommended not to wear artificial fingernails when working in clinical situations.

Slide 7



When we are not feeling well because of a cold or the flu we try to stay away from family and friends so we do not give them our cold or the flu. This also applies when we are working with patients. We do not want to transmit our illness to others. **It is a good idea to not work with others if you are sick.**

Slide 8



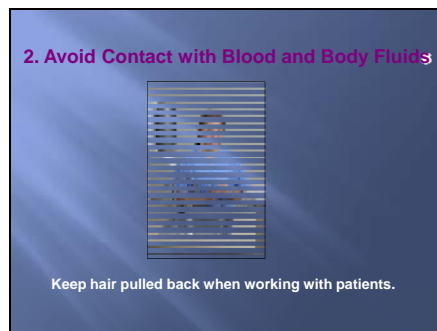
The second principle of infection control is to avoid contact with blood and body fluids. You may have noticed dental staff wear PPE (Personal Protection Equipment) when treating patients. PPE includes gloves, masks, protective eyewear and clothing. PPE prevents exposure of blood or other potentially infectious material to the skin and mucous membranes of the eyes, nose and mouth of dental health-care personnel. The exposure can happen from aerosols and spatter when dental staff uses a dental handpiece and other dental equipment like the air-water syringe.

Slide 9



When we apply fluoride varnish to children's teeth, we use 2x2 gauze and a varnish applicator. Because neither an air-water syringe nor a dental handpiece is used, we are not at risk of exposure to aerosols or spatter. We do not have to wear masks or protective eyewear and clothing. However, our hands could be at risk of exposure. **That is why gloves are worn when applying fluoride varnish.**

Slide 10



We often touch our face or hair during the day. However, when working with patients, we do not want to do this. **It is a good idea to make sure our hair is pulled back.** This also makes it easier to see because hair does not get in the way when you bend over a child.

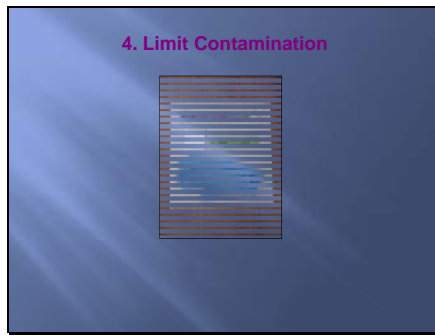
Slide 11



The third principle of infection control is to make items safe for use. In a dental office, contaminated instruments are sterilized and equipment is disinfected and contaminated disposable items are replaced with new ones before a patient is seated for an appointment. Because only disposable items are used when applying fluoride varnish, there is no need to learn sterilization procedures. Disposable items are intended for use only on one person. They are **not** intended to be cleaned, disinfected or sterilized and used on another person. Gloves are single-use items. This means we do not wash

gloves and reuse them. Other disposable single-use items include 2x2 gauze, fluoride varnish mix, and applicators.

Slide 12



The fourth principle of infection control is limit contamination. In a dental office, staff either clean and disinfect surfaces or cover them with barriers. Why do they do that? If surfaces are not covered with barriers or cleaned and disinfected, there is a risk that other patient-care items, devices or gloved hands may become contaminated. Surface barriers protect surfaces and are changed between patients.

**We limit contamination when we set-up materials for fluoride varnish on a paper towel.** The paper acts like a barrier covering the work surface, and limiting contamination. It also makes clean-up easier. All the single-use disposable items (including gloves) can be wrapped in the paper towel, and disposed of in a trash container.



Now let's talk about how to use these principles of infection control when setting up, applying fluoride varnish, and cleaning up.

### **Set-Up**

- Make sure hands are cleaned before placing a paper towel on the work surface. Place the 2x2 gauze, fluoride varnish and applicator, a child's toothbrush, and a pair of gloves on the paper towel. Cover the set-up with a clean paper towel.

### **Fluoride Varnish Application**

- Wash hands and put on gloves before applying the fluoride varnish.

### **Clean-Up**

- Give the toothbrush to the child to take home.
- Wrap used materials including gloves in the paper towels. Wash hands and set-up for next child.

Seems simple but let's consider some situations to test your knowledge about the principles of infection control.

**Scenario A**

You are almost finished with applying fluoride varnish to a child, but you need another 2x2 gauze. You reach into the package to get the gauze with your gloved hands.

- Would this break a principle of infection control?
- Which one?
- What could you have done differently?

### Scenario A

You are almost finished with applying fluoride varnish to a child, but you need another 2x2 gauze. You reach into the package to get the gauze with your gloved hands.

Would this break a principle of infection control? (*Yes*)

Which one? (*Limit contamination*)

What could you have done differently?  
(*You could have asked someone whose hands were clean to get you the 2x2 for you. You could have taken your gloves off, washed your hands, gotten the 2x2, and put on new gloves.*)

*The take-away message is once you have started the fluoride varnish application, your gloves have come in contact with the patient's germs. You do not want to spread those germs to other patients by contaminating the 2x2 gauze package. Make sure you have all the supplies included in the set-up before starting to apply the fluoride varnish.*



Slide 15

**Scenario B**

You have finished a fluoride varnish application, taken your gloves off and begin setting up for the next child.

- Would this break a principle of infection control?
- Which one?
- What could you have done differently?

**Scenario B**

You have finished a fluoride varnish application, taken your gloves off and begin setting up for the next child.

Would this break a principle of infection control? (**Yes**)

Which one? (***Take action to stay healthy***)

What could you have done differently? (***You need to wash your hands after removing gloves. Your gloves may have had defects which reduce their effectiveness as a barrier.***)

***The take away message is to remember to wash your hands after taking off gloves, and before setting up for the next child.***

Slide 16

**Scenario C**

Your supplies have not come in for the fluoride varnish program. You do not want to cancel the program and decide that you can do the fluoride varnish application without wearing gloves.

- Would this break a principle of infection control?
- Which one?
- What could you have done differently?

**Scenario C**

Your supplies have not come in for the fluoride varnish program. You do not want to cancel the program and decide that you can do the fluoride varnish application without wearing gloves.

Would this break a principle of infection control? (**Yes**)

Which one? (***Avoid contact with blood and body fluids***)

What could you have done differently? (***You need to wear gloves when applying fluoride varnish. You may have small cuts on your hands or hangnails around your fingernails that become openings for microorganisms to enter your body.***)

*The take away message is to remember that gloves protect the skin on the hands from coming in contact with body fluids and germs.*

Slide 17

**Scenario D**

Funds for your fluoride varnish program have been reduced. Your manager suggests saving money by having you wash your gloved hands. You can then reuse gloves instead of disposing them after treating each child.

- Would this break a principle of infection control?
- Which one?
- What could you have done differently?

**Scenario D**

Funds for your fluoride varnish program have been reduced. Your manager suggests saving money by having you wash your gloved hands. You can then reuse gloves instead of disposing them after treating each child.

Would this break a principle of infection control? (**Yes**)

Which one? (**Make items safe for use**)

What could you have done differently? (**You will have to educate your manager on the principles of infection control.**)

*The take away message is gloves are a single-use disposable item. This means gloves are to be used only on one patient and then disposed.*

Slide 18

**Scenario E**

There is no running water at the location where you want to provide fluoride varnish applications. You decide to use alcohol-based hand rubs.

Would this break a principle of infection control?

Which one?

What could you have done differently?

**Scenario E**

There is no running water at the location where you want to provide fluoride varnish applications. You decide to use alcohol-based hand rubs.

Would this break a principle of infection control? (*No*)

*The take away message is alcohol-based hand rubs are a viable alternative to washing hands with soap and water. The only exception is if hands are visibly soiled then washing hands with soap and water is recommended.*

Slide 19

The goal of infection control is to prevent or reduce the risk of transmitting microorganisms that could cause disease.

1. Taking action to keep healthy.
2. Avoiding contact with blood and body fluids.
3. Making items safe for use.
4. Limiting contamination.

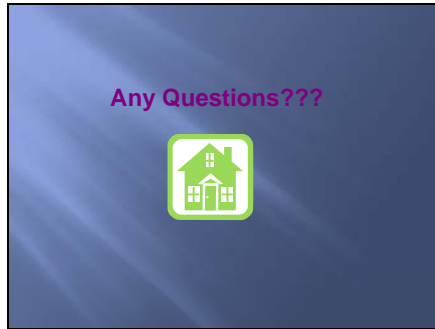
Remember, the goal of infection control is to prevent or reduce the risk of transmitting microorganisms that could cause disease. We do this by:

**Taking action to keep healthy.** This involves washing hands with soap and water or using alcohol-based hand rub, using hand lotion, and not working when sick.

**Avoiding contact with blood and body fluids.** This includes wearing gloves when applying fluoride varnish.

**Making items safe for use.** This consists of using single-use disposable items so every item is clean and has not been used by another person.

**Limiting contamination.** This involves using a paper towel as a barrier to cover a work surface to prevent spreading germs from one patient to another.



***Turn off projector.***

You will be using the principles of infection control when working with infants and children this afternoon. Let me demonstrate how to do a set-up for a fluoride varnish application, and then you will have time to practice. You can refer to the Infection Control handout as we demonstrate and practice.

***Demonstrate set-up, application and clean-up for fluoride varnish application following the Infection Control handout. After the demonstration have participants work in teams of 2 to practice. Have one person go through the process with the other person observing and using the handout to coach. Observe the practice session, and give positive feedback and offer helpful tips. Offer the feedback to individuals rather than the entire group.***

***Before having the team switch who will be observing and coaching, ask if anyone has any questions or comments. Answer any questions, and then continue with the practice session.***

Is everyone feeling ready to use the infection control principles when we practice on young children this afternoon?

## **Infection Control for Fluoride Varnish Application**

### **Supplies Needed**

- Paper towels
- Alcohol hand rub
- Gloves
- 2x2 gauze
- Fluoride varnish with applicator
- Child-size toothbrush

### **Set-Up**

1. Clean hands with hand rub or soap and water.
2. Place paper towel on work surface.
3. Set out toothpaste, 2x2 gauze, fluoride varnish with applicator, and gloves on paper towel.

### **Application**

1. Clean hands with hand rub or soap and water.
2. Put on gloves.
3. Open fluoride varnish package and place varnish on applicator.
4. Dry teeth with gauze and paint varnish on all surfaces of the teeth.
5. Give the child the toothbrush.

### **Clean-Up**

1. Wrap used items in paper towel, and dispose in trash.
2. Take off gloves and dispose in trash.
3. Clean hands with hand rub or soap and water.