

# Preventing tooth decay in hispanic preschool children: program development

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Preventing Tooth Decay in Hipic Preschool Children: Program Development  
School of Nursing Health Teaching and Promotion Preventing Tooth Decay in  
Hipic Preschool Children: Program Development Dental caries is a single  
most prevalent chronic infectious disease amongst US children (US Dept of  
Health and Human Services, 2000). Caries progression in younger children is  
more rapid and severe than in adults, resulting in the ailment known as  
Early Childhood Caries. According to National Center for Health Statistics  
(NCHS) morbidity report almost 20% of children 2-5 years old had untreated  
dental caries (2012).

In order to prevent tooth decay and promote good oral hygiene in young  
children, the community nurse will coordinate with East Los Angeles day care  
centers to hold a series of short classes for groups of parents 10-14 at a time  
just before the end of day care's business day. These classes will focus on  
preventing caries development in preschool children by raising awareness  
amongst parents. The education will target Hipic day care centers, and  
the goals of the program will be achieved by educating parents and their  
preschool children on factors that contribute to cavities formation, and  
strategies to prevent caries progression.

Health Prevention Need According to Dental Health Foundation (DHF)  
children in California have twice as much untreated dental caries as the rest  
of the nation (2000). DHF further indicates that national minorities are at  
higher risk to develop dental problems. Variables such as socioeconomic  
status and educational level directly correlate with the rates of the dental  
disease prevalence (US Dept of Health and Human Services, 2000).

According to NCHS, almost 40% of Mexican children from families that are below 100% of poverty level have untreated dental issues.

Additional factor that contribute to dental cavities progression is lack of insurance. More than quarter of Californian preschoolers and elementary school students have no dental coverage (DHF, 2000). The practice of giving a nocturnal bottle is still utilized by more than 30% of Californians, and is considered as most common factor that contributes to tooth decay (US Dept of Health and Human Services, 2000). Caries in children may be source of severe pain, interfere with learning, diminish overall quality of life, and potentially lead to life-threatening infections.

Fortunately, dental caries is easily preventable by following basic oral hygiene strategies. However due to lack of knowledge and other socio-economic and cultural barriers, these guidelines frequently are not followed, and children suffer from tooth decay and associated problems. The goal of this educational course closely replicates oral health goals set by Healthy People 2020, which emphasizes importance of education and prevention (U. S. Department of Health and Human Services, 2012).

A joint effort of public health professionals, day care centers personnel, and individual parents' involvement can halt the progression of caries and prevent the tooth decay in children. Characteristics of Learners This program will involve parents and their preschool children, and child care providers. Considering the geographical location of proposed courses (East Los Angeles), the most of the participating children are of Hispanic heritage, three to five years old; include both gender, and most likely bilingual. Piaget coined a

term of preoperational intelligence to describe the cognitive learning in children ages 2 to 6 (Berger, 2008).

Preoperational cognition, according to Piaget, denotes learning that occurs before understanding logical operations. Children's cognitive processes at this age are magical and egocentric (Berger, 2008). Lev Vygotsky, in contrast to Piaget's theory emphasized the social learning as an important part of knowledge formation. Vygotsky recognized the importance of guided participation in learning process of preschool children. He provided four steps created by caregivers that motivate children to learn: challenge presentation, assistance availability, instructions, and encouragement.

Another prominent social development theorist, Eric Erikson described preschool children being in the initiative versus guilt state, which characterized by child balancing effort and expectations of adults (Berger, 2008). Preschool children may have prior knowledge of basic oral hygiene strategies, but need assistance and supervision. Additionally children at this age are able to follow two or three step instructions, curious and motivated, do distinguish cause and effect in simple situations.

Berger states that young preschool children have healthy growing organisms, but greatly influenced by genetics, nutrition, socioeconomic status, and other factors (2008). The long standing tradition of encouraging children to eat traced in low-income Hispanic families is turning into the overeating epidemic in the US (Berger, 2008). Besides overeating, poor dietary choices, such as snacks with little nutritional value, but high in sugar, fat, and salt pose a direct danger to oral health. The second category of

learners in this course is comprised of adult Hispanic parents of preschool children, and caregivers at day care centers.

Both parents and caregivers are most likely emerging adults with ages ranging from 21 to 35. Most of them belong to lower socioeconomic status, with public health being the only source of healthcare coverage. As much as 45% are uninsured (NCHS, 2012). Almost 25% of these adults live below poverty level, and median per capita income is almost 2.5 times less than that of rest of California (United States Census Bureau, 2012). Forty four percent of East Los Angeles population reported having a high school diploma, and only 5.4% achieved baccalaureate degree as highest level of education (United States Census Bureau, 2012).

As much as 97% of population is of Hispanic descent, and almost half of them are foreign born individuals. Catholicism is a predominant religion amongst Hispanic population. People of Hispanic origin have strong values of family relations, religion, tradition and customs. They might have preconceived ideas of oral hygiene, but most likely not follow the guidelines. Hispanics have a strong respect to healthcare providers, and their culture prescribes obedience and compliance, making them open to learning to certain degree (Berger, 2008).

They might have limited English proficiency and be illiterate, which makes learning process harder. Nursing Diagnosis A multitude of nursing diagnoses are applicable to the situation of poor oral hygiene. Various problems arise from the potential adverse effects of infection and caries. But for this educational course two interrelated nursing diagnoses were identified. The

first nursing diagnosis is ineffective oral health maintenance related to <https://assignbuster.com/preventing-tooth-decay-in-hispanic-preschool-children-program-development/>

knowledge deficit, cultural beliefs, and lack of material resources as evidenced by reported poor dentition status in children (Wilkinson, 2005).

The second diagnosis directly stems from the first one: knowledge deficit related to lack of exposure and unfamiliarity with information resources as evidenced by inadequate demonstration of proper teeth brushing and flossing techniques (Wilkinson, 2005). These two diagnoses will guide the content of educational course with focus on relevant needs. Client-Centered Educational Goal Wilkinson includes goals into the nursing diagnoses for evaluation of outcomes (2005). Goals are descriptions of desired family or client actions that can be measured or directly observed (Wilkinson, 2005).

Upon completion of this course parents will express knowledge of importance of proper oral hygiene, demonstrate correct brushing and flossing techniques, and identify strategies that reduce progression of caries. The following education plan is tailored to the client-centered goals with objectives that reflect clients' needs. Learning Objectives Rankin, Stallings, and London state that learning objectives have to be clearly formulated, time-limited, verifiable (measurable), and attainable in order to achieve effective learning (2005).

A curriculum for health professionals and child care providers by California Childcare Health Program was used in the process of objectives identification (2005). To achieve stated educational goal six objectives: two of each learning domain were formulated. Cognitive objectives: 1. After attending a class on oral hygiene (condition), parents will state (performance) the detrimental effects of snack and drinks high in sugar, and nocturnal bottle on progression of teeth decay prior to the end of class (criterion). 2.

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After attending a class on oral hygiene (condition), parents will state (performance) the need to assist children with brushing until age of 8 by the end of class (criterion). Affective objectives: 1. After discussing a recommended routine of oral hygiene (condition), parents will verbalize (performance) their feelings associated with changes in the routine by the end of the class (criterion). 2. After discussing effects of sugar on tooth decay and importance of dietary modification (condition), parents will state their challenges associated with breaking the nocturnal bottle habit in their children (performance) routine by the end of the class (criterion). Ppsychomotor objectives: 1. After observing instructor perform correct brushing techniques (condition), parents and children will demonstrate a repeat demonstration (performance) routine by the end of the class (criterion). 2. After attending the class (condition), children will demonstrate " lift the lip" technique (performance), to allow their parents inspect the teeth by the end of the class (criterion). Content Outline

Content outline allows structured learning environment and provides guidance to the instructor. The content outline for oral health should include information on basic teeth anatomy, teeth eruption pattern, signs and symptoms of caries and teeth infection. The signs of infection may include gum or facial swelling on affected side, foul odor, drainage, and visible cavities and discoloration (California Childcare Health Program, 2005). The information of possible outcomes of untreated infection need to be disclosed. Children may complain of pain and discomfort.

Further, content outline should include demonstration of correct brushing techniques, both for parents and children, and information on relationship of

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sugar and night-time bottle to tooth decay. The session should include questions and answers section to allow parents and children validate their understanding. Active discussion is encouraged to promote disclosure of feelings associated with necessary changes. Content outline need to incorporate information on public health resources available to low income families to meet material needs. Instructional Strategies and Media

The proposed education program will take place in the day care centers in East Los Angeles, CA, 1 hour prior to the end of business day. The course will be divided into 2 parts, first focusing on dental health concepts, and the second will be devoted to the correct brushing techniques and evaluation of learning. Teaching will be conducted in group format with estimated 10-15 participants. Group format allows sharing of concepts between members and more comfortable environment (Rankin et al. , 2005). The first part will be in the lecture format, reinforced by booklets both in English and Spanish languages. Video material and plaster model of jaws will be utilized, to demonstrate teeth anatomy. Rankin and others note that instructional videos are more effective in conjunction with practice and return demonstration (Rankin et al. , 2005). Therefore, the second part of the session will focus on demonstration of brushing strategies, different positions to assist parents with brushing, and dental products. Demonstration can reinforce psychomotor objectives achievement, and lectures and videos are effective in meeting cognitive objectives (Rankin et al. , 2005).

At the end, parents will be allowed to ask questions and reflect on their feelings, which will result in achievement of affective learning objectives. Instructional media listed above will include resources and materials <https://assignbuster.com/preventing-tooth-decay-in-hispanic-preschool-children-program-development/>



recommended by “ Promoting Children’s Oral Health: Curriculum for health professionals and child care providers” with permission of its developer - California Childcare Health Program. These include 4-minute “ Lift the Lip” video on basic oral exam for parents and day care center providers, “ Healthy teeth begin at birth” booklet, and the “ What do you think? questionnaire to evaluate parents understanding and validate their feelings and concerns. All the materials are available in English and Spanish (California Childcare Health Program, 2005). Evaluation of Objectives and Program Evaluation Strategies To evaluate the outcomes of educational session, the lecturer will use a modified and simplified “ Evaluation questionnaire” available from “ Curriculum for health professionals and child care providers” to reflect both on cognitive learning, and to assess program perceived effectiveness (California Childcare Health Program, 2005).

This tool includes questions with answers utilizing Likert scale to elicit feelings related to course effectiveness, and a simple test to assess knowledge. Observation of return demonstration of teeth brushing by both parents and children will serve as evaluation strategy for psychomotor objectives. Observation allows the teacher to provide feedback and corrective measures (Rankin et al. , 2005). The questions and answers session at the end of the class will assist the evaluation of achievement of both cognitive and affective objectives, by allowing participant verbalize their feelings, and validate their learning.

Several open ended questions are included in the written questionnaire as well. Conclusion The oral health of children is greatly impacted by such socioeconomic variables, as their parents’ income, education, culture, prior

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experience, and insurance status. Preschool children from Hispanic families in state of California are at higher risk to develop dental cavities compared to the rest of the state. Basic strategies and spread of information about dental health can prevent progression of dental caries and greatly improve future quality of life in preschool children.

This program will teach parents, caregivers, and children on proper teeth brushing techniques, disseminate knowledge on basic oral health concepts, and provide a list of public resources available to overcome financial barriers. References Berger, K. S. (2008). *The developing person through the life p. ( 7th ed. )*. New York, NY: Worth Publishers. California Childcare Health Program. (2005). *Bright Futures Toolbox: Health Professionals and Human Services Providers*. Retrieved from National Maternal and Child Oral Health Resource Center: [http://www.ucsfchildcarehealth.org/pdfs/Curricula/oral%20health\\_11\\_v7.pdf](http://www.ucsfchildcarehealth.org/pdfs/Curricula/oral%20health_11_v7.pdf) National Center for Health Statistics. (2012). *Health, United States, 2011: With Special Feature on*. Hyattsville, MD. Retrieved from Centers for Disease Control and Prevention: <http://www.cdc.gov/nchs/data/abus/abus11.pdf#076> Rankin, S. H. , Stallings, D. K. , & London, F. (2005). *Health promotion: Models and applications to patient education*. In *Patient Education in Health and Illness (5 ed. , pp. 27-46)*. Philadelphia, PA: Lippincott Williams & Wilkins. The Dental Health Foundation. (2000). *The Oral Health of California's Children: Halting a Neglected Epidemic*.

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