

# Efficacy of Oral Health Education for Early Intervention Providers

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## INTRODUCTION

- Oral health (OH) education plays an important role in caries prevention, but access to delivery of OH education remains a challenge <sup>1</sup>
- Non-dental professionals can be trained to deliver OH education and improve OH outcomes and uptake of dental services <sup>2, 3</sup>
- Children with special health care needs (CSHCN) have an increased risk of having unmet dental needs <sup>4</sup>
- Early intervention (EI) services are available to CSHCN ages 0-3 nationwide<sup>5</sup>
- Providing OH education via EI teams could aid in improving the OH of CSHCN
- The Early Support for Infants and Toddlers (ESIT) team at Children’s Village in Yakima, WA is a multidisciplinary healthcare team that provides EI services to CSHCN, but does not currently provide OH education

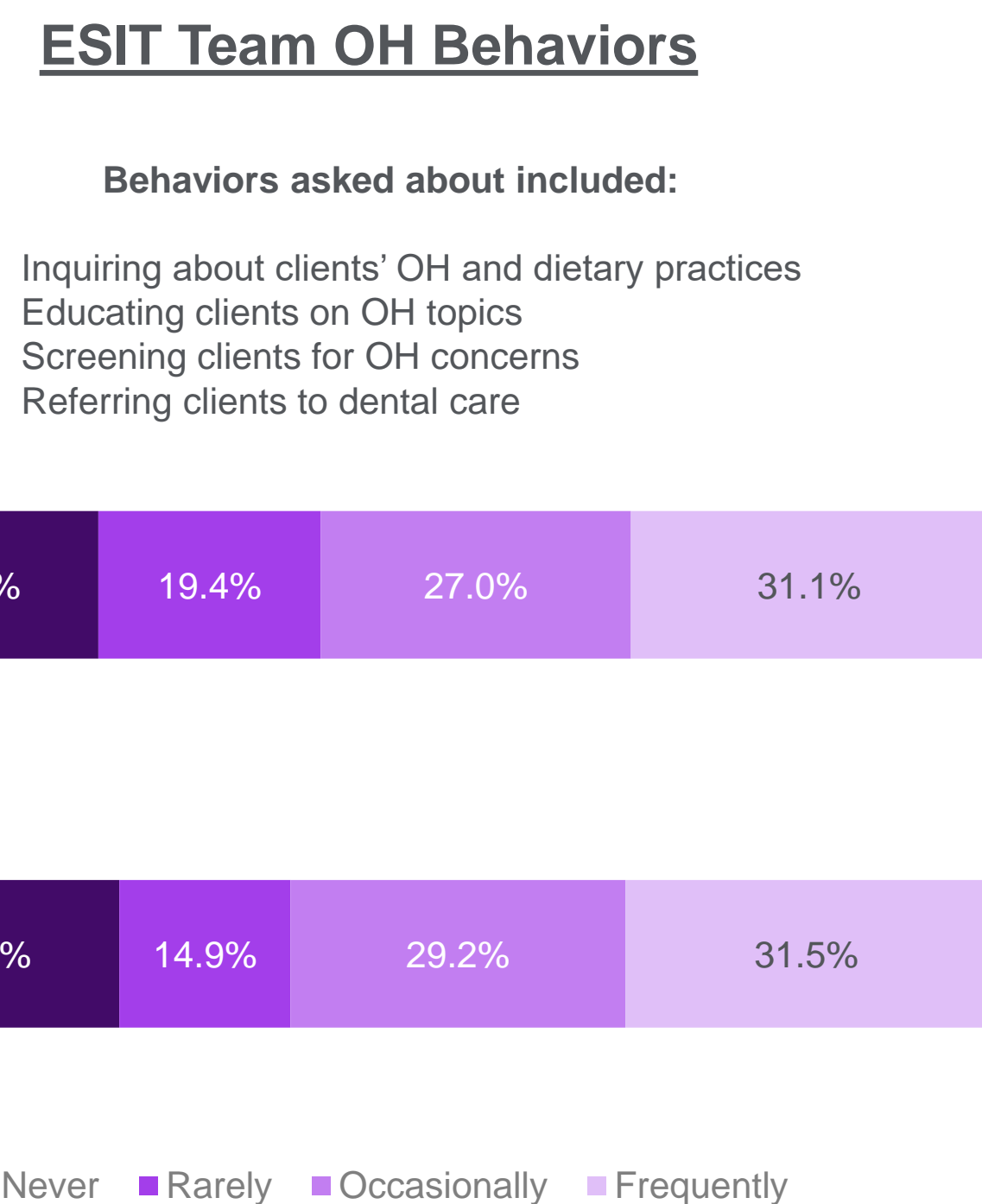
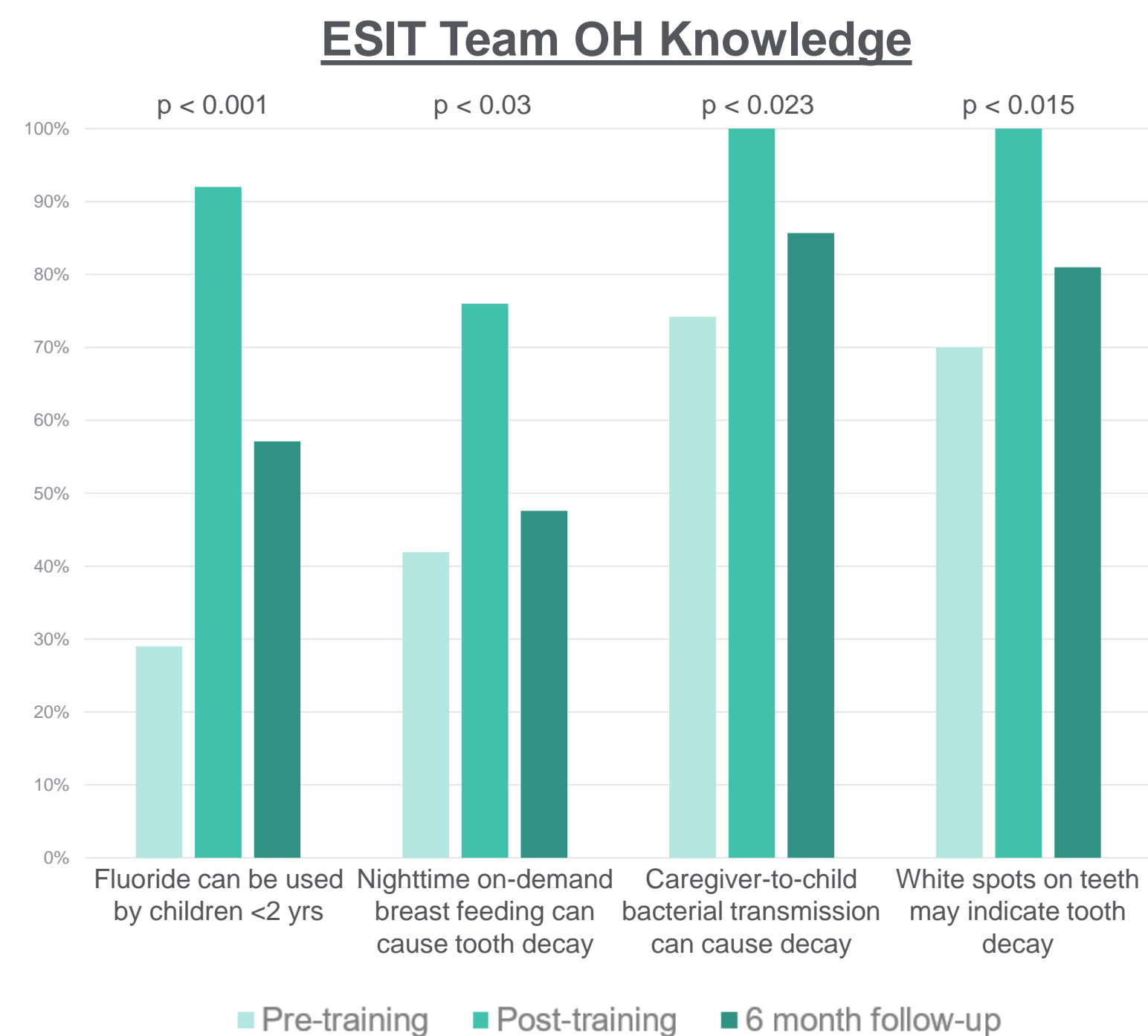
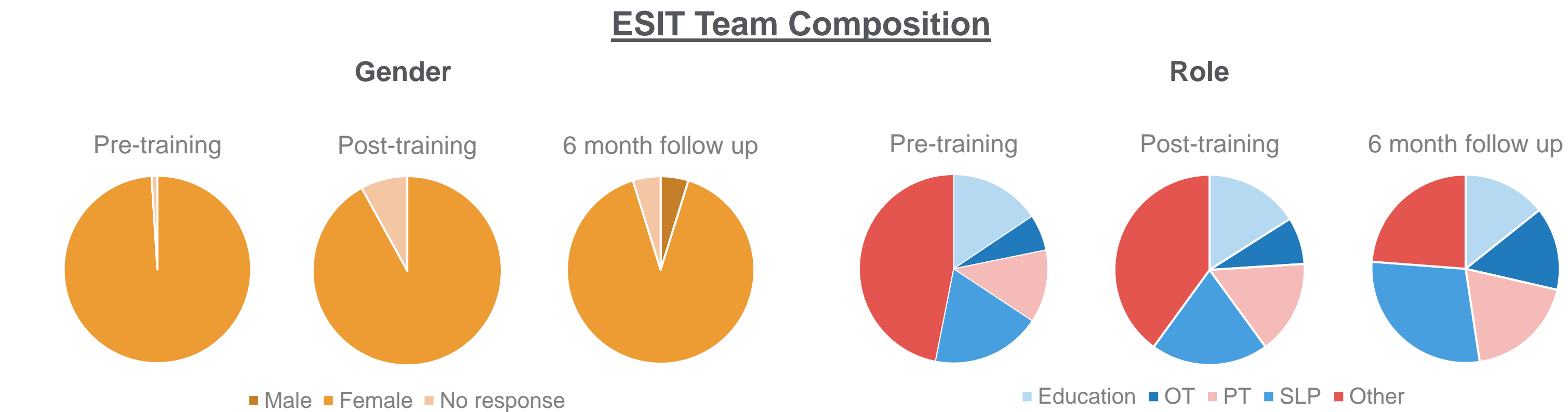
## PURPOSE

- To describe the Children’s Village ESIT team composition
- To evaluate the ESIT team’s knowledge, attitudes, and behaviors on OH before and after an OH training
- To evaluate the efficacy of the training provided
- To identify the future needs of the ESIT team in providing OH education and interventions to their clients

## METHOD

- Members of the Children’s Village ESIT team were surveyed on their OH knowledge and behaviors
- One hour training presentation given on OH
- Immediate post-training survey measured OH knowledge and gathered feedback on the training
- Six months later the survey was repeated, measuring OH knowledge, behaviors, and potential future needs of the team

## RESULTS



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- ESIT team members are mostly female (90-96%)
- Team members serve in a variety of roles, including speech language pathologists (SLP), educators, physical therapists (PT), occupational therapists (OT)
- Other roles included nurses, mental health professionals, resource coordinators, and administrators
- OH knowledge scores improved following the training
- OH knowledge scores declined slightly at 6 month follow up, but remained improved from baseline scores
- No statistically significant change to behavior was noted
- Sample size was insufficient to evaluate for association between knowledge and behaviors
- 56% of ESIT team members desired additional training in parent education; 44% desired additional training on the OH of CSHCN
- Most (79%) thought OH training should occur yearly
- ESIT team members thought that having educational materials and oral hygiene supplies would be useful in supporting their clients’ OH

## CONCLUSIONS

- OH training improved knowledge of OH but did not have a statistically significant impact on the Children’s Village ESIT team’s behaviors
- Future training efforts should be modified to focus on the team’s needs; additional study is indicated
- Providing OH education via EI teams nationwide may be a valuable pathway to improving the OH of CSHCN

## REFERENCES

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