



## Children's Oral Health Toolkit: Frequently Asked Questions

*This document is not intended to provide "the right answers" to questions you might be asked, but rather to offer illustrations of how to more effectively communicate about children's oral health. In the following questions and answers, we demonstrate how an advocate might think about turning unproductive frames embedded in questions into opportunities to advance a more effective message. Communicators will find their own ways of putting these principles into practice.*

### **Q: What should parents do to prevent tooth decay?**

#### *Less Effective Response:*

There are several factors that help prevent tooth decay: implementing at-home oral hygiene practices, which include brushing with a fluoridated toothpaste twice a day and flossing once a day; limiting snacking on sugary foods and drinks and fermented carbohydrates such as crackers, chips and breads; maintaining regular dental check-ups; never putting baby to bed with a bottle; and having sealants placed on the teeth when advised.

#### *Analysis:*

- Implies that oral health is affected only by individual parent behaviors.
- Offers solutions solely directed at changing parent behavior.
- Doesn't address non-parental problems, such as barriers to obtaining appropriate, affordable dental care.

#### *More Effective Response:*

What many people don't realize is that dental decay is now the most common childhood disease, five times as common as asthma. In fact, half of all children have a history of dental decay by the time they reach the first grade.

The good news is that we have effective solutions to this problem. When communities prioritize this issue, they can ensure that all children have access to the dental care they need. For example, parent-teacher organizations in many communities have worked with local schools and school boards to organize dental screening programs in elementary schools. This has increased availability of care for children who need it, reducing the number of children with untreated tooth decay. This was accomplished by collaboration among parents, teachers, school officials and dental care providers.

*Analysis:*

- Doesn't stay in the parent-oriented frame of the original question. Instead, it focuses on how community members and officials must work together to address the issue.
- Forefronts community-based solutions to the problem.
- Positions dental decay as a disease, not a behavior, which therefore requires a public response.

**Q: I thought that poor children have their dental care covered by public insurance programs, or they can go to free clinics. Are we trying to solve a problem that we don't have?**

*Less Effective Response:*

Did you know that four out of five low-income children don't have dental checkups on an annual basis? Lack of access to care, combined with long travel times for parents who are already stretched, makes it difficult for children to get the care they need, even when they can get an appointment. The result is that 85 percent of all childhood dental decay occurs in this population. The U.S. Surgeon General and the Centers for Disease Control recommend in-school dental prevention and sealant programs for children in low-income households. This is important because untreated cavities can lead to severe infections that can have serious health and learning consequences. We need to make sure that our state's most vulnerable children have access to the dental care they need.

*Analysis:*

- Frame of "vulnerable child" is ineffective in increasing support for children's health policies; instead, people judge whether or not the children (and parents) deserve help.
- Outcomes are framed in individual, rather than collective, terms.

*More Effective Response:*

Our children's future health depends on preventing small health problems now. We need to make children's oral health a priority today, to get ahead of future issues. Children with dental disease have trouble eating, speaking and learning in school, and are also more likely to experience other health problems. We require immunizations and regular physical health check-ups for kids entering school; how about including dental checkups as well? Several cities and states have implemented this type of policy, with great results. The fact is, we can either prevent this disease now through school-based screenings and clinics, or pay later in expensive treatments, missed school and missed opportunities for our children. It's time to reunite the mouth with the body and work together to make sure that all children have access to the care they need to be healthy.

*Analysis:*

- Uses the value of Prevention to remind people why the issue is important.
- Compares dental health to overall health.
- Uses the concrete example of immunizations as a comparison.

**Q: How much of your campaign is about parental education?***Less Effective Response:*

Parent involvement is a critical component of any successful oral health program, and parents are our most important partner in making sure our kids have healthy teeth. The "Bright Smiles" program educates parents about the importance of brushing and flossing. We are also hoping that schools will take action to provide healthier meals and stop vending high-sugar beverages in schools.

*Analysis:*

- Once parents are cued, it will be difficult for people to think about policies.
- Program name suggests cosmetic effects of poor oral health.

*More Effective Response:*

We are asking all members of the community to speak out for children's oral health through our "Healthy Mouths Make Healthy Bodies" campaign. One

thing you can do is to ask your school board what it is doing to require that healthy meals and snacks are provided in the school cafeteria and vending machines. This will improve children's oral health by limiting their access to high-sugar foods that promote tooth decay. Secondly, you can write a letter to your state representatives and tell them to make children's oral health a priority when they are making funding decisions about what services to include in public health care programs. We have the solutions; we just need the clout to make them available to all kids.

*Analysis:*

- Focuses on community as well as parent involvement.
- Reminds people of the connection to overall health.
- Doesn't link oral health to cosmetics ("bright smiles").

**Q: Is water fluoridation safe? Isn't there a danger of children receiving too much fluoride and actually harming their teeth and their health?**

Many people have read opinion articles and blogs that suggest community water fluoridation is not good for you. Reasons for this range from suggesting that it is a "government plot" to medicate the public, to linking it to toxic chemicals, to listing unproven health risks associated with ingesting regulated levels of fluoride in water. The fact is that fluoride occurs naturally in many water supplies, and optimally fluoridated water systems help keep people healthy by preventing dental caries. This is particularly important for children, because fluoride helps make teeth strong and, as children grow, the benefits of fluoride will last a lifetime.

*Analysis:*

- Reinforces fears of fluoridation by listing some of the main arguments of the opposition.
- Uses technical jargon (optimally fluoridated water systems, dental caries) without explaining what they mean.
- Assumes the audience understands the importance of oral health.

*More Effective Response:*

We care about children's health in our state, but oral health is often left out of conversations about preparing our children for the future. We know that dental decay is the most common chronic disease of childhood, one that is almost

entirely preventable. When children have access to fluoride protection, it helps strengthen their teeth and make them more resistant to decay. Fluoride can be accessed in a variety of different ways: through toothpaste, professionally administered varnishes and mouth rinses, and through fluoridated water supplies.

The National Centers for Disease Control and Prevention note that water fluoridation is one of the top ten public health achievements of the past century. What does it take to increase the health benefits of our water? As it turns out, very little. The optimum amount of fluoride in water is approximately one part per million, which is like a drop of water in a full bathtub. Communities have been taking advantage of this great public health innovation since 1945, with great results, and the vast majority of peer-reviewed articles have confirmed the health benefits of this simple solution.

*Analysis:*

- This approach links oral health to overall health.
- Establishes fluoridation as a celebrated public health innovation.
- Notes that community water fluoridation has been occurring for a very long time and that it has been studied by many, many researchers over the years.

*(Note: As all oral health advocates know, the topic of fluoridation is a tricky one that can elicit a variety of challenging responses. It is always a good idea to start your conversation by talking about the important connections between oral health and overall health, and to introduce the issue of fluoride along with other solutions once you have established the frame.)*