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Did You Know?

The first toothbrush was a stick! Chewing sticks, which were large toothpicks, were used to remove food and freshen breath. Over time, people began to chew on one end of a stick that was about the size of a pencil. Chewing on the stick would soften it. The soft end could be used to brush the teeth.

The model for the modern-day toothbrush was invented in China some time between 1400 and 1500 AD. These toothbrushes had bamboo handles, and the bristles were made from the hair on hogs’ necks.

This issue of Brush Up on Oral Health is all about toothbrushing! As you know, Head Start staff promote oral hygiene among children in conjunction with meals. Because young children do not have the hand coordination to brush their teeth well, it is important for an adult to supervise and help them with brushing. Having children brush their teeth helps them develop good oral hygiene habits.

Head Start program staff have many questions about toothbrushing in Head Start. Some of these questions are, Should fluoridated toothpaste be used? What’s the best way to set up the toothbrushing activity in my classroom? How should toothbrushes be stored? This newsletter answers these questions as well as others.
To Use or Not to Use: Fluoridated Toothpaste

Using fluoridated toothpaste is very effective in preventing tooth decay. Because children from families with low incomes, including children enrolled in Head Start, are at high risk for developing tooth decay, it is important that they use fluoridated toothpaste. But some Head Start program staff worry that if young children swallow fluoridated toothpaste every day, they may develop white spots on their teeth. These white spots are called fluorosis. Fluorosis is a cosmetic condition that may occur when children ages 8 and under swallow too much fluoride. Teeth with fluorosis are not injured and are not more prone to decay.

The best way to prevent fluorosis is to use the right amount of fluoridated toothpaste. The American Academy of Pediatric Dentistry recommends using the following amounts of fluoridated toothpaste:

![Smear for children under age 2](Image1)

**Use a smear for children under age 2**

![Pea-size amount for children ages 2 and older](Image2)

**Use a pea-size amount for children ages 2 and older**

It is not necessary to use fluoridated toothpaste until infants have teeth. But it is important to clean their gums with a soft clean cloth every day. As soon as an infant’s first tooth comes in, it is recommended to use a soft-bristled baby toothbrush and a smear of fluoridated toothpaste to brush their teeth.


Moving Toothbrushing from the Sink to the Classroom

Toothbrushing at the sink makes sense. But it can take time and make a mess. Also, if more than one child is at the sink at the same time, germs (bacteria) may be passed from one toothbrush to another (for example, when rinsing more than one toothbrush under running water at the same time).

The University of Iowa has designed a toothbrushing protocol where all children brush their teeth at the same time at the classroom table. Some Early Head Start programs (for example, Caroline County Family Support Early Head Start Center in Denton, Maryland) and Head Start programs (for
example, TCC Head Start in Nenena, Arkansas) have had success following the protocol. Teachers say that once children get used to the process, it is organized, quick, and a lot less messy.

**Taking the Mystery Out of Toothbrush Storage**

It’s a fact that bacteria can grow on toothbrushes after they’ve been used, especially if wet toothbrushes are kept in closed, dark places. Wet toothbrush bristles should not be covered. They should air dry.

The [Centers for Disease Control and Prevention](http://www.cdc.gov/oralhealth/infectioncontrol/factsheets/toothbrushes.htm#schools) recommends that, after brushing, it’s best to rinse toothbrushes with water to clean off remaining toothpaste and small pieces of food. Then the toothbrushes should be stored in an upright position to air dry. If several toothbrushes are stored in the same holder, make sure there is enough space between the toothbrushes so that they do not touch each other. Remember to label each toothbrush with the child’s name.

Do not soak toothbrushes in bleach water or other disinfecting solutions. And toothbrushes do not need to be placed in dishwashers, microwaves, or ultraviolet devices to disinfect them. These methods may damage the toothbrushes.


**Healthy Kids, Healthy Mouths Campaign**

*Healthy Kids, Healthy Mouths*, a public service campaign, teaches children, their parents, and other caregivers about the importance of oral health. The campaign includes messages on TV, radio, brochures, outdoor signs and billboards, and digital equipment (for example, smart phones, computers, and tablets). The messages communicate the importance of taking the time to brush for 2 minutes twice a day. All of the messages are in English and Spanish. The campaign was launched by the Partnership for Healthy Mouths, Healthy Lives, and the Ad Council.

The campaign also ties into Sesame Street’s *Healthy Teeth, Healthy Me*, a program for children age 2 to 5, their parents, and other caregivers. The program’s goal is to improve children’s oral health. The program includes
tips, activity sheets, song downloads, videos, and a newsletter. Materials are available in English and Spanish.

**Cook’s Corner: Recipes for Healthy Snacks**
Here’s a delicious healthy snack that children can make as a class project or at home with their families.

**Ants on a Log**
5 celery stalks
½ cup low-sugar peanut butter or low-fat cream cheese
¼ cup raisins, dried cranberries, or sesame seeds

Wash the celery, and cut each stalk in half. Spread the peanut butter or cream cheese on the celery sticks. Sprinkle the raisins, dried cranberries, or sesame seeds on top of the cream cheese.

Serves 10

**Note:** To prevent choking, always serve peanut butter spread in a thin layer on foods. Do not let children eat spoonfuls of peanut butter. Also, do not serve peanut butter to children who are allergic to it. Head Start programs need to know if children have food allergies and which foods they are allergic to (see children’s health records). Food-allergic reactions can range from mild skin or gastrointestinal (relating to the stomach and intestines) symptoms to severe, life-threatening reactions.


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The National Center on Health welcomes your feedback on this newsletter issue as well as your suggestions for topics for future issues. Please forward your comments to OHRCinfo@georgetown.edu.


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