



THE NATIONAL CENTER ON
Health



Brush Up on Oral Health

July 2013

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Did you Know?

More than 11 percent of children enrolled in Head Start have a disability that qualifies them for special education and related services. As defined under the Individuals with Disabilities Education Improvement Act, some of these [disabilities](#) include:

- Autism
- Speech or language impairments
- Visual impairments
- Hearing impairments
- Developmental delays
- [Intellectual disabilities](#)

Children with Disabilities



A disability can affect a child's activities and ability to learn. Some children with disabilities need extra health services and support services.

Children with disabilities are at higher risk for tooth decay and other oral health problems than children without disabilities.

This issue of *Brush Up on Oral Health* focuses on oral health challenges that some children with disabilities face and what Head Start staff and parents can do to address these challenges.

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Oral Health Challenges for Children with Disabilities

Some children with disabilities have challenges that affect their oral health. These challenges may include:

- **Children with physical disabilities**, such as cerebral palsy, may not have the motor skills needed to use a toothbrush safely or to sit still in a dental chair during dental visits.
- **Children with intellectual disabilities** may not know how to brush their teeth, protect their teeth from injury, or cooperate with dental office staff while getting oral health care.
- **Children with communication disorders**, such as delayed speech and language development, may not be able to tell their parents or Head Start staff that their mouth hurts or they have a toothache.
- **Children who get frequent medical care**, such as having many doctor visits or hospital stays, may be afraid of the dental office and may not cooperate during visits.
- **Children who take medicines** with added sugars or that cause dry mouth are at high risk for tooth decay. Sugar is added to some medicines to make them taste better. Other medicines used to treat cerebral palsy, seizures, and depression can cause dry mouth by lowering the amount of saliva in the mouth. Saliva plays an important role in preventing tooth decay. Medicines given to children with medical diseases or disorders, such as asthma or allergies, can also cause dry mouth.
- **Children on special diets** may be at high risk for developing tooth decay. Foods that are soft or high in starch (for example, potatoes or corn) stick to children's teeth and give caries-causing bacteria in the mouth more time to cause tooth decay.



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For more information about oral health challenges and strategies for care, see [Continuing Education: Practical Oral Health Care for People with Developmental Disabilities](#).

Improving the Oral Health of Children with Disabilities: What Head Start Staff Can Do

To improve the oral health of children with disabilities, Head Start staff can:

- Give children with disabilities extra support in the classroom. Make sure children eat food and drink beverages low in sugar (see [Brush Up on Oral Health](#), June 2013) and that children's teeth are brushed with fluoridated toothpaste after meals. For children with intellectual disabilities, provide them extra time for brushing, if they need it. Make needed toothbrushing changes for children with physical disabilities. For children who have a hard time explaining how they feel, help them find ways to express any discomfort they may have when brushing their teeth.
- Explain to parents that their child is at high risk for developing tooth decay, and share ways that they can help keep their child's mouth healthy (see [Brush Up on Oral Health](#), October 2012) and get needed oral health care.

- Recognize that children with disabilities are at high risk for tooth decay. They might also have a hard time finding a dental team willing to provide the oral health care they need. It's important for Head Start staff to be aware of this challenge and to help.
- Identify dentists in the community, such as pediatric dentists who have special education and training, to provide care for children with disabilities. Work with dental teams to make sure their office forms ask about the child's medical condition, the child's level of cooperation, outcomes of previous dental visits, and suggestions from parents or Head Start staff about what approaches might work best for the child.

Cook's Corner: Recipes for Healthy Snacks

Fruit Yogurt Ice Pops

Ingredients

- 2 1/4 cups plain yogurt
- 1/2 cup fruit cut into chunks (strawberries, blueberries, or raspberries)
- 2 tablespoons lemon juice
- 2 medium ripe bananas, peeled and cut into chunks
- 12 3-ounce paper cups and 12 pop sticks or 12 ice pop molds with holders

Directions

1. In a blender, combine the yogurt, lemon juice and bananas; cover and process for 45 seconds or until smooth. Stir if necessary.
2. Fill molds or cups with 1/4 cup yogurt mixture; top with holders, or insert sticks into cups.
3. Freeze.



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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 nchinfo@aap.org or call (888) 227-5125.

The National Center on Health is grateful to guest author Jay Balzer for his contributions to this issue.

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