

Dental Health

Dental Health of Children

Ann Pitkin
Prevent Child Abuse NY

I interviewed Dr. Chris Purdy, who practices general dentistry in Ithaca, New York. Dr. Chris, as he is known, has been practicing for about 20 years and is a graduate of the Case Western Reserve School of Dentistry.



Magali

Each year his office screens the children from a local Head Start Program. Staff check each child for cavities, misalignments of the jaw, and nursing caries (or “bottle mouth”). Nursing caries results from excessive and prolonged use of bottles containing milk or juice. The condition shows up as a black ring of tooth decay in the front. In the child welfare field this is generally considered to be an indication of neglect.

Tell me what you typically do during a young child’s first visit to your office?

I recommend that parents start bringing kids in for regular check-ups when they are about three years of age. First we just ask the parent to sit in the chair and we put the child in the parent’s lap. Then we give a few rides up and down in the chair and show them the mirror we use for looking into the mouth. Then we look into their mouths with the mirror and try to get them used to the idea and the feeling of it. We check them for cavities, and do a prophylactic cleaning using the rubber cup attachment, which is a gentle cleaning.

What are the most important things you think parents ought to know about ensuring good oral health for their children?

Well, obviously—prevention! It’s much easier to keep teeth and gums healthy than it is to repair them. Regular check-ups and cleaning in a dental office should begin no later than age 5. When the 6 and 12-year molars come in, we now recommend plastic sealants on those molars. The plastic sticks to the surface of the

tooth and prevents food—and bacteria—from building up in the pits and crevices of the molar. This is where most cavities begin because really cleaning those surfaces with a toothbrush isn’t easy (and most young children are not able to do as good a job brushing as an adult). If we cover the 6-year and 12-year molars with sealant, then we reduce the total number of cavities in childhood by around 70%. That means less decay, fewer crowns and so forth later in life.

The other thing parents should know about is fluoride. It combines with tooth enamel and makes it stronger and protects the teeth. If there is fluoride in the drinking water, or if drops of fluoride are given to children as a supplement, this helps the formation of developing teeth but does nothing for teeth that have already come in. Toothpaste with fluoride or fluoride gel treatments in a dental office are very helpful for protecting existing teeth from decay.

Should adults use fluoridated toothpaste?

Definitely.

We learned recently that gum disease is linked with heart attack and stroke later in life. Are there any long-term concerns for children connected to dental health?

Periodontal disease (gum disease) often begins in childhood, so establishing good prevention habits early is important. Gum disease is caused by bacteria in the mouth—or plaque or tartar, as some people call it.

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**New from
Victor Bernstein
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HFNY Goals

- ♦ To systematically identify overburdened families in need of support
- ♦ To promote positive parent-child interaction
- ♦ To ensure optimal prenatal care and promote healthy childhood growth and development
- ♦ To enhance family functioning by building trusting relationships, problem-solving skills and support systems

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National Recognition for Healthy Families New York

Updates from OCFS

Joy Griffith

NYS Office of Children & Family Services

Hi, Everyone. Good News for Healthy Families New York! Now we have recognition of something we all believe—HFNY works! In a recent press release, New York State Office of Children and Family Services (OCFS) Commissioner John A. Johnson announced that the RAND Corporation has designated the Healthy Families New York home visiting program a “Proven Program.” **HFNY is the first Healthy Families America program to have achieved this designation!** It is based on the results emerging from the controlled study of HFNY funded by OCFS. Despite extremely rigorous standards used in the study, the results show positive impacts of HFNY on parenting and child health and development.

In collaboration with the Center for Human Services Research, OCFS is conducting a rigorous random assignment study of HFNY at three sites—Buffalo, Ulster, and Rensselaer. The Year 1 findings reported that, compared to participants in the control group, HFNY participants developed healthier parenting attitudes, adopted less harmful parenting practices and experienced better birth outcomes, including a reduction in the incidence of low birth weight. Year 2 evaluation results continue to demonstrate positive outcomes: HFNY helped participants set firm and clear limits for their children and reduced their use of abusive and neglectful parenting practices. HFNY also improved mothers’ access to health care. Year 3 results are now being analyzed.

RAND is a nonprofit research organization providing objective analysis and effective solutions that address challenges facing the public and private sectors around the world. RAND, the nation’s original “think tank,” operates the Promising Practices Network (PPN) on Children, Families and Communities. PPN is a Web-based resource that provides easy-to-understand descriptions and reliable information on services, activities, approaches, and policies that have been shown to achieve positive results for children and families.

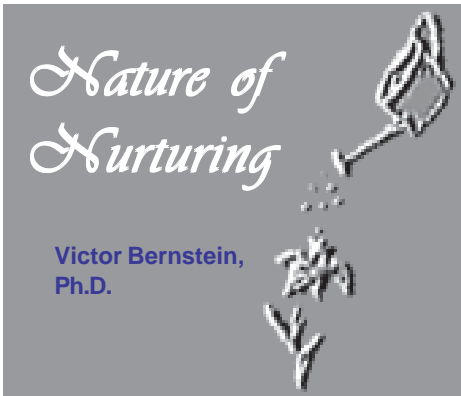
The RAND PPN site gets over 7,000 visitors a month, and 2,700 individuals subscribe to the newsletter. The full press release can be found on the OCFS website, www.ocfs.state.ny.us. Information about the RAND Corporation and “Proven Programs” can be found at www.rand.org.

Thanks to all of you for all that you do for families! Let’s keep trying to make HFNY the best program we can be!



Staff graduated from FSW Core training in January with their new “strength-based glasses”!

In front, Devon Cabreja, Ulster Co Healthy Start; then left to right: Nadine Garcia, Best Beginnings; Carmen Gonzalez, Ulster Co. Healthy Start; Cynthia Miller, Westchester HF; Priscilla Tyler, Madison Co. Starting Together; Millie Reynoso, Westchester HF.



Sharing our Reflections about What Makes a Difference—How a Home Visitor Helped Highly Stressed Parents Maintain their Emotional Stability

Dear friends and colleagues in New York,

I have been sharing with the training team how much I loved our work together and wishing there was a way for me to stay in touch. The result was an invitation to write a regular column for the LINK. I jumped at the chance. You know my main interest is helping folks reflect on what it is they are doing that makes a difference, so future columns will focus on stories *you* submit. But first, I'd like to share my story. It is about what I've learned in the past year about overcoming stress, frustration, and even despair.

The story you are about to read has a happy ending. Many of you know our son Nicholas from my video of his learning to shoot baskets at age 27 (he's now 31). In August 2004 he had a severe seizure and injured his knee. This was the catalyst for us to

have him undergo experimental brain surgery in November 2004 with the goal of stopping his seizures. By January 2006 my wife Penny and I had to admit that the surgery had made matters worse instead of better. On the positive side, when his medication is adjusted properly, he has three seizures a week instead of three per day, but on the negative side, since the surgery he has been hospitalized seven times, mainly for going into seizures related to medications getting out of balance. His functioning was deteriorating as well. Two weeks ago, sleeping 20 hours a day and not walking, he was hospitalized again, and because things seemed to be going downhill, we did not think that we were going to be able to bring him home again.

This time, tests revealed that his blood ammonia was too high, and simple treatment led to an amazing turnaround. He is doing the best he has in three months: smiling, talking, and walking on his own. This past week he was even able to go back to his work program. Penny and I marvel at his resilience; he is almost acting like he was before the surgery. It's like a million pounds have been lifted off us.

Through all of this, we realized that Nick's problems were ongoing and if we let the stress get to us, we would only make matters worse. You may recall that we have a family counselor turned *Home Visitor* named Bill. He has helped us focus on communication. What we found was that communication would break down when we became impatient, and when we were doing things to make us feel like we had control, or could make things better. Indeed,

the more we tried to micro-manage Nick's medication, the worse he did. What Nick needed was stability, and what we needed was to maintain our emotional stability. Two additional things have helped: we are taking good care of ourselves and remembering to do things we enjoy (like playing music and getting exercise) even when Nick is in the hospital; and we are paying attention to the positive things he does. So, if he smiles, we notice, and this approach has turned our attitude in the right direction. I don't think it is a coincidence that when we *let go* of trying to make things better (accepted), he started to do better.



Until next time,
much love,

Victor

If you would like to share your story with Victor & the Link, email him at vbernste@midway.uchicago.edu or Pam Balmer at pbalmer@preventchildabuseny.org. To contribute, you don't have to write an article. Victor & Link staff will work with you via phone & e-mail.

11th Annual Prevention Conference—April 24-26, 2006, Albany NY

We All Hold the Answers, the 11th Annual New York State Child Abuse Prevention Conference, will be a reflection on and celebration of the many things all of us can do to prevent child abuse. Once again, this year's conference offers something for everyone who has a stake in New York's children and families.

Healthy Families New York staff will find workshops throughout the conference focused on parent education and support, including *Working with Resistant Families*, *Parent Involvement—Strategies for Success*, *Seeing Possibility as a Powerful Tool to Help Parents Change*, and *Research, Policy and Practice, Part II: Age 2 and Age 3 Findings from the Evaluation of Healthy Families New York*.

Part of a dedicated track focused on child sexual abuse and prevention, the opening plenary will feature a sexual abuse survivor. In *Surviving Sexual Molestation*, John B. Warnick will share his story of surviving sexual abuse, the effects of victimization on his life, and how he overcame these obstacles. Nancy Cupolo will return to the conference once again. Her plenary presentation, *Parenting with a Purpose*, explores techniques parents can use to slow down and enjoy the special moments of childhood—before they are gone. Mervlyn Kitashima will deliver the closing plenary, *No More Children At-Risk: Children of Promise*. Her presentation urges us to think of children from troubled families as children "of promise," rather than children "at-risk." Mervlyn promises to leave us feeling renewed in our role in fostering positive change.

Of course, the conference isn't entirely about learning. Relax with a massage. Rejuvenate with yoga. Enjoy the food. Discover our exhibitors and vendors. Meet new friends or catch up with old ones at our Meet n' Greet.

For more information about the conference, visit www.preventchildabuseny.org or call 1-800-CHILDREN. Register online with a credit card and receive 10 percent off the regular registration rate.

About Queens

Ann Pitkin
Prevent Child Abuse NY

Not from New York City and wondering what Jamaica, Queens is all about?

The Borough of Queens has the largest area of the five boroughs that make up New York City. (Brooklyn has the largest population). Three hundred years ago, Queens was a Dutch and English settlement that consisted mainly of small villages and farmland. Today Queens is a massive, multi-cultural urban area with a population of over two million.

One hundred and eight years ago, in 1898, Queens was incorporated into New York City, but the old towns that had existed prior to that remain as neighborhoods and commercial centers, each with its own character and history. One of those old towns was Jamaica, and today Jamaica is the County Seat of Queens County, which means, of course, that county offices and the county courthouse are located in Jamaica. Jamaica Center, the area around Jamaica Avenue and 165th Street, is a thriving commercial center, with shopping, movie theatres, restaurants, and the Central Library of the Queens Borough Public Library located nearby.

People who live in Jamaica are predominantly African-American, Caribbean or recent immigrants from Africa; nevertheless, Jamaica is more culturally diverse than you might think. Consider, for instance that both Donald Trump and Curtis "50 Cent" Jackson come from Jamaica.

No, though many Caribbean people live in Jamaica, the area is *not* named after Bob Marley's home island. The name is most likely derived from an old American Indian word.

*Downtown
Jamaica*



And, who was the queen of Queens, anyhow? Catherine of Braganza, wife of the English King Charles II, that's who. And haven't hairstyles changed a lot?



Spotlight on Healthy Families Jamaica



Roxanne Wilson
Healthy Families Jamaica

Healthy Families Jamaica was proudly implemented at our home agency, Safe Space, in July 2001. Safe Space has been a multi-service, not-for-profit organization in Queens since 1919, offering a wide array of neighborhood-based services such as foster-care prevention, counseling, shelter, in-school and after-school programs, youth development, therapeutic arts, education, employment services and comprehensive services for homeless youth. Our original mission remains urgent: protect kids, keep them safe, and help them grow. It seemed like the perfect home for a program like Healthy Families. Healthy Families Jamaica was first implemented as a Community Health Worker (CHW)/Healthy Families collaboration pilot program. The Program Director, Roxanne Wilson, had previously been the CHW Program Coordinator at Safe Space, so her experience provided HFJ with a readymade network of collaborating community-based organizations, schools, and clinics where outreach could be conducted. In addition, we have linkages with three of the main hospitals where our families seek medical services: Jamaica Hospital, Queens Hospital and Long Island Jewish Hospital.

The program serves three zip codes in Jamaica, a community with a population of 285,568, made up of 59% African American, 15% Hispanic, 10% Asian, 8% White and 7% Other. In addition, 38% of the population is foreign-born. A large percentage of the foreign-born population has migrated from countries such as Jamaica, Trinidad, Guyana, Haiti and the Dominican Republic. Challenges faced by the target population include high rates of infant mortality, low birth weight babies, poverty, diabetes, heart disease, lead poisoning, HIV/AIDS, foster care placements, and teenage pregnancy.

Our program consists of 5 FSWs, 1 FAW, 2 Supervisors, 1 Data Manager, and 1 Program Director. We are proud to say that we still have four of our original staff: Elsa Inoa, FAW; Julianne Hoffman, FSW; Rita La Rosa, FSW; and Roxanne Wilson, Program Director. Perhaps this explains why they're leaders of the team: they are stakeholders with a real investment in the welfare of the program. Today, we are extremely proud of the fact that this group came together and pulled the program up when it seemed like we were just minutes from drowning. Driven by our love for the program and the community, and the belief that we are providing a valuable service, we have become a much stronger and greatly enriched program.



Rear Left to Right: Stacy Stewart, FAW Supervisor, Phara Vincent, FSW Supervisor, Roxanne Wilson, Program Director, Rita La Rosa, FSW
 Front Left to Right: Julianne Hoffman, FSW, Elsa Inoa, FAW

HF Jamaica Staff Profile

Rita La Rosa has been a Family Support Worker for Healthy Families Jamaica since March 2002. Shortly after being hired, Rita moved to Staten Island and has been enduring an extensive commute ever since. With over three years as FSW, Rita has faced many challenges, and yet continues to smile and to be full of positive energy. She truly embraces the Healthy Families spirit. Her devotion to her families and co-workers is outstanding. She delights in creatively planning parent-child activities with her families and beams with pride as she talks about their accomplishments. She seldom gives credit to herself for these accomplishments, but she has been successful in empowering families to do for themselves. During her first quality assurance visit, Rita was encouraged to do more to engage fathers. She has been very successful at this, and now many of her families include fathers who are actively involved in parent-child interaction and child development.

In April 2002, Rita enrolled her first family: prenatal parents Karina and Hugo and their 4-year-old son. They are still active in the program. At enrollment, Karina was a recent immigrant with limited English. She has since given birth to a healthy baby girl named Rebecca. Rita embraced Karina's enthusiasm for her child's development and throughout the years has visited Karina regularly, using curriculum to address Karina's many questions. Rita describes Karina as being very resourceful. Karina and Hugo both understood that parent-child interaction begins prenatally, and Hugo, a very hands-on father, supported his wife and unborn child by participating in prenatal visits. Today, Rebecca is an emotionally secure three-year-old. She is enrolled in a program for toddlers sponsored by the New York Public Library. As a result of Rita's relationship with the family and her use of the curriculum to teach child development and parent-child interaction, Karina and Hugo understand that Rebecca has entered a developmental stage in which she benefits greatly from socialization with other children.

We are very fortunate to have Rita at Healthy Families Jamaica. She is a valuable member of our team and we are very proud to highlight her accomplishments.

Dangers of chewing tobacco

These products contain nicotine, which is highly addictive. While smokeless tobacco products are often pushed as "much safer than cigarettes," they are not safe by any means, and they contain at least three dangerous cancer-causing chemicals. About half of all adolescent male users of tobacco snuff have pre-cancerous lesions of the mouth. Users of these products have a 400% greater risk of developing oral cancers than do non-users.

Smokeless tobacco causes:

- Cavities
- Gum Disease
- Changes in the soft tissues of the mouth
- Leucoplakia (white, potentially pre-cancerous patches in the mouth)
- Cancer of the mouth, throat and liver
- Addiction to nicotine
- Loosened teeth
- Decreased ability to taste and smell

One study in Arkansas found that 91% of patients with oral cancers had used smokeless tobacco.

...people think that diet soda is better for your teeth than regular soda but it's not...

Dental Health of Children cont. from page 1

What about brushing and flossing?

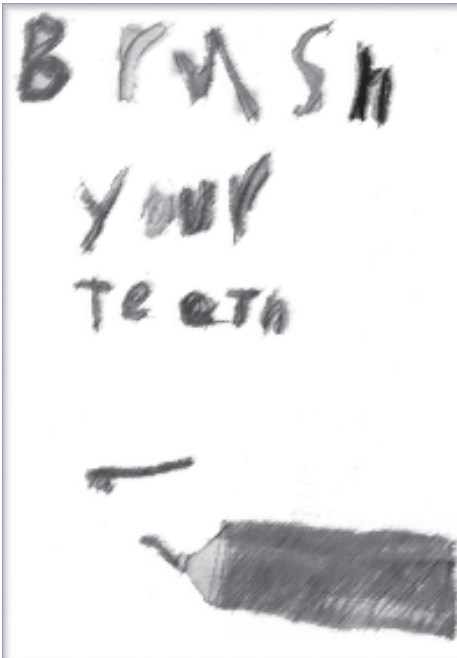
For adults, flossing is good because it removes the bacteria that brushing misses, but flossing requires way too much coordination for young children. But there is a good alternative ... the electric toothbrush. They're inexpensive and do a far better job than regular brushes. A child using a manual toothbrush typically removes bacteria from around 40% of the tooth surface, meaning that more than half the surfaces are not clean. But with an electric brush, bacteria gets removed from around 70% of the tooth surfaces.

The brushes are available in most drug stores and cost under five dollars.

Is there anything else you would want people to know?

Yes. Whatever you do, don't use chewing tobacco. Many young people, mostly male, regularly use smokeless tobacco. What they apparently don't know is that oral and throat cancers among users of this product are not rare. These are very serious cancers that are life-threatening and often are treated with very disfiguring surgeries.

And there is something else that can cause serious damage to teeth. Diet soda. It has a very high acid content and can eat away at tooth enamel. Probably people think that because it doesn't contain sugar that it's better for your teeth than regular soda but actually diet soda is also really harmful and causes tooth decay.



Sink Your Teeth Into This!

Pam Balmer
Prevent Child Abuse NY

We all know that teeth need to be brushed and flossed and receive regular attention from a dental professional to stay healthy. What many of us may not know is that people with unhealthy teeth and gums are seven times more likely to have premature babies and twice as likely to develop heart disease. Oral cancer, which is closely linked to long-term use of tobacco and alcohol and more common than leukemia or melanoma, may go undetected without routine dental care. Problems with teeth and gums affect 95% of people with diabetes.

Lack of dental care and poor oral hygiene contribute to unnecessary tooth loss, stained or broken teeth, bad breath (halitosis), and lower self-esteem, all of which can have adverse affects on something as important as getting a job.

Along with proper tooth and gum care, paying attention to what you eat, both the good foods and the not-so-good ones, makes a

big difference. Calcium, vitamin D and phosphorus found in milk, cheese, and yogurt, B vitamins in whole grain breads, cereal and rice, vitamin C and folic acid in many fruits and vegetables, and the iron, protein, magnesium and zinc in meat, fish, poultry and beans are the nutrients our bodies need to build and sustain healthy teeth. Good nutrition also contributes to a strong immune system that can keep bacteria at bay.

Important as it is, dental care can be hard to get. Many jobs don't provide dental insurance and many dentists don't accept Medicaid. And did you know that, according to a poll conducted by the Academy of General Dentistry, it is more difficult to get men into the dentist's chair than women? It is important for HFNY staff to know about dental services available in the communities they serve:

- Which dentists accept Medicaid?
- Is there a dental clinic?
- Is transportation available?
- How long is the wait for an appointment?
- What can someone do in case of a dental emergency if they don't have dental insurance?

The more information we can share with families about the importance of a healthy mouth and the more help we provide to navigate barriers to good dental care, the better the outcomes for our families.

Since periodontitis, or severe gum disease, can lead to premature birth, it is important for women who plan to become pregnant or are pregnant to brush and floss regularly (two times a day). And they may need to see a dentist more frequently because gums may be more sensitive and prone to infection during pregnancy. All pregnant women should be sure to let their dentist know they are pregnant because it may affect the dentist's treatment plan. They'll want to minimize exposure to x-rays and medications and hold off on some other treatments.

For more information check out the website for the American Dental Hygienists' Association at www.ADHA.org.

People with unhealthy teeth and gums are seven times more likely to have premature babies and twice as likely to develop heart disease...

Pregnancy Myths

Myths #1 and #2 about dental health in pregnancy:

#1 You lose a tooth for every pregnancy.

Reality: Having babies doesn't cause tooth loss—decay and gum disease do.

#2 If you don't get enough calcium in your diet during pregnancy, your body takes it from your teeth.

Reality: The calcium a growing baby needs comes from the mother's diet, not her teeth. If the mother doesn't eat enough calcium-rich foods, her body will take it from her bones.

When to start seeing the dentist

The American Academy of Pediatrics (AAP) used to recommend that the first visit to the dentist be at three years of age. Now, because so many children have cavities by the time they start kindergarten, the AAP states that high risk children should see a dentist six months after their first tooth erupts or before they are twelve months old.

Dental Hygienists

Education for a career in dental hygiene is two years in most cases. Several of the dental hygiene programs in NY are within community colleges. Jobs are plentiful, and most hygienists can name their own hours. Full and part-time positions are usually available in any locality. Pay starts at around \$15/hour and goes up from there, depending on the area. Average salary for full time dental hygienists in New York State is around \$47,000.



Fetal Alcohol Spectrum Disorder (FASD) —It's Preventable!

The Buffalo Home Visiting Program is participating in a pilot project designed to prevent or reduce FASD. The project was initiated by NYS OASAS (Office of Alcoholism and Substance Abuse Services) with federal funding from SAMHSA (Substance Abuse and Mental Health Service Administration).

Stay tuned to our next issue for a description of the project and interviews with Buffalo staff.

Did You Know?

Our own Healthy Families New York website (www.healthyfamiliesny.org) has materials for parents in Spanish and English. These materials can be downloaded and printed right from the site and used on home visits.

The material on "Growing your Baby's Brain" ([Puntos Para Desarrollar el Cerebro de su Bebé](#)) is great for new parents and has 13 different handouts.

From the start page, click on the FAMILIES window to check out these materials.

[Tips for Shopping with Your Child](#)
[Winning Ways With Children When Eating Out](#)

[Preventing Shaken Baby Syndrome](#)
[El Prevención de Síndrome Sacudario del Bebé](#)

[Tips for Growing Your Baby's Brain](#)
[Puntos Para Desarrollar el Cerebro de su Bebé](#)

[PDF of Shaken Baby Syndrome Brochure \(193k\)](#)

[PDF of Reducing SIDS Risk For Your Baby Brochure \(109k\)](#)



The Milky Way

Rayza DeLaCruz-Stitt, RN, BSN, MSN
Bushwick Bright Start Healthy Families Program

Promoting Dental Health in Breastfeeding Families

Together with dental health professionals, FSWs can be instrumental in helping families maintain oral health. Since HFNY is committed to breastfeeding, FSWs can assist families in finding dental health providers who are knowledgeable about the connection between breastfeeding and oral health. The American Academy of Pediatric Dentistry (AAPD) recommends establishing a "dental home" by one year of age, so the dental provider can be a great influence on families who are still lactating.

Families may ask, "Should my dentist care if I breastfeed or not?" and the answer is, Yes!

- The American Academy of Pediatrics (AAP) and the Surgeon General have said human milk is the ideal food for babies for promoting optimal health and development, including oral health. The AAP recommends six months of exclusive breastfeeding.
- Breastmilk is optimal for proper development of teeth and deposits calcium and phosphorus on tooth enamel.
- Lactose, the sugar in breast milk, is broken down in the small intestines, not the mouth. The sugars in other foods do break down in the mouth, contributing to cavities, so premature feeding of foods other than breast milk should be discouraged.
- Formula and juices can cause tooth decay, especially when allowed to "pool" in the mouth, as may occur when children are put to bed with a bottle. Breastfeeding does not result in milk pooling in the mouth, since most of the breast milk is delivered to the back of the mouth and then swallowed.
- The mechanics of breastfeeding, with good latch-on and active suck and swallow, promote healthy jaw development and better development of the airways.
- Breastfeeding has been associated with better development of dentition and decreased malocclusion (faulty bite), which can later lead to the need for braces.

FSWs can help clarify information about dental health, which can be hard to understand in some cases. For example, the American Academy of Pediatric Dentistry has indicated that breastfeeding at night should be avoided after the first primary tooth erupts. This could lead to the interpretation that feeding formula in a bottle will be less risky, when in fact, bottle-feeding formula puts a child at greater risk for tooth decay. The risk of milk pooling when feeding with a bottle, whether formula or breastmilk, can be lowered by holding the baby to feed and never propping a bottle.

Babies are born with sterile mouths. We can let parents know that breastmilk provides protection against Strep. mutans, a bacteria that contributes to tooth decay, and that they need to clean the baby's mouth, especially after sleeping (day or night). This is particularly important once the first tooth erupts. Cleaning can be done by gently wiping the mouth with a *clean* washcloth.

The health benefits of breastfeeding are well documented, including providing a window of opportunity for nurturing, bonding, and attachment. FSWs and FAWs can keep learning from dental health professionals, continue to share information and breastfeeding support with families, and continue to help families establish dental homes with providers who promote oral health *and* support families.

Roving Reporter

the Editor...



Question: On a scale of 1 to 10 where 1 is really awful and 10 is fantastic, how would you rate going to the dentist?

Carmendilia Fernandez, FSW Best Beginnings: One! The dentist has always been my least favorite doctor. I'd sooner go to the gynecologist!



Christine Wolcott, FAW HF Steuben. Seven point five. My dentist can give Novocain and you don't even know you got it. I've been going to the same office for more than 20 years. It's great to see people going routinely now, not just for big problems. But it's unfortunate that most dentists don't accept Family Health Plus or Child Health Plus.



Tanya Thompson, FSW Morris Heights Special Beginnings: I haven't been to the dentist in many years. Somebody has to go with me and hold my hand—really!



Maria Rosado, OCFS, Contract Manager: Nine point five. When you think about health, everything that affects your mouth affects your whole body.



Jannette Torres, Assistant PM, CAMBA. Three. I'm petrified of going to the dentist and I have very sensitive gums. I'd give it a "one" but that would be embarrassing. I floss though!


 the **Link** healthy families new york
 the children of today are tomorrow's parents/los niños del presente son los padres del futuro/los niños de hoy son los padres de mañana
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