

Spreading the word

Learning from good practice: a review of current oral health promotion materials for parents of young children
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Before I started working on the *BDJ* (before I began lecturing people on oral health) many of my friends had never been told not to rinse their mouths out after brushing their teeth. Imagine that, late twenties and many of them weren't even brushing their teeth properly. It's no wonder that caries is still such a problem.

Dental treatment is the most common reason for young children to attend hospital for general anaesthetic. This is both perplexing and unnecessary. We live in an age when communicating with others is easier than ever so why is caries still so prominent in young children? It is even more prominent in areas of social deprivation so it is vital that parents and guardians are provided with the right oral health promotion materials needed to educate their young children.

Barriers identified from qualitative interviews

Author Q&A

Kara Gray-Burrows
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What was the most important thing you learnt through this research?

I've learnt a great deal from this research, but I think the most important thing is that there are many examples of good practice in the UK and a number of individuals/organisations working hard to promote good oral health in young children. What is now needed is communication and collaboration between these people and groups to produce a more unified approach that delivers a clear and consistent message.

What advice do you have for those developing oral health materials for parents?

Undoubtedly, we need to provide a clear and consistent message that is up to date with current guidance, eg *Delivering better oral health* from Public Health England. However, we need to go beyond simple knowledge transfer and address the wider barriers to good oral health behaviours. This may be aided by embracing new technologies and digital platforms that can potentially reach wider audiences with fewer physical and financial restraints.

You made a video abstract to accompany this article – did you enjoy making it?

This was my first time making a video abstract and I found it an exciting prospect. I'm always looking to find new and interesting ways to disseminate research and so enjoyed embracing this opportunity to reach a wider audience. ■

Environmental context and resources
 '...but at night because she's sort of in and out doing things she does tend to forget she's got to come in and do them, and when I go up to bed 'cause I go up to bed with her, I will say to her bathroom first and teeth done and that's when you start with your problems! She just doesn't want to do them at night'

Beliefs about consequences
 'you can actually smell their breath like when their talking to you and if they've not brushed their teeth it really really smells'

Social influences
 'You see her Dad's a problem as well – he doesn't do his as regular, now her Granddad does, he's always in the bathroom and he's always reminding her, he's brilliant doing his'

Motivation and goals
 'I'd have thought it's lacking motivation more than anything – obviously I do want them clean but I think with me what it is it's just sort of finding the hours in the day to get round and do everything and a lot of the time we're just so busy doing everything it's sort of quickly in and quickly out'

Skills
 'I have to say to her give me a turn and then it's your turn to brush her teeth and she has her turn...'

Gray-Burrows *et al.* have looked into what oral health promotion materials exist, the quality of these materials and whether they are consistent with the materials produced by Public Health England (PHE). The authors found that the majority of material was print-based, and most of these were leaflets. They note that not one of these covered all 15 key points of oral health advice covered in PHE's *Delivering better oral health*. They also discovered inconsistencies with regards to the amount of toothpaste children should be using and toothbrushing supervision.

The authors also demonstrate that often the materials failed to provide practical skills on how to brush children's teeth. Their findings suggest that the main barriers to good oral health practice are beliefs about consequences, skills and knowledge.

The authors suggest that due to the constraints on budget, space and also in an effort to maintain the attention of the reader, print-based materials are often short and that longer digital materials may therefore be a better option. Digitalisation also makes it much easier to share the materials with a wider audience. Ultimately, the authors conclude that

the materials broadly adhere to PHE's guidance, but that much of it needs to be more clear and consistent.

Personally, I would suggest that an increase in digitalisation of the materials is needed with subsequent social media campaigns that can help to spread the word.

By Jonathan Coe



Watch the author talking about this paper in their video abstract via the BDJ Youtube channel

<http://bit.ly/BDJYouTube>

Expert view

Liz Kay

Foundation Dean, Peninsula Dental School



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It is a shocking fact that tens of thousands of children each year end up with such acute and severe pain from toothache that they have to be admitted to hospital for removal of the diseased body part – their decayed teeth.

The fact that this still happens and that a third of 5-year-old children in the UK still have decayed teeth suggests that we are not yet able to identify appropriate and effective ways of encouraging people to adopt behaviours that will protect and enhance their oral health.¹

The authors of this paper have understood this and have recognised that merely informing people about what is helpful and harmful for their children's health does not mean that people will go ahead and do these things. They have shown that while the information given is not always entirely accurate, evidence-based, or complete, these are probably not the reasons why parents still fail to protect their children's health.

This paper gives clarity and insight into, and importantly delivers a methodology and systematic way of thinking about and addressing, people's oral health behaviours. Perhaps the next step is for us to start to train dental care professionals more thoroughly in the psychology of oral health behaviours.

When the profession gains greater depth of understanding of motivators and behaviour it seems likely that oral health professionals will begin to analyse and apply helpful techniques like motivational interviewing.² The recent NICE guidelines on approaches for general dental practice teams on promoting oral health³ make it clear that there is still much to be learnt about changing people's behaviour, but Gray-Barrows and colleagues have made a very important contribution to developing our understanding. ■

1. Kay E, Vasscott D, Hocking A, Nield H, Dorr C, Barrett H. A review of approaches for dental practice teams for promoting oral health. *Community Dent Oral Dent Epidemiol* 2016; **44**: 313-330.
2. Miller W R, Rollnick S. *Motivational Interviewing – Preparing people to change*. Guildford PRESS, 2002.
3. NICE. Oral Health Promotion – General dental practice. NICE Guidelines: NG30; 2015

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