Understanding Generation *Alpha*

Paediatric dentist **Laura Gartshore**, speaking at the annual BADT conference, discussed how the dental profession can give optimum care to children taking into account the needs of Generation Alpha as well as those in hard-to-reach communities.

The primary aims of my presentation were to increase awareness of DCby1 and to discuss delegates' preparedness to deliver the key preventive messages at the heart of the campaign. This brief article provides an overview of the content of my presentation.

I opened my presentation, *Dental Check by One (DCby1): Bridging the Gap*, by asking

delegates to raise a hand to show whether they had previously heard of DCby1. One third of the audience put their arm up – a gratifying result!

It is important that we have a working knowledge and understanding of Generation Alpha, the patients we want to reach out to with the DCby1 campaign and who we want to approach appropriately. It is predicted that generation alpha (currently in the early years of primary school, and who will be

born until 2025) will be the most formally educated, technology supplied, and wealthiest generation to date. Living in a world of limitless connectivity and with novel concepts of privacy, Generation Alpha will have high expectations of optimal outcomes of care – we need to prepare to keep up, and to rise to meet these expectations.

The youngest children growing up in England today are more likely to experience dental

Dental Check by One

is diagnosed in young children. Furthermore, it has been widely reported that untreated dental disease in children adds to the profound pressures experienced by those working in NHS accident and emergency departments and in general medical practice. We are aware that dental caries is the most common reason for a child aged 5-9 years to be admitted to hospital in England. The most recent admissions data indicates that the number of children being admitted in this age group continues to rise.

DCby1 was presented as a means of challenging the current situation. It is a national campaign, led by the British Society of Paediatric Dentistry (BSPD) in partnership with the Office of the Chief Dental Officer (CDO) for England, to ensure that children attend for their first check up as their first teeth erupt and before their first birthday. The campaign itself has recently celebrated its first birthday, following its launch on BBC Breakfast in September 2017 by then President of BSPD Claire Stevens, and CDO Sara Hurley. The campaign presents a step change model to increase the percentage of 0-2 year olds accessing NHS dental care by 10%

Following conference, I have been contacted by many members of the audience, keen to either introduce DCby1 to their family friendly practices, or to share their established efforts to educate their local dental teams and to encourage dental attendance of the nation's youngest children. Profound inequalities in dental disease experience and access persist, and whilst a significant change in the state of children's oral health remains to be seen, it is imperative that we work together to support public health measures such as DCby1, and to integrate them through their inclusion in population level healthcare plans and via the creation of strategic networks.

These are times of unprecedented pressures in the NHS, yet DCby1 offers a viable opportunity for change and for the improved oral health of children. The synergistic collaboration of dentists and dental care professionals in this shared goal will future proof its success.

The conference was opened by Eric Rooney, Deputy Chief Dental Officer of England, who provided an informative presentation about pending reform in HEE Education and the dental contract, and how this might shape the future of the dental therapy profession in the evolving NHS landscape. Having heard this presentation, I am optimistic for an improved position for the provision of preventive interventions for dental caries in the primary care sector.

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caries and toothache if they are living in lower income families – and they are also more likely to have difficulty accessing NHS dental care. Data published by Public Health England (PHE) has confirmed that dentine caries continues to affect at least 1 in 3 children aged 5 years, and at least 1 in 10 children aged 3 years. These measures of the existence of dental disease do not reflect the burden that children suffer as a result of untreated disease, the majority of which can be prevented with the delivery of best practice preventive care. However, we know that only 20% of children aged 1-2 years accessed NHS dental care in 2017-2018. If children are not accessing dental services we are going to struggle as a profession to deliver consistent preventive messages.

There is an established evidence base of the negative effects of early childhood caries on oral health and quality of life, in the short and longer term, and of the reasons to restore when caries

per year, equating to just 4 children per NHS contract holder per year.

Cross organisational support for DCby1 is well established, and aids for the delivery of preventive dental care have been produced by BSPD, PHE, Change4life and savekidsfromsugar, to name just a few. Following review of these resources I asked delegates to reflect on their role in enabling DCby1.

In conversations in the breaks, delegates agreed that preventive dental care for the youngest, most vulnerable members of our society is a priority for our profession, and that in order to deliver it, we need to work together to improve dental access for this population.

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