



Julie Potter describes her work as an oral health champion at Saffron Lane Dental Practice, Leicester.



Introduction:

Children in Leicester have some of the highest levels of dental caries experience in England.¹ From school-based epidemiological surveys, commissioned by Leicester City Council it was found that 53% of 5-year-olds in 2011/12 and 34% of 3-year-olds in 2012/2013 experienced dental caries, both figures significantly higher than the regional and national averages for dmft (decayed, missing, and filled teeth).^{2,3} An Oral Health Promotion Strategy agreed by the Oral Health Promotion Partnership Board (OHPPB), through Leicester City Council, was built with an ambition of 'a 10% increase in the proportion of 5-year-olds in Leicester with no signs of dental disease by 2019' and overall goals of improving the oral health of Leicester.⁴ Healthy Teeth Happy Smiles (HTHS!) is an initiative launched in 2014, created to help achieve this goal.⁵ HTHS! works closely with 'Starting Well', an innovative government-funded programme launched by NHS England, that has been

introduced in thirteen high priority areas, with the aims of improving oral health for under five-year olds.⁶

HTHS!

HTHS! offers a variety of initiatives across the city, targeted at local communities, nurseries, schools and dental practices. HTHS! offers benefits such as:

- Dental practice accreditation and pilot early years accreditation
- Multi-agency training, free of charge, for all health care professionals, on a quarterly basis.
- Free supplies and a daily supervised tooth-brushing programme in nurseries, pre-schools and primary schools, up to year 2 level.
- Free downloadable early years lesson packs including storybooks, activities and lesson plans all centred on oral health.
- Auditing your HTHS! accredited dental

practice in, for example: community involvement, CPD and training in oral health, practice displays and compliance with Delivering Better Oral Health (DBOH) guidance.⁷

- Increasing awareness of and participation in national campaigns including National Smile Month (NSM) and Mouth Cancer Action Month (MCAM).^{8,9}
- Access to a catalogue of dental supplies
- HTHS! signpost to accredited dental practices at oral health events, offering practice advertisement.⁴

Being an Oral Health Champion (OHC)

In each HTHS! accredited practice, Oral Health Champions (OHCs), often two per practice, are appointed, for leadership and management of HTHS! goals.

Last year, I was appointed as an OHC for

Saffron Lane Dental Practice. As a newly qualified foundation dentist, this role gave me the opportunity to hone my leadership, teamwork and organisational skills by having the added responsibility of maintaining the HTHS! portfolio, collaborating with nurseries and preschools for dental visits and leading team meetings. It also gave me the confidence to present to other healthcare professionals, to speak up about the issues I encountered and about improvements to make and to practice creativity, planning community visits with my colleagues and creating bold, eye-catching posters to display in the practice. I would greatly recommend this role or similar, for any newly graduated dentist.

As an OHC, I had the opportunity to organise and lead discussions about oral health promotion during monthly staff meetings, which involved team training in smoking and alcohol cessation, as well as refreshing knowledge on Delivering Better Oral Health guidance.⁷ Furthermore, these monthly meetings were an opportunity to discuss any developments recommended from the dental practice audit process conducted by Robin Chipperfield - a HTHS! Oral Health Promoter to relay information from recent HTHS! lectures or meetings and to prepare for new practice displays and local nursery and pre-school visits. HTHS! accredited practices are encouraged to participate in oral health campaigns, such as 'Lift the Lip' during National Smile Month (NSM), 'Dental Check By One', 'Swap the Bottle' and 'Stoptober'. Examples of events I was involved in include organising mother-and-toddler oral health education sessions, undertaking risk assessment questionnaires with parents to give tailored advice as part of the 'Lift the Lip' campaign during NSM 2018, and participating in a presentation on risk factors, signs and symptoms of oral cancer to healthcare staff at a local care home during Mouth Cancer Action Month (2017).⁸⁻¹³

Oral Health Champion meetings held quarterly gave an opportunity to brainstorm oral health promotion ideas, difficulties met, and tweaks needed, with other local practices. Targeting education to high risk families is an example of a topic discussed at an OHC meeting. Leicester is a diverse, multicultural city, and over a third of Leicester's population are Asian.¹⁴ Unfortunately, Asian communities appear to be more prone to dental diseases and the evidence suggests cultural variances in diet may play a role. Many of my patients were unaware of the consequences of the addition of sweeteners, often honey, to childrens' bottles, an example of dietary issues in this community that are still evident.¹⁵⁻¹⁷ There are likely to be several causes, one of which may be the increased



Fig. 1 How much sugar is in that drink?

tissue examinations in edentulous patients.^{19,20} Another area discussed was referrals from GDPs to GPs for a diabetes assessment if a patient has severe or unresponsive periodontal disease, for example. The GP group response to this was encouraging, hopefully boosting the confidence of dentists in appropriate signposting. Brief information on subjects from free-flow cups to oral cancer were covered, and it was a productive exercise in teamworking between different professions.

HTHS! training sessions are open to the whole dental team, because a concept integral to HTHS! is involvement and utilisation of every point of contact in the dental practice. This can be demonstrated by having reception staff mentioning to a family the 'dental check by one' (DCby1) recommendation or being involved in the 'bottle swap' process. Additionally, if the practice manager and owner attend HTHS

“TEAM INVOLVEMENT IN ORAL HEALTH EDUCATION CAN EXTEND FROM THE DENTAL PRACTICE... IT IS IMPORTANT TO MAKE EVERY CONTACT COUNT”

consumption of fruits that are often dried or preserved¹⁶ in the Asian culture. At the HTHS! meetings, ways of tackling these concerns were discussed e.g. setting up a HTHS!/Starting Well stand at the Diwali celebration to provide information in different formats (verbal/leaflets/visual) to target a large public community; or organising an oral hygiene workshop in the dental practice for recognised high risk patients to attend.¹⁸

Involvement of other healthcare professionals

Collaborating with other healthcare professionals can help improve patient access to oral healthcare. A course targeted to pharmacies, GPs and GDPs, arranged through Health Education England, across the East Midlands, in collaboration with Postgraduate Pharmacy Education (CPPE), was an example of this, providing unity of information across different professions. An aim of this session, delivered by HTHS!, was to give confidence to GPs and pharmacies to advise about oral health issues and knowing when to signpost to GDPs. An array of topics were covered, including advice for pharmacists in the management of the regular pharmacy attenders wanting denture fixatives, as overuse of such products can have side effects and by signposting for denture reviews, this also allows for regular soft

meetings, they may be more inclined to arrange availability for staff to visit local schools/communities and give tailored advice during clinical hours.¹³ Team involvement in oral health education can extend from the dental practice, to GPs and pharmacists, to nurses, midwives and health visitors, and it is important to Make Every Contact Count.^{21,22}

Learning points about oral health promotion

Techniques learned through my experience with HTHS! for oral health promotion include:

- If you are targeting promotion to children, make it child friendly. For example, the bottle swap campaign can be made more child-orientated by having a bottle swap box that the child puts their bottle into, or a decorating stand for their free-flow cup.^{11,12}
- Interactive displays, rather than posters alone, were more positively received by patients. One of the most popular displays at Saffron Lane was a visual representation of sugar quantities within different drinks, using weighed sugar bags beside their respective bottles (Figure 1).
- Being involved with national campaigns, updating displays regularly, and keeping up to date with new products was described as 'refreshing' by patients and keeps patients engaged in information displayed.

Conclusion

Making those first steps to reach out in the local community can be daunting, but with a promoter pointing you in the right direction and using their knowledge and experience to help shape a successful visit, stepping out of your comfort zone is made easier. The efforts made by Leicester City Council to promote Oral Health and the separate organisations created show what a focused commissioner can achieve, and PHE statistics from 2017 show Leicester has already achieved over 10% improvement in caries reduction in 5-year-olds, over a year before anticipated.²³ If personalised guidance could be delivered to dental practices more nationally, with

Promotion Strategy 2014-2017: Pre-school children. Available from: <https://www.leicester.gov.uk/media/180928/oral-health-promotion-strategy-2014-2017.pdf>

6. NHS England (2017). **Starting Well.** Available from: <https://www.england.nhs.uk/commissioning/primary-care/dental/starting-well/>

7. Public Health England and Department of Health (2017). **Delivering better oral health: an evidence-based toolkit for prevention.** Third edition. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf

16. Reddy, S. and Anitha, M (2015). **Culture and its influence on Nutrition and Oral Health.** *Biomedical and Pharmacological Journal*; 8:613-620.

17. Bowen, W. and Lawrence, R (2005). **Comparison of the cariogenicity of cola, honey, cow milk, human milk, and sucrose.** *Pediatrics*; 116(4):921-926.

18. Leicester City Council (2015). **Leicester Dental Survey 2015.** Summary available: <https://www.leicester.gov.uk/media/182405/leicester-dental-health-survey-summary-jan-2017.pdf>

19. **Denture adhesive product warning issued.** *British Dental Journal* (2010); 208:202.

20. U.S. Food and Drug Administration (2018). **Denture Adhesives.** Available from: <https://www.fda.gov/medicaldevices/productsandmedicalprocedures/dentalproducts/ucm274258.htm>

21. Public Health England (2017). **Health Matters: child dental health.** Available from: <https://www.gov.uk/government/publications/health-matters-child-dental-health/health-matters-child-dental-health>

22. Varley, E. and Murfin, M. **An Implementation Guide and Toolkit for Making Every Contact Count:** Using every opportunity to achieve health and wellbeing. NHS Midlands and East. Available from: <https://www.england.nhs.uk/wp-content/uploads/2014/06/mecc-guid-booklet.pdf>

23. Public Health England (2018). **National Dental Epidemiology Programme for England: oral health survey of five-year-old children 2017. A report on the inequalities found in prevalence and severity of dental decay.** Available from: www.nwph.net/dentalhealth/

THE EFFORTS MADE BY LEICESTER CITY COUNCIL TO PROMOTE ORAL HEALTH AND THE SEPARATE ORGANISATIONS CREATED SHOW WHAT A FOCUSED COMMISSIONER CAN ACHIEVE*

dedicated Oral Health Promoters, as is beginning to happen with Starting Well in the high need areas, this could help connect more dental practices with their community, improve public knowledge and awareness of oral health and its risk factors, and hopefully help tackle these preventable diseases that are still dominating most of our working days.

References:

1. Leicester City Council (2013). **Oral Health in Leicester: A Health Needs Assessment.** Available from: <https://www.leicester.gov.uk/media/178813/oral-health-jsna.pdf>
2. Public Health England (2014). **Dental Public Health Epidemiology Programme: Oral Health Survey of Three-Year-Old Children 2013. A report on the prevalence and severity of dental decay.** Available from: <http://nwph.net/dentalhealth/reports/>
3. Public Health England (2016). **National Dental Epidemiology Programme for England: oral health survey of five-year-old children 2015. A report on the prevalence and severity of dental decay.** Available from: www.nwph.net/dentalhealth/
4. **Healthy Teeth, Happy Smiles.** [cited 03/10/2018]. Available from: <https://www.leicester.gov.uk/health-and-social-care/public-health/get-oral-health-advice/healthy-teeth-happy-smiles/>
5. Leicester City Council (2013). **Oral Health**

8. Oral Health Foundation (2018). **National Smile Month.** Available from: <http://www.nationalsmilemonth.org/>
9. Oral Health Foundation (2018). **Mouth Cancer Action Month November 2018.** Available from: <https://www.dentalhealth.org/mouth-cancer-action-month>
10. Public Health England (2012). **Stoptober.** Available from: <https://campaignresources.phe.gov.uk/resources/campaigns/6-stoptober/overview>
11. Gardner, E. **Best practice in infancy: moving onto cups.** *Journal of Family Health* (2015); 25(2):30-33.
12. Williams, L (2018). **British Society of Paediatric Dentistry Position Statement on Infant Feeding.** Available from: <https://www.bspd.co.uk/Portals/0/BSPD%20statement%20on%20Infant%20feeding%20Jan%202018i.pdf>
13. British Society of Paediatric Dentistry (2017). **Dental Check by One.** Available from: <https://www.bspd.co.uk/Resources/Dental-Check-by-One>
14. **2011 Census Data On Nomis (2011).** Nomis – Official Labour Market Statistics. Available from: https://www.nomisweb.co.uk/census/2011/QS201EW/view/2013265924?rows=c_ethnicid&cols=rural_urban
15. Levine, R. and Stillman-Lowe, C (2014). **The Scientific Basis of Oral Health Education: 7th edition.** London: British Dental Journal

Julie Potter, BDS (Hons) graduated from University of Birmingham in 2017 and completed her Dental Foundation Training at Saffron Lane Dental Practice in Leicester. Currently, she is in her first year of Dental Core Training in Oral and Maxillofacial Surgery at Ipswich Hospital.

Julie acknowledges the support and input of all her colleagues, especially Robin Chipperfield, an oral health promoter at HTHS!

bdjteam201917