

Title of Intervention: An Oral Health Counseling Intervention Targeted at Parents of Young Children

Intervention Strategies: Supportive Relationships, Individual Education, Environments and Policies

Purpose of the Intervention: To reduce the prevalence of dental caries

Population: Economically disadvantaged parents and their children aged 1-6

Setting: Dental practices in Northwest England; health care facility-based

Partners: None mentioned

Intervention Description:

- Supportive Relationships: Parents received two oral health counseling sessions that included tooth brushing practices, use of appropriate fluoride toothpaste and sugar control strategies.
- Individual Education: Hands-on demonstrations of how to clean a small child's teeth together were conducted. Parents received oral health education leaflets.
- Environments and Policies: Free toothpaste and a small toothbrush were issued.

Theory: Not mentioned

Resources Required:

- Staff/Volunteers: Counselors
- Training: Not mentioned
- Technology: Not mentioned
- Space: Place for private counseling sessions
- Budget: Not mentioned
- Intervention: Educational leaflets, toothpaste, small toothbrushes
- Evaluation: Questionnaire, oral examination supplies, observation protocol

Evaluation:

- Design: Experimental
- Methods and Measures:
 - Questionnaire to measure parents' dental health knowledge and attitudes
 - Observations of mothers brushing their children's teeth to measure parents' tooth brushing skills
 - Oral examination to assess the amount of caries and plaque in children

Outcomes:

- Short Term Impact: The mothers in the intervention group were more knowledgeable of and had better attitudes towards the oral health of their children. Mothers in the intervention group also had better tooth brushing skills than the mothers in the control group.
- Long Term Impact: The decayed-missing-filled-teeth (DMFT) score decreased in the intervention group.

Maintenance: The counselor called the parents and children every four months over the next two years to reinforce the counseling and to issue more toothpaste and toothbrushes when appropriate.

Lessons Learned: There is low priority given to prevention and a lack of trained personnel with the time to discuss prevention with appropriate patients. In addition, dentists perceive a lack of adequate compensation for prevention activities. What this experience did highlight was the many difficulties the mothers of very young children faced in controlling food intake and oral hygiene measures. Quite often, the child controlled the mother rather than the other way around. Some of the children insisted on brushing their own teeth.

Citation(s):

Blinkhorn AS, Gratrix D, Holloway PJ, Wainwright-Stringer YM, Ward SJ, Worthington HV. A cluster randomized, controlled trial of the value of dental health educators in general dental practice. Br Dent J. Oct 11 2003;195(7):395-400; discussion 385.