

Oral Health Promotion Programs from Infancy to Childhood

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Published: Canadian Dental Association Journal, 2010, Vol. 75(10): 684-5.

Word count of the body of the text alone: 691

Word count of the entire manuscript: 871

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There is ever increasing literature demonstrating the effectiveness of oral health promotion programs directed at parents and caregivers of young preschool age children. These models range from those initiatives directed at one parent at a time to group education. Other variables include, targeted population groups, settings where these programs are offered, educator's backgrounds, funding models, public and private initiatives, the scope of the aims and objectives of the initiatives, education only versus education and service initiatives, and monitoring of the effectiveness of the initiatives. Despite the diversity of approaches and variables involved, it is increasingly becoming apparent that most initiatives show improvement in measureable oral health outcomes for the children involved. At present, there are no universally accepted programs that are directed at the early years although they are most likely to result in long-term health benefits to individuals, not to mention the individual and third party savings in health costs. It is time for universal implementation of Canada-wide health promotion program directed at children right from birth.

Oral Health Promotion and Education Programs for Young Children

At the outset it is important to dismiss the commonly held belief that knowledge does not lead to long term behavioral change. Systematic prospective studies to document the above assertion are lacking. The proponents of this notion rely on a single meta-analysis by Kay and Locker (1998). Even in that review the authors found dental knowledge and attitudes could be improved through dental education. More recent prospective long-term studies that have examined this issue arrive at different conclusions. Intermediate term prospective studies demonstrating the effectiveness of such initiatives are emerging. In a recent study completed at the University of Toronto, researchers examined concrete long-term outcomes of providing comprehensive anticipatory guidance to new and expectant parents. The outcomes measured were: Incidence of caries in the primary dentition, practices of parents that put the children at a higher risk of oral problems, the age at which parents took their children for their first dental visit and the utilization of dental services by parents when indicated and incidence of problems in younger siblings. Significant improvements were found in each of the measures when parents were exposed to an educational model on infant and baby oral health that we have previously described (Alsada et al. 2005).

Proposed oral health promotion model for infants and young children:

Ideally the proposed model should embrace the following principles:

1. An oral health promotion program for infants should provide comprehensive guidance to parents regarding maintenance of optimal oral health using age appropriate oral hygiene practices.
2. It should educate parents regarding prevention of early childhood caries, trauma and oral habits.
3. The program should be so structured as to answer not only common parental concerns but also to answer questions specific to their child.
4. The program should include an oral screening to identify existing or potential problems.

5. Should any problem be identified, such children should be referred to appropriate specialists for follow up care.
6. It should be universally available for all infants.
7. The program should be publically funded and free for all participants.
8. It should be delivered by appropriately trained dental, medical or non-medical/dental or nursing staff.
9. The programs should be delivered in diverse settings to achieve the broadest reach possible. These should also form a part of home visitations for those unable or unlikely to access such programs.
10. Provisions should be made to make the program available through tele-dentistry for remote communities.
11. All parents should be advised to take the program on or before their child's first birthday.
12. Parents/caregivers attending the program should be provided with age appropriate resources at the initial visit for carrying out oral health activities recommended for their children.
13. There should be periodic systematic reviews of the program with well established criteria to monitor the effectiveness of the program.

Significance:

- Universal implementation will result in result in significant reduction in preventable oral disease in the preschool age children.
- This will result in reduced public and private expenditures on these preventable problems.
- Reduction in disease rates will also result in reduced wait times for treatment.

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