



ORAL HEALTH MANUAL

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THIS IS CHAPTER 3 OF 7

ORAL HEALTH PROMOTION

SEPARATE CHAPTERS MAY BE DOWNLOADED FOR TRAINING PURPOSES BUT PLEASE NOTE: EACH CHAPTER WAS WRITTEN & DESIGNED TO BE READ AS PART OF THE WHOLE MANUAL.

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CHAPTER 3:**ORAL HEALTH PROMOTION**

This section will outline the basics of Oral Health and includes:

- THE ORAL HEALTH MESSAGE
- COMMON RISKS AND INFLUENCES
- ORAL HEALTH IN THE COMMUNITY
- ORAL HEALTH HABITS & SKILLS

THE ORAL HEALTH MESSAGE

Diet & Dirt

If you remember nothing else from this manual, remember these 2 words.

Diet and dirt are the two main causes of dental disease so Oral Health Promotion should be based around this message. No amount of money or resources will sustain improvement unless these two factors are continually addressed.

WHAT IS ORAL HEALTH PROMOTION?

It is a strategy designed to improve the general health of a population by specifically improving their Oral Health. It aims to offer knowledge and skills to individuals, groups and communities so they can make informed choices about their well being.

Oral Health Promotion has three functions:

Raise Awareness Increase Knowledge Change Attitudes

How people eat and nourish themselves and their children will initially affect the quality of their teeth and gums – how they grow and how they are maintained. Oral Health matters even before teeth come into the mouth so Oral Health promotion needs to be at the heart of Community Health programmes.

Oral Health Promotion can make a real difference to communities because:

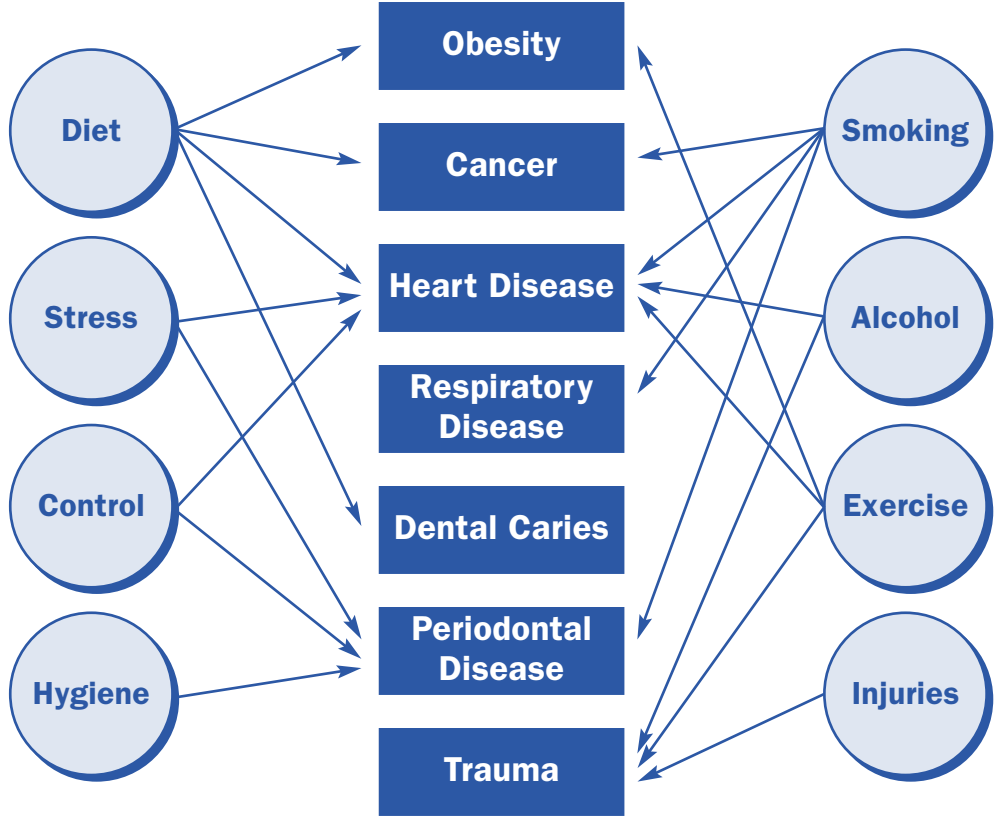
- it reinforces the holistic approach to ‘well-being’ and encourages people to take responsibility and do more than just avoid disease
- wherever there are people, there are mouths – it is relevant across all sections of society
- positive action for oral health is positive action for general health – an improvement in one area will also improve others
- it is a flexible, ongoing process that can be adapted as communities develop and change.

*Oral Health is empowering and enables people to influence their own lives because it is done
by people,
with people,
for people:
it is not done to them.*

THE COMMON RISK APPROACH

At one time, different diseases and conditions were viewed as separate problems, almost competing with each other for focus and funding: malaria..... overtaken by heart disease..... overtaken by cancer..... overtaken by HIV/AIDS. Healthcare today is much more holistic and health education focuses on the common risk approach.

Dental decay and gum disease are sometimes called the ‘silent epidemic’ because by the time pain is felt, the condition is usually well advanced – so it is easy to understand why Oral Health doesn’t always get a high profile. The situation is slowly improving but it could always do with a louder voice – not because it’s more important than other areas of healthcare but because it is equally important.



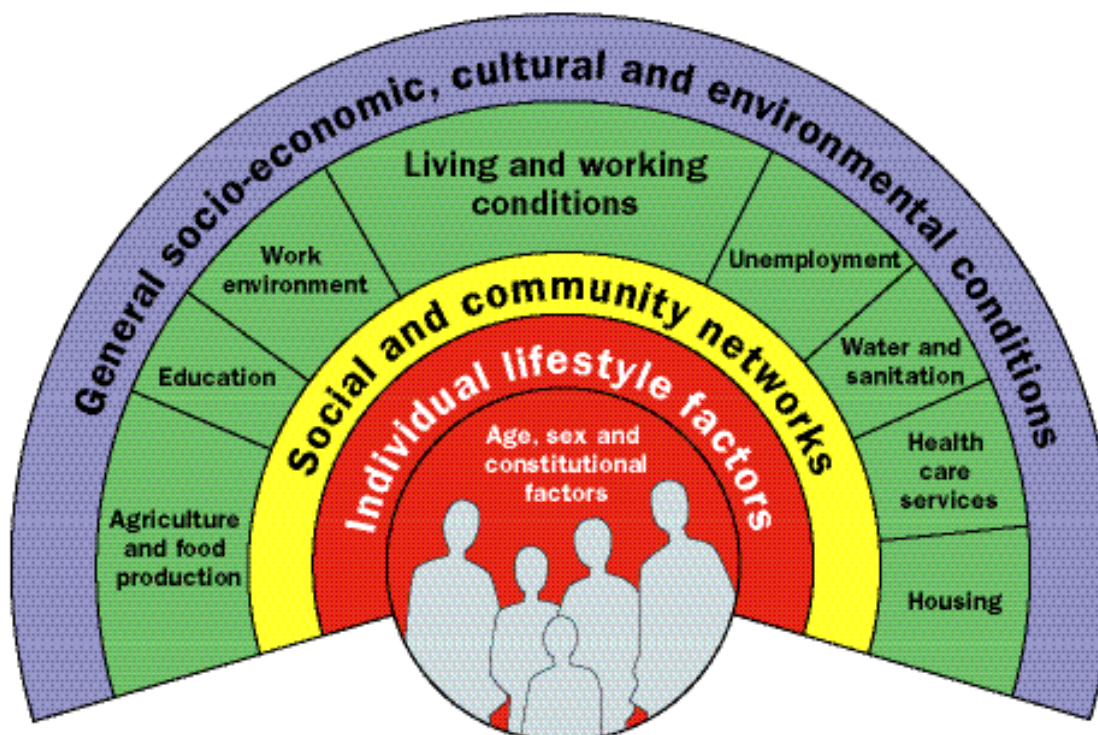
Source: Watt RG. 2005

One glance at the common risk diagram shows how different causes combine and overlap with each other to influence different conditions. Oral Health feeds general health in the same way that the mouth feeds the body – it cannot be treated separately. Equally, Oral Health promoters must reinforce and support general health issues.

ORAL HEALTH IS AN ESSENTIAL: IT IS NOT A LUXURY

**Is Oral Health included in your Community Health Programmes?
If not, why not? How can you help to change this?**

INFLUENCES ON HEALTH



Source:
Dahlgren and Whitehead,
1991

Oral Health Promotion needs to take all these influencing factors into account if it is to be properly effective. Otherwise, good work done across one sector may simply be cancelled out by another. Oral Health programmes work best if they operate alongside or through other agencies so that increased awareness can lead to increased positive action.

THE ORAL HEALTH CHALLENGE

The challenge is to prevent and treat oral diseases appropriately at a cost that individuals and communities can afford and can sustain – the best chance of success is to merge Oral Health into systems that are already working well.

Improving the Oral Health of a community can be inspired by individuals but it cannot be sustained unless everyone gets the same basic message: your mouth is your responsibility and you don't need a dentist to keep it clean.

Oral Health, like general health is not a fixed thing and it can change at any time for better or for worse. Try to think of it as an indicator that can offer valuable feedback when regularly checked just like body weight or blood pressure – just like attendance or performance.

If you need information to support the inclusion of Oral Health Promotion, visit the World Health Organisation website for evidence-based articles:

www.who.int/oral_health

ORAL HEALTH IN THE COMMUNITY

PURSUE PARTNERSHIPS

A major reason for the lack of success of many Oral Health programmes is the fact that they try to operate separately from the general health care structure.

Where possible, community workers should look to include the promotion of Oral Health within general schemes – we certainly need trained workers to diagnose and treat dental problems but good Oral Health practice can and should be promoted across communities by everyone: health workers, teachers, adults and children.

As long as people continue to suffer dental pain with limited access to dentists, there will always be a demand for specialists to visit communities and provide ‘one off’ treatment sessions. Oral Health promotion needs to be at the centre of these to raise awareness and enable improvement to continue when the specialists depart. The right answers come from asking the right questions.

SPEAK UP FOR ORAL HEALTH	
S	<p>Services</p> <p>which health services are already available? which Oral Health services are available? are Oral Health services integrated into the general health care system? do people know how to access services? what prevents people from accessing services?</p>
P	<p>Policy</p> <p>is there a Community Public Health policy? is there an Oral Health policy? if not, why not? if so, what does it cover? who is responsible for developing Oral Health policy? who is responsible for making people aware of the policy? are any cultural practices harmful to Oral Health? if so, can they be changed?</p>
E	<p>Environment</p> <p>does the local environment support good Oral Health? is the local water fluoridated? are sanitation facilities adequate? does the whole community support Oral Health Promotion – in the home, in schools, in the workplace?</p>
A	<p>Action</p> <p>what action is already being taken to improve Oral Health? what action needs to be taken? how can this be prioritised and planned? how can this be measured? who will take responsibility and make sure it happens?</p>
K	<p>Knowledge & Skills</p> <p>what do people know about Oral Health - what do they need to know? knowledge works best when it is applied through skill: is everyone taught how to keep a clean mouth? does everyone have the personal skill to do this? is everyone taught about nutrition and diet? is Oral Health knowledge being applied? if not, why not? is good practice being shared and promoted?</p>
SPEAK TO THE PEOPLE WHO SPEAK FOR... AND TO... THE COMMUNITY	

ORAL HEALTH PROMOTION IN SCHOOLS

Schools provide an ideal opportunity for Oral Health Promotion and this will work best if it can be integrated into the school ethos. Involving teachers in the development of Oral Health Promotion policy is a good way to raise and maintain awareness. As a two way process, Oral Health issues can also support the efforts of teachers to lobby for improved school facilities: For example:

- a) the decision to have supervised teeth cleaning sessions will require the provision of safe water and sanitation facilities
- b) improved safety in playground facilities can significantly reduce dental trauma injuries.

It is also very helpful when recording pupil attendance if teachers keep track of absence due to oral problems and feed this information back to policy makers.

From time to time, it can be good to raise awareness of Oral Health issues through special lessons but it is important not to rely on these as the only means of promoting good practice. Oral Health messages can be reinforced on a regular basis if they are delivered through a range of subjects.



Contact
www.teethrelief.org.uk
 for help with Oral
 Health Promotion
 packs for schools.

Some examples of how an Oral Health Awareness Project might be approached:

SUBJECT	TOPIC
Basic Maths/ Statistics	<ul style="list-style-type: none"> - Examine teeth – count present and missing - Use class data to learn basic stats, compile graphs etc. - Share & compare data between classes or between schools
Basic Science	<ul style="list-style-type: none"> - Anatomy of a tooth - Senses, teeth and taste – sweet, salt, sour, bitter. - Diet – how nutrition works - Dirt – how decay happens
History	<ul style="list-style-type: none"> - Historical methods of tooth care - Health care in past times – remedies for toothache
Creative Writing & Drama	<ul style="list-style-type: none"> - Imagine you are a tooth: what's it like to live inside a mouth? - Poetry / Prose – Adjectives for teeth - Tooth fairy story
Languages	<ul style="list-style-type: none"> - Related words and phrases across different languages e.g. 'I have toothache.' 'I brush my teeth twice a day' - Common phrases relating to teeth – in different languages e.g. The English say: 'I'd give an eye tooth for that....'
Other	<ul style="list-style-type: none"> - How to make a mouth cleaning instrument - Supervised cleaning sessions
Art	<ul style="list-style-type: none"> - Design Oral Health Posters for school/local use
w.w.w.	<ul style="list-style-type: none"> - Using the internet, exchange data with other schools for national/international comparisons.

ORAL HEALTH PROMOTION IN THE WORKPLACE

Oral Health promotion is often neglected in the workplace but it offers positive benefits:

- management can demonstrate a clear commitment to the health and well being of their employees
- work attendance and performance can be enhanced if employees have good Oral Health.

What can a workplace do?

The best way to raise awareness of Oral Health is to include it in health and safety policy. Appropriate action can then be taken for each workplace. For example:

- where food/drink is provided, offer the choice of healthy options e.g. sugar-free or low-sugar products
- discourage smoking and alcohol in the workplace and display information about Oral Health risks in relevant places e.g. rest areas
- make drinking water available to everyone where possible
- include Oral Health in general medical check ups, if offered
- offer an annual session of Oral Health education and/or dental checks.

Evaluating Oral Health Programmes

The most positive way to reinforce the Oral Health message is to prove that it works. Oral Health programmes can feed data and records back into existing systems to clearly demonstrate the value of a broad health care approach in the community.

One simple way to monitor the dental health of children in a community/area is to:

See 100 children aged between 6 & 7 years on a yearly basis.

- Look for signs of decay on the first permanent molar (recently erupted)
- Record the % that show decay.

This simple index can also be applied to other age groups helping to build up a picture of the oral health within particular populations.

Once data is being collected on a regular basis, comparisons can then be made and questions can be asked to inform future policy and action:

<p>For example: when does decay first appear?</p> <p>which factors increase the level of decay?</p> <p>why is it worse in one area over another?</p> <p>why is it better in one school than another?</p> <p>why has the situation improved?</p>	<p>when does it get worse?</p> <p>which factors help to reduce it?</p> <p>access to fluoridated water?</p> <p>is Oral Health taught?</p> <p>or suddenly got worse?</p>
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Methodology source:
Batchelor, PA
and Sheiham, A. 2004

This is just one example of how communities can be encouraged to own their Oral Health. It is very easy to train people to conduct this survey and recognise signs of decay (see p.21). In this way, communities can make informed decisions and develop policy to suit their own experience.

ORAL HEALTH AWARENESS FOR PARENTS

During Pregnancy

Hormone changes make expectant mothers susceptible to gum problems. Guidance about the importance of oral health and how to recognise problems must be included in pre-natal education programmes.

Pregnant mothers and young children need good, balanced nutrition to build and maintain strong, healthy teeth. Always check the lips, gums and teeth during routine health examinations.

For primary teeth to grow strong, mother and baby must stay healthy

Pregnant mothers are advised to:

- eat a good balanced diet, low content of refined sugar
- be very aware of their oral hygiene
- avoid the antibiotic tetracycline (for young children also)

! WARNING !

TETRACYCLINE is sometimes used externally as a mouthwash to relieve discomfort of ulcers. **If taken internally while teeth are being formed it may cause their permanent discolouration.**

- Avoid giving to pregnant and breast feeding women – can affect primary teeth in the unborn child.
- Avoid giving to children under 12 – permanent teeth are still being formed.
- Avoid giving to adults for long term use.



CHILDREN TEETHING

Children often get irritable when their primary teeth are pushing through. It can be difficult for parents to know if the problem is to do with teething or with something else. Teething periods may be noticed because of dribbling, diarrhoea and excessive chewing. In some communities, the unkind practice of pulling out primary teeth buds claims to avoid these discomforts (see p.97).

This practice should always be discouraged.

Teething symptoms can be eased by giving the child something safe to chew on, such as a teething ring or rolled piece of clean cloth (chilled first, if ice is available).

For primary teeth to stay strong, mothers are advised to:

- continue breast feeding – never give juice or sweet drinks from a bottle
- wipe the baby's teeth with a clean cloth after feeding.

The best way to get children used to cleaning their teeth is by firstly doing it for them, after eating, as a regular routine. When they are old enough (usually school age) encourage them to take care of their own teeth but continue to check that they are doing so properly. Children should be discouraged from eating or swallowing toothpaste.

HEALTHY HABITS

EAT GOOD HEALTHY FOOD

The best food is food that you grow or raise yourself
 Avoid processed food – usually high in refined sugar

BREAST IS BEST

Breast-milk is nutritious and provides natural immunity but seek advice for mothers who are HIV positive

CLEAN YOUR MOUTH EVERY DAY

After breakfast and before bed

PROTECT YOUR MOUTH

Many dental traumas are avoidable
 When travelling by car – wear a seat belt
 When playing contact sports – wear a mouth guard



HARMFUL HABITS

FIZZY DRINKS

Especially those with added sugar can quickly rot teeth

SWEETENING MILK OR TEA

Learn to enjoy unsweetened drinks

ALCOHOL – excessive use can lead to oral cancers

SMOKING AND CHEWING HABITS

Increase the risk of oral cancers and gum disease
 (e.g. tobacco, betel nut, areca nut)

USING TEETH TO OPEN THINGS

Don't take risks with your teeth – they are designed to tear food, nothing else



Use local examples..... What happens where you are?

ORAL HEALTH SKILLS – KEEPING A CLEAN MOUTH

Many people consider a toothbrush, toothpaste and water to be the basic tools of Oral Hygiene – while these are helpful, they are not essential. Plaque is a very soft substance so thorough, careful cleaning is better than heavy scrubbing.

You can make a cleaning instrument from various materials

e.g: a small branch – young bamboo shoots.

Cut a piece that is green & soft. Chew one end like a brush.

Shape the other end to clean between the teeth.

Using coconut fibre

Twist the fibre into a handle and leave the ends free like a brush.

Rub it between your fingers to shake away the loose strands.

Use the ends to clean the teeth.

CLEANING AGENTS

WHO Oral Care Unit says that Fluoride Toothpaste is the ideal cleaning agent. Research into its effectiveness in helping to prevent dental decay shows that the two most important factors are frequency of cleaning and rinsing habits:

- Twice daily cleaning is recommended
- No rinsing or rinsing only once is preferred – spit out any excess.

It is recommended that only a 'pea sized' amount of paste be used (about 0.5g).

If you do not have toothpaste

Use a small amount of charcoal or salt, ground into a powder. Dip your cleaning instrument into boiled water (after it has cooled), then onto the powder but use this carefully. It is really the gentle action of rotating the fibres around the teeth that will loosen food and plaque so even doing this with water or saliva is effective.



Using a stick brush



CLEANING ROUTINES



Dirty mouth



Clean mouth

***Be gentle
but thorough –
don't scrub
teeth & gums.***

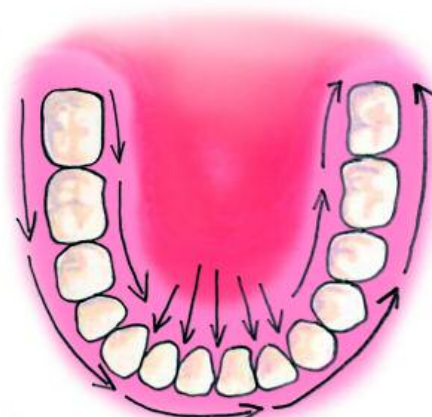
***Change your
cleaning instrument
regularly and
always rinse it out
after use.***

Plaque is not easy to see but it is always present in the mouth – because teeth look clean does not mean that they are plaque free. It is more important to clean everywhere thoroughly than to worry about using particular methods but the following technique will work well in most cases.

1. Start with fibres against the teeth and gums at an angle
2. Rotate fibres gently but firmly in between teeth and around the necks
3. Clean behind the teeth
4. and along the biting surfaces.

Develop your own cleaning routine e.g.

- start at the back of the lower jaw
work around outer surfaces
- then the inner surfaces
- repeat this on the upper teeth
- clean all biting surfaces of the top and lower teeth.
- spit out excess and check all areas with the tongue – if any areas still feel coated, clean them again.



A cleaning instrument should have medium fibres:

- too soft and it will not remove anything
- too hard and it will damage gums and teeth

DO NOT SHARE – GET YOUR OWN