

The following guidelines aim at understanding how to effectively deliver oral health guidance in **general dental practices**.

Intended for dentists who have an opportunity to provide a range of health promotion guidance, such as:

- Importance of quitting smoking and lowering alcohol consumption
- supporting patients to alter their own behavior
- Techniques on behavior alteration, to train dentists from an undergraduate level and throughout their entire career, built on the principles of behaviour change science to increase effectiveness in encouraging good oral health
- the social background of individuals' lives will determine how they interpret the importance of adequate oral health practices
- Importance of helping children start life-long positive oral health conducts.
- Practitioners tend to put an emphasis more on clinical outcomes (decayed, missing or filled teeth)
- Promotion of proper oral hygiene in children and teenagers can help establish life-long behaviors that will prevent gum disease and caries. Changes in other behaviours, (diet and smoking) also have an impact on oral health.
- There is rising interest in new technology (phone and tablet apps) which help with behaviour change interventions.
- The existence of large inequalities in oral health, due to numerous factors (age, ethnicity, socioeconomic group and geographical location). 'Establishing better oral health' means that everyone should be given informed and advised, regardless of their oral health (bad or good).
- The following, states recommendations on how general practitioners can successfully convey different behavioral changes in an attempt to delivering better oral health. This includes recommendations on how to convey the positive messages so that patients leave the dentists office satisfied and motivated to follow the dentists advice. The aprinciple goal is to:
 - improve patients oral hygiene and use of fluoride products
 - reduce consumption of high sugar foods and drinks, alcohol and tobacco this correlates to a better overall health.

This then will:

- lower the risk of tooth decay, gum disease and oral cancer.
- Help reduce the risk of heart disease, stroke, diabetes and rheumatoid arthritis by tackling the risk factors which are common to both poor oral health and the above conditions.
- Improve quality of life (social and emotional)
- Decrease inequalities (oral and general health).

Who is the guideline for? These guideline are for all dental practitioners. It is also meant for commissioners of dental services and people accountable for the education and preparation of dental practitioners.

Dental practitioners should:

- Give all patients concise advice during examinations this includes advice on hygiene routines and the use of fluoride – information about the relations between oral health and general health. This contains the influence of diet, smoking, and alcohol consumption has.
- Confirm the advice is custom-made to meet specific needs (based on age, physical and mental capability, behaviors, to take in account the social, economic and environmental influences and the resultant influence they may have on ones ability to follow the advice

- Contemplate delivering positive oral health messages in different formats and use various types of media to reach out to the needs of different patients.

- Offer details of other services, which can help progress, their general health.

- Accept a patient-centered tactic that helps to build a relationship with the patients and to continue to support and encourage them to continue and improve their oral health. This means listening to patients' requirements and suggesting personalized advice without judging their oral health

- Generate an individually designed treatment plan with the patient/parent. This should combine different tactics to prevent but also treat existing oral health problems. To create the preventive portion of the plan, inquire about: – the patient's particular circumstances and their oral health (past/present) to measure the risk of unfortunate oral health – their oral hygiene routine and how frequently they use fluoride toothpaste – actions that may distress their oral health, such as diet, smoking, or alcohol consumption

– Issues, which may prevent them from continuing, or improving their oral health/oral health of someone who is in their care.

-Ensure the patient/parent comprehends the treatment plan to maintain and improve oral health.

-Apprehend the cultural, environmental and economic obstacles to good oral health. Such as : – relations between poor oral health and socioeconomic deficiency – some people don't think it is necessary to visit the dental office regularly for periodical checkups – some parents or caregivers may not know the importance to maintain their children's primary teeth healthy – being aware that some people may not be able to access dental – knowing that some people may need assistance to know if they qualify for free dental care (based on governmental programs)– knowing that not all patients will easily comprehend or recall knowledge about oral health.

- Inspire the whole dental team to have a good relationship with patients. Staff, including the receptionist and other staff, should know the meaning of forming a friendly environment. Such as: – families with toddlers or small children –patients who don not regularly come to the dentist.

- Interacting successfully, by using reflective, listening, and showing empathy

- Understanding what may affect behavior modification, such as psychological, social, cultural and economic factors

- understanding and practicing behavior variation methods and communication styles

- Understanding how to tailor interventions to reach the requirements and preferences of diverse groups. • Study oral health promotion messages. Such as: – the positives of bettering oral health – the most efficient approaches of delivering oral health advice – relationships between health disparities and oral health – the requirements of groups who are at an elevated risk of poor oral health – how proper oral health is connected to patients general health and. • Know how to work efficiently with other colleagues to promote oral health.

2 Who should take this plan into consideration? • dentists • dental hygienists, dental nurses, dental therapists and orthodontic therapists • dental practice owners • dental clinic managers • administrative staff. Also, this guideline is also targeted at administrators of primary dental services and to those accountable for the education and training of dentists such as: teachers, educators, psychologists, pediatric doctors, family physicians, etc. this will also interest members of different groups and organizations weather profit/non-profit: (youth workers, dental students, professional dental associations, Ministry of Education, Ministry of health,

This Summary of the guidelines are for primary dental teams: guidance for patients:

Prevention of caries for children from 7 years old and young adolescents

For children/young adults:



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- Brush twice daily minimum, using a fluoride toothpaste
- Brushing should be the last thing done at night and at least in one other occasion • Use fluoride toothpaste (1350–1500 ppm)
- Spit after brushing. Do not rinse, this is to maintain fluoride concentration.
- Frequency and quantity of high sugar foods and drinks should be lowered
 - Those with a high risk or already existing carious lesions. All the above apply, plus: • Using a fluoride mouth rinse daily (0.05% NaF-) at another time than when he/she brushes

Prevention of periodontal disease – these guidelines are in addition to the caries prevention guidelines mentioned above

For all adults, adolescents and children: plaque removal • Remove plaque efficiently using several methods indicated by dental professionals. This will contribute to the prevention of gingivitis and lower the risk of periodontal disease • Daily plaque removal is more efficient to periodontal wellbeing than tooth scaling and polishing realized by the clinical dental team. Tooth brushing method and toothpaste: Brush the gum line and each individual tooth two times a day (before going to bed and at on 1 other point throughout the day). Use: • a classical/manual or electrical toothbrush • the toothbrush should have a small head, a medium texture. Adults and adolescents aged 12–17 Interdental plaque control. Daily they must clean in between the teeth until below the gum line before brushing: • For minor spaces dental floss of tape must be used • For larger spaces interdental or single tufted brushes • Near orthodontic appliances and bridges a specified kit must be used which is recommended by the dental practitioner.

Risk factor control for Tobacco users

Adults/adolescents: • Do not smoke • Smoking hikes the chance of periodontal disease, lowers the benefits of different dental treatments and increases the probability of losing teeth

Adolescents/adults: Tobacco use, including both smoking and chewing, extremely affects general as well as oral health. Oral cancers represent the most important consequence on the mouth. If the patient is not disposed or keen to stop he/she may wish to consider lowering the amount they smoke as well as using a nicotine-containing product to help.

Adolescents/adults: • Drinking alcohol over the optional quantities, unfavorably influences general and oral health. • Reduce alcohol utilization to recommended levels.

Schools may help endorse the health of their staff, families and community colleagues as well as the students. Much is acknowledged in the present about the association among education and health. This knowledge can be used to help



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generate Health-Promoting in Schools. Almost in every municipal, the school institution is a place where many study and work, care for and respect one another. In this location a lot of time is spent for students as well as teachers. Here teachers have a great influence on their students especially during different stages of their lives. By forming schools, which are health oriented, teachers all over can adopt healthy views as they continue the learning process. Who is this guide intended for? -Local Action for school commissioners, teachers and community leaders. This guide offers school leaders ideas and tricks to recognize health concerns in their school and community and take action, to better health and education. Local Action also offers direction and different tools for producing concepts and developing different plans. School teams can use these to:

- evaluate their assets, local health difficulties and opportunities
- include colleagues of the school to generate ideas and concepts to develop a concept which can be acted upon
- state aims and purposes, and create an action plan to act them out
- monitor and document advancement and make more plans for the future.

Six concepts developed by (WHO, 1996a), which describe A Health-Promoting School:

1. Involves health and education representatives, teachers, students, parents, and community leads to endorse health, with
 - families
 - community groups
 - community services
 - businesses/organizations related to the school
 - school/community projects
 - health promotion targeted for school staff
2. Attempts to deliver a safe, healthy atmosphere, that includes
 - adequate hygiene and clean water
 - liberty from mistreatment and violence
 - an environment which is based on care, faith and respect
 - social aid as well as mental health promotion
 - safe schools
 - opportunities for physical education
3. Delivers health education, with
 - a curriculum which advances students' knowledge of influences that effect health and allow each individual to make healthy selections and embrace healthy activities for the rest of their lives
 - curriculum that contains serious health and life skills, which are aimed at endorsing health as well as inhibiting important health complications, and knowledge and activities that are appropriate to the children's academic and psychological aptitudes
 - preparation and instruction for teachers as well as parents
4. offers an approach to health services, such as
 - facilities (screening, diagnosis, monitoring, vaccination, medications or certain procedures) which may be best offered in schools
 - conglomerates such as local health agencies, will offer these amenities
 - proper nourishment and food programs
5. Implements different policies as well as practices
 - a policy that is sustained by school management but also teaching practices. These help to generate an appropriate psychosocial setting for its students/staff
 - rules on equality for all
 - rules on drug and alcohol abuse, tobacco, first aid, but also violence which will avoid or decrease different problems

6. attempts to advance community health • concentrating on community concerns • contributing to health related projects. A Health-Promoting School begins by utilizing its own resources. These resources include time, money and funding dedicated to schools the most significant investments that the community can make.

By using these policies, constructions, practices and environment Health-Promoting Schools can guarantee a high yield from funds in education by tackling basic health necessities like: • clean water and hygienic facilities • defense from contagious diseases • defense from discrimination, harassment, abuse, violence • strategies that target the prevention of smoking, alcohol and substance consumption, and negative sexual actions which are most likely to determine HIV/STD (sexually transmitted diseases) and unplanned pregnancy • promotion of actions that promote dynamic, healthy nourishment and circumstances that are favorable to mental health.

Founding a School Health Team

1.1 A school team is formed frequently of staff and students who are presently working with you to encourage the notion of “Health Promoting Schools”. Activities done together include: • Offering leadership in creating a common concept and an action proposal which school administrators can easily undertake and encouragement • collaborating with school administrators to create that a School Health Team leader who is chosen to supervise the activities and realizing the action plan • Maintaining proper archives and reports • Collaborating with parents to detect needs, implore ideas and inspire involvement

• Outlining functions and outlooks of team members and the frequency as well as meeting time • Collaborating and having a good relationship with the Community Advisor Board • Running or organizing strategies to offer information to school staff as well as community partners and to organize their training • Inaugurating connections with district education board, local health representatives, provincial/national network or ministry staff.

Certain members of the team should possess strong leadership skills, while others may have a certain interest or knowledge. Attempt to incorporate: • administrators • leaders of the teachers' organizations • teachers as well as staff • students • parents • nurses/health care professional from the school/community • a food service supplier • Parent/Teacher's Association representative

The Community Advisory Committee counterparts the School Health Team. This team should consist of leaders from the community who comprehend and are passionate about the health-associated concerns disturbing the community and school or those who have many resources available to them which can help promote health. Committee affiliates can extend the effect of health advancement efforts, advance health services and strengthen relationships between the school and the community. This committee can connect with the School Health Team to: • advocate for creating a Health-Promoting School with frontrunners, staff and associates of organizations and groups • influence all segments of the community, distributing information related to the Health-Promoting School mission and structure encouragement •



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inspire supplementary community companies to explain their view-point and get involved • assist to pinpoint possible strengths within the community and gain resources for activities • aid to evaluate health troubles and prospects that disturb the health of the community

Consider including individuals who represent: • The public health care personnel (nurses, clinic workers, physicians, public health staff) • families of the community and their children • Different labour unions • women's groups • early childhood education • The municipal or local government • recreation • arts and crafts • banking • sanitation/public works • law enforcement • local businesses • transportation • NGOs, charities, development organizations

Evaluating community health problems, rules and supplies, to collect information and generate a representation of the school and community.

How do we collect the data we need? The next assignment is to study the importance of different healthcare programs and health complications in the school and community. What has the school already done to help endorse health? What health complications can be prevented or decreased? In which areas can action be taken? What assets are needed to tackle these problems? What assets can be mobilized? As the previous questions are answered, the needed data will be gathered.

How to gather data about health in the local-area? School nurse registers, clinic or hospital records, local health data and the district health department. If archives and information are unobtainable, or if you want to add to existing information, the School Health Team can spread surveys or hold interviews with people or groups such as students, parents, nurses, and teachers to detect the health issues that are of most concern.

How is an action plan created? Once the information and regarding health-related requirements in the school and community is collected, the following stage is to create strategies for change. But what alterations does the school desire and how will it be put in action? This step will develop an Action plan, which includes setting goals, purposes, aims and stages, which will aid in answering the above questions. Based on the data that has been gathered, what is now known regarding opportunities to improve health and what should be worked on as a priority? Brainstorm ideas of how the project will help the school and community in 12 months, 24months and three years. The purpose of creating goals is to center the discussion, also the goals set should be realistic and achievable in the circumstances.

Objectives represent movements, which will help attain the goal. How can the characteristics of a Health-Promoting School aid you at determining objectives to reach the main goal? Review current programs and assets, which may help to attain the goal, rules that may help or requisite modification, and community assets that might be requested and used. Though only several goals might be reached during the timespan of the project, achieving these goals is proof that change is achievable and support further action.

Assess the strategy and deliberate with school administrators how assignments will be completed. Who will be accountable for each phase? Attempt to balance individuals' abilities and knowledge with the phase they are assigned. Outline accurate duties for the School Health Team. Deliberate about finance and provision. Organizers and teachers occasionally believe health elevation as an "extra" cost and do not assign capital towards school health proposals. Various health promotion proposals can be sponsored from existing funds and built into ongoing staff responsibilities. When capital other than the school budget is needed, there are options such as: • community donations • fundraisers • income creating events within the school • partnerships with private establishments • international organizations • volunteers

How is progress monitored? A Health-Promoting School must prove their success in reaching the goals set. Conducting regular reviews of your team's efforts is a way to: • get data about the program that can determine upcoming activities • prove, advertise, and applaud the school's accomplishments • demonstrate to others the advancement of the project so that others can learn—For, training and teaching purposes. Training determines greater knowledge; shapes a pledge; reinforces interactions amongst the training members. It fortifies a School Health Team's capability to speak to certain complications, encourage action, take certain steps forward required to reach objectives and select a plan on how to appraise advancement.

Reliant on the requirements of singular schools, preparation on the key parts of Health-Promoting Schools, a precise program, general ability building, first-hand technologies, or additional matters will be beneficial. Some health concerns are frequently debatable or delicate; educators and other school staffs regularly benefit from coaching on building schoolchildren's abilities. Coaching for educators improves their abilities in schoolroom ingenuity and course delivery, specifically when the syllabus offers the latest information, a chance to exercise brand-new abilities and chances to use what they have learned. For other school employees, parents and community participants, coaching delivers a shared language and mutual notions, and may aid at building a better working group.

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If you work at the **district level**, you can support local efforts in important ways. Within your own agency, you can mobilise support for Health-Promoting Schools and encourage collaboration between health and education groups. What you do specifically will depend on geography, ease of communication, availability of staff, your existing relationships with individual schools and the existence of a local, provincial, or national network (see also Chapter 5). Schools can benefit from your support in all of the following ways: In helping schools get started, district personnel can: • advocate for national policies that support Health-Promoting Schools • promote district policies, rewards, incentives and acknowledgements that support local school efforts • create a line item in the budget to support the development of Health-Promoting Schools • assist in organizing a School Health Team at local schools and a Community Advisory Committee • reinforce the key features of Health-Promoting Schools and promote them in communities • help the



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schools articulate a vision • provide data on local health problems and risk behaviours • conduct public-awareness activities in the district • link schools to local, provincial and national networks • distribute WHO materials and publications that support local school efforts In providing technical assistance and support, district personnel can: • assist School Health Teams with planning and budgeting • assist schools in carrying out local-level projects • identify model programmes and encourage “cross fertilisation” so that schools can learn from one another • support professional development by providing or organising in-service training, locally or regionally • provide consultative support to participating schools • include local schools in a district-wide network • organise regional support groups if appropriate • link schools to national policy makers and to staff in the ministries of health and education • provide support to establish international links In providing support for evaluation of local projects, district personnel can: • establish criteria for a district/national evaluation • initiate or help organise a district/national evaluation • provide evaluation support and expertise • ensure that all local projects are monitored.

Providing education on oral health in schools helps children to develop personal skills, provides knowledge about oral health and promotes positive attitudes and healthy behaviors. Oral health education can be taught as a specific subject or as part of other subjects, addressing the underlying physical, psychological, cultural and social determinants of oral and general health. Integrated approaches with active participation promote sustainable changes in behavior. Oral health issues can be **incorporated effectively into the curriculum**.

Appropriate training of teachers and peer educators is critical. In order to achieve those aims the public health structures should contribute according their specific roles, as following:

The Health promotion structures from NIPH will:

- ensure planning and coordinating of oral health promoting activities carried out by the public health structures at national level;
- support foster collaboration with Ministry of education and its structures in common initiatives at national level;
- elaborates health promoting tools and indicators for monitoring, assessment of oral health promotion activities;
- ensure methodologic guidance for the implementation of oral health intervention in the Ministry of Health structures network;
- advocate for financing of oral health promoting activities
- support for development of oral health structures within schools;
- ensure implementation and monitoring of activities;
- centralizes and analyzes the physical indicators, efficiency and results of oral health programs at regional and national level;
- collect data, analyze and provide Reports data on oral health problems and the associated behavioral risks (including the results of surveillance studies)

Public Health District Authorities

- Guarantee local authority and organization of assets accessible at the local level for oral health: community nurses, doctors, nurses, dentists;
- support for local partnership elaboration for oral health intervention;



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- asses the local oral health needs;
- advocate for oral health support programmes within community at local level;
- conduct public-awareness activities in the district;
- distributes materials and publication on oral health promotion;
- assist schools in carrying out local-level projects on oral health promotion;
- identify model programs and encourage “cross fertilization” so that schools can learn from one another;
- provide health promotion support materials to schools;



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