

# Abstracts on Oral Health Promotion in the Pacific

Retrieved by **Zac Morse**; *Fiji School of Medicine, Suva, Fiji.*

**Slayton R**; *Department of Pediatric Dentistry, University of Washington, Seattle, Washington, USA. Compend Contin Educ Dent. 2005 May;26(5 Suppl 1):30-5.*

One of the primary goals of dental health professionals is to prevent disease in our patients. As our knowledge of the disease process improves, so does our ability to manage the consequences of disease. Oral diseases, such as dental caries, can be devastating to both children and adolescents. Dental caries may interfere with a child's ability to eat, sleep, and learn, and it can have a significant impact on their self-esteem. Because caries affects individuals disproportionately, it is essential that those at the highest risk are identified early so that preventive therapies can be targeted toward those who are most likely to benefit. This article discusses the consequences of oral diseases in school-aged children, the factors that contribute to an individual's risk for dental caries, and the most effective therapies to prevent caries in this age group.

***The dental profession must not ignore the oral health needs of infants and toddlers under three years of age.***

## **An oral health promotion program for the prevention of complications following avulsion: the effect on knowledge of physical education teachers.**

**Holan G, Cohenca N, Brin I, Sgan-Cohen H.**  
*Department of Pediatric Dentistry, Hadassah School of Dental Medicine, Jerusalem, Israel. holan@cc.huji.ac.il Dent Traumatol. 2006 Dec;22(6):323-7*

The aim was to assess the knowledge levels of physical education teachers before and after a seminar, presented by dental faculty as part of a community outreach program, in which the need for immediate treatment because of avulsion of permanent teeth has been emphasized, and to compare knowledge levels of teachers who attended the seminar with those who did not. Physical education teachers attended a seminar presented by senior faculty of the Hebrew University-Hadassah School of Dental Medicine as part of an educational campaign in the community. The seminar included clear instructions on the appropriate treatment of avulsed permanent teeth, which were appropriate for physical education teachers. The teachers completed two multiple-choice self-administered anonymous questionnaires

related to immediate treatment they could provide in cases of permanent teeth avulsion. One hundred and twenty-six teachers completed the first questionnaire, 2 months before the seminar. One hundred teachers completed the second questionnaire 10 months after the seminar. Of these, 70 attended the seminar and 30 did not. Thirty-two teachers who attended the seminar had completed both questionnaires.

The percentage of teachers who provided expected 'correct' answers in the first questionnaire (11% and 16%) was significantly lower than that in the second questionnaire (23% and 68%). The percentage of teachers who provided correct answers in the second questionnaire among those who attended the seminar (24% and 69%) was not significantly different from those who did not attend the seminar (20% and 66%). An educational campaign in the community with a seminar targeted towards a cohort of physical education teachers can improve the knowledge of the teachers, even those who did not attend the seminar, probably by means of a contamination effect. Despite the improvement, which was found, the level of knowledge after the campaign remained low and more public health promotion efforts are indicated.

## **Infant oral health: a protocol.**

**Goepferd SJ.**  
*ASDC J Dent Child. 1986 Jul-Aug;53(4):261-6.*

The potential exists today for dental health professionals to assist parents in rearing caries-free children. The knowledge and technology are available and the request for this service is growing. The dental professional has the opportunity to accept this role with enthusiasm and continue to be a leader among the health professions in disease prevention. The dental profession must not ignore the oral health needs of infants and toddlers under three years of age.

We must instead, take advantage of our knowledge and technology and begin our disease prevention efforts with children as infants, and educate parents regarding their important role in the oral health of their children. By doing so we can provide a pleasant and logical introduction to dentistry and promote the profession in a most positive way.

## Prevention of Betel Quid Chewers' Oral Cancer in the Asian-Pacific Area

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*Asian Pac J Cancer Prev. 2001;2(4):263-269.*

Betel quid chewers' oral cancer" is one of the most common malignancies in South and Southeast Asian countries. Oral premalignancies are also very common in betel quid chewers and about 10% of these undergo malignant transformation. Although education for cessation of the betel quid chewing habit is important, there are few adequate strategies and policies for primary prevention, health promotion and education related to oral cancer control, especially in rural areas. In addition to oral health education, it is also crucial to establish a data-management system as well as monitoring and evaluation systems for oral cancer prevention.

***Betel quid chewers' oral cancer" is one of the most common malignancies in South and Southeast Asian countries.***

## A 3-year community-based periodontal disease prevention programme for adults in a developing nation

**Cutress TW, Powell RN, Kilisimasi S, Tomiki S, Holborow D.**  
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*Int Dent J. 1991 Dec;41(6):323-34.*

A field trial of a community programme for improving periodontal health of adults was carried out in a geographically remote, unsophisticated rural population in the South Pacific islands of Tonga. The 3-year project (1986-89) involved three village communities, each with a population of approximately 1200. Village N received supplies of toothbrushes and toothpaste without charge, health education (videos, talks, posters) and periodic dental scaling (ultrasonic). Village K received the same as N except that dental scaling was not provided. Village E received none of the services provided to the villages N and K. Baseline and final examinations of 20-44-year olds showed that unsupervised self-care promoted at the community level, when supplemented with periodic removal of subgingival calculus, significantly improved periodontal health. Improvement was age dependent.

## Evaluating oral health promotion: need for quality outcome measures.

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*Community Dent Oral Epidemiology. 2006 Feb;34(1):11-7.*

Oral health promotion effectiveness reviews have identified the need to improve the quality of the evaluation of interventions. A project was undertaken to identify and

assess the quality of available outcome measures. This paper describes the methodology adopted and highlights the need for further development of oral health promotion outcome measures. Initially a thorough and comprehensive search of both the published and unpublished literature was undertaken to identify potential outcome measures. A set of quality criteria was then developed and used to assess the identified measures. The search identified a total of 1202 outcome measures of which 39% (n = 466) were developed for use with schoolchildren. A high proportion of the identified measures were classified as health literacy and healthy lifestyle outcomes, appropriate for the evaluation of oral health education activities. Only 1% (n = 12) of measures identified were classified in the healthy public policy category. When reviewed against the quality criteria, 49% (n = 594) of the measures were considered satisfactory. The poorest performing measures were those classified as healthy

lifestyle and health literacy measures in which only 33% (n = 72) and 41% (n = 240), respectively, were deemed to be of satisfactory quality. In conclusion, a significant number of oral health promotion evaluation outcome measures have been identified although their quality is highly variable. Very few high-quality outcome measures exist for use in the evaluation of oral health policy and environmental interventions. The lack of appropriate and high-quality outcome measures is hampering the development of oral health promotion.

## Oral health promotion reduces plaque and gingival bleeding in the short term.

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*Periodontol 2000. 2005;37:35-47.*

DATA SOURCES: Cochrane Database of Systematic Reviews, Database of Abstracts of Reviews of Effects, Health Technology Assessment Database, UK National Health Service Economic Evaluation Database, Cochrane Central Register of Controlled Trials and Medline. There were no date limits or language restriction.

STUDY SELECTION: Systematic reviews and controlled trials (randomised or quasi-randomised) assessing reductions in dental plaque levels and/or gingival bleeding (gingivitis) and comparing health education/health promotion interventions that did not involve clinical professional input or the use of pharmacological interventions, such as antiplaque agents were included. Studies involving only special groups, such as orthodontic or medically compromised patients or assessing only denture plaque, were excluded.

DATA EXTRACTION AND SYNTHESIS: A range of data were extracted from systematic reviews and trials, quality assessment was undertaken, and a qualitative overview of the findings was provided.

**RESULTS:** Twenty-six potentially relevant studies were identified. Six reports of five systematic reviews and 13 trials were discussed: four studies were not assessed as one was published in Polish and three could not be located. A wide range of educational and behavioural interventions were considered. These did not generally include clinical interventions and social or environmental approaches. The reviews have a number of limitations so their conclusions should be viewed with a degree of caution. However, the majority of studies achieved short-term reductions in plaque and gingival bleeding. Precise estimates of the improvement are difficult to assess because of the range and diversity of outcome measures used. The results of two meta-analyses indicate a reduction in plaque levels of 32-37%. Of 13 recently published trials evaluating educational interventions, five were set in schools, four focused on adults either in a clinical or workplace setting, three targeted older people, and one, infants. The design quality of the trials was variable. Allocation concealment was clearly described in two trials only, but blind outcome assessment was described in most of the trials and so were dropout rates. Other problems included a lack of controls, use of single blinding and relatively short follow-up. Positive effects on plaque and/or bleeding outcomes were seen in eight studies with no difference in five studies, of which only two employed a control group. Nevertheless, for the two trials that compared various approaches, reductions in plaque and gingival bleeding were generally observed in all groups over the trial period. None of the studies produced a negative effect. Although all the studies evaluated educational interventions, there was no clear indication that any particular type or style of educational approach was more effective than any other.

**CONCLUSIONS:** Reductions in plaque and gingival bleeding were seen in the short term in the majority of studies reviewed. The clinical and public health significance of these changes is, however, questionable. Future studies should use longer follow-up periods to assess whether short-term beneficial changes are sustained. Other forms of oral health promotion require better quality evaluation if they are to be used to improve periodontal health.

## Health-promoting schools: an opportunity for oral health promotion.

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*Bull World Health Organ. 2005 Sep;83(9):677-85. Epub 2005 Sep 30.*

Schools provide an important setting for promoting health, as they reach over 1 billion children worldwide and, through them, the school staff, families and the community as a whole. Health promotion messages can be reinforced throughout the most influential stages of children's lives, enabling them to develop lifelong sustainable attitudes and skills. Poor oral

health can have a detrimental effect on children's quality of life, their performance at school and their success in later life. This paper examines the global need for promoting oral health through schools. The WHO Global School Health Initiative and the potential for setting up oral health programs in schools using the health-promoting school framework are discussed. The challenges faced in promoting oral health in schools in both developed and developing countries are highlighted. The importance of using a validated framework and appropriate methodologies for the evaluation of school oral health projects is emphasized.

## Oral health and personnel needs in the Pacific.

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*Aust Dent J. 1996 Feb;41(1):53-8.*

A regional review of oral health in the Pacific showed the major problems to be dental caries, periodontal diseases, poor dental health service management and lack of appropriate dental personnel. A strategy for training appropriate dentists to manage oral health services in the Pacific was suggested. Such a strategy must include training of ancillary and auxiliary dental health workers guided by dentists with clinical and managerial competencies. The training programme for dentists must be career-ladder, problem-based, and community-oriented with competency-based learning of a spiral of tasks with increasing sophistication. The curriculum content must contain about 50 percent on public health and clinical aspects, respectively.

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## Tongan Nurses Association of New Zealand.

Eseta Finau, Violani Wills, Lavili Ahokovi, Sia Uili

The Tongan Nurses Association (TNA) was initiated by Dr Leopino Foliaki and a group of Tongan registered nurses who migrated to New Zealand in the late seventies and early eighties.. Dr Foliaki and 26 Tongan registered nurses met for the first time on Saturday 21st July 1984.

### Office Bearers:

President	Violani Wills
Vice President	'Eseta Finau
Secretary	Ika Tonga Vea
Assistant	Susi Tameifuna
Treasurer	Lavili 'Ahokovi
Assistant	Siu Palu
Social Coordinators	Ma'u Kakala 'Ofa and Tina Fakalata
Education Coordinator	Violani Will

### Registration of the Association

The association was formally registered as Tongan Nurse Association of New Zealand Incorporated on the 22nd of December 2000. The association also appointed Kaifonua Tupouniua as its first Patron.

### Aims and Objectives

- To identify Tongan Nurses within New Zealand in order to encourage, create and expand a network
- To provide support and assistance to Tongan Nurses in gaining New Zealand registration (students or overseas nurses), in pursuing further education and achieving optimum standards of nursing
- To promote and encourage the nursing profession as a career for Tongans
- To encourage and promote the use of the Tongan language and culture among their nurses
- To achieve recognition as a professional organization and to have a voice in health-related issues and policy-making at all levels.
- To maintain an effective communication between the Tongan community and Health Services
- To ensure culturally sensitive delivery of health care to the Tongan community
- To foster a good relationship with the New Zealand Nurses Organization, the Maori Nurses Association and other nurses associations.