Despite being taught at university level, there is little information on the effectiveness of oral health promotion programmes in dental education, according to La Trobe University teaching fellow Stacey Bracksley. At ADX14 Sydney this Friday, she will be presenting the findings of a recent review on this matter, which she authored as part of her PhD. Today international had the opportunity to talk to her about the reasons for this lack of data and the importance of increased efforts to train dental students adequately in this area.

**today international: Ms Bracksley, your paper is currently under review by a scientific journal. Could you tell us a bit about your findings nevertheless?**

Stacey Bracksley: The aim of the review was to establish what has been published concerning health promotion training in dental schools internationally. There is a dearth of research and this was demonstrated by the inclusion of only four published studies, which were from Australia, Brazil, Canada and Belgium. It was interesting that the health promotion content was delivered in very different ways. One dental programme used a hospital setting, where the students were interns providing oral health education to patients, whereas another dental and oral health course had a rural outreach programme.

It has been demonstrated that little evaluation of the health promotion training within these courses is taking place or may be taking place but not published, with only one of the papers using students’ personal accounts for evaluation. In some cases, health promotion was tacked on to other components in the course. Not one of the studies included evaluated the outcomes of the health promotion training concerning the students’ knowledge, both short and long term.

I would disagree that oral health promotion is a relatively new concept. The Ottawa Charter for Health Promotion (an international framework used to prevent noncommunicable diseases) developed by the World Health Organization has been around since 1986. Campaigners like Prof. Aubrey Sheiham from London School of Hygiene and Tropical Medicine have also been talking about the importance of oral health promotion for decades.

I think there are a number of reasons for this lack of data. For example, oral health promotion has taken some time to be accepted and implemented into higher education. One of the main reasons however is that the ethos of dentistry itself is still very much centred on individual treatment care, rather than a holistic approach. This is deeply ingrained in the culture of the profession, making it difficult to implement oral health promotion.

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There are many health promotion frameworks that are used internationally as best practice but they were not widely applied in studies. Health promotion needs to include a spectrum of activities, from individual-based to community-based activities. What was found was that they are too focused on individuals, which has been shown to be ineffective. Using smoking as an example, we know that just telling people that smoking is bad for them is largely ineffective, but when we introduce a range of programmes, including legislation, community attitudes, regulations and settings, there is improvement in smoking rates.

While it is good that students are gaining some exposure to health promotion within their degrees, working at the individual level alone will never be as effective as using a range of strategies.

**So we know little about what effect these programmes can have on future dental professionals. Do you consider oral health promotion to be a relatively new concept, and if so could this be one of the reasons for the lack of information?**

Despite international efforts like World Oral Health Day in March, oral health promotion still appears to play a minor role in daily practice in general. Is there any evidence that increased oral health promotion has an impact on disease rates for example?

There is evidence to support oral health promotion. One of the major oral health promotion efforts was and still is water fluoridation, which has been attributed to a decline in caries rates. Using history to demonstrate the effectiveness of oral health promotion, we know dental caries rates peaked in the 1940s and then a decline in rates was seen from the late 1950s until the early 1990s in industrialised countries. Although the decline cannot be credited to any single cause, it is thought that factors such as dietary changes, daily use of fluoridated toothpaste and the use of fluoride toothpaste have all played a part in decreasing caries rates. All of these factors that contributed to the decline are oral health promotion efforts.

Dentistry is also firmly rooted in the medical model of health, which does not fit well with the underpinning ideas of oral health promotion.

**Why is training in oral health promotion generally needed in dental education?**

In Australia and similarly in other countries, there has been a push to focus on prevention of diseases rather than a reactive approach to treating them. Dental diseases have been highlighted as preventable and costing a substantial amount of money to treat. With this push towards prevention, we will need trained dental professionals to undertake these prevention efforts.

I think that by not providing oral health promotion training to dental professionals a key aspect of the overall picture is missing. It is like training students in one aspect of health care and leaving out the rest. Dental professionals need to be trained in dental procedures, but they also need to see the bigger picture of a whole person and how the environment affects their patient. Oral health promotion training can provide students with this holistic view.

**Why is training in oral health promotion generally needed in dental education?**

In Australia and other countries, health promotion is a competency for dentists and oral health therapists (hygienists and therapists). Therefore, health promotion training does occur to some extent in these courses. In theory, graduating dental professionals should be able to understand oral health promotion and be able to apply this knowledge in the field.

However, there needs to be evaluation of this training in my opinion. At this stage, this oral health promotion training is often a tick-box exercise: it just has to be somewhere in the course to meet this competency. There appears to be little regard as to whether the students’ understanding of health promotion is adequate and whether this will lead to long-term application once they have graduated. What I would like to see are dental professionals who have a solid understanding of things like the social determinants of health and have the ability to take these into account when treating patients.

**Are dental schools adequately prepared to teach oral health promotion?**

To some extent, dental schools are prepared. However, this training is actually happening and it differs between schools as to who delivers this training, either dental professionals or public health professionals.

**Should dental schools generally be required to offer more oral health promotion in their degree?**

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An interview with Stacey Bracksley, Melbourne

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