

# 'Natural Nashers': teaching the teachers

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A local and regional co-ordinator for *Natural Nashers* and *The Good Teeth Programme* describes his experiences with 'teaching the teachers'. He points out that imparting new knowledge to staff members is a task calling for the same degree of flexibility, tenacity, and tact that the teachers themselves need to take back into the classroom.

Dental health education may appear to be straightforward, but it is not. As with most health education initiatives, the process involves the initial provision of information, followed by the need to ensure that this information has been understood, and finally the generation of sufficient motivation to promote a change of habit or lifestyle, whether this affects smoking, consumption of fat, or care of teeth.

At each of these stages, dental health education runs into difficulties. The giving of information is beset with conflicting 'facts' and a lack of scientific clarity, while the route to understanding is blocked by long-held and often erroneous beliefs. Finally, motivation is confused by a plethora of social, economic, and psychological obstacles. In an attempt to try to clarify the way forward for dental health education, the Health Education Council published a policy statement entitled *The scientific basis of dental health education*. Hammered out after considerable debate and discussion by the country's experts in dental health, it covered many aspects of dental care and the scientific reasons for embarking upon particular courses of prevention. It basically promoted the prevention of

dental caries (decay) by alterations in the diet to reduce the frequency of sugar intake, whilst the prevention of gum disease was advocated by instituting correct plaque removal, most usually by toothbrushing.

On the surface, these seem perfectly reasonable statements. However, 'conventional wisdom' makes little acknowledgment of them. Ask people what causes tooth decay, and they will answer 'sugar': ask them how to prevent it, and they will reply 'by toothbrushing'. Fortunately for the dental world, the HEC set up and funded the Dental Health Study at Cambridge in the late 1970s. The Study's brief was to study ways of bringing the logically-developed, scientifically-sound messages mentioned above into practical effect.

## The programmes

The Dental Health Study has produced many benefits, but the main tangible results have been *Natural Nashers*, the programme for 13-14 year olds, and *The Good Teeth Programme*, for pre-school children and their parents. *Natural Nashers* has been the subject of a previous article (*Education and Health*, November 1984), and I therefore do not propose

describing it again in great detail, although an outline will help. It is run over a period of three weekly lessons of 60-80 minutes each – usually a double biology period. Each lesson consists of a 'key lesson', an experiment, and the completion of worksheets. The key lesson is delivered by the teacher with the aid of transparencies, and, if desired, a scripted commentary, although in practice most staff use this only as a guide, especially after the first time through.

A unique feature of *Natural Nashers* is the involvement of field-workers in the classroom. These are dental or lay staff who help distribute the programme's materials and liaise between the dental departments providing the programme and the schools where they are being run.

### Planning workshops

The successful implementation of both of these programmes relies on the holding of a workshop with a co-ordinator. This ensures not only that the teachers are familiar with the materials used, but, possibly more important, that the scientific messages are instilled. Ideally, each of the elements of the lessons should be included in the workshop, but in practical terms this is not always possible because of lack of time. The recent teachers' action has prevented colleagues from covering classes; but even without such obstacles the opportunities for gathering together three, four, five, or possibly more staff members from the same department for a fixed period of time are slight. A day is perfect – and I've never managed it! Half a day could be ideal, and this has been possible once, but more usually two periods plus odd extra sessions seems, in Central London at any rate, to be about the most practical solution.

### A pre-workshop task

As well as all the elements of the classroom lesson, two other items are included in the workshop: a video showing the teaching of the programme in a school in Corby, and discussion of a pre-workshop task. Arguably, this later element is the key to the success of *Natural Nashers*. It is an A4 single sheet of questions on

dental health sent to each participant about two weeks prior to the workshop, together with a copy of the HEC publication *The scientific basis of dental health education*, in which all the answers can be found. The seven main questions are deliberately worded to provide a great deal of discussion and an opportunity to promote the two main messages, which are:

1. To avoid tooth decay one should reduce sugar consumption; and
2. To prevent gum disease one should effectively remove plaque.

In an attempt to underline these themes, the pre-workshop task asks *Should you brush your teeth after each meal to prevent decay?* and *Is gum disease contagious?* The answer to both is 'No', but a lot of teachers don't think so!

### A new message

It is particularly notable that the same questions are used for *The Good Teeth Programme*, and quite logically, too, since the lessons of both programmes are derived from the same scientific background. I have laid a great deal of stress on this aspect of training, because experience has shown that the success of the programme rests heavily on the co-ordinator's ability to convey the messages and to ensure that the teachers appreciate the research background. In many ways it is a missionary-like task: not only does one have to preach a new message, but one also has to counteract the previously-held beliefs. As well as being the most difficult part of the workshops, it is also the most satisfying, for the appeal of 'getting it right' outweighs the frustration of disabusing old messages.

The advantage of both the Dental Health Study schemes is that they are taught by teachers who have the necessary communications skills (which may be lacking in dental staff), and know the children. Conversely, the need for the dental profession to teach the teachers – a phrase which always garners at least a smile – places an important duty on the trainer to show both flexibility and yet tenacity in sticking to the points covered.