

# Dental health education: linking the disciplines

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## HEC Dental Health Study

This article examines the part played by local and regional co-ordinators in introducing and supporting the use of the Dental Health Study materials in schools. Teachers will note the involvement of District Dental Officers, and the opportunities the materials offer for making links between disciplines. A Dental Officer's experience of 'teaching teachers' appears in the succeeding article.

The HEC Dental Health Study has just completed its 11 years of funding, from 1975 to 1986. In that time it has researched, developed, and disseminated two programmes – *Natural Nashers*, for 13-14 year olds, and *The Good Teeth Programme* for 3-5 year old children and their parents. This article will consider four issues (chosen from many!) which have occupied the Study in its final two years' work. These are:

1. The content of training in dental health education.
2. The creation of a network of Regional Disseminators.
3. The fostering of co-operation between different disciplines and sectors.
4. The choices to be made when materials are published.

### Training in dental health education

Workshops for local co-ordinators and teachers were initially developed during the dissemination of *Natural Nashers*. It was accepted that there could be 'no curriculum development without teacher development' (1), and that it was important to provide both local co-ordinators (from District Health Authorities) and

teachers with the opportunity of becoming familiar with the concepts and activities contained in *Natural Nashers*. The workshops designed for both groups were very similar in content, and were intended to be practical rather than theoretical. As well as becoming familiar with the programme, the opportunity would exist to bring their knowledge of dental health up-to-date. Stephen Hancocks describes the content of the workshop on page 7.

The workshop for local co-ordinators was also designed to introduce them to their training role with teachers, and it was also recommended as a model for local co-ordinators to use when they started work with schools.

The need to design a new workshop for *The Good Teeth Programme* in the spring and summer of 1986 allowed the Study to look back on its experience with the *Natural Nashers* workshops, and to consider their value as a model. A variety of reasons indicated the need for adaptation and change, not only to the workshops but also to the whole process of dissemination. These were:

1. Termination of the project With the ending of the Study, the support given

to *Natural Nashers* would not be available for *The Good Teeth Programme*.

2. **Emphasis on local trainers** This relative lack of support, and the much more diverse needs of the people eventually using the programme, meant that local trainers would need to adopt a more independent and adaptable approach.
3. **Need for workshop skills** A few co-ordinators running *Natural Nashers* workshops had difficulty during the teachers' industrial action in 1985. At de-briefing sessions, some co-ordinators had also revealed a lack of confidence in handling difficult situations especially during discussion of the pre-workshop task and conventional wisdom. Research suggested that this part of the workshop should be enhanced. For example, a survey in one Education Authority of 62 biology teachers showed that 90% believed that teeth should be brushed after each meal to prevent decay (2).
4. **Programme adaptation** Finally, it was paradoxical that whilst *Natural Nashers* encouraged pupil activity and choice, local co-ordinators had shown little support for these ideas! Many had recognised the need for teacher workshops, but had adopted the suggested model uncritically. It is, however, fair to point out that few had had any experience in organising workshops, and were grateful for the guidelines.

### Workshops for local co-ordinators

Training workshops for local co-ordinators were, therefore, set up as a result of the experiences outlined above, with the following format:

1. An emphasis on group skills and activities, reflecting our belief in the need for a 'hidden agenda' to meet the needs of several diverse audiences.
2. The encouragement of self-confidence through problem-solving exercises, such as developing strategies to deal with difficult situations in workshops, or planning workshops for particular participants.
3. A better understanding of the philosophy and content of the programme.

4. We did not, however, attempt to develop a 'fixed format' for them to use in their teachers' workshops.

A total of 176 District Health Authority representatives attended these regional workshops, and 172 returned a self-completed evaluation questionnaire. Generally, respondents were very positive in their overall rating of the workshops, but they were also asked to indicate the individual sessions they found the most and the least useful. The *most useful*, referred to 55 times out of 159 sessions mentioned, were those devoted to planning a workshop – some people commented that this was an issue they had never had to consider before, even though many had previously attended *Natural Nashers* workshops! The session rated *least useful* involved discussing the needs of workshop participants, understanding why some might be unco-operative or difficult, and developing strategies which would enable these people to be included more fully.

### A network for regional co-ordinators

Although the Study will not be in existence to hear about these experiences at first hand, there is clearly a need to provide an opportunity for co-ordinators to share their experiences, and so foster the continued use and after-care of *Natural Nashers* and *The Good Teeth Programme*.

The questionnaires showed 94% in favour of meeting with others to discuss how they are getting on, so the organisation of these de-briefing sessions will be one of the jobs undertaken by a group of newly-appointed regional co-ordinators, many of whom are also local co-ordinators and will bring much practical experience to their new role. In addition to organising an annual regional meeting so that local co-ordinators' needs and progress can be channelled back to the Health Education Council, they will also give advice on training for both programmes.

However, their main task will be the initial and continued promotion of both

the programmes in support of the work done by individual District Dental Officers, by answering queries and giving guidance. Encouragement, as well as gathering and analysing feedback, will constitute the group's most important role. The data they gather will be the main way of solving problems and bringing about the future development and improvement of both programmes. This sharing of experience, and planning for the future, will encourage support and involvement.

### Publishing the programme

Much of the data gathered by regional co-ordinators will play a part in updating the existing materials. These are now being published by a commercial publishing company (Drake Educational Associates Ltd., Cardiff). The Study members have been ambivalent about publication in the past, as research has indicated the need for continued support and adaptation of materials once they have become widely available – in other words, publication should not be seen as an end, but as a point in a much longer process of dissemination (3).

To promote this, publication needs to be linked to the continuing development of the materials by the national group of local trainers, which will become more confident as it sees its experiences being used to update the materials. The publishers have agreed to produce a new edition at least every five years. Another important feature within the publication agreement allows teachers to make up to 30 copies for their own use.

### Fostering co-operation

Many health problems are recognised as having many contributory factors to their onset and progress, often involving social, environmental, and personal issues. This suggests that these problems should be tackled at different levels by personnel from different disciplines; however, achieving this in a co-operative fashion may be difficult, and one result may be that less emphasis is placed on activity in the education sector. One of the emerging strengths of our programmes has been the

realisation that they provide a good example of the co-operation between disciplines necessary to combat dental disease. This may be for several reasons:

1. Both programmes not only originate from District Dental Authorities, but also fit into their existing organisation and facilities for in-service education and training.
2. District Dental Officers have dental health education as part of their job description. However, for *Natural Nashers* and *The Good Teeth Programme*, they have been encouraged to adopt an organisational and managerial role, leaving schools with an attractive set of materials and classroom support through field-workers.
3. Local co-ordinators and classroom field-workers have been urged to allow teachers to handle the programme, although they might be tempted to intervene if they found the accuracy of the information suffering. Many field-workers have, however, been accustomed to giving talks in schools, and some have been unhappy to take a back seat.

There are undoubtedly competing demands between the content and process of education. Whilst dental professionals may be concerned to get the content right by giving, for example, advice on the correct method of tooth-brushing, teachers will be concerned to meet the needs of individual classes by using specific approaches, and to ensure the integration of the programme into the curriculum. In other words, content may be of secondary importance to the teacher. These competing pressures have been assimilated into the dissemination structure of the programmes developed by the Study.

### References

1. Stenhouse, L., *An introduction to curriculum research and development*. Heinemann, 1985.
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3. Steadman, S. D., et al, *The Impact and Take-up Project*. Schools Council, 1978.