



WORD OF MOUTH

MAGAZINE



**Oral Health
Foundation**

Better oral health for all

ISSUE 97 | FEBRUARY 2023 Inequalities are a massive barrier to accessing dental help, keeping up with oral hygiene, and general wellbeing. This issue discusses different types of inequalities and the impact they have on oral health.

Editor's Welcome

Hello and welcome to a brand-new issue of Word of Mouth – the Oral Health Foundation's digital magazine.

We know you didn't expect to see a new issue until March but here we are with a bunch of new, interesting articles for you!

This issue will shine some light on an important topic -- inequalities and how they impact the oral health of those who are less fortunate.

We will touch on how socioeconomic position in society, geographical location, and level of education can influence people's perception of oral health and the ability to access help.

Nevertheless, we explore the issues some vulnerable groups such as prisoners, refugees, etc. face when needing help or taking care of their mouth.

Last but not least, we discuss some of the possible interventions were mentioned that can help tackle the inequalities in oral health in the UK.

Enjoy the read and see you again shortly!



Viktoriia Davydenko
Editor, Word of Mouth

Contents



8 Oral health and geographical inequalities



How can we tackle inequalities in the UK?

23

5 Oral health and socioeconomic inequalities

10 Improving oral health literacy

12 Oral health in deprived areas

14 Oral health and vulnerable groups

18 Oral health and medical problems



Oral health and socioeconomic inequalities

Many factors can influence our life: where we go to school, what friends we make, and even the opportunities we have in life.

However, one of the things we don't usually think about is how our socioeconomic status - the combination of our income, occupation, and social background - can affect our dental health.

Two years ago, Public Health England released a report which shows that various factors can impact our health.

"Inequalities by individual socioeconomic position and area deprivation were the most researched topics and there is clear and consistent evidence for social gradients in the prevalence of dental conditions, the impact of poor oral health and service use."

Other reports from around the world also showed similar results: "The fact that children from higher income households have more chances to access dental care, including a more specific diagnostic assessment and have one or more filled teeth, explains some of the differences in oral and dental health due to socioeconomic status.

"Higher prevalence of caries in lower socioeconomic status may be due to lack of prevention and treatment services as well as poor diet high in sugar. It is important that children and their parents with low socioeconomic level are educated in oral health, awareness raising, and guided to

use treatment services more."

So, what can we do to help those who may find themselves, through no fault of their own, in this situation?

The Oral Health Foundation believes that education is at the centre of how to help to overcome this problem and that by providing oral health information to people who need it most, we can be more effective at supporting this goal both in the UK and globally. Many dental problems can be prevented by educating everyone, regardless of their socio-economic background to take better care of their own teeth at home and have a

Oral health and inequalities

healthy diet.

Dental caries is a largely preventable disease. One way we can help prevent dental decay is with good fluoride toothpaste, an effective toothbrushing technique and a diet low in sugar. You should be brushing for at least two minutes, last thing at night and at least one other time during the day, using toothpaste that contains 1,350 to 1,500 ppm fluoride (parts per million) if you are over 3 years old. Under three's should use a smear of toothpaste with at least 1000 ppm fluoride. Adults should also clean in-between their teeth once a day, using either interdental toothbrushes, dental tape, or floss.

The majority of children are not shown in schools how to brush their teeth effectively to keep them clean and help to prevent dental disease. Dental Buddy is a free educational resource which can be used by teachers and educators to help children to learn about their teeth and mouths and how to look after them correctly. This programme could be especially important in schools in more deprived areas, where access to an NHS dentist may be difficult. It is much better to develop good oral hygiene habits in childhood and these will then continue into adulthood.

For adults, oral health education can be more difficult. It can be hard to find an NHS dentist in some areas. Almost two in five (39%) adults do not attend the dentist regularly.

However, if they do have a regular dentist, oral hygiene instruction is part of the NHS provision, so if the patient or their dentist has any concerns about their toothbrushing regime, advice and guidance on how to keep their mouths clean can be offered. The dentist may refer to a dental hygienist or oral health educator for this.

For adults that are unable to access regular

dental visits, the dental profession will need to find other ways to get the dental health message across. This could include how to look for the most appropriate and cost-effective dental products to get the best results. Whilst the top-of-the-range dental products can cost several hundreds of pounds, there are oral health products available to suit every pocket. Many online and High Street stores have some great offers on rechargeable, electric toothbrushes for around £15-£20.

There are also some bargains out there on toothpaste too. Have a look at store-own brands, their toothpaste can cost as little as 50p. Just make sure that it contains the correct level of fluoride which is at least 1000 ppm for under threes. For anyone over 3 years old, the toothpaste should contain between 1350-1500 ppm fluoride (parts per million).

Many kinds of toothpaste have extra ingredients to help with other dental problems, such as:

- Sensitivity.
- Gum disease.
- Whitening.
- Bad breath.
- Cavity protection.

However, not everyone needs toothpaste which deals with all of these dental problems. For example, if you don't have gum disease there is no real reason to spend more on toothpastes that treat gum disease.

If it is difficult to locate an NHS dentist, that is taking on new patients, it may be worth asking employers if they offer any private healthcare schemes or plans, that cover dental treatment. These schemes include a 'money back' plan where you get a certain amount of money



towards your dental treatment per year. How much you can claim back, will depend on the level of coverage that you have. Other private health care schemes may fully cover any basic dental treatment and regular check-ups and cleaning.

By using the system to keep on top of your oral health and attending your dentist for regular check-

up appointments, as often as they recommend, you can save money in the long run as any dental issues can be picked up whilst they are small and easier to treat. This will also help to prevent dental pain and gum disease. Prevention is always the best way to ensure that your teeth and gums continue to be healthy and will enable you to keep your teeth for life.

Oral health and geographical inequalities

In the UK, rural areas are very diverse. They range from the open countryside with a scattering of small towns and villages to coastal communities dependent on fishing or tourism, former mining areas, and commuter villages. Being based in rural areas while having some great advantages can lead to having more trouble with looking after your oral health.

You may encounter longer distances to GPs, dentists, hospitals, and other health facilities.

Many people, as they get older, find it more difficult to travel to see their dentist. Two million adults in the UK must travel at least 40 miles to access dental care.

Part of good ongoing dental care is to both manage and prevent problems from starting in the first place. The Oral Health Foundation has been calling for the government for years to make a major overhaul of dentistry to ensure there is a focus on prevention in the UK.

In both England and Scotland, about 17% of the population lives in rural areas. This is quite a large percentage of the population who experience more difficulties in accessing an NHS dentist. This has increased in recent years due to the number of dentists leaving the NHS.



Dr Nigel Carter, CEO of the Oral Health Foundation said: “Every day the government ignores the crisis at hand the bigger the problem gets; as our population grows, we are seeing more and more evidence of people having difficulty accessing an NHS dentist in certain areas to get the help they urgently need.”

As such people living in rural areas need to keep a much better eye on their dental health and be much more proactive when considering their choices.

The best way to look after your oral health is by prevention as mentioned earlier, which includes

keeping an eye on your mouth and noticing any changes to your gums, tongue, and other soft tissue areas that may be inflamed or have changed colour. This could be a sign of anything from gum disease to mouth cancer. If something doesn't look right, you should see a dentist or a GP as soon as possible.

There is a need for more access, especially in rural areas like East Anglia and Norfolk. The Government and NHS England plan to increase dental services in some of the areas affected. However, these services won't start until the summer.... And that's if dentists can be found to take on the NHS contracts. Around six million adults in the UK have had long-lasting pain (over two weeks) caused by toothache and this is compounded by the fact that nine out of ten dentists are not taking on new NHS patients.

The Government keeps sticking plasters on NHS dentistry but it is the model itself that is broken. At this stage, more funding will make little difference – a new view to commissioning is needed if access to NHS dentistry is to be improved. A one size fits all dental contract does not consider all the regional variations in cost and patient needs. As a result, there are regional variations in the ability to deliver proper dental care in the UK both under the NHS and privately.

In the meantime, the best way to help those in rural areas is to distribute information on how to take care of dental health. This includes various resources online to help until they can locate an NHS dentist who is able to see them. Practices, the whole dental team must come together to help provide the prevention message.

“Oral health varies around the UK - it is a postcode lottery. This isn't going to go away overnight as the dentists just aren't there. It does seem that there isn't a wish to address the problem and train more dentists.

Dr Nigel Carter, Chief Executive of the Oral Health Foundation



Improving oral health literacy

According to the NHS, in the UK 7.1 million adults read and write at or below the level of a nine-year-old and, critically, 43% of adults do not understand written health information.

This can provide a huge barrier to those who are struggling with any aspect of their health, including dental health. By not being able to understand oral health information, people are not able to make informed decisions about their health.

Being able to make informed decisions can lead to a better understanding and grasp of good dental health; this will reduce the risk of caries and other oral diseases. Dental hygienists are in a great position to instruct people on how to take care of oral health as well as introduce digital and online resources that the patient can look at. It is important that the resources are easy to understand and provide good information.

With the majority of people now having access to the internet it is a great way to improve oral health

literacy. It can include videos to help practically demonstrate how to take care of teeth. The Oral Health Foundation has many videos online that can give good advice which can be found at <https://www.youtube.com/user/dentalhealthcharity>.

These include everything from how to brush your teeth to the signs and symptoms to watch out for what might be mouth cancer. These can be great resources and made even more important when two in three (66%) of adults have visible plaque.

By providing correct, but simple oral health messages and resources, and getting them into the areas of greater need, we could help to reduce dental disease and pain which will help to bring this figure down.

Many people could see an improvement in their oral health literacy by picking up leaflets when they visit the dental practice. The Oral Health Foundation has developed a wide range of patient leaflets that are often available at a dental practice, or you can access them on the website, www.dentalhealth.org. These leaflets have been reviewed by the Word Centre and are written in plain English for a reading age of 11 years old.

Having a discussion with your dentist or hygienist about how to clean your teeth effectively and which oral hygiene products would be best for you, will help to ensure that you are using professionally recommended dental aids. Some practices actually sell oral hygiene products at a lower cost than the shops, so it is worth investigating this option.

There are often many unsubstantiated claims made by manufacturers on the product packaging, this can be very misleading. For example, tooth whitening toothpaste. Some of these products are marketed as being able to actually lighten the colour of your teeth but, these kinds of toothpaste do not contain enough of the whitening chemical, so at best they may help to lift stains caused by coffee, tea, red wine and smoking. It is much better to ask your dentist or hygienist for recommendations, they will know the products that are safe, effective and from a trusted source. Look for the Oral Health Foundation accredited dental products in dental practices, chemists and supermarkets, these approved products will have the 'smiley face' logo on them. This tells you that these products have been tested by an independent panel and the claims that the manufacturers make, have been proven to be accurate.

Advice from non-dental, unqualified influencers on social media should be avoided, as these can often cause permanent damage to the teeth and gums. Do not be tempted to try any DIY home treatments advertised online either. Again the risk of damage and pain is high, and it is a risk not worth taking. When people struggle with oral literacy or literacy in general, it is easier for them to believe what they see online and assume the safety of these products and treatments. This is especially true when we think of people going abroad for dental treatment, known as 'Turkey Teeth' which is rarely out of the news, these days. More and more dentists in the UK are having to try and rectify problems caused by having very invasive dental treatment abroad.

Never be afraid of asking questions about any dental treatment that has been recommended for you. Before having any dental work, you can check a dental professional's qualifications and that they are registered with the General Dental Council to provide dental treatment in the UK, with the GDC's website www.gdc-uk.org. If their name is not on the list, it means they are not legally allowed to practice dentistry in the UK, people cannot have any dental treatment carried out by them and they should be reported to the GDC, to protect other people who may be tempted to visit them.

Oral health in deprived areas

Unfortunately, there are still areas in the world which are considered deprived. This can impact people's lives in so many ways. They do not have access to the options and advantages that so many of us enjoy.

Children living in deprived areas are more likely to suffer from oral health problems and carry these into adulthood. Studies have shown that poor oral health and the effect that this can have on the appearance of your teeth can affect your lifestyle and choices hugely, throughout your life.

According to the 2019 NDEP (National Dental Epidemiology Programme), 5-year-old children living in the most deprived areas in the country (37%) were almost 3 times more likely to have experienced dental caries than children living in the least deprived areas (13%). Dental caries can be prevented by effective toothbrushing and a healthy, low-sugar diet.

There are numerous reasons why people may have poor dental health, including diet and sugar consumption. One study found that "compared to the general population the nutritional disadvantage of the most deprived segments of society relates primarily to excessive free sugars consumption.

You should try to cut down on the number of sugary foods and drinks you and your family have and how often they have them.

Many products have 'hidden sugars' such as baked beans or pasta sauces, widely available in supermarkets. This is why it is important to read the ingredients label when you are buying food and try to swap to a no added sugar or low-sugar version.

Remember, the higher in the ingredient list the sugar is, the more sugar is in the product. Words that end in 'ose' such as fructose, lactose, dextrose, maltose, glucose, and sucrose, are all sugars as well. Also, no added sugar does not mean that the product is sugar-free, it just means that no more sugar has been added during the manufacturing process.

It is better to have 3-4 meals a day than lots of little snacks as this allows the saliva to neutralise the plaque acids that the sugar produces, which helps to protect the teeth. Try to keep any sugary foods, drinks, and fruit until mealtime, to lessen the time that the teeth are under attack.

Eating and drinking foods that contain sugar and acids weaken and loosen the enamel on your teeth. Brushing straight after eating can cause these tiny particles of enamel to be brushed away. You should wait an hour after eating, to brush your teeth. This gives the saliva time to neutralise the plaque acids and remineralise (harden) the tooth enamel.

You can speed up the time that it takes for the saliva to neutralise these plaque acids by:

- Chewing sugar-free gum for 20 minutes.
- Using a fluoride mouthwash.
- Having a drink of water.

Other ways to help prevent dental decay can be to ensure you are getting the optimal level of fluoride. One study from Scotland found that "Fluoride rinsing can be effectively targeted at children from deprived areas through school-based initiatives." If you do choose to use a fluoride mouthwash, do it at a different time to when you brush your teeth. This means that you will get the full benefit of the mouthwash and your toothpaste.

Most people know fluoride can be found in toothpaste. For anyone over the age of three years old, it is recommended that you use a toothpaste containing between 1350-1500 ppm fluoride.

Currently, approximately 10% of England's population, or about 6 million people, have

fluoride in their water supply.

The West Midlands is the most extensively fluoridated area, followed by parts of the Northeast of England.

There are no fluoridation schemes in Scotland, Wales, and Northern Ireland, however, there are some areas that have naturally occurring fluoride in the water.

You can check whether the water in your area is fluoridated, by contacting the local water supplier with your postcode. This is something you should be aware of and you can ask your dentist if they believe that you are getting enough fluoride.



“Long-awaited adjustments to UDAs should make it easier to treat high-need patients and go some way in reducing inequalities.

Dr Nigel Carter, Chief Executive of the Oral Health Foundation

Oral health and vulnerable groups

Oral health inequalities do not solely depend on how much money a person has, their location and even their level of education can have an effect. Sometimes people are put under unfair conditions against their will or as a result of something that has happened to them. These conditions can have a bad effect on their general health, including the health of their mouth.

In this article, we will discuss such groups as the homeless, prisoners, refugees, sex workers, and older people and how inequalities affect their oral health. These people belong to the vulnerable groups of the population.

Homeless people

Unsurprisingly, many homeless people do not have regular access to the dental health products that are needed to keep up a good level of oral hygiene. Even though some live in shelters, they tend to occasionally migrate from one place to another and take only their essentials with them. Those mainly include food and clothes. Some do not have access to clean water, and oral health is definitely not a priority for them.

When someone is homeless their diet is unlikely to be very healthy. They are often eating whatever is available, when it is available, which means that they have little choice in what they eat. Therefore, snacking throughout the day on high-sugar foods and drinks can be the norm. Smoking and drinking to the excess are often common amongst the homeless, these habits are not only harmful to general health but there are also many oral health issues that can be attributed to tobacco and alcohol, such as:

- Dental decay.
- Stained teeth.
- Dry mouth.
- Mouth cancer.
- Bad breath.



Recent research shows that homeless people are mainly symptomatic attenders, meaning they only seek dental help when experiencing pain or major discomfort. That is why, compared to the general population, homeless people have a higher level

- Gum disease.

A healthy diet is an essential milestone to a healthy smile foundation.

Want to find out more about which foods and drinks are good and bad for you?

Simply click on the link below to get more information and stay on top of your diet and a healthy mouth.

www.dentalhealth.org/diet-and-my-teeth

of untreated decay and periodontal disease. Moreover, a high percentage of the group has experienced dental trauma due to violence and lost at least one tooth as a result of that.

Prisoners

Inmates in prison have access to oral hygiene products, as they are provided for them by the facility. Most prisons will have a dentist that visits. This means that if any inmates have any dental problems or need treatment, this will be available to them. They will also be able to access oral hygiene advice from the dental team. If they know how to take care of their mouths, they can achieve good oral hygiene, which they will hopefully be able to take forward when they leave prison.

Despite the provision of oral health products and the availability of dental care, the level of dental decay in prisoners is much higher compared to that of the general population. This is because some prisoners only seek dental treatment when they are in pain. Moreover, since their food is provided by the facility, the meals are quite high in sugar and often not of good nutritional value. As we know, consuming high levels of sugary foods and drinks regularly is the main cause of tooth decay.



Refugees

For various reasons, some people have to face hard and frightening times during their lives.

They are forced to leave their homes, their countries, and sometimes even their loved ones behind. During times like this, oral health is unlikely to be at the forefront of their minds. In addition to that, seeking refuge in a foreign country brings many different challenges. This is not just getting used to a new day-to-day life but accessing dental care as well.

When refugees get settled and perhaps feel comfortable with navigating their new environment and home, this may be the time to think about seeking health care, including seeing a dentist. However, language could be a barrier, if this is the case an interpreter may be needed at the appointments. This could be something that could be arranged through the refugee services that are guiding them through this difficult time or possibly through the NHS.

The health system in their country is likely to be different to the UK. So, it could take time to learn how things work in the UK, refugees should be able to seek advice from refugee agencies or charities. If they have to wait to access health care, this could lead to any health conditions that they may have, worsening.

Any health insurance they might have, in the country that they came from, may not cover the full costs of the treatment needed, and they may find it impossible to continue paying the premium for the insurance, due to having to flee from the origin country.

Sex workers

People working in the sex industry are at a high risk of exposure to various infections compared

to the general population. This includes HPV (human papillomavirus). HPV is the virus that causes cervical cancer; however, it is also one of the main causes of mouth and throat cancers. Sex workers have a high chance of contracting the virus because their occupation might consist of:

- Skin-to-skin contact of the genital area.
- Vaginal, anal, or oral sex.
- Sharing sex toys.

These are all risk factors for HPV. Unprotected sex will put sex workers at risk of contracting other life-changing viruses and infections, such as:

- HIV.
- Hepatitis B.
- Sexually transmitted diseases.

Older people

It's not uncommon for our health to deteriorate as we age. That can include our oral health.

Cancer registry data showed that oral cancer incidence and mortality increased with age, meaning we get more vulnerable to these diseases as we get older. However, a lot of oral health problems can be a result of not looking after their teeth when they were younger. For instance, tooth loss can be a result of large, old fillings failing, gum recession and gum disease.

As we get older, our production of saliva reduces, and this can cause a dry mouth. Lack of saliva and dry mouth can lead to dental decay around the necks of the teeth, where the gum has receded and no longer has the protection of the enamel. The dentine underneath the enamel is much softer and therefore more susceptible to sensitivity and decay.

Older people who suffer from dementia and Alzheimer's disease might find that they are less able to take good care of their teeth. As the disease progresses, sufferers may forget to brush their teeth, clean interdentally, or even remember how to do these things. That is why a carer's help is invaluable for those who suffer from such progressive conditions.



Oral health and medical problems

Earlier on we talked about how older people's oral health gets affected because of dementia and Alzheimer's. Those are not the only medical conditions that can influence the health of the mouth.

In this article, we will touch on what effect medical conditions, specifically concerning mental health and disabilities, can have on a person's dental health.

Mental health

There is evidence that shows a connection between the health of the body and that of the mind. Further

research suggests that those who experience mental illness also suffer from poor oral health.

Some of the most common mental illnesses that can have a negative impact on a person's oral health include anxiety and panic attacks, depression, eating disorders, obsessive-compulsive disorder, self-harm, schizophrenia, and psychosis.

Recent studies show that mental illness sufferers tend to avoid dental care for various reasons. As a consequence, neglecting oral hygiene can lead to gum disease and tooth decay.

Those who suffer from anxiety might experience some form of dental phobia (fear of the dentist). This can result in not visiting the dentist regularly, as we know, a regular check-up is important for maintaining good oral health. Therefore, missing these regular visits could have a severe impact on a person's oral health.

People who suffer from eating



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disorders, such as Bulimia, make themselves sick. Because vomit is highly acidic, they will experience dental erosion (the loss of tooth enamel caused by an acid attack). In addition to that, low levels of calcium are also common among eating disorder sufferers, which could affect the health of the bones that support the teeth.

A person suffering with a mental illness might take prescription medications to ease their symptoms. Whilst these medications will help them to feel better mentally, they can have an adverse effect on their oral health. Multiple studies have proven that anti-depressants and similar drugs can cause dry mouth as they can reduce saliva flow. Saliva protects against dental decay and acid erosion, by neutralising the plaque acids that are produced when we eat or drink anything. When you have a dry mouth, you lose some of this protection which makes dental decay a real risk. Saliva also helps to start the digestive process by helping to break down food while you are chewing, and it also makes swallowing easier.

Disabilities

The evidence shows that people with disabilities have poorer oral health and more problems accessing dental services than people in the general population. They may need additional help with their oral care because some can have mobility or dexterity issues



and are not able to brush or clean interdentally on their own. Those who have learning disabilities might struggle with learning how to do such things or learning a new skill such as flossing. Hence they may need additional help with their oral hygiene and support to get dental treatment.

Modern dental services should make reasonable adjustments for patients with disabilities. They can ensure that patients with disabilities can use their services in the same way as more able people. It includes making practical adjustments to the environment or changes in the process of a check-up or dental treatment. There are also strategies that help reduce anxiety and better prepare patients for treatment such as desensitisation (a treatment technique that decreases or normalises the body's response to particular sensations).

If you are caring for a person with any form of mental illness or disability, check out our [‘For carers’](#) page where you can find a lot of useful information. Please feel free to share it with anyone who might benefit from these resources.



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www.dentalhealth.org

“It is extremely disappointing that the new reforms do not in any way tackle the postcode lottery of dental access in England.

Dr Nigel Carter, Chief Executive of the Oral Health Foundation

How can we tackle inequalities in the UK?

In light of the evidence of widening oral health inequalities and worsening health outcomes all over the world, it is important to take action to reduce them. There are a couple of things that can be done to achieve it.

Fair employment and good work for all

We have discussed socioeconomic inequalities and how they impact people's perception of health and force them to prioritise some things over others. For instance, people on low incomes tend to spend most of it on necessities such as food, bills, and rent. When all those have been paid for, they end up not having enough money to spend on things that concern their health and well-being such as a visit to the dentist.

Because of socioeconomic inequalities, children who grow up in deprived areas can face barriers in accessing health care. They can often go a long time without a dental check-up and can consume unhealthy, cheaper, processed food options, which are high in sugar, which lead to dental decay and toothache. Dr Carter, OBE Chief Executive at the Oral Health Foundation, said: “It is unfair and unjust for just one child, let alone thousands, to be put in pain because they are unable to access the care they deserve.” This should be a call for action.

We need to create more jobs which earn a liveable wage, for those who need it. Providing more financial stability for families, enabling them to afford dental treatment and oral hygiene products, as well as other necessary health care.



Prevention and Education

To understand the importance of oral health, first, we need to be aware of the risks of not taking care of our mouths.

There are various oral health prevention campaigns delivered by both government and charitable organisations, such as National Smile Month which is the annual campaign delivered by the Oral Health Foundation. This popular campaign is all about championing the benefits of having good oral health and promoting the value of a healthy smile. It runs every year and encourages simple actions:

- Brush teeth for two minutes, last thing at night and one other time during the day, with fluoride toothpaste.
- Clean between your teeth every day.
- Cut down on how much and how often you have sugary foods and drinks.
- Visit a dentist regularly, as often as they recommend.

These key messages will help to manage or even prevent oral disease and ensure the future health of the mouth and preserve your smile for many years to come.

The most important point is raising awareness of these key messages and to do this, we need to involve more corporate organisations in these campaigns. People trust well-known brands and will follow the lead, especially if this education and guidance are presented simply and coherently from a source that they recognise.

Dental services for disadvantaged people

We have mentioned that some people, depending on the area they live in, their socioeconomic status, or their health condition, might need additional help with accessing dental care. In addition, some dental services might



not be appropriate for all groups of people.

There is a need for the creation of more mobile dental units. Homeless people, people who live in rural areas and even prisoners could benefit greatly from them. They will get easier access to care and if they are able to have several appointments to carry out any necessary treatment, they can get their oral health in order, and then continue with regular check-up appointments in the future.

Provide oral health education in schools

The importance of taking care of oral health should be taught from a young age when a child is able to understand and retain new information. During childhood good habits can be formed, such as a good dental hygiene routine and a balanced diet. These things that we learn when we are young, are likely to remain with us forever, ensuring healthy mouths for life.

Oral health education programmes are often a part of the curriculum for children in schools. These can include supervised tooth brushing which will ensure that children learn how to brush correctly from a young age. A healthy diet is essential for maintaining good oral health. Sadly, removing teeth due to tooth decay is the most common reason that children have a general anaesthetic in hospitals in the UK. This calls for healthy food and drink policies implemented within schools. These should deliver education not just to the children and their teachers, but to parents as well. This will hopefully, help them maintain healthy food options at home.

There is a wide range of oral health materials that are easily accessible. You can download Dental Buddy (<https://www.dentalhealth.org/dentalbuddy>) and Brush Time (<https://www.dentalhealth.org/brush-time>) for free today. Please share these materials with anyone who might benefit from them. Let's make sure our children grow up to be healthy, happy and pain-free.



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