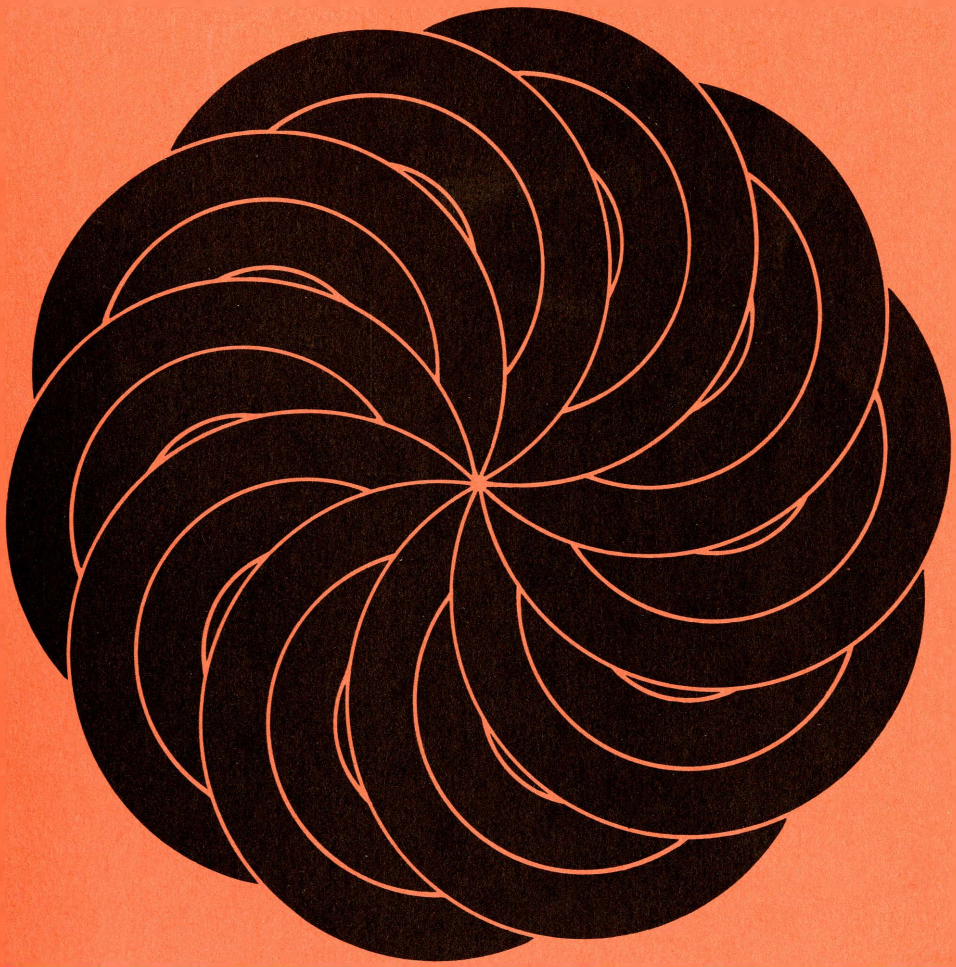
1971

Effective Dental Health Education: Planning Suggestions for Dental Societies (1971)

American Dental Association

Effective Dental Health Education

Planning Suggestions for Dental Societies



Thanks to research and clinical experience, the dental profession is ever learning about oral disease. The body of scientific knowledge about the prevention, control, and correction of oral disease is growing daily. How does our profession translate and pass on this information to the general public? School and community dental health programs have included talks, books, pamphlets, posters, graphs, and newspaper articles. Media such as radio and television, models, slides, exhibits, filmstrips, and motion pictures have been used. But to what avail? Reports show the nearly universal occurrence of oral disease in the general population.

How do we explain this apparent communication gap? Perhaps people do not *really* see or hear the dental health information we give them. Perhaps they do not understand that information. They may have misconceptions or hold attitudes which interfere with the receiving process. They may lack the motivation to put what they know into action.

One thing is clear. The dental profession must do more than flood the media with accurate and relevant facts on dental health. The profession must also improve its educational methods. Increased knowledge is desirable. But specific behavior change is more desirable.

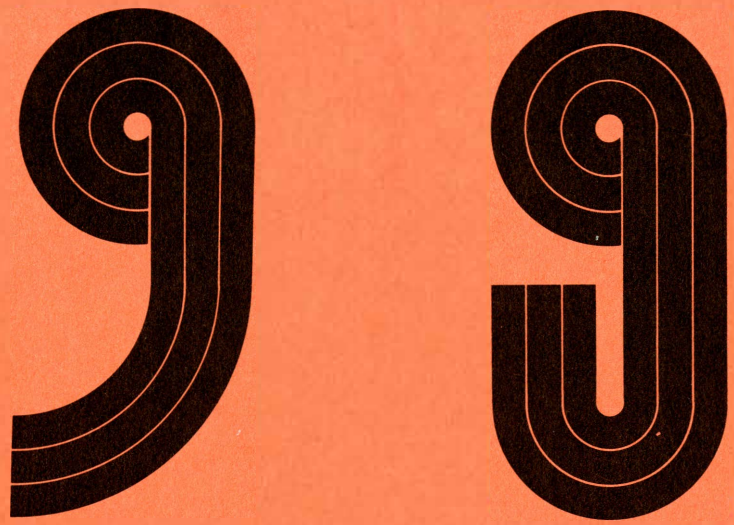
Stimulus for behavior change often comes from personal interaction. Dentists need to talk to patients. Patients need to talk with dentists. Dentists need to talk with teachers. Teachers need to talk with dental health specialists. Through this kind of interchange, individual interests are shared and needs often met.

This booklet suggests some principles to follow when planning face-to-face dental health education. It should help your dental society develop effective educational programs with dentists, dental auxiliaries, other health professionals, educators, dental patients, school age children, preschool children, senior citizens, breadwinners, homemakers—all community groups.

However, as with all mass communication methods, a booklet, of necessity, lacks specificity. Because resources and problems vary so greatly from individual to individual and from community to community, your *specific* interests and needs might be met if person-to-person communication were possible between you and the writer of this booklet.

Principles for Planning Dental Health Education

As your dental society plans to implement a dental health educational program, it may want to use several or all of the following practical suggestions:

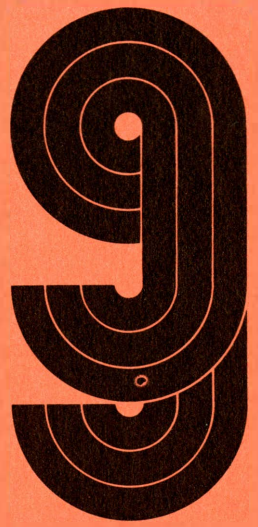


Obtain adequate consultation from professional health educators.
Knowing what one wants people to understand does not necessarily mean that one knows how, when, or where to provide them with the information. A health educator can be invaluable for planning, implementing, and evaluating your educational programs. Consider adding this professional to your dental society's full-time office staff.

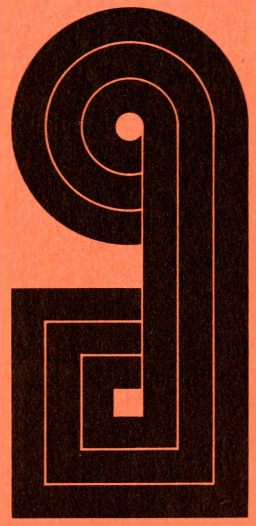
If this is impossible, schools and health departments often have qualified health educators who can help you learn more about current educational approaches. Also, upon request, the Bureau of Dental Health Education of the American Dental Association will provide consultant services to dental societies that wish to establish or improve programs of dental health education.

Work through the Council on Dental Health and/or other committees of your dental society that are responsible for dental health education.
Perhaps you will want to create a separate committee on dental health education to coordinate educational activities. Of course, the members should be interested in health education and be willing to assume leadership. The quality of their participation can spell the success or failure of your program.

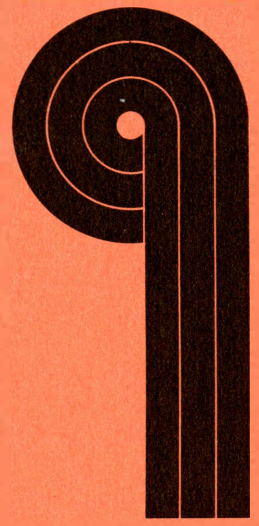
Obtain support from the dental society at large.
Discuss the program with your members, and keep them informed of your progress. The officers and the members in general all need to understand and accept their responsibility for changing the attitudes and behavior of the public regarding dental health. Information can be presented at meetings and through journals, newsletters, and exhibits.



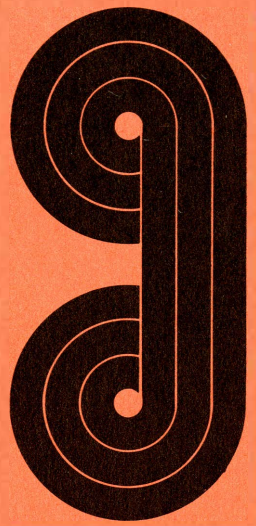
Cooperate with dental auxiliaries.
Do not try to do everything alone. Auxiliaries can and should help with every phase of your program. Ask for support from and delegate responsible duties to hygienists, assistants, and members of the women's auxiliary. Better communication and cooperation will help eliminate unnecessary duplication of effort and will enhance and expand educational efforts as well.



Cooperate with non-dental groups.
Be interested not only in dental health education but in health education in general. The health department, medical society, schools, welfare department, service clubs, and voluntary health agencies are only a few of the many organizations concerned with health. Learn about and cooperate with the health educational efforts of these organizations. If you show a sincere interest in their programs, then, when they plan future programs, they will be more likely to think of dentistry and the dental aspects of health and disease.



Plan your programs *with* people, not for them.
When working with schools, for example, always meet with school officials, students, and parents to plan programs together. Find out how you can help solve what they see as their most pressing problems in dental health education. This is the only way to relate your programs to the actual needs of the people you wish to educate.

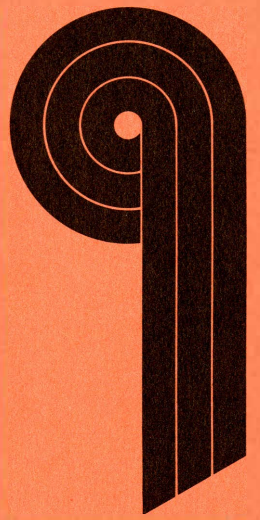


Work with those groups that are really interested in working with you.
Do not try to force a program on anyone. If a group does not want a dental program, approach another group instead. There are plenty of people who do want programs and will enthusiastically support well defined program ideas.

Determine priorities.
At the very least, you need programs to encourage and motivate practicing dentists, dental hygienists, and dental assistants to educate patients at chairside more effectively. The importance of these programs cannot be underestimated. An excellent environment for learning can be the dental office, especially at chairside, at that moment when the patient's most important single concern is usually his oral health.

Other top priorities include programs for teachers, physicians, nurses, and any other groups that will dental health educate others. Restricting projects to the groups that need them most avoids spreading your entire program too thin and in the end becoming frustrated at an inability to measure progress. This kind of program is easier to plan, carry through, and evaluate.

Provide an operating budget.
Initially, only a small budget may be necessary. This small budget is needed if only for stamps and stationery. Of course, as your program grows, the budget also will need to expand.



Adopt a written plan.
After determining your needs and resources, you should be able to outline a plan for approaching one or two of your community's major problems. Your plan should (a) define the general scope of your program, (b) state both immediate and long range objectives, (c) describe methods for organizing and operating, and (d) provide for the evaluation of your progress. A written plan should help show exactly where you have been, what is immediately feasible, and where you want to go in the future.

Conclusion

This booklet has outlined some essentials for effective dental health education. What has been suggested here is not spectacular. The booklet does not show how to implement a gigantic television effort or an all-out, one-week promotional campaign. Rather, it encourages necessary, sustained, supportive behind-the-scenes leadership when working with others—*everyone* who is or can be interested in health education. You must assume this leadership if the dental profession is to begin communicating dental health information in such a way that people *apply* it in everyday living. The time to begin is now.

American Dental Association
211 East Chicago Avenue
Chicago, Illinois 60611

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