School-Based Educational Intervention to Improve Children’s Oral Health—Related Knowledge

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[1] What proportion of 12 year olds in England have already experienced tooth decay (according to Rooney et al, 2010)?

One third

[2] According to WHO (2003), what percentage of teachers rated their capacity to deal with oral health issues as ‘high’?

9%

[3] In the session objectives for the oral education session, how were the following elements categorized: ‘Diseases caused by improper plaque control’; ‘The effect of acidity of plaque’; ‘Use of disclosing tablets’.

Mechanisms of action of plaque and decay

[4] The design of the intervention was informed by behavioural change theory. Specifically, the Theory of _________ _________, which stipulates that perceived behavioral control, attitudes, and subjective norms, influence intention and subsequently behavior.

Theory of Planned Behavior.

[5] Low-income children lose ______ _______ more school days due to dental illness than children from higher income families (according to the U.S. Department of Health and Human Services, 2000).

12 times

[6] In this study, no differences were found between pupils from urban, rural, or fee-paying schools in oral health knowledge or oral health behaviors either before or after the intervention.

True
[7] After receiving the intervention, children’s knowledge significantly improved in six areas. One of these areas related to the relationship between ___________ and pain.

Decay

[8] Six weeks after the intervention, 60% of the children felt they had actually changed the way they looked after their teeth and gums as a result of what they had learned at the oral health session.

False (correct answer = 85%)

[9] Parental engagement in oral health educational intervention may increase the likelihood of positive and sustained behavior change in both children and their families. This might be achieved through _______________ _______________ of parents in educational sessions targeted at their children, encouragement and incentives for engagement in oral health promotion activities.

Active participation

[10] It was recommended that clinical and economic outcomes of brief oral health education should be tested in a well-designed ___________________________ with repeated measures and longer follow-up periods.

randomized controlled trial