

# Foundation dentists and therapists tackling health inequalities – the Oral Health Bus

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## Background

Despite being almost entirely preventable, tooth decay remains a common disease in children, particularly for those in the lower socio-economic group. The latest Oral Health Survey in England showed that children living in the most deprived areas as twice as likely to have tooth decay than those living in affluent communities.<sup>1</sup> The London Borough of Brent is an example of oral health inequalities, with over 46% of 5-year-olds having tooth decay,<sup>2</sup> almost double the average in London and England. In this poster, we present a case of interprofessional and inter-agency collaboration to tackle common risk factors shared between tooth decay and other non-communicable diseases (NCDs), such as obesity, involving Foundation Dentists (FDs), Therapists (FTs) and other stakeholders.

## Aims

- To enhance the use of the skill mix of the dental workforce and expose trainees to multi-professional and inter-agency collaboration.
- To promote trainees' understanding of the communities they serve by working with local stakeholders.
- To involve trainees in tackling health inequalities by engaging in wider oral health promotion campaigns.

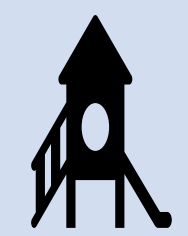
## Methods



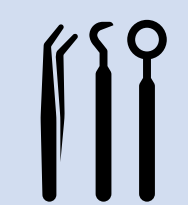
London FTs and FDs had the opportunity to work at the heart of the community by joining the Oral Health Bus providing dental examinations and fluoride varnish. They worked closely delivering preventative measures with other teams, including the weight management, oral health promotion teams and the library staff.



Adopting a common risk factor approach, the Public Health Team targeted areas with high obesity rates.



To maximise the uptake from parents, the Bus was parked in green areas close to schools after school hours.



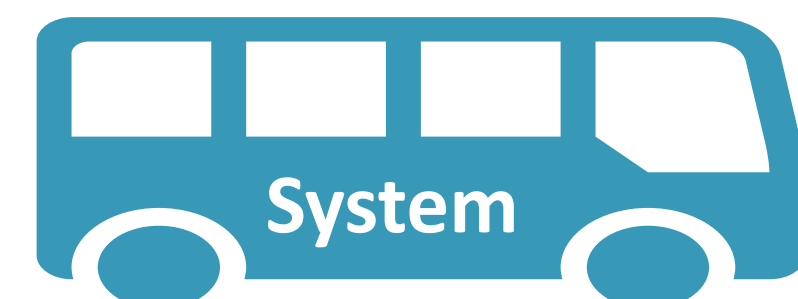
Children with one or more caries were referred to local dental practices accepting new patients.

## Results

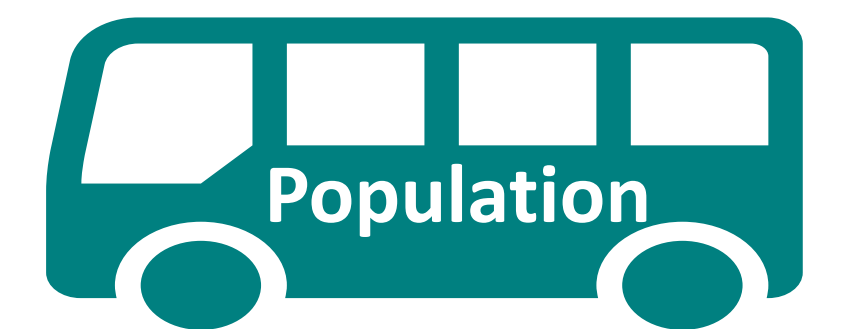


- The experience is an eye opener to the level of dental disease found in the population and the barriers to access to NHS dentistry.
- FDs demonstrated leadership skills by being responsible for overseeing and prescribing to FTs, stock and handing over to the next session and giving feedback on how to improve the programme.
- Opportunity to understand better how to work and engage with the community and interprofessional collaboration.
- Enhancement of behavioural management skills with children and how to communicate with them and their families in brief interventions.
- Personal growth by 'giving back to the community'.

- 687 children in reception and Year 1 had dental examinations, fluoride varnish and a referral to a dental practice for those with dental caries.
- Families not registered with an NHS practice were signposted to local FT practices where FDs could see them before helping with further access.



- By bringing care outside the traditional healthcare establishments and out-of-school hours, barriers to care are reduced and uptake increases.
- Adopting a common risk factor approach efficiently improves the population's health and reduces social inequalities.



## Conclusions

By involving trainees early in their careers in health promotion initiatives, we offer them an opportunity to demonstrate leadership by working in partnership with other health and social care professionals, understand the community they serve and address health inequalities by delivering care at the heart of the community.

## References

(1) Office for Health Improvement & Disparities (2024) Main findings of year 6 oral health survey (2) Office for Health Improvement & Disparities (2023) National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5-year-old children 2022.

## Acknowledgements

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