

Educating families about oral health through video storytelling

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Background

Early childhood caries (ECC) remains the most prevalent chronic disease of early childhood with wide disparities present across pediatric populations by income and ethnicity.

Purpose

To evaluate the effectiveness of an oral health education video featuring community healthy workers (CHWs) in educating parents about oral health and caries prevention through peer storytelling and to evaluate retention of this knowledge on follow up.

#	Survey Questions
1	Tooth decay is an infectious disease
2	All kids get tooth decay
3	Tooth decay can be prevented
4	A mom can pass cavity causing germs to her child
5	Tooth decay in baby teeth is not important
6	Brushing twice a day with a fluoridated toothpaste can prevent tooth decay
7	For children under the age of 3 year old, a smear amount is the correct amount of toothpaste to use
8	Eating snacks between meals can cause tooth decay
9	Eating frequent starchy/sugary snacks between meals can cause decay
10	Drinking sweetened milk can cause decay
11	Drinking juice can cause tooth decay
12	Women should continue to see their oral health care provider during pregnancy

Methods

Recruitment and Enrollment

- English speaking parents presenting to the College of Dental Medicine
- Children ages 0-16 presenting for routine dental care
- N = 45

Initial survey (pre-test)

- 37-item survey administered to assess current oral health knowledge, attitudes, and beliefs
- N = 45



Intervention

- Parents watched a 5-minute oral health intervention video narrated by community health workers addressing dental caries
- N = 45



Post-test survey

- The same 37-item pre-test survey was administered immediately following the intervention
- N = 45



Follow-up survey

- Administration of the 37-item survey 4-6 weeks following the initial survey, intervention, and post-test to assess knowledge retention
- N = 28

Figure 1. Comparing overall changes between pre-test and post-test answers



Figure 2. Comparing overall changes between post-test and 4-6 week follow-up answers



Findings

- Of the 45 parents recruited, 28 parents (62%) completed the f/u survey 4-6 weeks following the intervention and the remaining 17 parents (38%) were lost to f/u
- Statistically significant changes were seen in the following questions when comparing the pre-test answers to the post-test answers: tooth decay is an infectious disease; tooth decay can be prevented; a mom can pass cavity causing germs to her child; drinking sweetened milk can cause tooth decay
- Statistically significant changes were seen in the following questions when comparing the post-test answers to f/u answers: eating frequent starchy/sugary snacks between meals can cause tooth decay; women should continue to see their oral health care provider during pregnancy

Limitations

While our study evaluated the overall trend in the relationship between percentage of parents and answers for the pre-test, post-test and f/u surveys, statistically significant differences may have been limited by the small sample size. Additionally many parents were lost to f/u.

Conclusions

Findings suggest that the oral health education video featuring CHWs may be an effective means for educating parents about oral health and caries prevention. Parent's overall agreed more or remained neutral immediately following the intervention video as compared to pre-test when asked if tooth decay is an infectious disease, if tooth decay can be prevented, if a mom can pass cavity causing germs to her child and if drinking sweetened milk can cause tooth decay.