

Response to Arora *et al.*: A qualitative evaluation of the view of Child and Family Health Nurses on the early childhood oral health education materials in New South Wales, Australia

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The recent article published by Arora *et al.*¹ provides some useful insights into issues of health literacy in oral health promotion. The authors state that producers of paediatric oral health education material in Australia should reach consensus about key health messages; however, there have been important developments in the field of oral health promotion. An article published in this Journal in 2006² described methods used to gain consensus with health professionals on key oral health messages in New South Wales (NSW). In 2009, a national workshop was convened by the National Oral Health Promotion Clearing House that resulted in the development of consistent oral health messages.³

We were interested to read the study findings of Arora *et al.*¹ in relation to Child and Family Health Nurse (CFHN) opinion on target audience ambivalence about the description of a pea-sized amount of toothpaste. Consultations undertaken by NSW Health in 2009 also highlighted this as an issue; alternative descriptions, such as a dab or a smear, were also confusing and the matter was resolved by the inclusion of a picture of a toothbrush depicting the optimum amount of paste to use.⁴

Arora *et al.*¹ have chosen to evaluate only two brochures out of a suite of brochures and posters that NSW Health makes available to health professionals. As the authors noted, ‘the use of illustrations may be a useful tool to assist oral health literacy issues in people from disadvantaged backgrounds’.¹ Existing resources are available that rely heavily on illustrations both in NSW and in other states.⁵ One such NSW resource, the ‘Lift the Lip’ brochure, and the Aboriginal-specific version ‘See my Smile’, has undergone extensive consultation and evaluation.⁶

Arora *et al.*¹ state that some evidence shows there is little communication between different groups of Australian health care professionals and they have referenced an article by Mbwili-Muleya *et al.* published in 2000 to support this claim.⁷ Much has transpired since the article by Mbwili-Muleya *et al.* was published; most state and territories now support an early childhood oral health program that links oral health professionals with general health professionals.⁵ The

introduction of Medicare Benefits Schedule (MBS) Primary Care Items for Healthy Kids Checks and Child Immunisation has also promoted communication between general health professionals.⁸

The claim that limited training in oral health is available for Australian non-dental health professionals is not accurate. In NSW, early childhood oral health training has been available to all health professionals since 2007 and the roll out to CFHNs has been extensive.^{6,9} Face-to-face training is supplemented with a free online learning module developed in partnership by NSW Health and the Royal Australian Academy of General Practice.¹⁰ NSW Health provides ongoing education for nurses undertaking (CFHN) postgraduate education and, in addition to this, the Midwifery Initiated Oral Health (MIOH) education program has been endorsed by the Australian College of Midwives and offers 16 continuing professional development points to all midwives across Australia.¹¹

Focusing on prevention and early intervention is a key NSW government policy direction. To gain a true understanding of health literacy issues, it is important to seek the opinions of the intended audience as well as CFHNs. Arora *et al.*¹ have identified some of the challenges in producing quality resources and their contribution is welcomed; however, their study implies that their findings in relation to the shortfalls of dental health education material for parents of preschool children in NSW apply to all the material in use in NSW, which is an overinterpretation of a modest result.

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