Whole Mouth Health

Application Deadline: 15 December 2019

Co-designing Oral Health Behaviour Change Resources

Supporting Brief

Take part in a co-design challenge on a global scale empowering people to take control of their oral health.

The Whole Mouth Health Project is supported by Colgate.
Background & Rationale

Oral health is an essential component of overall health and a human right, however oral diseases continue to be a global public health challenge (3). The number of people with untreated oral conditions reached 3.5 billion in 2015 (1). Adopting a preventive approach to oral health care is essential to address this challenge. This requires empowering people to take care of their oral health by providing adequate information, motivation to change behaviours and health-promoting environments. The FDI Whole Mouth Health project will co-design behaviour change resources for different stakeholders that influence oral health behaviours, ensuring they are meaningful and useful to those who can improve the prevention of oral diseases.

Health literacy has been found to be a strong predictor of an individual's health, health behaviour and health outcomes. Lower literacy has been linked to problems with the use of preventive services, delayed diagnoses of medical conditions, poor adherence to medical instructions, poor self-management skills, increased mortality risks, poor health outcomes, and higher healthcare costs (2). Oral health literacy and behaviour change are, however, challenging concepts. The underlying logic of health literacy suggests that health information, provided in an understandable format, allows individuals to make appropriate health decisions. However, health information alone is not sufficient to achieve behaviour change.

By utilising a co-design method and gaining the input of all stakeholders, patients, families, politicians and healthcare providers, is an ideal methodology to create this dynamic conversation and adding cultural relevance through a global approach.

The Co-Design Challenge

Produce oral health behaviour change resources in collaboration with relevant stakeholders to improve oral hygiene and prevention through the Whole Mouth Health concept that seeks to educate people about the oral microbiome and its effects on overall health. Resources will build oral health literacy and motivate behaviour change among a specific population of patients or the public and support oral health professionals and/or other professional groups (e.g. maternal health workers, social care workers, teachers) in improving oral health. Resources should be developed for two separate groups, the target patient/public population and oral health professionals and/or other relevant professional groups.

Resources for oral health professionals and/or other professional groups

Objective:
To guide and assist oral health professionals and/or other relevant professionals that can influence the target population's oral health behaviours in providing behaviour change support, leveraging oral health literacy and behaviour change principles.

Possible content/key considerations:
- Understanding and assessing oral health literacy
- Providing tailored education to patients to improve oral health literacy
- Providing motivation and behaviour change strategies to patients
- Resources to support clinician to patient communication

Resources for patients or the public

Objective:
Provide information and strategies for a targeted group of patients or the public to support behaviour change for improved oral health.

Possible resource types and content:
- Information/infographics on oral health and the oral microbiome to increase patient understanding and motivation for behavior change.
- Strategies for behavior change, personalizable in collaboration with their oral health professional
- Home care protocols (easy-to-follow guides for oral hygiene actions)
### Patient/Public Target Groups

<table>
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<th>Patient/Public Target Group</th>
<th>Rational for targeting group for behaviour change intervention</th>
<th>Potential behaviour change settings</th>
<th>Potential stakeholders for co-design</th>
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<td><strong>Prenatal, Pregnancy &amp; new parents</strong></td>
<td>Susceptible to health messaging, including for smoking cessation and avoiding certain foods. Oral health messages communicated during pregnancy can be applied practically in the early stages of infant life contribute to the formation of life-time habits. The indication that a mother's microbiome can influence the health of a child i.e. the transmission of Streptococcus mutans is a key message within whole mouth health.</td>
<td>Dental practice, pre and ante-natal clinic, maternity unit, doctor's surgery, mother and baby groups, social media, childcare facilities, nursery, child welfare agencies.</td>
<td>Pregnant mothers, new parents, oral health professionals, maternal health professionals, general medical practitioners.</td>
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<td><strong>School Children</strong></td>
<td>Spend approximately 6 hours per day at school for 40 weeks of the year, providing health educators and teachers the opportunity to introduce habits and health information. Poor dental health in school children is linked to poor concentration, absenteeism, and lower educational attainment.</td>
<td>School lessons, school activity/breakfast/ afterschool clubs, school nurse appointments, childcare facilities, nursery, child welfare agencies.</td>
<td>School teachers, school principals, school nurses, school administrators, parents of schoolchildren.</td>
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<td><strong>Emerging Adulthood</strong></td>
<td>Considered to be the “volitional years” as young people gain autonomy and develop characteristics to become self-sufficient, enter committed relationships and either higher education or employment for the first time. Young adults are receptive to messages that will shape their healthy development into adulthood.</td>
<td>Dental practice, youth clubs, sports clubs, teachers, welfare agencies, youth outreach medical clinics.</td>
<td>Teenagers and young adults, oral health professionals, general medical practitioners, youth club leaders, university welfare/health officers.</td>
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| Transition to polypharmacy | The number of older adults is increasing worldwide. As more people have the opportunity to live a long life, many will also experience a period of life characterized by the coexistence of multiple health problems. This presents an opportunity for intervention to address to common risk factors. | Dental practice, GP surgeries, pharmacies, occupational health settings, welfare and community groups. | Older independent adults, oral health professionals, general medical practitioners, practice nurses, health care assistants, pharmacists. |

| Independent to dependent ageing | Changes in health status and capacity can lead to individuals requiring support for everyday living. The required level of support varies, yet, the ability to maintain their own oral health may be their final independent act. | Care homes, sheltered housing, mobile dental/health care services, pharmacies, welfare agencies, dental practice and healthcare facilities visited by family members. | Elderly dependent adults, family members and friends providing care, care home/welfare workers, mobile care providers. |

Dental practice, GP surgeries, pharmacies, occupational health settings, welfare and community groups.

Older independent adults, oral health professionals, general medical practitioners, practice nurses, health care assistants, pharmacists.
Connecting teams to oral stakeholders

FDI will connect design teams to the National Dental Association (NDA) in their country. The NDA will help recruit oral health professionals, and where relevant other stakeholders, to participate in the co-design process.

Ethical Considerations

Ethical approval (if required) must be sought in each country by the design team. Beneficence and non-maleficence should be ensured through voluntary participation and the opportunity to withdraw from the project at any time. The design and research process may uncover participants concerns regarding the clinical practice or management of patient's health; thus, further resources should be prepared for participants with relevant debriefing provided at the close of the workshops.

To ensure informed consent, respect and confidentiality, participants must be provided with a participant information sheet prior to the co-design process beginning. Verbal and written consent should be obtained, and the participants given the opportunity to ask any questions. Feedback or comments should not be linked to individual participants to protect their identity, although participants should be recognized for their involvement if they agree, as described below.

Timeline

The following is the overall timeline for the project and the dates at which information and outputs are to be submitted to FDI. All elements to submit are underlined, with descriptions provided in the section below.

- 30 November 2019 – Application deadline
- 13 December 2019 – Successful applicants selected and informed
- December 2019 - Initial teleconferences to introduce design teams, NDAs and FDI.
- February 2020 – Ethical approval obtained and evidence of ethical approval submitted to FDI
- February 2020 – First co-design workshops held
- February 2020 – Initial/draft products developed
- February 2020 – Global teleconference with all four design teams to discuss initial co-design results and products
- March-May 2020 – Ongoing co-design workshops and testing of products
- May/June 2020 – Global teleconference with all four design teams to discuss additional results and product development
- July 2020 – Submission of ‘final’ products and process narrative report to FDI
- August 2020 – Launch of products at FDI World Dental Congress Shanghai

Description of Submissions

- Evidence of ethical approval – A letter/certificate from an ethics authority mandated to review and approve the ethical process of research in your country/region, or proof of exemption from ethical approval according to the regulations in your country/region.
- Products – The behaviour change resources developed through the co-design process. These may take any format, e.g. leaflets/booklets, storyboards, videos etc.
- Process narrative report – report of the co-design process and outcomes, that should include:
  - Description of the co-design process, including number of workshops, number of participants and stakeholder types, method, etc.
  - Design logs tracking the development of the products.
  - The discussion and feedback points from the co-design process and description of how these informed the product development.
**Intellectual Property and use of resources produced**

All resources produced will be owned by FDI, with the right to adapt and use without limitation. This will include but not be limited to the development of subsequent versions of the resources developed, translation into additional languages, inclusion of the FDI logo and logos of its partners organizations in the subsequent versions, and distribution through its website and other communication channels. FDI may also use the process narrative report provided by design teams to publish its own reports, conclusions or articles about the overall project.

FDI commits to recognize the design teams and other stakeholders on its website, and on other communications related to the Whole Mouth Health project where possible. Design teams will have the right to use the original products they have developed for their own communication, publicity and marketing purposes without limitation. Design teams may also request the right to use the subsequent resources developed by FDI for communication, publicity and marketing purposes, subject to certain conditions.

Design teams commit to recognizing any partners they work with in developing the products, including NDAs and participants in the co-design workshops.

**FDI World Dental Congress: 1-4th Sept, 2020 Shanghai, China**

There are opportunities for team members to attend the Whole Mouth Health workshop at the FDI WDC 2020, these opportunities will be discussed with the individual teams.

**Grants and use of funds**

Each design team whose application is successful will receive a single award grant of 10,000 Swiss Francs (approximately US$10,000). The funds can be used to complete the co-design process and develop the products in any way that the design team chooses, including staff costs, resource costs, and expenses for participants in the co-design workshops.

Payment of the grant will be made upon successful delivery of the products. Prior to beginning the project, the design team and FDI will sign an agreement that confirms the grant amount, payment details and conditions of the project.