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The Importance of Family Oral Health Education in Promoting Children's Oral Health

Dental caries remains a preventable, chronic disease that impacts children worldwide. Globally, in 2019 an estimated 514 million children experienced dental caries in their primary teeth.¹ During 2017-2020, national data reported that 46% of children in the United States (US) aged 2-19 years had at least one or more untreated or restored dental caries in primary or permanent teeth.² Addressing dental caries among children and adolescents requires a collaborative effort due to the complexity of the disease. While the saliva, teeth, microflora, and diet are the foundational elements for dental caries, other factors such as the environment, time, child, family and community-level influences should be considered when addressing children's oral health.³⁻⁴ Specifically, family and community level factors significantly influence the acceptance of oral health education and behaviors that will be integrated into regular practices for the child.

In general, the mother is the first person to receive oral health education during the gestational stages. During this time, prenatal and oral health care professionals should discuss with the mother the importance of healthy oral behaviors during pregnancy and for the unborn child.⁵ The ability to acquire oral health education and understand the information is imperative for translation into practice. Oral health literacy (OHL) is "the degree to which individuals have the capacity to obtain, process and understand basic oral health information and services needed to make appropriate decisions."⁶ A person's OHL is an important determinant of oral health status and can lead to improved health outcomes.

In the US, 71.1% of children aged ≤ 18 years live in two parent households, whereas 20.9% of children reside with their mother only.⁷ Within the family structure, many children will be cared for by family members other than their mother. One of the easiest ways to spread cariogenic bacteria is through vertical transmission (e.g., mother to child) and horizontal transmission (e.g., family or peers to child or sharing utensils).⁸ Research has shown that mothers often experience familial discord related to oral health practices and behaviors for the child.⁹ Therefore, educating the family unit on healthy oral hygiene practices and diet is essential.

Assessing oral disease risk such as dental caries through assessment tools is one mechanism to educate caregivers and family members. Caries risk assessment (CRA) tools such as caries management by risk assessment (CAMBRA), Cariogram, CRA by the American Dental Association and American Academy of Pediatric Dentistry all take into consideration the oral health of family members when assessing caries risk levels.¹⁰ This further demonstrates the importance of family involvement in promoting positive oral health for the child.

Public programs, such as Head Start, encourage parental involvement with children's oral health practices by promoting toothbrushing with children along with healthy food options. When these behaviors begin in early childhood, they increase the chances of being translated into adulthood.¹¹ Encouraging parents to share with family members the oral health education

learned from health care professionals promotes the integration of these behaviors and is beneficial to all.

Today's family structure can vary considerably, creating a dynamic where individuals other than parents provide care for young children and adolescents. Extended family members may play a fundamental role in shaping a child's oral health and can set a course for developing preventive oral health behaviors and habits. Dental and non-dental healthcare professionals should consider caregivers' oral health literacy levels to ensure oral health information is understandable. Comprehensive OHL inventories are needed for assessment, followed by tailored educational messages to promote positive oral habits that can reduce the prevalence of childhood dental decay.

Children's Dental Health Month allows time for reflection on oral health practices we use to educate children. A collaborative effort with dental, non-dental professionals, and caregivers is needed to address oral diseases experienced by youth. How will you be intentional about educating and including the family unit for children's oral health?

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