



Figure 1. Dental [photograph]. (2016).

# Implications of Oral Health in New Zealand children

Research question "how does the socioeconomic background/lifestyle of a child affect their oral health?" By Harriet Scotland



Figure 2. Brushing teeth [photograph]. (2016)

## Introduction

In New Zealand, oral health is a highly established chronic disease (Ministry of Health, 2010), with dental caries being a prevalent oral health issue in New Zealand children (Birse, 2004). The research question was developed to explore the disparities in oral health of New Zealand children.

## Key findings within Literature Review

- Within the New Zealand children population there is poor oral health (Hamman, 2007).
- Key factors significant to poor oral health are; poor dietary habits, low socioeconomic status and fluoridation (Hamman, 2007).
- There are major health inequities due to socioeconomic status within the preschool population (Bach & Manton, 2014).
- Inequalities of ethnic groups such as Maori and Pacific children means these groups are more likely to have dental caries as they are less inclined to access dental care and brush their teeth accordingly (Collins, Fair, Dickinson, & Peacock, 2009).
- Children living in deprived socioeconomic areas are more likely to have a high prevalence of dental caries

## Conclusion

In summary, this poster has been formed to discuss the clinical question. Following the literature search, it was found that poor oral health of children in New Zealand is influenced by socioeconomic status. Mainly, this effects Maori and Pacific children. Other influences that cause poor oral health in children are; lack of fluoridation, poor nutrition, lack of education, and poor attitudes towards dental health.

## Recommendations:

- Before a baby turns 12 months old information surrounding teeth brushing and oral cares should be provided by a medical provider to parents/ caregivers. As stated by Bach and Manton (2014) children who have their teeth brushed before the age of 12 months are less likely to have dental caries. Bach and Manton states it is recommended teeth are checked before the age of 12 months and after the eruption of first tooth.
- Children's families are educated about fluoride toothpaste as the New Zealand Ministry of health guidelines state children of all ages should be using fluoride toothpaste (Bach & Manton, 2014).
- When a child comes in for their primary health checkup the nurse should also make it a priority to check the oral health of the child, and the level of education of the parent/ caregiver incase information needs to be provided. As child health nurses interact more regularly with the children and mother then many other health care

## Implications

Hammam (2007) states that district health boards are aiming nurses to promote awareness for oral health as primary health nurses work closely with the family from a young age. Bach and Manton (2014) states low socioeconomic status can also lead to poor education or understanding of oral health. This in turn means that as a nurse their role can be to educate the families around oral health. Bach and Manton states primary care providers should be able to identify the at risk children and provide them with early preventative programmes and services. Birse (2004) states that nurses should be able to identify abnormalities in oral cavity however nurses lack knowledge surrounding how to assess oral hygiene and it is not a priority within a hospital setting.

## References

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PECOT category	Information relating to question	Explanation
Population	Children aged 0-18 years from an identifiable socioeconomic background	This population group includes all ethnicities within New Zealand e.g. Pacific islanders and Maori and European Pakehas.
Exposure (Intervention)	Children who grew up from a low socioeconomic background	Evidence that compares the oral health of children growing up in low socioeconomic areas against those who grew up on high socioeconomic areas.
Comparison/ control	Children who grew up from a high socioeconomic background	The effect of socioeconomic status can affect the status of one's oral health.
Outcome	Children from a low socioeconomic background showed poorer oral health than children who grew up in a high socioeconomic background	I would like to know why socioeconomic status effects oral health.
Time	20 years	From when a child's teeth come out to when they are fully developed.

(Whitehead, 2013).

### Summary

I have chosen to do a poster as it is more visually appealing and it means that it will gain the interest of my target audience which is the parents/caregivers of the children of New Zealand. I believe that it will grab the attention of people from a lower socioeconomic demographic area as they will see socioeconomic visually and maybe be more compelled to read it. The aim of this poster is to remind adults to get their kids teeth checked. I also aim for nurses to read the poster and understand how poor New Zealand's oral health is as well as the socioeconomic status effecting oral health of children. Birse (2004) stated which I have mentioned in my implications that many nurses do not make oral health a priority as well as not know enough about oral health so I am aiming nurses recognize this and take initiative to make it a priority in their nursing. The poster will help educate nurses so that they can future advocate for the children

### References

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