

## HPP SELF-STUDY CONTINUING EDUCATION CREDITS

# *School-Based Educational Intervention to Improve Children's Oral Health–Related Knowledge*

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[1] What proportion of 12 year olds in England have already experienced tooth decay (according to Rooney et al, 2010)?

- One fifth
- One quarter
- One third
- One half

[2] According to WHO (2003), what percentage of teachers rated their capacity to deal with oral health issues as 'high'?

- 9%
- 15%
- 21%
- 43%

[3] In the session objectives for the oral education session, how were the following learning elements categorized: 'Diseases caused by improper plaque control'; 'The effect of acidity of plaque'; ' Use of disclosing tablets'.

Oral hygiene instruction

Mechanisms of action of plaque and decay

Dental decay

Diet and relation to tooth decay

[4] The design of the intervention was informed by behavioural change theory. Specifically, the Theory of \_\_\_\_\_, which stipulates that perceived behavioral control, attitudes, and subjective norms, influence intention and subsequently behavior.

Theory of Planned Behavior.

Theory of Predictive Behavior.

Theory of Progressive Behavior.

Theory of Intended Behavior.

[5] Low-income children lose \_\_\_\_\_ more school days due to dental illness than children from higher income families (according to the U.S. Department of Health and Human Services, 2000).

3 times

8 times

10 times

12 times

[6] In this study, no differences were found between pupils from urban, rural, or fee-paying schools in oral health knowledge or oral health behaviors either before or after the intervention.

True

False

[7] After receiving the intervention, children's knowledge significantly improved in six areas. One of these areas related to the relationship between \_\_\_\_\_ and pain.

Flossing

Saliva

Sugar

Decay

[8] Six weeks after the intervention, 60% of the children felt they had actually changed the way they looked after their teeth and gums as a result of what they had learned at the oral health session.

True

False

[9] Parental engagement in oral health educational intervention may increase the likelihood of positive and sustained behavior change in both children and their families. The authors suggests this might be achieved through \_\_\_\_\_ of parents in educational sessions targeted at their children, encouragement and incentives for engagement in oral health promotion activities.

Monitoring and supervision

Targeted training

Active participation

Observation

[10] It was recommended that clinical and economic outcomes of brief oral health education should be tested in a well-designed \_\_\_\_\_ with repeated measures and longer follow-up periods.

Cohort study

Questionnaire survey

randomized controlled trial

Qualitative study