

MAKING EVERY CONTACT IN DENTISTRY COUNT

CLAIRE CHEMINADE

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Prevention is gaining momentum. Modern life, what we eat, our often sedentary behaviour, and lifestyle choices around smoking and alcohol are affecting the quality of people's lives in Britain today. The *NHS Five Year Forward View*¹ called for a "radical upgrade in prevention," meaning this is not just a public health workforce issue, but that everyone who works with people can make a difference.

The 'big killers' and illnesses affecting the quality of people's lives in Britain today are cancer, cardiovascular disease, stroke, liver disease and lung disease.² Although not always, often they are attributable to our modern lifestyles. The main public health issues of the past were communicable infections – we caught diseases such as cholera from each other. Today we are plagued by illness caused by how we are living.

In the same way that we were able to prevent the spread of infectious killers, we are also able to address our modern epidemics to improve the health and wellbeing of people and the population. Everyone who comes into contact with and works with people has the ability to make a real difference to individuals. Everyone from community pharmacists, librarians, fire and rescue workers and dental teams can make a difference by empowering people to change their lifestyles to improve their health – and it might not take as long as you think.

One way which enables people to do this is 'Making Every Contact Count,' or MECC as it is commonly referred to. MECC is an approach to behaviour change that utilises the millions of day-to-day interactions that organisations and people have with other people to support them in making positive changes to their physical and mental health and

emotional wellbeing. MECC is about empowering individuals to engage in conversations about health and wellbeing at scale.

Healthy conversations focus on making changes to behaviours that link to modifiable risk factors, such as diet and weight, smoking, alcohol and substance misuse, exercise and mental wellbeing. In particular, an unhealthy diet, smoking and alcohol are all significant risk factors of poor oral health.

A MECC interaction takes a matter of minutes and is not intended to add to the busy workloads of health, care or the wider workforce staff. Rather it is structured to fit into and complement existing professional clinical, care and social engagement approaches.

Many health and social care professionals' training covers elements of health promotion, communication and holistic person centred approaches, so may already have the underpinning knowledge and skills to use opportunistic delivery of consistent and concise healthy lifestyle information. MECC underpins practice with prevention and is applicable across many different settings, including oral health. This contact is routine and transferable across all health professions, maximising the opportunity for a brief or very brief discussion on health and wellbeing factors to take place. Therefore, implementing MECC is about ensuring all future practitioners are equipped with the competencies, as well as up-skilling existing workforces through delivery of training to refresh skills gained in core training.

Evidence suggests that the broad adoption of empowering people and organisations across health and care could potentially have a significant

AUTHOR

Claire Cheminade

Senior Project Manager, Population Health and Prevention – National Programmes, Health Education England



impact on the health of our population. Together with the higher intensity interventions offered to people, MECC is part of the solution to addressing poor health.

An example of using MECC is 'Mouth Care Matters' (MCM).³ A dental nurse, a Health Care Assistant (HCA) and a speech and language therapist are some of the people employed to be MCM Leads. The leads provide training to all staff within acute trusts on healthy conversations around good oral health, bringing an increased awareness of the importance of good mouth care and how it impacts on general health and quality of life.

'Now You Have Teeth' is another example of using MECC. Foundation Dentists in London (North West London and South London), as part of their training, visit Children's Centres to have healthy conversations with parents and their children. Predominately engaging with families about encouraging them to find a dentist, they also discuss the importance of good oral health in terms of what we eat and drink as well as good tooth brushing. It is about establishing good habits for life and prevention.

Additionally, MECC can also have a positive effect on the health of

individuals trained to initiate these conversations, as well as improving their confidence, attitudes and self-awareness. MECC is demonstrated by the competence and confidence of staff to deliver appropriate healthy lifestyle messages and the encouragement for people to change their behaviour and to signpost to local health improvement services that can support health and wellbeing. Individuals and organisations can proactively engage members of the public by using the opportunities for a health promoting intervention, and Making Every Contact Count.

There are a number of national resources which have been co-produced by Health Education England (HEE) to support the embedding of MECC in various settings. These include an implementation toolkit, a training quality marker checklist and an evaluation framework.

More information and details of freely available eLearning modules can be found on the website www.makingeverycontactcount.co.uk.

REFERENCES

- 1 NHS. Five Year Forward View. 2014. Available at: www.england.nhs.uk/five-year-forward-view.
- 2 NHS Choices. The top five causes of premature death. 2016.
- 3 Available at: www.nhs.uk/Livewell/over60s/Pages/The-top-five-causes-of-premature-death.aspx. Health Education England. Mouth Care Matters. Available at: www.mouthcarematters.hee.nhs.uk.