

# **VENTURA COUNTY PUBLIC HEALTH Oral Health Program**



## **Tobacco Cessation and Sugar-Sweetened Beverage Counseling in Dental Offices: Findings from the Santa Barbara-Ventura County Dental Society Dentist Survey**

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December 2018**

## INTRODUCTION

It is well recognized that unhealthful behaviors such as tobacco use and over consumption of sugar-sweetened beverages can have damaging effects on a person’s oral health, particularly periodontal disease,<sup>1</sup> in addition to the risks for childhood obesity, Type 2 diabetes and cancers. While most dentists—especially those who see children—view guidance about sugar consumption and caries risk as integral to their practice,<sup>2</sup> tobacco cessation and referral activities do not play a prominent role in most dental practices.<sup>3</sup>

While there is good evidence that interventions from dental professionals can play an important role in promoting tobacco prevention and cessation, a lack of time and training are often barriers.<sup>4</sup> However, research suggests that with training dental team members can be influential in changing patient behaviors, including helping patients achieve quit rates comparable to what has been achieved by physicians in primary care settings.<sup>5</sup>

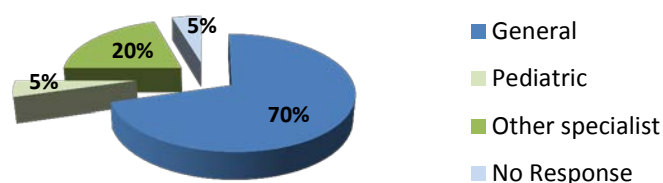
## METHODS

A brief survey was developed to query dentists who see patients in Ventura County about their experiences in providing tobacco prevention and cessation efforts and counseling patients regarding sugar-sweetened beverages (Attachment 1). The dentists, who worked in community clinics as well as office-based settings, were asked about office practices, capacity for oral health education and interest in receiving resources that could help. The Santa Barbara-Ventura County Dental Society graciously agreed to make the survey available online to its members during a 3-week period in November 2018,<sup>6</sup> and transmitted it with a cover letter from the Ventura County Public Health Oral Health program. Barbara Aved Associates designed the survey, analyzed the data and prepared this report.

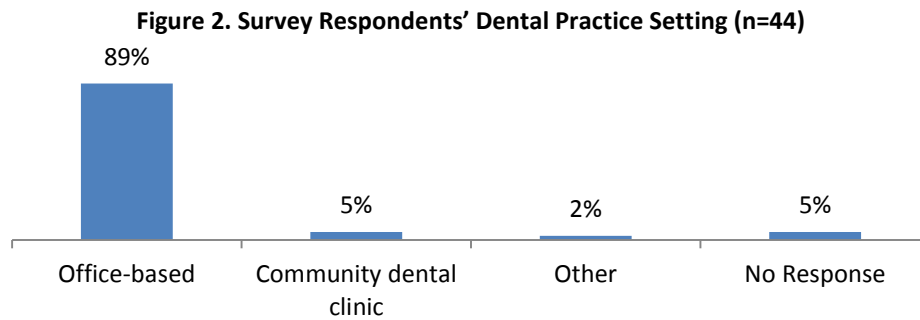
## RESULTS

The survey yielded about a 9.1% response rate, with 44 usable responses. While the results are informative they are not representative, though this response rate for dentist surveys is “typical” according to the Santa Barbara-Ventura County Dental Society. Close to three-quarters (70%) of the respondents were general or family dentists and 5% pediatric dentists (Figure 1), generally reflective of the proportion of those types of dentists that practice in Ventura County.

Figure 1. Survey Respondents’ Type of Dental Practice (n=44)



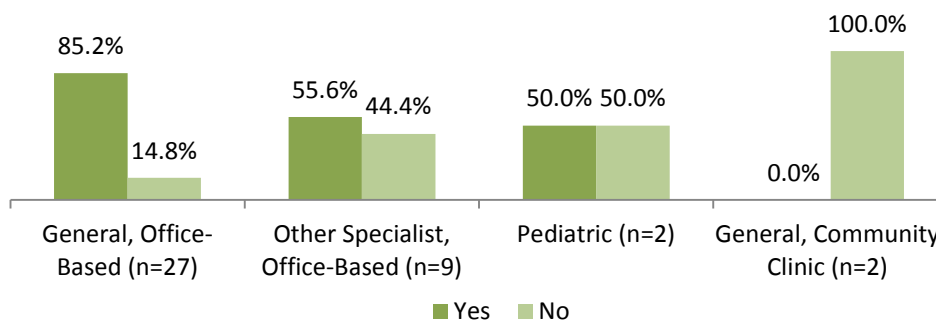
The majority (89%) of the respondents worked in an office-based practice (Figure 2).



## Tobacco Cessation Guidance

Of private practice dentists, nearly all (85.2%) of the general dentists and just over half (55.6%) of the specialist dentists reported routinely asking patients if they currently use a tobacco product. One of the two general, community clinic dentist respondents also did ask patients; neither of the pediatric dentists reported doing so (Figure 3).

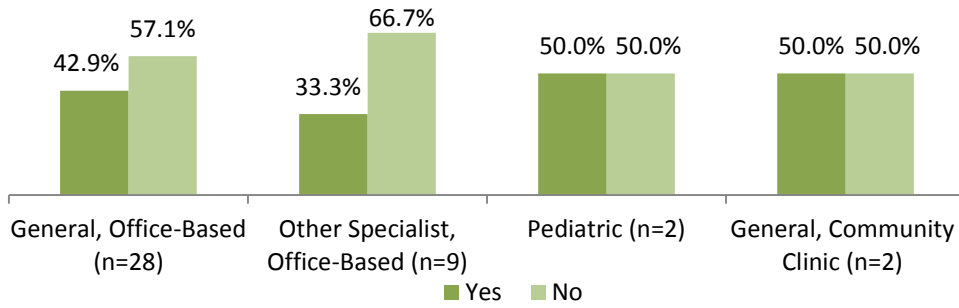
**Figure 3. Percent of Dentist Respondents who Routinely Ask Patients about Tobacco Use, by Dentist Type and Practice Setting (n=40)**



Some of the dentists who did not normally inquire about tobacco use said they assumed or believed no one in their practice was a smoker (“*We see children; I have never suspected that a teen was smoking.*” “*Very small part-time practice where I know all the patients and I believe there are no smokers in my practice.*”). Others didn’t feel the need to routinely ask because they felt patients should know better or it was not their role (“*All patients know what they should and could do. I just focus on their dental health; during the exam I can drop a line about the connection of smoking to periodontal disease.*” “*I am not their primary care provider.*”).

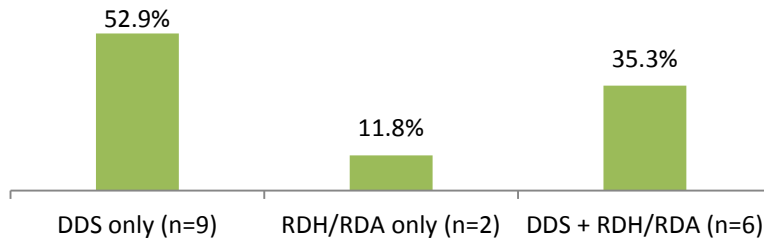
When the private practice dentists were aware their patients smoked or used other tobacco products, 42.9% of the general dentists and 33.3% of the specialist dentists reported providing tobacco cessation guidance to these patients (Figure 4). One (50%) of the pediatric dentists and one (50%) of the general dentists from a community clinic setting also offered guidance.

**Figure 4. Percent of Dentist Respondents who Provide Tobacco Cessation Guidance to Patients who use Tobacco, by Dentist Type and Practice Setting (n=41)**



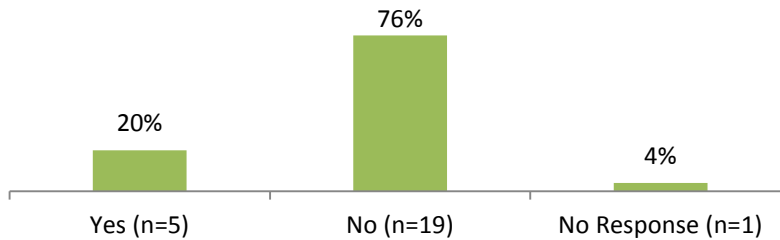
Where tobacco cessation guidance was offered to patients, dentists on their own provided it 52.9% of the time; in 35.3% of the offices all dental professionals provided it, and in 11.8% of practices it was only a dental hygienist or assistant who provided cessation guidance (Figure 5). Using a consistent message—which can improve information and increase accuracy—was standard practice in 53% of the offices regardless of which dental team member offered cessation guidance; 47% reported using independent messaging.

**Figure 5. Type of Dental Team Members who Provide Tobacco Cessation Guidance to Patients (n=17)**



Overall, only a few (20%) dental offices reported referring patients who use tobacco for cessation counseling (Figure 6).

**Figure 6. Percent of Dental Offices that Refer for Tobacco Cessation (n=25)**



A number of barriers such as lack of resources (44%), patient resistance (36%), inadequate time (28%) and discomfort with the topic (24%) accounted for dental offices not providing tobacco cessation guidance to their patients (Figure 7). The differences in responses between general and specialist dentists were only slight; neither pediatric dentist nor one of the community clinic respondents answered this question.

**Figure 7. Reported Barriers to Providing Tobacco Cessation Guidance (n=25)**

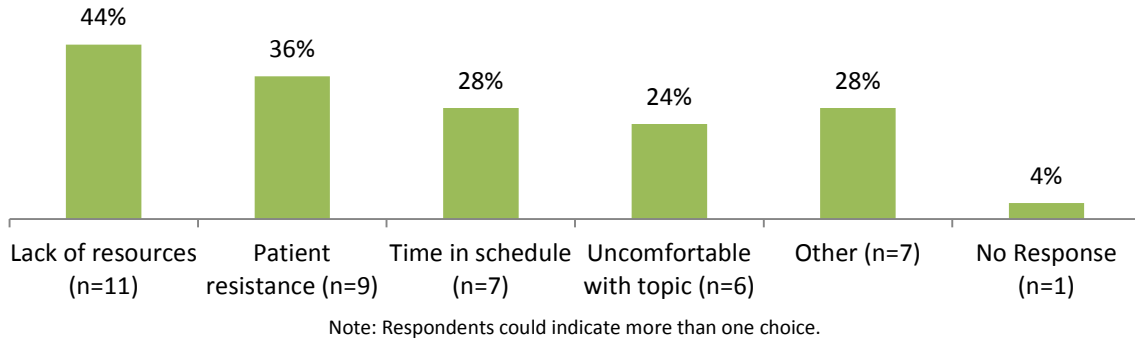
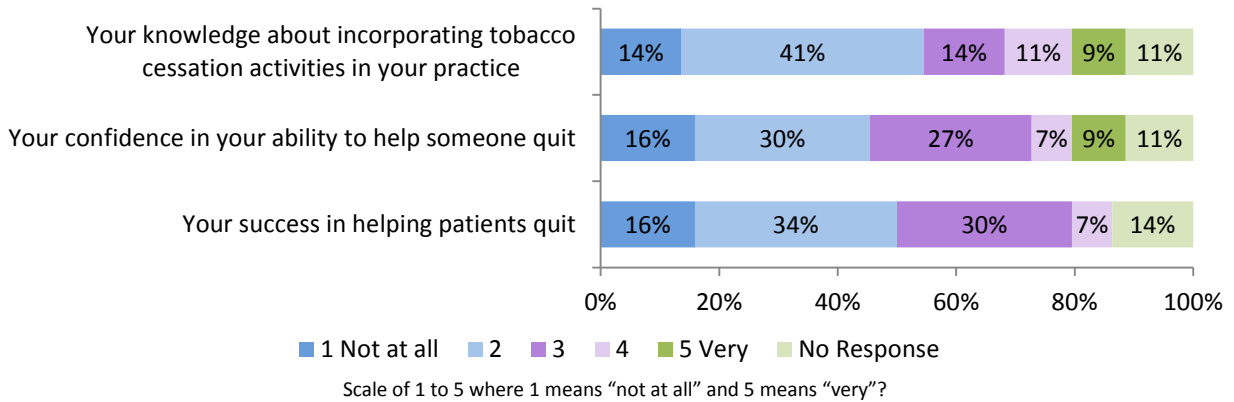


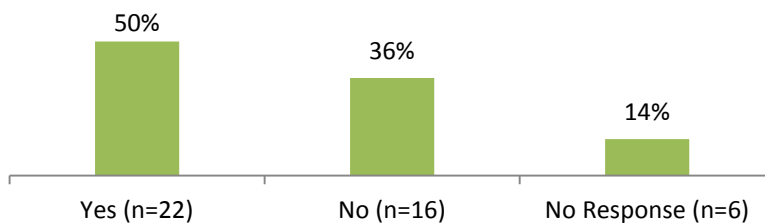
Figure 8 summarizes dentists' responses to several self-efficacy questions. In general, dental respondents gave themselves low assessments on knowledge, confidence and experience. Only 9% of the dentists reported they were "very," and 11% "mostly," knowledgeable about incorporating tobacco cessation activities into their practices; 46% were "not at all" or "barely" confident about their ability to help patients stop using tobacco.

**Figure 8. Dentists' Self-Efficacy Rating Regarding Tobacco Cessation Guidance (n=44)**



Half (50%) of the dentists who responded to the question said they would like to receive resources such as training and educational materials for their office for help with tobacco cessation counseling (Figure 9). Most of the "yes" responses, 86.4%, were from general dental offices. The community clinic respondents did not answer the question, and both pediatric dentists said "no."

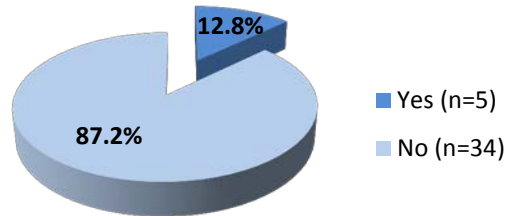
**Figure 9. Dentists' Interest in Receiving Tobacco Cessation Guidance Materials (n=44)**



## Sugar-Sweetened Beverages

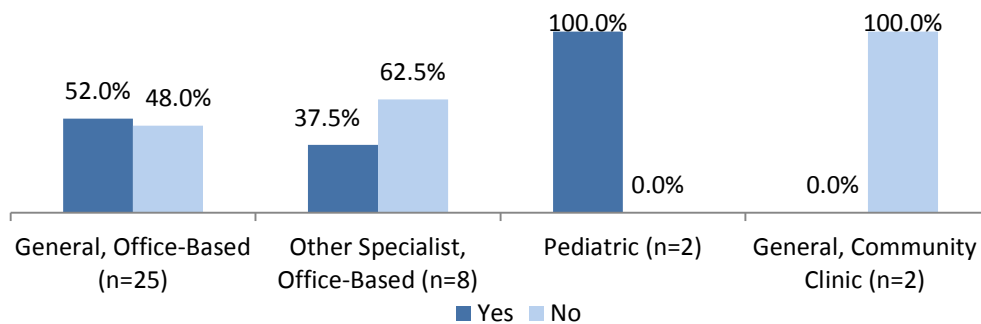
Most (87.2%) of the dentists were not familiar with or heard of the federal Rethink Your Drink campaign administered by Ventura County Public Health and led by the California Department of Public Health (Figure 10).

**Figure 10. Dental Respondents' Familiarity with Rethink Your Drink (n=39)**



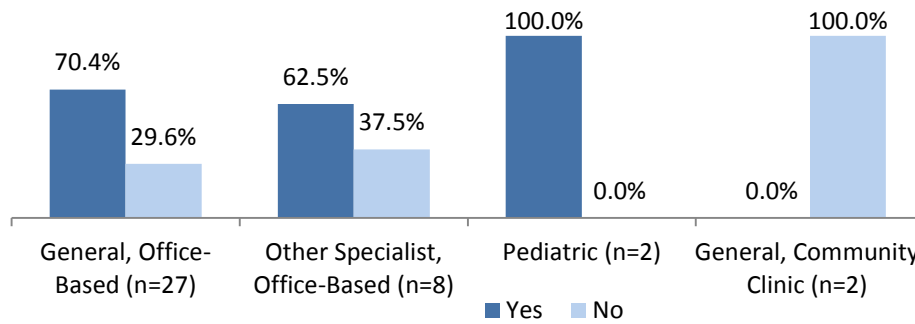
Not surprisingly because of an all-children practice, the pediatric dental respondents said they routinely asked their patients about the amount of sugar-sweetened beverages (such as sodas, sports drinks, energy drinks and flavored juice drinks) they consumed; neither dentist from a community clinic reported doing so, however. About one-half (52%) and one-third (37.5%) of general and specialist dentists, respectively, reported regularly inquiring about sugary drinks (Figure 11).

**Figure 11. Percent of Dentist Respondents who Routinely ask about Sugary Drink Consumption, by Dentist Type and Practice Setting (n=37)**



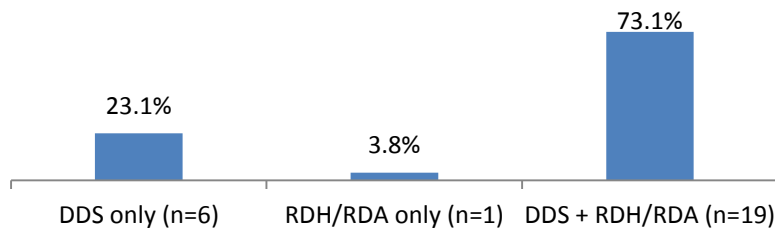
Just over two-thirds of the office-based general dentists and 62.5% of the specialists reported providing guidance about the negative health effects of sodas and other sugary drinks and the benefits of drinking water (Figure 12). (Note: the question offered examples such as strategies like flavoring tap water with cucumbers and mint or reading drink labels for sugar content; pointing out the risk of diabetes from these drinks, etc.). Both pediatric respondents also provided guidance but neither community clinic dentists said they did so.

**Figure 12. Percent of Dentist Respondents who Provide Counseling about Sugary Drink Consumption, by Dentist Type and Practice Setting (n=39)**



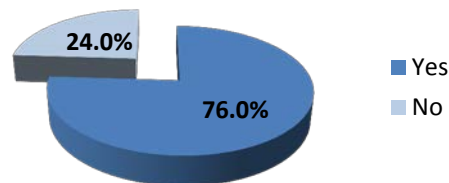
Unlike tobacco cessation guidance where dentists took the lead in the office, counseling about sugar-sweetened beverages was generally (73.1%) provided by all members of the dental team. In 23.1% of the cases, the dentist alone provided the counseling (Figure 13).

**Figure 13. Type of Dental Team Members who Provide Sugary Drink Counseling to Patients (n=26)**



Most (76%) of the dental respondents indicated their practice used consistent messaging regarding sugary drink consumption (Figure 14). One respondent added that their message was to “use a poster.”

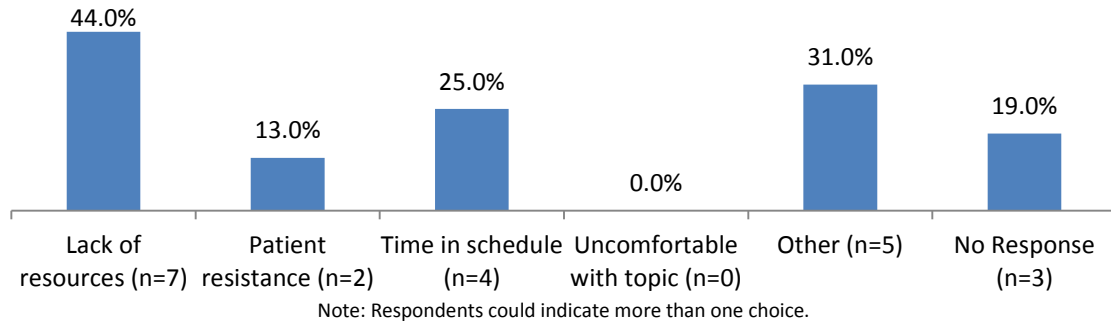
**Figure 14. Dental Team Consistency in Messaging about Sugary Drinks (n=25)**



Some of the same barriers to providing guidance about tobacco cessation were reasons dentists gave for not providing counseling about overconsumption of sugar-sweetened beverages. However, in this case, none of the respondents felt uncomfortable with the topic, and patient resistance was not much of an issue. But close to half (44%) reported lack of resources (both community clinic respondents reported this) and 28% cited inadequate resources as barriers – nearly the same proportion as they had responded for the tobacco question (Figure 14). The differences in responses between general and specialist dentists were only slight. The “other” responses, which show missed opportunities for patient education, included “I only do this if there

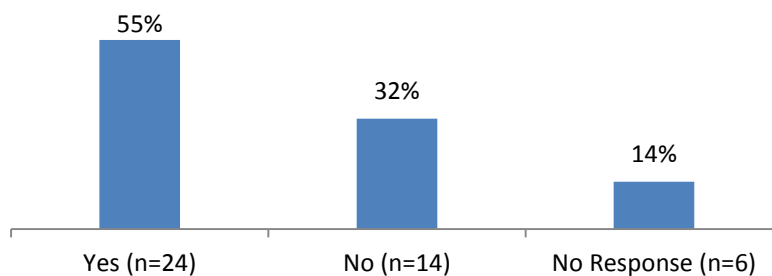
are signs of excessive decay.” “It is not necessary.” “I’m not the primary care provider.” “It is just one part of general nutrition counseling.” And, “As a specialist I usually only see patients once or twice, then refer them back to their general dentist.”

**Figure 14. Reported Barriers to Providing Sugary Drink Guidance (n=16)**



A slightly higher proportion (55%) of dentists than who responded “yes” to the question of getting help with tobacco cessation materials said they would like to receive resources for help with sugary drink counseling (Figure 15). One of two community clinic respondents and pediatric dentist respondents also said “yes” they would appreciate receiving helpful materials and resources.\*

**Figure 15. Dentists’ Interest in Receiving Sugary Drink Guidance Materials (n=44)**



## IMPLICATIONS

Although the sample size was small and may not be representative of dentists in Ventura County, there is good indication from this survey that dentists would be receptive to learning more about identifying, counseling and referring patients who smoke for cessation guidance if they received training or materials. Their interest in receiving information and educational material about helping patients to reduce consumption of sugar-sweetened beverages is also positive. These findings support the aim of the Ventura County Oral Health Strategic Plan over the next several years to engage more of the dental community in conducting tobacco cessation efforts and drinking water promotion to improve oral health.

\* A list of all respondents’ contact information who indicated an interest in receiving training and materials for tobacco cessation and replacing sugar-sweetened drink guidance—many of which were the same respondents—was provided to Ventura County Public Health in a separate document.



## DENTIST SURVEY\*

Type of practice? (general, pediatric, other specialist)

Setting of practice? (office-based, community dental clinic, other)

1. Do you routinely ask patients if they currently use a tobacco product?
2. Do you provide tobacco cessation guidance to patients who use tobacco products?
  - a. If No, do you refer somewhere for cessation?
  - b. If No, what are the barriers to providing it? (time in schedule, patient resistance, lack of resources, uncomfortable with topic, other)
  - c. If Yes, who generally does this in your office? Check all that apply (DDS, RDH/RDA, other)
  - d. If Yes, does all staff use the same messaging?
3. How would you rate the following? (*Likert scales 1 -5*)
  - a. Your success in helping patients quit
  - b. Your confidence in ability to help someone quit
  - c. Your knowledge about incorporating tobacco cessation activities
4. Are you familiar with or have heard of the Rethink Your Drink campaign administered by most local health departments in California?
5. Do you ask patients about the amount of sugar-sweetened beverages they consume?
6. Do you provide guidance about the negative health effects of sodas and other sugary drinks and the benefits of drinking water (e.g., strategies like flavoring your water with cucumbers and mint, reading drink labels; pointing out risk of cavities, risk of diabetes and added calories from sugar, etc.)?
  - a. If Yes, who generally does this in your office? Check all that apply (DDS, RDH/RDA, other)
  - b. If Yes, does all staff use the same messaging?
  - c. If No, what are the barriers to providing it? (time in schedule, patient resistance, lack of resources, uncomfortable with topic, other)
7. Would you like to receive resources and educational materials for your office for help with:
  - a. Tobacco cessation counseling
  - b. Rethink Your Drink-type counseling
  - c. If Yes, please provide contact information.

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\*The questions were formatted in Survey Monkey and appropriate skip patterns were used.

## ENDNOTES

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<sup>1</sup> Tomar SL, Asma S. Smoking-attributable periodontitis in the United States: findings from the NHANES III. *J Periodontol* 2000;71:743-751.

<sup>2</sup> Wright R, Casamassimo PS. Assessing attitudes and actions of pediatric dentists toward childhood obesity and sugar-sweetened beverages. *J Pub Health Dent* July 2017;77(S1):S79-S87.

<sup>3</sup> Albert DA, et al. Tobacco attitudes, practices and behaviors. *Nicotine & Tobacco Research* April 2005;7(1):S9–S18.

<sup>4</sup> Warrnakulasuriya S. Effectiveness of tobacco counseling in the dental office. *J Dent Educ* September 2002:1079-1087.

<sup>5</sup> Ibid.

<sup>6</sup> The survey had an adequate reach of area dentists, as approximately 80% are members according to the Dental Society.