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**Culturally relevant multimedia materials for oral health education in an ethnic minority group.** Chao Zhong and Team members. Faculty of Dentistry, University of Hong Kong.

**Introduction:** In developed countries, the oral health of ethnic minority groups is often worse than that of the general public. In order to improve their oral health, the use of cultural relevant oral health education (OHE) materials delivered through multimedia approach is desirable. **Aim:** This project aimed to 1) design culturally relevant OHE materials; 2) deliver them through multimedia approach and 3) evaluate their usefulness in the Pakistani community in Hong Kong. **Materials and Method:** To gain a deep understanding on Pakistanis' culture, lifestyles, oral health beliefs and the barriers for their access to dental service, a two-hour focus group discussion was conducted involving 9 Pakistani women. Two oral health pamphlets were designed. One focused on (a) causes, symptoms and signs, and preventive measures of tooth decay and periodontal disease, (b) common misconceptions on oral health, and (c) types of dental services available in Hong Kong. The other provided oral hygiene instructions including tooth brushing and flossing. A ten-minute OHE video was also produced. It included a brief overview of common oral diseases, choices and proper use of oral hygiene aids, and demonstration on tooth brushing, flossing and interdental brushing. A summary sheet was designed to show individual participant's oral hygiene status and distribution of dental plaque on different teeth and surfaces in a diagram. All materials were available in both English and Urdu (the main official language in Pakistan). **Results:** A total of 108 Pakistani adults, aged 18 years or above, were recruited through 4 NGOs. After completing the questionnaire on oral health knowledge, attitudes and practices (KAP), the OHE video was shown and the pamphlets were explained in small groups of participants. Participants' oral hygiene status was examined using visible plaque index (VPI) and gingival bleeding index (GBI). Afterwards, customized oral hygiene instruction was given using the summary sheet. After 4 weeks, the participants were invited to attend the review visit and 53 (49%) returned. **Conclusion:** Significant improvement was observed in the participants' oral health knowledge, sweet intake and oral hygiene status.