

Review

Role of Family-Centered Dental Health Initiatives in Reducing the Incidence of Childhood Cavities

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Abstract

Pediatric dental caries remains a widespread public health challenge with significant long-term implications for children's oral and overall health. Family-centered approaches have emerged as an effective strategy for addressing these challenges by emphasizing caregiver involvement, preventive education, and integrated care. Evidence demonstrates that involving families in oral health promotion fosters sustained behavioral changes, reducing the incidence and recurrence of childhood caries. Educational programs that target caregivers' awareness and practices have been pivotal in promoting oral hygiene and dietary modifications. These interventions not only mitigate risk factors but also establish foundational habits that endure into adulthood. Integrating oral health education within broader family health practices, including prenatal care and pediatric visits, ensures a holistic approach to prevention. School-based initiatives further reinforce these habits, fostering community engagement and enhancing adherence to preventive measures. The role of technology in amplifying the reach and impact of family-centered care is significant. Telehealth platforms and mobile applications provide accessible solutions for remote consultations, follow-ups, and continuous caregiver education. These innovations have proven particularly effective in underserved areas, reducing disparities in oral health outcomes. Long-term studies highlight the enduring benefits of these approaches, including lower caries prevalence, reduced treatment costs, and improved quality of life. By addressing systemic barriers, family-centered models bridge gaps in accessibility, making preventive care equitable and sustainable. These strategies align with public health goals to reduce pediatric dental disparities and integrate oral health into comprehensive family care. Through targeted education, collaborative care models, and technological advancements, family-centered initiatives demonstrate a powerful capacity to transform pediatric oral health outcomes and create lasting intergenerational benefits.

Keywords: *Pediatric dental caries, family-centered care, preventive oral health, caregiver education, integrated health practices*

Introduction

Dental caries remains one of the most prevalent chronic diseases affecting children worldwide, with significant implications for their overall health and well-being. Early childhood caries (ECC) can lead to pain, infection, and impaired development, negatively impacting nutrition, growth, and quality of life (1). Despite advances in dental care and public health initiatives, socioeconomic disparities and behavioral factors often hinder the success of caries prevention programs. The concept of family-centered care has gained prominence in pediatric dentistry as a holistic approach to addressing these challenges by actively involving caregivers in promoting children's oral health.

Family-centered dental health initiatives prioritize caregiver education and participation in preventive strategies. Evidence suggests that caregiver knowledge and attitudes significantly influence children's oral hygiene behaviors, dietary choices, and adherence to dental appointments (2). This dynamic underscores the importance of equipping families with the tools and knowledge to mitigate caries risk effectively. Programs focusing on family-centered approaches have demonstrated improved outcomes by fostering sustainable habits and reinforcing positive behaviors through intergenerational engagement (3).

The integration of behavioral and educational interventions within family-centered models has shown promise in addressing ECC. For example, targeted education programs tailored to family dynamics and cultural contexts have been associated with significant reductions in caries incidence and progression (4). These programs not only emphasize oral hygiene practices but also address broader determinants of health, such as dietary habits and access to fluoride treatments, through the lens of family participation. Moreover, family-centered strategies align with the biopsychosocial model of care, which recognizes the interplay of biological, psychological, and social factors in health outcomes. By incorporating elements such as shared decision-making, culturally competent care, and caregiver empowerment, these

initiatives foster a supportive environment conducive to sustained behavior change. Longitudinal studies have highlighted the enduring benefits of family-focused interventions, including enhanced oral health literacy and reduced treatment costs (2-4).

Despite these advancements, challenges persist in scaling family-centered initiatives to diverse populations, particularly in low-resource settings. Barriers such as limited access to care, inadequate provider training, and cultural differences must be addressed to ensure equitable implementation. Additionally, the evolving landscape of digital health offers opportunities to augment family-centered approaches through telehealth, mobile applications, and virtual education platforms (4). This review aims to explore the role of family-centered dental health initiatives in reducing childhood cavities by examining their impact on prevention strategies, integration within family practices, and long-term outcomes.

Review

Family-centered dental health initiatives have demonstrated significant promise in addressing ECC. These approaches emphasize caregiver involvement in preventive strategies, aligning oral health education with the family's daily routines and cultural contexts. Research indicates that family-centered programs not only reduce caries prevalence but also foster long-term behavioral changes that benefit overall oral health (5). For instance, an intervention in Hong Kong involving family-centered education on oral hygiene practices showed a marked reduction in ECC risk among toddlers, highlighting the importance of integrating caregiver participation in establishing effective hygiene habits early in life (5).

Additionally, family-centered care models incorporate behavioral psychology principles to ensure tailored and sustainable interventions. Programs like MySmileBuddy have demonstrated efficacy in mitigating ECC progression through personalized caregiver education and behavioral coaching (6). This model's success lies in addressing underlying social determinants of health,

such as caregiver knowledge and access to resources, while fostering shared responsibility for oral health outcomes within the family unit. By building trust and empowering families, such interventions address the multifaceted nature of caries prevention. Despite these advances, the scalability of family-centered initiatives remains a challenge, especially in resource-limited settings. Further research is needed to explore cost-effective and culturally adaptable models for wider implementation.

Impact of Family Education and Awareness on Childhood Oral Health

The influence of family education and awareness on childhood oral health cannot be overstated, as it is pivotal in shaping preventive and maintenance behaviors. Studies indicate that caregiver knowledge directly correlates with improved oral hygiene practices in children, thereby reducing the incidence of caries. Parental education initiatives that emphasize the importance of early intervention and consistent dental care are fundamental in mitigating oral health disparities. For instance, a recent investigation highlighted the effectiveness of community-based programs designed to educate families about oral hygiene, which resulted in a significant decline in childhood caries rates across diverse populations (7).

Cultural competence in oral health education has also emerged as a critical factor in enhancing family engagement. Programs tailored to align with cultural beliefs and practices have been shown to resonate more deeply with families, fostering trust and participation. A study conducted among Indigenous populations emphasized the necessity of culturally sensitive, family-centered interventions. These approaches not only improved oral health outcomes but also addressed broader social determinants of health, such as access to care and educational disparities (8). The role of digital tools in parental education has gained traction in recent years. Mobile applications, telehealth services, and interactive online platforms are being utilized to disseminate evidence-based oral health information to families. Research has demonstrated that digital engagement strategies improve caregiver

knowledge retention and application, as they offer flexibility and accessibility, particularly in underserved areas (9). These tools also facilitate continuous communication between caregivers and dental professionals, reinforcing positive behaviors over time.

Economic factors further underscore the importance of family education in childhood oral health. Families with limited resources often face barriers to accessing professional dental care, making preventive education a cost-effective strategy. Studies have shown that equipping parents with the knowledge to implement simple preventive measures, such as fluoride use and dietary modifications, significantly reduces the financial burden of treating advanced dental conditions (10). This proactive approach also enhances long-term oral health outcomes, as preventive practices become ingrained in family routines. Another dimension of parental awareness involves addressing misconceptions about oral health. Research has highlighted the prevalence of misinformation regarding fluoride use and dental procedures, which often deters families from seeking appropriate care. Comprehensive education campaigns aimed at debunking myths and promoting scientifically validated practices have proven effective in changing attitudes and behaviors. For example, a recent study found that families exposed to accurate, easy-to-understand educational materials reported higher confidence in managing their children's oral health (11). Such efforts are particularly crucial in countering the spread of misinformation through social media and other unregulated sources.

Integration of Preventive Dental Care within Family Health Practices

The incorporation of preventive dental care into family health practices ensures a more comprehensive approach to maintaining overall well-being. Oral health is no longer perceived as a standalone component but is now recognized as interconnected with systemic health. Prenatal programs, for instance, have become a cornerstone in promoting preventive dental care. These initiatives emphasize the importance of oral hygiene

during pregnancy, not only for the mother but also for the unborn child. Research has established that maternal oral health influences the transmission of cariogenic bacteria to infants, making early intervention essential. Prenatal counseling on oral hygiene practices, dietary modifications, and routine dental visits have been shown to reduce early childhood caries rates significantly (12).

The integration of oral health services into family medicine further exemplifies the effectiveness of a multidisciplinary approach. By embedding oral health screenings and preventive treatments such as fluoride varnishes into primary care visits, families gain streamlined access to dental services. This model eliminates the need for separate dental appointments, which is particularly beneficial for underserved populations who often face logistical or financial barriers. A study demonstrated that collaboration between dental hygienists and family physicians not only increased the delivery of preventive care but also improved patients' adherence to oral health recommendations (13). Nursing professionals also play a pivotal role in bringing oral health into family care practices. As trusted figures in health promotion, nurses are uniquely positioned to educate families on preventive strategies, including proper brushing techniques, the role of fluoride, and the impact of sugar consumption on dental health. These interactions often occur during routine pediatric care, allowing nurses to reinforce oral hygiene habits early in a child's life. In clinics where nurses lead preventive efforts, parents report higher levels of confidence in managing their children's oral health, highlighting the effectiveness of this integrated model (14).

Community-based programs are instrumental in extending preventive dental care to underserved populations. Community health workers often serve as a bridge between dental professionals and families, particularly in areas where access to formal dental care is limited. These workers provide basic oral health education, conduct preliminary screenings, and facilitate referrals for specialized care. Programs rooted in local community settings have been shown to address oral health disparities

effectively by tailoring their strategies to the specific needs and cultural contexts of the populations they serve. The success of these initiatives lies in their ability to make oral health resources accessible and relatable to families who might otherwise be overlooked by traditional healthcare systems (15).

Advancements in technology have further enhanced the integration of preventive dental care within family health practices. Telehealth platforms are revolutionizing how families interact with dental professionals, offering virtual consultations that provide education and guidance. Families in remote or rural areas benefit immensely from this innovation, as they can receive expert advice without traveling long distances. Research indicates that telehealth-supported programs improve adherence to preventive measures, such as regular brushing and timely fluoride applications. These platforms also enable continuous monitoring and follow-ups, ensuring that families stay engaged in maintaining their oral health (16).

Policy initiatives supporting the integration of oral health into family medicine have begun to gain traction. Governments and healthcare organizations are increasingly recognizing the economic and public health benefits of preventive dental care. By allocating resources to train healthcare professionals in oral health promotion and establishing guidelines for integrated practices, policymakers are setting the stage for more widespread adoption of these models. This systemic approach ensures that oral health becomes a standard component of family health care, reducing the long-term burden of preventable dental diseases. The inclusion of oral health in broader health discussions fosters a culture of preventive care. Families exposed to integrated health models are more likely to adopt comprehensive wellness practices that include regular dental checkups, improved dietary choices, and consistent oral hygiene routines (17). The normalization of oral health as part of overall well-being reduces stigma and raises awareness, ultimately leading to healthier outcomes for individuals and communities alike

Long-term Outcomes of Family-Centered Approaches in Reducing Pediatric Dental Caries

Family-centered approaches have emerged as a cornerstone of pediatric dental care, fostering a collaborative environment between caregivers, children, and healthcare providers. These strategies extend beyond immediate outcomes, providing a framework for sustained oral health and the prevention of caries. Research highlights that early and consistent caregiver involvement in children's dental care significantly reduces the prevalence of caries and fosters habits that persist into adulthood. For instance, longitudinal studies reveal that children whose caregivers actively participate in their dental routines are less likely to develop recurrent caries as they grow older (18).

Socioeconomic disparities often exacerbate the risk of pediatric dental caries, particularly in underserved populations. Family-centered care bridges this gap by empowering caregivers with knowledge and accessible resources tailored to their specific circumstances. A notable example is the success of interventions for children with autism and developmental disorders, where personalized education for caregivers resulted in improved oral hygiene and reduced caries prevalence. By addressing the unique challenges faced by these families, such programs not only enhance immediate oral health outcomes but also reduce the financial burden of long-term dental treatments (19).

Behavioral interventions integrated into family-centered frameworks have also proven effective in shaping lasting habits. Structured programs that educate caregivers on the importance of supervised brushing, proper dietary practices, and fluoride application demonstrate significant reductions in caries rates over time. In one study, families who participated in a structured dental education program were found to maintain better oral hygiene practices three years post-intervention compared to those receiving standard care. This approach underscores the importance of engaging caregivers in preventive practices, ensuring that oral health remains a priority in daily family routines (1). The integration of preventive dental care within school-

based health programs has yielded promising results, particularly when caregivers are actively involved. These programs often include parental workshops, home-based assignments, and regular updates on children's progress. Evidence suggests that children participating in school initiatives with strong family involvement exhibit improved oral health behaviors and lower caries incidence. Moreover, the benefits of these programs extend beyond childhood, as participants are more likely to carry positive oral health practices into adulthood. This highlights the intergenerational impact of family-centered care in cultivating a culture of prevention (20).

Technology has amplified the reach and efficacy of family-centered approaches, particularly in rural or underserved areas. Telehealth platforms provide a critical link between families and dental professionals, enabling remote consultations, follow-ups, and educational sessions. Mobile applications tailored to oral health education further empower caregivers to manage their children's dental needs effectively. These tools have demonstrated their ability to sustain positive oral health behaviors over the long term, reducing the likelihood of caries recurrence. For example, a meta-analysis of digital interventions found that families using telehealth support were more consistent in following recommended dental care practices, resulting in significantly better outcomes over five years (21). Moreover, family-centered approaches promote the normalization of oral health as an integral component of overall well-being. Through consistent caregiver engagement, these strategies create an environment where dental care becomes a routine part of family life, reducing stigma and misconceptions associated with oral hygiene. Programs that focus on education and empowerment equip caregivers to address common barriers, such as fear of dental visits or misinformation about fluoride use. By building trust and knowledge, these initiatives ensure that families can make informed decisions that benefit their children's oral health over the long term.

The systemic impact of family-centered care extends to the broader healthcare landscape.

Policymakers and healthcare organizations are increasingly recognizing the value of integrating oral health into general health initiatives. By aligning dental care with family medicine and community health programs, these strategies reduce disparities and improve accessibility. The ripple effect of these efforts is evident in reduced treatment costs, lower incidence of advanced dental conditions, and enhanced overall quality of life for families.

Conclusion

Incorporating family-centered approaches into pediatric dental care has proven to be a transformative strategy for reducing childhood caries and promoting sustained oral health. By empowering caregivers through education, integrating preventive practices, and leveraging technology, these methods address both immediate and long-term challenges in oral health management. Such holistic initiatives not only benefit individual families but also contribute to broader public health improvements. Continued efforts to expand accessibility and tailor programs to diverse populations will further enhance their impact on reducing pediatric dental disparities.

Disclosure

Conflict of interest

There is no conflict of interest.

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Ethical consideration

Non applicable.

Data availability

Data that support the findings of this study are embedded within the manuscript.

Author contribution

All authors contributed to conceptualizing, data drafting, collection and final writing of the manuscript.

References

1. Harrison TM. Family-centered pediatric nursing care: state of the science. *Journal of pediatric nursing*. 2010;25(5):335-43.
2. Liu P, Wen W, Yu KF, Gao X, Lo ECM, Wong MCM. Effectiveness of a family-centered behavioral and educational counselling approach to improve periodontal health of pregnant women: a randomized controlled trial. *BMC Oral Health*. 2020;20:1-11.
3. Jumiati J, Aryati E, Sunarjo L. ED-DHENTYS (Education Dental Health System) Model As An Effort To Change Behavior In The Implementation Of Oral Hygiene Through A Family-Centered Care Approach In Bima Regency, NTB. *Journal of Social Science (JoSS)*. 2023;2(8):704-11.
4. Kabiri B, Hidarnia AR, Alavijeh MM, Motlagh ME, Montazeri A. Family-Centered Social Cognitive Factors Preventing Primary Tooth Caries in Children Based on Intervention Mapping Approach. *BioMed Research International*. 2021;2021(1):6626090.
5. Yu K, Wen W, Liu P, Gao X, Lo E, Wong M. Effectiveness of family-centered oral health promotion on toddler oral health in Hong Kong. *Journal of dental research*. 2022;101(3):286-94.
6. Lumsden CL, Edelstein BL, Basch CE, Wolf RL, Koch PA, McKeague I, et al. Protocol for a family-centered behavioral intervention to reduce early childhood caries: the MySmileBuddy program efficacy trial. *BMC Oral Health*. 2021;21(1):246.
7. Enabulele NMCJE. Nigerian Parents' Awareness and Practices on Tetra-cycline Use in Children and Oral Side Effects.
8. Ortiz-Prado E, Begay RL, Vasconez-Gonzalez J, Izquierdo-Condoy JS. Promoting health and addressing disparities amongst Indigenous populations. *Frontiers Media SA*; 2024. p. 1526515.
9. El Sherif NH, Wassel MO, Mostafa S, Abd El Maged FR, Nathan SE, Hamdy D, et al. The impact of oral health promotion on the quality of life of children with bleeding disorders: fighting

misconceptions. *Expert Review of Hematology*. 2024;1-9.

10. Anusha D, Keingadarane S, Caplan D, Sivasamy S. Exploring the obstacles affecting the oral health of adolescents with intellectual disabilities: insights from maternal perspectives—a qualitative study. *European Archives of Paediatric Dentistry*. 2024;1-8.

11. Durmaz Ç, Ayna B, Polat Y. Evaluation of parents' attitudes and behaviors towards products and practices containing fluoride. *Dicle Dental Journal*. 2024;25(4):102-10.

12. Ramos-Gomez F, Kinsler JJ, Wang Y, Parkinson S, Pike N. Application of principles learned in a prevention-focused pediatric dental residency curriculum to professional practice. *Journal of Dental Education*. 2024.

13. Maxey HL, Vaughn SX, Williams JN, Gebke KB. Education for Integration: Dental hygiene student and family medicine residents. *Journal of Dental Hygiene*. 2024;98(3).

14. Al Rwuaili AQ, Aldosari AOA, Alamri MDO, Alotaibi KMS, Alruwaili JMH, Ale MFM, et al. Nurse-Driven Approaches to Preventing Dental Caries in Children in Family Medicine. *Journal of International Crisis and Risk Communication Research*. 2024:1201-16.

15. Hussain AD, Alzelaei KAH, Abdulfattah MAM, JaberHurubi JA, Rudiny AAM, Jafary IA, et al. Integrated Infection Control Strategies: Collaboration across Family Medicine, Nursing, Public Health, Dental, Laboratory, Medical Records, and Operation Room Specialties. *Journal of International Crisis and Risk Communication Research*. 2024:2246-51.

16. Qi X, Mao W, Saunders M. INTEGRATING ORAL HYGIENE AND COGNITIVE HEALTH: GLOBAL INSIGHTS AND INTERGENERATIONAL APPROACHES. *Innovation in Aging*. 2024;8(Supplement_1):498-.

17. Barranca-Enríquez A, Romo-González T. Your health is in your mouth: A comprehensive view to

promote general wellness. *Frontiers in oral health*. 2022;3:971223.

18. Deaconu D, Racek C, Czirfusz A. Early Intervention in pediatric Dentistry: Nurturing lifelong Oral health Habits. *CLINICAL SOCIAL WORK*. 2019:14.

19. Adeghe EP, Okolo CA, Ojeyinka OT. Navigating early childhood caries management in children with autism and developmental disorders: A US perspective. *International Journal of Biological and Pharmaceutical Sciences Archive*. 2024;7(01):129-40.

20. Wilson LB, DeBaryshe B, Singh M, Taba S. Evaluating two oral health video interventions with early head start families. *International Journal of Dentistry*. 2013;2013(1):437830.

21. Ly-Mapes O, Jang H, Al Jallad N, Rashwan N, Castillo DA, Lu X, et al. Effectiveness of interventions on improving early-life dental care utilization: a systematic review and meta-analysis. *Quintessence international* (Berlin, Germany: 1985). 2024:0.