NIHR BRIGHT

Use of the Kawa model to support co design of an intervention for the BRIGHT Trial (NIHR:15/166): Brushing RemInder 4 Good oral HealTh - the clinical and cost effectiveness of a digital behaviour change programme to improve the oral health of children living in deprived areas.

Introduction

The Kawa model was used to explore blocks to childrens occupational efficacy regarding tooth brushing, with a view to developing an intervention to overcome these barriers. Workshops formed the co design aspect of a funded UK trial, aiming to evaluate the effectiveness of a digital behaviour change programme to improve the oral health of children living in deprived areas.

Objectives

The activity aimed to provide the children with a safe way of openly sharing the barriers to routinely brushing their teeth and use a stylised Kawa river (urban version) (Fig.1) to facilitate discussion and creativity.

Approach

Workshops were held with 30 children aged 11-14 years across England, Scotland and Wales. The Kawa model was introduced to the children and two questions posed:

1. What difficulties do you face routinely brushing your teeth?
2. What could help overcome these blocks and help you look after your teeth?

Issues and then solutions were captured using the Kawa river and urban related blocks (tyres etc) to elicit responses to these questions (Fig 2).

The children also described their daily routines.

Results

The children identified the use of technology at night as the key barrier. They felt ‘addicted’ and unable to switch phones, games/TVs off without parental support. They were cognisant of the negative impact on their ability to function at school.

Conclusion

The juxtaposition of uncontrolled technology use in this age group and its potential for a negative impact on health has been highlighted by use of the Kawa model. It enabled the children to share these worrying issues openly and safely, supporting trial development and surfacing implementation challenges.