

'Investment in early intervention has the potential to reduce long-term NHS costs'

Sejal Bhansali spoke to *BDJ In Practice* about the implications of her recent published article and the wider need for outreach programmes

Can you summarise your recent article on integrating dental education into early years settings in less than 200 words?

The article describes a pilot outreach programme developed at the Faculty of Dentistry, Oral & Craniofacial Sciences, King's College London in which dental students deliver oral health education to children under five in nursery settings. Early childhood caries remains one of the most common preventable conditions in young children and continues to place a significant burden on the NHS, particularly in deprived communities. Despite this, few structured oral health interventions exist within early years environments.

This pilot aimed to address that gap by introducing preventative education at a stage when habits are first formed, while also enhancing dental students' communication and public health skills. Trained students delivered age-appropriate, interactive sessions using demonstrations, stories and songs across nurseries in North West London, reaching over 200 children.

Feedback from nursery staff and students was consistently positive. Children showed increased enthusiasm for toothbrushing and improved understanding of oral health, while students reported greater confidence, empathy and awareness of their role in public health. The article argues that early years outreach can benefit both populations and offers a scalable model for curriculum integration.

Why are outreach programmes so important?

Outreach programmes allow preventive health messages to reach children and families who may have limited access to dental care. Delivering oral health education in familiar settings such as nurseries improves engagement and helps address persistent health inequities.

For dental students, outreach provides valuable experiential learning beyond

the clinical environment. It develops communication skills, empathy and an understanding of social determinants of health, helping to shape practitioners who are confident advocates for prevention.

In the discussion you stated: 'This pilot bridges a key gap in both public health outreach and dental education'. Why is there a gap, and what needs to be done to close it?

Oral health education often begins too late, typically once children enter formal schooling, despite habits forming much earlier. At the same time, undergraduate dental education has traditionally prioritised clinical skills, with limited structured exposure to early preventive outreach.

Closing this gap requires embedding oral health education within early years settings and formally integrating outreach into dental curricula. This includes protected teaching time, appropriate training and assessment, and sustained partnerships between dental schools and early years providers.

What role can universities and institutions play in improving the oral health of children?

Universities, particularly dental schools, are well placed to support prevention-based public health initiatives. By mobilising students to deliver evidence-based education in community settings, institutions can extend the reach of oral health promotion while enhancing student learning. Universities also play a key role in evaluation and research, generating evidence to inform policy and best practice. Embedding prevention within education helps normalise early intervention as a core part of oral healthcare.

What policy implications are there?

The pilot supports the need for greater emphasis on early prevention within national oral health strategies. University-led



outreach should be recognised as a valuable complement to existing initiatives, particularly in areas of high need.

There are also implications for dental education policy, with a strong case for integrating early years outreach into undergraduate training. Investment in early intervention has the potential to reduce long-term NHS costs while improving outcomes and reducing inequalities.

Finally, how will you be developing the project for future cohorts?

Future plans include expanding the programme to additional nurseries, embedding it formally within the undergraduate curriculum, and introducing longitudinal evaluation to assess longer-term behaviour change.

Further development will focus on standardised student training, resources for nursery staff and families, follow-up visits, and stronger partnerships with early years networks. The aim is to establish a sustainable, evidence-based model that can be replicated across dental schools nationally.

You can read the article at: <https://www.nature.com/articles/s41406-025-1549-1> ♦

<https://doi.org/10.1038/s41404-026-3441-2>