

Pick a T

Nora Löb and **Yvonne Buunk-Werkhoven** present a public campaign to promote the use of toothpicks in the HORECA



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(1989, Utrecht) and a social psychologist (2005, University of Groningen). She is a board member of the Dutch Dental Hygienists' Association (NVM) with a special focus on research and education, and she is a member of the Dutch Dental Society. She is an executive member of the chief dental officer/public health section of the FDI, and chair of the Professional and Public Relations Committee of the IFDH.



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bachelors degree in Industrial and organisational psychology (2011) and a masters degree in psychology of health behaviour (2013). After she finished her masters she founded her own company All About Behaviour.

Most common oral diseases can be prevented by simple and inexpensive methods like daily oral self-care. This means adequate daily tooth brushing, including interdental cleaning. Even when preventive oral healthcare interventions are implemented at schools or workplaces and provided by the dentist or oral hygienist, people often don't perform this adequately. Also research showed the expected behavioural changes with these campaigns were often not found (Rise and Sögaard, 1988).

It was around 1870 that Charles Foster (www.slate.com, 2015) introduced toothpicks into restaurants. Harvard students demanded wooden toothpicks after they had finished dining on Forster's dime. When no toothpicks were available, the students vowed never to eat there again. Then some days later the restaurant manager distributed toothpicks to his customers on Forster's suggestion.

Besides the availability of wooden toothpicks in restaurants and the use of them for their intended purpose, in earlier years toothpicks had other uses. Chewing toothpicks in public became fashionable, especially among well-to-do men and women. Chewing a toothpick became a sign of contentment and insouciance.

Types

There are various toothpicks available in all sizes and forms. From a professional's point of view, the wooden triangle single wrapped toothpick is the best toothpick to get in a hotel, restaurant or catering (HORECA) industry. But are HORECA managers aware of the availability of this toothpick, and what is the best way for them to provide this interdental cleaning aid? How can HORECA managers distribute the wooden, single wrapped toothpicks to their customers to stimulate them to use toothpicks after dining?

To answer these questions a pilot study was set up, aimed at evaluating a relatively new implementation of monitored oral hygiene activities in the HORECA.

Method

In a period of five days a pilot study was conducted in three restaurants in Amsterdam, the capital of the Netherlands.

Restaurant one: Brasserie Flo is located in Rembrandtplein, in the centre of the city. The brasserie specialises in classic French cuisine

and has seats for 78 customers.

Restaurant two: Eethuis de Jordaan is located in the Jordaan. It is a Shoarma and grill restaurant, where customers can have dinner inside or there is a take away option.

Restaurant three: Maximus Steakhouse is located at the Max Eeuweplein, also in the centre of Amsterdam. This restaurant has seats for more than 100 customers; additionally there is a terrace outside with space for another 80 guests.

Restaurant three is primarily visited by tourists, while restaurant two attracts both local customers and tourists because of the takeaway option. Restaurant one is a bit more 'up-scale' in comparison to the other restaurants.

Single wrapped and/or table boxes of wooden triangle toothpicks were distributed passively or actively to the customers. The sort of approach – passively or actively – was tailored to, or was set up depending on the structure of the HORECA organisation.

In two restaurants (Brasserie Flo and Eetcafe de Jordaan), the single wrapped wooden toothpicks were only distributed passively. In the third restaurant (Maximus Steakhouse) the single wrapped wooden toothpicks were distributed passively and actively.

The passive approach saw existing cocktail picks (round and two-ended points) exchanged into single wrapped wooden triangle toothpicks. They were provided in the bathroom, near the entrance and at the dining tables.

The active approach saw the toothpicks included with the bill when the customer asked for it.

Results

In restaurant three, the Maximus Steakhouse (toothpicks were offered by the active and passive approach over several days) in one day 203 single wrapped toothpicks were taken, when the toothpicks were distributed actively.

The next day saw 92 toothpicks taken actively from the table boxes (Figure 1). From the passive approach, in total 160 toothpicks were taken by customers (Figure 2).

In restaurant two, the Eetcafe de Jordaan and in restaurant one, at Brasserie Flo (toothpicks were only offered by the passive approach), in five days a total of 370 toothpicks were taken and in four days 150 toothpicks were taken,

respectively (Figure 2).

Conclusion

The owners/managers of the three restaurants responded very positively towards the different approaches of distributing toothpicks among their customers. In addition, they were all able to distribute the toothpicks in the way the approaches suggested, passively or actively. The waiters and waitresses who offered the customer the single wrapped wooden triangle toothpicks noticed this option as an extra service to their customers. The number of used single wrapped wooden toothpicks shows that customers appreciate the provided toothpicks.

It seems that people are more engaged in 'Pick a T' behaviour if the toothpicks are readily available.

However, further research is needed. Especially in ways to make customers and

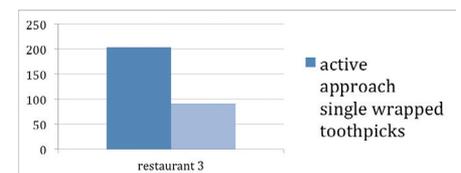


Figure 1: active approach at restaurant three

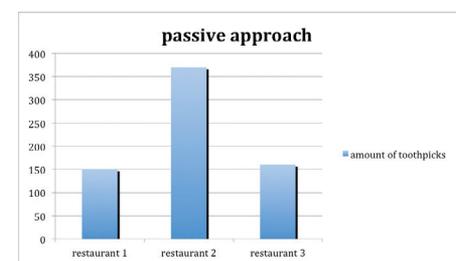


Figure 2: passive approach at the three restaurants

HORECA managers/owners more aware of the importance of this oral health related topic. How many people are aware of this oral health behaviour issue? Awareness is a very important first step when it comes to behavioural change, and therefore the different phases of the transtheoretical model of behaviour change (Prochaska et al, 1992) have to be involved in following studies.

From this pilot study it can be concluded that HORECA organisations are welcome to add additional locations to distribute toothpicks in order to promote oral self-care and health behaviour among the public. **DH&T**

For references contact julian@dentistry.co.uk