



Dental Health Foundation
Ireland

White Paper on the Implementation of Oral Health Promotion

November 2012

Our mission is to promote oral health in Ireland, by providing effective resources or interventions and by influencing policy through a multi-sectoral, partnership approach



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Executive Summary

In June 2011 we published our White Paper on The Importance of Oral Health Promotion. Just over a year later, we now feel that it is time to look at the ways of implementing oral health promotion and to ~~W~~alk the Talkq

We have all been effected by the Recession, but those who are socially and economically disadvantaged have been hardest hit. It is therefore the responsibility of those of us working in the area of health promotion to ensure that we are adhering to our budgets and to be creative about what we can do with less.

Over the last few decades, there have been significant developments in evidence supporting the importance of health promotion aimed at reducing the burden of diseases, particularly for those who are socially disadvantaged. The evidence suggests that single strategies aimed at providing health information to support behaviour change and lifestyle modification are least effective and that multiple and complementary actions which are used together are shown to be the most effective.

Therefore, it is important to have a framework in place to provide structure, guidance and an understanding of the actions that can be taken to improve health and wellbeing. The Health Service Executive, Health Promotion Strategic Framework, sets out clear and consistent objectives in relation to health promotion activities and which addresses the determinants of health and health inequalities.

Core Competancies are essential for articulating the necessary knowledge, skills, and abilities that are required for effective practice. The CompHP Core Competencies Framework for Health Promotion provides a resource for workforce development in Europe and the model is gaining acceptance as a global model.

Giving access to relevant health information helps people to make informed health-related decisions. Use of Libraries, good communication channels, infographics and

networking and partnerships are an important step forward in the communication and targeted distribution of information and intervention materials.

The approach adopted by the Dental Health Foundation to its work has, at all times, been socially inclusive, independent, evidence-based and a common risk factor approach to oral health promotion programme development is used. It is important that all of us who work in the area of health promotion continue to collaborate and to recognise the benefit that the promotion of both oral and general health can bring to the people of Ireland.

Introduction

In June 2011 we published our White Paper on The Importance of Oral Health Promotion. Just over a year later, we now feel that it is time to look at the ways of implementing oral health promotion and to ~~W~~alk the Talk

“Health Promotion is about empowering people to take control of their own lives in ways that are adaptive, responsible, satisfying and rewarding+ - Professor Mason Durie, Health Promotion Forum Symposium 2011 (Health Promotion Forum of New Zealand 2012)

The Dental Health Foundation (DHF) is a unique and dedicated organisation within the oral health promotion sector. It provides strong advocacy as an independent voice to ensure that both existing and new and emerging oral health matters are communicated appropriately and effectively using a multi-strategy approach.

The DHF acts as a central facilitator and strategist in placing oral health issues and solutions on the national health agenda. It is a valued resource within the healthcare sector for advice and tools to promote best oral health practices, and increasing awareness amongst the public empowering them to make healthier oral and general health lifestyle choices. Best-available evidence indicates the importance of the continued promotion of oral health messages.

Oral diseases remain a significant public health issue for many high-income countries where expenditure on treatment often exceeds that for other diseases, including cancer, heart disease, stroke and dementia. This is a cause for concern, given that much of the oral disease burden in high-income countries is due to dental caries and its complications, and this is preventable through the uses of fluorides and other cost-effective measures (for e.g. oral health promotion) (Patel, 2012).

Essential Public Health Operations (EPHO) assessments in several countries have revealed important deficits in the governance of public health, including a lack of inter-organizational collaboration on data collection, unclear decision-making processes, and

variations in assessment and evaluation approaches. There is still a lack of comprehensive and systematic health needs assessments to identify the population's health status, well-being and health needs, inequalities in health and the implications for service provision. Policies across different sectors are poorly integrated. A common challenge for the European Region as a whole is to integrate the EPHOs systematically across all sectors of society through increased accountability, transparency and participation (WHO 2012).

The DHF focuses its energy on strengthening community action by responding to needs and working with communities to put in place appropriate information and education programmes. It continually supports innovation and development in the delivery of oral care prevention measures arising from scientific research conducted both nationally and internationally.

Value for Money

In this current recession all public bodies are required to do more with less and so value for money is an essential factor when considering effective health promotion.

The Minister for Public Expenditure and Reform **Brendan Howlin, T.D.** stated during his Address to Dáil Éireann on Expenditure Estimates 2012, Monday 5th December 2011:

We must reduce our cost base and increase efficiency to enable health service provision that delivers its essential services effectively, professionally and compassionately. We must strive to make savings that do not impact on frontline services+

The Dental Health Foundation (DHF) has been mindful of the need to operate within a tightly controlled budget and the importance of value-for money as outlined in the new VFM Code launched earlier this year by the Department of Public Expenditure and Reform.

*“Ensuring that the State achieves **value for money** demands more than an intuitive feel. A disciplined approach needs to be applied to all aspects of the expenditure life-cycle, from the moment a proposal is put together, through its implementation and beyond when ex-post reviews are undertaken.”* (CEEU 2012)

The DHF Strategy and Work Programme highlights the areas of oral health promotion that will ensure VFM as required by the VFM Code and have the most impact for oral

Health promotion can be integrated in health system financing. It is widely recognized as a cost-effective way to reduce the burden of disease and to improve population health. It also has proven to result, sooner or later, in cost savings for the health system. Health promotion programs may contribute to controlling health problems associated with ageing and also non communicable diseases across age groups (WHO 2007).

The World Health Organisation stated in April 2012 that “The public health solutions for oral diseases are most effective when they are integrated with other chronic diseases and with national public health programmes. By using these prevention strategies, the high cost of dental treatments can be avoided” (WHO 2012).

Integrating primary care and oral health makes logical sense for a number of reasons. By sharing information, providing basic diagnostic services, and consulting one another in a systematic and sustained manner, dental and medical professionals in integrated practice arrangements would have a far better chance of identifying disease precursors and underlying conditions in keeping with a patient-centered model of care. Integration can also raise patients’ awareness of the importance of oral health, potentially aiding them in taking advantage of dental services sooner rather than later (Grant Makers in Health 2012).

The DHF continues to be strongly committed to the delivery of its work programmes to ensure that oral health promotion is a cost effective public health approach.

The Foundation is working collaboratively with many other organisations and bodies to ensure that:

1. It is well informed on important issues relevant to oral and general health.
2. Integration of oral health promotion into general health promotion.
3. That the message regarding oral and general health is communicated in an effective manner.

Effect of Recession

Dental disease is universally prevalent but a number of sub-populations are particularly vulnerable including seniors, children, adolescents, low-income people, minority groups and people with special health care needs (Grant Makers in Health 2012). This is even more so the case during the current recessions when cuts are being made to public services.

Increased unemployment and the abolishing of some PRSI related dental benefits has led to fewer people attending the dentist (Davis, cited in IrishHealth.com, 2011).

DentalCover.ie, a provider of dental insurance, recently released details of a consumer survey which showed that two thirds of families are visiting the dentist less often since the economic downturn started. The study, undertaken by iReach, also revealed that just 11% of people surveyed thought that children should be brought to the dentist before the age of two. The majority believing that it is sufficient to wait until the child is older before their first trip to the dentist.

Other relevant findings include:

- On average, 54% of respondents said they went to the dentist for the first time between the ages of 6. 11.
- 61% of respondents with children said that paying for a check. up (average price " 60) would put them off attending dentist.
- 69% of males have said that they or their families have been going to the dentist less since the downturn hit.
- 39% of respondents with children said that spending money on their children's teeth was a necessary spend (VHI 2012)

The recession is also having an effect on food expenditure as outlined in the newly published report *Household Budget Survey 2009-2010* *the proportion of total household*

expenditure that related to expenditure on Food dropped from 18.1% in 2004-2005 to 16.2% in 2009-2010, whereas the proportion related to Housing increased from 12% to 18.2%, over this five year period. The 2009-2010 survey was the first HBS where the reported proportion of total household expenditure for Housing exceeded that for Food (CSO 2012).

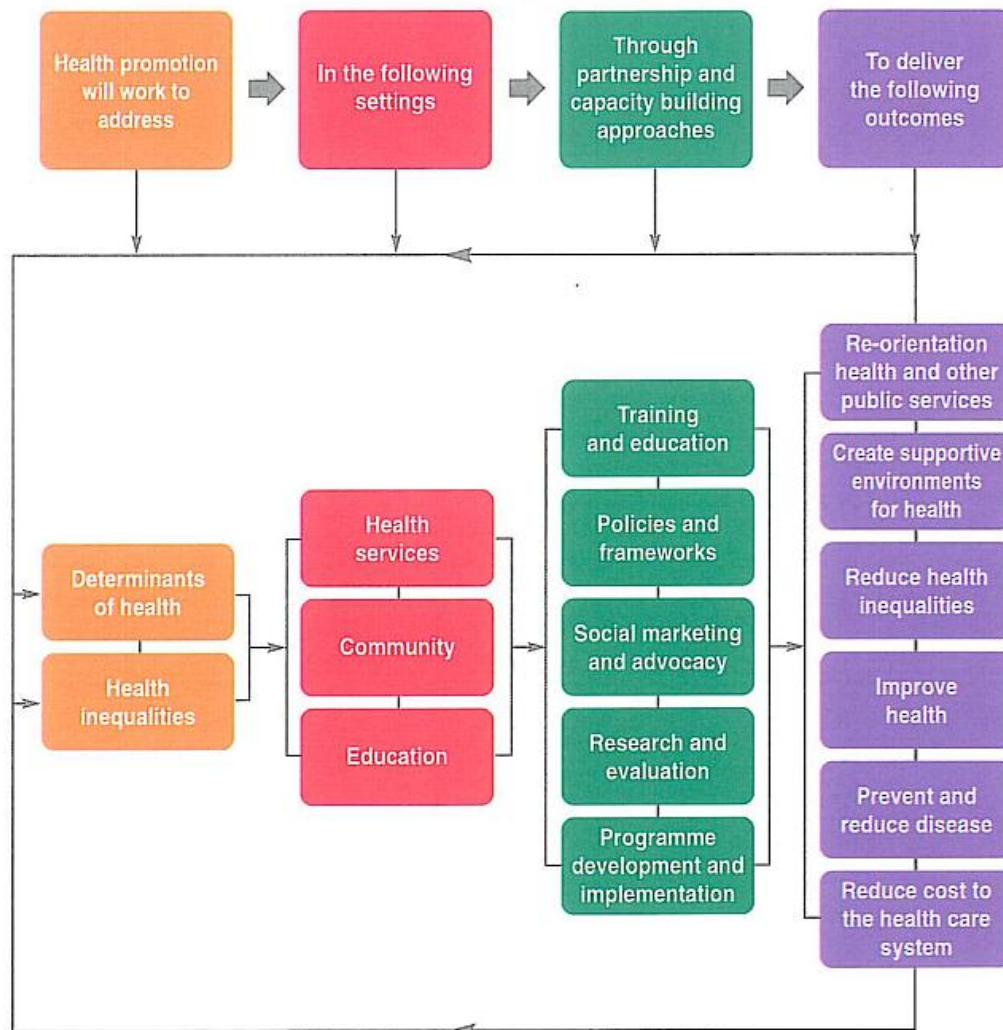
One in 10 people in Ireland are too poor to afford a properly balanced diet. Safefood, has published research, which says that the numbers in danger of food poverty rose by 3 per cent between 2009 and 2010. The study has shown that the unemployed, low-paid workers, people who are ill, disabled or poorly educated, families with more than three children and lone parents are most at risk (Safefood 2012)

Dr Cliodhna Foley-Nolan, director of human health and nutrition at Safefood, stated that the longer-term, public health consequences for those households living in food poverty are ill-health and higher rates of diet-related chronic diseases such as osteoporosis, type 2 diabetes, obesity and certain cancers.+(www.safefood.eu)

The 10 % at risk of food poverty in 2010 is the highest level seen for six years. This will also have a negative impact on oral health, making Oral Health Promotion even more important for vulnerable groups. In a recent questionnaire from the Dental Health Foundation 93.3% of dentists that were questioned from the Public Dental Service rated Oral Health Promotion as being very important in this time of recession.

Framework

The Health Service Executive, Health Promotion Strategic Framework Model illustrates the main structural elements of health promotion for the HSE. The model presents five particular approaches that are adopted through the health services, community and education settings (HSE 2011)



(Image courtesy of Health Service Executive (2011) Health Promotion Strategic Framework)

The European Action Plan (EAP) for Strengthening Public Health Capacities and Services (2012) has just been published by WHO. The Action Plan presents 10 essential public health operations (EPHOs) that countries can adapt and work on together, with WHO technical leadership and support, to assess and plan stronger public health services and capacity. These EPHOs can become the unifying and guiding basis for any European health authority to set up, monitor and evaluate policies, strategies and actions for reforms and improvement in public health.

1. Surveillance of population health and well-being
2. Monitoring and response to health hazards and emergencies
3. Health protection including environmental, occupational, food safety and others
4. Health promotion including action to address social determinants and health inequity
5. Disease prevention, including early detection of illness
6. Assuring governance for health and well-being
7. Assuring a sufficient and competent public health workforce
8. Assuring sustainable organizational structures and financing
9. Advocacy, communication and social mobilization for health
10. Advancing public health research to inform policy and practice

With key partners, WHO is already taking forward the component of the Action Plan focusing on developing the public health workforce, holding an initial meeting at the European Public Health Association (EUPHA) conference.

The EAP puts forward specific actions and measures to move towards attainment of the EPHOs and suggests that National governments may ensure that:

- The importance of health promotion for a sustainable health system and the wider economy is recognized across the political spectrum;
- Investment in health promotion moves beyond sporadic and one-off initiatives, so that longer-term health outcomes can be realized and sustained;
- Health equity assessments are carried out to identify the impact of policies and services on health inequalities. National governments should promote and create

conditions for intersectoral dialogue and cooperation between partners, in order to develop joint approaches to factors influencing social determinants of health and health equity, health and well-being and healthy lifestyles.

(WHO 2012)

The following actions are also suggested regarding Health Promotion in Member States:

- Governments and authorities may establish mechanisms to support and enable ministries of health in leading intersectoral policy responses to health challenges and in working effectively with other sectors to promote health and to identify the health impact of policies.
- The involvement of communities in decision-making will need to be supported by national governments if the potential of community assets is to be realized.
- National, subnational and local health authorities have a role to play in critically assessing the appropriateness of health promotion activities for targeted groups and those with the greatest health needs. Policies will need to address the social gradient in health through proportionate universalism.
- Investment in this area needs to go hand-in-hand with research tailored to addressing policy needs, such as emerging evidence from behavioural economics about how and why people behave the way they do).
- In addition to health communication, ministries of health should consider developing and implementing a portfolio of mutually reinforcing behaviour change strategies. These can include measures aimed at changing social norms, including legislation and regulation; the use of financial instruments to create an economic incentive to make healthy choices; and measures aimed at making healthy behaviour the convenient behaviour.
- Ministries of health and ministries of finance may wish to jointly review the current balance of spending across all levels of care, from preventive services through to acute care, and should identify priorities for shifting and/or rebalancing spending towards health promotion and disease prevention.

- Member States should seek to clarify the extent to which health promotion policies reflect and respond to the five domains of action in the Ottawa Charter, particularly reorienting health services

(WHO 2012)

The Health Promotion Strategy Framework (HSE 2011) outlines that the primary role of the Health Promotion workforce in achieving the framework objectives is to support organisational, environmental and system change within each setting, as well as building the capacity of these settings to promote health. It further states that this will require re-orientation of some elements of existing health promotion activity from a focus on individual health behaviour towards population and organisational approaches.

The first European Oral Health Summit was held in September 2012 and was attended by the Dental Health Foundation.

Agreement was reached on five main priorities for action including:

1. Develop a coherent European strategy to improve oral health with commitments to quantifiable targets by 2020;
2. Improve the data and knowledge base by developing common methodologies and bridging the research gap in oral health promotion;
3. Support the development of cross-sectoral approaches with health and social care professions and of the dental workforce;
4. Address increasing oral health inequalities and knowledge of prevention/oral hygiene practices of the public and guarantee availability and access to high quality and affordable oral health care.
5. Encourage best practice sharing across countries.

The Oral Health Summit saw the launch of the report on the State of Oral Health in Europe; it highlights the fact that oral diseases affect the majority of Europeans, costing the region's economy nearly EUR 79 billion each year. The report, commissioned by Summit organiser, Platform for Better Oral Health in Europe examines key oral health issues, including:

- Identification of best practice initiatives in oral health promotion across Europe;
- Development of a set of key recommendations for decision-makers to improve oral health in Europe.

Speaking at the Summit, Professor Kenneth Eaton, Chairman of the Platform for Better Oral Health in Europe, called for more policy attention and action on the topic of oral health. *“At the EU level, there is currently a lack of understanding about the integral role oral health plays in overall health and well-being,”* he said. *“On behalf of the Platform for Better Oral Health in Europe, I hope and believe we finally have the adequate tools and procedures in place to work effectively together and foster policy decisions which will benefit the oral health of everyone in Europe in the years to come.”* (European Platform for Better Oral Health, 2012).

At a public seminar organised by the European Commission in Cork 3rd October 2012, John Mullins, Group Chief Executive of Bord Gáis and President of Cork Chamber of Commerce stated that Ireland must regain its status as a solid European Member State in particular in light of Ireland’s forthcoming Presidency of the Council of the EU. This would seem to be an ideal opportunity for Ireland to take a lead regarding EU Oral Health Policy but it is essential that the issue on internal policy is addressed.

The Dental Health Foundation has highlighted on many occasions the importance of the implementation of an Oral Health Policy, most recently when making submissions to the Health and Wellbeing Policy and also Pre-Budget 2012 and 2013 Submissions, suggesting that oral health policy be integrated into general health policy.

The broader determinants of oral health are generally those that affect general health, with several that are more specific, such as water fluoridation, and common risk factors exist for oral and other chronic diseases. Therefore, an integrated approach to the promotion of both oral and general health is likely to be more efficient and effective than programs targeting a single disease or condition (Rogers 2011).

Health Promotion Competencies

Competencies are defined as a combination of the essential knowledge, abilities, skills and values for the practice of health promotion. Core competencies are defined as the minimum set of competencies that constitute a common baseline for all health promotion roles (Dempsey et al 2011).

Following the Galway Consensus Conference, June 2008, the International Union of Health Promotion & Education (IUHPE) developed Pan-European Competencies (CompHP) which explain key definitions, principles, values and nine domains of practice. This model is gaining acceptance as a global model.

1. Enable Change

Enable individuals, groups, communities and organisations to build capacity for health promotion action to improve health and reduce health inequalities.

2. Advocate for Health

Advocate with, and on behalf, of individuals, communities and organisations to improve health and well-being and build capacity for health promotion action.

3. Mediate through Partnership

Work collaboratively across disciplines, sectors and partners to enhance the impact and sustainability of health promotion action.

4. Communication

Communicate health promotion action effectively, using appropriate techniques and technologies for diverse audiences.

5. Leadership

Contribute to the development of a shared vision and strategic direction for health promotion action.

6. Assessment

Conduct assessment of needs and assets in partnership with stakeholders, in the context of the political, economic, social, cultural, environmental, behavioural and biological determinants that promote or compromise health.

7. Planning

Develop measurable health promotion goals and objectives based on assessment of needs and assets in partnership with stakeholders.

8. Implementation

Implement effective and efficient, culturally sensitive and ethical health promotion action in partnership with stakeholders.

9. Evaluation and Research

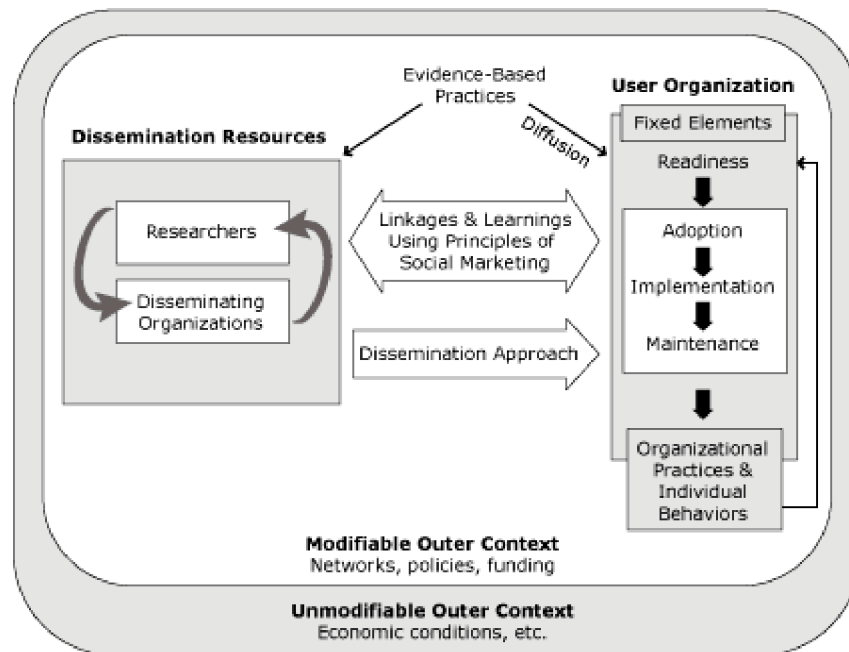
Use appropriate evaluation and research methods, in partnership with stakeholders, to determine the reach, impact and effectiveness of health promotion action

(Dempsey et al 2011)

This set of competencies can be used as a common baseline for all health promotion roles and help to meet the highest standards of quality assurance and accountability.



Dissemination



(Image courtesy of CDC - Preventing Chronic Disease: Volume 9, 2012: 11_0081)

Many of the people who are most at risk of poor health outcomes are members of underserved populations, populations that are generally made up of individuals who are of low socioeconomic status, possess low levels of health literacy, are elderly, are members of marginalized ethnic and minority groups, or have limited formal education. These underserved and vulnerable populations often have limited access to relevant health information, especially information widely available over the Internet. These same vulnerable populations are also subject to serious disparities in health care and generally have much higher rates of morbidity and mortality due to serious health threats, especially from cancers, than the rest of the public.

New strategies and policies need to be developed to help underserved and vulnerable populations access relevant health information and to help them use such information to make informed health-related decisions about seeking appropriate health care and support, resisting avoidable and significant health risks, and promoting their own health (Kreps 2005)

Sofaer & Hibbard (2010) applies social marketing and other principles to explore how to target reports to specific audiences, develop messages to promote the report with key audiences, engage consumer advocacy and community groups in promoting reports and helping people use them, disseminate reports through trusted channels, and ensure that consumers see and use comparative quality reports.

The authors make the following Recommendations regarding maximizing Public Awareness through Effective Promotion and Dissemination Strategies:

Recommendation No. 1: Plan from the outset for promotion and dissemination.

Recommendation No. 2: Identify your audience as early as possible - Reach those who need your information the most and target those who are easy to reach and motivate.

Recommendation No. 3: Engage those who can help you learn about and reach your audience (Roles of Information Intermediaries and do not forget about secondary audiences).

Recommendation No. 4: Use the insights of social marketing.

Recommendation No. 5: Be strategic about timing.

Recommendation No. 6: Be strategic about positioning - Consider placement and links when using Web-based reports and be aware of multiple quality reports in a single community.

Recommendation No. 7: Actively work with media to promote the report - Craft policies to ensure consistent messaging.

Recommendation No. 8: Use advertising to promote the report.

Recommendation No. 9: Use outreach to promote the report and facilitate its use - Tap existing networks, do not forget libraries.

Recommendation No. 10: Gather and analyze feedback on the report and its promotion.

Libraries

Libraries can facilitate online access to health information among vulnerable and underserved populations. Library education programs can help consumers recognize the need for health information by identifying problems associated with lack of relevant information for guiding good health decisions and achieving desired health outcomes. Libraries, by building on the information exchange relationship that they already have with many consumers, can help promote changes in health information seeking intentions and practices. Libraries can help institutionalize adoption of online health information by establishing viable programs for dissemination that evolve into sustainable, long-term, health-promoting relationships with consumers.

(Kreps 2005)

Sofaer & Hibbard (2010) also state the importance of the use of Public libraries as they offer important promotion and dissemination opportunities. They further state that Libraries are all about access to information, and most libraries today realize that a significant part of their service to the public is to help those caught in the digital divide gain access to both print and Web-based information.

Communication Channels

Good communication skills are fundamental to the practice of healthcare workers, regardless of role. Communication skills are something that can be learned and developed over time. The need to be structured in our communication is highlighted, as is the ability to be flexible in our undertakings. Communication should be purposeful and centred on the client. This requires the practitioner to be self aware and responsive not only to the emotional well-being of others but also to themselves (Hurley & Linsley 2012)

Although communication skills are now a central part of the undergraduate and postgraduate medical curriculums, patients continue to complain that their doctor or healthcare professional did not listen to them or seemed distracted. The five core characteristics of emotional intelligence are: self awareness; self regulation; motivation; empathy; and social skill. A difference of more than 90% has been found between high performers and average performers in senior leadership as a result of emotional intelligence rather than cognitive ability safety. Emotional intelligence has moved from

Wise to have+ to need to have.+ Improvement in patient safety requires healthcare professionals to evolve from emotional unawareness to emotional intelligence. This will not only benefit the professional, the healthcare team, and the wider organisation but, most importantly, has the potential to improve patient safety (Stanton & Noble 2010)

The first instrument to measure health literacy has been developed at the UCD School of Business and has won the prestigious European Health Award at the European Health Forum in Gastein, Austria. The project found that 47 % of people on average in Europe have limited levels of understanding. These are skills people require to access health services and to be able to understand information received from their doctor. Those identified as at greater risk included the elderly, those with lower levels of education and those of lower socio-economic status. Ireland did comparatively well, with 38% of people deemed to have limited knowledge (Irish Times 16th October 2012).

While, undoubtedly, organisations realise the importance of good communications, they often find it hard to forge the link between ~~what~~ what gets said+ and ~~what~~ what gets done+ (Kitchen et al., 2008).

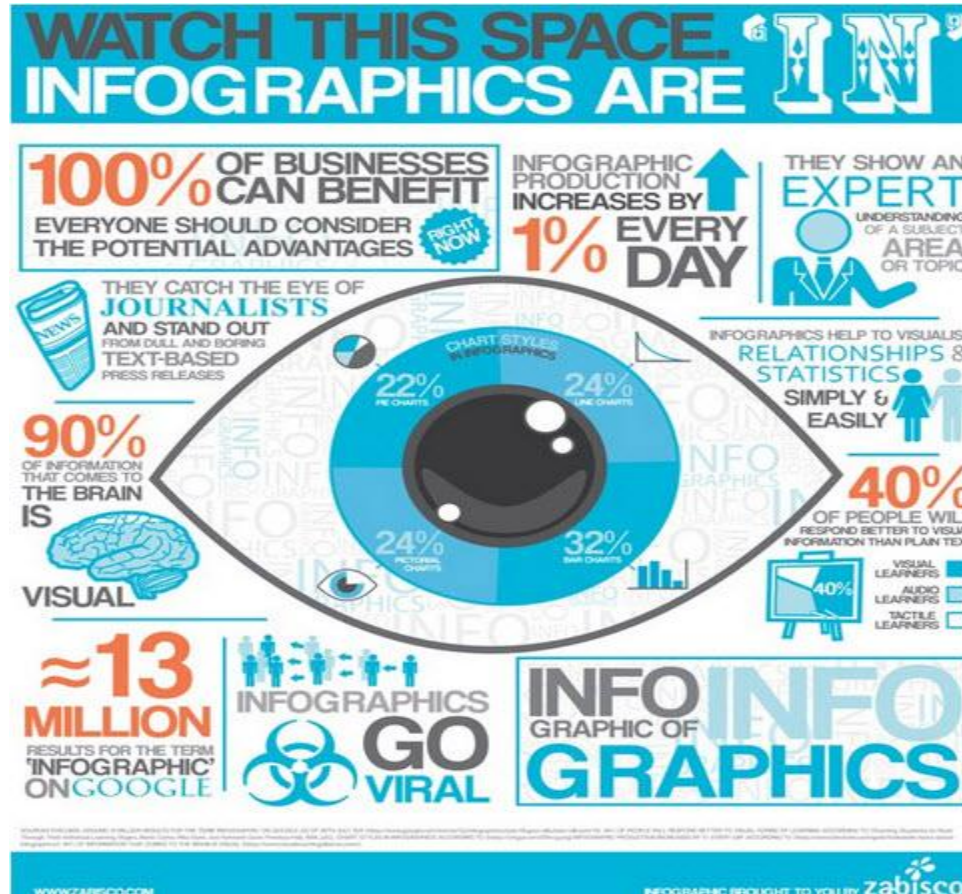
The ideal communications plan employs a combination of targeted traditional, electronic and face-to face methods (Chihocky & Bullard, 2009) and must be considered for effective health promotion.

What William Butler Yeats said still holds true today and succinctly describes the key to strategic communications:

Think like a wise man but communicate in the language of the people.+

Infographics

Communications is not just verbal, using pictures and diagrams to communicate important information is effective in getting messages across (Health Foundation, 2011). Alice Ainsworth, Head of Channel Strategy at the Department of Health (UK) recently stated that the tools available for communicating messages are ever expanding and that one of the more recent tools at disposal is the infographic

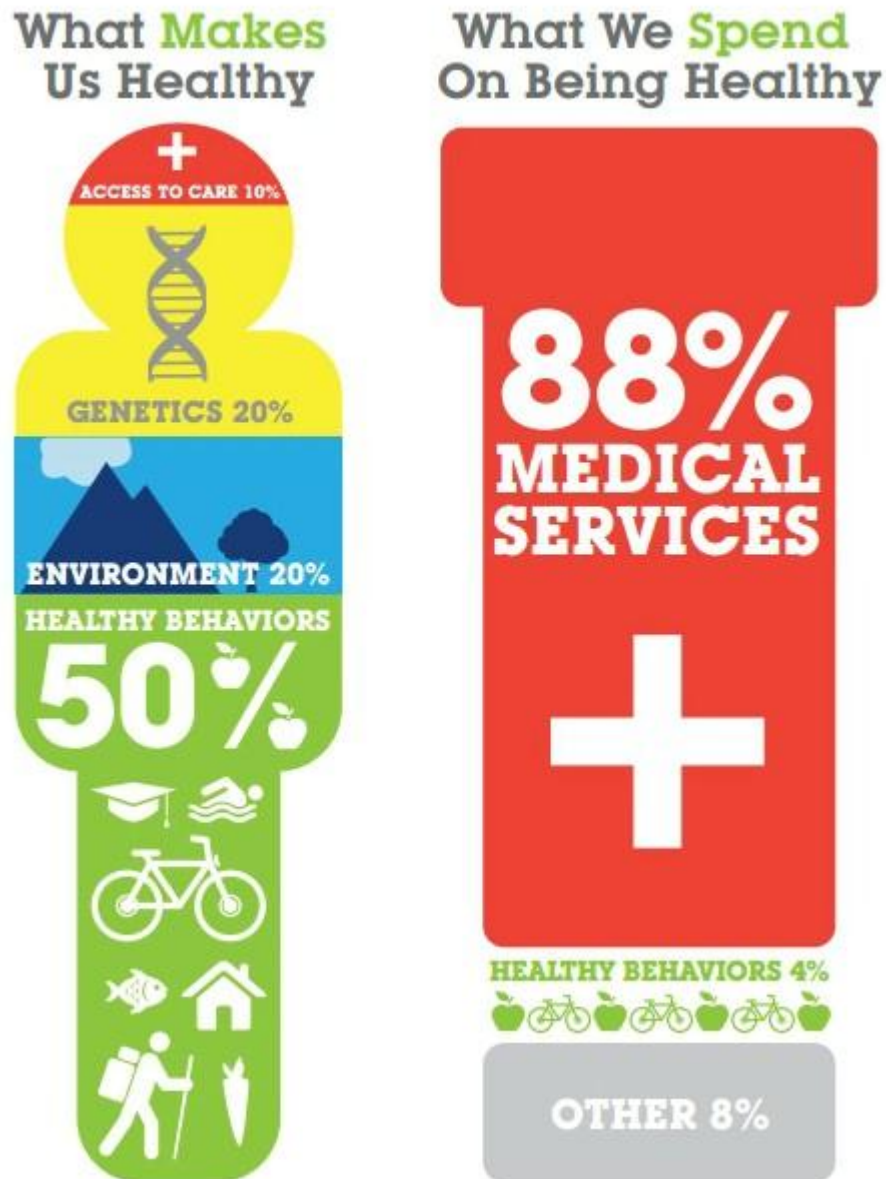


(Source: [Web Marketing Group](#))

She further stated that Infographics are an excellent way to provide a quick and clear visual representation of data or complex information and that the first infographic commissioned by the Department was to help explain what its 100-page information strategy for health and care would mean to real people. It received more than 10,000 views in the first 10 days and was shared widely on Twitter (Department of Health UK 2012).



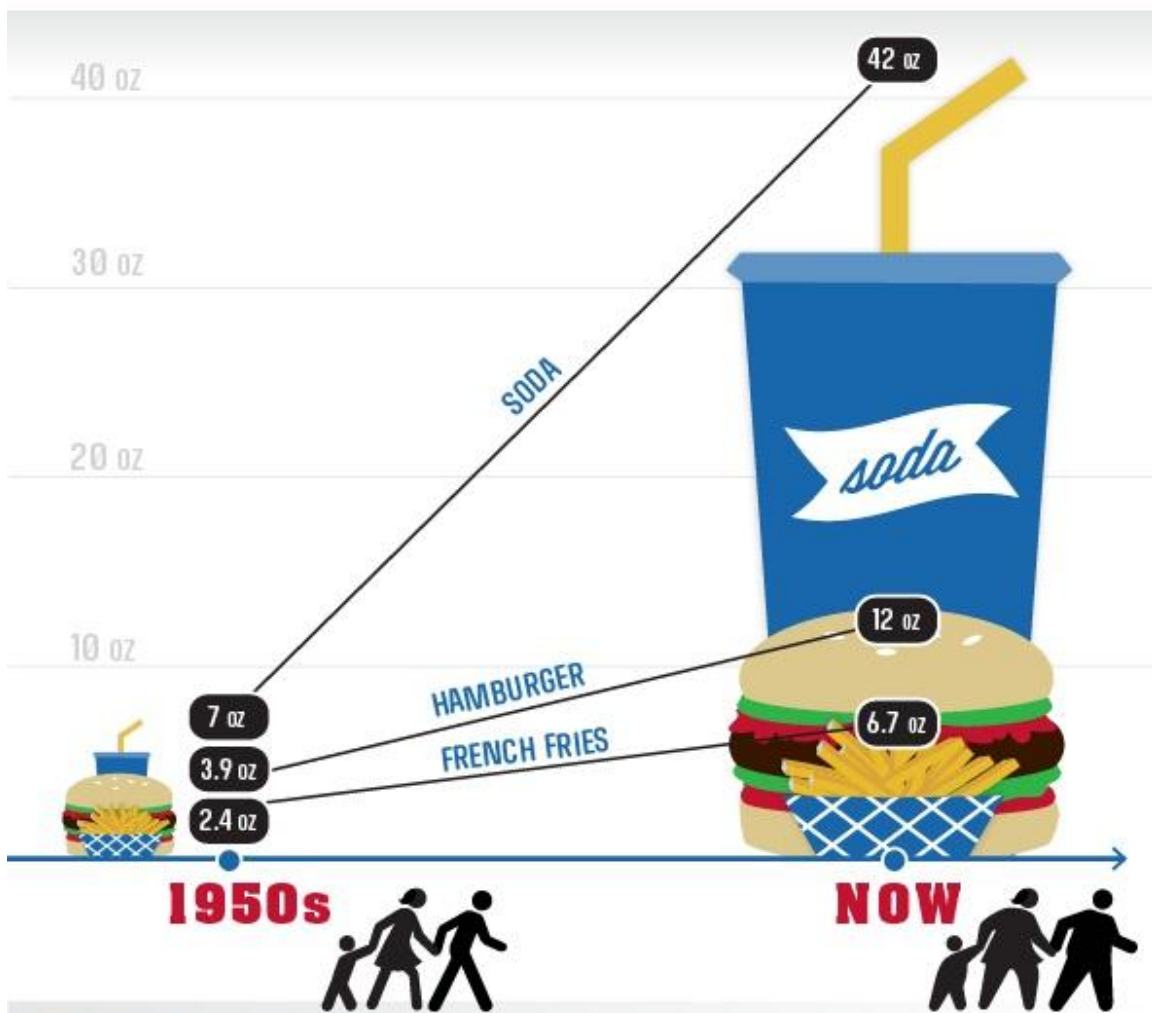
Other excellent examples of plain and simple infographics explain health-related spending in the US and the issues with portion size and obesity.



(Source <http://pinterest.com/pin/253397916504359578/>)

THE NEW (AB)NORMAL

Portion sizes have been growing. So have we. The average restaurant meal today is more than four times larger than in the 1950s. And adults are, on average, 26 pounds heavier. If we want to eat healthy, there are things we can do for ourselves and our community: Order the smaller meals on the menu, split a meal with a friend, or eat half and take the rest home. We can also ask the managers at our favorite restaurants to offer smaller meals.



(Image courtesy of <http://makinghealthasier.org/newabnormal>)

FOR MORE INFORMATION, VISIT MakingHealthEasier.org/TimeToScaleBack

SOURCES | Young, L., & Nestle, M. (2002). The contribution of expanding portion sizes to the US obesity epidemic. *AJPH*, 92(2), 245-49. | Young, L., & Nestle, M. (2007). Portion sizes and obesity: Responses of fast food companies. *JPHR*, 18(2), 238-48. | CDC, Advance Data, No. 345, Oct. 27, 2004. | CDC, National Health Statistics Reports, No. 10, Oct. 22, 2008.



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Networking and Partnerships

Improving service coordination and health promotion planning requires engaging people and building strong relationships. A first step towards this is engaging more people and building stronger relationships. Mapping reported ties provides a useful means for assessing structure and where the strengths and weaknesses of partnerships lie. (Lewis 2005)

In the US, a holistic approach has been taken in developing a National Prevention and Health Promotion Strategy by the National Prevention, Health Promotion and Public Health Council. Jud Richland, MPH, president of Partnership for Prevention has stated that although Healthy People 2020 (the new European policy framework for health and well-being) establishes critical health objectives, that the strategy will help provide a road map for achieving the objectives and that a prevention culture cannot succeed without a broad-based approach in formally engaging decision-makers in diverse sectors of society (Johnson 2011).

The National Prevention Council comprises 17 heads of departments, agencies, and offices across the Federal government who are committed to promoting prevention and wellness and includes the following:

U.S. Surgeon General, Council (Chair), Department of Health and Human Services, Department of Agriculture, Department of Education, Federal Trade Commission, Department of Transportation, Department of Labor, Department of Homeland Security, Environmental Protection Agency, Office of National Drug Control Policy, Domestic Policy Council, Department of Interior, Corporation for National and Community Service, Department of Defense, Department of Housing and Urban Development, Department of Justice, Department of Veterans Affairs, Office of Management and Budget.

The Council provides the leadership necessary to engage not only the federal government but a diverse array of stakeholders, from state and local policy makers, to business leaders, to individuals, their families and communities, to champion the policies and programs needed to ensure the health of Americans prospers.

National Prevention Council (2011)

DHF Implementing Health Promotion

The Dental Health Foundation is dedicated to informing, educating and communicating with the public, government and community leaders about specific issues that will have an impact on oral and general health.

Working with the DHF's Board of Trustees and Advisory Committee (in 2007 the DHF's Advisory Committee was put in place to provide advice and guidance on existing and proposed work programmes) the organisation will continue to develop a challenging strategic programme of work. DHF will act as a central facilitator and strategist in placing oral health and general health issues and solutions on the national health agenda. The importance of oral health and the reasons why oral health promotion is a cost effective public health approach will be fundamental to this and the following will be included:

- Advocacy
- Public Information and Education
- Early Childhood Education and Development
- Support for Special Needs Groups (including those with physical and learning disabilities, mental health issues, drug addicts and travellers groups)
- Support for the Elderly
- Oral Health Promotion and Professional Development

DHF continues to be strongly committed to the delivery of its work programmes to ensure that oral health promotion is a cost effective public health approach.

The DHF works in collaboration with a number of bodies and organisations including; special needs groups, older people and their representative groups, the oral healthcare and retail sector, the Dublin and Cork University Dental Schools and Hospitals, the Irish Cancer Society, the Irish Dental Association, National University of Ireland, Galway, National Heart Alliance, Oral Health Services Research Centre, Cork, Barnardos, National Dairy Council, the Health Service Executive and through its support to the Department of Health.



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Conclusion

The dental profession is in a unique position to support national Non Communicable Disease (NCD) policy and strategy. In industrialised countries, its access to healthy patients during regular check-ups is an opportunity to raise their awareness over risk behaviour and thereby increase prevention (FDI, 2012).

In a recorded message to the Welcome Ceremony of the 2012 Annual World Dental Congress, 29 August (held in Hong Kong), World Health Organization Director-General Dr Margaret Chan commended the dental profession as "a highly respected member of the public health family".

"After all," she said, "dentistry pioneered the concept of preventive medicine, turning it into an art as well as a science. A profession that makes prevention a driving incentive deserves our highest regard."

NHS dentistry has been subject to review on several occasions, most recently an independent review in 2009 which advised a redirection of emphasis focused on the maintenance and improvement of oral health, rather than a service preoccupied with provision of reparative interventions. It was also recognised that patients need to be enabled to take greater ownership of their own oral health (Steele 2011).

The NHS commenced dental contract pilots and early findings from the data are very encouraging. Nearly three-quarters of patients said they had a better understanding of their oral condition following their recent visit under the new system and a similar proportion said they had actually changed their oral hygiene habits as a result of their visit.

The FDI has outlined in its guide to advocacy that governments must commit to strengthening and implementing, as appropriate, multisectoral public policies and action plans to promote health education and health literacy and acknowledge the importance of promoting patient empowerment for people with NCDs (FDI 2012).

For over 30 years, the WHO has been advocating an integrated approach in chronic disease prevention. The concept of the common risk factor approach (CRFA) highlighted shared risk factors for chronic conditions including oral diseases has provided the basis for closer integration of oral and general health promotion activities. Although considerable progress has been undoubtedly made in combating the isolation and compartmentalization of oral health, future action on tackling oral health inequalities requires a reorientation of oral health policy away from a fixation on changing oral health behaviours to instead action on the common social determinants of oral health inequalities. The narrow and restricted interpretation of the CRFA is a serious threat to developing effective action to address oral health inequalities. Based upon the WHO conceptual framework on the social determinants of health inequalities, a range of actions could be implemented to tackle the social gradients in oral health outcomes (Watt, 2012).

At the National Dairy Council AGM, 22nd May 2012, Dr John Fanning UCD Michael Smurfit Graduate Business School stated that in order to be strategic one must look beyond headlines regarding ~~the~~ Recession and to look at this current economic period as a ~~the~~ Transformation rather than ~~the~~ Recession.

A new proposal from the Swedish Government on national public health policy is based on people taking responsibility for their own health. The Government has stated that it wants Public Health Policy to be *'forward-looking, stimulating and inspirational. Taking responsibility for, and exerting influence over, ones own health should be enjoyable, interesting and important. Therefore, both tools for individuals and social conditions are needed to support progress in this direction'*.

The policy consists of fundamental building blocks to communicate public health policy in a clear manner. In addition, a number of priority areas have been selected by the Government for targeted initiatives.

The five building blocks are:

- Start - the environment in which children and young people grow up;
- Support - making healthy choices easier;

- Protection - effective and safe protection against health threats;
- Cooperation - common responsibility for good health; and
- Enhanced knowledge management - for more effective public health efforts (Government Offices of Sweden, 2012).

The Dental Health Foundation has outlined many of these priorities in its submissions and also in its White Paper 'The Importance of Oral Health Promotion'. DHF has further stated that its recommendations will require multi-professional and multi-disciplinary work, collaborative working and commitment at senior level, inclusion of all stakeholders and the sharing of information and resources (Dental Health Foundation, 2011).

Organisations and individuals must support each other and look for the common good in the future. We must act for those who have little voice.

Without information you cannot take responsibility
With information you cannot avoid responsibility

Jan Carlzon, CEO SAS Airlines (1981-94)

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