Dental Health Foundation
Ireland

STRATEGY

2008-2012

MISSION

... 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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Advisory Committee

Professor John Clarkson	Chairman
Committee Member	**Area of Expertise**
Professor June Nunn	Public Health, Disability
Professor Helen Whelton	Oral Health Services Research
Professor Gerry Linden	Oral and Systemic Diseases
Professor Brian O'Connell	Restorative Dentistry and Behavioural Sciences
Dr. Dymphna Daly	Paediatrics
Dr. Eamon Croke	General Dental Practitioner
Dr. Mary O'Farrell	Public Dental Service

Strategy Development

Professor John Clarkson and Ms Deirdre Sadlier in consultation with the Advisory Committee and the Board of Trustees developed this Strategy for the period 2008-2012.

The support of the Dental Health Foundation staff Ms Patricia Gilsenan-O'Neill, Ms Etain Kett and Ms Pheena Kenny is gratefully acknowledged in the preparation of this document.

Foreword

Foreword

I am pleased to present this strategic plan for the Dental Health Foundation for the period 2008–2012.

As is highlighted in this plan, oral health is of vital importance to the well-being and general health of every individual, across their life-span. Oral disease has a significant impact in terms of pain, suffering, impairment of function and reduced quality of life. Oral disease is also associated with a number of systemic diseases, as a symptom and as a possible source. Oral disease is also expensive to treat. Consequently, promotion of oral health and of oral health preventive measures are important approaches to improving overall health and reducing costs for the public and the state.

While oral health in Ireland has improved significantly over the last thirty years, recent studies have shown particular needs amongst the elderly, those from lower socio-economic classes and amongst children and adults with disabilities.

The Dental Health Foundation has, since its establishment, been at the forefront of oral health promotion in Ireland. This strategic plan sets out ambitious, but achievable goals and a practical integrated programme of work to continue and expand the support of the Foundation for effective oral health promotion over the period 2008-2012. In pursuing these goals, the Foundation will continue to work closely with State bodies, the oral health care profession, consumer groups and the commercial sector.

I would like to express my thanks and appreciation to my colleagues on the Advisory Committee of the Dental Health Foundation, for the expert advice which they willingly gave in the development of this strategy, and to officials of the Department of Health and Children and the Health Service Executive for their support and guidance in the past. I also thank the Trustees for their support and approval, and the Executive Director of the Dental Health Foundation for her unremitting commitment and work for oral health in Ireland. I look forward to working with the Dental Health Foundation over the coming years to achieve the challenging goals set out in this strategy.

Professor John Clarkson, *Chairman*

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

Dental Health Foundation Mission Statement

Introduction

The following strategy for the Dental Health Foundation sets out a challenging programme for the next five years.

The importance of oral health and the reasons why oral health promotion is a cost effective public health approach is fundamental to the strategy. The evidence available on the current status of oral health in Ireland is summarised and the existing oral health services are profiled.

Against this background, we are pleased to outline the achievements of the Dental Health Foundation over the last six years, under the headings of:

1. Advocacy
2. Public Information and Education
3. Support for Special Needs Groups
4. Taking a Multi-Sectoral Approach
5. Oral Health Promotion and Professional Development
6. Support to the Department of Health and Children

The challenges facing the Foundation in formulating its strategy for the next five years include:

- The National Oral Health Policy
- Governance and Direction
- Developing the Foundation's Profile
- Capacity Building for Oral Care Professionals
- Working with Coalitions and Partners
- North-South (Ireland) Working

In this context, working with our Advisory Committee, under the Chairmanship of Professor John Clarkson, and with our Trustees, we have developed a challenging strategic programme of work which, we believe, will deliver significant value in terms of focused oral health promotion, excellent value for money for state expenditure, and ultimately a significant contribution to the improved oral health of citizens of Ireland.

This strategy has five main goals:

1. Development of an Independent Voice for the Dental Health Foundation
2. Support to the Department of Health and Children
3. Oral Health Promotion for Groups with Special Needs
4. Increased Awareness of Good Personal Oral Health Practices
5. Promoting Excellence in Oral Care

We are strongly committed to the delivery of these work programmes and we look forward to the continuing support of our major stakeholders and sponsors; the Department of Health and Children and the Health Service Executive, with whom we have been pleased to work in collaboration with in the past.

Deirdre Sadlier, *Executive Director*

Background

Oral health is a serious problem

Oral disease is a serious public health problem. Its impact on individuals and communities in terms of pain and suffering, impairment of function and reduced quality of life is considerable[1].

Oral health is key to well-being and general health

The mouth is the major portal to the body and is equipped to defend it. If the integrity of the mouth is compromised, it can become a source of disease affecting other parts of the body.

The mouth can reveal signs of disease, drug use, physical abuse, harmful habits or addiction and general disorders. Oral-based diagnostics are increasingly being developed.

Oral diseases and disorders affect health and well-being across the life span. The impact of oral diseases on the general health and quality of life of elderly people and the significance of oral health promotion are emphasised in a policy document on Active Aging by the World Health Organisation[2].

Oral complications of many systemic diseases can seriously affect ones' quality of life.

Oral infections can be a source of systemic infections, especially for people with weakened immune systems.

Associations are reported between chronic oral infections and serious health problems such as diabetes, heart and lung disease and adverse pregnancy outcomes.

The Importance of Oral Health Promotion

The total cost to the state of oral care is €300 million[3]. Effective oral health promotion is a cost-effective strategy which fulfils value for money requirements in reducing the burden of oral disease and maintaining oral health and quality of life standards. It is also an integral part of health promotion in general, as oral health is a determinant of general health and quality of life[4].

One of the major criticisms of clinical preventative measures and dental health education has been the narrow, isolated, compartmentalised approach adopted,

1 World Health Organisation. Sixtieth World Health Assembly (2007). **Oral health: Action plan for promotion and integrated disease prevention.**

2 World Health Organisation (2002). **Active Aging, A Policy Framework.** Geneva, Switzerland

3 Fitzgerald, C. (2008). **National Oral Health Policy; Policy Development Update Presentation**. Department of Health and Children.

4 Deloitte & Touche (2001). **Value for Money Audit of the Irish Health System**. Vol 2. The Department of Health and Children, Dublin.

essentially separating the mouth from the rest of the body. All too often oral health programmes have been developed in isolation from other health initiatives. This uncoordinated approach at best leads to duplication of effort and often results in conflicting and contradictory messages. The common risk approach recognises that chronic non-communicable diseases such as obesity, heart disease, stroke, cancers, diabetes, mental illness and oral diseases share a set of common risk factors and conditions[5].

Oral Health in Ireland – The Issues

The evidence available indicates that oral health in Ireland has improved significantly since the introduction of fluoridation of the public water supply in the 1960's.

Children and Teenagers

Oral health surveys throughout the 1980s, 1990s and the current decade in Ireland have clearly demonstrated major reductions in dental decay and also the important benefits of Ireland's water fluoridation policy for everybody in society, irrespective of their economic circumstances. For example, a survey[6] conducted in 2002 reported a mean Decayed, Missing and Filled Teeth (DMFT) rate of 3.6 among 15-year-olds in Northern Ireland in non-fluoridated communities in comparison to a DMFT of 2.1 among 15-year-old residents of fluoridated communities in the Republic of Ireland.

However, brushing habits and higher rates of snacking on sugary foods and drinks is where Irish teenagers rank poorly. The Health Behaviour of School-aged Children (HBSC) survey of 2006 discovered that 39% of children in Ireland consumed sweets and soft drinks at least once a day. The HBSC International Report[7] (2008) showed that 17.5% of 11 year olds in Ireland consume soft drinks daily compared to 3.5% of 11 year olds in Finland. The high levels of confectionary consumption amongst Irish children are further compounded by results from the HBSC survey that only 63% of children report brushing their teeth more than one a day. The HBSC (2008) international figures show that 70% of Irish girls brush their teeth more than once a day compared to 90% of girls in Switzerland. A 2007 Irish survey[8] on National Teens' Food showed that 42% of girls are not getting enough calcium, which is vital for healthy teeth and bones.

5 Watt, R. G., (2005) **Oral disease prevention and health promotion**. Bulletin of the World Health Organisation. September 2005

6 Whelton, H., Crowley, D., O'Mullane, D., Harding, M., Cronin, M., Flannery, E., Kelleher, V. (2006) **North South Survey of Children's Oral Health in Ireland 2002**. Department of Health and Children, Dublin.

7 Currie, C., Nic Gabhainn, S., Godeau, E., Roberts, C., Smith, R., Currie, D., Oicket, W., Richter, M., Morgan, A., Barnekow, V. (2008) **Inequalities in Young People's Health, health behaviour in school-aged children**. International Report from the 2005/2006 Survey. Health Policy for Children and Adolescents, No. 5. World Health Organisation.

8 Joyce, T., McCarthy, S.N., Gibney, M.J. (2007) **Relationship between energy from added sugars and frequency of added sugar intake in Irish children, teenagers and adults**. British Journal of Nutrition. Cambridge University Press.

More teens consumed chocolate confectionery, biscuits, cakes and pastries than non-chocolate confectionary or savoury snacks. Beverages were mainly sugar-containing with an average consumption of carbonated beverages being a glass a day. Confectionary, biscuits and snacks formed 18% of fat intake.

Adults

The recently published National Survey of Oral Health of Irish Adults 2000-2002[9] reveals that:

- There were considerable improvements in the level of oral health amongst adults over the past 20 years. These improvements reflect the considerable investment in the provision of oral health services for adults during this period and also the benefits of fluoride and oral health promotion.
- However adults with systemic disease had higher levels of edentulousness and fewer teeth than those without systemic disease
- Age and gender had a statistically significant impact on number of teeth present for all age groups; older adults had fewer teeth, and women had fewer teeth than men.
- Ownership of a medical card was statistically significantly associated with fewer teeth among 35-40 year-olds and 65+ year-olds.

The Elderly

The current cohort of older Irish people have low expectations in relation to their oral health, and have had no childhood experience of preventative dentistry; most attend the dentist only when they require treatment. SLÁN 2007 results show that only 29% of people over 65 years attend the dentist and for those aged between 45 and 64 only 52% have attended a dentist. Despite clinical evidence to the contrary, the most common reason older people give for dental non-attendance is that they have "no need" for dental treatment. In addition, there appears to be a lack of understanding of the links between oral health, physical health and quality of life.

Children and Adults with Disabilities

The picture of oral health for children and adults with disabilities demonstrates that urgent action is required for oral health improvements.

The 2002-3 National Oral Health Survey of Children with Special Needs[10] is as yet unpublished but preliminary data indicate the following:

- Treatment need is high for children with special needs, ranging from 16% of 5-year-olds to 76% of 15-year-olds

[9] Whelton, H., Crowley, E., O'Mullane, D., Woods, N., McGrath, C., Kelleher, V., Guiney, H, Byrtek, M. (2007). **Oral Health of Irish Adults 2000-2002**. Department of Health and Children, Dublin

[10] Department of Health and Children (In Press 2007). **Attending Day Care Centres; National Survey of Children Attending Schools Designated as Special Needs**. Stationary Office, Dublin.

- Special needs children have more extractions, need more extractions and have less preventative work (fissure sealants) than the general population
- The need for General Anaesthetic (GA) for dental care is high, with 42% of 5-year-olds, 19% of 12-year-olds and 15% of 15-year-olds requiring GA
- 45% of 12-year-olds have had 2 or more GAs for dental care

The National Oral Health Survey of adults with an Intellectual Disability in residential Care in Ireland 2003[11] indicated that:

- 50% of adults require oral/dental care
- 52% had moderate to severe periodontal disease, with 11% experiencing a painful gum condition
- 20% had suspect oral lesions, 3% of which were suspect pre-cancerous lesions
- 20% of residents would require sedation or general anaesthesia (GA) for dental treatment
- 80% of the residential units reported a need for training in oral hygiene management for carers

Irish Consumers

The recently published report "Competition in Professional Services, Dentists"[12] (2007) identified consumer concerns in relation to oral health. These concerns highlight obstacles for accessing oral health care including cost and consumer information on dental procedures and treatments.

The First Oral Health Survey of Irish Adults[13] **(1989-1990)** also identified cost of dentistry as a key barrier for Irish people seeking dental care. **Well Read-Developing Consumer Health Information in Ireland**[14] (1998) highlighted a lack of published independent dental care information. Oral Health has improved however there are still major issues to be addressed such as childhood caries, snacking habits and access to care for adults.

Conclusions/Summary

The Department of Health and Children commissioned a review of Oral Health Promotion in Ireland (2003) and it reported that "while national policy is progressing towards the goals of the Dental Health Action Plan and the Health Promotion Strategy in terms of health orientation towards health promotion, this

[11] Crowley, E., Whelton, H., Murphy, A., Kelleher, V., Cronin, M., Flannery, E., Nunn, J. (2003) **Oral Health of Adults with an Intellectual Disability in Residential Care in Ireland 2003**. Department of Health and Children, Dublin

[12] The Competition Authority (2007) **Competition in Professional Services, Dentists**. Ireland.

[13] O'Mullane, D., Whelton, H. (1992) **Oral Health of Irish Adults 1989-1990**. Stationary Office, Dublin.

[14] MacDougall, J. (1998) **Well Read – Developing Consumer Health Information in Ireland**. Library Association of Ireland

does not appear to be the case at regional and local level. Cultural orientation away from curative/treatment services, resistance to change and a relatively lean skills base will need to be overcome. This requires strategic and coherent policy development at health board level"[15]. Since this report was published there has been no action to overcome these issues. It is hoped therefore that the National Oral Health Policy development as announced by the Minister for Health and Children in October 2007, will address these shortcomings.

Oral Health Services in Ireland

State funded dental services are provided through Five Strands:

- HSE service; delivered by salaried staff focussed primarily on children
- Dental Treatment Services Scheme (DTSS)
- Dental Treatment Benefits Scheme (DTBS)
- Hospital Based Services
- Environmental services and other measures – fluoridation and health promotion

There are perceived weaknesses in the provision of these services, which include a shortage of dental professionals, geographic coverage, shortage of trained specialists, especially in orthodontics and oral surgery and dental services to special needs groups[16].

Opportunities

With the restructuring of the health services under the Health Service Executive, the structure of oral health service management in the health services is changing. An Expert Advisory Group on Oral Health is being established to advise the HSE. The Department of Health and Children is also working collaboratively with the Health Service Executive on the development of a National Oral Health Policy.

Dental Health Foundation

The Dental Health Foundation (DHF) is an independent charitable trust, governed by a Declaration of Trust made in 1997, with the following objectives:

- The promotion and advancement of Medical Health including in particular the Dental Health of the people in the State
- The promotion and advancement of Health Education including in particular Dental Health Education of the people in the State

[15] Taylor-Dillon, F. Friel S., Sixsmith, J., and Kelleher, C. (2003) **A Review of Oral Health Promotion in Ireland (2003)**. Department of Health and Children

[16] Widstrom, E., Eaton, K.A., (2004) Oral Healthcare systems in the Extended European Union. **Oral Health and Preventative Dentistry. 2 (3)**; 155-194.

- The promotion and advancement in the State of Education, Training and Research including post graduate studies in the field of Dental and Medical Studies including Natural Sciences in all their aspects and branches
- The promotion and advancement of Preventive Medicine and Health Education and Health Information and Publicity Services in all their branches for the benefit of the people of the State
- The provision of financial and other assistance to and towards Community Care Centres, Health Care Centres, Hospitals (including Dental Hospitals), Nursing Homes, Schools, Colleges and Universities and other establishments of every description providing Health and Education or Welfare Services for the people of the State.

Since its establishment in 1997, the DHF has emerged as a unifying voice in the field of oral health promotion, working with a wide variety of interested parties to champion change. DHF (in partnership with the Department of Health & Children and the Health Service Executive) has acted as a central facilitator and strategist in placing oral health issues and solutions on the national health agenda. It has also become a valuable resource within the healthcare sector for advice and tools to promote best oral health practices.

The Foundation's activities in the period 2001-2007 were guided by five Strategic Objectives:

1. Strengthening the Foundation's advocacy role,
2. Providing information and education on oral health,
3. Developing programmes of information for people with special needs,
4. Taking a multi-sectoral approach to the promotion of oral health,
5. Providing support for health professionals in pursuit of these objectives.

Achievements

1. Advocacy

The role of advocacy has been a cornerstone of the Foundation's work throughout the period 2001-2007. This has involved informing and educating government and community leaders and decision makers about specific issues that will have an impact on the oral health and well being of Irish people. In fulfilment of this role the Foundation has pursued a range of measures and actions.

The Foundation used its first partnership policy document on Promoting Oral Health in Ireland to drive this agenda, additionally it contributed to the oral health component of the

- National Health Promotion Strategy 2000 – 2005,
- Health Literacy Policy and Strategy Report (2002),
- Broadcasting Commission of Ireland (BCI) Children's Advertising Code (2003).

The DHF contributed to a range of other relevant public policies including

- Smoking in the Workplace Ban (2004),
- The Disability Act (2005),
- The National Nutrition Policy Consultation (2005),
- Obesity: The Policy Challenges (2005),
- Report of the National Taskforce on Obesity (2005),
- The Strategy for Cancer Control in Ireland (2006) and
- The OECD Review of the Irish Public Service (2007).

2. Public Information and Education

The Foundation has led on the development of a range of evidence-based public information programmes and educational resources with a broad range of collaborative partners. These resources include schools programmes;

- Cool Water Cool Smiles (2003),
- The Mighty Mouth Schools-Programme (2004),
- The Winning Smiles Schools-Programme North-South (Ireland) Initiative (2005),
- Better Oral Health (2005),
- A programme for children with disabilities.

General oral health information for parents of young children and an **Oral Health Information Programme for the Traveller Community**. These programmes have been formally evaluated are '**models of best practice**' and have been made available to the system for roll out. The Foundation has provided continued advice and expertise in oral health promotion materials development for a wide range of stakeholders concerned with improving oral health.

3. Support for Special Needs Groups

The Foundation placed a special emphasis on driving the agenda for change in oral health policy and practice for adults and children with disabilities.

Arising from the Foundations partnership document

- **"Promoting the Oral Health of People with Disabilities" (2000)** and subsequently followed by
- **"Oral Health and Disability: The Way Forward" (2005)**.

The Foundation has mobilised substantial effort, methods and evidence for bringing about improvements in the oral health of people with disabilities, their family members and carers. It successfully identified a need for oral health to become a fundamental strand specifically within disability policies and the **DHF** partnered by the **National Disability Authority** and the **School of Dental Science; Trinity College Dublin** played a role in recommending measures arising from the **Disability Act** (2005).

4. Taking a Multi-Sectoral Approach

The Foundation's approach has been to promote a coordinated approach to health promotion, reduce duplication of effort and lessen the possibilities of conflicting and contradictory messages being delivered to the public. The **Mighty Mouth Schools Programme** is an example of this approach; it recognised that multi-sectoral collaboration is needed in order to tackle the physical, economic and cultural determinants of health and the stakeholders brought together reflected these dimensions. The primary aim of the programme was to focus attention on the importance of oral health for children from disadvantaged backgrounds within the context of overall general health and wellbeing. **The programmes' evaluation made recommendations both for future schools initiatives and policy development in Ireland**. The Foundation used the research results from the programme to inform the guidelines development on food and nutrition of pre-schools, primary and post primary schools. **The DHF made recommendations from the research results which were accepted concerning the consumption of drinks in pre-schools and school settings in Ireland**.

5. Oral Health Promotion and Professional Development

The Foundation set out under its Strategic Initiative to put in place support mechanisms for the preparation and training of health professionals, and also to increase an evidenced based approach to oral health promotion programme developments. To encourage uptake of this approach, the DHF has pursued these aspects through programme provision, award schemes, and conferences which have been supported by publications disseminated widely through the DHF website.

The Dental Health Foundation was one of the main architects of the first Irish accredited training programme for oral care professionals in Oral Health Promotion. The **Specialist Certificate in Health Promotion (Oral Health)** was established as a partnership programme with the

- Dental Health Foundation
- The Department of Health Promotion, National University of Ireland, Galway, and supported by
- The Department of Health and Children.

The DHF brought the programme from concept to fruition and undertook its formal evaluation which was recently published. Over 120 dental services personnel are successful graduates of this programme.

Support to the Department of Health and Children

The Minister for Health and Children in 2004 invited the DHF to provide secretariat services to the Irish Expert Body on Fluorides and Health. In this role, the DHF has been responsible for the delivery of key support services to the Expert Body, including the development of quality standards and revised regulations and the formulation of fluoridation policy advice on fluorides and public health.

The DHF also welcomed the invitation to participate in the major national programme of dental research in Ireland commissioned by the Department of Health and Children between 2001 and 2006.

The Foundation has been very pleased to give effect to the Department of Health and Children's policy decisions in Oral Health Promotion. Over the 7 year period, the Foundation has initiated, developed and tested programmes to create solutions for priority groups.

The DHF contributed to a further range of public policy initiatives such as Social Inclusion and Health Inequalities and the DHF offered a range of oral health promotion advice to the Department of Health and Children arising form the changes under the 2004 Health Act.

The Dental Health Foundation was delighted to be a collaborative partner for the Council of European Chief Dental Officials meeting in Belfast, 2003. It was at the invitation of the Department of Health, Social Services and Public Safety, Northern Ireland and Department of Health and Children, Republic of Ireland, it was supported by the Institute of Public Health in Ireland.

Lifestyle and Oral Health

Risk factors for oral health include diet, alcohol, tobacco smoking, injuries and stress. These risk factors play a role in other diseases such as heart disease, cancers, obesity and periodontal disease. The common risk factor approach as described by Sheiham & Watt (2000) highlights the integrated nature of risk factors and their effects not only on oral health but on general health. In the third national SLÁN 2007[17] Survey looking at lifestyle behaviours of the Irish adult population, results showed that 86% of respondents consumed more than the recommended fat and sugar intake, 61% of respondents consumed less than the recommended 3 daily servings of dairy foods and 48% of respondents reported snacking between meals. With regard to alcohol, those consuming more than the recommended weekly allowance accounted for 40% of 18-29 year olds. Smoking is a risk factor for oral disease and general health, and survey results show that there has been an increase from 20% to 35% of smoking among 18-29 year olds.

Many chronic diseases are caused by lifestyle factors. It is estimated that approximately 60% of the disease burden in Europe is accounted for by seven leading risk factors including obesity, poor diet, physical inactivity, smoking, alcohol, high blood pressure and cholesterol. Future projections indicate a doubling of some chronic diseases over the next 15 to 20 years[18].

[17] Morgan, K., McGee, H., Watson, D., Perry, I., Barry, M., Shelley, E., Harrington, J., Molcho, M., Layte, R., Tully, N., van Lente, E., Ward, M., Lutomski, J., Conroy, R., Brugha, R. (2008) **SLÁN 2007: Survey of Lifestyle, Attitudes & Nutrition in Ireland**. Main Report. Dublin: Department of Health and Children.

[18] Department of Health and Children. (2008) **Statement of Strategy 2008–2010**. Government of Ireland 2008.

Dental Health Foundation's Role – Evidence of Effectiveness

The effectiveness of the DHF role has been reviewed and its positive contribution acknowledged in the Department of Health and Children's commissioned research and publications:

- Forum on Fluoridation (2002)[19]
- A Review of Oral Health Promotion in Ireland, National University of Ireland, Galway, 2003[20]
- Review of the National Health Promotion Strategy 2004[21]

The DHF's reputation has grown internationally. Its personnel have been invited to the **World Dental Federation's International Meeting** as well as the **United Kingdom's Oral Health Promotion Research Meeting**. The Foundation's work on the schools oral health promotion programme in Ireland has informed the considerations on the World Health Organization[22] in relation to oral health promotion for children in school settings.

Strategic Development

In developing its strategy for the period 2008 –2012, the Dental Health Foundation recognises:

- The benefit which the promotion of oral health can bring to citizens in Ireland
- The value for money which Oral Health Promotion represents in helping to eliminate the necessity for expensive treatments
- The need for an approach which is coordinated with other health promotion activities to focus on common risk factors
- The particular challenges presented by groups with special needs

Against this background, and building on the achievements of 2001 to 2007, the DHF sets out in the following sections, its strategy for continuing to promote oral health in the period 2008 to 2012.

[19] Department of Health and Children. (2002) **Forum on Fluoridation, Ireland**. Stationary Office. Dublin

[20] Taylor-Dillon, F., Friel, S., Sixsmith, J., and Kelleher, C. (2003) **A review of Oral Health Promotion Education /Activity in the Republic of Ireland and a Study of attitudes, knowledge and behaviour towards special needs groups regarding oral health**. Department of Health and Children, Dublin.

[21] McKenna, V., Barry, M., Friel, S. (2004) **Review of the National Health Promotion Strategy**. Department of Health and Children, Dublin.

[22] Kwan, S.Y.L, Petersen, P.E., Pine, C.M. & Borutta, A. (2005) **Health Promoting Schools: An Opportunity for Oral Health Promotion**. The International Journal of Public Health. Bulletin of the World Health Organisation.

Challenges

The key opportunities and challenges facing the Dental Health Foundation include:

- The National Oral Health Policy
- Governance and Direction
- Developing the Foundation's Profile
- Capacity Building for Oral Care Professionals
- Working with Coalitions and Partners
- North-South (Ireland) working

The National Oral Health Policy

The DHF plays an important role in Ireland's fluoridation policy by way of secretariat support to the Irish Expert Body on Fluorides and Health - an advisory body to the Minister for Health and Children. This responsibility coincides with the mission and goals of the DHF. The DHF's submission to the National Oral Health Policy has called for the role of the DHF to be formalized in the proposed National Oral Health Policy implementation programme.

Governance and Direction

Fiduciary and governance of the DHF is the responsibility of a small Board of voluntary Trustees. Management and Direction of the DHF is the responsibility of the Executive Director who reports to the Trustees. This structure has limited capacity and faces the challenge of renewal and succession.

An Advisory Committee comprised of leading and respected figures in Oral Health, from the Republic of Ireland and Northern Ireland, who are innovators, specialising in the different strands in Oral Health, and are active in emerging technical, medical and social issues in the field, has been established to:

1. Provide advice to the DHF on relevant developments in the Oral Health Field
2. Identify emerging needs and priorities and bring them to the attention of the DHF Executive
3. Propose innovative and creative proposals on new initiatives for consideration by the DHF
4. Review and comment on research and other initiatives of the DHF
5. Provide support as appropriate to the initiatives of the DHF Executive

Developing the Foundation's Profile

A survey[23] in 2003 found that:

- Generally there was a need to increase public awareness of the Dental Health Foundation's Role
- Many elements of the DHF's activity were considered effective and positive. The DHF website was cited as a good source of information and the DHF was seen as strong on facts and research.
- The DHF needed to create an influencing role for itself.
- Oral health was low on the public and political agenda.

Capacity Building for Oral Care Professionals

The Oral Care profession is in the frontline of oral health care. They have continuing access to the public and are an authoritative source of advice and information. However they may not be skilled in oral health promotion or have the tools and support which they need.

Working with Coalitions and Partners

A common risk factor approach requires close coordination with general health promotion. The DHF has no financial resources of its own. It is dependent on the resources that are made available from public sources. It is dependent upon the Health Services Executive, in particular, for access to the public health services delivery channels. Continuing financial and operational support from public bodies and professional bodies including the Dental Council and the Irish Dental Association are critical for delivery of its programme for the promotion of oral health.

The Dental Health Foundation recognises that there are opportunities to work positively with companies in the private sector, particularly the oral healthcare industry, without compromising independence or objectivity, by cooperating towards well-defined objectives, within clear protocols. This will enhance the resources and reach of the DHF in pursuing its mission.

North-South (Ireland) Working

The Foundation will continue to develop and strengthen its North-South (Ireland) working capacity on initiatives of mutual concern going forward. The levels of North-South (Ireland) co-operation in the area of oral health with agreed working practices is now established and The Programme for Government – Towards 2016[24] identifies issues such as health promotion, nutrition policy and substance misuse as areas for action. By pooling our resources and sharing our expertise, we can improve our knowledge and understanding of the issues that affect everyone on the island.

23 Montague Communications (2003) Communications **Audit for Dental Health Foundation**.

24 Department of the Taoiseach. (2006) **Towards 2016, 10 Year Framework Social Partnership Agreement 2006-2015**. Stationary Office, Dublin.

Our Principles[25]

The Foundations work programme development will be underpinned by nine principles and are based upon WHO guidance on the development and evaluation of public health policy. The following set of criteria is presented as a framework within which to assess the quality of oral health strategies:

- **Empowering:**
  oral health strategies should enable individuals and communities to assume more power over the personal, socioeconomic and environmental factors that affect their oral health.
- **Participatory:**
  oral health professionals should encourage the active involvement of key stakeholders in the planning, implementation and evaluation of oral health strategies.
- **Holistic:**
  oral health initiatives should foster physical, mental and social health, and focus upon the common risks and conditions that influence both general and oral health.
- **Intersectoral:**
  oral health professionals should collaborate with the relevant agencies and sectors to place oral health upon a wider agenda for change.
- **Equity:**
  oral health policies should be guided by a concern for equity and social justice and should ensure that inequalities in oral health are addressed where possible.
- **Evidence base:**
  oral health interventions should be developed on the basis of existing knowledge of effectiveness and good practice.
- **Sustainable:**
  oral health policies should bring about changes that individuals and communities can maintain and sustain once initial funding has ended.
- **Multi-strategy:**
  oral health strategies should use a combination of approaches, including policy developments, legislation, advocacy, education and communication to promote improvement in oral health.
- **Evaluation:**
  sufficient resources and appropriate methods should be directed towards the evaluation and monitoring of oral health strategies. Both process and outcome evaluation measures should be used.

25 Watt, R.G. (2005) Strategies and approaches in oral disease prevention and health promotion. **Bulletin of the World Health Organisation, 83 (9)** 711-718.

Mission and Goals

Mission

The mission of the Dental Health Foundation is:

> *...to promote oral health in Ireland, by providing effective resources and interventions and by influencing policy through a multi-sectoral, partnership approach.*

Goal Setting:

The Foundation goal setting is informed by the **World Health Organisation's** guidance on health promotion internationally through the **Alma Ata Declaration** which was followed in 1986 by the **Ottawa Charter for Health Promotion (World Health Organisation 1986)**. The Ottawa Charter defines five action areas for health promotion:

- Building healthy public policy
- Creating supportive environments
- Strengthening community action
- Developing personal skills
- Reorienting health services

Future health promotion challenges were articulated in the **Jakarta Declaration** on Leading Health Promotion into the 21st Century (1997) which confirmed the relevance of the strategies identified in the Ottawa Charter for Health Promotion (1986).

The DHF recognises that the persistent and universal nature of oral health inequalities presents a significant challenge to oral health policy makers. Inequalities in oral health mirror those in general health. The universal social gradient in both general and oral health highlights the underlying influence of psychosocial, economic, environmental and political determinants. The dominant preventive approach in dentistry, i.e. narrowly focusing on changing the behaviours of high-risk individuals has failed to effectively reduce oral health inequalities, and may indeed have increased the oral health equity gap. **A conceptual shift is needed away from this biomedical/behavioural 'downstream' (health education and clinical prevention) approach, to one addressing the 'upstream' (health public policy) underlying social determinants of population oral health'** (Watt, 2007)[26]. In particular, 'a radical reorientation

[26] Watt, R.G., (2007) From Victim Blaming to Upstream Action: Tackling the Social Determinants of Oral Health Inequalities. **Community Dentistry and Oral Epidemiology. 35 (1)**, 1-11.

is required in oral disease prevention to achieve sustainable oral health improvements, and to reduce oral health inequalities. The dominant oral health preventive model has evolved from the biomedical nature of dentistry, and an individual 'risk factor' focus of much of clinical oral epidemiology.' (Watt, 2007).

Consistent with these international standards, and based on the evidence from the findings of the **National Programme of Dental Research 1999-2006, the Review of the National Health Promotion Strategy (2004) and The Review of the Oral Health Promotion in Ireland Report (2003)**, the Dental Health Foundation's newly developed Strategic Plan 2008 – 2012 goals are;

1. Development of an Independent Voice for the Dental Health Foundation
2 Support to the Department of Health and Children
3 Oral Health Promotion for Groups with Special Needs
4 Increased Awareness of Good Personal Oral Health Practices
5 Promoting Excellence in Oral Care

Goals and Action Plan

1 Development of an Independent Voice for the Dental Health Foundation

The Foundation will provide strong **advocacy** as an independent voice to ensure that existing, new and emerging oral health matters are communicated appropriately and effectively using a multistrategy approach.

Informed policy makers at local, regional and national levels are critical in ensuring the inclusion of oral health issues in relevant national policies, programmes and strategies. Equally, in response to public need for information that is independent of vested interests, the DHF will provide accessible information that promotes and enables decisions to be made based on factual information.

Action		Target Date
1.1	Convene Advisory Committee every six months to review activities and obtain strategic input	**Bi-annually**
1.2	Strengthen communications capacity of DHF	**Ongoing**
1.3	Publish annual White Paper for policy makers and practitioners on the implications for policy of the latest developments in Oral Health Promotion	**2008 – 2012 Annually**
1.4	Annual review meeting with HSE and other relevant groups	**2008 - 2012 Annually**
1.5	Participate actively in all relevant fora, policy and advisory bodies	**2008 - 2012**

2 Support to the Department of Health and Children

Water Fluoridation is a major plank of public health policy in Ireland; it is a key **supportive environment** in the delivery and management of oral care provision for people in Ireland. The Foundation is available to continue its support to the Minister for Health and Children and the Department of Health and Children by way of secretariat provision to the Irish Expert Body on Fluorides and Health.

Action		Target Date
2.1	Review secretariat function and report to Expert Body and DHF	**2008**
2.2	Prepare revised plan for secretariat in line with Expert Body future role and priorities	**2008**
2.3	Communicate the actions of the Expert Body	**Ongoing**

3 Oral Health Promotion for Groups with Special Needs

The Foundation will focus its energy on **strengthening community action** by responding to needs and working with communities to put in place appropriate information and education for people with special needs, their carers and the professions involved in their care. Achieving this goal will be reliant on working in close collaboration with oral health care professionals and building capacity with the broad range of support services in place. Defining and promoting these solutions in partnership with special needs clients will be fundamental to the process.

Action		Target Date
3.1	Establish Oral Health Promotion priorities in collaboration with stakeholders so as oral health becomes embedded in the continuum of care for children at risk and the elderly	**2008–2012**
3.2	Develop and implement prioritised programme of advice and information on oral care for: • Adults in care • People with learning and physical disabilities • People who are medically compromised e.g. patients with cancer, transplant, diabetes, or other chronic disease • Carers in institutional and home settings	**2008 –2012**
3.3	Rollout the 0-6 Oral Health Matters Programme developed by the Health Service Executive-North East in collaboration with the Dental Health Foundation and the School of Dental Science, Trinity College, Dublin.	**2009**
3.4	Establish a National Oral Health information clearing house to improve communications and information flow for patients, carers and professionals	**2009**

4 Increased Awareness of Good Personal Oral Health Practices

In achieving this goal the Foundation will respond to needs by putting together a suite of agreed oral health promotion messages that will seek to enhance the public's capacity to **develop personal skills**. The lifestyle behaviours of tobacco use, excessive alcohol use, poor dietary choices and the injury risk arising from contact sports that impact on oral and general health will be addressed. These messages will take into account the health literacy levels of the population and also the increasing multiple languages and cultural traditions in Ireland. Service user involvement will inform the collaborative work of the DHF and partner organisations integrating service users with services in line with best practice.

Action		Target Date
4.1	An information campaign will be developed and implemented in consultation with the public enabling them to identify issues such as: • Oral health and relevance to general health (especially the elderly and low income groups) • The benefits of good oral care • The benefits of early detection • When and how to access appropriate oral care • Consumer Information on new developments in dentistry (e.g. tooth whitening and dental implants) • Common risk factors for oral and general health	**2008-2012**
4.2	Work with the HSE to roll-out programmes that have been developed in partnership with the public dental services such as: • **Pre-schools:** 'Smart Start Health Promotion Programme' • **Primary Schools:** 'Mighty Mouth Programme' for 5/6 year olds. 'Winning Smiles Programme' for 7/8 year olds. • **Post-primary schools:** 'Cool Water, Cool Smiles' Programme 'An Irish Smile, Oral Health Promotion Programme for 1st Year Students in Secondary School'	**2008-2012** **2008-2012** **2008-2012**
4.3	Evaluation of programme impacts on understanding oral care will be factored into programme plans from the beginning	**2008-2012**

5 Promoting Excellence in Oral Care

There is continuing innovation and development in the delivery of oral care prevention measures arising from research conducted both nationally and internationally. Consequently there is an ongoing challenge and responsibility of all involved in oral care to **reorient services** to ensure that Irish people can be adequately informed and gain from such advances. "Information lag" is often experienced in the transfer of knowledge of these new technologies and innovations to the oral care profession in particular, and to the wider audiences of policy makers, service providers and consumers.

Action		Target Date
5.1	Organise and run an annual conference on excellence in oral health for policy makers and the oral care professions, drawing on international speakers	**2009 -2012**
5.2	Publish and promote wide dissemination of conference proceedings	**2009 -2012**
5.3	Develop best practice guidelines for promoting oral health for health professionals and continually update	**2008-2012**
5.4	Continue the provision of the National University of Ireland, Galway course on the Specialist Certificate in Health Promotion (Oral Health)	**2008**
5.5	Liaise with relevant undergraduate and postgraduate training bodies to ensure up to date information is made available	**2008 -2012**
5.6	Foster amongst oral health/dental graduates a knowledge and understanding of the DHF's' role as a source of ongoing support and information in oral health promotion	**2008 -2012**

Resources

This is a significant programme of work, which will require a robust structure and adequate resources to ensure its delivery.

The main opportunity presented to the Foundation over the next five years is to assist in the implementation of the New National Oral Health Policy. Currently exchequer funding is provided to the Dental Health Foundation from the Department of Health and Children and the Health Service Executive. Review of these current arrangements will be necessary to ensure the strategy's implementation.

Monitoring Progress towards the Achievement of the Goals of the DHF

The DHF will prepare a detailed implementation plan to support the achievement of the goals of the Corporate Strategy. The DHF's annual business plan adopted by the Board at the beginning of each year will reflect the actions of the implementation plan for that year. Progress towards the achievement of the goals will be monitored at intervals through the year by the DHF management team and a report on progress will be made to the Board.

Appendix 1 [27]

Upstream/Downstream Model for Oral Disease Prevention.

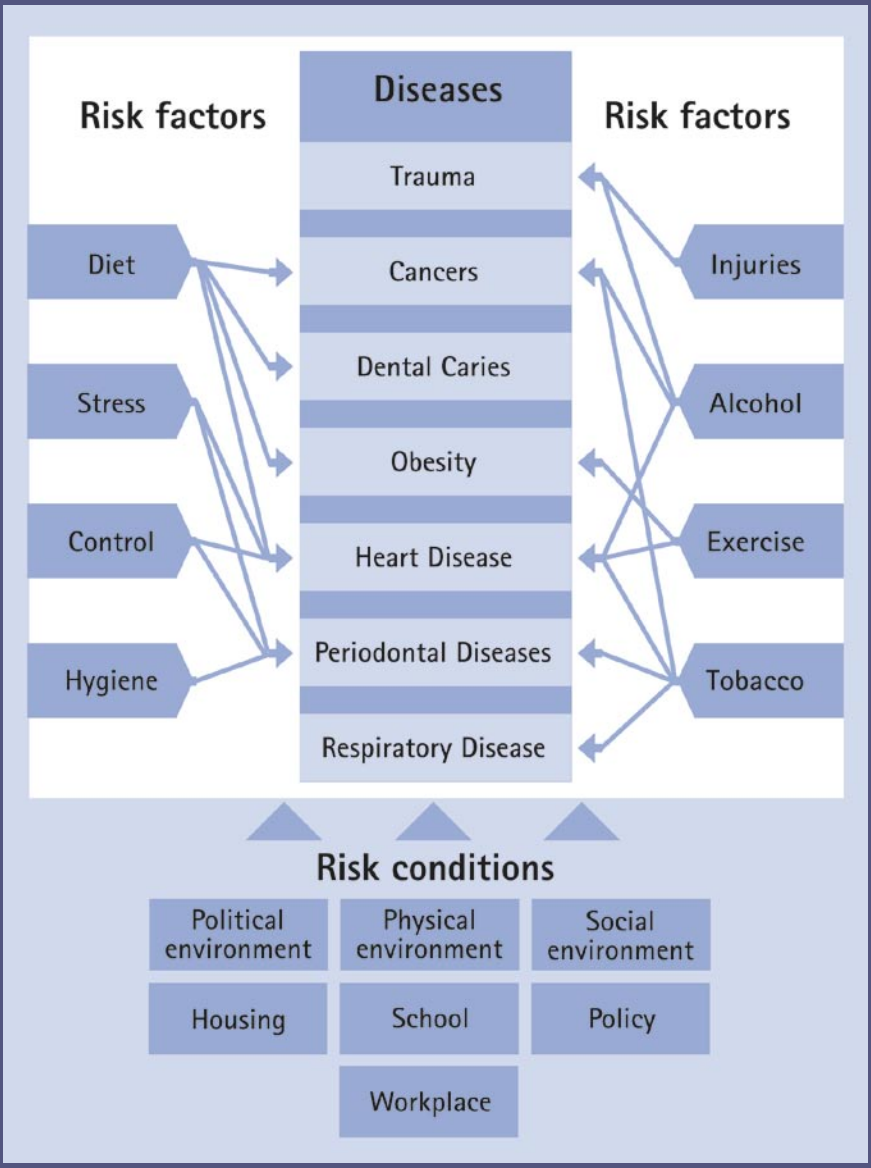
Upstream
health public policy

Downstream
health education & clinical prevention

[27] Watt, R.G (2007) From Victim Blaming to Upstream Action: Tackling the Social Determinants of Oral Health Inequalities. **Community Dentistry and Oral Epidemiology, 35 (1)**, 1-11.

Appendix 2

Common Risk Factor Approach. Modified from Sheiham & Watt, 2000[28].



[28] Watt, R.G. (2005) Strategies and Approaches in Oral Disease Prevention and Health Promotion. Bulletin of the World Health Organisation. **The International Journal of Public Health. 83 (9)**, 641-720.

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