

# Statement of Strategy

2015 – 2017



Dental Health Foundation  
Ireland

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"Oral Health is an essential part of overall health and wellbeing"



# Foreword

We are pleased to present this Strategic Plan for the Dental Health Foundation (DHF) for the period 2015-2017.

The DHF has, since its establishment in 1977, been at the forefront of oral health promotion in Ireland. It continually advocates for policies to promote and improve oral health. This Strategic Plan sets out ambitious, but achievable goals and a practical integrated programme of work for effective oral health promotion. It was developed using an evidence based approach, is responsive to the needs of populations and communities and considers the effective use of available resources.

Oral Health is an essential part of overall health and wellbeing. Oral diseases remain a significant public health issue for many industrialised countries where expenditure on treatment often exceeds that for other diseases, including cancer and heart disease. This is a cause for concern, given that much of the oral disease burden in these countries is due to dental caries and its complications which could be avoided through effective oral health promotion.

Integrating oral care into primary care and increased collaboration between dental and allied health professionals will result in improvements in the rate of early detection of conditions in patients. Integration can also raise the public's awareness of the importance of oral health, leading them to avail of dental services sooner rather than later.

This holistic approach to oral health is in line with Healthy Ireland – A Framework for Improved Health and Wellbeing 2013 – 2025 (Department of Health, 2013), the main focus of which is on prevention and keeping people healthy for longer.

We are strongly committed to the delivery of the priority areas identified in this Strategy. We look forward to the continuing support of our major stakeholders and sponsors; the Department of Health and the Health Service Executive. In pursuing its strategic goals, the Foundation will continue to collaborate with State bodies, the oral healthcare profession, consumer groups, the oral healthcare industry, the community and education sectors.

We would like to express our thanks and appreciation to our colleagues on the Board of Trustees and to Professor John Clarkson, Chairman of the DHF Advisory Panel, for the expert advice in the development of this Strategy.

Stephen McDermott,  
**Chairman, Board of Trustees**

Patricia Gilsenan O'Neill  
**Chief Executive**

## Vision

To improve the public's oral health related quality of life.

## Mission

To promote oral health in Ireland, by providing effective resources and interventions and by influencing public policy.

# Values

The Dental Health Foundation's core values of care, respect, trust, quality and innovation, shape the culture and define the character of the organisation. They guide how we make decisions and deliver the Foundation's work programme.

## Care

We care about people's wants, needs and concerns.

## Respect

We respect and accept people's background, abilities and beliefs.

## Trust

We foster trust through listening, collaboration and partnership working.

## Quality

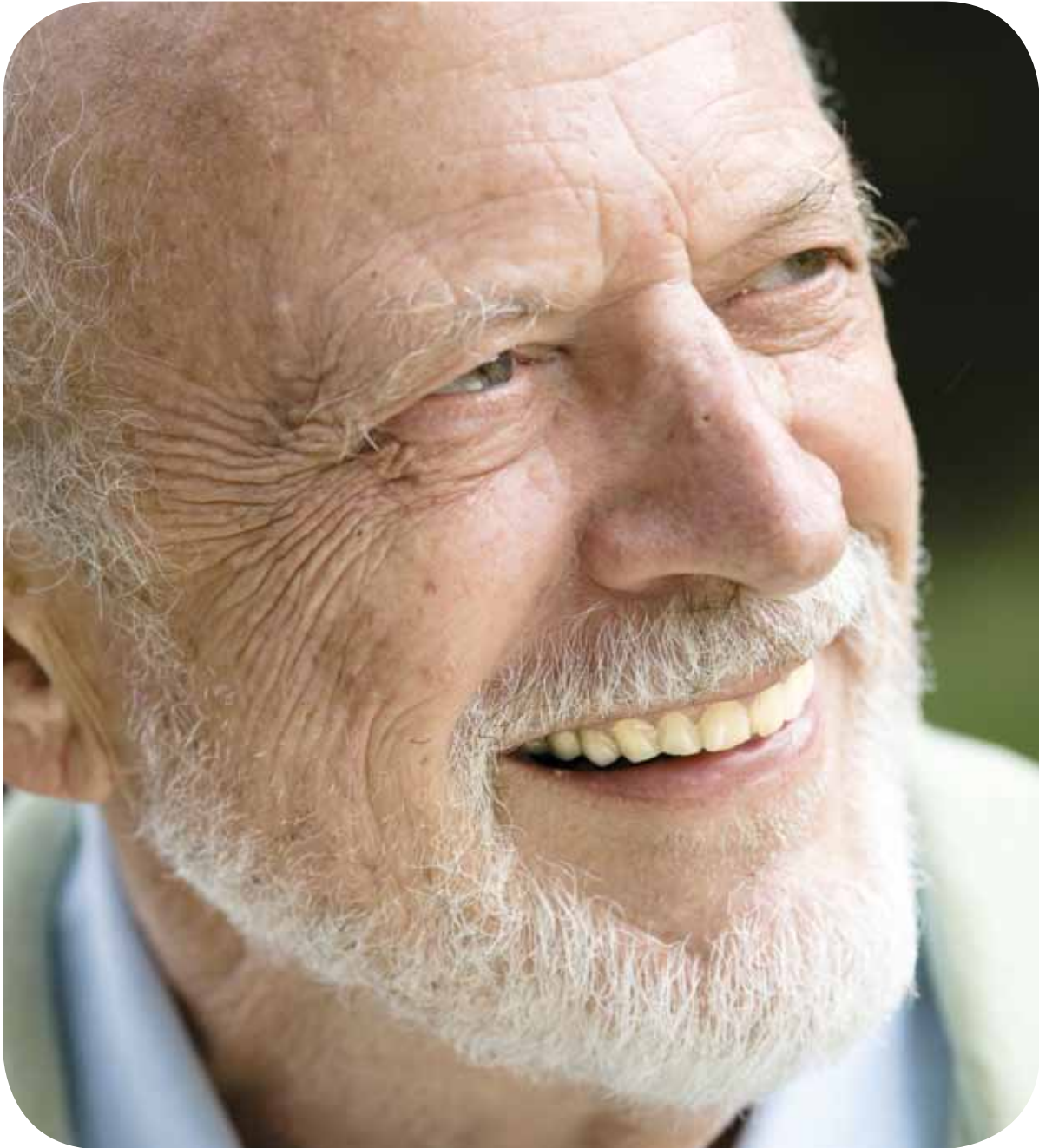
We strive for quality in all our work through research, analysis and evaluation.

## Innovation

We constantly strive to find innovative, efficient and cost effective ways of working.



"The DHF is strongly committed to the delivery of its work programme to ensure that oral health promotion is a cost effective public health approach"



# Introduction

The Dental Health Foundation (DHF), emerged from within organised dentistry in the late 1970's to form a publicly funded charitable trust with the aim of improving oral health in Ireland. It provides strong advocacy to ensure that both existing and new and emerging scientific research are communicated appropriately and effectively. It is governed by a Board of Trustees from within both public and private dental practice. The DHF Advisory Committee, established in 2007, under the stewardship of its Chairman, Professor John Clarkson, has evolved into an Advisory Panel. It provides the DHF with continual advice and guidance from a broad range of expertise in the area of oral health promotion and dental health. This advice informs the DHF work programme.

The Foundation recognises the links between oral and general health. It continually advocates for the integration of oral health promotion into general health promotion. The DHF has developed a reputation for excellence and for the delivery of effective Oral Health Promotion interventions and resources. Using a multi-strategy approach the DHF provides advice and information to reduce health inequalities and to empower the public to make healthier lifestyle choices. The DHF informs government and decision makers about specific issues that will have an impact on the oral health and the wellbeing of the citizens of Ireland.

Since its establishment, the DHF has worked with a wide variety of interested parties to champion change. The DHF, in partnership with the Department of Health (DOH) and the Health Service Executive (HSE), has acted as a central facilitator and strategist in placing oral health issues and solutions on the national health agenda.

In addition to its Oral Health Promotion work programme the DHF provides 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 using the highest standards of quality assurance and accountability.

In 2013 the DHF broadened its support role to the Department of Health by the provision of Secretariat Services to the policy reference groups of the National Oral Health Policy. The Policy will ensure a single vision of oral health services for the future.

The DHF is strongly committed to the delivery of its work programme to ensure a cost effective public health approach in line with the Department of Public Expenditure and Reform Value for Money Code (2012).



# "Oral health is an essential component of good health and good oral health is a fundamental human right" (Glick et al, 2012, p278)"

## Background

Good oral health means being free of chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, dental caries (tooth decay) and tooth loss, and other diseases and disorders that affect the mouth and oral cavity (WHO 2014).

Oral disease remains a serious public health issue. Its impact on individuals and communities in terms of pain and suffering, impairment of function and reduced quality of life is considerable (WHO, 2007).

At the 2012 UN summit on the prevention and control of non-communicable diseases, oral conditions were highlighted as one of the major global health priorities. In childhood, dental caries is the most common chronic disease. Dental caries although preventable still affects many children, particularly those from disadvantaged social backgrounds. (Watt & Rouxel, 2012).

Children living in fluoridated areas in the Republic of Ireland have significantly less dental caries (37% of 5-year olds in fluoridated areas compared with 55% of those in non-fluoridated areas). However, the most recent national survey of children's oral health found that approximately 42% of 5-year olds, 50% of 12-year olds and 75% of 15-year olds have experienced dental caries (Whelton et al, 2006).

Dental caries and treatment is traumatic for a child, it may result in pain, lead to infection and result in hospitalisation and extraction of teeth under general anaesthetic. Those that experience decay in primary (baby)

teeth are more likely to have future dental problems. Dental caries affects most adults and 60–90% of school children, interfering with their growth and cognitive development by inhibiting concentration and school participation (Gussy et al, 2006).

Evidence suggests a significant causative factor is a high frequency of consumption of sugar sweetened foods and drinks (Moynihan, 2005; Sheiham & James, 2014).

The effect of sugar on teeth is lifelong, Moynihan and Kelly (2014) note dental caries progresses with age, even if levels are low in childhood. Sheiham and James (2014, p8) note 'public health goals need to set sugar intakes ideally <3%E (energy intake) with <5%E as a pragmatic goal, even when fluoride is widely used'. This is further supported by the recent WHO guideline (WHO, 2015) which recommends a reduction to 5%E (6 teaspoons) per day for additional health benefits in the form of reduced dental caries.

The Irish Health Behaviour in School-aged Children (HBSC) Study 2010 reported over one third (37%) of children eat sweets and just under one quarter (21%) drink soft drinks daily or more frequently (Kelly, 2012).

The high consumption of products such as fizzy drinks, sweets, biscuits and chocolate starts at a very young age (Growing Up in Ireland, 2011). Research shows a worrying trend with consumption increasing with age (Kelly et al, 2010). This combined with

the inadequate toothbrushing habits of Irish children, where only one in three children reporting brushing their teeth the recommended twice a day (Kelly et al, 2010), is detrimental to their oral health.

At the inaugural meeting of the Healthy Ireland Council, Dr Margaret Chan, Director General, World Health Organization warned that excessive consumption of high-sugar, high-energy foods could jeopardise the improvements in Irish life expectancy over the previous decade (Cullen, 2014).

Periodontal diseases, one of the major global oral health burdens, remains a major cause of tooth loss in adults worldwide. The World Health Organization reported that severe periodontitis exists in 5-20% of adult populations, and most children and adolescents exhibit signs of gingivitis (Jin Li et al, 2011).

Mouth Cancer, the sixth most common type of cancer affecting 650,000 people a year worldwide is a major healthcare problem. There are more than 300 cases of cancer of the oral cavity and pharynx reported in Ireland every year (Mouth, Head and Neck Cancer Awareness Ireland, 2014). According to the National Cancer Registry, Ireland (2014), only roughly half of all mouth cancers and even less of cancers of the pharynx are diagnosed at an early stage. Raising awareness of early warnings signs and risk factors is critical. Early detection greatly improves the chances of survival. All healthcare professionals including doctors,

pharmacists and dentists have a key role to play in the prevention and early detection of mouth cancer by identifying those patients who are exposed to risk factors.

The mouth is the major portal to the body. If the integrity of the mouth is compromised, it can become a source of disease affecting other parts of the body. Additionally, the mouth can reveal signs of disease, drug use, physical abuse, harmful habits or addiction, and general disorders.

Oral infection has been associated with issues ranging from pre-term birth and low birth weight to heart diseases and diabetes. It is now established that poor oral health may be an important contributing factor to many of these preventable diseases (Dental Health Foundation, 2011; Dental Health Foundation and Oral Health Services Research Centre, Cork, 2014). In addition, stark inequalities of access to oral healthcare still exist. One of the main reasons for this is that too little attention has so far been paid to the social determinants of oral health (Glick et al, 2012; Sgan-Cohen 2013).

"There have been significant developments in evidence supporting the importance of health promotion aimed at reducing the burden of diseases"



# The Way Forward

Historically, the approach to oral health has focused overwhelmingly on treatment rather than on disease prevention and oral health promotion. This treatment approach has, however, limitations. Globally, the burden of oral diseases remains high. The traditional curative model of oral healthcare is proving too costly, in terms of both human and financial resources, to remain viable in the light of the increasing demand. Worldwide, oral disease is the fourth most expensive disease to treat (Glick et al, 2012).

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. This approach benefits vulnerable sub-populations including older people, children, adolescents, low-income people, minority groups and people with special needs. The evidence also suggests that single strategies aimed at supporting behaviour change and lifestyle modification are not as effective as multiple and complementary actions which are used together (Dental Health Foundation, 2012).

Strategies to prevent dental disease should be targeted at the whole population, subgroups, geographically, via direct population targeting or at high risk individuals. A mixture of all three approaches is required in practice to reduce dental disease where individual care and geographic targeting are built on a base of population preventive strategies. (Irish Oral Health Services Guideline Initiative, 2009).

Integrating primary care and oral health combined with increased collaboration between dental and all other health professionals

means improving the rate of early detection of conditions in patients. It also allows for upstream intervention and prevention. Integration can also raise patients' awareness of the importance of oral health, leading them to avail of dental services sooner rather than later. The National Oral Health Forum (Steele and Hackett, 2013) highlighted the importance of oral health being viewed by policy makers and the public as part of a holistic approach to healthcare.

Oral health literacy has also been highlighted by the WHO as a key factor in order to increase knowledge and health promoting behaviours. Evidence indicates that people without health literacy skills are more vulnerable and have poorer health outcomes (Dickson-Swift, 2014).

Healthy Ireland – A Framework for Improved Health and Wellbeing 2013 – 2025 (Department of Health, 2013), outlines a new commitment to public health with a considerable emphasis on prevention. It also advocates for stronger health systems where wellbeing is valued and supported at every level of society and is everyone's responsibility. A key focus is on the development of a range of strategies which enable, support and encourage people to make better choices both personally and for their families thus improving health and wellbeing.

The WHO 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' (WHO, 2012). The WHO (2012) further noted that by using these prevention strategies, the high cost of dental treatments can be avoided.

"The DHF works continually with both health and allied health professionals ensuring the effective dissemination of evidence-based information."



# Strategic Objectives and Action Plan

The Dental Health Foundation has developed a challenging strategic programme of work which will deliver significant value in terms of focused oral health promotion, excellent value for money, and ultimately a significant contribution to improve the oral health of the citizens of Ireland.

This Statement of Strategy 2015 – 2017 concentrates on four strategic objectives. Each objective is divided into a number of priority actions.

## Strategic Objectives

- 1 Support to the Department of Health
- 2 Promoting Excellence
- 3 Empowering People
- 4 Advocacy and Communications





## Support to the Department of Health

The Foundation will continue its support to the Minister for Health and the Department of Health by way of Secretariat provision to the Irish Expert Body on Fluorides and Health in giving effect to the decisions and extensive work programme of the Expert Body.

The DHF will also continue its support role to the Department of Health by the provision of Secretariat services to the policy reference groups of the National Oral Health Policy.

Additionally, the DHF will continue to provide information and advice to the Department as part of its role as Secretariat to the Expert Body and also in its core role of oral health promotion.

### Action

- 1.1 Communicate the actions and implement the work programme of the Irish Expert Body on Fluorides and Health.
- 1.2 Provision of Secretariat services to the policy reference groups of the National Oral Health Policy.
- 1.3 Provide advice and information to the Department of Health.



## Promoting Excellence

The DHF recognises the need for collaboration across the healthcare sector and works continually with both health and allied health professionals ensuring the effective dissemination of evidence-based information, from both national and international sources. This will ensure that people in Ireland are adequately informed and gain from continuing innovation and development in the delivery of oral care prevention.

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### Action

- 2.1** Continue the provision of the National University of Ireland, Galway course on the Specialist Certificate in Health Promotion (Oral Health).
- 2.2** Continue the recognition of outstanding efforts in oral health improvement through the annual DHF Excellence in Practice Awards.
- 2.3** Continue to raise awareness of mouth, head and neck cancer in Ireland through the DHF's work as a member of Mouth, Head and Neck Cancer Awareness Ireland (MHNCAI).
- 2.4** Ensure the ongoing effective dissemination of evidence-based information through publications and resources.
- 2.5** Foster amongst the oral health care profession, including 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.



## Empowering People

The DHF will continue to empower people to improve their health and wellbeing through the ongoing development of oral health promotion messages. These messages will identify the causes of oral ill health and how to prevent or control them, including appropriate use of fluoride toothpaste and effective oral health practices.

A key focus will be on raising the public's awareness of the impact of lifestyle behaviours, the links between oral and general health and the common risk factors associated with poor dietary choices. This will include excess sugar consumption and snacking, use of tobacco products, excessive alcohol use, poor hygiene, injury risk and trauma, stress and control, and socio-economic factors.

Using a multi-sectoral partnership approach the DHF will foster links within education, community and care settings ensuring that needs and priorities form the basis of all initiatives. Specific consideration will be given to the marginalised and vulnerable to ensure appropriate information and education is developed and communicated effectively to allow for early intervention.

### Action

- 3.1** Development of key oral health messages specific to each life stage. Messages will identify the causes of oral ill health, prevention and control measures and the links between oral and general health. Key consideration will be given to those at particular risk of oral disease
- 3.2** Working with the education, community and care sectors to ensure the effective dissemination of oral health messages. These message will be included in existing health programmes where possible.
- 3.3** Evaluation of all oral health initiatives will be incorporated into planning and development.

# Advocacy and Communications

The Foundation will continue to provide strong advocacy to ensure the inclusion of oral health matters on the national agenda. The DHF will strengthen its positioning in the mind of policy makers, health and allied health professionals and the public as an independent source of information on oral health issues. This will be achieved through the revitalisation of the Foundation's communications systems, including the effective utilisation of technologies.

"Making Every Contact Count", the DHF will use every opportunity to reduce health inequalities, promote health equity and strive for health and wellbeing for all. This will be achieved by "encouraging and empowering people to make healthier lifestyle choices to achieve positive long-term behaviour change" (Cardiff and Vale University Health Board, c2015).

The DHF will nurture relationships with community groups, professional bodies (who have significant contact with the public in a health capacity), and the oral healthcare industry, ensuring a customer focused approach will remain the corner stone of the Foundation's work programme.

## Action

- 4.1** Participate actively in all relevant fora, policy and advisory bodies.
- 4.2** Ensure Oral Health Promotion remains on the National agenda through contribution to relevant policy submissions.
- 4.3** Publication of White Papers for policy makers and practitioners on the implications and latest developments in Oral Health Promotion.
- 4.4** Development of a communications plan to ensure the effective dissemination of the DHF's holistic health promotion messaging, increase awareness of the DHF and foster the development of alliances.

## Monitoring Progress

The DHF will prepare a detailed implementation plan to support the achievement of the goals outlined in this Strategy. The DHF's annual business plan, adopted by the Board of Trustees at the beginning of each year, will reflect the actions of the implementation plan for that year and ensure accountability, transparency and cost-effectiveness. 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.



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