POSITION STATEMENT ON ORAL HEALTH PROMOTION

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I. POSITION STATEMENT

The OAPHD supports the adoption of a contemporary oral health promotion approach. It recognizes that in order to improve the oral health status of all Ontarians, it is necessary to embrace the five health promotion strategies coined by the Ottawa Charter for Health Promotion, while addressing the social determinants of oral health in everyday practice.

II. METHODOLOGY

A PubMed search was conducted using combinations of key words: oral health promotion, dental health promotion, health promotion, evaluation, evidence, and determinants of health. Manual searches of relevant journals and reports and the reference sections of identified articles were also performed at Gerstein Library, University of Toronto and using the Google search engine.

III. BACKGROUND

Introduction

The following paper will summarize the research, which supports the policy statement above. It will begin by defining health promotion. Next, it will discuss the necessity for dentistry to move beyond traditional health education in its health promotion pursuits. Then, it will describe the common risk factor approach and explain why it would be both appropriate and sensible for dentistry to adopt in order to more effectively promote oral health. Following this, it will provide a description of a comprehensive oral health promotion approach by discussing evidence in health promotion and the contemporary health promotion approach. To conclude, the final section of this paper will provide examples of how health promotion strategies, devised by the Ottawa Charter for Health Promotion, can be used to develop oral health promoting activities.

Health Promotion

The World Health Organization defines health promotion as,

> the process of enabling people to increase control over, and to improve, their health…a commitment to dealing with the challenges of reducing inequities, extending the scope of prevention, and helping people to cope with their circumstances…creating environments conducive to health, in which people are better able to take care of themselves[1 p.9].

The Ottawa Charter for Health Promotion is the official document that guides health promotion practice. There are five components of the Ottawa Charter: 1) Build Healthy Public Policies, 2) Create Supportive Environments, 3) Develop Personal Skills, 4) Strengthen Community Action and 5) Re-orient Community Services.

According to the Charter's version of health promotion practice, it is imperative to recognize that when striving to enhance health, it is first necessary to consider the social factors that influence health[2]. Importantly, health promotion as a discipline focuses on

strengthening the ability of individuals and communities to increase control over the determinants of health[3*]. Those that support the contemporary approach to health promotion acknowledge that being healthy is sometimes not a choice that everyone is able to make[2].

Moving beyond traditional health education

Dental education has traditionally involved assisting individuals to alter behaviours believed to cause poor oral health[2, 5, 6]. The rationale for this being that if people were provided with the appropriate knowledge about how to maintain good oral hygiene, behaviour change would occur and good oral health would be achieved[2, 5]. This dental health education approach has been the dominant preventive strategy used by dental professionals and it is very different from the Ottawa Charter's definition of health promotion[5].

The Ottawa Charter for Health Promotion was organized by the World Health Organization (WHO) as a result of the realization that health education and clinical preventive approaches *alone* were not successful in creating sustainable improvements in health nor were they successful in decreasing health inequalities[2]. Evidence from evaluations of educational interventions in topics such as heart disease[7] and clinical preventive approaches from a broad variety of topics[2] have exposed similar limitations.

In the same way, the conventional approach to improving oral health as described above, has shown to be both limiting and ineffective in its ability to create long-term improvements in oral health[2, 5, 6, 8]. This is due to the same reasons education interventions in other topics have failed. Essentially, traditional (oral) health education strategies do not take into account the underlying causes that lead to poor oral health or the determinants of health[2, 8].

Although personal health behaviours do have influence on general health status, an increasing amount of evidence maintains that it is the social determinants of health that have the same, if not more influence on health[4]. The World Health Organization (WHO) has identified poverty, economic inequality, social status, stress, education and care in early life, social exclusion, employment and job security, social support, and food security as the most significant social determinants of health[9]. As a result, public health is concentrating more on tackling issues related to such factors, recognizing the limited effectiveness of educational strategies in improving the health of populations and decreasing health inequalities[6]. Furthermore, it becomes apparent when reviewing reports from disciplines such as nursing[4]; early childhood development[10] and mental health[11] that action plans to enhance the health of communities are increasingly being built around the social determinants that influence overall health and well-being.

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[*] As Dennis Rapheal states "the social determinants of health are the economic and social conditions that influence the health of individuals, communities and jurisdictions as a whole…. social determinants of health also determine the extent to which a person possesses the physical, social and personal resources to identify and achieve personal aspirations, satisfy needs and cope with the environment"[4, p.1].

Therefore, in addition to having an affect on general health status, it is evident that the determinants identified by WHO influence *oral* health status. With some reflection it seems clear that oral hygiene practices, diet and frequency of trips to a dental professional *are* affected by factors such as education, social support, income and politics[2, 6, 7, 8]. Moreover, as stated by Watt, "future improvements in oral health and a reduction in inequalities in oral health are dependent upon the implementation of public health strategies focusing on the underlying determinants of oral diseases[2 p.716]".

Moving beyond working in isolation as a profession

Health promotion as a discipline places great emphasis on the importance of healthy public policy development and building strong partnerships[12]. This involves working collaboratively with stakeholders at all levels, including politicians and decision makers, other health professionals, non-health professionals, and community members[12]. Dental health education however, has typically involved taking a more compartmentalized approach, which involves dental professionals working in isolation on dental issues[2, 6, 8, 13].

Dentistry would benefit from working collaboratively with other disciplines, finding ways to incorporate oral health into broader health interventions. The *common risk factor* approach provides a rationale for dental health professionals to develop multidisciplinary partnerships[8, 13]. The basic concept is that overall health can be promoted by focusing on a small number of common risk factors and their underlying determinants[8, 13]. This method, in turn, would have the potential to prevent a variety of diseases in a more efficient, effective and less costly way than isolated disease specific approaches[8, 13]. Since the risk factors and the broad social determinants of health that influence overall health status *and* oral health status are the same, it is both appropriate and sensible that dentistry as a profession adopt the important health promoting approach of working collaboratively with other disciplines [2, 8, 13].

Moving towards a comprehensive oral health promotion approach

As mentioned previously, health promotion practice involves working with *various* stakeholders when striving to promote health, including lay community members [2, 5, 12]. Furthermore, one of health promotion's main goals is to "enable people to increase control over" or empower people to improve their overall health[12]. This involves taking on a grassroots approach where strategies to promote health begin with the identification of the needs of individuals and communities[12].

With regards to promoting *oral* health, adopting a grassroots approach would involve a reversal of roles for many dental professionals, where patients would be considered the only ones that could truly identify the constraints and opportunities for change that are present in their day to day lives[7]. An oral health promotion approach would use the needs identified by individuals and communities to implement strategies that aim to create supportive environments, where making healthier choices to improve oral health are

easier[7]. Watt and Fuller make the point that "only through high clinical standards combined with effective oral health promotion will the population achieve good dental health[7 p.3]".

Evidence in health promotion

Effective oral health promotion starts with credible evidence. Similar to all other health related disciplines; evidence is a critical part of health promotion decision-making. Investigating the evidence is essential when identifying health problems and their causes, when determining resolutions to health problems and when evaluating the success of health promotion activities[14]. The challenge when justifying decisions in health promotion is that success is reflected by outcomes that differ from the mainstream *health* outcomes, which are often characterized around 'physical function' or 'disease state'[15].

This difference is clear when examining the Ottawa Charter's definition of health promotion, which reflects concepts like the social determinants of health, having control over these determinants, and focusing on mobilizing the community in a participatory manner[14]. As such, when measuring the effectiveness of a health promotion activity, it would be necessary to consider whether actions were taken that support these concepts[14]. In other words, the outcomes of a successful health promotion activity would entail "modifications to those personal, social and environmental factors which are a means to improving people's control and thereby changing the determinants of health[15 p.29]".

Due to these inherent differences, it becomes clear that the methods used to evaluate health promotion activities will also be different from the status quo clinical methods of deriving evidence. As stated by the WHO European Working Group on Health Promotion Evaluation:

> A multidimensional focus on the determinants of health and the impossibility of imposing tight environmental controls, or their unacceptability, are inherent features of most health promotion initiatives. The random clinical trial is often an inappropriate and potentially misleading means of evaluating these efforts. For a better understanding of the impact of health promotion initiatives, evaluators need to use a wide range of qualitative and quantitative methods that extend beyond the narrow parameters of randomized controlled trials[14 p.358].

Similar to this, in a new volume of Quality, Evidence and Effectiveness in Health Promotion, Macdonald and Davies discuss the traditional biomedical approach to evaluation arguing that "consensus is undoubtedly emerging that an overemphasis on outcome measures and indeed on quantitative data is an outmoded and inappropriate way to measure the effectiveness of health promotion programs and interventions[14 p.358]".

Conversely, in an article entitled, "In Defence of the Randomized Controlled Trial for Health Promotion Research" Rosen et al refute recommendations made by the WHO, which refer to the randomized control trial (RCT) as an inappropriate method to evaluate health promotion programs in 'most cases'[16]. The authors defend the superiority of RCT as an evaluation method, compared to the quasi-experimental and qualitative methods

commonly used in the field of health promotion[16]. Moreover, the authors argue that 'an abundance' of health promotion activities, those that focus on changing knowledge, attitudes, behaviour, risk factors, morbidity and mortality would be best evaluated using the RCT[16].

In the same article however, Rosen and colleagues admit, "that for certain questions that arise in the health promotion field, research methodologies other than RCT are indeed more appropriate[16 p.1183]". They continue by commenting that questions related to determinants of health and changing population norms, or programs that seek to change legislation, organizational practice, or public policy may be best evaluated with methods that differ from the RCT[16]. Clearly, Rosen et al believe that RCT is the gold standard of evaluation methods, but at the same time appreciate that the RCT is not always the *best* method for evaluating certain outcomes and processes in health promotion practice.

Thus, it seems evident that a comprehensive oral health promotion approach would require dental professionals to reflect on the value of using qualitative methods, in addition to the appropriate quantitative methods, when evaluating health promotion activities.

Contemporary Oral Health Promotion

As stated by Schou and Locker, contemporary oral health promotion "seeks to promote oral health by improving both the ways in which people live as well as the conditions of living that are relevant to oral health[5 p.162]". Furthermore, oral health promotion is any planned effort to use the five health promotion strategies coined by the Ottawa Charter in the pursuit of oral health goals[7]. The following section will identify and define the five health promotion strategies, while providing practical examples of how each can be utilized to promote oral health.

The Ottawa Charter for Health Promotion

To improve the oral health status of a community, research suggests that a comprehensive health promotion approach is required. The Ottawa Charter for Health Promotion is a well-recognized example of a comprehensive approach to health promotion. The five strategies as defined by the World Health Organization[12], are outlined in the chart below[12].

Build healthy public policies	Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments.
Create supportive environments	Our societies are complex and interrelated. Health cannot be separated from other goals. The inextricable links between people and their environment constitutes the basis for a socio-ecological approach to health. The overall guiding principle for

	the world, nations, regions and communities alike, is the need to encourage reciprocal maintenance - to take care of each other, our communities and our natural environment. The conservation of natural resources throughout the world should be emphasized as a global responsibility.
Develop personal skills	Health promotion supports personal and social development through providing information, education for health and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.
Strengthen community action	Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities, their ownership and control of their own endeavours and destinies.
Re-orient community services	The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards a health care system, which contributes to the pursuit of health. The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services.

As discussed earlier, dental programs often include a dental education component. This approach incorporates the 'develop personal skills' component of the Ottawa Charter, but often excludes the other components. As Watt states, "healthy public policy, supportive environments and public participation are essential elements of effective oral health promotion, but are often neglected [7 p.6]". With this in mind, it is critical to build upon current dental initiatives and expand programs to include all of the components of the Ottawa Charter in an effort to achieve a comprehensive approach to dental health promotion.

Other areas of health have effectively incorporated all aspects of the Ottawa Charter into their program areas. Tobacco and the success of its health promotion initiatives is an ideal illustration[17]. Smoke-free bylaws and tobacco taxes are two examples of healthy public policies that have led to the creation of a supportive environment. Mass media campaigns have also contributed to the development of supportive environments. Community coalitions to advocate for non-smoking environments have led to increased community action. Cessation counseling, to provide clients with the skills needed to quit smoking, is an example of developing personal skills. Furthermore, services have been re-oriented to focus on youth prevention strategies, rather than just treatment efforts.

IV. RECOMMENDATIONS FOR ACTION

Dental programs can also work towards achieving each of the five components of the Ottawa Charter[17]. The chart below lists examples[13, 17-23] of each component of the Ottawa Charter and it illustrates how the Ottawa Charter can be used to promote oral health.

Build Healthy Public Policy	Advocacy for the development and/or support of policies in partnership with education authorities, the food manufacturing industry, social service departments, planning departments, and water companies. Examples: ■ Food policies in schools to encourage healthy eating ■ Violence prevention policies in schools ■ Fluoridation policies ■ Brushing policies (in childcare centres, etc.) ■ Dental care policies at the municipal, provincial and federal level of government (i.e. infection control, oral hygiene and emergency oral care) ■ Smoking, alcohol use and substance abuse policies ■ Protective face gear policies for sport activities Advocacy for: ■ Increased provincial and national dental representation (to add oral health to broader policy agendas) ■ Universal dental care for all Canadians ■ The reduction of poverty by raising minimum wage, increasing food security, universal access to affordable childcare, increasing the availability of affordable housing etc.
Create Supportive Environments	■ Design safe roads, parks, school yards (i.e. to reduce the incidence of oro-facial trauma) ■ Develop dental health promoting school practices (i.e. chewing sugar free gum, brushing, etc.) ■ Ensure safe water and sanitation facilities for tooth brushing ■ Develop accessible clinical services (i.e. mobile dental clinics in high needs areas) ■ Build health promoting schools and communities (a healthy setting for living, learning and working)
Develop Personal Skills	■ Target influential populations, such as health professionals to raise awareness of the impact of oral health on overall health ■ Provide parents with skills to ensure the oral health of their children (i.e. visiting Early Years Centres and teaching parents how to check for signs of Early Childhood Tooth Decay (ECTD) ■ Teach and encourage brushing and flossing ■ Promote regular dental visits ■ Provide advice re: smoking, diet, mouth guards, fluoride
Strengthen	■ Facilitate grassroots community initiatives to improve oral

Community Action	health (i.e. parent action groups, community dental coalitions) ■ Increase dental health awareness among doctors, nurses, day care providers, teachers, dieticians, etc. ■ Work with a range of like-minded community agencies and organizations (i.e. Ontario Early Years Centres, Poverty Action Groups, Social Service Agencies etc.) to build dental issues into existing community health initiatives
Re-orient Health Services	■ Take measures to incorporate health promotion practice with clinical dental practice (i.e. work with health promotion officers within public health dental departments, employ professionals with knowledge and skills in health promotion as part of dental teams) ■ Include oral health in already existing health services (i.e. dental professionals included as part of the multidisciplinary teams within community health centres, ECTD check included in first baby wellness visits with family physician, encourage the integration of oral health into physicians' general health advice) ■ Involve non-dental professionals in oral health promotion (i.e. health promoters, social service coalitions, nurses, day care providers, etc.) ■ Improve access to dental care through partnerships with other health services

Conclusion

For some professions such as dentistry, the concept of health promotion practice may still be somewhat unfamiliar. With the recent development of the Ministry of Health Promotion in Ontario, it is evident that *now* is the time to become familiar with this well-established and highly recognized approach. Moreover, dental professionals must make a concerted effort to gain knowledge of the best practices in health promotion and apply them to practice. Clearly, to truly tackle the determinants that affect oral health, dentistry must learn from and mimic the successful health promotion interventions implemented by other topic areas.

Based on research, it is evident that in order to achieve a shift in oral health status, a shift in strategy is required. A comprehensive health promotion approach provides the framework to achieve this goal. Incorporating the strategies coined by the Ottawa Charter for Health Promotion into everyday dental practice will transform oral *health* programs into oral *health promoting* programs. Such a transformation will serve to facilitate the dental profession's ability to improve the oral health status of communities.

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