

SHORT COMMUNICATION

REVOLUTIONISING THE DENTAL CURRICULUM - DELIVERING BETTER ORAL HEALTH

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Abstract

There is a paradigm shift taking place in healthcare with the recognition that every consultation should count for health - not merely the treatment of disease - drawing on the principles of health promotion and underpinned by a strong evidence-base for clinical prevention. Institutions such as King's Health Partners [KHP], an academic health science centre in London, recognise that its responsibilities extend beyond the clinical environment to the local community and beyond and that there should be greater emphasis on promoting health. This paper outlines recent proposals by Dental Institute as a clinical academic group within KHP to promote health, the underlying philosophy, actions taken and the evidence-based resources available, as well as the challenges to be overcome.

Key words

oral health, health promotion, dental hospital, strategy

Introduction

Health promotion is becoming an integral part of the health care process across all spheres: clinical, educational, behavioural, and organisational (1). It is defined as 'the process of enabling people to increase control over, and to improve, their health' (2). It embraces 'health education, disease prevention and rehabilitation' as well as 'health enhancement; achieved by empowering patients, relatives and employees in the improvement of their health-related physical, mental and social well-being' (3). A risk based assessment is increasingly underpinning clinical care to-

gether with an emphasis on health promotion. Current health policy emphasises that every consultation should count for health - not merely the treatment of disease (4). This requires healthcare to draw on the evidence-base for health promotion and clinical prevention.

A focus on improving health must address inequalities in health that exist within society. Recent reviews led by Professor Sir Michael Marmot are important documents for anyone serious about improving societal health (5-7). They stress the importance of tackling the social determinants of health and highlight the need to work beyond clinical environments in an approach characterised by 'proportionate universalism' (5). Essentially, there are high risk groups and high risk individuals within society whom we know will be at particular risk of disease; however, more of the new cases of disease will appear in the remainder of the population who 'appear' at low risk; hence the importance of using both a 'population' or 'universal' approach, together with a 'high risk' approach whereby high risk individuals and groups receive input that is 'proportionate' to their risk (5).

It is recognised that although health services alone will not sort out the world's health problems, they have the potential to make an increasingly important contribution by altering the way that services are delivered so that there is not just a focus on treatment services. The importance of Health Promoting Hospitals is well recognised by the WHO (3). This approach was further endorsed by the WHO Rio Political Declaration of 2011 which confirmed Member State commitment to address the social determinants of health, including

the commitment to 'further reorient the health sector towards promoting health and reducing health inequities' (8).

King's Health Partners [KHP], as an Academic Health Science Centre [AHSC], aims to 'create a centre where world-class research, teaching and clinical practice are brought together for the benefit of patients' (9). As a clinical academic group within KHP, King's Dental Institute combines teaching, research and the delivery of healthcare to mutual advantage and thus the actions below seek to build on established practice. The Dental Institute has over 750 undergraduate and 440 postgraduate students and therefore is in a significant position of influence with current and future generations of dental professionals.

The aim of this paper is to outline the proposals by the Dental Institute as a clinical academic group to promote health, the underlying philosophy, actions taken and the evidence-based resources available as challenges to be overcome.

Materials and Methods

A working group was convened to produce a public health strategy for the Dental Clinical Academic Group at Kings with representation from across the Dental Institute. Using the robust framework of the Ottawa Charter (Table 1) for health promoting action, a strategy to

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| <ol style="list-style-type: none"> 1. Build Healthy Public Policy 2. Create supportive environments 3. Strengthen Community Actions 4. Develop Personal Skills 5. Re-orientate services to Prevention |
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Table 1 Ottawa Charter: five pillars (WHO, 1986)

become a Health Promoting Dental Institute within our clinical academic group was developed and agreed. The aim of the agreed strategy was 'To be a health promoting Dental Institute for patients, staff, students and the local community'. The strategy was approved and published as an internal paper in December 2011 (10).

The seven supporting objectives which cover the main aspects of clinical academic life (Figure 1), were addressed, with examples of supporting action required.

Results

The seven supporting health promoting objec-

King's Dental Institute: 7 arms of strategy



Figure 1: KCLDI: 7 armed strategy

tives and actions required are summarised in turn below:

1. To provide education, training and support for dental professionals, staff and students, on prevention and oral health improvement. This objective has implications for the curriculae of all branches of the dental team in training at KHP, both in terms of their knowledge and clinical care. Furthermore, in support of the delivery of high quality teaching, training and care, all educators and clinicians need to be up to date with the evidence-base for clinical prevention (11), and the common risk factor approach (12).

2. To create an environment within the Dental Institute that is health promoting. The environment in which students train and in which patients are treated can send strong messages about what is important, or not. Patients and visitors, together with staff and students should be aware that they are entering a health promoting environment when they enter the dental institute facilities. This involves ensuring that the environment is smoke free for everyone in line with national policy and that, smoking habits are explored with patients and, when appropriate, they are signposted to 'stop smoking services' available within the national health service. Catering outlets, are an important resource to staff and students and it is vital that they promote and provide healthy food. Healthy lifestyles should be promoted through posters and leaflets available to patients and visitors. Furthermore, clinical care should be supported by an information system that collects appropriate data on patients' health and health behaviours. Finally, guidelines on the evidence-base for prevention should easily available in clinics for busy clinicians and students for quick reference (11).

3. To provide high quality, evidence-based, patient centred preventive healthcare to users of the Dental Institute. It is clearly recognised that all patients should receive evidence-based clinical prevention in line with the contemporary evidence-base. Within England 'Delivering Better Oral Health; a toolkit for prevention' (Figure 2) (11), jointly produced by the Department of Health and the Bri-

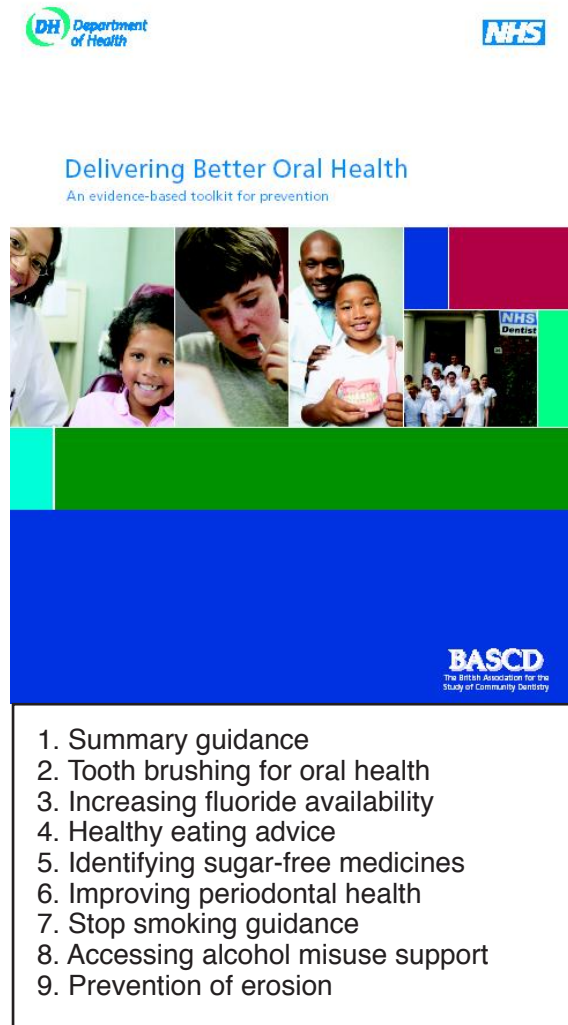


Figure 2 Delivering Better Oral Health: an evidence-based toolkit for prevention. 2nd Edition. Department of Health and BASCD, 2009.

tish Association for the Study of Community Dentistry, is an important resource for clinical care. This toolkit is a vitally important resource to students and staff and copies are now available in clinics and online. Since its inception this resource has formed part of the student curriculum; however, it needs to inform all aspects of care. The resource provides both a

'population' and a 'high risk' approach to clinical prevention and will help patients to develop their personal skills and re-orientate the delivery of healthcare to prevention (2). Further work is being undertaken at department level to ensure that staff, as well as students, are up to date with the contemporary evidence-base. Nationally there is a commitment to ensure that this resource is kept up-to-date and a third edition of the toolkit is anticipated during 2013.

4. To promote health and prevent disease through a 'common risk factor approach'. The fundamental basis of the 'common risk factor approach' is focusing attention on changing a small number of factors including diet, hygiene, alcohol, tobacco and trauma, that determine a large number of diseases; therefore, altering these factors will reduce the risk of systemic conditions as well as oral diseases (12). This approach is likely to be more effective and efficient than traditional isolated disease-specific actions.

5. To work collaboratively with other agencies and partners, to promote health and prevent disease through a 'common risk factor approach'. The Dental Institute is an established provider of training and support to other health and social care staff within south east London and assists with setting local dental public health policy. The institute is committed to working across health and social care services in the health systems locally, but also to support global oral health through teaching, research and support.

6. To work collaboratively with the local community in support of their health and wellbeing. The Dental Institute has a long history of working with the local community in south London to deliver Oral Health Promotion services in a range of settings including schools, nurseries and community services. New opportunities to support the local community are currently being sought to further strengthen community action (2).

7. To facilitate high quality research in support of oral health improvement and the delivery and organisation of high quality evidence-based care. It is well recognised that as a centre of academic excellence, audit and research should underpin local action and the findings inform future action. Furthermore, members of the dental institute are involved in the Global Oral Health Inequalities Research agenda (13-16) led by the International Association for Dental Research.

This strategy outlines a multifaceted approach to promoting health in support of patients and their families, students, staff and the local community. The working group has considered the tripartite mission of the Dental Institute and CAG and recommends an action plan be agreed and monitored each calendar year starting with 2012.

Discussion

Developing a strategy is just the beginning of a process of change which has a number of distinct challenges. First, a shift in focus from a traditional treatment focused approach to assessing and managing patient risks requires a paradigm shift in clinicians and teachers involved in the care of dental patients - this will require significant support. The challenges for teachers are outlined in Figure 3. Second,

Teachers Role

- T** – Teach students the evidence-based prevention
- E** – ENSURE you are familiar with the content of 'Delivering Better Oral Health'
- A** – ALL students to consider guidelines for use with ALL patients
- C** – use the Common Risk Factor approach
- H** – think and act – HEALTH
- E** – Environment – lets work on it
- R** – Research – IADR initiative
- S** – Selves – model health

KING'S HEALTH PARTNERS

Figure 3 Teachers Role in a Health Promoting Dental Institute

the environment of our health services needs to be actively managed; the entrances to our dental facilities have eating outlets which visually promote, and sell, unhealthy snacks and drinks to staff and visitors creating a 'dissonance' with any behaviour change recommended by clinicians. Also, staff and students working on site will buy their lunch from these facilities and should have access to healthy food. Discussions are underway with facilities management as to how we can at least provide 'choice' and support more healthy eating amongst staff, visitors and students for the good of both their oral and general health. Third, is the challenge of embedding clinical prevention within student care - to achieve this effectively it will be necessary to develop appropriate assessments for prevention. Students who graduate in 2012 will normally provide clinical care for around four decades

so a shift towards a preventive paradigm is required as a matter of urgency. This paper highlights work in progress at KCLDI for staff, students, patients and the public whom we serve.

Conclusions

King's Dental Institute has taken the first important step to becoming a health promoting dental institute by having an approved strategy in place which is underpinned by a theoretical framework for health promotion. This may be of value to other Dental Institutes, Schools and Hospitals who share the same philosophy.

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Declaration

Jenny Gallagher is the current President of the British Association for the Study of Community Dentistry [BASCD] and is involved in the development of the third edition of the evidence-based toolkit for prevention. 'Delivering Better Oral Health with the Department of Health England.

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