IMPROVING ORAL AND GENERAL HEALTH

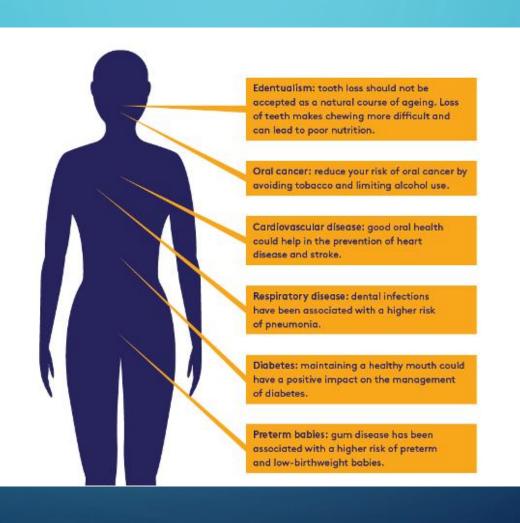
MICK ARMSTRONG

CHAIR, WG ORAL HEALTH AND GENERAL HEALTH

INTRODUCTION

- The link between good oral health and good general health has become clearer and more evidence based over the last decade.
- Improving oral health for individuals and populations has demonstrable benefits in terms of improved general health, wellbeing, social mobility and yields significant economic returns
- Nearly all oral diseases are preventable
- Prevention will have the greatest impact on sustainability

ORAL HEALTH AND GENERAL HEALTH



PREVENTION OF ORAL DISEASE

- Caries
- Periodontal disease
- Oral cancer
- Dental teams are excellent at treating and preventing oral disease BUT only for those they see regularly. Over half the world population has NO access to oral health care and even in developed countries there are significant populations without access

PREVENTION STRATEGY

- A comprehensive approach is required eg UK's Delivering Better Oral Health
 https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention
- Evidence-based and demonstrable benefits, but crucially not implemented fully, only piecemeal. All the components work but it's not joined up
- Governments will be required to implement the necessary public health measures, the access required and, crucially, improving the oral health literacy of the public and all those involved in delivery health, social care and education

PREVENTION

- Improve oral health literacy
- Lowering sugar intake
- Deliver Universal Health Coverage (dental home/registration)
- Expand workforce
- Greater use of dental teams
- Fluoridation, supervised tooth brushing, fluoride varnish, silver diamine fluoride (SDF), of issure sealing

ORAL HEALTH LITERACY

- The basics of a healthy diet, and good oral hygiene is a simple message
- All health and social care professionals should be able to deliver a consistent oral health message
- Education of children to be targeted. Oral health professionals should lead
- Public health messaging, TV, social media, advertising
- Clear signposting for oral healthcare

UNIVERSAL HEALTH COVERAGE

- Every individual should have access to oral health advice and care
- More imaginative and expanded used of dental teams eg oral health educators in other non dental locations, eg schools, care homes, hospitals
- Delegation of simple prevention treatments, TF, SDF, fissure sealants
- Remote access
- Dental Home

LOWERING SUGAR INTAKE

- Public health campaigns:
- Ban on sponsorship (F1, Olympics etc) advertising and promotions
- Sugar tax or levy? Eg UK, Colombia
- Ongoing valuation of the risks of reformulation
- EU or national approach

CHALLENGES

- Workforce,- too small, working in the wrong locations, doing the wrong dentistry?
- Cost... Who will invest in this? Governments, insurance companies, big business, patients
- Education for oral health literacy and dental teams to upskill
- Regulation: striking a balance between patient safety and achieving UHC
- Paying for prevention: Is there a system to deliver
- Building a dental home
- Nanny State, Sugar Industry/Food Industry, Ourselves

MANIFESTO

- Increase awareness of the importance of OH and GH: prevention is key
- The cost of not addressing is enormous. \$746 Bn.
- A healthier population is more productive, better educated, and less costly to treat.
- Prevention needs a comprehensive approach. Sugar tax, Public health Campaign,
 water fluoridation
- Invest in oral health services
- Improved Sustainability through better oral health and general health

FUNDING

- Draw attention to the costs of NOT investing in oral health services
- State funding/legislation/regulation for expansion of services,
- training and oral health literacy
- Make prevention financially attractive
- Sugar tax; Hypothecated levy income
- Inclusion in insurance schemes
- Patient charges: affordable for all
- Rewards for success

ALL IS ACHIEVABLE IF GOVERNMENTS, PUBLIC AND PROFESSION WANT IT TO HAPPEN