

# September...Oral Health Month

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September is here; with it comes Spring Day, beautiful flowers, sunshine and..... Oral Health Month. Most people enjoy this time of the year since we are surrounded by beautiful colours, blooming flowers, life simply seems better. It is also that time when The South African Dental Association (SADA) rockets into raising public awareness, and promoting good oral health, in an effort to prevent oral disease and improve the quality of life of our communities.

Oral diseases such as dental caries, periodontal disease, oral cancer, oral infectious diseases, together with trauma from injuries, and hereditary conditions remain major public health concerns globally. Dental caries, which is largely preventable, remains the most common disease on the planet, affecting 60-90% of school children and the vast majority of adults. It is about five times as common as asthma and seven times as common as hay fever. Dental caries is responsible for a lot of PAIN, discomfort, dysfunction, poor appearance, loss of self esteem, days missed at school and work resulting in reduced productivity and difficulty in concentrating on daily activities.

Recent research has also established possible links between chronic oral infections and diabetes, heart and lung disease, stroke, and low birthweight or premature births, reaffirming that oral health is part of general health. Or as eloquently put by Dr Pamela McClain, President of the American Academy of Periodontology, "Your body can affect your mouth and likewise, your mouth can affect your body. Taking good care of your teeth and gums can really help you live well longer." Dr McClain is not the only one positing this. The past 10 to 15 years have seen ballooning interest in possible links between oral health and general health.

The World Health Organisation has also stated as an objective that the world population should have good oral health. This would translate to patients being free of chronic mouth and facial pain, oral and throat cancer, oral sores, periodontal disease, tooth decay and tooth loss, and other preventable diseases and disorders affecting the mouth and oral cavity.

SADA shares the WHO sentiments, and encourages its members working in both the public and private sector to engage with their communities to educate them, whether in Oral Health Month or at any other time, on the importance of good oral health, diet and the recent develop-

ments in research. It is a well known fact that prevention is a fundamental aspect in attempting to improve the oral health status of our communities.

Demonstrating its commitment to promoting oral health as an integral part of general health, SADA in conjunction with the Dental Schools, has been managing educational theme campaigns focused on educating both the dentist and the public on systemic conditions that have a direct impact on oral health or vice versa. The themes that have been covered thus far are:

- Oral Cancer (2012)
- Periodontal disease and related systemic diseases (2013)
- Substance and Physical Abuse: The effects on Oral Health (2014)
- Oral Health and Psychological Wellbeing (2015)

SADA is also a signatory of the Alliance for a Cavity-Free-Future (ACFF). The ACFF, a non-profit charitable organization, is a worldwide group of experts who have joined together to promote integrated action in clinical and public health in order to stop caries initiation and progression in order to move towards a Cavity-Free Future for all age groups.

September also came with changes in the oral health landscape; this is indeed a new era in Dentistry as SADA as a stakeholder in the oral health care industry was requested to make comments on the draft South African National Oral Health Strategy 2015 (NOHS) which was compiled by the National Department of Health. The NOHS in its preamble states that 'Oral health is central to our daily life and well-being, and exerts a fundamental influence on the quality of life of every citizen of South Africa'. It further states that 'It is quite clear from both community experience and research evidence in the literature, that oral health is more than just the absence of disease or loss of function. Citizens are increasingly aware that the optimal functioning of their face and mouth is important for their own comfort and for preserving their self-esteem. Individuals and communities have to be made aware of the risks involved that cause oral diseases and how they can be involved in preventing or eliminating these risks. They can be informed through outreach, health education and health promotion'.

The strategies presented in the NOHS include the following:

- The provision of Basic Oral Emergency Care for all citizens
- Prevention of oral diseases and promotion of oral health
- The provision of basic primary oral health care treatment
- The provision of secondary and tertiary level care for all citizens: This will include the provision of other

services including fillings, dentures, treatment of orofacial trauma, oral cancer, treatment under general anaesthesia, etc.

- Reduction of the burden of untreated oral diseases
- The Common Risk Factor Approach
- The development of population-oriented interventions
- The integration of oral health across health disciplines and sectors
- The implementation of evidence-based intervention
- The adoption of customized local and/or district oral health operational plans
- The utilization of Oral Health Training Institutions (OHTIs) in provision of services and training of oral health professionals

SADA welcomed the opportunity to make comments on the document, and their submission was based on the International Guidelines for the Assessment of Oral Health Strategies which have been well documented. Based on the definition for health promotion as set out by the Ottawa Charter of 1986, the WHO in 1998 developed a list of criteria that can be used to assess oral health strategies (subsequently adapted and modified by Watt in 2005).

Hereunder elements of the framework on which the SADA submission was based:

## EMPOWERING

Individuals as well as the broader community or district should be empowered by the given strategy to take control over factors (socioeconomic and environmental) that affect their oral health.

## PARTICIPATORY

Key stakeholders (public sector, private sector, community leaders) should be motivated to all take an interest and participate in the planning, implementation and evaluation of oral health strategies.

## HOLISTIC

Oral health strategies should focus on common risk factors and thus aim to improve not just the oral health of a specific community or district but also the physical, social and mental wellbeing.

## INTERSECTORAL

Relevant sectors should be involved to help elevate the importance of oral health strategies on the agenda of a wider range of sectors.

## EQUITY

Oral health strategies should aim to eliminate all forms of inequality in the delivery of oral health across different communities.

## EVIDENCE BASED

The relevant strategy should be based on current best scientific knowledge as well as good clinical practice.

## SUSTAINABLE

Strategies should enable changes that are easy to maintain by individuals, relevant communities and districts once the start-up funding of the strategy has run out. Communities should thus be able to maintain the strategy.

## MULTI-STRATEGY

Oral health strategies should be based on a variety of methods and approaches varying from education and policy change to legislation and community development.

## EVALUATION

The strategy should be able to be appropriately evaluated using both process and outcome based measures.

SADA's submission went further to dissect, critique and congratulate the Department on its efforts.

Maretha Smit, the CEO of the South African Dental Association concluded by stating that: "A great and enduring strength of the South African democracy lies in its commitment to the care and well-being of its citizens."

"As an Association in the oral health environment, we believe that:

- no one should suffer from oral diseases or conditions that can be effectively prevented and treated
- no schoolchild should suffer the stigma of craniofacial birth defects nor be found unable to concentrate because of the pain of untreated oral infections, and
- no rural inhabitant, or homebound adult, or inner city dweller should experience poor oral health because of barriers of access to care and shortages of resources and personnel.

"Taking into account the costs of dental care, the impact of oral health on general health and its impact of quality of life, it is clear that a paradigm shift is required in order to deliver oral health to the broader population. It is abundantly clear that the enormous task facing the National Department cannot be accomplished by any single agency, be it at the national, provincial or district levels or in private organisations. Rather, actions will have to be developed through a process of collaboration and communication across public and private domains. Successful execution will call for partnerships that unite private and public groups focused on common goals. We thank you for this opportunity and trust that you will undertake to consult with us in further deliberations before the NOHS is finalised."

The long awaited White Paper on the National Health Insurance (NHI) is also completed. However, it is still not ready for public consumption since Minister Aaron Motsoaledi has yet to present it to Cabinet. The Minister revealed this at the South African Medical Association's conference at the Sandton Convention Centre. The Minister also stated that "the document was with Treasury (for a financing model) and at the next cabinet space he has, he would present it". Further that "Technology, different business models and a change in behaviour in public health facilities will all be central to changing public healthcare in South Africa."

Finally, we are excited that South Africa will for the very first time have the privilege of hosting the IFED congress (5-7 November 2015) in the Mother City. The congress will showcase 20 leading international speakers over three days; this is an African first and an event not to be missed.

September 2015, National Oral Health Month has indeed been a significant time in the Oral Health Environment. Not only did we celebrate OHM but we also received opportunities to influence and make comments on policy documents that will guide how Oral Health is delivered in our beautiful country.