



# The Role of dentists and the oral health team in tackling health inequalities: action on the social determinants of health

## **Dentists and the Oral Health Team Have an Important Role in Addressing the Social Determinants of Health in Line with The Marmot Review.**

Oral health is associated with socio-economic status, which links to family income, educational attainment, employment, housing, risk of accidents, physical health, and mental health. Indicators of the health of children and young people show that low birth weight, measles, whooping cough, road traffic accident casualties, dental health, teenage conceptions, childhood obesity and reported health status are all

related to levels of socio-economic deprivation. Children and young people in poorer areas have worse health status than those in the more affluent<sup>1</sup>.

Given the close links between oral health and other indicators such as family income and educational attainment of child and parents, a whole systems approach to improving oral health in the context of general health is required. Some of the principles that must underpin action include:

- Tailoring the response to the level of oral and general health need;
- Building on community assets and strengthening family competence to self-manage health, including oral health;
- An emphasis on early years and early intervention;
- A family focus;
- A personalised approach to delivering services.

All primary health care professionals should tackle the needs of families in the context of the their environment and experience. There is a fundamental need to integrate initiatives to improve oral health with more general interventions to support good physical and mental health. Primary care is the first point of contact with the health service and is the setting in which most care - both general and oral - is provided. Oral health teams, collaborating with primary care teams, have the largely unexploited potential to be important advocates, enablers and mediators for oral health. Because the risk factors for oral and general health are the same, such activities will also promote good general health.

Primary medical care is increasingly appreciating the pivotal importance of social determinants in influencing health status and health outcomes. If oral healthcare is to be properly integrated with healthcare in general, it is essential that all members of the oral health team understand the importance of the social determinants of oral health and integrate their activities with other groups.

## Things the oral health team should do

<b>1</b>	All members of the oral health team should acquire a thorough understanding of the importance that social determinants play in oral as well as general health. They should have a thorough understanding of how the conditions in which people are born, live, work and age can affect their health, and how they can act to tackle these.
<b>2</b>	Dentists and the oral health team should engage in partnership with communities to help them better understand and tackle the social, economic and environmental factors that determine oral health and increase inequalities.
<b>3</b>	Dentists and the oral health team should engage with colleagues such as primary health care professionals in the development of cross-sectoral partnerships, so that oral health promotion strategies become incorporated into all strategies for health.

<b>4</b>	Dentists should become advocates for health, particularly oral health, with their patients and the wider community. This should include an emphasis on acting as enablers, helping to make healthy choices the easier choices and empowering people to take control of their own lives and health.
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## Case studies: examples of evidence-based actions that the oral health team can take.

### Case Study 1

#### Working with the Primary Health Care Team to promote the Oral health of children. School Nurses (including School Nurse Assistants) in Tameside, Greater Manchester, UK.

School nurses deliver health programmes in schools including health and sex education; developmental screening; health interviews, and immunisation programmes. They approached the Oral Health Team to request a 'teaching resource' that they could use to engage with Reception/Year 1 children and their families<sup>2,3,4</sup>. They wanted a resource that was child friendly, and would enable the named school nurse to begin to build a relationship with the children. This would introduce the children to the nurse and facilitate the other screening initiatives that the school nurse would carry out, such as developmental checks. A fun pack was developed by the oral health team in collaboration with the school nurse assistants and was designed to involve parents and carers. Post evaluation questionnaires were then sent home at the end of the topic. School nurses and their teams are also offered annual training and update sessions on oral health.

#### Benefits and principles of the scheme

- Oral health is not seen as a 'stand alone' topic;
- The pack gives the School Nurse Teams an opportunity to introduce themselves to the parents;
- This is a good joint working initiative between the School Nursing Service and the Oral Health Team;

#### Impacts of case study on oral health

- Embedding oral health into other care pathways;
- Increase in knowledge around cause and prevention of oral disease;

- Increased knowledge in accessing NHS Dental Services;
- Increase in awareness of impacts of oral health and the Common Risk Factor Approach;
- Cost effective, because resources are shared;
- Continuing professional development for recipients.

### Intermediate Impacts on Oral Health

- Increased availability and access to evidenced informed oral health advice and information;
- Increase in NHS dental attendance;
- Increased access to appropriate services for vulnerable groups.

### Case Study 2

#### Childsmile: the national child oral health improvement programme for Scotland

Childsmile <sup>6,7,8</sup>, has three major components of the programme: a core toothbrushing programme; the nursery and school programme, and the dental practice programme

1. Core programme, involving:

- \* Universal distribution of toothpaste and toothbrushes via health visitors and pre-school establishments;
- \* Development of a nationwide, universal, nursery school supervised toothbrushing programme.

2. Nursery and School Programme, involving:

- \* Community fluoride varnish programme in nurseries and schools targeted to the most deprived communities.

3. Dental Practice Programme, involving:

- \* Changing the primary care dental contract and dental services towards more prevention-focused care, registering children from birth via referrals from health visitors, and delivering prevention through a whole dental team approach. This includes extended duty dental nurses who focus on delivering clinical prevention including fluoride varnish application; instruction in proper toothbrushing, and dietary advice.

This work is facilitated by developing a new role of dental health support worker, responsible for linking families to services and ensuring integration of different parts of the service. This ensures proper access for parents to generic community development initiatives such as "weaning fairs"; food cooperatives, and healthy living centres.

### Benefits and principles of the scheme

- Adopts the Marmot principle of “proportional universalism” to tackle oral health inequalities and improve oral health in children – through a combination of universal and targeted initiatives;
- Early years focus on prevention from birth, linked into wider child health services and developing surveillance systems and referral pathways;
- Shifts dental services to anticipatory, preventative care and away from reactive treatment-centred services;
- Utilises the whole dental care team;
- Creates new member of the dental team – the dental health support worker role, based within public health nursing and health visiting teams;
- Develops quality dental health services following the Institute of Medicine six dimensions of quality: person-centred; safe; effective; efficient; equitable, and timely;
- Pilots initiatives then mainstreams where appropriate into existing services and structures
- Delivers evidence-based interventions;
- Builds on the Ottawa Charter principles, including linking into community development activities;
- Incorporates multi-agency partnership working with local authorities (nurseries and schools); national government; health boards, across different branches of health services; practitioners; patients, and the public;
- Nation-wide, large-scale, and significantly resourced and supported from successive Scottish Governments – following a national oral health strategy (the Dental Action Plan);
- Robust evaluation embedded into programme.

### Impacts of case study on oral health

- Improved oral health;
- Reduced oral health inequalities;
- Improved quality of dental services, through their reorientation towards improved access and integration with wider health and other services;
- Workforce development;
- Implementation of evidence based care.

### Intermediate Impacts on Oral Health

- Increased access to dental attendance and registration;
- Increased delivery of preventive interventions, notably supervised nursery

toothbrushing and distribution of toothbrush and toothpaste packs; fluoride varnish application in nurseries, schools, and practices; toothbrushing instruction and diet advice in practices;

- Increased training across the dental team;
- Increased referrals from health visitors to dental practice and contacts with dental health support workers;
- Changes to the primary care dental services contract;
- Early indications of improved oral health and reduced oral health inequalities.

## Key Message

The oral health team should work closely with other health professionals working to reduce risk factors and support families to achieve health and wellbeing.

## Commitments

The parties that have contributed to this paper make the commitments set out below.

### Dental Schools Council

The Dental Schools Council will commit:

- To advocate for all dentists to be made aware of their responsibilities for the promotion of oral health across all socio-economic groups.
- To encourage all Schools to embed a greater understanding of SDH into the undergraduate dental curriculum

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- Faculty of General Dental Practice, Royal College of Surgeons of England;
- The Dental Schools Council;
- British Association for the Study of Community Dentistry;

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## References

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