



Orthodontic Society *of* Ireland

SUBMISSION IN RESPONSE TO THE INVITATION FOR FEEDBACK

on

DRAFT GLOBAL STRATEGY ON ORAL HEALTH
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Introduction

The Orthodontic Society of Ireland would like to offer congratulations to the WHO for passing Resolution WHA74.5. On behalf of our members, I would like to offer our thanks to our international colleagues who have worked so hard to pass this landmark WHO Resolution to put Oral Health on the Global Health agenda to tackle the growing burden of non-communicable chronic diseases (NCD's) and for developing these strategic objectives to guide clinicians and policy makers. We are grateful for this opportunity to support the resolution and offer our insights and would like to offer our commitment to engage with other stakeholders in Ireland.

Strategic Objective 1: Oral Health Governance

The Strategic Objectives outlined in the WHO Resolution are aligned with the guiding principles of Ireland's 2019 Oral Health Policy, *Smile agus Slainte*, which also promotes preventative strategies to reduce the burden of disease. The Lancet series on the Global public health burden of oral diseases. (Peres, 2019; Watt, 2019; Watt 2019) highlighted that a treatment orientated focus in dentistry does not improve health or reduce the burden of disease and advocated for radical change and the need for both upstream and downstream interventions to effect change.

Individually and collectively, Irish people responded to the Covid -19 pandemic to reduce the burden of disease to protect their own health and the health of their families and communities. Authors have highlighted the opportunity for this paradigm shift to "act as a catalyst" to address the common risk factors using similar public health tools to reduce the burden of NCD's globally. (Lancet 2020)

The concept that our lifestyles and health behaviours are directly associated with the burden of disease is not new. The World Health Organisation (WHO) reports on the Global Burden of Disease Reports (2019) show that lifestyles and habits significantly contribute to mortality and quality of life. As with Covid-19, flattening the curve of these preventable diseases will require a paradigm shift at both individual and societal levels and in the organisation and delivery of healthcare services.

Reicher (2000) described the two psychologies of health behaviour in response to coronavirus; whether public health messages were patriarchal and drove fear and compliance or if they were constructive and created meaning that influenced positive health behaviours. Strategies to improve health are most successful when they empower and engage people rather than being perceived to blame and shame.

Most of the literature on prevention in the past has focused on the cost savings of prevention, rather than the broader health benefits. (Vernazza, 2021) Dental practice in Ireland has high fixed costs and current "fee per item" models of funding, which creates difficulty to quantify or charge for "advice." There are significant barriers to health promotion and health education in the clinical setting. (PPE, communication, operational cost, access.) Smile Agus Slainte prioritises prevention and new models of care.

Strategic Objective 2: Oral Health Promotion and Oral Disease Prevention

Tooth decay remains the most common chronic disease in children in Ireland with many common risk factors for other chronic diseases. (SmileAgusSlainte, 2019). By the age of 5, about 25% of Irish children have had tooth decay. This may be the first sign that a child will be vulnerable to other chronic diseases throughout their life. Emerging concepts in immunology outline the prolonged, dysregulated and maladaptive inflammatory response in patients with NCD's. (Egger, 2017) This is evidenced by an orthodontic study that measured a statistically significant difference in the rate of tooth movement in obese adolescents compared to a control group. The authors determined that inflammatory markers and a pre-existing inflammatory state in the obese adolescents, sped up tooth movement. (Saloom, 2017)

Traditional training has focused on what the dental profession should do to reduce dental decay in high-risk children, rather than patient focused self-management interventions to reduce the long term risk of other NCD's. (Whelton, 2009)

Health Behaviour is complex. It can be influenced by the medial, proximal and distal determinants of disease; genetics, culture, parenting, influences, perceptions, feelings and attitudes. (Acheson,1998)

The HBSC (2018) report on health behaviours in school aged children in Ireland highlights a statistically significant difference between adolescents of different socio-economic groups

in positive health behaviours (eating fresh vegetables and tooth brushing) but no difference in negative health behaviours such as sugar and soft drink consumption. The health belief model outlines why some people don't engage in preventative health behaviour; People have different perceptions of threat and of the influence their behaviour has on outcomes. (Michie,2014)

A key emergent theme is in thinking of healthcare in the positive domains of health improvement rather than the management of disease. WHO described health as "a resource for everyday life; it is a positive concept, emphasizing social and personal resources." (WHO,2020)

Orthodontics is in the domain of positive health as the branch of dentistry that specialises in the growth and development of the teeth and jaws and the elective correction of malocclusion. Healthy adolescents visit their orthodontist more than any other health practitioner as their patient journey may extend over several years.

Many children in Ireland do not regularly attend a general dental practitioner. Young people may seek or desire to have orthodontic treatment, and this creates an ideal setting to promote positive health messages throughout the treatment journey. The orthodontic profession in Ireland promotes that good oral health is established prior to active treatment and supported during and following orthodontic treatment. This not only reduces risks during orthodontic treatment but can improve both the long term benefits of orthodontic treatment and long term dental health.

Self-Management is defined as "the active participation by people in their own care" (Egger, 2017) Self-management is most relevant in active prevention and in the management of chronic diseases and long-term care.

Orthodontic outcome relies on many patient factors, in addition to professional factors. (Banks, 2004; Joury, 2009, 2011) Whilst much of the orthodontic literature describes the patient's role in their own care as "compliance," the health behaviour literature suggests that health behaviour change is not strongly influenced by persuasion or direction. (Schwarzer, 2020) In 2011 the NHS estimated that 20% of the orthodontic budget was spent on failed treatments. Self-efficacy, intention and social influences are potential psychosocial determinants of oral health behaviour in adolescents. (Abel 2016)

Understanding this and building self efficacy and self-determined goals in the orthodontic

setting not only improves the orthodontic outcome of young people but, in theory, can also improve self management of their general health. Health behaviours do not occur in isolation, but cluster. (Conry, 2011) Broaden and Build Theory supports this understanding that positive health behaviours can be practiced, developed and shared.

(Frederickson,2001)

Many young people first experience health care through dental or orthodontic care. It's something that is tangible to them and a valuable starting point in active self-management. The emerging evidence in health behaviours and positive psychology outlines the important role the orthodontic profession can play in supporting young people to build their self-efficacy and self management of their own health. Irish researchers have explored the benefits of positive psychology coaching (Burke, 2017) and motivational interviewing to support orthodontic care. (Rigau-Gay, 2020)

Strategic Objective 3: Primary Oral Health Care

Poor investment has led to high numbers of dentists withdrawing from public dental schemes in Ireland and poor access to publicly funded dental and orthodontic treatment. The Orthodontic Society of Ireland recognises the need for primary dental care for all children and effective pathways and communication between general and specialist practitioners to promote oral health and deliver active treatment.

A report by Deloitte also determined that current models of healthcare are not sustainable. Across Europe, healthcare systems are struggling to meet workforce demands with shortages of highly skilled staff and health care professionals are "crippled by burnout workforce buckling under the strain of a heavy workload, poor work-life balance and declining morale and wellbeing." (Deloitte, 2017) The field of positive organisational scholarship defines the building blocks to create healthier workplaces for staff and deliver better outcomes for patients. (Cameron, 2003)

Strategic Objective 4: Oral Health Information Systems

The global pandemic has shown a surge in public interest in understanding science related to their health, the use of technologies to monitor and support health and an understanding of the benefits of "trusted sources" of health information.

Health technology can support practitioners in engaging with patients remotely and in a way that is meaningful to them. It can be used to improve the use of clinical time and personalise care. Adolescents are "digital natives." Irish research shows they are most motivated by information that is visual. In one collaboration with SpunOut.ie, RCSI and IADT, researchers demonstrated that, "online animations provide an accessible means of translating empirical research findings into meaningful public health outputs. They offer a cost-effective way to provide targeted online information." (Coughlan, 2021) Researchers in Scotland have recently published their findings on the benefits of co-creating content on a common source(Wikipedia) to build a trusted source. (Tan, 2021)

Developing resources require engagement with the profession, educators and young people and investment, but this can also support clinicians by improving efficiency in clinical time and allow visits to be more personalised.

Digital technologies are often described as "disruptive." This force for change is often positive and should be used to promote oral health, so the orthodontic profession in Ireland, along with our colleagues in EFOSA are concerned about the increasing trend for orthodontic treatment to be marketed "direct to consumer" without a physical examination, diagnosis or delivery of care by a registered dentist or orthodontist. To support optimal oral health during orthodontic treatment, we rely on legislation and regulation to control the qualifications and standards that are required to advertise, prescribe, manufacture and deliver custom devices providing orthodontic tooth movement to the general public.

Strategic Objective 5: Oral Health Research Agenda – C

The Orthodontic Society of Ireland is committed to delivering excellence in patient care and respect and value researchers and colleagues who provide the evidence and clinical guidelines for best practice and provide our continuing education.

As clinicians, we understand that outcome is influenced by broad range of individual patient and practitioner factors that RCT's does not always capture; Large scale RCT's can be expensive to set up and generate a normal distribution of treatment outcomes. Patient centred research, participatory research and systems thinking can support a better understanding of patient factors in improving treatment outcome and health. (Brocklehurst 2020)

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