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# How to Integrate Oral Health into General Health

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- Acknowledgement of Contributors



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- Overview of the presentation
- Introduction – Prevalence of Early Childhood Caries (ECC) in SA
- National Oral Health Strategy (NDoH, 2010)
- Gauteng Oral Health Strategy and its initiatives
- Maternal Oral Health: Policy perspective in South Africa
- Integration of Oral Health into general health: Academic perspective
- Take home message

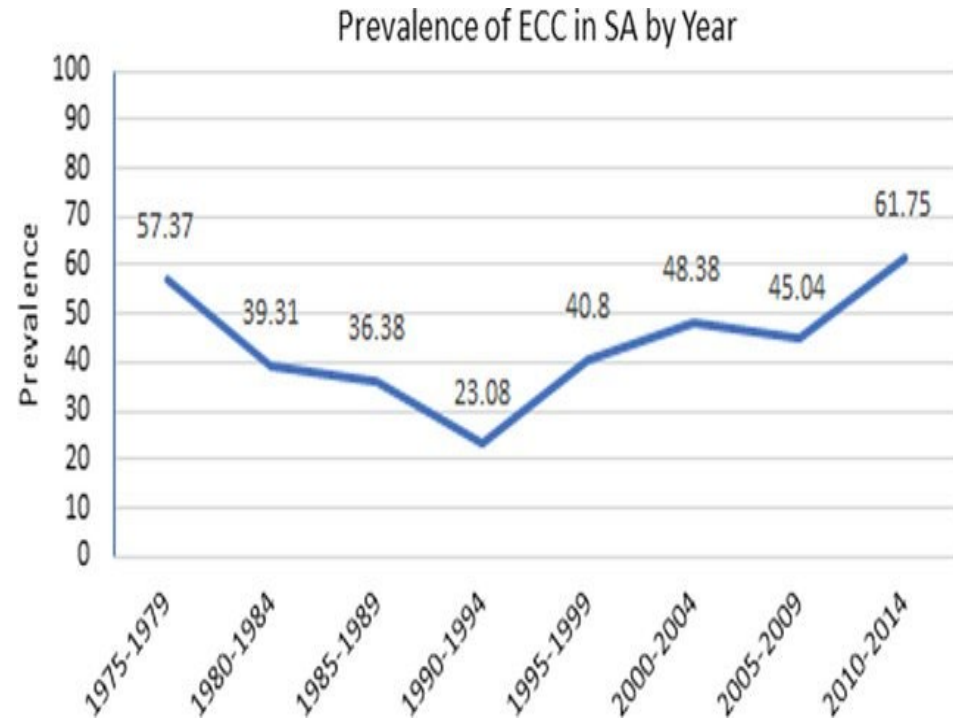


# Introduction prioritizing child Oral Health integration initiatives - ECC

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- Early childhood caries (ECC) is a particularly severe problem in low socioeconomic communities which impacts the overall health and well-being of children.
- Decay of the primary dentition is one of the main oral health reasons for which children are hospitalised (Plutzer & Spencer 2008).
- Consequence of ECC are pain, abscess formation, cellulitis, malocclusion, and in rare cases fatalities can occur (Begzati, Berisha & Meqa 2010).
- Children with ECC are more likely to develop caries in their permanent teeth if changes are not made early on.
- Human and economic cost of ECC (Cassamassimo et al, 2009)


# ECC trends in SA

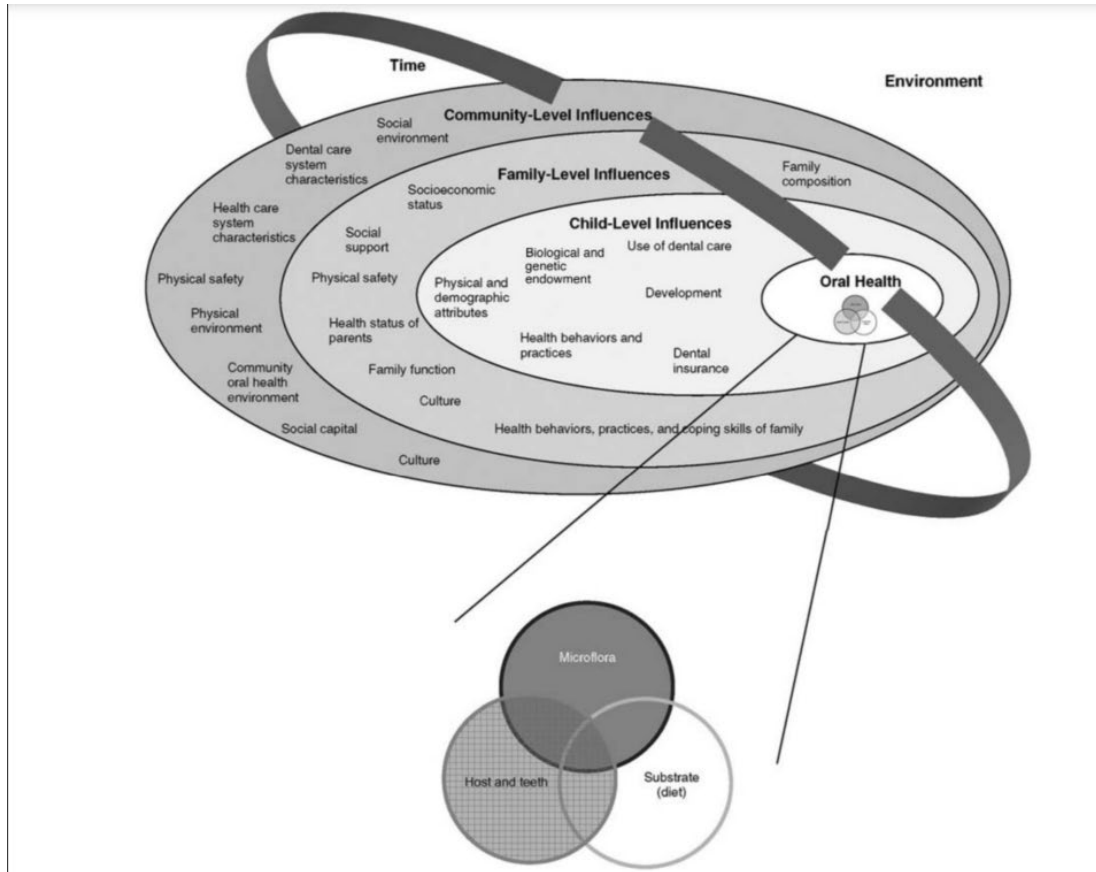


- No significant improvement to date
- Prevalence study among 4 - 5yr olds in Johannesburg – 44 - 49% (Mothupi et al, 2016)
- Study from Cape Town 3 - 5yr olds - 71.6% (Mohamed et al, 2018)

- Systematic Review: Kimmie-Dhansay et al 2022

# Beyond the dmft: The Human and Economic Cost of Early Childhood Caries

Paul S. Casamassimo DDS, MS \*  , Sarat Thikkurissy DDS, MS \*,  
Burton L. Edelstein DDS, MPH \*, Elyse Maiorini BS \*



**Figure 1.** A multifactorial model of early childhood caries depicting possible roles for the child, the family and the community beyond the classical biological infectious disease model. Reprinted with permission of the publisher from Fisher-Owens and colleagues.<sup>5</sup>



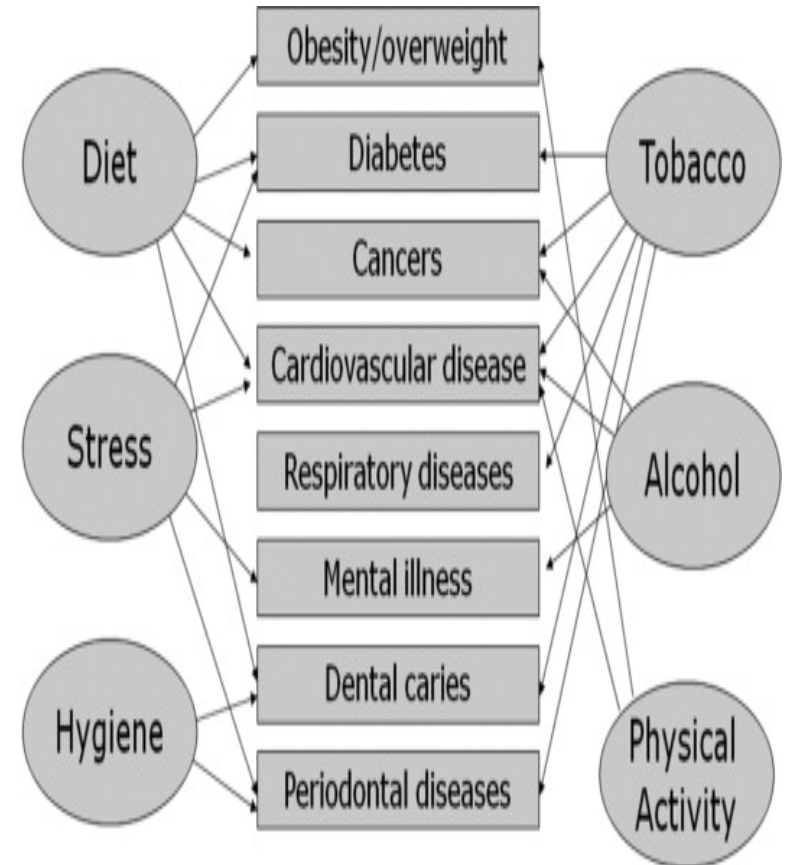
**Figure 3.** A proposed early childhood caries morbidity and mortality pyramid.

# Common Risk Approach

- Common factors causing various illnesses.
- Altering factors that will reduce the risk of the conditions - reduction of some diseases
- Need for broad health promotion interventions which target factors affecting general health and oral health.
- Potential to reducing health inequalities

(Watt & Sheiham, 2012).

(Petersen et al, 2015).



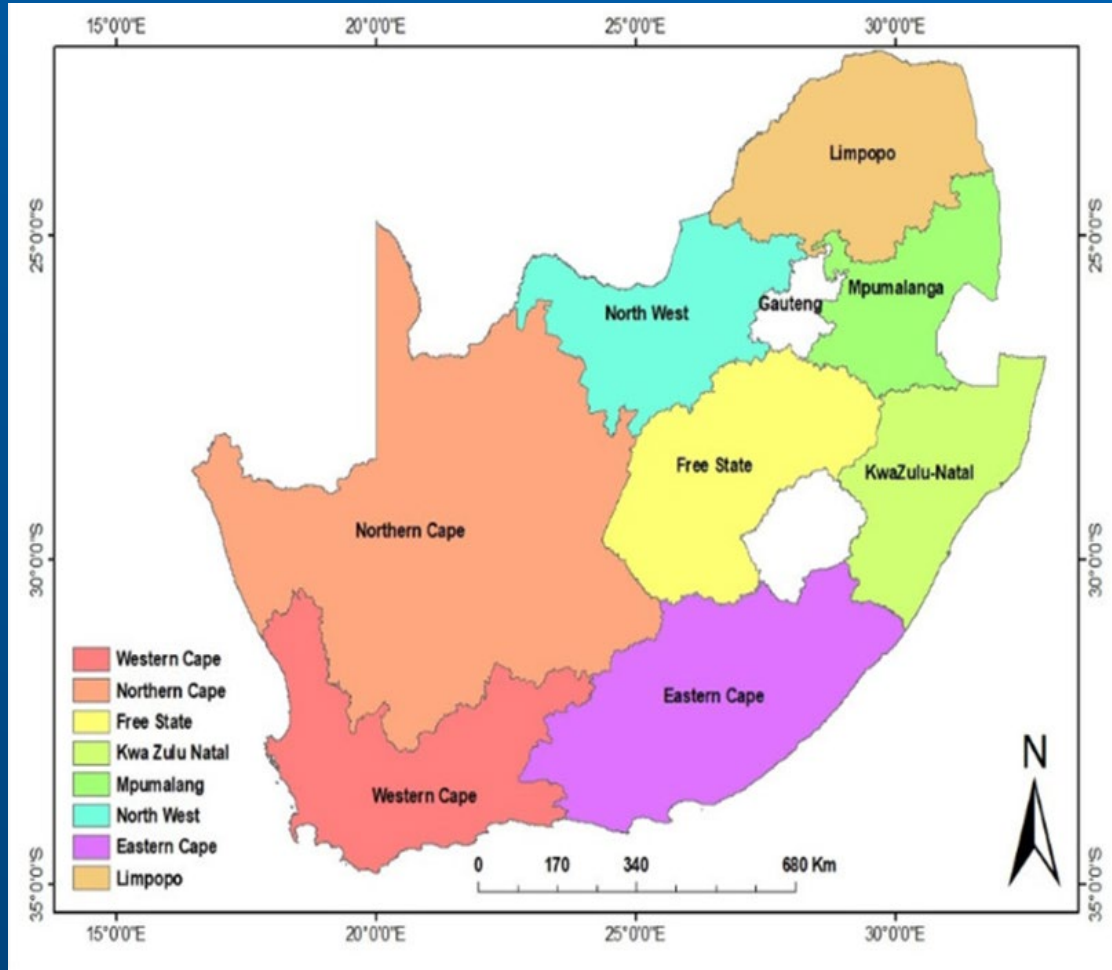
# National Oral Health Strategy (NDoH, 2010)

- Comprehensive Oral Health Plan
- Oral health promotion & education - mother & child focus
- Increasing access to fluorides in the form of water fluoridation, fluoride rinsing & brushing programmes.
- Pit & Fissure Sealant programmes - (6 - 7yr olds) & (10 - 11yr olds).
- Policy does mention and aspire for integration of oral health with other disciplines.
- However – Does not provide some guidelines on how integration could be enacted.





# Gauteng Province



Gauteng is the smallest province by land area in South Africa.

Although Gauteng accounts for only 1.5% of the country's land area, it is home to more than a quarter of its population (26%).

Highly urbanized

The province contains the country's largest city, Johannesburg.

Gauteng is the wealthiest province in South Africa and is considered as the financial hub.

# Gauteng Oral Health Strategy - Goals

## 1. Increase the percentage of children at the age 6 who are caries free

- To strengthen the mother and child programme
- Implementation of brushing programme for Quintile 1 and 2 schools, grade R - 2
- Fissure sealant & ART procedure at schools
- Implement brushing programmes at the ECDs

## 2. Extend oral health programmes to institutions (mental health, orphanages, old age homes, place of safety)

- Education of caregivers
- Screen residents
- Referral to the nearest clinic
- Set portable mobile dental chair/set up a clinic at the institution to provide treatment
- Refer old age home residents to the clinic for dentures

# Gauteng Oral Health Strategy - Goals

## 3. Oral health promotion through:

- Community health Centre's
- Screening
- Campaigns
- Referral to clinics or Oral Health Centers

## 4. Training of non-oral health professionals (nurses, health promoter, teachers and community health care workers)

- Group training sessions through PowerPoint presentations and posters
- Through exhibitions
- Continuous Professional Development

ORAL HEALTH MANUAL:  
FOR PRIMARY HEALTHCARE PROFESSIONALS  
Compiled by: MP. Molete & LM. Makgetla



**GAUTENG PROVINCE**

HEALTH  
REPUBLIC OF SOUTH AFRICA

# CHALLENGES OF IMPLEMENTING PROGRAMMES

- Resources (Human, Financial, Transport and Tools)
- Crowded classrooms
- Poor infection control
- Inadequate facilities
- Curriculum at school
- Poor diet and nutrition - no control of what school children buy and eat from the tuck-shop
- Inadequate facilities for tooth brushing programme in certain schools
- Water and electricity

# Maternal Oral Health: Policy perspective in South Africa

- Globally, the under six years of age population attends PHCs for vaccinations and general health checks, often by nurses, midwives, and community health workers, and less often by oral health professionals.
- Relying solely on oral health professionals to deliver oral health care at all levels, including PHC facilities, is unrealistic (WHO, 2016)
- Many interventions advocated to curb the burden of ECC in this population have had very little progress, this calls for more innovative and efficient interventions for resource limited settings such as South Africa (Smit, Barrie and Louw, 2017).
- Evidence shows that maternal care-related attitudes, motivation, and beliefs significantly influence children's oral hygiene practices and a correlation between maternal oral health and behaviours and childhood caries has been reported



## Integration of oral health programmes into general programmes - ECC

- Oral health practitioners (OHPs) have integrated with other allied health workers to provide community outreach health services e.g. Health Promoters, Dieticians, WBOT and school health nurses.
- Brushing programme has been initiated in the ECDs. The assistance of Health Promoters and Dieticians is vital as nutrition plays a major role in maintaining good oral health.
- School Health Nurses provide support during the dental screening during school health week in October
- Oral health practitioners also collaborate with other health programmes during open days and events at various facilities when they are invited

# Maternal Oral Health: Policy perspective in South Africa

- Since both maternal and child health care, as well as oral health care in South Africa is based on a PHC approach, the integration of these services could potentially lead to better oral health outcomes for both mothers and children.
- However, to effectively integrate these two approaches and respond to the societal challenges these populations face, the process of developing an Integrated Maternal and Child Oral Health (IMCOH) policy is required.
- South Africa has several well-developed maternal and child health policies, including the South African Maternal, Perinatal and Neonatal Health Policy 2021 and National Integrated Early Childhood Development Policy 2005, among others.
- These policies acknowledge the importance of maternal and child health, they do not explicitly mention oral health as an essential component of maternal health care and child development.
- This further re-enforces the critical and urgent need for an integrated maternal child oral health policy

# An integrated maternal and child oral health policy for South Africa

The policy mission is to ensure that antenatal, perinatal and neonatal services include oral health education and promotion, screening and referral where necessary.

## The objectives are:

- Enhance effective leadership and accountability to provide quality, comprehensive, and integrated maternal and child oral health care and treatment services across the healthcare continuum
- Strengthen health system delivery platforms by addressing the WHO “building blocks” for quality maternal and child oral health services along the continuum of healthcare
- Promote coordinated, relevant, transmulti- disciplinary and inter-sectoral community engagement to improve pregnancy and oral health outcomes
- Establish a sustainable and contextual surveillance system for maternal and child oral health



# Integration of Oral Health into general health

## Academic perspective

SMU is one of the four Dental Schools in SA  
Tertiary Academic hospital cluster

Students participate in hospital-based  
interdisciplinary health care teams

Rotate in medical, maternal, and trauma  
wards on a two-weekly basis

Patience are assessed and necessary  
intervention are provided.



# Intergradation of Oral Health into general health – Academic perspective



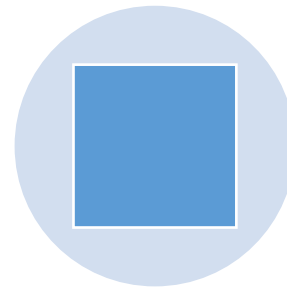
Collaboration between oral health and health care professionals is crucial



Challenges - communication and exchange of information



Early detection of NCD's and oral diseases



# Take home Message

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- **Common risk factors require common, coordinated approach and preventive strategies between all health care providers**
- **Without integration neither general health of oral health will be possible**
- **Integration should cut across**
- **Policy development, implementation, monitoring and evaluation**
- **Evidence based – more research**
- **Strong committed leadership**
- **Identify champions in each discipline**
- **Identify competencies that would facilitate co-designing of interventions**
- **Foster mutual respect & trust among disciplines & communities**

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**Any Questions?**

**Thank You**

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