AN INTERSECTORAL APPROACH TO TACKLE (ORAL) HEALTH INEQUALITIES

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THE REALITY BEHIND THE POSTCARD?
Social inequalities

Poverty rate by region

In 2012 Kanak people have ten times less chance to obtain a university degree.

In 2018 18% of Kanak people unemployed as compared to 11% for the whole population.

1. www.isee.nc
2. Hadj L and al Formation emploi 2012/4
% of 12-years old children with untreated oral diseases

% of 12-years old children having visited a Dentist

Geographical inequalities

Tubert-jeannin et al, BMC public health, 2018

Province

North

South

Province

Nord

Illes

Province

Sud

Islands

21% 39% 43% 64% 76% 87%

Tubert-jeannin et al, BMC public health, 2018
Obesity and oral diseases at age 12

- No disease: 7%
- Obesity: 6%
- Oral diseases: 40%
- Oral diseases + Obesity: 47%

N=1120 children

Obesity: BMI (>2 SD) or Waist to height ratio (>0.5)

Oral disease: untreated carious lesion or gingivitis or dental infection
The plan: an Oral Health Promotion program in NC

Life ecosystems
Primary care
Education

Political support
Evidence based
Community participation
Inter-sectoral collaboration

Sustainables changes
Action on social determinants

Improve health outcomes and reduce social health inequalities
The challenge: from theory to practice

- **Oral health**: an unknown field
- The context of **New Caledonia**
- **Inter-sectoriality...professionality**: a big myth
- An historical focus on **secondary prevention**
- Impact on **health inequalities**??
Common risk factor approach

Diet

Stress

Control

Hygiene

Obesity

Diabetes

Cancer

cardio vascular diseases

Respiratory diseases

Mental Health

Dental caries

Periodontal Diseases

Skin

Trauma

Tobacco

alcohol

Activity

Accidents

THE PROGRAMME
(Oral) Health Promotion Program

Goals:
- Improve Health outcomes
- Reduce Health inequalities

- Strengthen Community Action
- Develop personal skills
- Enable Mediate Advocate
- Create supportive environments
- Reorient Health Services

✓ Political support
✓ Funding
✓ Ongoing evaluation

Since 2014
INTEGRATION OF ORAL HEALTH WITHIN A LARGE HEALTH PROMOTION APPROACH
Free sugars consumption
Fund for public health
Taxes on sweetened beverages & food
Health Education at school
(Oral) Health as a resource
(Oral) Health literacy

Oral functions
Community participation
Promotion of breastfeeding
Promotion of local food products
Oral functions
Energy intake
Shared knowledge
INTERPROFESSIONALITY

MIDWIVES  DENTISTS  NURSERY NURSES  MEDICAL GPS

EARLY CHILDHOOD EDUCATORS  SOCIAL WORKERS  COMMUNITY WORKERS
ORAL HEALTH & PREGNANCY

➢ GOALS:
   ➢ **Women's oral health** before childbirth
   ➢ **Children's oral health** (early contamination with mother’s oral bacteria)
   ➢ Healthy parenting behaviours (hygiene and nutrition)

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INTERSECTORAL COLLABORATION

**Education**
- Stakeholders
- Teachers
- Canteen staff
- Parents

**Health**
- Stakeholders
- Health professionnals
- Prevention team
- Community workers
REBEE: The success, wellbeing and togetherness initiative

Participatory and evaluation Process
44 schools among 207 (public and private) with 139 participants (Teachers...)

Diagram 1: Provisional timetable for developing the REBEE system, New Caledonia, 2019
Sourire

Se brosser ses dents permet de les protéger des caries.

Sabrina et Abel

Pour cette illustration, refaire le dessin avec une seule brosse à dents mettre un soleil levant à gauche, soleil entrant au dessus et soleil couchant à droite.
TOOTBRUSHING AT SCHOOL FOR HEALTHY PUPILS

REBEE Program

South: Health Label in schools

Islands and North: Tales in Kanak language
By community workers

Tools and goodies
Institutions Partnership with suppliers
North and Islands: >95% of the schools have implemented daily toothbrushing.
Qualitative study

Access to Dental care: barriers and solutions

Perceive the needs
Decision to attend
First contact
Remain in the system

Curative vision
Fear
Costs
Self treatment
Health funds
Public services
No emergency services
Negative opinions
Low density of dentists
Bad experiences

BARRIERS
SOLUTIONS
SEALANT PROGRAM

All 6 years old schoolchildren
Permanent first molars
At school or public dental services
Free dental visit + sealants application

An effective intervention in schools
A program adapted to the local professional practices
A way to bring oral health issues into schools
40 dentists, 200 schools involved
>90% participation rate, 30% applied at school
One year retention rate: 83%
Better rates in the North region
Caries incidence related to retention & province
Islands; retention have to be high

Quality of the intervention → Oral health inequalities
Evaluation
WHAT WORKS?
- Population: High acceptability
- Intersectoral and professional collaboration
- Oral health within health promotion
- Research and evidence-based

WHAT DOESN’T WORK?
- Cultural adaptation
- Efforts on high-risk groups
- Oral health apart from NCDs
- Disease focused

WHAT ARE THE THREATS?
- Political NC situation
- Resources for health promotion

WHICH ARE THE OPPORTUNITIES?
- NC Health strategy gives to health promotion a real place
- NC has integrated the WHO South Pacific group

2019
Second Epidemiologic survey
Evaluation of oral diseases and obesity in children

What assessment for the first OHP strategic plan in NC?