

Promoting Oral Health

A toolkit to assist the development, planning, implementation and evaluation of oral health promotion in New Zealand

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MANATŪ HAUORA

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1 Introduction

Promoting oral health is one of the seven key action areas of *Good Oral Health for All, for Life: The Strategic Vision for Oral Health in New Zealand* (Ministry of Health 2006b). This toolkit will help you make this happen. It is a practical guide for the design, delivery and evaluation of programmes that promote oral health.

It is written for policy makers from all sectors, planners and funders of oral health services, health promotion practitioners, oral health professionals, teachers, and anyone else with an interest in, or responsibility for, promoting oral health in New Zealand.

This toolkit works through the steps involved in developing a comprehensive oral health promotion programme, from understanding the strategic context through to researching and selecting interventions, analysing resources, planning implementation and ultimately evaluating the final programme.

This toolkit does not provide a review of the evidence for oral health promotion interventions. A number of evidence-based reviews have been undertaken internationally and are listed in the bibliography at the end of this document.

This toolkit uses the Ottawa Charter as the framework for many of the examples shown here. However, it is important to note that the Ottawa Charter is not the only health promotion model that you can use to design an oral health promotion programme. Other models, such as Te Pae Māhutonga, may be more useful as you design programmes that are relevant for Māori, Pacific peoples and some other non-European populations. These other models are discussed later in the toolkit.

Developing a health promotion programme of any kind can be an ambitious task. However, it is our hope that this toolkit, and the resources listed in it, will make the task more manageable.

2 Health Promotion and Oral Health Promotion

Health promotion is a strategy for improving the health of a population by providing individuals, groups and communities with tools to increase control over and improve their health and wellbeing.

Health promotion moves beyond the traditional treatment of illness and injury by centring its efforts on the social, physical, economic and political factors that influence health. Health promotion has the potential to be particularly effective in improving the oral health of a population, given the complex interplay of factors that underlie good oral health.

Good oral health is achieved through a combination of optimal biological, social, behavioural and environmental factors. Oral health promotion therefore is any planned effort to build public policies, create supportive environments, strengthen community action, develop personal skills or reorient health services in ways that will influence these factors. The following are all examples of effective oral health promotion:

- promoting healthy eating
- teaching effective oral hygiene practices
- facilitating early access to preventative dental services
- promoting use of topical fluorides.

Oral health promotion should be based on the principles of the Ottawa Charter, which suggest that the population, not just those individuals at risk, needs to be involved in directing action towards the causes of ill health. This is particularly important in New Zealand where the principles of partnership, participation and protection should also guide thinking when planning a programme or intervention. Oral health promotion will be successful when the population is empowered, rather than compelled, to achieve oral health.

3 Oral Health Promotion at the Strategic Level

Promoting oral health is one of the seven action areas identified in *Good Oral Health for All, for Life* (Ministry of Health 2006b) that are considered key to achieving the oral health vision. Improving and maintaining oral health through prevention and promotion is regarded as one of the most effective ways to achieve oral health over the long term. Promoting oral health, particularly in childhood, is likely to have benefits across the life course as healthy environments and behaviours early in life have been shown to decrease the risk of oral disease in later years.

However, oral health promotion also sits within a wider strategic context – the principles of which guide the actions of the health sector and the development of health promotion programmes.

The New Zealand Health Strategy provides an overarching framework for the health sector. Improving oral health is one of the 13 population health objectives for the Ministry of Health and District Health Boards (DHBs). Other key national strategies and policy documents include:

- Primary Health Care Strategy
- He Korowai Oranga: Māori Health Strategy
- Whakatātaka Tuarua: Māori Health Action Plan 2006–2011
- Health of Older People Strategy
- New Zealand Disability Strategy
- Pacific Health and Disability Action Plan
- Reducing Inequalities in Health.

There are also a number of issue-specific strategies. Examples of issues-specific strategies relevant to oral health include:

- Healthy Eating – Healthy Action: The Ministry of Health’s strategic approach to improving nutrition, increasing physical activity and achieving healthy weight for all New Zealanders (see Ministry of Health 2004c)
- Clearing the Smoke: A Five-year Plan for Tobacco Control in New Zealand 2004–2009: The Ministry of Health’s tobacco control programme to reduce levels of tobacco consumption and smoking prevalence, inequalities in health outcomes, Māori smoking prevalence to at least the same level as non-Māori and exposure to second-hand smoke for all New Zealanders (see Ministry of Health 2004b)
- Well Child/Tamariki Ora: The Ministry of Health’s framework of integrated health education and promotion, health protection and clinical assessment and family or whānau care and support.

Tools to assist with implementing the strategies and evaluating the potential impact of initiatives also exist. These include:

- The Health Equity Assessment Tool
- Whānau Ora Health Impact Assessment.

Looking beyond the health sector

The public policies, supportive environments, community action and personal skills that are needed to promote oral health will not always be a product of actions within the health sector. Many of the determinants of health lie outside the direct influence of the health sector. Strategies and policies produced by other sectors and agencies, such as the Ministry of Education or local councils, may also provide an important context for oral health promotion.

The Whānau Ora Health Impact Assessment is a policy tool that is intended for use by sectors that have a role to play in the wider determinants of health. A particular focus of the Whānau Ora Health Impact Assessment is how the policies of these sectors can support Māori health and wellbeing and reduce inequalities.

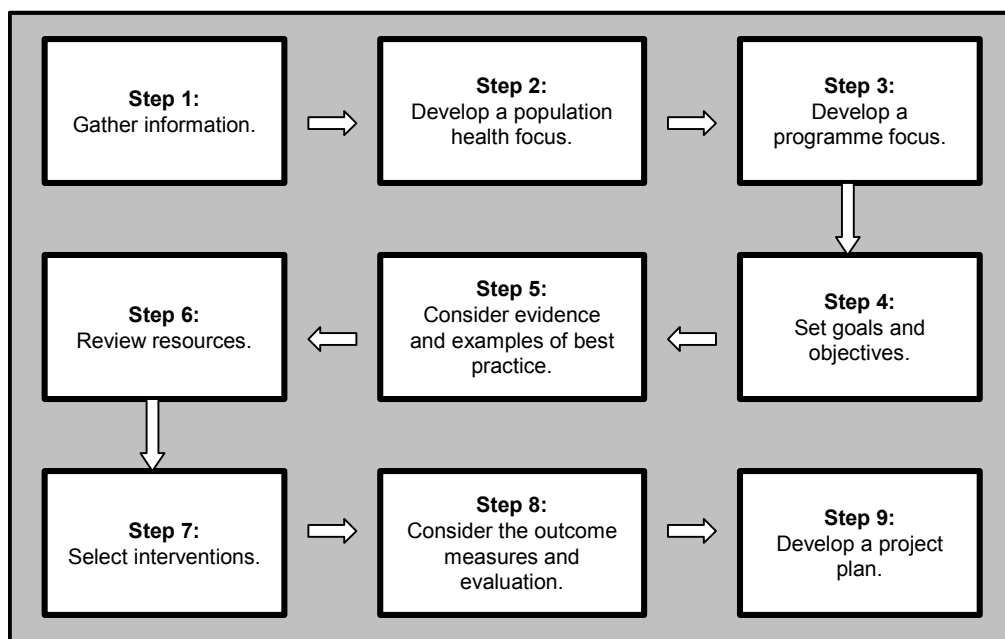
4 Developing an Effective Oral Health Promotion Programme

Developing a health promotion programme can be a daunting and challenging task. The Ministry of Health has published *A Guide to Developing Public Health Programmes* (Ministry of Health 2006a) to assist health promotion planners and practitioners in designing and implementing comprehensive, effective and measurable programmes that will deliver improved public health outcomes.

The logic model presented in the guide provides an excellent framework for designing a programme that will promote oral health. This section summarises the logic model and describe how it could be applied to oral health. For more detailed discussion and examples of the logic model, please refer to the guide.

Designing an oral health promotion programme: step by step

Figure 1: A step-by-step design of an oral health promotion programme (based on Ministry of Health 2006a)



Step 1: Gather information

Information provides the basis for understanding the oral health issue or inequalities your programme will address, the population the programme will need to target and the range of possible interventions that could make up the programme. It is critical that you gather information at the start of the design process as this will be needed to inform the remaining steps.

Your information collection should answer the following questions:

- What information exists on the oral health status of your community?
- Are there differences in oral health outcomes?
- What information exists on oral health promotion programmes and/or interventions?
- What are the key national strategies and policy documents relevant to oral health?
- What financial, workforce and infrastructure resources are available?
- What is already working well and may be supported or affected by a proposed programme?

It is important that you gather information from a wide variety of sources. Do not limit yourself to literature searches or quantitative information. A lot of useful information can be gathered from conversations with experts, focus groups, unpublished research or lessons learned from other non-oral health specific promotion programmes.

It is also important when gathering your information to balance specificity to the specific needs of your community with an understanding of what information and resources may be available at a regional or national level. For example, when gathering information about available resources, you should consider those resources available in your own organisation, as well as resources that might be available from potential partners (both inside and outside the health sector) or from local or central governments.

Step 2: Develop a population health focus

A critical component of planning any programme is clarifying what the problem is and identifying the population (or populations) of interest.

Using the information you gathered in step 1, define the oral health problem that needs to be addressed, in population terms. For example:

There is a significant difference between the oral health status of the fluoridated and non-fluoridated populations in this region.

Once you have defined the oral health problem, specify the target population(s) that will be served by your programme. For each intervention or action under the programme, you may have different target populations. For example, in the fluoridation example above, you may choose to target two different populations, such as:

- preschool and primary school-aged children in non-fluoridated communities
- fluoridation decision makers (for example, the local government responsible for the water supply in the non-fluoridated communities).

Step 3: Develop a programme focus

A Guide to Developing Public Health Programmes (Ministry of Health 2006a) suggests that health promotion can be achieved by developing programmes that focus on one or more of the following three components:

- addressing the determinants of health (in this case, the determinants of oral health)
- reducing inequalities
- addressing Māori health (again, in this case, the oral health of Māori).

Addressing the determinants of oral health

As discussed earlier, oral health is a product of biological, social, behavioural and environmental factors, and oral health conditions can result from a complex interplay of social, behavioural, cultural and economic causes. Some examples of the determinants of oral health are:

- age, sex
- general health
- lifestyle factors
- social and community influences
- living conditions
- culture
- socioeconomic status
- environmental context.

Your information collection will guide you as to what determinants may be specific to your issue. Focus on those determinants that can be linked to the oral health problem your programme is being designed to address and that are relevant to the target population(s) you identified in step 2.

Reducing inequalities in oral health

Reducing inequalities in oral health outcomes and access to oral health services is one of the seven key action areas identified in *Good Oral Health for All, for Life* (Ministry of Health 2006b). Reducing inequalities is also one of the goals of the New Zealand Health Strategy and is an important component of the Whānau Ora Strategic Framework articulated in He Korowai Oranga: Māori Health Strategy. As such, it is essential to consider how your programme, and the specific interventions, will influence inequalities. Health promotion programmes and interventions should act to reduce inequalities. Unfortunately, this is not always the case. Some interventions for promoting oral health have resulted in *widening* inequalities.

In order to ensure your programme reduces inequalities, you need to identify:

- the inequalities that exist for your target population(s)
- who is most disadvantaged by these inequalities
- what determines those inequalities
- what level of intervention will be useful for reducing the inequalities.

The Reducing Inequalities in Health framework and Health Equity Assessment Tool (HEAT) tool are both useful for completing this task.

Addressing Māori oral health: oranga niho

There is good evidence demonstrating that Māori do not enjoy the same level of oral health as non-Māori. The prioritisation and promotion of Māori oral health is critical for reducing oral health inequalities.

When designing a programme that includes Māori as a target population, you may wish to consider using a Māori-specific health promotion model, such as Te Pae Māhutonga (see chapter 6, Using Other Health Frameworks for Oral Health Promotion). However, whatever model you choose to use, it is important to consider the concept of whānau ora, that is, that Māori families are supported to achieve their maximum health and wellbeing.

Whānau ora can be achieved by following the four pathways:

- whānau, hapū, iwi and community development: when whānau are supported to manage their own response to oral health, each whānau is strengthened, as is the whānau's ability to participate in its own community
- Māori participation at all levels of the health sector, including in the design and implementation of oral health promotion programmes that will be delivered to Māori
- effective service delivery: services should be organised around the needs of whānau, and physical, financial and cultural barriers to services need to be removed
- working across sectors to address the wider issues that affect Māori health.

The Whānau Ora Health Impact Assessment is also a useful tool for considering a policy's potential health effects on Māori.

Step 4: Set goals and objectives

Once you have a focus for your programme, you will need to set goals and objectives that will provide a framework against which you can select a set of interventions.

A programme goal statement summarises the programme's ultimate direction or desired achievement. Examples of oral health promotion programme goals include the following:

- children in this region have access to fluoridated water
- whānau have the knowledge, skills and resources necessary to model good oral health behaviours to tamariki.

An objective is a brief statement that specifies the desired effect (or impact) of the programme. Objectives should define how much of what action should have happened to whom by when. You will probably have more than one objective for your programme, and these objectives may be both short and long term. For example:

- by 2009, 100 percent of schools in this region will sell only sugar-free drinks
- the next local body election will include a referendum on introducing fluoridation
- brush-in programmes will be available at all kohanga reo by the end of next year
- next season, mouthguards will be made compulsory for school-level and club rugby games.

Step 5: Consider evidence and examples of best practice

In this step, you will analyse the information you have gathered to this point to identify those interventions that will be most effective in promoting the oral health of your target population(s) by:

- addressing the determinants of oral health
- reducing inequalities in oral health and/or
- addressing Māori oral health.

You need to be able to justify your decision to undertake each intervention included in your programme. This means being able to answer the questions ‘Why did you decide to do that?’ and ‘How will this intervention make a difference to the effectiveness of the programme?’.

The information you have gathered forms your ‘evidence base’ and is critical to making the decision about undertaking each intervention being considered. It is worth reinforcing that published literature is not the only ‘evidence’ that is a valid support for making a decision. A search of the peer-reviewed oral health promotion literature can be discouraging as many interventions have not met rigorous scientific methodologies or measures of success. Furthermore, there is very little oral health promotion literature published that is specific to New Zealand. As a result, you will probably find that you need to consider a range of information, including information from quantitative and qualitative research, key informant interviews, case studies, consultation with experts, and the evidence and experience gained in non-oral health disciplines. It may be useful to form an advisory team of people with a range of skills and knowledge to assess the information.

Where there is insufficient evidence of the effectiveness of an intervention, you may need to justify the decision to include that intervention in your programme by referring to expert opinion, the consensus opinion of a planning group or choosing to pilot the intervention with a built-in evaluation and review (see chapter 5, Using the Ottawa Charter as a Framework for Oral Health Promotion).

Step 6: Review resources

Once you have a collection of interventions that could make up your programme, you will need to review them against your available resourcing in order to maximise the positive impact on oral health within resource constraints. Resourcing factors that may be relevant to your review of interventions include:

- the cost of existing versus new interventions
- the cost-effectiveness of the range of interventions you are considering
- workforce capacity and capability
- infrastructure requirements
- the political, economic, social, institutional and informational environments in which your programme will exist
- possible opportunities for collaboration and the associated impact on costs and/or resourcing.

A more detailed discussion of each of these factors and tools that can be used to evaluate your interventions against the factors are available in *A Guide to Developing Public Health Programmes* (Ministry of Health 2006a).

Step 7: Select interventions

In this step, you will use all of your information and planning undertaken in the previous six steps to select a set of interventions for your programme. The health promotion model you have chosen as a framework will shape your overall programme. The interventions you select should reflect the principles of this model and should fit within the structure of the health promotion model. It is better to focus on a limited number of manageable interventions than to attempt to do everything at once.

In chapters 5 and 6, you will see examples of how different health promotion models can be used to structure your oral health promotion programme and how interventions can be allocated within that structure.

The interventions must also align with the programme's goals and objectives (as described in step 4) and take into account your review of the evidence base and analysis of resourcing. Remember that your decisions will need to be justified in terms of likely efficacy, impact on inequalities, evidence base and cost-effectiveness.

Step 8: Consider the outcome measures and evaluation

Measuring and evaluating programme performance is essential to determining whether the goals and objectives for the programme are being met. It can also help maintain and enhance support for health promotion programmes. This is particularly critical for oral health promotion in New Zealand as the evidence base is so small.

Monitoring and evaluation can be undertaken in a variety of different ways, and it is important to decide early on in the programme design process how you will go about measuring or evaluating both your overall programme and the individual interventions selected.

Chapter 7 discusses measurement and evaluation in more detail.

Step 9: Develop a project plan

A project plan is important for organising the processes that need to be worked through to implement the selected interventions. Developing a plan will help you:

- understand the timeline, resources, budget and contracts needed to implement the interventions
- identify key stakeholders and how you will ensure appropriate participation and partnership
- prioritise interventions
- phase in the programme's implementation.

To complete a project plan, you will need to:

- prioritise the interventions according to their ability to provide the greatest possible gain given the cost and available resources
- prepare a budget
- prepare a project implementation plan
- arrange contracts for delivery of services and agreements on collaborative action
- establish a monitoring system (including any measures needed for evaluation).

Previous project plans can provide valuable information and guidance both for the content and structure. Previous project plans should be available from within your local health organisations such as the DHB, the primary health organisation (PHO) or through the Ministry of Health.

Outcome

At the end of the above process, you should have developed a comprehensive oral health promotion programme logic model that summarises the key components of the proposed programme and the links between them. The logic model should fit on one or two pages (see the examples offered in *A Guide to Developing Public Health Programmes*, Ministry of Health 2006a).

Your model should be accompanied by a three- to five-page brief description of the programme's goals and objectives, how they will be met and how the outcomes will be monitored. Your model should also include a copy of your project plan, including budgets and implementation timelines.

5 Using the Ottawa Charter as a Framework for Oral Health Promotion

At the start of this document, we described how health promotion programmes achieve success through actions that influence the social, physical, economic and political determinants of health.

Actions to address the determinants of health should not be progressed in isolation. Research suggests that isolated activities can have limited impact, particularly over the long term. For this reason, we suggest using the logic model described in the previous chapter to develop a comprehensive oral health promotion programme, involving a range of interventions.

The Ottawa Charter was developed by the World Health Organization (WHO) as a framework for constructing health promotion programmes that address the wider determinants of health. It is commonly used in New Zealand to frame public health strategies. The charter suggests that programmes be built around the following five action areas:

- building healthy public policy
- creating supportive environments
- strengthening community action
- developing personal skills
- re-orientating health services.

This section applies the Ottawa Charter to oral health promotion in New Zealand and provides practical examples of different interventions that could be included in each of the action areas listed above.

Building healthy public policy

Policies are essential at all levels to improve oral health. Policies can be made by the Government, the Ministry of Health, local governments, DHBs or organisations, communities and individuals. Schools, primary health care settings and local iwi are all responsible for policy development to some extent.

Key groups

The following groups have a role in advocating for, building and/or implementing healthy public policy. Health promotion practitioners should develop relationships with these organisations to achieve shared goals:

- Government
- Government agencies, for example, Ministry of Health, ACC, Ministry of Education, Ministry of Social Development, Te Puni Kōkiri, Ministry of Pacific Island Affairs
- DHBs
- Health organisations, for example, PHOs, non-governmental organisations (NGOs), Māori health providers, Pacific peoples health providers

- Local governments
- Local iwi
- Education institutions, for example, schools, universities, kura kaupapa Māori, early childhood centres
- Professional organisations, for example, New Zealand Dental Association, Te Ao Mārama Research, New Zealand Dental Therapists' Association.

Examples of interventions that build healthy public policy

- Campaigning to extend the coverage of optimal water fluoridation.
- Supporting early childhood centres and school boards in developing healthy food and nutrition policies.
- Working to ensure that oral health is included in childcare and residential care accreditation schemes.
- Working on policy options that eliminate the advertising of harmful food and beverages to children.
- Working with organisations to promote injury prevention policies, for example, mouthguards in sport or safe play equipment.
- Working with the bottled water industry to ensure fluoride content is included in product labelling.
- Working with industry to reduce the marketing of sugar-containing drinks to children or to develop standards for marketing to children.
- Supporting the implementation of policies that create smoke-free environments.

Creating supportive environments

Health promotion aims to create supportive social, physical and cultural environments that make healthy choices the easy choices. Health promotion actions should be designed to recognise and respond appropriately to the needs of local communities and consider wider health and social environments that both directly and indirectly affect oral health. He Korowai Oranga: Māori Health Strategy provides a strategic framework for developing supportive environments because it considers whānau ora in the context of wider health determinants.

Key groups

Health promotion practitioners play a lead role in creating supportive environments. Other organisations and practitioners who have key roles are:

- public health units
- government agencies, for example, Ministry of Health, ACC, Ministry of Education, Ministry of Social Development, Te Puni Kōkiri, Ministry of Pacific Island Affairs
- DHBs
- local governments

- local iwi
- health organisations such as PHOs, NGOs, Māori health providers, Pacific people's health providers
- education institutions, for example, schools, universities, kura kaupapa Māori, early childhood centres
- professional organisations such as New Zealand Dental Association, Te Ao Mārama Research, New Zealand Dental Therapists' Association
- industry organisations, for example, oral health product suppliers
- community organisations or groups
- media.

Examples of interventions that create supportive environments for oral health

- Providing subsidies to promote access to toothpaste that has an appropriate concentration of fluoride.
- Supporting healthy supermarket practice, for example, removing sweets from checkout displays.
- Encouraging the use of smoke-free environment advertising and sponsorship to promote oral health.
- Including oral health in media advertising about healthy food choices.
- Promoting social marketing campaigns that aim to raise oral health awareness.
- Promoting the sale of water only at community events.
- Promoting sponsorship ethics, for example, healthy fundraising options.

Strengthening community action

Communities are a powerful force for achieving actions. The key success factors of any health promotion programme are: partnership, participation and engagement. Although community action will vary depending on age groups and environments, communities of all forms need to be empowered to assess their own oral health needs and take action to improve the oral health outcomes of their community. Unlike other areas of the Ottawa Charter, community action is less about *what* you do and more about *how* you do it.

All communities need equitable access to resources to support the control they must have over their own health and development. This means that an important part of strengthening community action is providing, or facilitating access to, sufficient and appropriate resources.

Key groups

Health promotion practitioners play an important role in supporting communities to take action. Other organisations and practitioners who have key roles are:

- community organisations and groups, for example, Māori Women’s Welfare League, churches
- community leaders, for example, kuia, kaumātua, local councillors, church ministers
- health professionals, for example, dental therapists, dental hygienists, dentists, doctors, lead maternity carers (LMCs), Well Child/Tamariki Ora providers, nurses
- health organisations, for example, PHOs, NGOs, Māori health providers, Pacific peoples health providers
- professional organisations, for example, New Zealand Dental Association, Te Ao Mārama, New Zealand Dental Therapists’ Association
- media
- schools, early childhood centres, kura kaupapa Māori, kohanga reo
- public health units
- DHBs.

Examples of interventions that strengthen community action for oral health

- Engaging the community to support water fluoridation and encourage its introduction into non-fluoridated water supplies.
- Developing preschool and primary school tooth brushing programmes with community participation and leadership in high-need areas.
- Developing healthy eating programmes that support oral health.
- Supporting the development of community-led and culturally appropriate oral health services.
- Working with community groups to advocate for healthy playgrounds with safe play equipment.

Developing personal skills

Enabling people to gain the knowledge and skills to improve and maintain their oral health is critical. Health promotion can support this by providing information, education and skills for oral health. By doing so, it increases the options available to people to exercise more control over their own health and environments. Ensuring that people continue to learn, throughout life, about oral health is at the heart of the vision of *Good Oral Health for All, for Life* (Ministry of Health 2006b).

Key groups

Oral health professionals have a lead role in supporting individuals to develop personal skills that improve and maintain oral health. Other health professionals also play an important role, particularly in early childhood. Health promotion practitioners can support these roles by providing information, resources and training.

Specific organisations or practitioners who have important roles are:

- oral health professionals, for example, dental therapists, dental hygienists, dental assistants, dentists
- other health professionals, for example, Well Child/Tamariki Ora providers, primary care practice nurses, public health nurses, GPs
- community leaders, for example, kuia, kaumātua
- health organisations, for example, PHOs, NGOs, Māori health providers, Pacific peoples health providers
- teachers
- oral health industry organisations
- Ministry of Health
- training institutes.

Examples of interventions to develop personal skills

- Promoting regular self care with brushing and fluoride toothpaste.
- Oral health professionals opportunistically discussing smoking cessation.
- Including oral health messages in education programmes and materials focused on good nutrition.
- Working with sports organisations to ensure that sports people wear mouthguards in appropriate situations.

Re-orientating health services

Re-orientating health services is a major undertaking. *Good Oral Health for All, for Life* (Ministry of Health 2006b) sets a new direction for oral health services that is about recognising that oral health is not just a biomedical process. Improving the oral health at the population level requires a health system that recognises the socioeconomic determinants of health and the need to reduce inequalities. A greater focus on primary health care, prevention and access to health services will be critical to achieving this.

Key groups

Health organisations have a lead role in re-orientating health services and must be supported by health professionals who provide those services.

Specific organisations and practitioners who have important roles are:

- DHBs
- PHOs
- NGO health providers, for example, Māori health providers, Pacific peoples health providers
- dental therapists
- dentists

- dental hygienists
- other health professionals, for example, GPs, specialist medical practitioners, Well Child/Tamariki Ora providers, public health nurses
- Ministry of Health.

Examples of interventions to re-orientate health services

- Supporting the development of community-based Māori oral health providers.
- Collaborating with NGOs, PHOs and social services in planning oral health services.
- Promoting linked enrolment between PHOs and child oral health services.
- Increasing the preventive and social context components of training for oral health professionals.
- Developing training and use of early caries recognition programmes by primary health care professionals, for example, Lift the Lip.
- Developing policies that support ongoing access to oral health care.
- Developing professionally applied fluoride programmes for high-need groups to be delivered by primary health care professionals.

Case study: an example of the Ottawa Charter in action

Oral health action teams in Glasgow (Blair et al 2006)

A number of Oral Health Action Teams (OHATs) were formed in high-deprivation parts of Glasgow after an initial health promotion campaign, Time to Smile, was reviewed and found to be effective at reducing the prevalence and severity of dental decay in the most deprived areas, thereby reducing the inequality in oral health for this population. Each OHAT comprised oral health promoters, dental professionals, public health practitioners, education sector staff and community workers/volunteers.

The OHATs delivered numerous activities, using simple, jargon-free language. They focused their efforts outside the dental surgery setting. The objectives of the project were to:

- 1) sustain distribution of free consumables to support daily brushing at home
- 2) advocate nursery food and drinks policies to reduce the frequency of sugar consumption
- 3) promote dental check ups from the earliest age in populations that had little understanding of the benefits of preventative care and that were reluctant to go to the dentist.

Activities, which were based on the Ottawa Charter, included:

Building healthy public policy – developing healthy snacks policies and tooth brushing policies at nurseries

Creating supportive environments – subsidising blenders (for introducing food to babies) and distributing free toothbrushes and floss

Strengthening community action – holding ongoing consultation meetings with parents, children, politicians and health professionals; running Train the Trainer workshops to promote oral health champions

Developing personal skills – running cooking classes; running nursery and parent training workshops; organising oral health promotion events

Re-orientating health services – holding antenatal oral health sessions; running dental registration promotion schemes.

Six years after implementing this programme, mean decayed, missing and filled teeth (dmft) values of five-year-olds had decreased and the percent of caries-free children had increased.

6 Using Other Health Frameworks for Oral Health Promotion

The Ottawa Charter framework is not the only health promotion framework available. There are other frameworks that build on the principles of the Ottawa Charter or provide an alternative model for thinking through the development of an oral health promotion programme. You may identify that a different model is more useful for thinking about ways to promote oral health and in designing an oral health promotion programme that is suitable to your community's needs.

This chapter provides an example of an alternative health promotion model relevant to oral health, Te Pae Māhutonga, and illustrates how this model could be used as a framework for your programme.

Please note, this is only a basic description of how an alternative model can be applied to oral health promotion. Please consult the resources listed in chapter 8, References and Bibliography for further guidance.

Te Pae Māhutonga

Te Pae Māhutonga (Southern Cross star constellation) brings together elements of modern health promotion as they apply to Māori health. The model is presented in the shape of the Southern Cross. The largest four stars represent four key areas for health promotion activity, while the smaller 'pointer' stars symbolise leadership and autonomy, two important prerequisites for health promotion.



Source: Durie 1999

Mauriora is about secure cultural identity and access to te ao Māori. This includes access to language, knowledge, cultural institutions, societal domains, Māori economic resources and social resources, such as Māori services.

Waiora is about harmonising people with the surrounding environment. It is about protecting the environment so that water and air are clean, there is abundant vegetation, noise pollution is minimal and people can experience the natural environment. This means that the built environment, available walkways and cycleways, green spaces, public transport options and water standards (including fluoridation) also affect waiora.

Toiora focuses on increasing healthy lifestyles and reducing risk-laden habits, such as poor nutritional intake, use of alcohol, tobacco and drugs, unsafe driving, sedentary habits and unprotected sex.

Te Ōranga refers to the ways in which people participate in society – whether they can fully engage as citizens by accessing good health services, education and other facilities or whether they are marginalised in society.

Ngā Manukura suggests that, while health promotion leadership is important, local leadership must be involved for programmes or activities to be successful. Fostering relationships and building alliances with community leaders, iwi leaders and Māori health leaders is critical.

Te Mana Whakahaere is about communities demonstrating their own autonomy and self-determination in promoting their health. It means involving Māori in all levels of strategy development and implementation and devolving power and decision-making to Māori to mandate their own involvement.

Oral health promotion using Te Pae Māhutonga

Oral health promotion interventions that are based on Te Pae Māhutonga should try to incorporate all parts of the Southern Cross model. Focusing on only one or two areas goes against the holistic view of health that the model aims to depict.

Health promotion and cultural diversity

Te Pae Māhutonga does not have to be applied only to Māori. The elements of this model are important principles of health promotion in general and so are relevant to any group or community.

Pacific communities in New Zealand are diverse. There are up to Pacific ethnic groups in New Zealand and each group has its own language, etiquette, protocols and beliefs. The biggest Pacific groups in New Zealand are Samoans, Cook Islands, Tongans, Niueans, Fijians, Tokelauans, and Tuvaluans. It is therefore difficult to identify one model of health promotion that can be applied to all Pacific communities universally.

To promote good oral health to Pacific peoples, flexible approaches and models of care to meet the different needs and expectations of Pacific peoples are needed. Principles that may be of value in developing effective health promotion initiatives include:

- Pacific community participation and advocacy
- Pacific leadership
- acknowledgement of the role of the Church and spirituality.

Similarly, oral health promotion activities and programmes that aim to address the needs of other specific cultural groups should consider the cultural context of the health promotion activity, its relationship to other programmes to promote health and wellbeing and the importance of family and cultural values as integral parts of any activity.

Case study: an example of Te Pae Māhutonga in action

Diabetes prevention (Rochford and Signal unpublished document)

This case study is based on ideas presented by Rochford and Signal from the University of Otago, Wellington, who illustrate how Te Pae Māhutonga can be applied to health promotion around diabetes:

Mauriora: Diabetes services take place in a Māori-centred setting. The services work with local iwi and also address the needs of those Māori living outside their tribal area. The services are responsive to cultural needs and use a whānau ora approach.

Waiora: Work is done with councils to improve walkways and cycleways, to ensure that recreational facilities are easy to access and affordable, and to increase the number of green spaces within urban areas. These advances to the built environment also improve the natural environment and make healthy choices easy choices.

Toiora: Activities are implemented that promote healthy eating and physical activity. These activities do not only have to focus on education. They also include activities such as healthy eating and water-only policies or subsidies for fruits and vegetables. Many interventions to improve toiora will also improve individuals' environment (that is, waiora).

Te Ōranga: Promoting Māori participation in society will have a positive impact on addressing diabetes. With a more focused and targeted approach to diabetes, te ōranga includes Māori participation in service design and delivery, workforce development with providers so that service delivery is appropriate, and subsidised care so that it is accessible.

Ngā Manukura: Iwi leaders, community leaders and Māori health services are involved in developing the health promotion programme. To support them in doing so, education sessions are held about diabetes, including available support services and promotion, and other technical guidance is provided when necessary. Alliances between leaders and key groups are promoted.

Te Mana Whakahaere: Iwi leaders and other Māori leaders are mandated to set their priorities around diabetes. Health promotion practitioners support them in developing appropriate responses and achieving their priorities.

7 Monitoring and Evaluation

Measuring programme performance is essential for maintaining and enhancing support for health promotion programmes. It allows for lessons to be learned and shared about different activities that will successfully promote oral health. This is particularly critical in New Zealand as the evidence base for oral health promotion programmes is so small. Monitoring and evaluation will help to identify whether inequalities in health have been reduced, maintained or increased.

Measuring performance is also important for:

- facilitating change and improvement
- confirming accountability
- planning and making decision around resources
- highlighting areas that require further work.

Performance is measured through monitoring and evaluation. The measurement instruments that you choose for assessing performance and the detail of your analysis will depend on the resources you have available to you. However, no matter what resources are available, it is important that all oral health promotion programmes include at least some monitoring and evaluation.

This chapter introduces you to monitoring and evaluation. It is not intended to be the definitive summary of monitoring and evaluation. Please consult the bibliography at the end for this document for further resources to assist you in this process.

Monitoring

Monitoring is the routine gathering of information on aspects of a programme or activity to determine how it is progressing. Monitoring is useful for:

- determining whether the inputs into the programme or activity are well utilised
- identifying problems facing the population and finding solutions for these problems
- ensuring that all activities are being carried out by the right people at the right time
- identifying whether inequalities are occurring.

By monitoring the performance of your programme, you can see where adjustments are needed and implement these accordingly.

Monitoring measures should be established when the project is being developed, and these measures should be incorporated into your project plan. They should capture information about your inputs and expenditures as well as your progress in meeting key milestones. They include any measurable source of information that will illustrate whether the programme is moving forward effectively, and can be collected both formally (for example, through interviews, financial updates and progress reports) and informally (for example, through meeting minutes or email correspondence).

Evaluation

Evaluation involves assessing the strengths and weaknesses of programmes or activities. When evaluating your programme, you are seeking to answer questions about the way the programme was delivered or its success in meeting your original programme goals.

You, or people working with you, may be concerned or anxious about evaluation, given the many factors outside an individual's control that can impact on outcomes. However, evaluation should not be thought of as a way of assessing individuals' performance but rather as a mechanism for ensuring that areas for improvement are identified and addressed and that examples of best practice can be shared.

There are four different kinds of evaluation:

Type of evaluation	Purpose	Example questions
Formative evaluation	Improve programme planning and development while the programme is being designed.	What other social marketing campaigns exist to promote water as a first-choice beverage? What needs are there for a healthy food policy in the region's early childhood centres?
Process evaluation	Assess the programme materials or implementation.	What did the participants in the project think of it? Did the pro-fluoridation campaign allow sufficient time to build support before the referendum? What proportion of the population eligible for an activity actually used it? Was access to the programme equitable in the eligible population?
Impact evaluation	Study the immediate or direct effects of the programme on participants.	Was a whānau-based programme successful in changing oral health behaviours of tamariki? Were the Lift the Lip resources effective in training non-oral health professionals in early detection of caries? Has the media campaign increased utilisation of oral health services by teenagers?
Outcome evaluation	Examine the longer-term effects of the programme.	Were the behaviours sustained over the long term? Did the activity result in improved oral health for the population? Did the activity affect inequalities in oral health status?

Putting it all together

What to evaluate

In developing an evaluation, first decide what question(s) you want answered. Do you want to know if your programme has met its objectives? Or do you want to know how effectively the programme was implemented? The 'evaluation question(s)' you want answered will determine which of the above type of evaluation you will conduct.

It is important to know early on, preferably when the programme is being developed, what you want to evaluate so you can plan what information to collect throughout the programme.

Who to involve

Evaluations should incorporate the diversity of perspectives from those involved in your programme. It should be an empowering, not intimidating, process that involves a range of people.

How to evaluate

How you conduct the evaluation depends on the size of the project, the depth of the evaluation question(s) and the resources available. Large or new programmes with sizeable resources mean that more information can be gathered.

Once you have your evaluation question(s), think about where you can obtain information that will help you answer the question(s). Possible sources include:

- indepth interviews with project members and key stakeholders
- focus groups involving project participants
- self-completion surveys before and after the programme
- meeting minutes
- diaries
- project progress reports
- feedback forms
- informal feedback (for example, through emails)
- observation.

Only collect the required information. Preference should go to information that is measurable and can be attributed to your programme. Baseline data (collected before the programme is implemented) and information gathered throughout the programme's duration are particularly useful in measuring any changes that have occurred as a result of the programme's implementation. This is why it is so important that evaluations are developed at the same time that the project is being designed.

Once information about the project has been collected, it should be analysed against your evaluation question(s), written up and then distributed to relevant people (for example, funders, programme recipients and other organisations).

An evaluation does not need to be overly time consuming, complex or expensive. It is simply the process of taking a close look at the programme you have implemented.

Programme Evaluation: An introductory guide for health promotion (Waa et al 1988) notes the minimum level of evaluation that health promotion practitioners can do themselves as follows:

- set programme goals, objectives, strategies and performance indicators
- write an evaluation plan that specifies activities in relation to resources and timelines
- pre-test programme resource materials and evaluation tools
- establish programme participants' perceptions of the programme
- document programme processes and monitor implementation
- assess programme achievement through performance indicators and progress towards objectives.

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