

社區牙醫學概論
Community dentistry

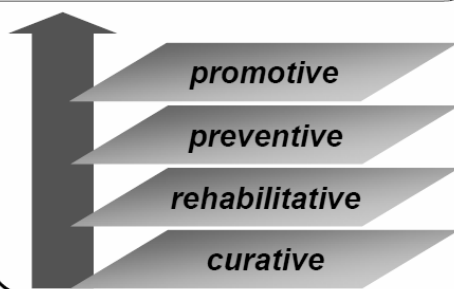
健康促進學校之口腔健康推廣計畫

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學習目標

- Levels of health care services
- Ottawa Charter for Health Promotion
- Definition of Health Promotion
- Prerequisites for Health
- The importance of School Children's Oral Health

Levels of health care services



Ottawa Charter for Health Promotion

- First International Conference on Health Promotion, Ottawa, 21 Nov. 1986
- For actions to achieve "Health for All by the year 2000" and beyond
- Built through
 - the Alma-Ata Declaration on "Primary Health Care", USSR, 1978
 - the WHO's Targets for "Health for All" document
 - the World Health Assembly on inter-sectoral action for health

Definition of Health Promotion

- Health promotion is the process of enabling people to increase control over, and to improve, their health
- Must be able to
 - identify and to realize aspirations
 - satisfy needs
 - change or cope with the environment
- Health is seen as a resource for everyday life, not the objective of living

Prerequisites for Health

- Peace
- Shelter
- Education
- Food
- Income
- A stable eco-system
- Sustainable resources
- Social justice and equity

Health Promotion Action Means ---

- **Build Healthy Public Policy** 建立健康的公共政策
- **Create Supportive Environments** 創造支持性的環境
- **Strengthen Community Actions** 強化社區行動
- **Develop Personal Skills** 發展個人技巧
- **Reorient Health Services** 重新定位健康服務
- **Moving into the Future**

Global School Health Initiative (WHO, 1995) 全球健康校園推動計畫

- Designed to improve the health of students, school personnel, families and other members of the community through schools
- Goal
 - To increase the number of schools that can be called "Health-Promoting Schools"
(健康促進學校)

WHAT IS HEALTH PROMOTING SCHOOL (H.P.S.)?

- Definition by WHO
 - A health promoting school is one that constantly strengthens its capacity as a healthy setting for learning, living and working

HEALTH PROMOTING SCHOOLS FOCUS ON:

- Caring for oneself and others
- Making healthy decisions and taking control over life's circumstances
- Creating conditions that are conducive to health (through policies, services, physical / social conditions)
- Building capacities for peace, shelter, education, food, income, a stable ecosystem, equity, social justice, sustainable development.
- Preventing leading causes of death, disease and disability: helmet, tobacco use, HIV/AIDS/STDs, sanitary lifestyle, drugs and alcohol, violence and injuries, unhealthy nutrition.
- Influencing health-related behaviors: knowledge, beliefs, skills, attitudes, values, support

We are in *CRISIS!*

- *Dr. T. Asmerom, The Tanzanian perspective, 18th Congress of the International Association for Disability and Oral Health, in Gothenburg Sweden*
 - 50% of young people (age 15-24) were infected by AIDS
 - 75% of all young people were living with HIV/AIDS
 - 26% of adolescent girls have heard of AIDS, and only 1% know how to protect themselves
 - 40% young girls had serious mis-conception about AIDS

The Importance of School Children's Oral Health-1

- Tooth decay and gum disease are pandemic diseases
 - Tooth decay is the single most common chronic childhood disease in the US
 - Dental decay is an important cause of disability in the WHO South-East Asia and Eastern Mediterranean regions
 - 90% of 12-year-old children in Portugal and 100% of 6- and 12-year-old children in Niger have signs of gum disease that require treatment

Data from: Who Information Series on School Health Document Eleven: Oral Health Promotion, World Health Organization 2003

The Importance of School Children's Oral Health-2

- Rising incidence of other oral conditions
 - oral trauma
 - > 50% of children, in some countries
 - 25% of cases being children under the age of 5
 - trauma to front teeth of 12-year-old children
 - UK, 1993 : 5%
 - Syria, 1999: 12%
 - enamel defects and opacities of 12 Y/O children
 - Malaysia, > 75% regardless of whether fluoridated or not

The Importance of School Children's Oral Health-3

- Many children, their parents and teachers have inadequate oral health knowledge and awareness
 - 2005年台北縣立案幼稚園、托兒所兒童口腔健康狀況調查
 - 家長的口腔衛生知識平均為67分(滿分為100分)
 - 答對的比率最低---「牙菌斑是什麼？」15.7%
 - 其次---「第一顆永久齒大約幾歲長出？」27.4%
 - 再其次---「一般人乳牙總共有幾顆？」35%

The Importance of School Children's Oral Health-4

- Many children are not adopting good oral health practices
 - In many countries, > 50% of 15-year-old children drink at least one can of soft drink everyday
 - In Greenland, > 50% of 15-year-old children smoke daily
 - and 75% smokers in the region of the Americas start smoking during adolescence

The Importance of School Children's Oral Health-6

- The consequences and costs of oral disease are significant
 - Pain
 - Irreversible damage
 - Disfigurement
 - More serious general health problems
 - Lost school time
 - Low self-esteem
 - Poor quality of life
 - Death, in the case of noma

The Importance of School Children's Oral Health-7.1

- Poor oral health affects growth, development, learning, general health and well being and has significant impact on later life
 - 50 million school-hours are lost annually in US due to oral disease
 - 1.7 hours/student/year

The Importance of School Children's Oral Health-7.2

- Poor oral health affects growth, development, learning, general health and well being and has significant impact on later life
 - oral health vs. quality of life
 - eating abilities
 - personal confidence
 - mental health
 - social interaction
 - Personal relationships
 - general health and well being
 - enjoyment in life

The Importance of School Children's Oral Health-9

- Healthy behaviors and lifestyles developed at a young age are more sustainable
- Oral health promotion can be integrated into general health promotion and into school curriculum and activities
 - In Thailand, school teachers are responsible for
 - oral health education
 - supervising teeth brushing drills after lunch
 - oral health screening and surveillance twice a year
 - many of these activities are incorporated into general health promotion

key steps to consider in planning oral health promotion

- Establishing or involving a School Health Team and a Community Advisory Committee;
- Conducting a situational analysis;
- Obtaining political, parental and community commitments;
- Establishing supportive school health policies;
- Setting goals and objectives.

H. P. S. 計畫

- 健康的學校環境
- 學校健康教育
- 學校健康服務
- 營養和食物服務
- 生理教育和運動
- 心理教育和幸福
- 健康促進學校教職員工
- 學校社區關係和合作

H. P. S. 環境

- 設計良好建築物,避免意外傷害
- 禁菸
- 使用氟化物
- 嚴禁販賣有害食物
- 關懷與尊重心理社會環境
- 人際關係

H. P. S. 健康教育

- 口腔健康教育安排於教學課程之中
- 每天監督潔牙技巧
- 訓練父母具備口腔預防保健觀念與技巧,鼓勵加入志工行列.
- 訓練學校教職員工

H. P. S. 口腔健康服務

- 與口腔健康服務提供者保持良好關係
- 建立牙科緊急醫療處置系統
- 老師扮演篩檢, 監測, 治療角色
- 監督潔牙狀況較差者
- 訓練學校教職員

H. P. S. 健康飲食

- 販賣營養食物
- 一日五菜蔬
- 隨處有飲水機
- 訓練廚師及食物提供者
- 評估與監測營養
- 禁甜食,禁酒精,禁菸

H. P. S. 意外傷害

- 預防意外發生
- 意外發生如何處置
- 監視意外發生率

H. P. S. 運動

- 安全運動設施
- 運動教育安排必修課程中
- 安全運動守則

課程安排-1

- | | |
|--------|---------------|
| ● 科學 | ● 身體,口腔,牙齒 |
| ● 生物 | ● 身體衛生,口腔衛生 |
| ● 化學 | ● 口腔,身體,精神疾病 |
| ● 食物科學 | ● 食物與身體,口腔與牙齒 |
| ● 營養 | ● 營養與食物選擇 |
| ● 水 | ● 香菸,酒精,口腔健康 |
| | ● 食物與飲料對牙齒影響 |
| | ● 細菌 |
| | ● 氟化物 |

課程安排-2

- | | |
|--------|-----------------|
| ● 社會學 | ● 家庭,社會 |
| ● 社會科學 | ● 種族,文化,倫理 |
| ● 人類學 | ● 健康醫療系統 |
| ● 人道 | ● 健康與社會照顧 |
| ● 個人 | ● 牙醫和其他健康照護專業團隊 |
| ● 生活型態 | ● 健康照護支出 |
| | ● 疾病負擔和社會關係 |
| | ● 生活型態和健康 |
| | ● 人際關係 |
| | ● 衝突管理 |
| | ● 叛逆行為探討 |
| | ● 意外預防 |
| | ● 對家庭與社會責任 |
| | ● 角色扮演 |
| | ● 簡單調查與分析 |

課程安排-3

- | | |
|------|------------------|
| ● 數學 | ● 數數看有幾顆牙齒 |
| | ● 蒐集統計資料 |
| | ● 結果報告和利用圖解 |
| | ● 家庭,學校,社會口腔健康分析 |
| | ● 紀錄成長與牙齒萌芽時間 |

課程安排-4

- 語言
 - 故事撰寫
 - 關於口腔健康詩詞
- 電腦
 - 搜尋關於口腔保健資料
 - 報告心得

0-17歲學習口腔預防保健(丹麥)

- 0-2.5歲

以圖片,海報,幻燈片,影片,模型方式
針對父母說明口腔健康,如何潔牙,餵食母乳,營養,齲齒,意外傷害,齒列發育萌出
- 2.5-5歲

以單張,繪圖,模型,木偶秀,角色扮演,歌唱方式,在牙醫診所門診或後診間,與上述相同內容對學齡前孩童教育口腔預防保健

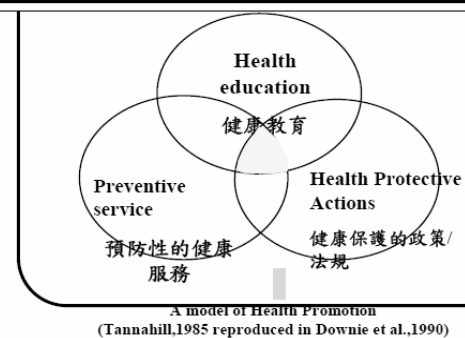
0-17歲學習口腔預防保健(丹麥)

- 6歲

在教室以圖畫書本,拼圖,幻燈片,影片,木偶秀,模型繪畫方式
說明六歲齒,口腔衛生,營養,食物,齲齒,牙齒型態功能介紹
- 7-9歲

在教室以單張,繪圖,模型,遊戲,影片方式,說明牙齒結構,功能,齲齒如何形成,身體與口腔感覺,口腔衛生,意外傷害

如何達到健康促進的目標



Associations between health promoting schools' policies and indicators of oral health in Brazil

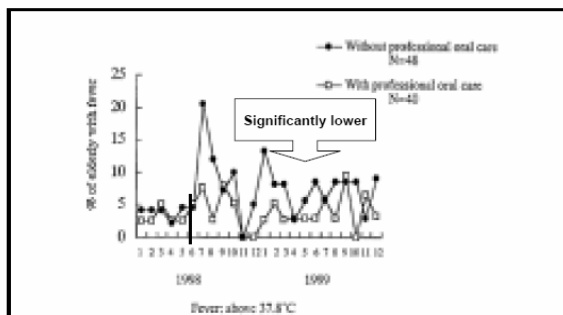
- Schools that adopt and implement the principles of a Health-Promoting School have a lower proportion of children with tooth decay (64%) and dental trauma (11%), compared with 'non-supportive schools' (66% and 17% respectively)
- the more comprehensive the curriculum, the better the oral health outcomes and less inequalities in oral health within the school

Data from: Moyses ST, et al. *Health Promot Int* 2003; 18: 209-18

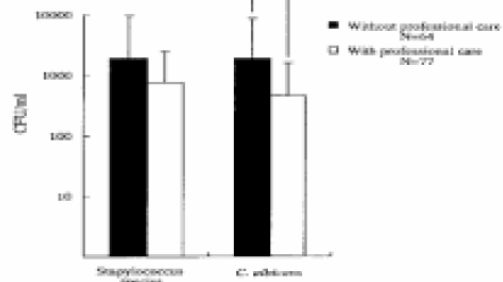
Oral care and pneumonia

- 366 elderly (mean age of 82 years) from 11 nursing homes, and followed up for 2 years
- Study group: care-givers cleaned their teeth with toothbrush after each meal, and scrubbed the pharynx with 1% povidone iodine
- Control group: received no active oral care
- During follow-up, pneumonia was diagnosed
 - **Study group: 19%**
 - **Control group: 11%**
 - **OR:1.67**

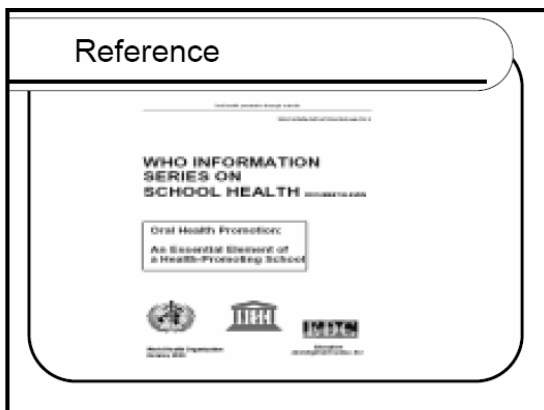
From: T. Yoneyama et al. Oral care and pneumonia. *THE LANCET* 354:515,1999.



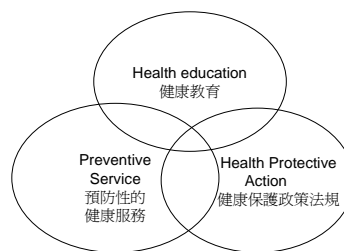
From: Adachi M, Effect of professional oral health care on the elderly living in nursing homes Oral Surg Oral Med Oral Pathol Oral Radiol Endod 2002;94:191-5



Reference



Summary



資料來源

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