GOHIRN Business meeting, Seattle, 22nd March 2013: DRAFT report

Officers present: David Williams (DW), John Greenspan (JG), Stephen Challacombe (SJC), Su Naidoo (SN), Simone Moyses (SM) and Peter Mossey (PM)

DELEGATES PRESENT: A list of those present was obtained - along with their institutions and e-mail addresses (GOHIRN business meeting.xls).

John Greenspan (JG) began by explaining how the meeting would be conducted to optimise the time for discussion considering the audience in attendance, depth of expertise and need to seek views from delegates on how GOHIRN should be conducting it's activities.

The various reports from the GOHIRN officers would be circulated after the meeting, there would be a concerted effort to disseminate the message widely within IADR in the first instance, and mentioned the need for a Councillor for each region.

David Williams (DW) provided an overview, re-iterated some of the key challenges that were provided at the very successful GOHIRN symposium, provided an overview of the IADR-GOHIRA action plan and that GOHIRN was an instrument of GOHIRA that aimed to progress expediently to an implementation agenda. JG invited DW to use this presentation as a mechanism to stimulate discussions among the delegates.

Plenary discussions

Colman McGrath speaking as President of BHSRG felt that this was a very important and exciting IADR initiative, applauded the aspirations of the group and advised that the group should seek to take small definite and achievable steps, i.e. need to walk before we can run. He also pointed out that to see a reduction in inequalities, it is necessary to be very clear about how to measure it.

Peter Robinson (Sheffield and OHR group) noted the GOHIRN objectives, and cautioned about ability to achieve, need for better quality research in some aspects of the evidence base etc
Michael Kowolik (Indiana) felt that issues such as political will, corruption and other challenges in different context e.g. South America, must be considered in order to tackle inequalities in oral health. Need to have better infrastructure and local capacity building first. He pointed to the AMPATH consortium model community system of health care as an example of network action.
DW acknowledges difficult challenges and role of social gradient across each of the main oral diseases, but also emphasizes the need of action. Consider partnership as a key strategy.

Ken Eaton (EADPH) mentioned the recent action on oral health in Europe entitled "Platform for improved oral health in Europe". He felt that integration of oral into general health important advocating a common risk factor approach. The cost of oral health in Europe exceeds 80 billion euros per year, and there is a need to talk to decision makers, and to adopt a global approach with integrated and better data to reinforce the inequalities case

Liz Waters (Melbourne), co-ordinating Editor of Cochrane collaboration was keen to assist with systematic reviews to address the gaps and provide good evidence. She noted however the long time from describing epidemics to action. It is necessary to take account of the social context of inequalities to build evidence-based advocacy and evidence-based practices. What do we want from the evidence? We should identify the key questions? She liked the "canary in the coalmine" analogy used by DW to describe how markers of oral health might be used to identify general health issues.

JG mentioned that the Lancet were set to produce an open access journal. DW pointed to an example in UK where respiratory disease researchers adopted a collaborative approach to identify research priorities in a synergistic research model.

Harold Sgan Cohen (Hadassah, Israel) emphasised that the two important points to emphasise in GOHIRA were "inequalities" and "agenda". He was involved from the outset and was aware that each of the GOHIRA groups had published a paper on the challenges. He emphasised the needs for simple measurable goals for GOHIRA and used David Barmes approach 20 years ago when he defined his millennium goals as an example. He also mentioned the World conference of Preventive Dentistry, and adoption of goals for IADR. First step should be simple and tangible, understandable, measurable goals.

JG focussed attention on two problems: workforce and funding – and invited comment from an expert in the field, Jenny Gallagher (KCL, London). Jenny emphasised the need for a workforce agenda / strategy in parallel with GOHIRA agenda. If appropriate education / training /support is provided countries can work out the solutions for themselves, and mid-level providers, community health workers, not necessarily dentists might be an appropriate model. Multi/interdisciplinary training. Solutions must be in the context of individual countries, so support for countries and empowering local people needed. In the higher income countries we may not have the solutions as USA and UK dentists have not solved problems and services in our own countries, let alone other countries, so approach must be wider.

Francisco Ramos-Gomez (UCLA) supported a model of action through interdisciplinary collaboration; and Deborah Greenspan mentioned capacity building in dental schools and GOHIRA may have a role to play in this.

David Alexander supported community health care model as a major challenge in work force in developing world is migration of dentists after training. Communication is a critical issue in the health care debate, and use of simple and general language, and also who the communication is with. Talking to a health minister or even better to an education minister and having a simple but compelling case, with oral health in the context of general health e.g. we are seeking to "put the mouth back in the body". Money is available somewhere, and if we can communicate our simple and compelling case and money will follow, and perhaps not from the usual suspects. Money can come from those interested in human development and not only in dentistry.

JG brought the discussion back to questions regarding the need for research, make use of current data and how to move forward. Gareth Griffiths (Sheffield, UK) felt that from his disciplinary perspective periodontology has associations with aspects of medicine where collaborative research would be valuable, and there is a European periodontology group who would be willing to contribute.

Helen Whelton (Cork, Ireland and incoming President IADR) raised the fact that WCPD meet in Budapest in October 2013, and while the agenda is agreed, she felt that this offers an opportunity for GOHIRA to contribute. She asked the questions of what is achievable, can there be a fit in with the millennium development goals (MDG) agenda, emphasised the integration of oral v general health issues, and perhaps maternal and child health as a starting point - how could oral health policies best be integrated in the developing world in particular, and do upstream factors differ in different diseases. Perhaps these could be raised as a starting point for GOHIRA in Budapest.

Su Naidoo (SN) (Cape Town and GOHIRN Treasurer) urged that we start with what we know and the publications of more papers at this stage should not take priority, but rather we should engage in advocacy to communicate our knowledge (what we already know that works) into action. One of the major challenges is to influence healthcare policies.

Bob Weyant (Pittsburg) urged a move from objectives and aspirations towards action and communication to get leverage. Begin with small steps, integrating others through the common risk factor approach while at the same time continuing to have symposia like the one in Seattle to continue the debate and discussion. SJC reinforced the need for an implementation agenda and work outside regular meetings to action our agenda. Jane Wientraub (Chapel Hill, NC) urged the need to collaborate in USA with active groups and to look for best practice.

Eyitope Ogunbodede from Nigeria, but currently visiting Professor at Harvard reminded the group of the inequalities and oral healthcare needs for Africa. Report on oral health in Europe (platform document) emphasises best practice, but not all are relevant, should take and adapt for developing countries. Peter Robinson commented on the different interpretations of inequalities and there may need to be clarification as part of our remit.

Jean-Luc Eisele (FDI) urged collaborative practice, identify successful models, sustainable development and Liljian Jin (Hong Kong) mentioned his work with FDI and WHO to disseminate the global message for capacity building.

PM (Dundee and Secretary GOHIRN) emphasised inequalities as a key focus uniting the group, and implementation being needed starting with this immediately. Maternal and Child health would be a good place to start to bring oral health into focus. WHO has a department of Reproductive Health and research (led by Mario Merialdi) and the Global burden of disease (GBD) data is already available. Suggested title and concept of IADR Cape Town symposium, with examples of good practice in the developing world needed for this e.g. UCSF initiatives in Equador and Peru.

SM (Brazil and GOHIRN Councilor). Experience of lots of agencies promoting oral health in Brazil, and feels that communication now crucially important to utilise and reinforce the political action needed to disseminate the GOHIRN objectives. Also asked whether IADR has links with WHO, and this was confirmed, as also does WCPD.

Jane Weintraub (North Carolina) highlighted the utility of an online course which might contribute to this agenda, and Caroline Shiboski (UCSF) offered an example of success in the developing world. This involves French physicians ten day course at Institute Pasteur. Then develop research protocols moving from observational to interventional studies.

DW closed the session summarising some important aspects which included: necessary to communicate, advocate, identify evidence-based research, strategies to capacity building, as a network, connect with person and researchers, how to involve others to be committed with the

proposals of our network, opportunity to stress themes such as child and maternal care and the millennium development goals.

Through a range of communication mechanisms GOHIRN could build up a registry of studies, and this resource should seek examples of good practice in parallel with our preparations for the forthcoming WPCD and IADR meetings. These could also be shared via Listserve, a bulletin board and /or Facebook as the most frequently used form of social media.

Additional footnote: The current membership of GOHIRN, as at the Seattle meeting is attached (IADR_GOHIRN_membership_031513). Those in attendance at this meeting would be sent the report of the meeting, and if not already members of the Network, could be invited to sign up as members. The Councilors Report appears below as Appendix I and the immediate communication and dissemination strategy appears with the Cape Town proposal in Appendix II.

Post meeting note:
It was deemed necessary to appoint a member of the AADR to the position of Assistant GOHIRN Treasurer and David Alexander (david@appoloniaglobalhealth.com), Appolonia Global Health Sciences was invited to take on the position and will work with Su Naidoo.

APPENDIX I:

Councilor's Report for the Global Oral Health Inequalities Research Network (GOHIRN) Meeting (Simone Moyses)

Report from the IADR Council Meeting - Tuesday, March 19, 2013

IADR Membership Survey, 2012

Research Objectives:

- to better understand the value offered by IADR to members and gain insights to better serve and retain existing membership

Main results that can give some insights to GOHIRN:

- Most important reasons to joining IADR:
  - discounted meeting registrations
  - *being a part of a global network of researchers*

- Areas that need increased attention:
  - young investigator/junior faculty support
  - greater collaboration with the broader scientific and medical communities - intersectoral action
  - advocacy for research funding (specially in Latin America and Africa/Middle East)

- only 24% of members are aware of the IADR-GOHIRA initiative

IADR Board proposals:

- Affiliate membership category - clinicians and educators
- IADR Academy - research training opportunity
- Improve online communication
- Student Training and Research - STAR Network
- Increase collaboration with wider medical and scientific organizations
- Increase the IADR-GOHIRA awareness

IADR Council discussions and proposals:

- Importance to consider the diversity of the regions
- New ways to deliver research basis to meet the needs of clinicians, educators, and health managers
- Need of innovative forms of communication - broadcast, e-learning communities, social media, improve the website
- Group/regional advocacy for research funding - spread information about opportunities
- Support for students participation based on awards competition
- Exchange programes to young investigators
- IADR-GOHIRA initiative in the political agenda - politicians in the open ceremony, delivering of simple messages for the internal and external communities, research funding
- Sustainability of the groups/networks - common projects within the group using E-learning approach

APPENDIX II:

GOHIRN symposium ideas for Cape Town 2014

The symposium is just one aspect of the Cape Town meeting as it would be important to have a high profile for GOHIRN in all aspects of the conference. However there is an urgency to proceed to an implementation phase for GOHIRN to begin to address inequalities - and also to stimulate applications for research grant funding. The symposium will be an instrument for advertising this and placing it high on the Cape Town GOHIRN agenda:

Suggested symposium title:

- **"GOHIRN: Leading by example. Addressing emerging challenges through local successes"**

This was felt to have the most immediate implementation potential and would be inclusive, allowing anyone, anywhere to provide examples.

Where do we go from here ?

It is crucially important that the entire GOHIRN membership is afforded an opportunity to become involved, and that we are in a position to nurture the enthusiasm of this group. We could also get the implementation plan off to a flying start by informally canvassing the GOHIRA working groups inviting them to contribute to an implementation "Action Plan", as their previous work & deliberations on the various facets of oral health can be utilised. They might be able to provide an example of a "local success" that may be disseminated or adopted in other parts of the world. These or a selection of these could be chosen for presentation at the symposium in Cape Town – perhaps those with greatest potential for translation to the developing world ?

This inequalities agenda is an overarching non-discipline specific one, and therefore it is important that this message is disseminated beyond individual groups to others; with the overall objective being to adopt a trans-disciplinary and trans-sectoral approach.

Dissemination / engagement

In pursuit of our implementation agenda, we must work closely with other regional, national, international groups and not only those who have similar general and oral health care agendas but particularly those addressing the health inequalities agenda. We must also strive to involve all populations, and target those that have the greatest inequalities.

The first step in the implementation is dissemination of the GOHIRN message – distributing this to all IADR regions and regional secretaries; and future regional meetings are listed on the IADR website: http://www.iadr.com/i4a/pages/index.cfm?pageid=3311

Peter Mossey