

FDI policy statement on oral health and the social determinants of health

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Current national goals of public health policy include tackling health inequalities and social determinants of health (SDH). These follow the reports of the World Health Organisation (WHO) Commission on Social Determinants of Health (CSDH) and the Rio Conference on the subject^{1–3}. Social determinants of health are the structural determinants and conditions of daily life responsible for a major part of health inequities between and within countries, consisting of (1) social and physical environments, individual behaviours and genetics; and (2) the health-care system. The determinants of health and health inequalities, the ‘causes of the causes’, are socio-economically patterned.

As the determinants of oral diseases (e.g. unhealthy diet such as excessive intake of sugars, tobacco usage and excessive alcohol consumption) are common to other non-communicable diseases (NCDs), oral health-care professionals should be involved in policy making for preventing and controlling the determinants of NCDs.

HEALTH INEQUALITIES AND THE INCREASE IN ORAL DISEASES

There are significant inequalities in oral health worldwide. Moreover, the increase in dental caries and periodontal disease as people get older indicates that the causes of those diseases are not being controlled. Thus there is an urgent need for oral health policy to emphasise translational research and reinforce public health approaches to tackling the ‘causes of the causes’ addressing common risk factors.

THE COMMON RISK FACTOR APPROACH

The time is now right for developing a new model for oral health promotion, which recognises that the behaviours accounting for the most important NCDs

such as diabetes, cardiovascular disease, certain forms of cancer and respiratory diseases also critically contribute to oral diseases. This common risk factor approach (CRFA) is directed at reducing risk factors common to a number of NCDs,

IMPLICATIONS FOR FDI POLICY

- Emphasising the significance of psychosocial determinants of oral health-related behaviour and care-seeking behaviour in whole populations, especially the underprivileged
- Engaging with key partners, in particular WHO and the International Association for Dental Research (IADR), to develop an integrated approach to reducing oral health inequalities globally
- Highlighting oral health inequalities in public debates and the principle of proportionate universality for improvement of health of the underprivileged
- Advocating for the inclusion of oral health with other sectors in all policies, in line with the Adelaide Statement of Health in All Policies. Oral health-care professionals should engage with leaders and policy-makers of government and non-governmental organisations (NGOs), locally, nationally, regionally and globally
- Adopting the broader common risk approach and building links across general health disciplines, including child health and primary care, to learn from others’ experiences, cross-fertilize ideas and approaches, develop lateral support, maximise lobbying capacity and address common issues, for improving health conditions in general and reducing health inequalities
- Calling on National Dental Associations (NDAs) to translate what is known about prevention into practice and to encourage further translational research

- Oral health-care professionals should be advocates for oral and general health, as recommended in the FDI's Vision 2020
- The main priority for oral health interventions should be on collaborative enabling policies and research that address the main determinants of oral diseases, including unhealthy diet such as excessive intake of sugars, tobacco usage, excessive alcohol consumption, poor hygiene, stress and socio-economic disparities
- Training specialists in dental public health should include competencies in social determinants of health, comprehensive health planning and behavioural change.

REFERENCES

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3. United Nations General Assembly. Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. Resolution A/66/L1, United Nations, New York, 2011.

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