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Reducing global oral health inequalities – a call to action

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Reducing global oral health inequalities – a call to action

This is what I am going to talk about:

- The global burden of oral disease,
- The IADR Global Oral Health Inequalities Research Agenda,
- Why is oral disease still a major global problem
- What should we do about it - the need to think differently
- Ten key recommendations for action.

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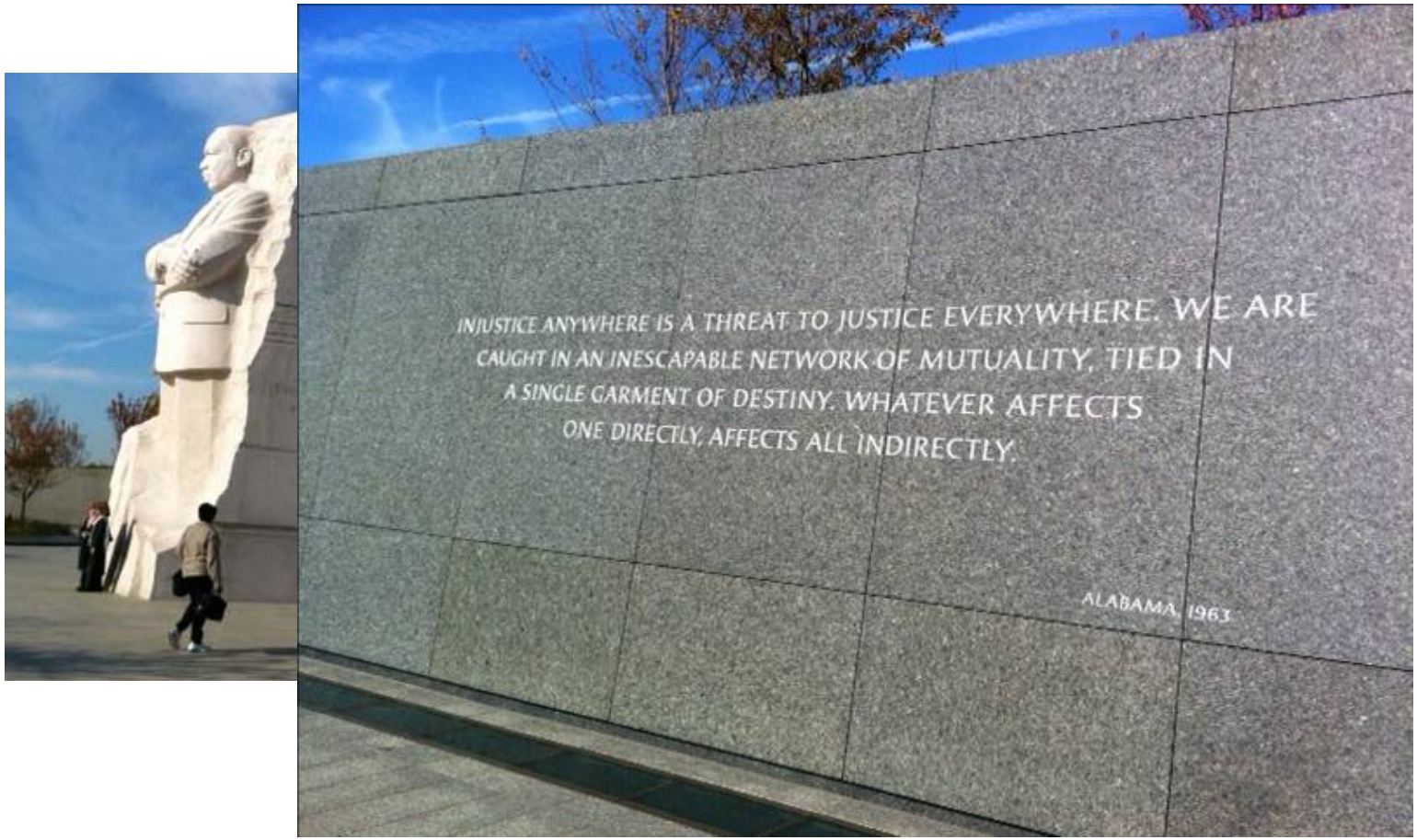
What binds us all together



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Oral Health: Why the mouth matters

- Oral health is fundamental to overall health and wellbeing. It is fundamental to the ability to breathe, eat, swallow and speak.
- Impairment of these functions can seriously impair the ability to interact with others, attend school, and work.
- This has consequential impacts on psychological and social wellbeing, economic productivity and national development.

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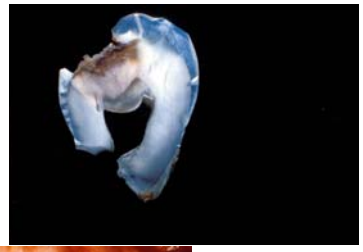
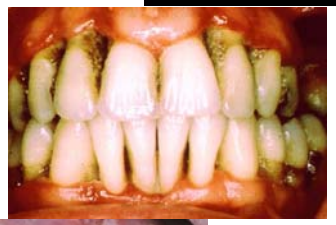
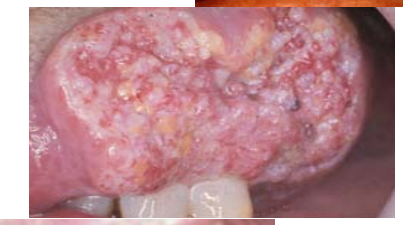
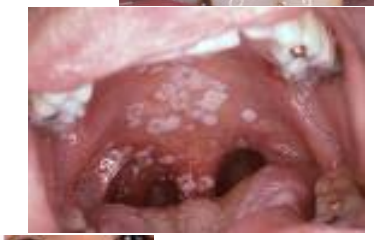
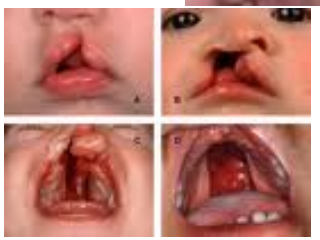
Global Oral Health priorities











- The burden of oral disease is principally from:
  - Dental caries
  - Periodontal disease
  - Oral cancer
  - Oral infections
  - Developmental abnormalities

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The global cost of dental care

- Dental care accounts for 3 - 12.5% of health spend in a range of industrialised countries
  - Israel 12.5%
  - Germany 8.6%
  - Sweden 8%
  - Brazil 8%
  - USA 4.2% ($100 billion in 2009)
  - UK 3.5%
- Sri Lanka spends 3.5% on public services dental care

Beaglehole R et al. (2009) The Oral Health Atlas. Mapping a Neglected Global Health Issue. FDI World Dental Federation

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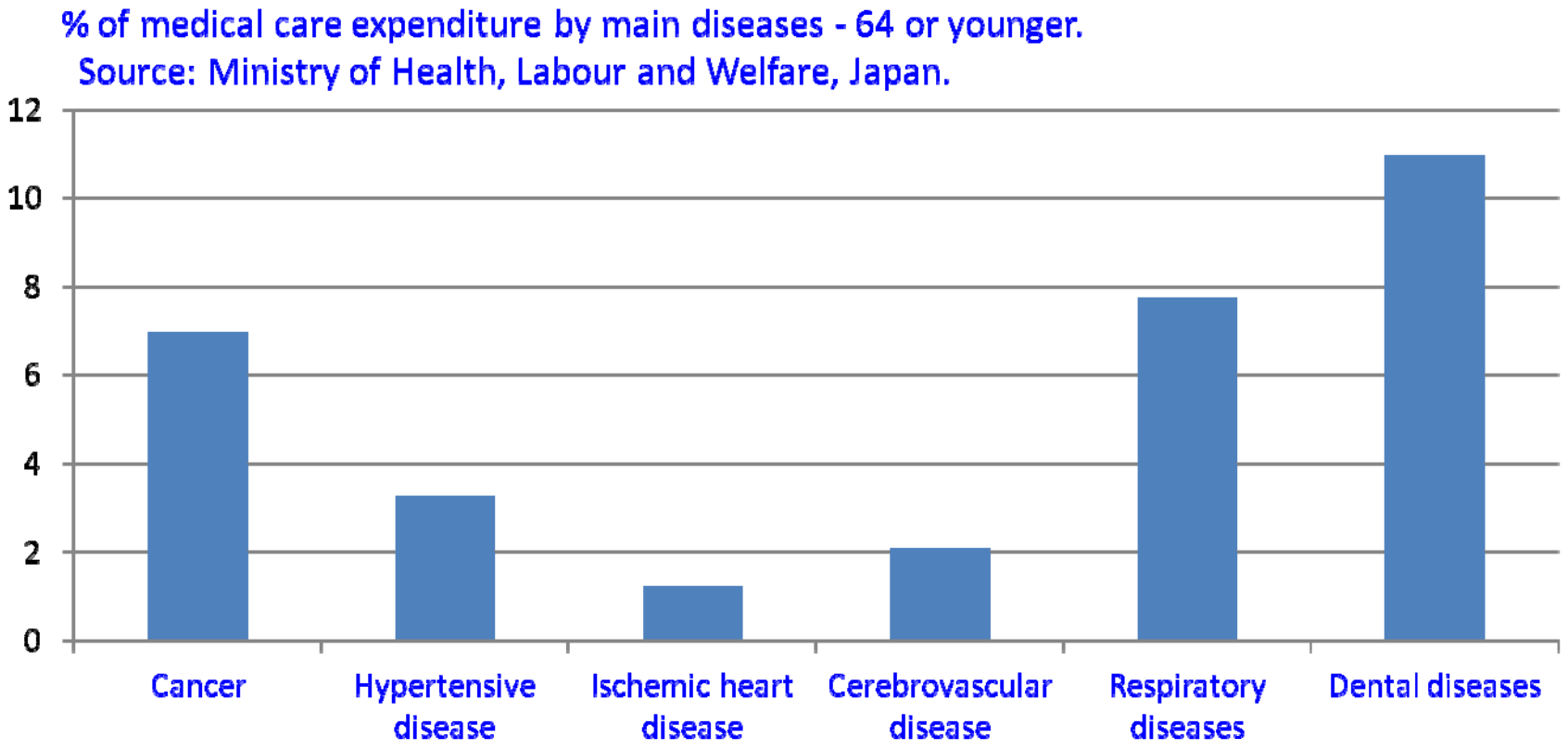
The Cost of Health Care: Estimates of Medical Care Expenditure, Japan 2008



Global Oral Health Inequalities: the Research Agenda

- Established in May 2009 with the objective of articulating a program and priorities for research that would have the potential to create meaningful reductions in inequalities in global oral health within five years.
- The following Task Groups were established under the direction of the IADR Board:
  - GOHIRA Chair: David Williams
  - Dental Caries Task Group
  - Periodontal Disease Task Group
  - Oral Cancer Task Group
  - Oral Infections Task Group
  - Developmental Abnormalities Task Group
  - Implementation and Delivery Task Group

GLOBAL ORAL HEALTH INEQUALITIES: THE RESEARCH AGENDA

A report to the IADR Board by Past President David Williams on behalf of the GOHIRA Steering Group, Task Groups and GOHIRA Workshop

EXECUTIVE SUMMARY

The International Association for Dental Research (IADR) is committed, through the Global Oral Health Inequalities Research Agenda (GOHIRA)initiative; to articulate a research agenda to generate the evidence for a strategy that if properly implemented will reduce inequalities in oral health within a generation. The initiative is guided by a Mission Statement that reflects the IADR Mission:

1. To advance research and increase knowledge directed at reducing the inequalities in oral health within and between countries;
2. To support and enable the global research community, by developing and promoting the agenda for research on reducing inequalities;
3. To facilitate the communication and application of existing and new research findings to reduce global oral health inequalities.

This report is a call to action for the oral and wider health research communities policy makers and funders of research; those involved in education and workforce development; and those engaged in the development of policy and the delivery of care. It makes the case for including oral diseases among the major non-communicable diseases, and for regarding the reduction in global oral health inequalities as a major priority for research.

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The Global Burden of Oral Disease

- A major health burden on a global scale, and major inequalities exist both within and between countries in terms of severity and prevalence.
- A major public health issue for high-income countries.
- A severe and growing problem in low-to-middle income countries.
- Major inequalities exist both within and between countries in terms of disease severity and prevalence.
- There is a gradient of risk across the whole population:
  - the lower a person's social position, the worse their risks and health.
  - the poor and disadvantaged have higher risks of disease and worse health.

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Why is oral disease still a major global problem?

- In large part due to the failure to implement what is known about prevention.
- But it also reflects a failure to understand the social determinants of oral diseases, …
- … and a reliance on activities that dental practitioners can deliver to patients,
- … or on advice to people to adopt healthy behaviours and to avoid unhealthy ones.

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The Implementation Gap -The Big Issue

- A radical reorientation is required to achieve sustainable oral health improvements, and reduce oral health inequalities.
- There is a major gap between what is being discussed and implemented by other health disciplines, which acknowledges the WHO Commission on Social Determinants …
- … and what the dental community is talking about.
- We need a collective paradigm shift in our thinking.
- We all need to think about oral health in the wider context of general health.

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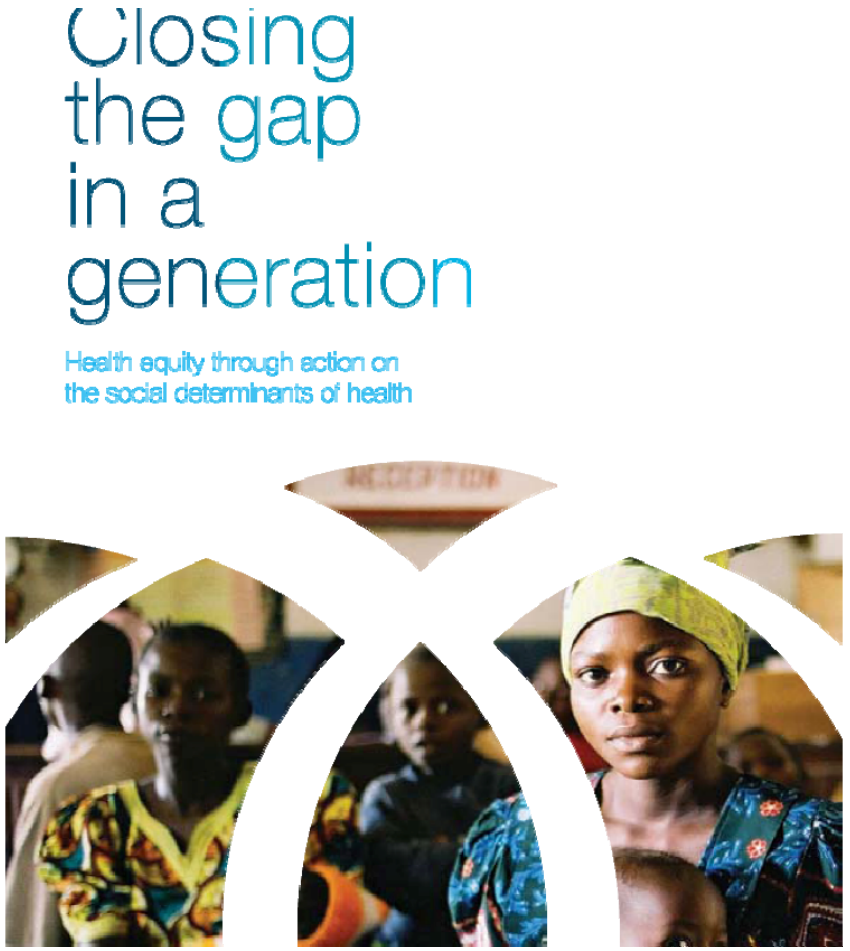
Social determinants of health and the social gradient

- The economic and social conditions under which people live and which determine their health.
- They are societal risk conditions, rather than individual risk factors.
- The poorest of the poor have high levels of illness and premature mortality.
- But poor health is not confined to those worst off.
- In countries at all levels of income, health and illness follow a social gradient:
- The lower the socioeconomic position, the worse the health.



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Global Oral Health: So where do we go from here?

- We need a collective paradigm shift in our thinking
- We all need to think about oral health in the wider context of general health
- Does the Social Determinants Paradigm work for oral health?
- Research on caries and periodontal disease indicates that it does
- There is also evidence for the effect of common risk factors

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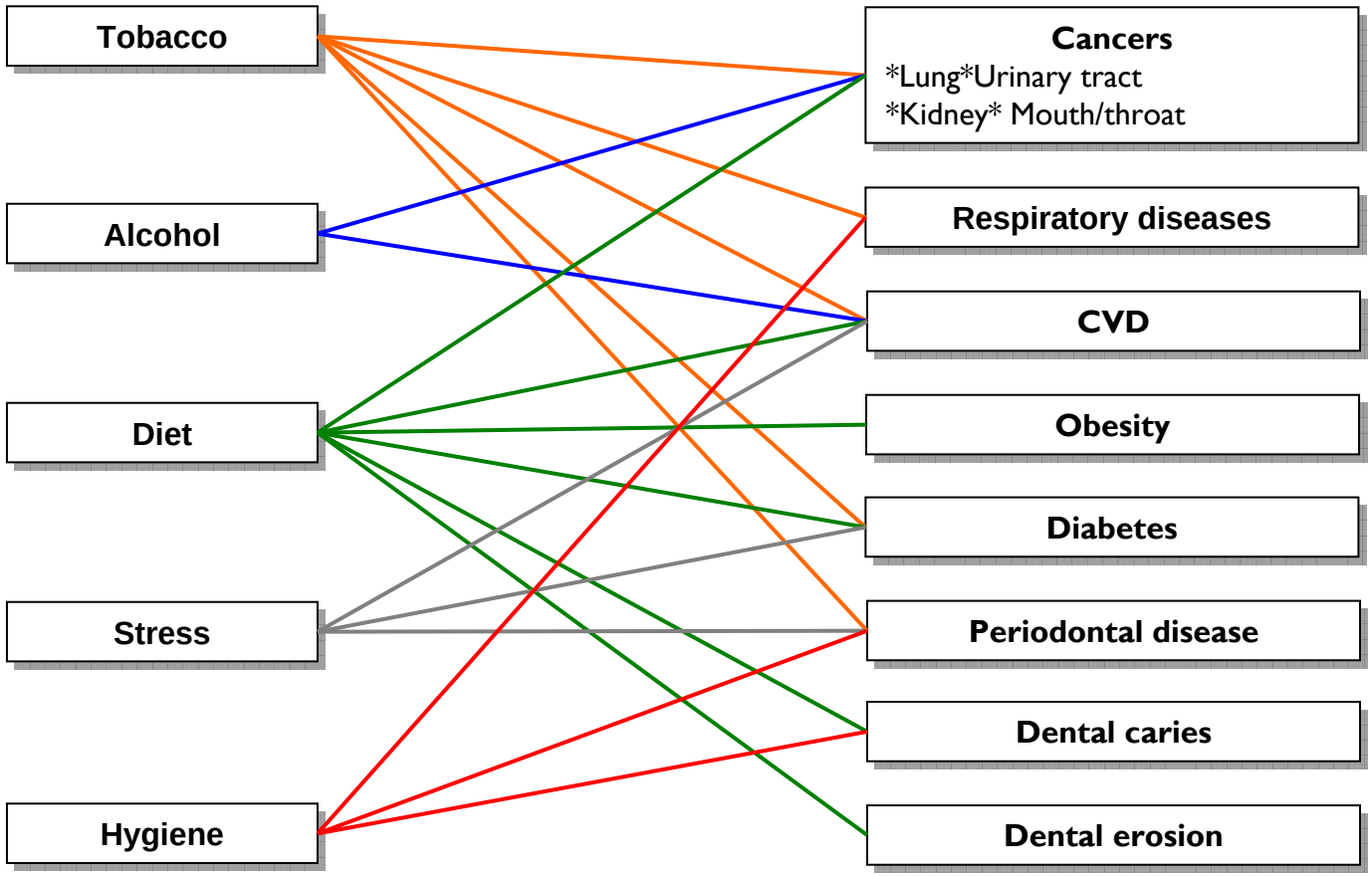
Common risk factors in chronic disease



(Grabauskas WHO Regional Office for Europe 1987; Sheiham & Watt, 2000)

Bringing it all together

WHO has formulated policies and agendas for research that brings all policies together for tackling the following conditions:

- Alcohol
- Cardiovascular disease
- Health and nutrition of children
- Diabetes
- Food safety
- Mental disorders
- Neglected tropical diseases
- **Oral health**
- Unintended pregnancy and pregnancy outcome
- Tobacco use
- Tuberculosis
- Violence and unintentional injury.
  - World Health Organization (2010). Equity, social determinants and public health programmes

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The Oral Disease Burden: where do we go from here?

- In developed countries the emphasis of oral health care systems and delivery is overwhelmingly focused on treatment and not on prevention.
- This is similar to the way we try to deal with the major non-communicable diseases.
- We need to stop thinking about oral diseases in isolation and begin thinking about them in the same way that the wider health community is beginning to think about non-communicable diseases.

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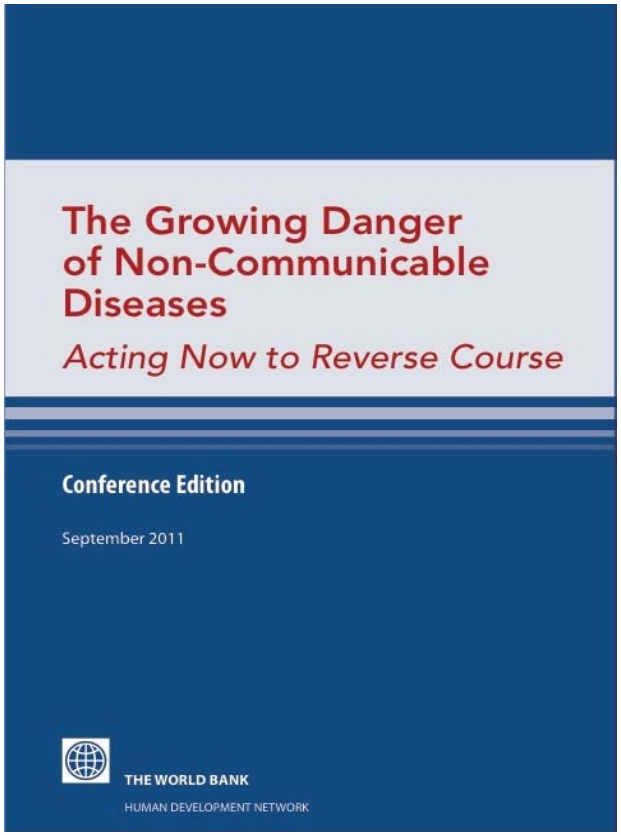
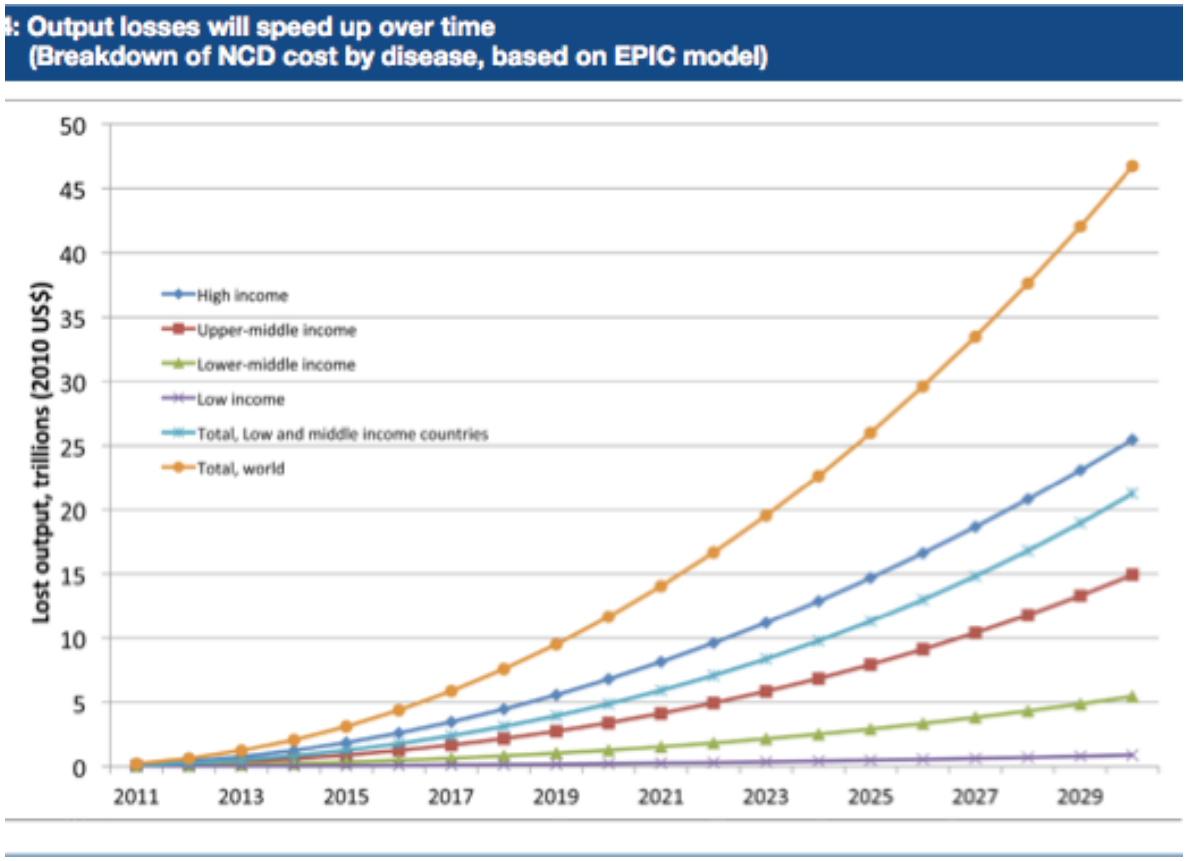
Thinking about non-communicable diseases.





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United Nations General Assembly. September 2011

Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

•Acknowledge that the global burden and threat of non-communicable diseases constitutes one of the major challenges for development in the twenty-first century, which undermines social and economic development throughout the world, and threatens the achievement of internationally agreed development goals;

•Recognize that renal, oral and eye diseases pose a major health burden for many countries and that these diseases share common risk factors and can benefit from common responses to non-communicable diseases

Sixty-sixth session Agenda item 117. 16 September 2011

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Changing the paradigm

- Oral health strategies need to change
- We need a shift from downstream victim blaming …
- … to upstream strategies for effective prevention.

Courtesy of Professor Aubrey Sheiham

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We Need to Think Differently

- Measures with a solely downstream focus may have limited success in reducing oral health inequities.
- They fail to address the reasons why people to get ill in the first place.
- We need to address the root causes, tackling social determinants and the environment.
- And adopt a common risk factor approach, which promotes coordinated action across a range of disciplines.

Kwan and Petersen (2010). In: Equity, social determinants and public health programmes. Eds. Blas E, Kurup AS. WHO pp. 159-176.

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GOHIRA Recommendations for Research: Barriers

Three key barriers have been identified to achieving a reduction in global oral health inequalities:

- Gaps in knowledge
- The separation of oral health from general health
- Inadequate evidence-based data including:
  - research driven programs,
  - capacity-building strategies,
  - standardized systems for measuring and monitoring.

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GOHIRA Recommendations for Research: Key priorities

Ten key priorities are specified to address the three barriers:

- Identify critical gaps in knowledge.
- Develop and implement, in partnership with cognate organizations, a knowledge base that uses a standard set of reporting criteria and includes a registry of implementation trials.
- Emphasize the significance of social determinants of oral health.
- Emphasize the importance of integrating research on oral health inequalities with wider reducing health inequality as a whole.

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GOHIRA Recommendations for Research: Key priorities (continued)

- Emphasize the importance of multi-, inter- and trans-disciplinary research and translational research using inter- and multi-sectoral approaches.
- Develop disease prevention strategies based on upstream prevention.
- Develop generalizable strategies that are capable of local interpretation in a way that respects cultural sensitivities and socio-economic constraints.
- Develop local, regional and country level systems for oral health promotion and healthcare that are appropriate and recognise resource implications

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GOHIRA Recommendations for Research: Key priorities (continued)

- Raise the issue of oral health inequalities, with specific emphasis on underprivileged communities, in wider public debates. Effective advocacy is a fundamental requirement if the reduction in global oral health inequality called for by the GOHIRA initiative is to be achieved.
- Advocate for the inclusion of oral health with other sectors in all policies, in line with the Adelaide Statement of Health in All Policies (2010).

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Society and health

- It is clear that without proper education, health suffers.
- And without proper health, good education is not possible.

Gro Harlem Brundtland
Former Director General of the WHO

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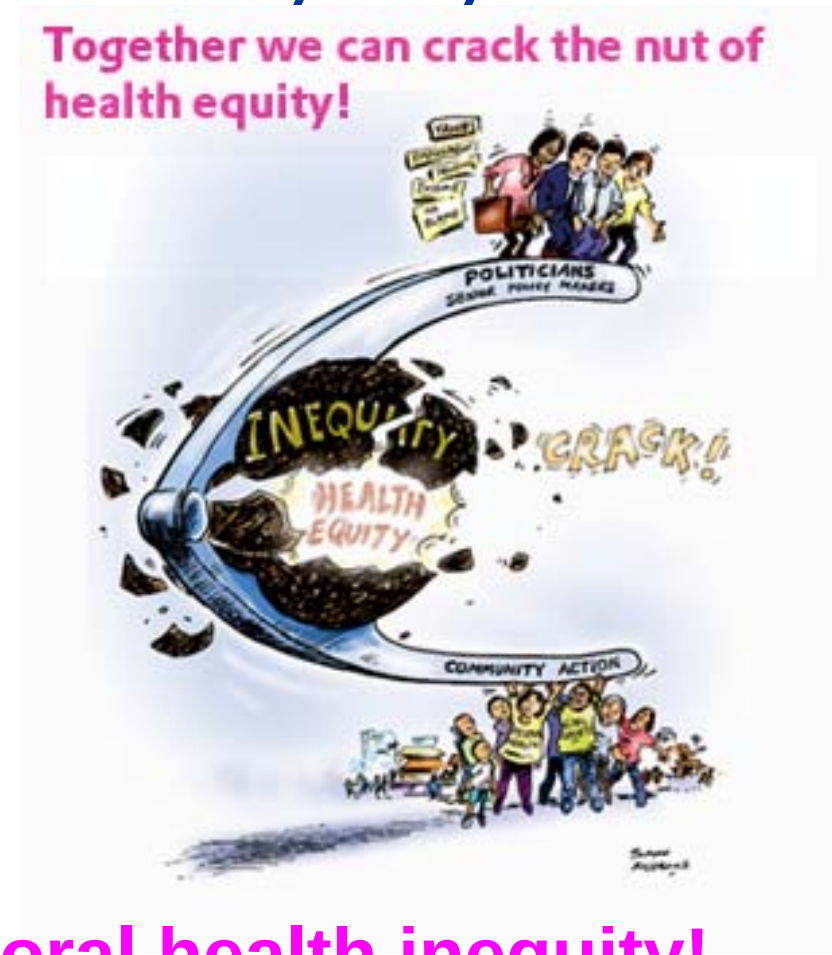
Good oral health should be everybody's business.

- We have a significant role as health advocates
- This involves educating and influencing decision makers in general, including:
  - senior government, national and international agencies
  - community leaders



And that includes oral health inequity!

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Thank You!

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