

Evidence base for social determinants and oral health promotion



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Health promotion

- “Any process that enables individuals or communities to increase control over the determinants of their health” (WHO 1986)
- 1970-80s: Improve OH by trying to change knowledge and in turn, individual behavior
- 1990s-now: Need to address multiple determinants of health – how do social, political, economic, environmental forces influence health?
- Need to examine the ways people live AND their living conditions.

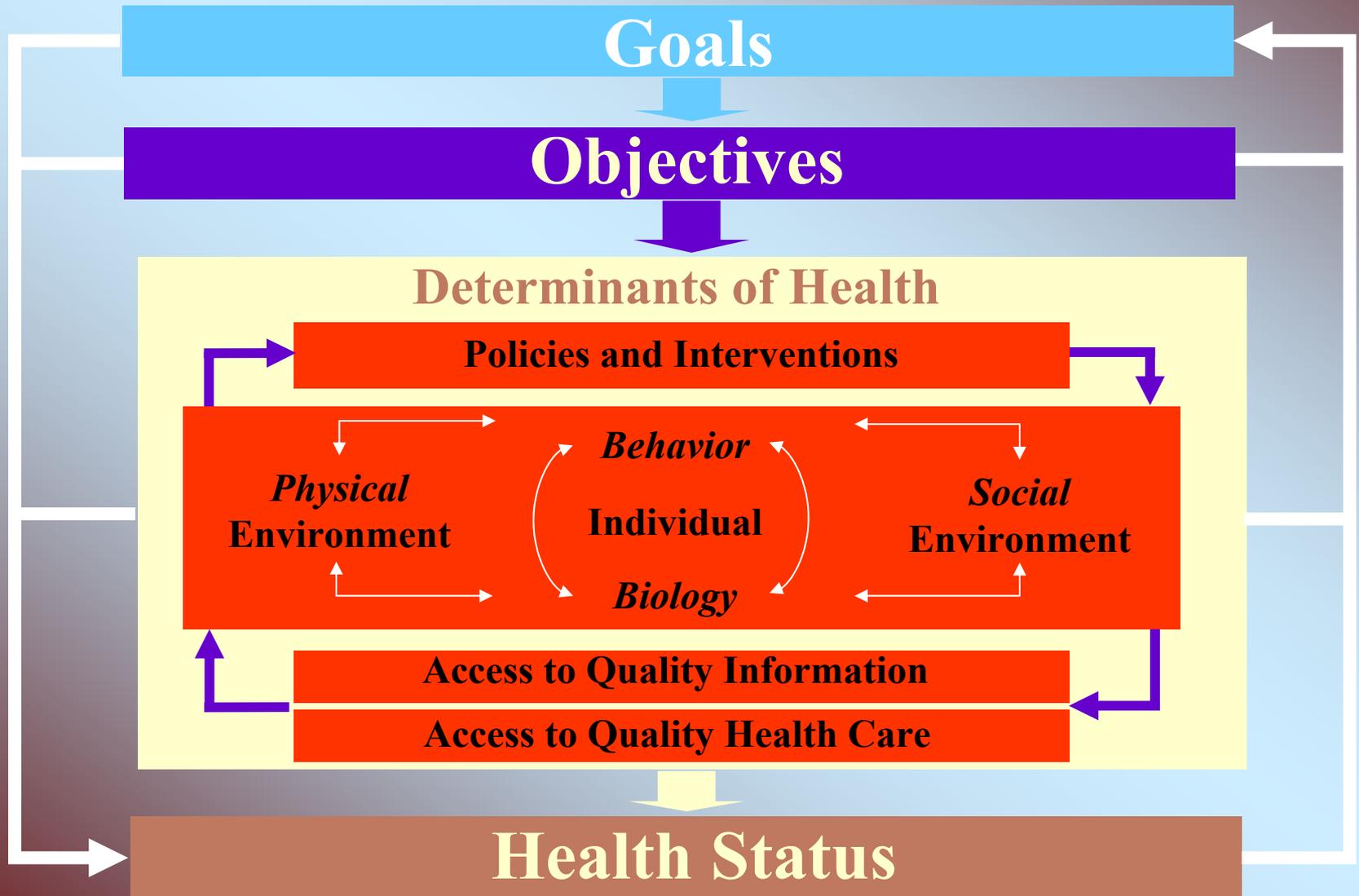
Source: Watt et al., 2001

What are the social conditions in which people are embedded?

Where do social determinants fit in for oral health promotion?

Healthy People in Healthy Communities

A Systematic Approach to Health Improvement



Social Environment

- Broad term encompassing social structures, social processes, and social life
- Includes groups we belong to and all our interactions with one another and social institutions in our communities
- We ought to understand how the social environment relates to other health determinants and influences health and quality of life, but little in-depth research exists in this area

What are some social determinants that have been examined?

- SES
- Gender
- Race/ethnicity
- Culture (beliefs, language)
- Health care delivery system (access barriers)
- Work conditions (stress)
- Living conditions (poverty, deprivation)

Basic social factors and oral health: No surprises

Well documented that vulnerable groups have less access to dental services, worse oral health, and bear a disproportionate burden of oral diseases.

“A silent epidemic of oral diseases is affecting our most vulnerable citizens—poor children, the elderly, and many members of racial and ethnic minority groups”

Source: Surgeon General Report, 2000

What else do we know?

- Oral health research on social determinants other than/in addition to SES is scarce
- Examples: small literature on how psychosocial factors (stress or self-efficacy), or contextual factors (neighborhood), relate to other known OH risk factors, behavior and outcomes
- But oral health research is far behind!

At-risk groups

Although the last few decades have seen improvements in oral health, there are still dramatic disparities; causes not well understood

The same groups are at higher risk for many chronic diseases... we need to:

- address common risk factors
- focus “upstream” and look at the social processes putting people at risk
- think in terms of *population health*, not just individual health, *over the life course*

Common Risk Factor Approach

- Major risk factors for chronic diseases:
 - Smoking
 - Poor diet (lot sat. fats/sugar, few fruit/veg/fibre)
 - Stress and low control
 - High alcohol consumption
 - Poor hygiene
 - Injuries
 - Sedentary lifestyle
- Develop broad policies with all these common risk factors in mind – more holistic approach and more integrated with other health promotion efforts
 - Example: food policy

Source: Sheiham & Watt, 2000

What are the social processes that put people at risk?

Social causes of disease as fundamental

Fundamental cause perspective seeks to explain the persistence of the relationship between social factors like SES and health outcomes over time

Need to contextualize individual-level risk factors: examine social conditions/processes that cause individuals to be exposed to health risks and protective factors differentially.

Life course and embodiment

- Disease status as a marker of social position
- Emphasizes the social context and recognizes that the social is embodied
 - humans are simultaneously social beings and biological organisms
 - the body records our past social experiences
 - vital concept for epidemiological inquiry!

Limits of traditional oral epidemiological approaches

Tendency to ask individuals about SES, diet, lifestyle, OH attitudes, stressful life events, etc. then examine how each factor relates to oral health status (regression model)

PROBLEM: Miss the social pathways, the *processes* by which social location translates to oral health status.

Source: Newton & Bower, 2005

Social factors and processes oral health research should explore:

- Social networks and supports, social capital
- Effects of discrimination
- Psychosocial factors- control, efficacy
- Stress and coping resources
- Role of religiosity/spirituality
- Family, housing, neighborhood, and community characteristics
- How social determinants vary by generation and over the life course
- Effects on quality of life

Future research directions

More appropriate frameworks and approaches for studying social determinants and health outcomes over time

- Fundamental cause theory (Link & Phelan, 1995)
- Common Risk Factor Approach (Sheiham, 2000)
- Life course perspective (Newton, 2005; Watt, 2002)
- Social capital and salutogenic models (Watt, 2002)

Future research methods

Models and methods that allow examination of complex inter-relationships between social structure, social life, and health outcomes

- Hierarchical Linear Modeling (HLM)
- Path analysis
- Structural Equations Modeling (SEM)
- Qualitative research
- Longitudinal studies
- Multi-disciplinary collaboration

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