

Action on oral health inequalities



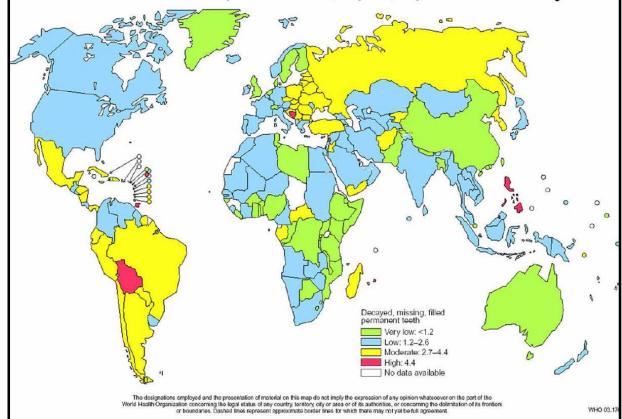
European Health Conference, Lisbon 2007
Professor Richard G Watt
(University College London)

Focus of Presentation

- Overview of oral health inequalities
- Explore social determinants of oral health inequalities
- Highlight limitations of dominant preventive approach
- Identify implications for oral health improvement

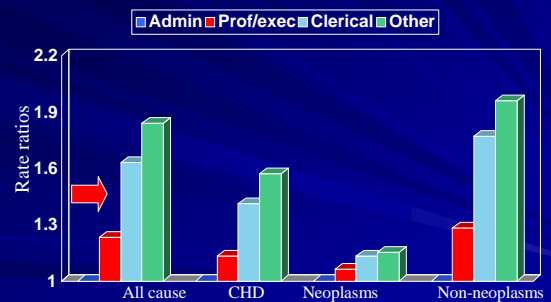
Oral health inequalities: international agenda

Dr. Poul Erik Petersen World map on dental caries, 12 years, July 2003 World Health Organization

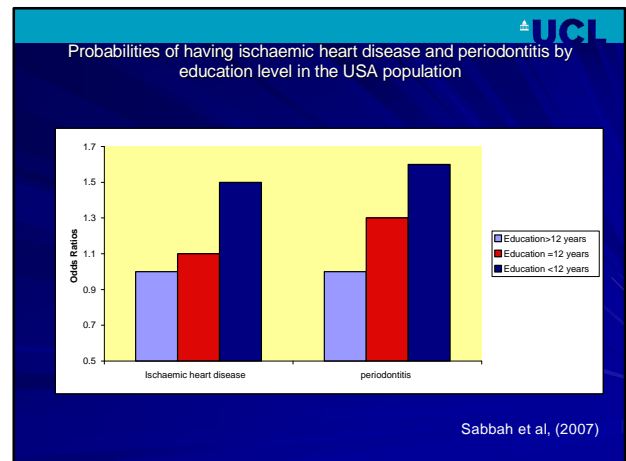
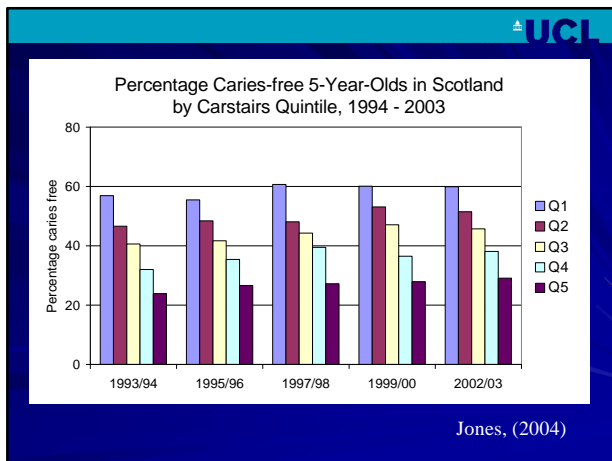


Social gradient in health

WHITEHALL 25 YR MORTALITY BY EMPLOYMENT GRADE



van Rossum et al, JECH 2000

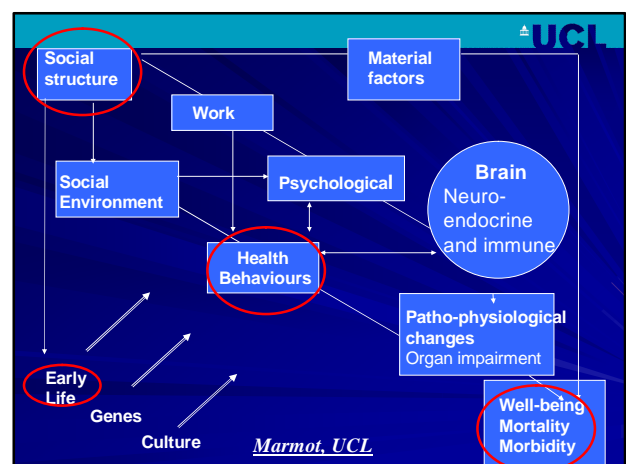
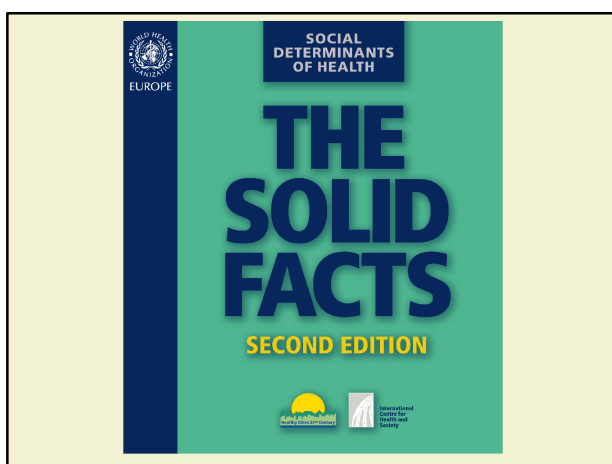


Oral health inequalities

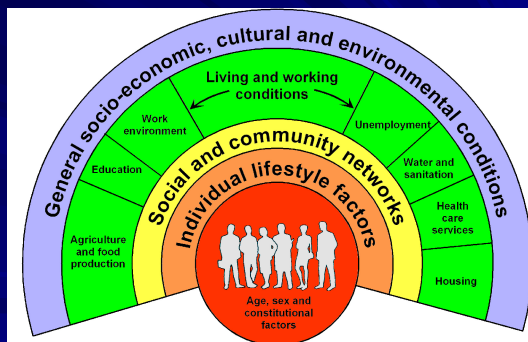
- Significant social class differences - social gradient
 - Caries
 - Periodontal diseases
 - Oral cancers
 - Self reported oral health status
- Individual, area and population level
- Certain ethnic minority groups & socially excluded groups
- Close link with general health

Locker (2000)

Social determinants of health: causes of inequalities

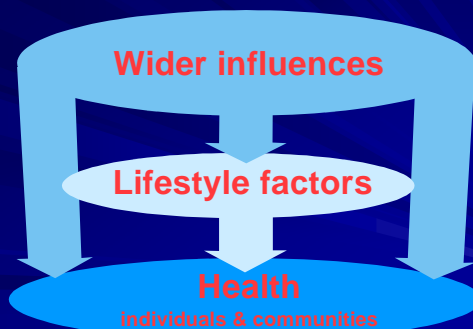


The main determinants of health



Source: Dahlgren and Whitehead, 1991

Complex influences on health

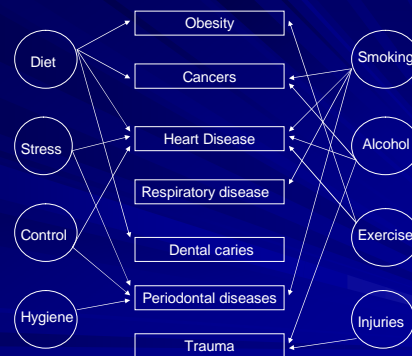


Oral health determinants

Bio-medical perspective

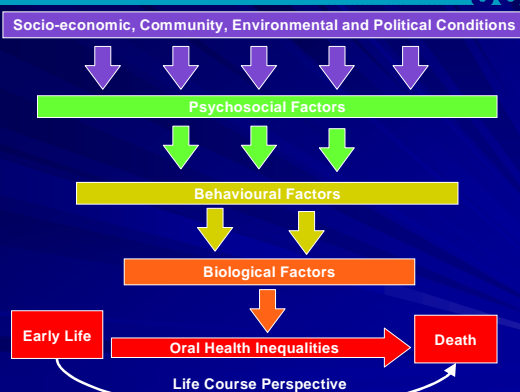
- Oral hygiene
- Sugars consumption
- Smoking and alcohol
- Exposure to fluoride
- Use of dental services

Common Risk/Health Factor Approach



Sheiham & Watt, (2000)

Social determinants of oral health inequalities



Current preventive approach

Dominant preventive approach

- High risk strategy -clinical prevention/DHE
- Individualist – ignores health determinants
- Ineffective in reducing inequalities
- Isolated agenda
- Professional domination - costly
- Limited evaluation

Effectiveness Reviews of DHE

- Brown (1994)
- Schou and Locker (1994)
- Kay and Locker (1996)
- Sprod, Anderson and Treasure (1996)
- Kay and Locker (1998)
- Department of Human Services (1999)
- Watt and Marinho (2005)

Implications for oral health improvement

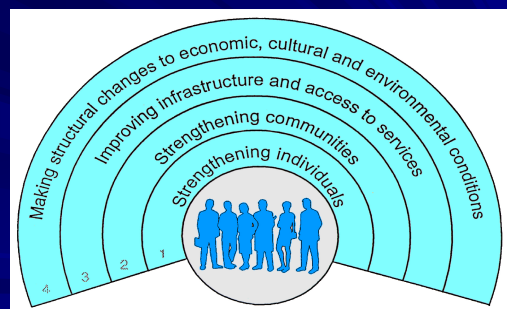
What did the Ottawa Charter say?

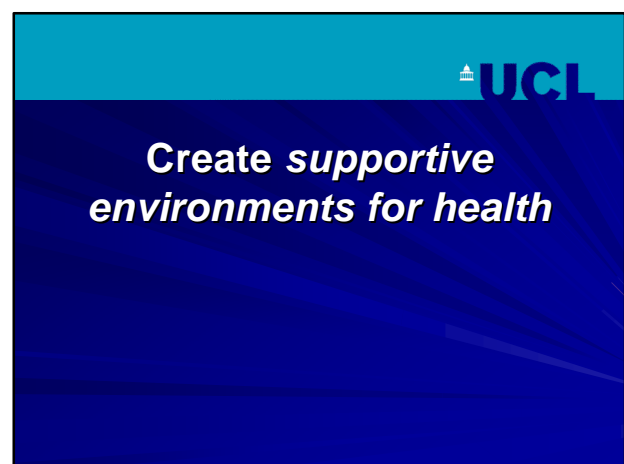
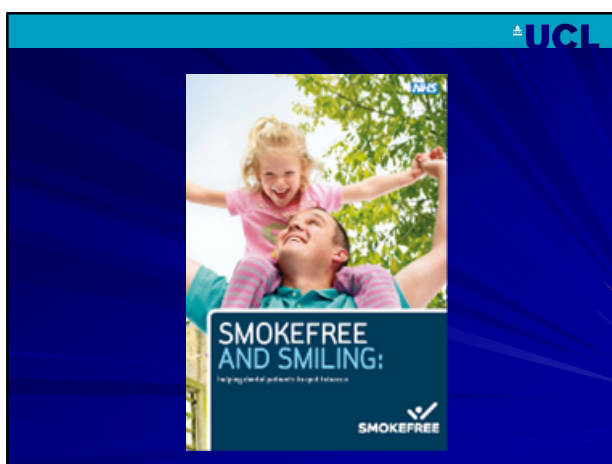
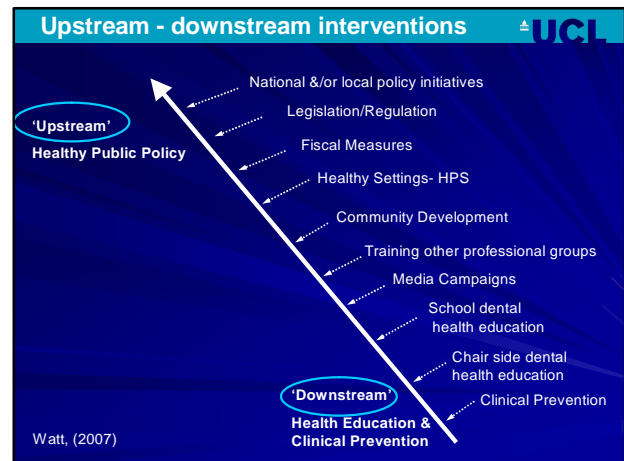
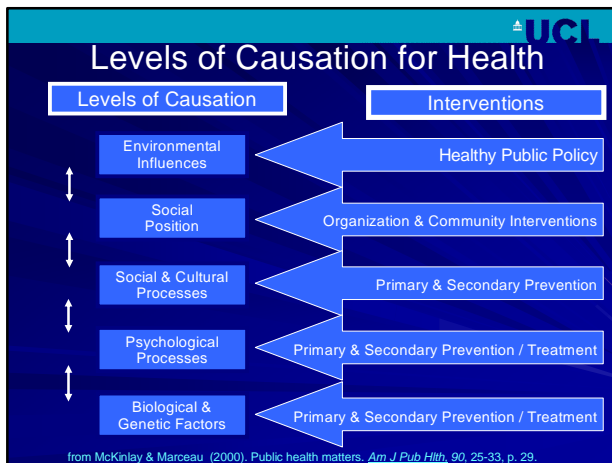
- The **Ottawa Charter** is a consensus statement developed by WHO at the 1st international conference on health promotion in Ottawa in 1986
- It uses the term “**health promotion**” to summarize new approaches to public health intervention. The Charter defines health promotion as:
“the process of **enabling** people to increase **control** over the **determinants** of health and thereby improve their health” WHO, (1986)

What did the Ottawa Charter say?

- Five major themes to the “New Public Health”:
 - Build **healthy public policy**
 - Create **supportive environments** for health
 - Strengthen **community action** for health
 - Develop **personal skills**, and
 - **Re-orient** health services

Policy Levels for Tackling Inequalities in Health





Health Promoting Schools Indicators

health policies

food, smoking, alcohol, drugs, first aids, safety, information, responsible for HP

physical environment

accidents control, environmental projects, physical conditions

social environment

violence, relationships, dropout, failing in the exams

personal health skills

health topics, teachers' training, educational approach

community relationships

parents involvement, linking projects, health services

Tones (1996); WHO (1996); and WHO/Pacific (1996).

Challenges ahead

- Evidence based action
 - Tackling inequalities
- Shift in emphasis from individual to population health
 - Greater recognition of determinants
 - Need for multi-strategy approach
 - Greater element of community action
- Strong leadership
 - Many clinical managers lack understanding

Challenges (cont.)

- Capacity building
 - Oral health promotion personnel
 - Appropriate skills
- Resources & materials
 - Avoid “reinventing syndrome”
 - Limited national & international network
- Collaboration vs integration
 - Need for careful balance
- Evaluation and monitoring
 - Pluralistic methods and measures

Public health agenda: intervention design

- Empowering
- Participatory
- Holistic
- Inter-sectoral
- Equitable
- Sustainable
- Multi-strategy

WHO (1998)

Conclusions

- Strong evidence on social gradient and determinants of oral health inequalities
- Time for change in preventive approach
- Range of opportunities for upstream oral health improvement

What good does it do to treat people's illnesses ...



then send them back to the conditions that made them sick?