

[Oral Health and the Social Determinants of Health \[1\]](#)

August, 2013 Istanbul Turkey

Introduction

Current national goals of public health policy include tackling health inequalities and social determinants of health (SDH). These follow the reports of the [WHO Commission on Social Determinants of Health \[2\]](#) (CSDH) and the Rio Conference on the subject. SDH are the structural determinants and conditions of daily life responsible for a major part of health inequalities between and within countries, consisting of i) social and physical environment, individual behaviors and genetics; and ii) the health care system. The determinants of health and health inequalities, the '*causes of the causes*', are socioeconomically 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 noncommunicable diseases (NCDs), oral healthcare professionals should be involved in policy making for prevention and control of 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 emphasize 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 recognizes that the behaviours accounting for the most important NCDs such as diabetes, cardiovascular disease, certain forms of cancer and respiratory diseases critically contribute to oral diseases as well. This Common Risk Factor Approach (CRFA) is directed to reducing risk factors common to a number of NCDs.

Implications for FDI Policy

1. Emphasizing the significance of psychosocial determinants of oral health-related behaviour and care-seeking behaviour in whole populations, especially the underprivileged.
2. Engaging with key partners, in particular [WHO \[3\]](#) and the [International Association for Dental Research \[4\]](#) (IADR), to develop an integrated approach to reduce oral health inequalities globally.
3. Highlighting oral health inequalities in public debates and the principle of proportionate universality for improvement of health of the underprivileged.
4. Advocating for the inclusion of oral health with other sectors in all policies, in line with the [Adelaide Statement of Health in All Policies \[5\]](#). Oral healthcare professionals should engage with leaders and policy-makers of government and NGOs, locally, nationally, regionally and globally.
5. 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, maximize lobbying capacity and address common issues, for improving health conditions in general and reducing health inequalities.
6. Calling on [FDI National Dental Associations \[6\]](#) (NDAs) to translate what is known about prevention into practice and to encourage further translational research.
7. Oral healthcare professionals should be advocates for oral and general health as recommended in FDI's [Vision 2020 \[7\]](#).

8. 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 like excessive intake of sugars, tobacco usage, excess alcohol consumption, poor hygiene, stress and socio-economic disparities.
9. Training specialists in dental public health should include competencies in social determinants of health, comprehensive health planning and behavioral change.

References

1. Commission on Social Determinants of Health (CSDH). WHO, Genève, 2008.
2. Rio Political Declaration on Social Determinants of Health. WHO, Rio de Janeiro, Brazil, 21 October, 2011.
3. 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.

[Public Health Committee](#) [8] **Classification:** [Common risk factors](#) [9]
[Inequalities](#) [10]
[Oral disease](#) [11]
[Oral health](#) [12]
[Social determinants](#) [13]

Source URL: <https://www.fdiworlddental.org/resources/policy-statements-and-resolutions/oral-health-and-the-social-determinants-of-health>

Links

- [1] <https://www.fdiworlddental.org/resources/policy-statements-and-resolutions/oral-health-and-the-social-determinants-of-health>
- [2] http://www.who.int/social_determinants/thecommission/finalreport/en/
- [3] <http://www.who.int>
- [4] <http://www.iadr.org>
- [5] http://www.who.int/social_determinants/publications/countryaction/adelaide_statement_hiap/en/
- [6] <https://www.fdiworlddental.org/members/fdi-members>
- [7] <https://www.fdiworlddental.org/fdi-at-work/advocacy/shaping-the-future-of-oral-health>
- [8] <https://www.fdiworlddental.org/standing-committees/public-health-committee>
- [9] <https://www.fdiworlddental.org/policy-statement-classification/common-risk-factors>
- [10] <https://www.fdiworlddental.org/policy-statement-classification/inequalities>
- [11] <https://www.fdiworlddental.org/policy-statement-classification/oral-disease>
- [12] <https://www.fdiworlddental.org/policy-statement-classification/oral-health>
- [13] <https://www.fdiworlddental.org/policy-statement-classification/social-determinants>