London Charter on Oral Health Inequalities

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Burden of Oral Health Inequalities

Oral diseases, despite being largely preventable, remain a major global public health problem. Dental caries and periodontal diseases, the main oral diseases, are highly prevalent chronic conditions that have a significant negative impact on quality of life across the life course. Globally, >3 billion people suffer from untreated dental caries, making this the most common chronic disease of humankind (Marcenes et al. 2013). Oral diseases are expensive to treat, and their cost is considerable to both the individuals affected and the whole of society (Listl et al. 2015). In recent decades, significant overall improvements have occurred in levels of dental caries in many high- and middle-income countries. However, in low-income countries, caries levels appear to be increasing, linked to economic development and the associated lifestyle changes, including higher consumption of free sugars. A major concern almost everywhere in the world is the existence of stark social inequalities in oral health (Lee and Divaris 2014).

Oral diseases disproportionally affect socially disadvantaged members of society (Petersen and Kwan 2011; Schwendicke et al. 2015). Oral health inequalities are therefore considered differences in levels of oral health that are avoidable and deemed unfair and unjust. (The terms *disparities* and *inequities* are also used in different contexts but essentially have a similar meaning to *inequality*.) Oral health inequalities are not merely the differences in oral health status between the rich and the poor. As is the case in general health, a consistent stepwise relationship exists across the entire social spectrum, with oral health being worse at each point as one descends along the social hierarchy (Sanders, Slade, et al. 2006; Sabbah et al. 2007). Known as the *social gradient*, this consistent relationship between oral health and social status has profound implications for policy. The social gradient in oral health is a universal phenomenon found at all points in the life course and in different populations across the world.

Social Determinants of Oral Health Inequalities

International research has consequently shown that health inequalities are caused by the broad social conditions in which people are born, grow, live, work, and age—the so-called social determinants (World Health Organization 2008). Theoretical approaches highlight the fundamental causes of health inequalities as the underlying social conditions in society (Phelan et al. 2010) and the "unequal distribution of power, prestige and resources among groups in society" (Solar and Irvin 2010). These underlying causes equally apply to oral health inequalities, as oral diseases share common determinants with other noncommunicable conditions (Petersen and Kwan 2011; Watt and Sheiham 2012). Oral behaviors such as toothbrushing, use of fluorides, sugar consumption, and smoking are all socially patterned and play a role in oral health inequalities. However, these behaviors alone do not fully account for the differences in oral health status (Sanders, Spencer, et al. 2006; Sabbah et al. 2009). Oral health inequalities are caused by the conditions of daily living, the political, social, and physical environments of modern societies, which in turn dictate the choices and options open to individuals (Watt and Sheiham 2012).

Limitations of the Current Preventive Paradigm

Across the globe, the dental profession, governments, and other stakeholders have largely adopted a biomedical approach to prevention, focusing their efforts on delivering clinical preventive measures such as topical fluorides and fissure sealants and providing oral health advice to patients. This approach may produce positive outcomes in the short term for certain

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Figure. The London Charter on Oral Health Inequalities.

patients but is ineffective in reducing oral health inequalities across the population (Government of Victoria 2011; Public Health England 2014). By focusing on the individual, this approach fails to address the underlying causes of oral diseases and is often "victim blaming" in nature. It also tends to isolate the mouth from the rest of the body, compartmentalizing rather than integrating preventive measures. The professionally led approach to prevention is also very costly to deliver and often too expensive to afford for people living in low- and middle-income countries. A radical shift in preventive approach is now needed. More of the same is no longer an option. Downstream individualistic interventions alone will not reduce oral health inequalities.

Call for Local, National, and International Action

An urgent reappraisal is needed on future action to reduce oral health inequalities. A more fundamental upstream public health agenda is required to tackle the underlying social, economic, and political causes of oral health inequalities. Based on the common risk factor approach, integrated policies to prevent noncommunicable diseases, including oral diseases, are needed (Watt and Sheiham 2012). Building healthy public policies, creating supportive environments, strengthening community action, developing personal skills, and reorienting oral health services all provide opportunities for oral health improvement (World Health Organization 1986). Action is needed at local, regional, national, and international levels (Fig.). Collaborative efforts among researchers, policy makers, public health practitioners, clinical teams, and the public are urgently required (Watt et al. 2015).

Moving the Agenda Forward

The participants at this conference[1] pledge to

- Acknowledge that oral diseases are largely preventable and that oral health inequalities are unfair and unjust and can be avoided through action on the underlying causes of oral health inequalities in society.
- Act as an advocate for oral health equity in their local communities, highlighting the public health significance of oral diseases and the need for public health policies—in particular, upstream actions to tackle oral health inequalities within and between countries.
- Lobby local and national decision-makers and those in positions of authority and power to acknowledge the importance of oral diseases and their shared common risks with other noncommunicable diseases and to provide assistance in developing and implementing the actions needed to tackle oral health inequalities, including improved access to fluorides.
- Empower and enable their communities to develop and implement local and sustainable solutions to promoting oral health and general health in an integrated fashion.
- Encourage and enable local, national, and international dental and other professional organizations to recognize the importance of oral health inequalities and support actions to promote oral health equity.
- Promote and facilitate the reorientation of dental services toward the promotion of oral health and engagement in efforts to reduce oral health inequalities within local communities through a team approach using appropriate skill mix.
- Work in partnership with the IADR Global Oral Health Inequalities Research Network and other stakeholders to ensure that research on oral health inequalities is given priority for funding and support so that the understanding of the causes of oral health inequalities, as well as the implementation of effective actions to promote oral health equity, can be strengthened.
- Share any examples of good practice and their expertise and experience to support others in their efforts to promote oral health equity.
- Incorporate an oral health inequalities agenda within dental professionals' undergraduate and postgraduate curricula.

Author Contributions

R.G. Watt, contributed to conception and design, drafted and critically revised the manuscript; A. Heilmann, S. Listl, M.A. Peres, contributed to conception and design, critically revised the manuscript. All authors gave final approval and agree to be accountable for all aspects of the work.

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Note

1. The International Centre for Oral Health Inequalities Research and Policy was formed in 2013. Committed to tackling oral health inequalities within and between countries, academics and policy makers from 15 countries have formed a global network to explore the nature of oral health inequalities and inform policy recommendations. On May 21, 2015, the International Centre for Oral Health Inequalities Research and Policy held its launch conference in London, where over 240 people from 20 countries attended.

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