Oral Health Disparities in Children

A Canary in the Coalmine?

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KEYWORDS

• Oral health • Disparities • Inequalities • Social determinants • Health policy

KEY POINTS

- Oral diseases in children remain a major global public health problem with significant negative impact on quality of life. However, oral diseases are largely preventable and now disproportionately affect more disadvantaged populations.
- Oral health disparities are caused by the broad conditions in which people are born, grow, live, work, and age; the so-called social determinants.
- Dental treatment and clinical prevention alone will not eliminate oral health disparities, and may even widen inequalities. Instead a radical, multifaceted, integrated approach that addresses the underlying root cause of oral diseases in childhood is urgently required.

BACKGROUND

The values of equal opportunity and equality have a long and distinguished political history across the democratic nations of the world. These values are embedded at the core of many national constitutions as the foundations of modern societies. The founding fathers of the US Constitution highlighted that all people are created equal

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with the right to life, liberty and the pursuit of happiness. However, across the globe, many communities and populations are facing huge challenges that severely limit their future opportunities and life chances. Increasingly, the world is becoming a deeply divided and polarized place with escalating economic and social differences evident both within and among countries.[1,2] One stark manifestation of economic and social inequalities is the disparities that exist in health, including oral health status. Tackling health inequalities to promote health equity therefore has now become a major policy priority around the world.[3,4]

DEFINITIONS OF HEALTH DISPARITIES AND HEALTH INEQUALITIES

Many different definitions of health disparities and health inequalities exist depending on the context, discipline, and policy arena. However, a common theme across different definitions is the recognition of population-specific health differences in prevalence of disease, health outcomes, or access to health care, particularly those that are avoidable, unjust, and unfair when considered from a social justice, ethics, and human rights perspective.[3] Health disparities have been defined as differences that exist among specific population groups in the attainment of full health potential and in incidence, prevalence, mortality, burden of disease, and other adverse health conditions.[5] Health equity is the state in which everyone has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially defined circumstance. An underlying concept across the various definitions is the recognition that health inequalities and disparities stem from systematic differences in society that are preventable (something can be done to change them) and unjust (these differences are collectively considered as unacceptable and unfair) among groups and communities occupying unequal positions of power in society.[6] Based on historical and political differences across the world, different health disparities research foci have been emphasized. In the United States, for example, particular emphasis in research and policy is placed on exploring racial and/or ethnic health disparities, whereas, in many other Organization of Economically Developed Countries (OEDCs), socioeconomic health inequalities are the main focus of attention. In addition to race/ethnicity and socioeconomic status, sexual orientation, gender identity, primary language, geographic location, and various forms of disability are also included in health disparities research.

HEALTH DISPARITIES IN US CHILDREN AND ADULTS: AN OVERVIEW

A healthy childhood provides the foundation and opportunities for life. However, not all groups in society have the best start in life. In the United States, for example, stark racial/ethnic inequalities exist in early life for various health outcomes. Although overall infant mortalities have decreased since 2005, sharp racial/ethnic disparities persist. In 2013, infant mortality among African Americans (11.1 per 1000 live births) was more than double the rate among white people (5.06 per 1000 live births).[7] Among US adults, life expectancy was recently found to be directly related to income levels.[8] Between the top 1% and bottom 1% of the income distribution, life expectancy differed by 15 years for men and 10 years for women. The analysis also revealed that the life expectancy gap had widened in recent years. Between 2001 and 2014, the individuals in the top 1% of the income distribution gained approximately 3 years of life expectancy, whereas individuals in the bottom 1% experienced no gains.

How does the United States compare in terms of health outcomes with other similar OEDC members? A recent National Research Council and Institute of Medicine report compared health outcomes among 16 high-income countries.[9] Despite spending