

EDITORIAL

SDG 10: Placing inequalities in oral health at the core of the global agenda

Habib Benzian, Dept of Epidemiology & Health Promotion, WHO Collaborating Center Quality Improvement & Evidence-based Dentistry, NYU, USA; Global Health Research Fellow, Stellenbosch Institute of Advanced Study, South Africa; and Manu Raj Mathur, Professor and Head – Dental Public Health and Primary Care, QMUL, UK; Head Health Policy, Public Health Foundation of India, India.

The *BDJ* Upfront section includes editorials, letters, news, book reviews and interviews. Please direct your correspondence to the News Editor, Kate Quinlan at k.quinlan@nature.com. Press releases or articles may be edited, and should include a colour photograph if possible.

Tell me your postcode, and I'll tell you how many healthy teeth you have' – may seem like wizardry, but highlights the reality of how socioeconomic, environmental, and healthcare factors impact oral health (OH). Higher-income areas often enjoy better access to oral healthcare and prevention which poor neighbourhoods may lack, while being exposed to higher health risks and a higher likelihood of OH issues.

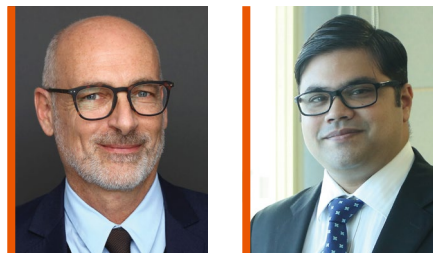
This mirrors the broader issue of inequalities, the central concern of SDG 10. Profound disparities persist among communities and nations, spanning income, gender, age, disability, race, sexual orientation, religion, and various other dimensions. These disparities are obstacles to sustained development, and engender enduring social, health, economic, and environmental consequences. To complicate things further, inequalities can intersect, with people suffering from multiple disparities which exacerbate each other.

SDG 10 encompasses ten subgoals that address key determinants of inequality. These subgoals tackle a range of factors, including income equality; social, political, and economic inclusion; shared decision-making; social protection policies; measures to safeguard the rights of migrants; and specific approaches designed to provide targeted support to the most marginalised populations.

Extensive research and numerous research institutions have delved into health and OH disparities, their underlying causes, manifestations, and consequences across diverse global contexts.¹ However, some critics go as far as saying that this research has transitioned from being a source of actionable interventions to a self-sustaining endeavour, with limited practical impact on addressing these disparities.² This underscores that health inequalities are symptoms of deeper

underlying issues that either generate, sustain, or worsen disparities. Thus, calls to shift inequalities research to develop and assess highly effective interventions to improve OH disparities are highly pertinent.¹

What are the key implications for OH and OH professionals? To begin, it's crucial to recognise that our understanding of OH inequalities is evolving. In dentistry, there is still a prevalent inclination towards downstream thinking and a focus on individual behaviour, exemplified by terms



like 'lifestyle diseases' or 'modifiable risk factors'. This perspective also underpins prevailing health education strategies, which operate on the assumption that enhancing knowledge leads to healthier choices and behaviours. However, research has convincingly shown that such approaches are ineffective, and overlook broader structural and environmental factors that significantly influence individual behaviour.

These concepts have profoundly influenced how both the public and professionals perceive inequalities but the discourse could benefit from reframing health inequalities as matters of social justice.³ Health disparities are not isolated issues but are symptomatic of deeper societal injustices. To address these, policies rooted in the principle of proportional universalism benefit entire populations while placing special emphasis on providing the most support to the groups that need it most.

OH, much like overall wellbeing, is fundamentally moulded by factors that shape the physical, social and economic environments that people live in, rather than by efforts to repair the effects of ill-health. Given that OH determinants span across sectors, it is crucial to ensure 'oral health in all policies'. Robust coalitions of stakeholders, including civil society, can advocate for the adoption of OH-friendly policies across sectors. People, not unchecked market forces driven solely by financial gain, should shape the determinants

'Health disparities are not isolated issues but are symptomatic of deeper societal injustices.'

of OH. Embracing this perspective would naturally lead to more proactive and upstream policy approaches targeting determinants of health, including commercial interference; and would accelerate the long-overdue shift to prevention rather than care. To achieve sustainable development and create a better world for everyone, we must ensure that no one is excluded from opportunities for a better, healthier life. After all, the more equal a society, the healthier it is. ■

References

1. Tsakos G, Watt R G, Guarnizo-Herreño C C. Reflections on oral health inequalities: Theories, pathways and next steps for research priorities. *Community Dent Oral Epidemiol* 2023; **51**: 17–27.
2. Ezell J M. The health disparities research industrial complex. *Soc Sci Med* 2023; DOI: 10.1016/j.socscimed.2023.116251.
3. L'Hôte E, Fond M, Volmert A. *Seeing Upstream: Mapping the gaps between expert and public understandings of health in the United Kingdom*. Washington DC: FrameWorks Institute, 2018.

<https://doi.org/10.1038/s41415-023-6554-6>