Social Dentistry: addressing inequities

Image source: https://www.abc.net.au/news/2022-04-11/dental-care-reform-calls-for-older-people-federal-election-issue/100979420

Understanding social dentistry

Social medicine

It is the practice of medicine that integrates:

1. Understanding and applying the social determinants of health, social epidemiology, and social science approaches to patient care;
2. An advocacy and equity agenda that treats health as a human right;
3. An approach that is both interdisciplinary and multi-sectoral across the health system;
4. Deep understanding of local and global contexts;
5. Voice and vote of patient, families, and communities.

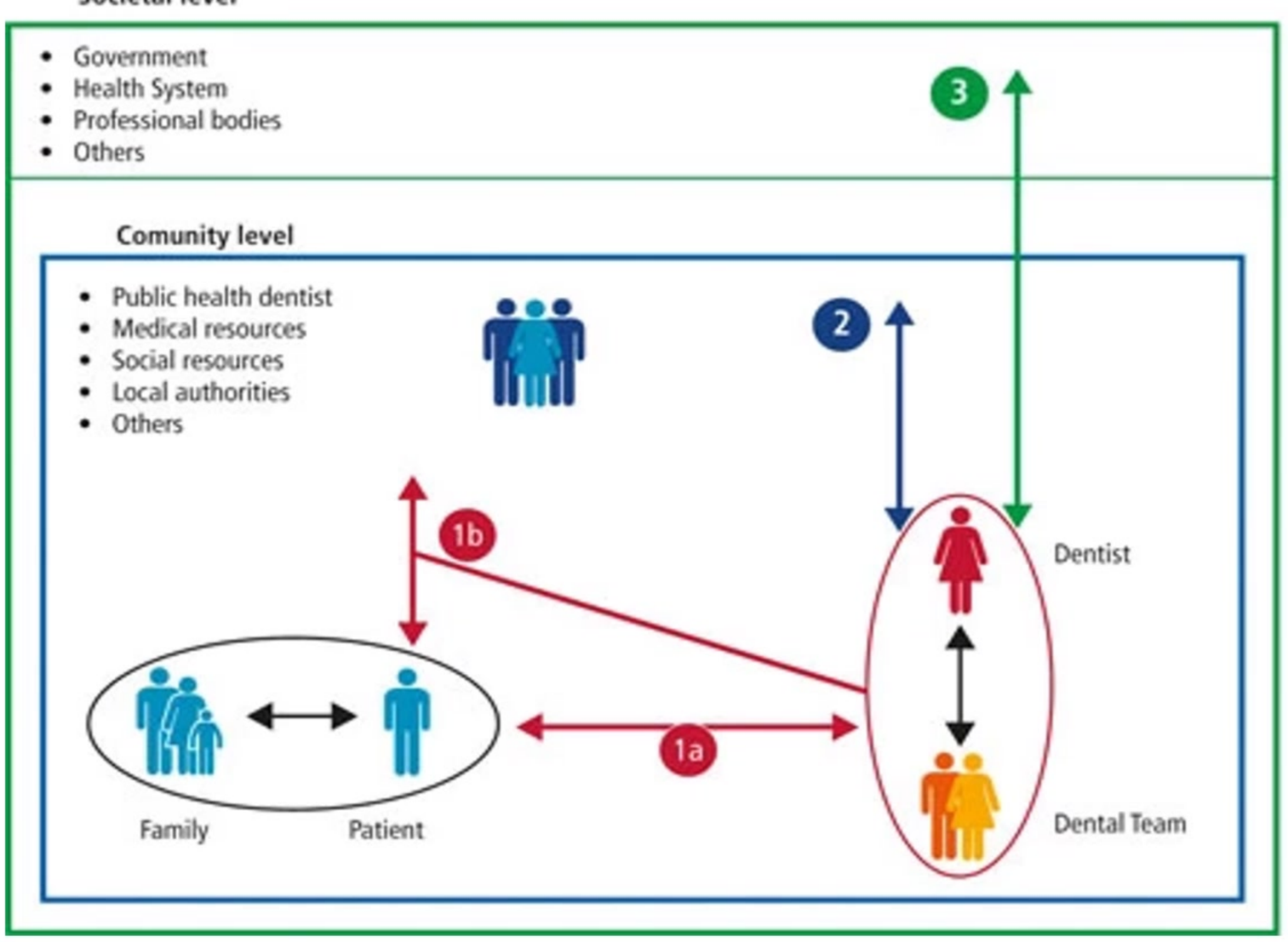
Social prescribing

It is a way of linking patients in primary care with sources of support within the community to help improve their health and well-being. A social prescribing scheme may include:

i) a referral from a healthcare professional
ii) a consultation with a link worker and
iii) an agreed referral to a local voluntary, community and social enterprise organisation

Source: Bedos, C., Apelian, N. & Vergnes, JN. Social dentistry: an old heritage for a new professional approach. *Br Dent J* **225**, 357–362 (2018)

Adopting social dental practice



Macro level: society

- Advocacy for healthy public policies
- Activism for inclusion and against discriminations

Meso level: community

- Adapting dental clinic's organisation and equipment to the needs and characterisctis of community
- Partnering with community and advocating to improve local policies
- Identifying and developing joint actions to improve oral health of community

Micro level: individual patients and family

- Providing person- and family-centered clinical care (1a)
- Liaising and advocating to address patient's risk factors and social determinants of oral health (through resources and partnerships at the community and societal levels) (1b)

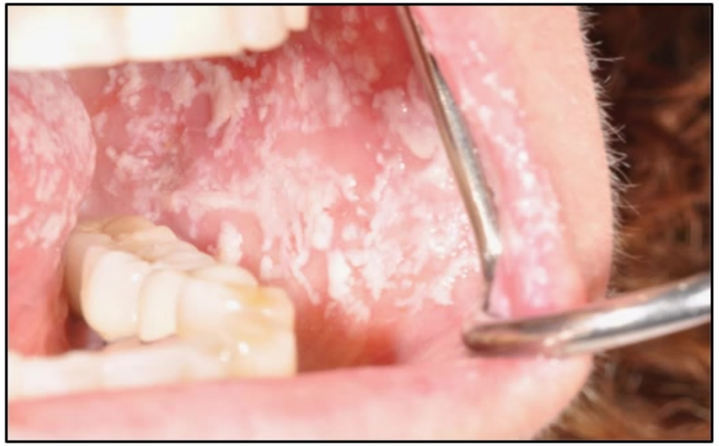
Source: Bedos, C., Apelian, N. & Vergnes, JN. Social dentistry: an old heritage for a new professional approach. *Br Dent J* **225**, 357–362 (2018)

A biomedical approach to a case..

Patient situation

Ms Da Silva, aged 24, feels that her mouth is often dry and has a bad taste. She is also worried by white patches that appeared on her oral mucosa.

She explains that her asthma has recently worsened and that she had to increase her use of asthma medication (B2-agonists and corticosteroids).



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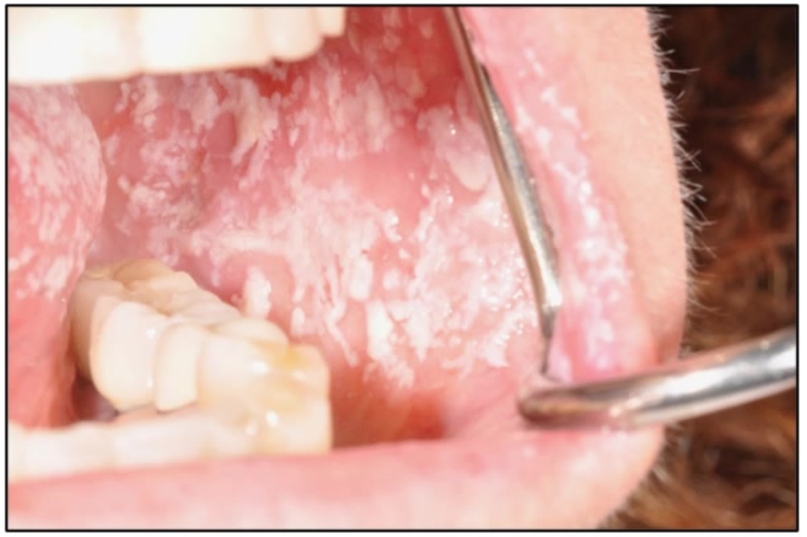
A biomedical approach to a case..

Potential aetiological explanation?

Ms Da Silva's xerostomia, halitosis and oral candidiasis could be side effects of her asthma medication



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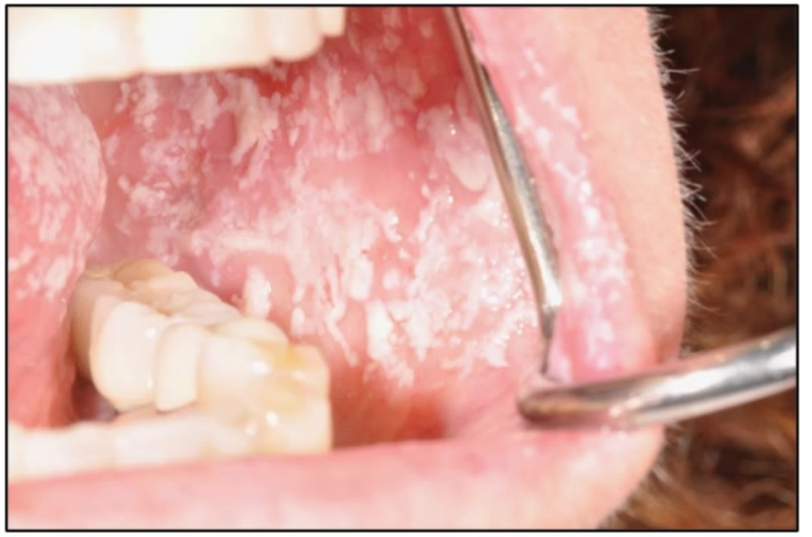
A biomedical approach to a case..

Proposed intervention

The dentist suggests oral hydration agents and an antifungal ointment to alleviate Ms Da Silva's symptoms in the short term. He also proposes to liaise with her physician to find a less iatrogenic asthma treatment.



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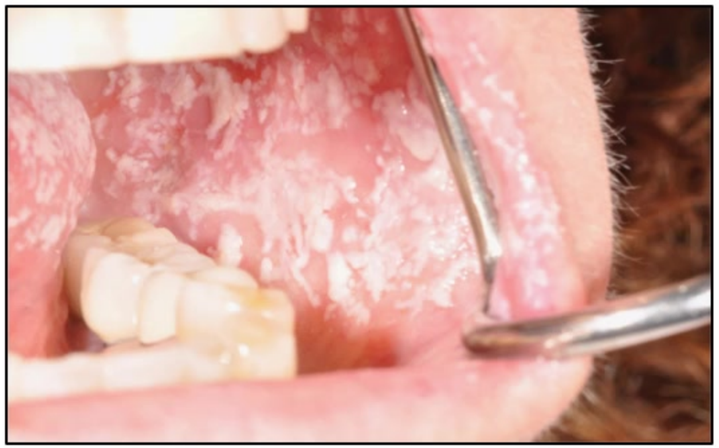
A socially engaged approach to a case..

Patient situation

Ms Da Silva says that her apartment is old and that moulds have appeared and grown in several rooms in the last year. Her landlord refuses to fix the problem, and she does not know how to negotiate with him nor where to find help. She stopped school at age 17 and acknowledges that she lacks skills to defend her rights. She does not consider moving as an option considering her low financial resources.



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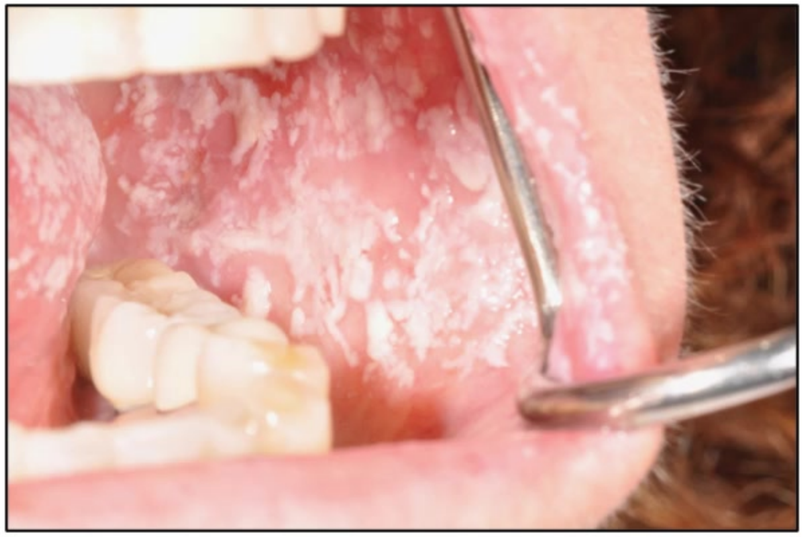
A socially engaged approach to a case..

Potential aetiological explanation?

In addition, Ms Da Silva's asthma has been aggravated by the apparition of moulds in her apartment, by her landlord's lack of actions to address this issue, and, more generally, by difficulties to find safe and affordable housing.



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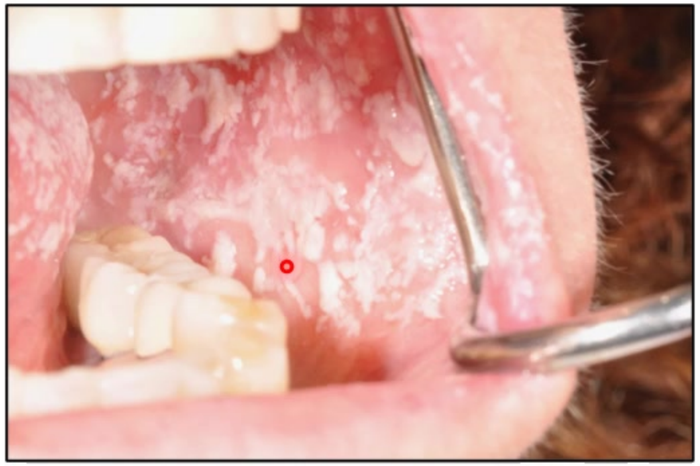
A socially engaged approach to a case..

Proposed intervention

To address the environmental factors of asthma, the dentist proposes to contact a 'free legal clinic' to clarify Ms Da Silva's rights as a tenant. The dentist also offers to liaise with a community social worker to identify possibilities of subsidised housing in the neighbourhood.

At the meso and macro levels, the dentist advocates for safe and affordable housing programs.



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Now I am Confused….

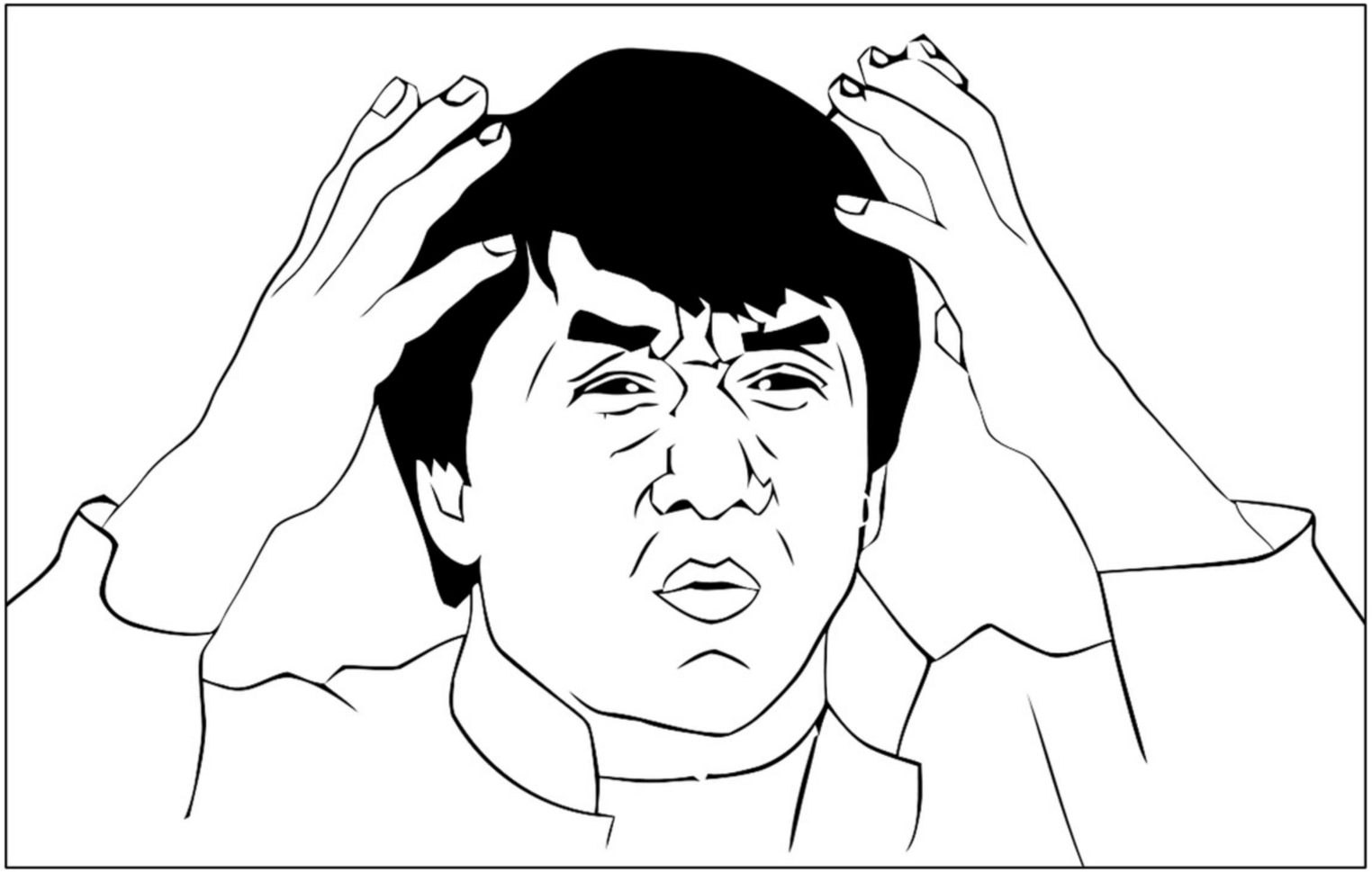
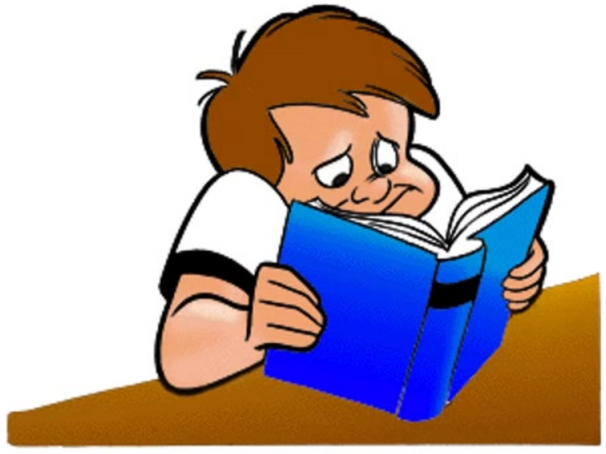


Image source: https://tenor.com/en-GB/search/jackie-chan-confused-gifs



Lets revise..

1. *What are inequalities vs inequities.*
2. *Determinants of oral health inequities.*
3. *Inequitable burden of oral diseases in Australia.*
4. *Understanding approaches to tackle oral health inequities - population level*
5. Adopting practice of social dentistry – dental practice level

Recommended reading

1. Daly B, Batchelor P, Treasure ET, Watt RG, Essentials in Dental Public Health, Second Edition, Oxford university press
2. Watt, R., Sheiham, A. Inequalities in oral health: a review of the evidence and recommendations for action. *Br Dent J* **187**, 6–12 (1999).
3. Government of Australia. Healthy Mouths Healthy Lives - AUSTRALIA'S NATIONAL ORAL HEALTH PLAN 2015 - 2024. Adelaide; 2016.
4. Bedos, C., Apelian, N. & Vergnes, JN. Social dentistry: an old heritage for a new professional approach. *Br Dent J* **225**, 357–362 (2018)

Thank you!!