Inequalities in health: challenges and opportunities in Europe

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Better health for Europe
More equitable and sustainable
The new global framework:
United Nations 2030 Agenda for Sustainable Development
Towards a roadmap for implementation of Sustainable Development Goals (SDGs) in the Region
We are on track to create a healthier Europe
Yet challenges remain

**Alcohol Consumption**
- 2010: 11 litres of pure alcohol drunk per person per year

**Overweight and Obesity**
- 2014: 59% of the population is overweight or obese

**Tobacco Use**
- 2012: 30% of the population uses tobacco
What is Health 2020?
Health is a political choice

• Public health policy framework to improve health and reduce inequities

• Focus on upstream actions and addressing root causes of ill health – addressing all determinants systematically early on, before diseases emerge

• Higher and broader reach
Countries are taking up the Health 2020 challenge
Main aims:

- to report on progress towards the Health 2020 targets (since 2010 baseline)
- to highlight new frontiers in health information and evidence, including subjective well-being measurements
Premature mortality

**Regional Health 2020 target:** a 1.5% relative annual reduction in premature mortality from cardiovascular diseases, cancer, diabetes and chronic respiratory diseases until 2020

Although the European Region is on track to achieve the Health 2020 target to reduce premature mortality, much more can be done to address the determinants for faster progress.
Regional trend

Indicator: age-standardized death rate per 100 000 in people aged 30–69 for cardiovascular diseases, cancer, diabetes mellitus and chronic respiratory diseases combined.
Premature mortality from four major noncommunicable diseases (NCDs), latest available value for 2010–2012.
Inequalities in oral health
• Across Europe, a high relative risk of oral disease is related to socioeconomic determinants.

• *The major oral diseases are avoidable through effective prevention and health promotion.*

• Reducing social inequities in oral health depends solely on political will.
Inequities in health and health care

- Between countries
- Within countries
  - Income
  - Education
  - Occupation
  - Gender
  - Age
  - Residence
  - Ethnicity
Caries free children in European countries, 2011

Legend

Oral health
Caries free 5-6 yrs (%)
- Less than 50%
- 50 to 79%
- 80% and more

Dr. PE Petersen, WHO 2012
DMFT index of children in European countries, 2011

Dr. PE Petersen, WHO 2012
Within-country inequalities in oral health
Percentage of Scottish 5-year-olds "free" of dental caries by deprivation (DEPCAT) score

Pitts NB et al., 2000
Percentage of people aged 65–74 having lost all natural teeth, western and eastern European countries

- Portugal
- Spain
- Sweden
- Georgia
- Russia
- Ukraine

0 10 20 30 40 50 60 70
Percentage of adults (18 yrs+) having lost all natural teeth, by education, selected countries

WHS - Petersen and Kwan, 2010
Percentage of adults (18 yrs+) having lost all natural teeth, by education, selected countries

WHS - Petersen and Kwan, 2010

- Bosnia-H
- Greece
- Italy
- Spain
Percentage of adults (18 yrs+) having lost all natural teeth, by education, selected countries

WHS - Petersen and Kwan, 2010

Primary school

High school

Czech R
Hungary
Russia
Ukraine
Within-country inequalities in oral health
Percentage of Danes aged 65+ years having lost all natural teeth, by years of schooling

Petersen et al, 2012
Within-country inequalities in oral health
Percentage of Danes aged 65+ years with 20+ teeth, by years of schooling

Petersen et al, 2012

World Health Organization
Regional Office for Europe
Europe: lip and oral cavity cancer
ASR(W), both sexes, all ages

ASR (W) per 100 000

Hungary, Slovakia, Germany, Denmark, Serbia, Luxembourg, Poland, Republic of Moldova, Czech Republic, Montenegro

GLOBOCAN 2012 (IARC) (16.11.2014)
Age-standardized incidence rates (2002) of oral and oropharyngeal cancer, by sex and deprivation score, Scotland 2002

Conway et al, 2007
Equity, social determinants and public health programmes

Edited by Erik Blas and Anand Sivasankara Kurup
Tobacco

Alcohol

Diet

Stress

Hygiene

Cancers

Respiratory diseases

Cardiovascular diseases

Obesity

Diabetes

Oral disease
Tackling inequities in oral health through:

- shared modifiable risk factors
- chronic diseases
- settings for health
- environment
- health systems
- structural factors of society
Settings for health

• Health-promoting schools

*Oral health through schools: children–youth–school teachers–family–community*

• Settings for older people

*Age-friendly primary health care and quality of life*
Automatic fluoridation

• *Vehicles are water, salt or milk*

• *Proper oral hygiene and effective use of high-quality fluoridated toothpaste* \((1000–1500 \text{ ppm})\)
Upstream interventions

- National policy for oral health
- Legalization and regulation
- Directives for oral health care
- Financially fair primary oral health care
- Universal coverage
- Integration of oral health with NCD prevention
Percentage of adults (18+ years) who have had health care for oral problems, by education, selected countries

- Primary school
- Secondary school
- High school
- College

France
Italy
Portugal
Percentage of adults (18+ years) who have had health care for oral problems, by education, selected countries

- Primary school
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Countries:
- Russia
- Latvia
- Slovenia

[Bar chart showing the percentage of adults who have had health care for oral problems by education level and country.]
Universal primary oral health care

- Oral health care provided by dentists must be financially fair
- Health is a public good, guaranteed by government
- National health insurance
- Dentists must give priority to prevention and health promotion
- Outreach to people and communities
Action plan for the prevention and control of noncommunicable diseases in the WHO European Region
Challenges for reducing inequities in health

- Lack of political interest
- Lack of political will
- Neglect of health inequities
- Blaming the victims
- Lack of recognition by private dental practitioners
- From ministries of *health care administration* towards ministries of *health*
- Financially fair oral health care
Opportunities for equity in oral health

- Healthy diet and reducing sugars
- Tobacco and alcohol control
- Organizing public health and primary oral health care
- Health care in the workplace
- Outreach to people in low-resource settings and disadvantaged groups
- Outreach to vulnerable groups, including poor and marginalized groups, homeless people, refugees, disabled people and people living in institutions
- Strengthening surveillance
Thank you!