



A new approach to oral health can lead to healthier societies

New definitions of oral health provide an opportunity to change mindsets and promote innovation to tackle high levels of unmet needs, but this will only be realised with a radical change in practice, argue **Julian Fisher and colleagues**

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More than 3.5 billion people globally suffer from the main oral diseases. These conditions combined have an estimated global prevalence of 45%—higher than any other non-communicable disease.¹ A major barrier to improving this situation is our approach to oral health.

The prevailing mindset is that oral health is synonymous with dentistry and that poor oral health has little impact on personal and societal health and wellbeing. We need to shift away from the idea that the prevention and control of certain oral diseases equates to overall oral health and instead move to a broader and more inclusive understanding. Expanded definitions of oral health from the World Health Organization and FDI World Dental Federation are transformational and can help realise a model for sustainable oral health put forward by the US National Academy of Medicine.^{2,3} The academy proposes that oral health is influenced by a wide range of biological, psychosocial, and spiritual perspectives and external social, economic, and environmental factors.⁴ This new narrative takes our understanding of oral health beyond the confines of disease and positions it in terms of personal confidence, wellbeing, and arising from and contributing to healthy societies more broadly. This narrative can herald a sea change for action in practice.

WHO recognises that oral health enables people to perform essential functions.⁵ Orofacial structures are central to breathing and speaking. Oral health is linked to diet quality and adequate fluid intake which influences a person's microbiome and their gut health. This is also important to our understanding of the gut-brain axis and the implications for mental health. Smiling and conveying a range of emotions through facial expressions is central to wellbeing and the ability to socialise and work. The mouth is central to our senses of smell, taste, and touch, which allows us to connect to our environment. The craniofacial complex is an integral part of the musculoskeletal system with implications for balance, gait, and mobility. In short, good oral health equates with wellbeing on a personal level.

Oral health is everyone's job. Improving it will require an expanded oral health workforce that should include physicians, nurses, midwives, pharmacists, social workers, dietitians, community health workers, speech language pathologists, and other health providers, as well as non-traditional providers such as civic and religious leaders and teachers.⁶ Oral health is already embedded in the universal health coverage agenda. Strengthening and scaling up oral

health education and training as part of universal health coverage would enable an enlarged oral health workforce to integrate new knowledge, skills, and attitudes for oral health into their practice and daily routines.⁷ In this way oral health could be monitored and maintained over the life course with a focus on patient centred concerns and outcomes.⁸ This pivot would increase “oral health touch points” with children and families at all income levels, for example, for early detection of oral cancers and tobacco and alcohol interventions for patients at high risk.

Taking action on the social determinants of oral health inequity is at the heart of radical action to end the neglect of oral health.⁹ Poor oral health disproportionately affects low income and other marginalised members of societies. Hierarchies of power, money, and resource distribution for oral health services continue to reinforce inequities, including through the continued biomedical dental approach, which both directly and indirectly influence oral health outcomes, particularly for disadvantaged people.¹⁰ Ensuring oral health for all requires an approach involving the whole of government and society, including fixing broken food systems whose marketing, advertising, and sale of products contribute to poor oral health.⁵ Actions could include implementing health taxes, particularly taxation of food and beverages with high free sugars content, and avoiding sponsorship by related companies for public and sports events.³ Done right, oral health can play a major role in creating healthy societies.¹¹

Not commissioned, not externally peer reviewed.

The authors have no interests to declare.

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Cite this as: *BMJ* 2024;385:q925

<http://dx.doi.org/10.1136/bmj.q925>

Published: 23 April 2024

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