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Where we are headed in oral health education in Latin America

Hacia donde vamos en la educación de salud bucal en Latinoamérica

Para onde vamos na educação em saúde bucal na América Latina

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Over 3.5 billion people worldwide have untreated oral diseases without there being a real improvement in oral health in the last 30 years ⁽¹⁾. The combined global prevalence of dental caries, periodontal disease and tooth loss has been unchanged at 45%, higher than any other noncommunicable disease⁽²⁾. The latest data on caries prevalence in Uruguay (in 10 regions of the country) in 2010-2011 are 94% in females and 91% in males with a distribution DMFT by age range of 4,8 between 15 to 24 years; 15,8 between 35 to 44 years and 24,4 between 65 to 74 years⁽³⁾. The caries-free group was 6% in women and 9% in men, decreasing as age increases. Regarding gingival-periodontal diseases, a study by Andrade et al. (2017)⁽⁴⁾ showed that 65% of Uruguayans aged 15 to 24 had bleeding on probing, and 18.5% had a pocket depth of 4 to 6 mm. In

addition, 48.8% of Uruguayans aged 35 to 74 had bleeding on probing, 21.8% had moderate periodontitis and 9.12% had severe periodontitis ⁽⁵⁾.

Oral cancer represents another critical problem facing global public health in the dental area. Of these cancers, 90% are of epithelial origin called carcinomas and represent more than 550.000 cases per year ^(6, 7). Although the oral cavity and oropharynx are not very common cancer sites, their importance lies mainly in the poor prognosis and late diagnosis with a low survival rate at five years. An estimated 54.000 adults in the United States will be diagnosed with oral and oropharyngeal cancer this year. Globally, an estimated 476,125 people were diagnosed with oral and oropharyngeal cancer in 2020 ⁽⁸⁾. In Uruguay, head and neck cancer ranks 5th in incidence and 6th in mortality in men, ranking among the first

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countries in incidence and mortality in Latin America ⁽⁹⁾. According to WHO in 2020, deaths caused by oral cancer in Uruguay reached 167 (0.60% of all deaths) ⁽¹⁰⁾. The age-standardized mortality rate in Uruguay is 3.06 per 100,000 population with 82 rank number in the world.

Are dental caries, periodontal disease and oral cancer a priority in professional activity, teaching, and research in Latin America?

A group of scientists, researchers, and academics from several parts of the world have been working since March 2017 to improve oral health in their communities. They represent a fully independent group integrated by Newell W. Johnson (Australia and UK), Lois K. Cohen (USA), Richard Watt (UK), Gunnar Dahlen (Switzerland), Alfonso Escobar (Colombia), Ole Fejerskov (Denmark) and Firoze Manji (Canada and Kenya) ⁽¹¹⁾. This group has published the document "La Cascada Declaration" and has given conferences and discussions on the future of the dental profession in Colombia, Chile, and Brazil, which are reflected in several published articles ^(12, 13). In recent years, groups of Latin American cariologists, periodontists, and clinical oral medicine have come together to address these regional problems ⁽¹⁴⁻¹⁶⁾. During this process, issues such as equity, the excessive number of dentistry schools in some countries, and the need for dentists and physicians to work toward a common goal, guided by the concept that oral health is a part of global health and not dissociated. Currently, the main challenges in public health are increasingly transnational and international, such as pandemics and other threats to health that do not stop at national borders. Likewise, local efforts to reduce risks and implement innovative solutions to common problems benefit from joint action and international collaboration ⁽¹⁷⁾. The global burden from untreated oral diseases and conditions, the continuing lack of coverage and affordability of essential oral health care for large segments of the world's population, and growing inequalities are clear signs of a shortage of public health prevention strategies given to oral health. It is recognized that there is a global pattern of disease, a continuing rise in general health and oral health inequalities, and the need to promote more sustainable, equitable, and inclusive approaches to health care ⁽¹⁷⁾. Nowadays, there is progress in national and global agendas, civil society, and decision-makers in health and awareness at all levels, which seems to be increasing and generated by intense advocacy by many actors and organizations at local, national and global levels. A recent and significant fact in this context is the "Global Strategy for Oral Health" from WHO that was adopted by 194 member states in May 2022 ^(18, 19), recognizing oral health as a global public health benefit directed toward policy and decision-makers, with a vision of universal coverage of oral health for all people and communities by 2030 and access to essential and quality health services that respond to their needs. In Latin America, we are working on the challenge of integrating oral health into general health with equity. Today, we are building representative groups of oral health from different countries in the region in order to:

Learn about the current situation of dental education in Latin American countries.

Become aware of the importance of an integrated approach to health promotion, disease prevention and training of health personnel.

Analyze the opportunities and barriers for integrated action to reduce inequalities in oral health.

Assess potential contributions from the health community sensitive to cultural differences and policy issues.

Discuss how dental education can productively advance toward the goals of promoting health for all by integrating oral health.

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