

## Ignoring the life course: GES Oral health for adults of 60 years.

Ignorando el curso de vida: GES Salud bucal para adultos de 60 años

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With the objective of reducing inequities and improving access to health for Chileans, in 2004 a new reform began in Chile.<sup>1</sup> Unlike previous reforms of a strong administrative nature, the last proposal was based on the concern of different actors to develop a social reform that would benefit the health of Chileans.

The most relevant modification was the creation of the Regime of Explicit Health Guarantees (Garantías Explícitas en Salud, GES), which responded to priority problems considering disease burden, cost and social preferences.<sup>1</sup> Based on this approach, the Oral Health of 60-year-old adults in Chile was incorporated into the list of GES issues in 2007.

The 2016-2017 Quality of Life and Health Survey (ENCAVI) conducted by the Ministry of Health, reported that 42% of adults over 65 consider that the health of their teeth and gums has affected their quality of life at least once, with an important 23% stating that it always affects their quality of life. This result is consistent with national statistics that report a prevalence of 72% dental loss in adults;<sup>3</sup> 22.4% use dentures;<sup>5</sup> approximately 90% of total toothlessness in at least one jaw in adults between 45 and 64 years<sup>3,4</sup> and a prevalence of non-functional dentition in 81.7% of people over 65 years old.<sup>5</sup> In addition there is the high cost related to the treatment of these pathologies, which makes it difficult to access both preventive and curative dental care for the this population, perpetuating an accumulation of damage throughout life in most developing countries.

The GES program considers four oral conditions: comprehensive oral health care for 6-year-old children, comprehensive oral health care for 60-year-old adults, comprehensive oral health care for pregnant women, and ambulatory dental emergency care.<sup>6</sup>

Although these guarantee programs allow people to access oral health care and solve some of their problems, they are not based on a logic of life course, which does not allow structuring a line of programs that are consistent with the different processes during a person's life, functioning instead as isolated instances for assistance.

The life course paradigm is the interdisciplinary study of the processes of human life through different conceptual lines that connect the biological aspects within the social and historical context of the individuals.<sup>7</sup> It contemplates the social structure and life organized by age, thus differentiating stages, one of which is old-age or elderly.

Each of these stages is governed by social norms and values, and contains expected roles when passing through them. In addition, it highlights the importance of the impact of history and the social context on people's lives, specifically defining health risk paths for diseases.<sup>7,8,5</sup>

Regarding the use of this perspective to analyze oral health problems, there is evidence of cross-sectional studies that relate oral health to contextual aspects such as socioeconomic and educational level, and others that have monitored the effect of mobility between socioeconomic groups with better or worse oral health outcomes, with a higher socioeconomic and educational level always being more favorable.<sup>9-11</sup>

Currently, older adults in this country have a single instance for guaranteed dental care. The state benefit of GES Comprehensive Oral Health for 60 years old people, points to healing actions that often involve standardized solutions for individuals, such as dental prostheses. This type of guaranteed care, practically unique throughout life, and which coincides with the onset of old age, prevents considering previous aspects of the history of individuals, which according to the perspective of the life course have conditioned the processes of health and illness.<sup>8</sup> A policy like this, puts the dentists in front of the people who access the policy in a timely and temporary way, with the mere objective of mechanically solving a health problem once in a lifetime, then ignoring the relevance of the life course approach in aging.

This policy confronts us with older adults who bring a trajectory of life embodied in their mouths, with their differentiated biomedical and social contexts, different levels of oral damage and deterioration, and age-

specific difficulties or their own realities to which it is necessary to respond in a relatively standardized way with a single objective in mind, the "recovery of oral health", a requirement of this same policy.

The socio-sanitary device associated with oral health, from the higher administrative organisms to the executing dentist, delivers and complies with the rigor requested in the objective of this program, being aware that having this activity as the only instance of convergence between the older adult, their course and the oral health team is insufficient.

If dental care and oral health care were a continuum throughout life, certain interventions at previous ages could be included within the ideal activities expected in a health system. These would allow to prevent chronic diseases or to moderate their consequences in a timely manner, facilitating a better transition to adulthood regarding oral health.<sup>10</sup>

Another recommendation to strengthen the public policy of oral health for older adults within the framework of the life course approach, is to promote research of all the edges of the concept of historicity proposed by Elder.<sup>7</sup> From this perspective, the study of elements of personal history is not enough, but it is necessary to include, for example, how they promote personal agency (human agency) for oral health (habits, educational level, socioeconomic level throughout life), and the impact of social events on oral health matters (timing) (history of harm, moments of relevance to disease, public policies).

Finally, the oral health of the population covered by a real life course approach would help minimize the negative consequences that the current approach offers, which is centered only at a particular time in the life of older adults.

It is therefore an ethical and urgent imperative to propose an integrative approach in areas of public policies and oral health of the elderly, which ultimately would result in a consistent improvement in the quality of life of this group, considering that more than 10 years have passed since the implementation of this explicit health guarantee.

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