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Perspective

The paradigm of oral health in Mexico.

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The World Health Organization (WHO) points out that oral diseases are a general public health problem worldwide. Oral diseases affect quality of life in various aspects, such as pain, discomfort, loss of sleep, difficulty eating resulting in malnutrition, and time away from school or work. The consequences of dental problems are notorious and costly.[1]

The WHO estimates that dental treatment represents between 5 and 10% of the health expenditure in industrialized countries, which exceeds the resources of many developing countries.[2] The priorities in the oral health policy in Mexico are to diminish the incidence and prevalence of dental caries, periodontal disease, and oral cancer. As such, various policy elements have been designed, such as preventive education of schoolchildren, patient education, and the fluoridation of salt.[3] A major task of health decision makers is to find strategies to prevent or control these problems.

Tooth decay reveal the history of an unresolved health care need. This disease can be an indicator of how health problems accumulate, so it is necessary to integrate oral health needs into health policy analyzes. The WHO states that caries is the third most prevalent health problem, after cardiovascular diseases and cancer.[2] However, there are other oral diseases of high prevalence such as oral cancer.

According to the results of the Epidemiological Surveillance System of Oral Pathologies of Mexico (SIVEPAB, for its acronym in Spanish. Available at: http://www.cenaprece.salud.gob.mx/programas/interior/saludbucal/vigilancia/index.html), 76.7% of adults aged 65 to 69 years have poor oral hygiene. Considering that dental caries is an indicator of the long-term natural and functional dentition, in the population over 40 years of age the prevalence of caries is over 97%. On the other hand, 59.6% of people in Mexico have signs of periodontal disease. The high prevalence of oral health problems and the lack of access to preventive measures and oral health care are inexcusable. Nor is it justified to exclude this group from health programs because the high costs in restorative care. Oral health prevention should be considered for all age groups, as it results in long term cost-savings. Discriminating policies have also existed, such as limiting resources for this age group. This illustrates the ignorance about the substantial inequalities in oral health status according to educational and socioeconomic level, which remains a challenge for public health policy.[4]

In Mexico, dental care is generally provided in private, public or social security services. Public health services offer basic care and do not include

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rehabilitation, orthodontic and aesthetic treatments, so people are forced to use private services to complete their treatment. It should not be forgotten that prevention and appropriate treatment of common oral diseases should be part of primary health care. This is relevant, since low-income populations suffer from lack of access to dental care due to the high cost of dental services.[5]

The interaction between the health professional and the patient is determined by the supply of services and the purchasing power to access them.[6] In this way, dental practice reflects social inequalities as citizens have access to the services according to their ability to pay. In Mexico, health insurance has been achieved for practically the entire population. The Social Protection System in Health (known as *Seguro Popular* and also includes *Seguro Médico para una Nueva Generación*), Covers 44.34% of the population, with an additional 37.39% covered by IMSS, 7.21% by ISSSTE, 1.04% by Sedena and Semar, and 0.6% by Pemex, leaving 8% without health protection.[7] If all people had access to dental health preventive measures and appropriate and timely treatments, it would reduce the prevalence and costs associated with oral diseases. When health systems reduce social subsidies and create economic barriers to access health services, the magnitude of social inequalities increases.[6] Mexico has implemented national oral health awareness weeks in recent years, involving public and private institutions in the prevention of oral diseases within the community, including both the health professionals and the patients.

Health systems that pay special attention to the relationship between living conditions and health emphasize promotion, prevention, basic sanitation, community development, and develop an interconnected system of services. This type of system, based on the needs of individuals and communities, has a great academic and empirical track record in Latin American, including several aspects of a movement known as social medicine.[8] Reflecting on this, the analysis of the situation of oral health must recognize the influence of the social context, the characteristics of the social groups and the socio-political system in relation to the health care system.[9]

In Mexico, the oral health of the population has improved due to policies established by the WHO and the Pan American Health Organization. However, it is clear that much remains to be done in terms of ensuring good oral health, appropriate to the expectations and clinical needs of the different population groups. Progress has been made in some oral health issues, but not all related to oral health policy. At times, oral health programs have not been well planned or implemented. On the other hand, the dental professional market has been influenced by an exaggerated supply, as well as an unmet demand in some areas. This is a good reason to support the introduction of changes in oral health policies in Mexico, with the aim of reducing oral health gaps and inequities.

REFERENCES.

1. Alzate-Urrea S, Agudelo-Suárez A, López-Vergel F, López-Orozco C, Espinosa-Herrera E, Posada-López A, Meneses-Gómez E. Calidad de vida y salud bucal: Perspectiva de adultos mayores atendidos en la red hospitalaria pública de Medellín, Colombia. Rev Gerenc Polit Salud. 2015;14(29):83–96.
2. World Health Organization (WHO); The World Oral Health Report 2003. Continuous improvement of oral health in the 21st century – the approach of the WHO Global Oral Health Programme. Geneva, Switzerland: World Health Organization; 2003.
3. Secretaría de Salud (SSA).; Centro Nacional de Programas Preventivos y Control de Enfermedades (CENAPRECE). Prevención, Detección y Control de los Problemas de Salud Bucal 2013-2018. Estados Unidos Mexicanos: Programa Sectorial de Salud; 2015.
4. Pontigo-Loyola AP, Medina-Solís CE, Márquez-Corona Mde L, Vallejos-Sánchez AA, Minaya-Sánchez M, Escoffié-Ramírez M, Maupomé G. [Influence of predisposing, enabling, and health care need variables on the use of dental health services among Mexican adolescents from a semi-rural location]. Gac Med Mex. 2012;148(3):218–26.
5. Baldani MH, Ferreira JL. Inequalities in access and utilization of dental services: a cross-sectional study in an area covered by the Family Health Strategy. Cad Saúde Pública. 2011;27(Suppl 2):S272–83.
6. Sen A. [Why should there be equity in health?]. Rev Panam Salud Publica. 2002;11(5-6):302–9.
7. Gutiérrez JP, Rivera-Dommarco J, Shamah-Levy T, Villalpando-Hernández S, Cuevas-Nasu L, Romero-Martínez M, Hernández-Ávila M. Encuesta Nacional de Salud y Nutrición 2012. Resultados nacionales. Estados Unidos Mexicanos: Instituto Nacional de Salud Pública (MX); 2012.
8. García JC. La Medicina Estatal en América Latina (1880-1930) Rev Cubana Salud Pública. 2017;42(1):143–75.
9. Cruz Palma G, Sánchez Najera RI, Quiroga García MA, Galindo Lartigue C, Martínez González GI. Caries dental y los determinantes sociales de la salud en México. Rev Cubana Estomatol. 2014;51(1):55–70.