

Topic: Social inequities in caries

Abstract:

Inequities in caries can be discussed in different aspects and refer to lots of academic sources.

Caries can be origin and cause for different type of disease, that have been named in a study, *Syndemi* .(5)

How can social inequality be about caries needs to be discussed in different viewpoints .

In this manuscript will be discussed inequalities according to dikotomi and gradient models.

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Keywords:

Social inequality, caries, *Syndemi*, Differential expositioning , Differential vulnerability , differential consequences . SEP socioeconomic position. Social Inequity.dichotomy model.Gradient model.Public health.WHO, World health organization.

Introduction:

Social inequalities can be described as differences in adverse effects of sickness or injuries resulting from the same disease or accident for the low and high social class and position.

Descriptions for different social classes will be notified with education level, type of business, and income level.

Professor Margarret whitehead means "Health inequities are difference in health that are unnecessary, avoidable, unfair and unjust" (1)

In the global vision, the World health organization (WHO) reported : "Closing the gap in a generation" that emphasizes more focus to minimise inequities.(2)

Discussion:

At starting for discussion want to describe that some factors for example differential expositioning, vulnerability, and consequences can be important specially when we should thinking about social inequity .

The socioeconomic position (SEP) is always considered when talking about inequities in different aspects.

SEP is named as such a social gradient in inequities understanding.

The other aspect about study inequities is to divide peoples in two groups (a dichotomy) and compare socially weak gruppes (for example : poor people, homeless, alkoholiks, chronic psychics, drug abusers, etc...) with the rest of society.

In the Gradient model analysis , it mostly focuses on how sickness and consequences of that can be prevented . (4) The dichotomy model is the focus on the poor group that need interventions to be sure that they receive the help they need to manage their situation and help to limit social and economic side effects of their poor social level.

Reasons of inequities in disease consequences can be named:

Work environment,longtime worklessness,

Health behavior.

About caries , there are four aspects that should be considered,

First of all is unequal accessibility to healthcare

Second, unequal use of health care

Third, unequal qualities, fourth, unequal effect of the care for peoples with the same necessities.(3,6)

(3).Diderichsen F,Andersen I, Manuel C. Uilighed i sundhed .2011

(4).Mackenback JP. Ververde JR , Bopp M et alDeterminants of inequalities in life expectancy.2019

(5). Singer M, Bulled N,Ostrach B et al , Syndemics and the biosocial conception of health. 2017

(6).Wnzi M, McCuskee, Mossialos E et al.2015

Conclusion:

Prevention of inequities in health care (inclusive careis) can be considered for example:

Prevention strategies according to the relevant gradients,

The high risk strategies adjusted according to their gradients,

Social strategies can be directed and focused on social vulnerable groups,

High risk strategies focused on social vulnerable groups.

References:

(1).Whitehead M . The concepts and principles of equity and health. Int J Heal Serv 1992;22:429-45.

(2).Lund, Rikke. 2020. *Medicinsk sociologi: sociale faktorerers betydning for befolkningens helbred*. Kbh: Munksgaard.