

Current oral health evidence for prevention and control of non-communicable diseases (NCDs)

In the past 30 years, the oral health status of the Japanese people has improved markedly. In addition, dental and oral health have been positioned as fundamental elements of a national health policy (Health Japan 21) that seeks to extend healthy life expectancy and prevent and control non-communicable diseases (NCDs).

At the same time, Japan leads the world in longevity, with the average life expectancy having reached 80 years in men and 86 years in women, and with people of age 65 years or older making up 25% of the population. As this aging population structure puts increasing financial strain on the social security system, a more effective and efficient approach to providing medical care and preventing NCDs is required in order to strengthen and maintain the universal health insurance coverage that was introduced in Japan in 1961. Deployment of such a health policy, with the dual aim of further extending longevity and maintaining health, will contribute greatly to the resolution of global health issues.

Research results demonstrating the relationship between oral health and systemic health have already begun accumulating all over the world. In addition to organizing and meta-analyzing the existing evidence, it is important to promote further research in a strategic and systematic manner. Moreover, discussions should be carried out to address what strategies and processes could be implemented in the fields of dental care and oral health fields to ensure and enhance our contribution to the goal of realizing a society where healthy longevity prevails. In this context, the most effective approach is one that seeks to identify common risk factors in both medical and dental fields. In addition, in life course epidemiology, there are two models: one in which a chain reaction of risk leads to NCDs, and another in which NCDs are attributed to an accumulation of risk. These models are also applicable to oral disease prevention and control. We need to establish a more effective and efficient health care system based on the life course approach. This system would begin taking into account the common risk factors of oral disease and NCDs at an earlier stage and involve more collaboration among health professionals and institutions in various health-related fields.

Moving forward, the scientific bases for proposed health policies should be clearly demonstrated. In particular, it is in the best interest of both dental/oral health promotion and systemic health promotion to provide quantitative evidence of the effect of preventing the onset and progression of diseases that lead to death or to conditions requiring care, and also to demonstrate how improvements in dental care and oral health can contribute to the improvement of our social security system within the constraints imposed by limited financial resources. Health policy decisions, implementation, and evaluation must be based on solid evidence, and they must also gain the understanding of the citizenry as well as other stakeholders.

Against this background, we have to do several efforts as follows: advocacy to convey the evidence regarding dental care and oral health, promotion of measures concerning common risk factors of oral diseases and NCDs, accumulation of evidence regarding the medical economic effects of dental and oral health policy implementation, implementation of health measures based on the evidence currently available and assessment of the effects of such measures.

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