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Dear friends and colleagues,

'Social justice is a matter of life and death. It affects the way people live, their consequent chance of illness and their risk of premature death' (1). Life expectancy continues to increase in parts of the world and decrease in other parts of the world. There are dramatic differences in health between and within countries, often as a result of social disadvantage. These preventable health inequalities are the results of conditions in which people live, and the systems available to help cope with illness. These conditions are shaped by political, social and economic forces. The Commission on Social Determinants of Health was created by the World Health Organization (WHO) in 2005 to gather together the evidence to help determine what can be done to promote health equity, and to encourage a global movement to achieve it [http://www.who.int/social_determinants/en/ (accessed 9 February 2012)].

Oral diseases represent a worldwide public health problem, and we know that social inequality is present, with the weight of the problem significantly higher among poorer and disadvantaged populations in both developed and developing countries. Consequently, socio-economic status is an important determinant of oral health (2). A World Health Organization (WHO) resolution in 2007 recommended improvements in oral health in low- and middle-income countries and among poorer populations worldwide, consequently tackling between country and within country discrimination in oral health (3).

The objective of a study published in December 2011 was to assess socio-economic inequality in oral healthcare coverage among adults with articulated need living in 52 countries (4). Data on 60 332 adults aged 18 years or older were analysed from 52 countries participating in the 2002–2004 World Health Survey. Oral healthcare coverage was defined as the proportion of individuals who received any medical care from a dentist or other oral health specialist during a period of 12 months prior to the survey, among those who reported any mouth or teeth problems during that period. Besides assessment of the coverage across wealth quintiles (population is divided into fifths) in each country, a wealth-based relative index of inequality was used to measure socio-economic inequality. The index was adjusted for sex, age, marital status, education, employment, overall health status, and urban or rural residence. Pro-rich inequality in oral healthcare coverage was observed within most of the countries, although lower income countries showed greater levels of relative inequality than higher income countries. Overall, lowest coverage and highest relative inequality were found in the low-income countries, as might be expected. The findings of this study may help to enlighten policies for oral health at global and national levels. To achieve universal coverage in oral healthcare, relevant interventions should reach the poorest population groups.

In the USA, we have the *Patient Protection and Affordable Care Act*, which is a high point on the course towards substantially reducing the number of uninsured and underinsured individuals in this country [http://dpc.senate.gov/healthreform-bill/healthbill04.pdf (accessed 9 February 2012)]. The lack of health insurance is harmful to health, and equity in access to needed health care is one measure of a just society. The US Institute of Medicine issued a report entitled '*Essential Health Benefits: Balancing Coverage and Cost*' and attempts to provide solutions to these problems [http://www.iom.edu/~/media/Files/Report%20Files/2011/Essential-Health-Benefits-Balancing-Coverage-and-Cost/essentialhealthbenefitsreportbrief4.pdf (accessed 9 February 2012)] The report outlines criteria and methods to define and update the essential health benefits package. The committee's recommendations encourage evidence-based practices and prudent stewardship of resources.

A new report funded by the Kellogg Foundation and the DentaQuest Institute states that dentistry is the second-highest out-of-pocket healthcare cost after prescription medicines in the USA, and its cost is rapidly outpacing inflation (5). Many people get no dental care at all. There seems to be an agreement that the current oral health system does not meet the needs of a significant portion of the population. The report, one of the latest analyses of the oral healthcare system, is intended to launch a national dialogue on quality improvement and increased access to dental care. The Institute of Medicine and the US Government Accounting Office released reports on dental access and quality in 2011. The study authors project that part of the answer is dental hygienists and other professionals going into schools, nursing homes and other areas with underserved populations to deliver preventive care and interim therapeutic restorations, or atraumatic restorative technique (5).

Studies in the Philippines reveal that Filipinos, especially children, have been negligent in terms of dental care (6). The 2006 National Oral Health Survey (NOHS) [http://www.doh.gov.ph/content/what-are-latest-dental-problems-statistics-philippines (accessed 9 February 2012)] revealed that 97.1% of 6-year-old children suffer from tooth decay. More than four of every five children of this subgroup manifested symptoms of dentinogenic infection.

So what can we do to help? There are many international organizations that are worth our time and energy. As mentioned in a previous message, the *Alliance for a Cavity-Free Future* is a worldwide group of experts who have joined together to promote integrated clinical and public health action to stop caries initiation and progression to move towards a Cavity-Free Future for all age groups (http://family.allianceforacavityfreefuture.org/en/us/portal (accessed 9 February 2012)]. Overall, the group believes that global collaborative action is needed to challenge global leaders and other regional and local stakeholders to learn the importance of caries as a disease continuum and to participate in action towards the delivery of comprehensive caries prevention and management

that can positively influence the continuing problem of caries. By working together on a global, regional and local level, the Alliance challenges these stakeholders to stop caries NOW for the opportunity to have a Cavity-Free Future [http://family.allianceforacavityfreefuture.org/en/us/portal (accessed 9 February 2012)]. One of the Alliance Members is the Global Child Dental Fund (GCDF), one of the world's leading global dental charities for children [http://www.gcdfund.org (accessed 9 February 2012)]. Their overall goal is to make certain that the most disadvantaged children, from the most deprived communities around the world, have access to dental care and do not suffer from obvious dental decay in their lifetime. This is accomplished through intervention programmes, research initiatives and dental leadership training [http://www.gcdfund.org (accessed 9 February 2012)].

Last, but not least, is the Esther Wilkins International Education Program [http://www.ncohf.org/professionals/hygienists. Or email at info@ncohf.org (accessed 9 February 2012)]. Dr. Esther Wilkins and National Children's Oral Health Foundation (NCOHF) have launched a movement to help rescue children worldwide from preventable paediatric dental disease. The Esther Wilkins International Education Program provides dental hygienists, prevention specialists, with educational tools for outreach activities and supports their role as oral health champions, leaders and educators within their communities. The NCOHF Preventive Education Kit is a valuable aid in raising awareness and improving oral health literacy in outreach activities within your community. The kit content covers basic preventive strategies and nutrition appropriate for prenatal through young adult learning levels. The NCOHF Preventive Education Kit includes: magnetic tooth board with magnet pieces, a large Toothbrush for toothbrushing demonstration; a CD with Toothbrushing & Hand Washing Songs; and three (2) basic lessons and corresponding worksheets (Preventing Germ Transmission, Toothfriendly Snacks/Nutrition and Toothbrushing/Flossing Demonstration). The materials are available in English and Spanish. But the NCOHF may be able to assist in translation into other languages.

I have been fortunate to be involved with exciting oral health advancements throughout my career. But nothing has equalled this opportunity to forever change the lives of countless innocent children', Esther Wilkins, RDH, DMD.

The aforementioned list is by no means exhaustive. I would love to hear of community service efforts in your country. As Heller Keller said: 'Alone we can do so little; together we can do so much'.

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