EDITORIAL

Oral Health Care Access, Inequity, and Inequality

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The majority of scientific reports published in the *JDR Clinical & Translational Research* describe studies that focused on oral health problems experienced by populations worldwide. Along with explorations of population disease incidence and prevalence, our publications include assessments of preventive and therapeutic approaches aimed to decrease disease, along with implementation research to ensure that approaches shown to be safe and effective are rapidly put into practice. Undeniably, some of the preventive and therapeutic approaches were conceived and developed through basic science and animal research prior to testing in humans.

One population susceptible to periodontal disease and in need of preventive care is pregnant women. In this issue, readers will find 2 reports on oral health in pregnancy. Lee H et al. (2022) analyzed data from >75,000 pregnant women from the 2012–2015 US Pregnancy Risk Assessment Monitoring System; they found that only slightly more than half had seen a dentist for a cleaning during their pregnancy, with non-Hispanic Black and Hispanic women significantly less likely than White women to have done so. When compared with those with private insurance, women enrolled in Medicaid were significantly less likely to have had a dental cleaning during their pregnancies. This might be partly due to a lack of willingness by dentists to treat pregnant women. Addressing this issue, Huang et al. (2022) surveyed faculty members from New York University, the largest dental school in the United States. While most respondents agreed that women should receive a dental examination during pregnancy, half reported that they did not feel comfortable treating pregnant patients and preferred not to treat them. Based on these findings, one can't help but wonder whether dental clinicians might feel uncomfortable and avoid treating the rapidly increasing older populations whose general health issues and pharmaceutical use are even more complex than for most pregnant patients.

Beyond pregnancy, Gaskin et al. (2022) describe predictors for unmet dental needs in >150,000 US adults, resulting from their analyses of the 2018 Behavioral Risk Factor Surveillance System. In addition to finding that predisposing and enabling factors predicted tooth loss, their results demonstrate that differences in unmet dental needs are modulated by the vitality of each state's oral health policy, indicating that improvements in state and federal oral health programs could vastly improve oral health. Ju et al. (2022) analyzed inequality and inequity in the use of dental care services in Australia using data from the 2017–2018 National Study of Adult Oral Health. While they demonstrated that disparities in dental visits are driven by social determinants of health (inequalities), their analyses included the quantification of inequities in dental service use that are particularly useful to inform policy.

Recognition of the value of quality-of-life assessments in oral health research has been demonstrated by the increasing published literature on the topic. Through semistructured interviews, Hijryana et al. (2022) studied the quality of life of Indonesian elders with periodontal disease. In addition to pain, participants reported that their periodontal disease causes loss of function and adversely affects their emotional states and social interactions. Rather than accepting periodontal disease as a "normal" aspect of aging, participants described how periodontal disease negatively influences their oral health–related quality of life. In conjunction with dental examinations, oral health–related quality of life was

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measured in Manitoban (Canada) First Nations and Mètis children (Lee J et al. 2022). While there were no differences in levels of early childhood caries or severe early childhood caries between First Nations and Mètis children, those living in rural environments had significantly more severe early childhood caries than those in urban settings; these findings suggest that access to care may play a part in these differences, thereby supporting the need for better access to care in rural settings. Moynahan and Varghese (2022) systematically reviewed the literature to determine the impact of denture wearing on diet, nutrition, and eating-related quality of life. While there were some differences in food intake between complete denture wearers and dentate populations, no differences were detected for risk of inadequate nutritional intake. However, eating-related quality of life was lower for complete denture wearers than for dentate populations.

While it is broadly accepted that sociodemographic factors have a direct impact on general and oral health, policy makers must be provided with this information and other facts in a way that motivates them to address oral health inequities. Until then, we will continue to see the same patterns in health, with inequities and inequalities persisting for large proportions of the world's populations.

Author Contributions

J.S. Feine, contributed to conception and design, data acquisition, analysis, or interpretation, drafted and critically revised the manuscript. The author gave final approval and agrees to be accountable for all aspects of the work.

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