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Editorial

Oral health inequalities and the COVID-19 pandemic: time for action

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Over the last years, the COVID-19 pandemic has introduced a major public health crisis globally that societies have struggled to address irrespective of the approach followed. The different aspects of the crisis and how it has been handled from the point of view of social epidemiology, do not offer a positive reading. One key "message" has been that we are "all in it together". This implies a socially neutral phenomenon, yet there is clear evidence of stark socioeconomic and ethnic inequalities with disproportionate burden of the pandemic among the more deprived groups in the society (Marmot, 2020). And this has taken place in the background of already well-established health inequalities that have further increased over the last decade (Marmot *et al*., 2020). At the same time, addressing inequalities has been a central piece of government and societal health policy objectives.

While the health literature has emphasised the impact of the pandemic on increasing health inequalities, the oral health literature has been narrower in focus, dealing primarily with reduced access to dental care. There are numerous papers on the excessive impact of the continued pandemic on access, from the total cessation of services in the initial period to the delayed and incomplete recovery after their resumption. Focusing on dental care provision or specific aspects of it is both relevant and important but presents only one part of the overall picture and tends to ignore the wider and more severe consequences on inequalities in oral health.

Initial evidence from NHS general dental service data suggested that people living in more deprived areas fared worse than those in affluent areas in the recovery of primary dental services. Likewise, data in relation to secondary dental care and oral cancer referrals pointed in the same direction of increased inequalities in provision (Stennett and Tsakos, 2022). In this issue of Community Dental Health, nationwide routinely collected claims data strongly indicate greater inequality in access to NHS dentistry due to the COVID-19 pandemic (Brown *et al*., 2022). Children and more deprived pensioners were primarily affected, with both groups receiving fewer fillings and extractions and the children also receiving fewer fluoride varnish applications compared to the respective activity before the pandemic.

Let's put the aforementioned evidence into the broader context of oral health inequalities. For a start, all these data refer only to NHS activity and therefore reflect the situation for a large proportion, but clearly not all, of dental care provision in the UK. The universal access remit of the NHS would in theory address access related inequalities better than most other dental care systems that are predominantly or almost entirely based on the private sector. As such, it may well be the case that the available evidence is only a modest "alarm" for what the situation may be in other settings or countries. But the theory and reality are not always aligned and there are many recent reports about major concerns in access to NHS dental care that can only further increase such inequalities.

Moreover, the ultimate goal is addressing inequalities in oral health, rather than simply supplying access to dental services. Determining the extent to which these inequalities in access increase oral health inequalities should be an important consideration. More importantly, the impact of the COVID-19 pandemic has been much wider than only impacting on access to dental services. A range of other determinants of health, from the more proximal health behaviours to psychosocial factors and to the more distal determinants such as public and social policies, have been affected by the pandemic. In addition, community oral health improvement programmes have been severely hampered, at least for a considerable period (Stennett and Tsakos, 2022). All these negatively impact on oral health inequalities providing a clear indication that the COVID-19 pandemic may exacerbate them.

The worsening health (and oral health) inequalities are now to be combined with the growing economic crisis that is expected to increase levels of poverty in the population. We therefore need a more comprehensive approach to understanding the challenge ahead.

A good starting place is what has been termed the "syndemic pandemic" of COVID-19, non-communicable diseases (NCDs) and the social determinants of health (Bambra *et al*., 2020). According to this, COVID-19 "interacts with and exacerbates existing social inequalities in chronic disease and the social determinants of health", thereby further burdening the more disadvantaged groups in society, resulting in even starker health inequalities. This intersectionality of disadvantage among the more vulnerable and marginalised groups is expected to enlarge the groups that are facing the "cliff-edge", so causing more extreme health inequalities. The economic and social impact of the forthcoming recession, combining different

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factors, including, but not limited to, the additive impact of the pandemic and the current war in Ukraine, is compounding the challenge for societies across the world.

In this context, more of the same is simply not enough. Supporting access to dental services is, of course, important, but even a complete resumption of services to pre-pandemic levels will not suffice to address the enlarged oral health inequalities. They cannot simply be treated away; they couldn't before the pandemic, and they definitely cannot now. There are some good suggestions for the way forward, such as integrating dental care systems into the wider health system, making them more responsive to local needs, and re-orienting services towards prevention (rather than more invasive care) (Watt, 2020). Long term investment in oral health, especially public health programmes, should be seen as a priority. Broader policies, such as a focus on social protection for more vulnerable groups and a requirement for a health inequalities impact assessment in all policies, can play a considerable role in addressing inequalities. While the recognition of the challenge is necessary, there should also be optimism. There is growing emphasis on oral health globally and the recently adopted WHO Global Oral Health Strategy (WHO, 2022) has a clear positive focus on public health actions to improve oral health and address inequalities. This can very well serve as the springboard for a more radical system change and public health action to address the unfair, unjust and unacceptable inequalities in oral health. The opportunity is there, and the time is now.

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