

Rita Barradas Barata

Scientific Editor

## Social inequalities in access to dental care

Social inequalities in health have become over the past two decades a major public health issue in high-income as well as middle- and low-income countries. It has taken on a political dimension since the World Health Organization (WHO) established the Commission on Social Determinants of Health and health ministers of the Member States became involved in tackling social inequalities.

Social inequalities can be divided into two main theme groups: health inequalities, i.e., issues related to the health-disease process and its social determinants; and inequalities in access to and utilization of health services.

Revista de Saúde Pública publishes in this issue an article by Karen Glazer Peres et al<sup>2</sup> addressing social inequalities in utilization of dental services in Brazil over a 10-year-period using data from the health supplement of the Brazilian National Household Surveys (PNAD) conducted in 1998,<sup>a</sup> 2003,<sup>b</sup> and 2008.<sup>c</sup>

Inequalities in access to dental care are not exclusively a Brazilian problem, they were addressed in the Black Report<sup>1</sup> published in the United Kingdom in the early 1980s. The data reported in the 1998 supplement<sup>a</sup> showed a high proportion of Brazilians who had never seen a dentist in their lifetime. The ensuing discussions have set the basis for the formulation of a national policy on oral health.

The editors would like to draw attention to the importance of this article's findings. The authors reported that during the period studied there was an increase in utilization of dental services and a reduction in the proportion of those who had never seen a dentist. They analyzed different age groups and make comparisons by income quintiles, which allowed to identify social inequalities and inequalities over the life cycle.

These analyses indicated that, besides improved access and utilization, a significant reduction in social inequalities was seen in the period studied. The authors discussed possible explanations for their results, highlighting both the effect of rising income and greater availability of dental services supported by public health policies. While it is undeniable that significant progress has been made, the authors stressed that social inequalities still persist.

Another relevant aspect in this paper is the use of data from PNAD. The use of data on utilization of health services linked to socioeconomic data available in the main questionnaire has allowed to performing a series of analyses of social inequalities. Secondary data available in the national health care databases do not generally include family- and individual-level socioeconomic variables that are adequate for these analyses. Peres et al<sup>2</sup> article as well as several other articles based on PNAD data highlight the importance of systematic large-scale population-based national surveys for providing detailed socioeconomic data.

<sup>a</sup> Instituto Brasileiro de Geografia e Estatística. Acesso e utilização dos serviços de saúde 1998. Brasília; 2000 [cited 2012 Jan 26]. Available from: <http://www.ibge.gov.br/home/estatistica/populacao/trabalhoerendimento/pnad98/saude/saude.pdf>

<sup>b</sup> Instituto Brasileiro de Geografia e Estatística. Acesso e utilização dos serviços de saúde 2003. Brasília; 2005 [cited 2012 Jan 26]. Available from: <http://www.ibge.gov.br/home/estatistica/populacao/trabalhoerendimento/pnad2003/saude/saude2003.pdf>

<sup>c</sup> Instituto Brasileiro de Geografia e Estatística. Um Panorama da Saúde no Brasil: acesso e utilização dos serviços, condições de saúde e fatores de risco e proteção à saúde 2008. Brasília; 2008 [cited 2012 Jan 26]. Available from: [http://www.ibge.gov.br/home/estatistica/populacao/panorama\\_saude\\_brasil\\_2003\\_2008/defaulttabzip\\_2008.shtm](http://www.ibge.gov.br/home/estatistica/populacao/panorama_saude_brasil_2003_2008/defaulttabzip_2008.shtm)

The intent to replace the PNAD health supplement with national health surveys with much smaller samples and no guarantee of including questionnaires to collect as detailed socioeconomic information should be viewed with caution by Brazilian researchers because we all have much to lose.

## REFERENCES

1. Black D, Morris JN, Smith C, Townsend P. Inequalities in Health: The Black Report. Townsend P, Davidson N, editors. London: Penguin Books; 1982.
2. Peres KG, Peres MA, Boing AF, Bertoldi AD, Bastos JL, Barros AJD. Redução das desigualdades na utilização de serviços odontológicos no Brasil entre 1998 e 2008. *Rev Saude Publica*. 2012;46(2):250-9.