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Letter to Editor

Oral Health Inequalities and Access to Care during SARS-CoV-2 Pandemic

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The SARS-CoV-2 pandemic began at Wuhan in December 2019, and the World Health Organization designated it a public health emergency in 2020 [1-3]. Oral health care services were ignored by the public health organizations in developing nations and it is not an easy task to tackle the inequalities among the communities [4-5]. The purpose of this article is to raise awareness and explore the possible impact of the COVID-19 pandemic on oral health disparities.

Accessibility to oral health treatment is particularly limited for COVID-19-affected communities. COVID-19 patients are recommended to "avoid non-emergent dental care" if they have symptoms. "If feasible, providers are urged to delay the dental care till the patient has healed" [6]. Oral health disparities have been well documented and may be seen across the socioeconomic spectrum and throughout one's life, primarily mirroring socio-economic disparities in overall health [7-9].

Many of those people, who rely on government dental services, have seen their access limited or removed as the program's funding has been cut. "In response to economic problems due to funding allotment for covid 19 treatment, several states have cut or abolished dental coverage, with a parallel 10% reduction in oral health care usage among low-income individuals. People in high-risk groups who do have dental insurance typically have "difficulty obtaining Medicaid-contracted dental practitioners, because just 20% of dentists worldwide take Medicaid". As the COVID-19 pandemic consumes a large portion of state budgets, we can reasonably expect these trends to worsen [10].

Vulnerable and marginalized communities including homeless people and care home community members showed sheer number of inequalities, with significantly worse oral care outcomes, often accompanied by major obstacles and restricted access to oral healthcare. COVID-19 pandemic has triggered enormous economic and public health issues throughout the world in the last 18 months [11-13].

Furthermore, there was substantial evidence that COVID-19 has disproportionately afflicted socially disadvantaged populations, contrary to claims that it is a "socially neutral illness" [14-16]. As a result, it is predicted that the COVID-19 pandemic would aggravate long-term health inequalities [17-19].

Oral health disparities have been largely ignored despite the fact that oral diseases are a global public health issue that is socially patterned and highly prevalent, imposing a significant burden on individuals and societies while being largely preventable [20-22]. Lower socioeconomic groups are more likely to engage in health-harming behaviours. [23-25] and they show a road to oral health disparities [26-27]. The influence of the COVID-19 pandemic on oral health behaviours is usually understudied. However, looking at changes in purchase habits can provide some useful information, but this is obviously not a direct reflection of actual behavioural practices. Earlier to the COVID-19 pandemic, handful individuals followed dietary guidelines, and while those from higher income categories were closer to meeting some of them, diets did not follow recommendations across the board [28].

During the initial lockdown in March 2020 and later in June/July 2020, there were increases in reported purchases of confectionery,

biscuits, and sweet home cooking among adults when compared to the same weeks in 2019. Sugar intake is a serious health concern for dental caries and can also contribute to excessive calorie consumption, raising the risk of becoming overweight. Secondly, at the time of the initial lockdown announcement, there was considerable variance in oral care product purchasing. Just before the initial lockdown in March 2020, there was a considerable rise in dental care product purchases across all social groups, but especially for the upper social classes, as compared to the equivalent weeks in 2019.However, by June/July 2020, the trend had shifted, with higher social groups seeing minor gains and the lowest social classes seeing a reduction in oral product purchases [29].

Dental care was drastically reduced during the initial lockdown period, and even after services were resumed, it was still significantly lower than the previous year, particularly among disadvantaged children and older adults. As we deal with the pandemic and keep moving further than revival of primary dental care services to pre-COVID-19 levels, it is critical to consider a course of action to handle oral health inequalities. Re-aligning dental care service and changing commissioning channels to emphasize accessibility to dental services is critical [30-32].

Oral health improvement practises in care homes have been shown to be inadequate, especially access to home care services, has proven to be difficult [33]. The COVID-19 epidemic has brought these challenges to light even further. Because oral health specialists and health promoters had restricted access to care homes for a long time, oral healthcare programs and services in care homes halted [34-35].

The expected increasing oral health burden and wider inequities cannot be easily treated away or addressed by providing more and more equitable treatment. Oral health improvement initiatives with evidence of success in lowering oral health inequities, such as community water fluoridation and daily, supervised teeth brushing in early childhood settings, must be expanded urgently [36-37].

This is much more of a concern now that other inequities have grown because of the COVID-19 pandemic. The widespread interruption to children's schooling they might have long-term detrimental consequences for educational attainment, particularly for underprivileged kids who have limited access to internet resources. Furthermore, the economic slowdown triggered by the COVID-19 pandemic may lead to a reduction in employment availability, which is more likely to affect persons with lower socioeconomic backgrounds [38].

There is a need to reinvest in public health after years of neglect [39-40]. Following the devastating effects of the pandemic, prioritising public health programs, and supporting equal and fair access to healthcare will help to build a fairer society [41]. To conclude dental health has a major impact on people's overall health and wellbeing. It is the right time to consider this pandemic day's experience as a wakeup call to tackle the future pandemics.

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