

According to the American Dental Hygienists Association (ADHA) in the article *Access to Oral Health Care: A National Crisis and Call for Reform*, “oral health care is a right of all people” (Bersell, 2017 p. 6). In contradiction, the Frontline documentary *Dollars and Dentists* (2012) mentions the fact that 100 million Americans do not have dental insurance. This country is in crisis when it comes to the accessibility of dental care to those who need it. There are a number of vulnerable and underserved populations such as pregnant women, children and older adults who cannot receive care because of finances, geographic location, dentist shortages, fear of dental care, and lack of oral health literacy (Bersell, 2017). The Covid-19 pandemic has exasperated stress related symptoms in patients and created more barriers in access to dental care. As dental hygienists, it is critical that we uphold the mandate that oral health care is the right of all people by addressing and exploring solutions to these major challenges in access to care.

Like most people, I was unaware of the extent of disparity regarding the status of dental healthcare in the United States. It is alarming to see how complex the problem really is. According to Senator Charles Grassley in the PBS Frontline documentary *Dollars and Dentists*, “profits and patient care are always at odds” (Rosenbaum, 2012, 24:34). Charities such as Remote Area Medical created by Dr. Terry Dickinson, offers free care to patients by volunteer dentists. These charities are practical for those who have pain or dental emergencies, but they have limited benefits because they do not offer preventative or restorative services; therefore this is only scratching the surface of the problem (Rosenbaum, 2012). Corporate dental practices have emerged to try and solve the issues of dental care accessibility, including accepting Medicaid, however, profits are still being prioritized over patient care, and it has been shown that

many practices have established daily monetary goals for each clinician. This has led to children being treated for unnecessary restorative work, mainly crowns, leading to traumatized children and parents. These goals were set for the clinicians because the reimbursement for crowns was much higher than those of fillings. There were also bonuses offered to those who produced more revenue (Rosenbaum, 2012).

In addition to charities such as Remote Area Medical, there have been other solutions to the problem of accessibility, but because they do not follow the traditional style of dental practices they are at risk of being shut down. One being a non-profit practice that is not run by a dentist, but a retired corporate CEO, Jeff Parker (Rosenbaum, 2012). The practice focuses on seeing children on Medicaid. The staff is paid a salary, do not receive bonuses, and still make the same amount no matter how many patients they provide care for. As a result, the dentists are performing more preventative than restorative work, which has lowered the cost of an appointment. Dentists are wary of this practice because it is being run by a corporate player, not a dentist. They also fear that it is taking work away from their businesses (Rosenbaum, 2012).

Accessibility to dental care is clearly an issue affecting many people in this country, but there are also vulnerable populations who are even more at risk, including the older generation. It has been shown that senior citizens in this country have many misconceptions about oral health care, outdated oral care information, and poor oral hygiene habits (Bersell, 2017). Medicare does not include dental coverage, so many older adults cannot afford care. Many older adults suffer from disease and may also take medication that negatively impacts their oral health. This has led to a higher rate of active decay within the generation and a higher risk of periodontal disease and

caries; about 25% of adults 65 and over in the United States have no teeth (Bersell, 2017). These statistics are a reflection of the disparities regarding accessibility of dental care to older adults.

Moreover, in 2020, accessibility disparities expanded deeper because of the Covid-19 pandemic. Dentists report that there was an increase in caries, gum disease, and stress related conditions such as grinding, jaw pain, fractured and chipped teeth (Tingley, 2021). Although there was a rise in these issues, care did not become more accessible, it actually did the opposite for most. One of the main factors was many people lost their employment, which in turn eradicated their health insurance. Because of this, dental care was put on the back burner for many people, especially vulnerable populations such as older adults, black, latino, indigenous and immigrant communities (Tingley, 2021). There was also the risk of becoming infected with Covid-19, leaving dental practices no choice but to reduce the number of patients, making it difficult for immunocompromised or fearful patients to continue with oral care (Tingley, 2021). Another effect from the Covid-19 pandemic was the introduction of virtual care, which was helpful for patients who could not afford to have an appointment or were afraid of the virus, but cannot replace in person dental care (Tingley, 2021).

When faced with the many issues affecting access to dental health in America, and how much harder it can be for more vulnerable populations to find care, I believe that the root of the problem is the general lack of education in oral health literacy. For example, Vanessa Nations, a participant in the documentary who needed a full extraction and dentures, mentions that she would routinely brush her teeth before bed but then proceeded to drink a Coke-Cola. She was unaware of the harm that simple habit was causing her teeth (Rosenbaum, 2012). I believe that teaching oral health literacy in grade school would have a positive effect on the oral health of the

country because underserved, vulnerable populations would have the tools and information needed to maintain good oral health. This would hopefully result in less people needing emergency dental care.

I understand that dentists need to make appropriate profits to support their businesses; thus, it is difficult to take Medicaid or charge patients less for procedures. In our discussion in class, it was brought up that many of us had trouble affording dental care, which is why finding solutions to these problems is very important and affects us all. My classmates all agreed that they wanted to help those communities in need, but similarly to dentists, they expressed the importance of making money. Through these discussions we reasoned that dental therapists and non-profit practices could be a valuable solution to the issue of accessibility. My classmates and I also strongly disagree with the ADA's view that dental therapists are not qualified to do restorative work. There will always be patients in need of oral care that cannot afford it, so why not let a trained dental therapist treat these patients? Even though the non-profit practices are not run by dentists, their clinicians are still highly trained and more than capable of providing patients with preventative care, therefore, my classmates and I concluded that we do not find harm in these practices.

My experience with oral health care has luckily been privileged. My family was not well off but my family had a friend that was a dental hygienist who would give my mother and I discounted cleanings when I was a child. She taught me the importance of oral health and how to properly take care of my teeth at a very young age and my mother encouraged me to do so as well. If we did not have that connection I do not think we could have afforded dental care. This has changed since becoming an adult, and I no longer have dental insurance because it is

extremely expensive. Because my oral health is a priority to me I have gotten cleanings done by students and paid out of pocket for annual insurance through a practice. This has shown me why so many people struggle with their oral health. Mostly it is not because they do not care, it is because they simply cannot afford it.

Dental hygienists are in a solid position to assist in changing the disparities of oral care accessibility in this country, but unfortunately they cannot solve these issues alone. It is important that they commit to the mandate that oral health care is a right, and can do this by volunteering, if possible, to charities that help serve these vulnerable populations. As mentioned earlier, it would be beneficial to educate students in school about the importance of oral health and how to maintain it. The difference may be small but dental hygienists have the ability to educate their patients, families, friends, and community about oral healthcare in an approachable manner.

In conclusion, it is abundantly clear that our country has a lot of work to do when it comes to accessing dental health, and with over 100 million Americans lacking dental insurance, we are in a state of crisis. There are many reasons why access to dental care is so difficult to obtain - specifically for vulnerable populations like women, children and the elderly, and Covid-19 has most certainly exacerbated these problems. Through this research and discussions with my classmates, I was able to evaluate my own experiences with getting dental assistance, and explore the many different options and solutions we can take to address this serious issue. Whether through volunteer work, education or even allowing clinicians to do restorative work, there are ways we can fight this problem, and as a dental hygienist I believe it is my duty to

make this a priority, and will always commit to the mandate that oral health care is a right for all people.

References

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