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People should visit the dentist at least every six months to prevent any imminent problems. Many people may not know this but the visit to the dentist has the same level of importance as the visit to the primary care physician. However, some issues limit people's dental care, and the consequences can affect their quality of life. Some groups of people are at more of a disadvantage than others; not only are they more vulnerable to developing caries, tooth loss, and gum disease, but they also do not have easy access to dental care. Young children, older adults, and pregnant women fall under the underserved population in the United States (Bersell, 2017). The statistics are alarming and that should be an alert to take action and do something to avoid this problem from continuing to affect our society. Another problem with dental care has arisen from the pandemic, where we saw an increase in cavities and gum disease (nytimes.com, 2021). Also, it is important to analyze deeply the flaws in our dental system which causes poor people to spend the money they do not have on expensive dental treatments which they cannot afford.

In the United States, dental care is very expensive compared to other countries. A small fraction of the population can afford good insurance that would cover most of their dental treatment, but the majority are approved only for Medicare or Medicaid. Government insurance does not always have dental coverage or it pays the minimum; most of the time, patients have to pay a big percentage. Although for adults the coverage is minimal, Medicaid dental coverage assists children up to the age of 21. However, "a 2012 large-scale Senate investigation revealed

that 17 million children from low-income families did not receive any preventive dental care and 130 million Americans lacked dental insurance coverage in 2009” (Bersell, 2017). This limited access to preventive dental care in children brings serious - sometimes permanent - consequences to their health. “The most common chronic disease of childhood affects 60% of children ages 5 to 17 and 25% of children under the age of 5 experience Early Childhood Caries (ECC),” (Bersell, 2017).

From my experience as a dental assistant working in an impoverished area in NYC, I have seen the fatal consequences that lack of dental care has among children. Some of them needed urgent dental intervention, including multiple root canals to save their teeth. Many of them come to the United States at a low economic status because of difficult situations in their home countries, where they do not have clean tap water or money to purchase oral care necessities like toothpaste. They also have not developed the habit of brushing and flossing their teeth at least twice a day every day, because they have never been taught to and do not have access to the proper oral care tools. In the dental office I worked at, Medicaid was accepted and it provided coverage for basic dental work: x-rays, check-ups, cleanings, and fillings. But for more intensive dental care such as root canals, extractions, and implants, the dentists at my office referred them to a specialist. Because the reimbursement from Medicaid is too low, they preferred to see patients with better insurance that provided a larger reimbursement, or private patients who would pay cash. I did notice that parents felt very frustrated when we referred their kids to a specialist; they complained about the lack of available appointments and that they do not have the time to take their kids to other dental offices as they held multiple jobs in order to survive in New York. Therefore, it is not uncommon that those kids would not receive the further dental treatments they urgently needed.

How has the pandemic affected our oral health? There is evidence reported by dentists showing an increase in stress-related conditions among patients such as chipped teeth, teeth grinding, and symptoms of temporomandibular joint dysfunction caused by the impact of the pandemic (nytimes.com, 2021). The most vulnerable groups are Black, Latino, and Indigenous people, as well as communities that house immigrant populations. These groups are recognized as low-income communities and were in an unfavorable position even before the pandemic hit the world. Covid-19 had a tremendous negative impact on these vulnerable populations because it further affected their oral health, causing symptoms such as dry mouth, loss of taste, and oral lesions. A report by the CareQuest Institute for Oral Health found that “six million adults had lost their dental insurance because of the pandemic, and more than one in 10 had delayed getting care because of cost, lack of insurance, fear of exposure to the virus or a combination of those factors.” The good news is that the pandemic has provoked the urgency for much-needed changes and improvements. According to Weintraub (2021), “changes in Medicare and Medicaid policies and what insurance companies are paying” will aid in overcoming this issue (nytimes.com, 2021).

The discussion with my classmates included varying notions and points of view and it helped me to better understand the access to dental care problem that our society faces. The documentary “Dollars and Dentist” presents the flaws in our dental care system. Dental chains charge a lot of money for dental treatment plans offered to vulnerable people that cannot afford them. One of my classmates, Nina, shared that in the dental office where she works, they pressure assistants to sell products to patients. I had a similar experience where the dentists at my

office pushed for selling fluoride treatments; in doing so, I could gain a commission from what I sell.

It is clear that the United States is dealing with a grave issue regarding access to dental care. This problem disproportionately affects certain groups of people; the most vulnerable being pregnant women, children, and older adults. Communities that house Black, Latino, Indigenous, and immigrant populations also suffer from a lack of access to dental care. Some of the solutions to improve the dental care situation in our country include teaching every patient good dental habits and informing them about the possible consequences they would have to face if these integral habits were not implemented in their daily lives. As a future dental hygienist, I would highly encourage patients to visit the dentist at least every six months for their check-ups and routine cleanings, which the majority of insurance provides total coverage for. I would also educate my future patients that it is better to prevent oral diseases than to wait until it is too late because sometimes the damage can be irreversible.

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