

Rui Wen Li

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Professor Matthews

Dental care disparity is a problem in many parts of the world, in particular one that is near and dear to us is the United States. Dental care is a necessity and it should be accessible and likewise, affordable. But in many places around the world, dental care is almost seen as a luxury, one that only the privileged can afford to have. Despite an overall improvement in healthcare coverage, there are still flaws and disparities that exist such as race, socioeconomic status, age and locations. Through the Frontline PBS documentary “Dollars and Dentists” and the articles “Access to Oral Health Care: A National Crisis and Call for Reform”, and “Death from overwhelming odontogenic sepsis: a case report” there is evidence that demonstrates the flaws in the status of dental healthcare in the United States. In addition to the assigned videos and reading, the group discussion also provided insight on the comparison of dental healthcare from around the world, as well as different approaches for how this flawed system can be improved.

Growing up in the heart of New York City, Manhattan, I am lucky enough to have dental coverage through Medicaid. I was unaware of the lack of dental care in the other regions of the United States. The fact that New York City is a major urban city, we are able to have access to many things that we take for granted. According to the “Access to Oral Health Care: A National Crisis and Call for Reform” article, it mentioned that there were internal and external barriers that contribute to the disparities in vulnerable and underserved communities, such as: costs, low rate of Medicaid provider participations, inability to obtain dental insurance, low oral health literacy, fear and anxiety. A major concern is the cost of services, the article states “Low-income populations of all ages experience the lowest access to oral health care” (Bersell, 2017). This imposes a major problem because those individuals are the ones that need help the most but are often the ones that do not receive it. With dental care being unaffordable for some individuals, it can be an issue if they need to take off work, which results in them receiving less pay. Furthermore, even if they do have some sort of Medicaid or government insurance, the

low rate of Medicaid provider participations can make them inaccessible to care. Money contributes to the many internal and external barriers that prevent them from getting proper, quality dental care.

One of the vulnerable and underserved populations mentioned in the article was the older adults. Medicare does not have dental care coverage, and many of the elderly are unable to afford dental care because they do not work, and have a limited income (Bersell, 2017). Older adults also have predisposed assumptions about dental care that can steer them away from dentists and dental offices. Also stated in the article, the older adult population have an increased risk of dental caries and periodontal diseases. This is because although some of them do understand the importance of dental care, they lack access to it because of fear, money, mobility, transportation, and a lack of updated dental information (Bersell, 2017). Another reason that they are vulnerable, and underserved is because of the systemic diseases and medications that they may have. These factors can contribute negatively to oral health. It is a cycle that is hard to break away from, because oral health affects systemic diseases and vice versa.

From the case report about the 67-year-old male who had passed away from odontogenic sepsis, it is a prime example of how systemic diseases and oral health can affect one another to cause fatal problems. The man had a history of angina, nasal polyps, chronic lymphocytic leukemia, and he also has periodontal disease. Although he did not experience dental pain, it was an odontogenic infection that caused Ludwig's angina which ultimately caused his death. Also, the fact that he had an impaired immunity with the underlying lymphocytic leukemia, it caused a reduced resistance to the infection, which increased the severity of Ludwig's angina (Carter 2007). If dental diseases are overlooked or are left untreated, it can produce very harmful and dangerous effects. This also shows the importance of dental care, especially in older adults because of the systemic diseases they may have that can worsen their health problems if they have a lack of dental care.

Dental care disparity is also prevalent in other countries. In China, after consulting with my cousins that live there, they told me that dental care is very expensive for everyone including the young and elderly. Most people are unable to afford to get regular visits, it is

usually in times of emergency and desperate needs where they would go to a dentist. In the group discussion, Michelle also mentioned that in the Dominican Republic, dental services are very expensive and only those with high incomes can afford it. Which is similar to China and also the United States, because as mentioned earlier, low-income populations have the lowest access. In China, there are also dentists that do not work in hospitals and clinics, where people with low-income can go to if they need to be treated. Those unregulated dentists usually do not do preventative services, they do extractions, removable partial or complete dentures instead. After being in this program and working as a dental assistant, it raises concern about the cleanliness and the safety of those places. But sometimes, it is the only option that people have. Khadra also mentioned how dental care at home for her is cheaper but the quality is not the best. The group discussion has led me to conclude that what you pay is what you get. The amount of money will correlate to the type of dental care you receive, if you can afford to pay more, then you will be able to receive proper care. But if money is an issue, then there might not be care or the quality might be lower. Disparities should not be a norm to healthcare in general, because everyone deserves to have access to health care, regardless of their income status, race, age and location.

This helped me realize the importance of education on matters such as the disparity of oral/ dental health care. Before learning about this, I was oblivious to the matter, but after being educated about this, I think it is very important as an aspiring dental hygienists to try to improve the situation. In the Frontline PBS documentary “Dollars and Dentists”, they mentioned charity events that are hosted to help the vulnerable and underserved populations (Rosenbaum 2012). I think dental hygienists should volunteer their time at these nonprofit events to provide preventative, therapeutic and educational services. This can help educate patients, prevent further complications of dental diseases, as well as improve oral care for them. I also believe in providing effective preventive services and patient education. With effective preventive services, it can reduce the amount of emergency services which tend to be more costly. Also, with patient education programs in schools, community centers and elderly centers, dental hygienists can give updated information on oral/dental care to improve relationships and trust between the public and dental professionals. Patient education can also

increase oral/dental health literacy, which is a barrier contributing to lack of care. My opinions have definitely changed after being educated on this matter, I favor trying to get rid of disparities as well as focusing on preventative and educative services for the public.

References

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