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**ORAL ANATOMY TERM PROJECT**

**Flaws in Dental Health System**

In the past half century, oral health has evolved immensely, it no longer only focuses on teeth and gingiva but now extend to acknowledging that oral cavity is the center of vital tissues and functions, which are critical to overall health of an individual. Mouth acts a mirror for health or disease, it is an early warning system and equally essential as a gateway to several microorganisms causing pathologies. Americans have progressed from the level of oral hygiene their ancestor had but evidence showed that all America do not receive same level of oral health and well-being. This is not only a huge challenge for national health care system but also for every individual of this society to play their adequate role.

Dental health care system in the U.S is flawed, blemished, and imperfect in so many ways. Unfortunately, its weaknesses target the vulnerable groups the most. Millions of Americans keep suffering and conceal their pain so that they do not have to spend from their pocket. Similarly, they have a school of thought that dental issue does not need them to fritter away their money. Generally, masses have this concept that oral health conditions are not like those other medical conditions. They do not focus on them until the situation has massively deteriorated and requires massive intervention. Before watching the documentary, Dollars and Dentists, my opinion about U.S dental health care system was contrary to reality. Born in a developing country with worst dental care field, I had an impression that health care systems in developed country would be flawless and utmost beneficial to the public. I worked in healthcare field back in my home country and attended several workshops organized by American organizations, where they would teach others to achieve an ideal healthcare system. While working for this assignment, I found out that it is not all blooming flowers in this part of the world too.

I chose the children as the most vulnerable group because their decisions are taken by a supervising adult. Many times, the children face consequences due to unawareness of their parents or shortcomings of the national health care system. This minor age group, with a high prevalence of dental caries, are considerably dependent on an adult for achieving an adequate oral hygiene. A study by International Journal of Pediatric Dentistry, `Why do some parents fail to take their children to dentist? ` was done to focus on this question. Results concluded that parents were overloaded in daily life. Families experience an overload of demands in relation to their daily living and survival. During all this struggle, regular dental checkups took a backseat and were placed on lowest priority (Hallberg et al., 2008). A similar survey by DentistryToday (a clinical news magazine for dentists) states the children fail to receive enough dental treatment. The ADA Health Policy Institute reports that, only 50% of the children from age 3-17 on Medicaid had a dental appointment during 2019 (Bucci, 2020). According to the National Institute of Dental and Craniofacial Research, one fifth of the adolescents in U.S have untreated dental decay, mostly focused on low-income households. The numbers point out clearly that deficiency of resources force low-income families to shift their priorities towards fulfilment of basic needs. Experts, however, do not blame solely the financial priorities as the root cause, they claim that lack of awareness among Medicaid participants about its benefits as well as insufficient number of dentists accepting Medicaid, are a contributing factor too. American Dental Association (ADA) states on their official website that ADA Health Policy Institutes reports that 31.3% of people enrolled in Medicaid were unsure of their dental benefits while 37.7% of those have a wrong understanding of their benefits (Burger, 2021). This lack of knowledge had a devasting impact on the dental health of U.S population, leading to a severe decline in the oral health as a nation.

In the documentary, Dollars and Dentists, it states that 1200 children per year in Florida get their dental health care under a general anesthesia. Pedriatic dentist, Dr. Frank Catalanotto, describes how devasting this for the children and emergency department in the hospital. How devastating it is that dental caries, which are preventable, shift from a reversible stage to a stage where higher interventive measures are needed by hospitals. A condition which could be completely avoided, by bringing children to their regular cleaning visits. Professionals place the blame on Medicaid. Their lowest imbursement rates for dentist, push the dentists away from this flawed system, ultimately limiting access to care for a U.S citizen.

Studies show that even those with public insurance have difficulty gaining access to primary dental care service. Fewer than 1 of every 5 children use Medicaid preventive service each year (Mofidi, 2002). Worse than this is, even fewer number of Medicaid insured children went back to receive comprehensive dental care after their initial preventive visit. Studies show that 3 major reasons contribute to lack of participation in Medicaid program: low reimbursement rates, broken appointment and patient noncompliance and burdensome paperwork associated with Medicaid (Oral health, 2000).

Pandemic severely disrupted children`s dental care. A national poll suggested that a third of parents showed concerned how COVID-19 pandemic made it difficult to approach dental care for their children. According to C.S Mott Children`s Hospital National Poll, children with Medicaid had three times more difficulty to get an appointment with a dentist versus those with private dental coverage (Clark, 2021). This pandemic exasperated potential disparities among those with insurance barriers. During pandemic dental offices limited their operations which were a huge loss for patients. During our group discussion Ms. Svitlana shared with us that she had to face a lot of trouble to book a dental appointment for her children because most of dentists were taking patients only on cash and with triple fold increase in prices. I personally faced similar problem while looking for a dentist for my children in 2020. They were not taking Medicaid patients and I could not afford paying cash for them, as me and my husband both lost jobs during Pandemic. Some of my fellows shared that while working in dental practices they found out that dentist tell the administration to not book any patients of Medicaid for them because its less money. Alas! Some of them have confined their job to money making more than to work for the rectification of this society.

I personally believe that as dental hygienist our role is very significant in educating patients about oral health and nutrition. It is important that this burden on the dentist can be shared by a hygienist and preventive intervention can be introduced at an initial level by the dental hygienist. Studies show the huge discrepancy in the patient-to-dentist ratio, especially shortage of doctors in rural areas. Hygienist can play vital role in reducing this workload of a dentist, by working in general or personal supervision and doing the part of treatment plan which is allowed by the state. Services of a hygienist are not only limited to private dental practices, but they can work in community clinics, prison facilities, nursing homes and school. They can approach population by collaborating with state oral health programs to reach underserved areas. Interestingly, role of a hygienist is not at all limited as a clinician, hygienists can make changes at a larger scale working with policy maker and help them formulate key policies that improve access to oral health services especially for low-income groups.

Perceptions need to be changed regarding oral health and disease so that public understands that oral health is a component of our general health. People ignore any arising oral signs and symptoms and avoid or postpone the needed care until the problem is exacerbated. Masses need to be educated about dental hygiene and relationship of mouth to the body. Interventions should be made keeping in mind that U.S has a diverse population with different languages and cultures. However, until and unless, policymakers at local, state, and federal levels are not serious in ensuring in incorporating health promotion and disease prevention programs, care delivery systems and reimbursements schedules, all efforts made by public will go in vain. Legislations should be introduced by the government which benefit the public as well as the health care providers. Last not the least all health care providers should understand the significance of oral health. Oral examination should be made a part of general physical examination and patients should be advised about dental hygiene. Patients should be sent to a dental professional prior to any medical treatment that can have adverse effects on oral cavity. Such an informed health care system will benefit all individuals of society and ultimately reduce burden on the healthcare system. However, to prepare providers for such a role, changes need to be made from scratch and multidisciplinary training can help them further.

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