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Oral Anatomy Term Project

Access to oral health care - is a simple enough concept that one would hopefully not have to think about it too much or too hard. But that is definitely not the case! Who would have thought that that would be a topic of concern in the USA, and yet it is! The ADHA believes that Oral health care is nothing short of being essentially a human right. Yet access to good quality care is fast becoming a complex and critical problem, affecting not just a couple of people but the vast majority of our population.

For the nay-sayers and non-believers of this critical problem, I direct your attention to the Frontline PBS documentary “Dollars and Dentists.” The opening scene of lines of people patiently waiting for a free dental camp is something someone would think is unimaginable in a well-developed country like the USA. It’s something you would probably associate more with developing countries and third-world countries. I myself have participated in dental camps in India where this would be more of a norm. Unfortunately this was not some fabricated stunt, but the real situation playing across many parts of our country.

The oral cavity is actively involved in the health and well-being of our whole body, yet preventative care takes a back seat. A vast number of systemic conditions can be seen affecting the oral cavity. In fact, many signs and symptoms can be seen in the mouth first. With better access to oral health care, many systemic conditions and diseases could be recognized earlier than later. This could potentially save millions of lives a year. Just for example, Oral cancer and its potential metastasis to other parts of our body kills millions of people a year. However, increased access to oral care could help recognize the signs/symptoms earlier, deliver a definite diagnosis, and start treatment soon. This can result in an amazing survival rate of 80 percent.

There are many barriers that must be overcome to improve access. One of the biggest barriers is the “Almighty” dollar. Money may make the world go round, but getting oral care is nearly impossible without it. Many people cannot afford to pay for services or dental insurance. They rely on government programs like Medicaid and Medicare. Unfortunately, these programs have many caveats, do not cover many costs, and the payout rates and timelines for services are very low. This is the main reason why there is so little access to oral care for the general public. Another obstacle is the lack of well-trained and qualified dentists, especially among the rural population. Unfortunately, this is also a population group with increasing tooth decay, tooth loss, and declining dental insurance coverage. Huge student loans force recent graduates to look for

opportunities in higher-paying cities rather than in areas where services are needed. Oral health literacy is also a major barrier to overcome. Due to low levels of health literacy, many citizens do not even take advantage of available preventive services, opting instead for emergency services. This increases the burden on emergency services. At best, emergency services can only provide palliative care without treating the actual problem. This will only lead to worsening conditions, more expensive treatments, and, in some cases, dire consequences.

Many different populations are adversely affected by this lack of access to oral health care. One of the most vulnerable populations includes the older and aged adult population. They are more vulnerable because, many times, their perceptions about dental health and care are created early on in life and influence their choices throughout their lives. Most of this population also lives on a fixed income and relies on Medicare for their health coverage. Unfortunately, there are large gaps in coverage, which makes it hard for this population to pay for dental care. This leads to an increase in levels of caries and periodontal disease. Many of them are edentulous - forced to go ahead with last resort treatment options of extractions of badly broken down teeth. This vulnerable population also has an increased level of systemic illness- all of which impact oral health. The sad fact is that studies have shown that the Older Population understands the need for oral care, but they equate the lack of pain to good oral health and thus do not prioritize oral health care.

The COVID-19 Pandemic was a game changer. It upended life on a global scale, completely affecting every aspect of our lives. This extended to how oral care is perceived, its need and importance, and how restrictions were slowly eased—how the limited resources available were being used. Two years later, we still are seeing the effects!

The American population already showed an increased need for dental care, per recent ADA surveys. The situation worsened once the pandemic hit, as millions lost jobs and insurance and dental care were available on a very limited, emergency basis. Even those who could afford it postponed dental care due to fear of being exposed to the virus. The more vulnerable populations of the country who were already facing difficulties in access to care found it even harder during the pandemic.

The pandemic brought with it unique challenges in the way care was provided. Offices had to change protocols, with changes in the way appointments were scheduled. Understaffed offices also meant that the limited access available was further strained - with fewer appointments available, more time scheduled between patients, etc.

While all of this does sound like a worsening of the situation, innovative thinking also brought some changes that might actually improve access. The concept of focusing on preventative treatment modalities and therapies would be more far-reaching. It would also be safer than the “regular” dental procedures that produce aerosol—the bane of existence during this pandemic!

Teledentistry came into its own and expanded the scope of care beyond the four walls of a physical location. This could potentially ease the lack of access significantly.

I have worked as an assistant in this field for a few years. I enjoyed it so much that I went ahead and went through the process of becoming a New York State Registered Dental Assistant. I feel that even though dentistry (especially orthodontics, which is what I work in) is a business, the human element of caring for your patient is still strong. I see a shift towards teledentistry to ease the burden of access in the office and for patient comfort. We also use technology to our advantage by using apps and websites like Scanbox and Dental Monitoring. As an orthodontic practice, especially during the pandemic, we transitioned to using materials and techniques which lessened the use of air-water sprays, high speed handpieces, etc. When possible, we also changed treatment plans to allow for direct delivery of appliances and, thus, care to the patient's home. These “newer” ideas are now fast becoming the norm of how we choose to deliver care to our patients.

Many barriers seem to block access to care, and overcoming them requires more than a single solution. Active participation of the DHCP and, more importantly, us hygienists (even the little baby ones that we are) and new, out-of-the-box, innovative thinking can help in dealing with or at least ease the situation.

Focusing on providing preventative services over traditional treatment will help decrease the incidence of caries and other oral health-related conditions. This will ease the burden on access to already overburdened offices. Preventative care will also help in educating the public about the need for good oral health. This could help decrease the incidence of expensive “emergency services” needed to deal with oral issues. Government programs like Medicare and Medicaid need to reduce their system complexity and improve their disbursement rates and periods to attract more providers. This will dramatically improve access for the public and provide them with good quality care. The expansion of the hygienist role will definitely help in this struggle. Leveraging the vast number of active hygienists, reducing oversight, and expanding the reach of dental hygienists. The concept of Mid-level providers like Dental Health Aide Therapists (DHAT), Advanced Dental Therapists (ADT), and Dental Therapists (DT) will greatly alleviate the burden placed on dentists to provide care, especially for children. This would also help the general population receive quality care, in a timely fashion.

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