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Undeniably there is a health care crisis in the United States, and it has been further elucidated by the pandemic. The rising price of health care is threatening the access the basic dental care in America especially now during the Covid-19. People have not been receiving care due to lack of insurance coverage and the hysteria that the pandemic caused regardless of the new and measures that are being taken to comply with covid regulations. This have been affecting people’s quality of life especially those vulnerable populations such as the elderly, who rely on Medicare that does not include dental coverage, outdated dental information, and have may have systemic diseases among other challenges.

Medicare is the federal health insurance program for people who are 65 and old and others. Although it does cover hospitals stays, certain doctor’s services and helps cover the cost of some prescription drugs, it has many limitations. Most of the elderly in the United States rely on Medicare to cover their medical expenses, since they do not have jobs that provide health insurance or don’t have enough income to pay out of pocket. According to “Access to Oral Health Care: A National Crisis and Call for Reform”, “In addition, Medicare does not include dental coverage and many older adults live on fixed incomes with a limited ability to pay the high costs associated with dental care. In the United States, 25% of adults, aged 65 and older, are edentulous. Dental caries and periodontal disease represent increased risks for this age group, and active decay can been demonstrated to be more prevalent than in pediatric population.” Older adults are more prone to dental caries and periodontal diseases, and they do not receive the aid they need for it, which leads to teeth loss by the time they are sixty-five years old. They do not have the revenue to spend on expensive dental treatment that comes with the neglect of teeth such as root canal. As people age the enamel on their teeth wears age due to usage leaving the teeth unshielded and more prone to caries and decay.

Seniors should have more access to preventative services, such as routine checkup, and not just for emergency visits at the hospital, since they cannot help the effect of aging on their teeth. They end up going to hospitals with “Emergency department (ED) physicians that are not equipped to provide comprehensive dental care; they are most likely to prescribe pain medication and/or antibiotics and refer patients to a dentist (Catherine H. Bersell, 2017).” The care the elderly and other vulnerable populations receive in hospitals is often just a quick fix to more intense problems. People may experience pain due to dental infections and periodontal disease and they are given pain medication to alleviate the problem, not get rid of it, which is the best option. People like the elderly who cannot afford dental care and are covered by Medicare must wait until they have a medical emergency in order to get treated. They have to settle for the substandard care they receive in hospitals because the alternative is putting themselves in a lot of debt if they go to a dentist that is equipped to get to the root of them problem and offer the proper treatment and care. An example of this was the lady in the Dollars and Dentist documentary who opted for dental visits instead of going to the hospital and had to get a credit card with high interest rates which based on her dialogue she regrets getting. The choice is between good oral health and debt or periodontal diseases and infections that can be fatal.

Another challenge that the elderly face is outdated information about dental care. Statistically older citizens have low oral health literacy, and this can affect how they access dentist, “Only 12% of the general population and 3% of Medicaid or Medicare recipients are considered to be health literate (Catherine H. Bersell, 2017).” In other words, the majority of people do not understand basic oral health information that is essential to make suitable health decisions. Another misconception is that the mouth is a separate entity from the body and that there’s no interconnection between the two. People still believe that oral health is not as essential as general health, when they have an interrelationship. Poor oral hygiene which causes buildup of plaque biofilm leads to periodontal diseases that can be linked and or correlated with systemic diseases like cancer and diabetes. Periodontal diseases such s gingivitis and periodontitis are often painless which leads people to pay attention to it. people relate lack of pain with good health and that is not always the case.

The pandemic forced both essential and non-essential workers to adapt new techniques to work remotely. Even dentists and other dental professionals who work hands on adapted new methods to keep in contact with their patients. The pandemic affected people’s oral health negatively, so new changes such as teledentistry were developed to make care more available. According to the New York Times, “teledentistry has expanded significantly during the pandemic…” Although this is a great alternative to not having any access to dental care it has many limitations. People may have technological difficulties especially the elderly that are generally not very tech savvy. Other difficulties may be seeing suspicious lesions and stains on teeth through a camera. Not everyone has high quality cameras that show teeth well as one of my group members who is a dental assistant mentioned. She said that the dentist she worked for used teledentistry for a while but had to stop it since it wasn’t very efficient for her. It is difficult to diagnose and treat through a screen.

To conclude, the health care system in the United States is in shambles. People must decide between necessities such as paying their rent or not being in debt and their oral health. In my group discussion my classmates and I expressed how we go to foreign countries to get quality dental care because in the United States is not as accessible due to the cost and many other factors such as insurances and others. As dental hygienist we must do our best to improve the dental care situation in this country. One of the main ways we can help is through oral health education. It is important to provide oral health counseling for our patients during appointments in order to help them prioritize their oral health and make smarter decisions. Going to schools and other community centers to educate people about oral health is one way hygienist can make change. Dental hygienist can promote the need for oral health care outside of dentistry. In other words, teach patients that they can prevent oral diseases and not just treat them. It is important to be part of organizations such as the American Dental Hygienist Association (ADHA) and American Dental Association (ADA) in order to promote change outside of the dental setting. Volunteering is very important. There are people in retirement homes that barely get any regular checkups and are only given care when they are suffering. A dental hygienist in these retirement homes can make an impact on the oral health of many of its residents. There are many ways in which dental professionals can pitch in to make dental care more available in the United States.

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