Improving Dental Health Care in U.S. Children

Name a disease that impacts roughly half of children aged 2-11. Did you guess dental caries? Most people are unaware that dental caries is one of the most common chronic childhood diseases, but according to a National Health and Nutrition Examination survey, there are roughly 27.90% of children ages 2-5 and 51.17% of children aged 6-11 years old with caries in their primary teeth.¹ What is causing childhood tooth decay to, arguably, be considered of epidemic proportions in the United States?

Although there are several factors that can be argued as being the cause of these alarming statistics, I believe that the biggest dental health challenge facing U.S. children today is lack of accessibility to dental care. Lack of access to dental health care services is a public health issue for all ages; however, it is a large problem particularly for low-income children. When considering the topic of lack of accessibility to dental care, I think that there are several contributing factors, including: location, hours of availability, and finances.

Growing up on the Flathead Indian Reservation in Montana, I was exposed to many of these contributing factors and have had my eyes even further opened to them throughout dental school. Lack of access to dental health care due to location barriers was, and still is, a huge problem in Montana. According to the Kaiser Family Foundation, approximately 15% of the U.S. population lives in areas where there are dental health professional shortages.² While many of the cities and larger towns have dental services available, a decent amount of the population lives in rural areas where 60+ minute roundtrip commutes to the dentist aren’t unusual. Some of the smaller towns in Montana may have little more than a school, post office, and grocery store, which means that a trip to the dentist in a larger town can be troublesome, especially for low income families. The lack of public transportation in many parts of Montana further complicates the problem. Having most dental services located primarily in bigger towns or cities, with a considerable amount of the population living in more rural areas, makes it difficult for children and their families to access care.

Similar to the location factor is the typical hours of availability in a dental office. In my hometown, the dental offices were only open from 8-5pm Monday through Friday. This leaves a very narrow margin of time for children to go to the dentist without having to miss school and no available time if they have a parent that works during that time and can’t bring them. Similarly, if you have a child who lives in a rural area and needs to commute 30-60 minutes to the dentist office after school, they don’t have many options. Children, and their parents, shouldn’t have to choose between getting dental care and attending school. Unless the child has a parent who is able to pick them up right after school and bring them to the appointment during those hours, they likely go without care. While working as a dental assistant in my hometown, this was a struggle I heard patients bring up time and time again.

Lastly, and arguably the most widespread issue causing lack of accessibility to dental care for children, is the issue of finances. Most people would agree that dentistry is expensive. According to the U.S. Government Accountability office, in 2011, 4 million children did not obtain needed dental care because their families couldn’t afford it.³ Paying for dental care out of pocket, or even privately funding dental insurance, is a financial burden for many middle to low income families, which has led to an
increased number of children covered by federal-state health programs with mandated pediatric dental coverage. While we are seeing more Medicaid and CHIP beneficiary children gaining access to dental services (from 28 to 37 percent) from 1996 to 2010, these children still visited the dentist less often than privately insured children (58 percent). Even if a child has Medicaid or CHIP coverage, many dentists do not participate in these programs, which further limits access and contributes to the barrier caused by finances. The high cost of dental care, and private health insurance, contributes to a lot of children going without the dental care they need.

While there is no simple solution to these problems, I feel like there are steps that we can begin taking to move us in the right direction to start providing better preventative and primary oral health care to children. When trying to address the issue of location barriers, I believe that we can improve by moving beyond the walls of the dental office. By training dental hygienists, dentists, and assistants to go out into the community and provide more screenings, they may reach children that may have never been reached otherwise. For example, the dentist and his staff could go to one of the rural schools and provide screenings/sealants for children in that community who may not have had access to a dentist. This may help to alleviate some of the location barriers that face children in rural communities. Similarly, I feel like dentists could begin looking into more flexible hours that would better accommodate their communities, such as working four ten hour days that would give parents and children the flexibility to come to the dentist after work/school. This would also break down the location barriers because it would give people in the rural community a bigger time frame to come to the dentist, without having to miss work or school. Lastly, I believe that we are headed in the right direction for decreasing the financial barrier of dental access for children. We need to continue this effort by trying to decrease the cost of private health insurance to make it more affordable to middle and low income families, expand access to children who are in the low income category, and make out of pocket expenses more reasonable for families.

Although we can’t fix the lack of accessibility issue immediately, these are all key steps that we can begin taking to help kids achieve the dental care that they need. With such staggering rates of children being impacted by this chronic, communicable condition, health care providers need to start reaching out into their community to take a stand. Screenings and preventative sealants in the schools, as well as increased access to our offices, are things that could bring immediate improvement to the children within our towns and cities. Together, we can work to help address the biggest dental health challenge facing U.S. children today.
RESOURCES:

