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## Access Barriers to Oral Health Care – A Review



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### ABSTRACT

Oral health care is the most neglected part of the overall health especially among the underserved population. People in the rural areas often take their oral health maintenance and care for granted because of several reasons which ultimately led them to end up with the emergency dental treatment visits and hence huge financial burden. There are different barriers to access to dental care in such population which need to be considered and taken care of by oral health professionals, policy makers and insurance providers to work best towards the oral health care of population in need.



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## INTRODUCTION:

Oral health is an imperative and integral component of health throughout life. Oral health is likely to be ignored beside other health needs. However, its contribution to overall health strengthens the significance of oral health care. In rural population, barriers to accessing dental health care may exacerbate dental problems by delaying preventative and curative dental health services, leading to considerable health concerns and societal costs. Millions of people in this world face significant barriers to achieve the required dental care they need to obtain good oral health. As a result, more than half of the population in the U.S. unable to receive any dental care each year, and many struggle with untreated dental disease that can have far-reaching, negative impact on their overall health.

Multiple causes exist and simultaneously interact to influence uneven or limited access to dental health care services. Preserving, restoring and promoting oral health are the goals of oral healthcare providers, and one of the pressing issues in community welfare is equitable provision of oral health services to the population. These goals can be achieved when dental care access becomes a priority. Therefore, access to oral health services is important for policy makers, managers, service providers, service recipients and insurance organizations. Good access to health services means the provision of "appropriate services in the right place and at the right time". Oral diseases are increasingly prevalent, and despite requiring to treatment, only less than 50% of patients refer to the dentists because of the barriers of access to dental care.

Despite of accessible dental health center, the rural population is still unable to get the dental treatment due to their negligence, lack of knowledge, and unawareness about their oral health. Acknowledging social causes and distributing responsibility allow the diverse participation of constituencies, reinforcing efforts to address health disparities in underprivileged areas. Access to care strategies can occur on the local, state, and national level. By working with communities, rather than simply for communities, interventions can lead to long term oral health improvement. Failure to comprehend the barriers to care and address them properly will result in limited success to dental care for underserved populations.

### What could be the barriers?

The problems related to the limited access to dental care are many and varied. “The 1999 National Health Interview Survey shows a difference in the percentage of people who had a dental appointment according to their dental insurance status; 75.2 percent of those with dental insurance and 58.1 percent of those without dental insurance had a dental appointment.” (1). “A study of the reports filed by the state Medicaid agencies conducted by the American Dental Association revealed that less than 20 percent of Medicaid dental beneficiaries had at least one dental appointment in 2002.”(1). In another study, it is found that although many Californians have dental insurance, even those with coverage may not be getting the required dental care, and same is the case among people who receive the dental benefits under Medicaid. Those with public insurance have been noticed to receive delayed care and reported that they have bad dental health as compared to those with private coverage. Moreover, those with public coverage are more likely to be unaware about their dental coverage, which decreases their chances of achieving dental care when they need it. (2)

*Barriers Identified for Dental Care for older adults:* Dental care is especially imperative for older adults who are at increased risk for oral conditions and diseases related to age due to physiologic changes, underlying systemic chronic diseases, and the use of different medications. Barriers to dental care can also be due to cultural, linguistic, financial, and structural or physical barriers from the patient’s as well as oral health care provider’s perspective. Lack of insurance or inability to pay out of pocket can be an obstacle to an older person’s efforts to receive the dental treatment. Difficulties in getting to a dentist or long waiting times for appointments are examples of structural obstacles for older adults. “Although the number of active dentists and private practitioners increased during the 1990’s, their growth rates were slightly less than the growth in the population. Thus, the report indicated that the dentist to population ratio started declining around 1995 and has continued to decrease.” (3).

According to a survey, there are considerable structural obstacles in our oral health care system, and these are getting worse due to demographic trends, workforce trends, public health infrastructure inadequacies, and the increasing percentage of children, adults, elderly, and special populations not covered by Medicare or Medicaid. Only 2% of total Medicaid budget is presently available for oral health care. Since such a small percentage of U.S. elders

have private dental insurance and Medicaid coverage, the dental care needs of underserved older Americans will not be met without making changes in dental care health policies for older adults. While a very few participants stated that cost was not an issue in obtaining dental care, the majority of participants stated that cost was the most significant barrier to dental care.

*Principal Barriers Identified for Dental Care for Children:* In 2008, CMS completed reviews of 16 States with low dental service utilization rates (30 percent or less) and identified different key barriers to children receiving adequate dental treatment. Even though oral health care is fully covered under Medicaid's Early and Periodic Screening, Diagnostic, and Treatment benefit, less than half of all Medicaid-enrolled children receive any dental service in a given year. Barriers to oral health care access include: A lack of oral health care provider participation in Medicaid; The reluctance of participating oral health care providers to treat young children due to providers' inexperience or child behavioral issues; Unawareness among Medicaid-enrolled families about available dental benefits and how to utilize them; and Transportation barriers and difficulty scheduling office appointments due to competing work schedules; and other barriers. (12).

In the United States, dental provider shortages are only one of many interrelated factors that prevent people from getting the dental care they need to maintain good oral health. Not having comprehensive dental coverage and being unable to afford the cost of dental care are other major hindrances in getting access to care. Although when people have dental insurance, they might not be able to find a provider in their network who is willing to take new patients. In addition, there are multiple broader socio-economic barriers to receive dental care including lack of transportation, limited knowledge of how our health system works, low health literacy, and distrust of the system and of providers based on prior negative dental experiences or inequity.

Oral Health Care Provider Shortages Are a Major Barrier to Receiving Timely Care:

For many people, a major barrier to getting timely dental care is that there are not enough providers to go around. Nearly 49 million people live in dental health professional shortage areas. Shortage areas are most common in rural areas and in low-income communities. In addition, there are even fewer dentists who accept Medicaid. A 2010 study found that fewer than half of the dentists in 25 states accepted any Medicaid patients at all. This can make

getting access to dental care particularly arduous for people on Medicaid, even outside of shortage areas. In 2014, on average, more than half of children across all states' Medicaid and CHIP programs did not obtain any preventive dental care. The shortage of dentists who accept Medicaid is a particular problem for underserved communities who are more likely to rely on Medicaid to get the care they need.

## **DISCUSSION:**

The problem of inadequate access to dental care for underserved population is complex and cannot be solved simply. The current literature on this subject is vast and generally approaches the issue from a single perspective- problem enumeration or solution proposal- without consideration of the complexity of the situation. As with most complex problem, a single, simple solution will not be enough. However, the burden of oral diseases and conditions is disproportionately borne by individuals with low socioeconomic status and those who are at increased risk because of poor general health or poor functional status requiring institutionalization. Additional concerns about access to dental care include the increasing diversity of the older adult population and dental workforce issues including training opportunities in gerontology and geriatrics for dental practitioners.

## **CONCLUSION:**

Ensuring adequate oral health for underprivileged population will require attention to all aspects of the problem, including access to and financing for dental services, an adequately trained workforce to provide care, and appropriate education to individuals and their care providers so that appropriate dental care is accessible to all older adults in the United States." (3).

### **What can be done?**

*Minimizing barriers associated with cost:* High cost of dental care has led to not referring patients to the clinic. Oral health costs are too high; however, insurance organizations have no commitment to support such services. Policymakers, administrators, and insurance organizations have a major role in improving access to dental services. These decision-makers in making their policies can provide the required financial resources, shift the available resources towards preventive care and periodic checkups, and consider providing proper and sufficient places for dental care facilities. Public-private partnerships Encourage

States to consider partnering with private sector companies to give parents incentives to bring their children to dental appointments. Another possible public-private partnership is providing incentives to dentists for accepting new patients in the Medicaid and CHIP population.

*Minimising accessibility barriers:* Although medical visits are already available at some day-centres and community groups, there are no equivalent provision of dental services. To solve issues associated with travelling to dental practices, patients emphasized the need of a mobile dental team that should visit day centres and community groups, giving older people a dental examination and taking them to the dental hospital if further treatments are required. Home visits can also be a good option for those with more severe mobility problems. This suggests the need for proactive delivery of dental care for older people.

*Minimising barriers relating to characteristics of the dentists:* Older people desire to be treated through a mature professional approach from dentists which consists of good communication skills and technically competent clinical care in an unrushed manner taking patients preferences into consideration. This can be achieved by encouraging dental students to pursue training opportunities in underserved areas and support creative efforts to enhance student's interest and desire to practice in underserved communities. This would help dental students develop greater comfort in providing dental services to Medicaid/CHIP beneficiaries. "Poverty Simulation" is also such an initiative to really understand how the patients feel about the need and treatment of dental problems which would be helpful in making the young dentists to get engaged with the needs of underprivileged population.

Additionally, the issue of emergency room visits is a symptom of our treatment mentality when it comes to oral health care problems, and prevention is the solution. In 2009, more than 800,000 visits to the emergency room were related to preventable dental conditions. These emergency room visits come at an huge cost to states and other dental care recipients. It is estimated that the average cost to Medicaid for inpatient emergency treatment of dental problems is almost 10 times greater than the cost of meeting preventive dental care. The cost of outpatient emergency room dental care is almost three times more than the cost of preventive care. Increasing access to timely, preventive oral care and routine treatment in more cost-effective outpatient settings is critical to preventing more serious dental problems. It also helps improve communities' overall oral health. This, in turn, can help reduce the need for dental-related emergency room visits and the related costs to the health care system. We

must discourage visiting to emergency rooms as a place for oral health care, and encourage preventive dental health care at home and in the dental clinics.

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