# Barriers to dental care: a hygienist's perspective

*In spite of the fact that preventive measures are available, dental problems continue to mount.*

*Abstract: It is estimated that approximately half of the population visits the dentist at least once a year, with the other half including the "underserved in dentistry". There is evidence of unmet dental needs in populations of the disabled, aging, minority, inner city children, working poor, homeless, and migrant workers among others. The concepts of "health promotion" and "disease prevention" have become a way of life for most people. Unfortunately, many others suffer the ravages of oral disease, even preventable oral disease. The Connecticut State Dental Association's Ad-Hoc Committee on Serving the Underserved in Dentistry was established to find out why, so that it could develop positive steps to reverse this trend.*

## Introduction

Disease can be devastating, and, if left unchecked, disease can handicap or disable. Oral disease is no exception to this rule. The underserved in dentistry are high-risk groups for poor oral health. These population groups can be defined as those individuals whose oral health needs are not met, and who can be placed into four broad categories:

1. children, especially inner city children
2. handicapped and disabled populations
3. aging population
4. minority, rural, migrant workers, low income, and the homeless populations.

In spite of the fact that preventive measures are available, dental problems continue to mount. Economic factors, lack of public awareness, and limitations in access to care are among the reasons that these measures are not being utilized as well as are other dental services.

## Category 1: Children

*Statement of the Problem:* Children from poor families are particularly prone to decay and its effects. Unfortunately, these children also have less access to dental care. About 50% of all preschool aged children and 60% of all school age children come from homes where both parents work. This necessitates the need to identify available health care resources which will meet the schedules of working parents. Currently, children rarely have access to dental hygiene preventive services unless they are seen in a private dental office.

Access to dental care is becoming increasingly difficult. Not only is scheduling of appointment time difficult, but the availability of practitioners varies greatly. Regional and geographic differences effect the access youngsters have to professional dental care. These difficulties inhibit youngsters from receiving care from a qualified dental provider. Education is required to make individuals aware of the need to seek care as well as to understand how they can maintain their own dental health. Although prevention has proven to be successful, its impact is lessened because there are many who cannot afford preventive health care, cannot reach appropriate care, and do not recognize the need for care.

*Barriers:* Many children and adolescents have no early or routine access to dental care because of financial, cultural, or psychological barriers. Among many parents and other caregivers there is inadequate knowledge about the importance of dental care in early childhood. Numbers of children, especially those in high-risk groups, do not receive adequate fluoride exposure, regular professional care, or oral hygiene training. Unfortunately, pediatricians, who are the first health care providers to see young children, may not conduct an oral examination or provide the children or their parents with oral health education. However, the biggest hurdle to be overcome is the financial barrier.

*Recommendation:* There is a definitive need to develop and institute fluoride programs to address the needs of children; provide educational materials for maintaining oral health and dietary habits; and professionally provide restorative and preventive services including sealants. This plan of action should be encouraged by physicians, dentists, day care workers, educators, and parent and caregiver organizations. Of particular importance is the early introduction of oral hygiene screening and education in the public schools and the inclusion of dental benefits in third-party payment programs.

### Category 2: Handicapped and Disabled Populations

*Statement of the Problem:* Handicapped and disabled persons are faced with the same barriers to care that confront all other special groups. They encounter financial difficulties, lack of appropriate health care information, and limited access to care. In addition, they must deal with insurmountable obstacles because of their mental, physical or emotional impairments. Dental care is the greatest unmet need for people with disabilities, reports Jean Fitzgerald from the National Organization on Disability. Disabled persons who have adequate motor control, mental capacity and are cooperative, may be able to maintain their oral hygiene. but those handicapped persons who are dependent on others for care have more profound problems. Often-times care givers themselves do not understand the importance of dental health.

*Barriers:* Barriers to care for the handicapped and disabled relate to finances, travel, physical barriers, office hours, practice locations, priority of care, and the ability of practitioners to treat the disabled. Barriers continue to persist in many typical dental offices. These include the lack of a wheelchair ramp, cramped operatories, or absence of special equipment. Unfortunately, many private dentists are not educated sufficiently to serve patients who are handicapped and have complicated, neglected problems.

*Recommendations:* There is the necessity to conduct survey research to determine the number and types of dental programs available on a statewide basis for the institutionalized, handicapped, and homebound patient. In addition it is important to survey selected public and private residential facilities to determine the dental services they provide for their residents. A vital need lies in the development of a model inservice dental health education program for employees of long-term, special patient care facilities. Data must be gathered in order to determine the preventive care needs of patients who utilize special clinics, and there must be identification of the community need. Finally, it is imperative to organize outreach programs for the physically and mentally disadvantaged.

### Category 3: Aging Populations

*Statement of the Problem:* Older persons, as a group, utilize dental professionals less than any other group. It has been estimated that during the next 40 years, the number of older Americans aged 60 and over will more than double from 36 to 82 million persons. As the geriatric population grows, it is safe to assume that the demand for dental services from this population will likewise expand. Further, as a larger percentage of adults retain their dentition into older ages, the demand for preventive, restorative, periodontic, endodontic and fixed prosthetic services will increase, while the demand for extractions and removable prostheses should decrease. Studies show that older persons either do not choose to or are unable to visit a dentist on a regular basis despite the fact that roughly 50% of them retain some or all of their own teeth. It is also known that the incidence of oral cancer in older populations, particularly those who use alcohol and tobacco, is higher than in other age groups.

*Barriers:* Ninety percent of dental expenses incurred by the elderly are paid out-of-pocket. In view of the fact that income drops 40-50% after retirement, it is understandable that older people do not seek regular dental care. Mobility may be curtailed due to chronic health problems or reduction in income which makes transportation less available. Painful experiences in the past associated with dental care is another barrier. Unfortunately, past fears die hard. Another issue playing a major role in dental care utilization includes the individual's perception of the importance of oral health.

*Recommendations:* A research initiative must be developed that will determine acceptable norms for the oral status (outcomes) of an elderly population with varying degrees of mental and physical handicaps. Collaboration with representatives from the "Aging Network" for the purpose of identifying nutrition centers, senior centers and contacts within the community as potential vehicles for providing needed dental health care services is vital to ongoing success. Strategies must be formulated for state agencies to increase the care available for the elderly and to focus on including expanding funds for dental care benefits under Medicare and Medicaid programs.

### Category 4: Minority, Rural, Migrant, Homeless, and Low Income Populations

*Statement of the Problem:* Hard economic times are especially difficult on the unemployed, working poor and medically indigent in regard to health services. Approximately one-half of the U.S. population will seek care in any single year and over one-third will fail to receive any oral health services over a two year period. Of those who seek care, half will receive only emergency or episodic care. It has been documented that the oral health of migrants, the urban and rural poor, as well as the homeless, is much worse than that of the general population.

*Barriers:* As with other special population groups, barriers to care are access, financial, and attitude. In addition, some of the medically/dental indigent have language and cultural barriers. There is a disproportionate number of ethnic health personnel available in geographically underserved areas. Most of the problems occur for those unaware of their community resources, unable to communicate unless in their native language, and for those with a strong sense of tradition, making assimilation difficult. Many of the health care facilities that exist maintain standard working hours, rendering them inaccessible to migrants who work long hours and who will forgo medical/dental

treatment instead of loss of pay. Other barriers that need to be addressed are: living conditions, diets, habits, and beliefs common to this population group.

*Recommendations:* Providers need to be sensitive to the dental care needs as well as other needs that could effect the understanding, acceptance and outcome of the dental care provided. Educational materials must be provided which will serve as a resource to assist in the implementation of access programs. State public health departments must be encouraged to develop and organize a cooperative data bank for migrants and the working poor for the purpose of determining the oral health status and availability of dental services for these groups; and further, to develop access programs for the delivery of preventive dental services based on the data collected. Because homeless adults do not place a high priority on good health, dental services may prove to be more effective if they were brought to the places where the homeless seek shelter, employment, food and social contacts.

## Conclusion

It is apparent that the needs and concerns of the "underserved in dentistry" have common factors. There is an extreme need for preventive dental services and restorative cost effective care. A significant problem that magnifies existing barriers to care and patient compliance is related to attitudes and behaviors relative to dental treatment and diseased. Studies have indicated that the special needs population are more likely than other groups to delay seeking dental care and less likely to interpret symptoms as indicative of disease. A cultural gap between dental health values and customs magnifies the problem. Therefore, it is safe to conclude that the use of dental services is influenced by many factors, only some of which can be altered for better results. The utilization of dental services is directly related to a number of variables: financial conditions, psychosocial processes, sociocultural background, education, and the characteristics of the delivery system. The degree to which dental decay is prevented, diagnosed, and treated for the "underserved in dentistry" is a measure of society's commitment to the oral health of the community. The challenge is in overcoming these barriers.

## Utilizing Registered Dental Hygienists

Registered dental hygienists, collaborating with other allied health professionals can make a significant difference in the effort to increase assess to affordable health care. They can:

1. Develop a model inservice dental health education program for employees of long-term, special patient care facilities,
2. Be utilized more as an integral component of the health care team for children with handicapping conditions,
3. Develop a practice model for dental hygienists to provide preventive dental care to special population groups that includes, but not limited to, teaching appropriate self-help skills, monitoring treatment plans, conceptualizing the dental hygienist in an intermediate consulting role and providing care in a variety of alternate settings,
4. Collaborate with representatives from the "Aging Network" for the purpose of identifying nutrition centers, senior centers and contacts within the community as potential vehicles for providing needed dental health care services,
5. Support the inclusion of preventive dental care services in the state's Title XIX and XX programs, that will likewise expand dental fringe benefits for retirees,
6. Develop informational materials on special population groups to assist state officials and legislative bodies in planning programs to include preventive oral health care for these populations.
7. Provide preventive services utilizing mobile/portable units to reach the homebound and community based special patient,
8. Encourage state public health departments to develop and organize a cooperative data bank for migrants, and the rural and the urban poor for the purpose of determining the oral health status and availability of dental services to these groups; and further, to develop access programs for the delivery of preventive dental services based on the data collected.

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