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Inequities in Access to Dental Care and Consequences of These Inequities for the Dental Health of Children and Youth

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ABSTRACT

Oral health is an integral yet often neglected aspect of overall health, especially in relation to children and adolescents. Although modern technology in dentistry, along with adequate preventative care, has improved significantly, substantial inequalities in accessing dental care continue to exist within the United States among various strata of society. The purpose of this paper is to present a narrative review on peer-reviewed literature as well as public health reports on the topics of socioeconomic status, insurance, parental education, and the geographic location of providers in relation to the disparities in the outcomes of oral health in children and adolescents.

Through an analysis of peer-reviewed literature and public health reports, this paper contends that vulnerable groups with lower incomes and those lacking insurance coverage continue to have higher rates of unresolved dental diseases, poor preventative care, and adverse long-term effects on both health and social behavior. The literature suggests that structural and policy-level factors play a significant role in shaping access to dental care, though individual and behavioral factors may also contribute.

INTRODUCTION

Oral health is a foundational aspect of physical health, but–unlike many aspects of healthcare–it is one of the more unevenly distributed domains of healthcare accessibility in the United States. This is because dental health is, in many cases, comorbidly separate from health treatments, which can result in gaps in treatments and coverage, particularly within the demographics of children and adolescents from low socioeconomic statuses. Indeed, dental diseases, including both cavities and periodontal diseases, are highly preventable, and they continue to be the most prevalent source of chronic diseases that children experience within the United States (Centers for Disease Control and Prevention, 2022).

Socioeconomics plays a significant role in determining whether children have access to regular visits, preventive treatments, and early interventions when it comes to oral health concerns. Variables such as income, insurance, parental level of education, and zip codes affect the availability of dentists and the level of care children can receive. Low-income children are also more prone to untreated oral decay, oral

pain, and infections, as these can have adverse effects on performance and oral nutritional intake among children.

This paper proposes that there are considerable limitations in accessing dental care facilities by children and adolescents because of socioeconomic inequalities, leading to poor oral health outcomes. In an effort to identify associations between both income and insurance status and oral health outcomes, as well as their interaction by region, this paper seeks to underscore the oral health inequities inherent in dental care facilities and their need to be remedied by policy and community interventions.

METHODS

In this study, a narrative methodology of literature review will be used to examine and explore socioeconomic disparities that affect dental care and oral health outcomes within U.S. children and teens. Sources will be gathered through bibliographic searches of peer-reviewed databases and public health reports using such databases as Google Scholar and PubMed. Search terms will include such combinations as "pediatric oral health," "dental care access," "socioeconomic status," "Medicaid dental coverage," and "oral health disparities." Articles will be included for review if they focus on U.S. pediatric sources identifying and analyzing socioeconomic and geographical variables that affect oral health.

LITERATURE REVIEW

There has been extensive research on the relationship between socioeconomic status and oral health outcomes in children and adolescents. Findings from various studies have shown that children from lower socioeconomic families tend to have higher instances of dental caries and untreated dental decay than children from higher socioeconomic families. According to Dye et al., children living below the federal poverty level tend to have higher instances of untreated dental disease than children from higher socioeconomic families, even though overall oral health has improved at the national level.

Insurance benefits are one of the essential factors considered when accessing dental care. Medicaid and SCHIP offer dental benefits for low-income children, although uneven access is common due to a lack of provider participation and low reimbursement levels. In a study by Guarnizo-Herreno & Wehby, it was observed that a lack of consistent dental benefits adversely affected pediatric dental care by increasing emergency visits due to inadequate preventive care, resulting in higher healthcare expenditures in the long run.

Furthermore, geographic discrepancies add on to the existing issues created by socioeconomic factors. This is because areas with inadequate dental care practitioners have been identified as "dental deserts," particularly in rural and underserved urban communities. A study appearing in the journal "Community

Dentistry and Oral Epidemiology" shows that the risk for serious dental disease is increased due to the significant wait times for care experienced by children in regions with an insufficient number of practitioners.

Though the current literature is effective in describing disparities, many studies have reiterated the importance of finding a solution to these issues from a policy perspective. This article will utilize the findings from existing literature to demonstrate how various variables converge to create a set of circumstances that influence the oral health of adolescents.

While the literature consistently documents socioeconomic disparities in pediatric oral health outcomes, most studies rely on observational or cross-sectional data, limiting causal inference. Although findings broadly agree that low income and limited insurance coverage are associated with higher rates of untreated dental disease, fewer studies examine how these factors interact with geographic provider availability. This gap highlights the need for further research evaluating the relative contribution of structural versus policy-level mechanisms in shaping access to dental care.

SOCIOECONOMIC FACTORS THAT INFLUENCE ACCESS TO DENTAL SERVICES

Socioeconomic status, specifically income level, is one of the most critical predictors of the ability to obtain dental treatment. For low-income families, current needs such as finding a roof overhead, providing nutrition, and securing transportation become more important than seeking a visit to the dentist, especially when such a visit is deemed non-emergent. Although such families receive some financial protection through their insurance plans, copays and transportation costs can sometimes be major deterrents. Consequently, children from low-income backgrounds experience fewer outpatient dentist visits and preventive procedures such as application of sealants or fluorides.

Insurance provisions also serve to accentuate such inequities. Though Medicaid requires all children to have dental benefits, the possibility of unequal access is likely because not many dentists accept Medicaid. The American Dental Association claims that although there has been expansion of the Medicaid rolls, the rate at which Medicaid-insured children visit dentists is considerably lower compared to children who are under private insurance.

Education levels and health literacy of parents contribute to oral care use as well. Parents with inadequate knowledge regarding oral health risks and preventive measures may not seek appropriate care for their kids as quickly. Evidence shows kids whose parents have lower levels of education are at higher chances of suffering from undiagnosed oral ailments.

IMPACT ON ORAL HEALTH OUTCOMES

Lack of access to dental services is a key factor that contributes to less favorable oral health status of children and adolescents. Dental caries that are left untreated can cause infections that may contribute to discomfort and loss of teeth, which can affect eating, speaking, and even learning. According to the Centers for Disease Control and Prevention (2022), there is almost a twofold risk of untreated cavities for low-income children compared to those of high income.

Preventive care is also profoundly important in the prevention of dental disease, although it is less accessible to disadvantaged children. Preventive care includes the use of dental sealants, which have been proven to be extremely effective in the prevention of cavities. These are presently underutilized in low-income children. They are also covered by Medicaid in many states.

The effects of poor oral health go beyond oral health. Studies have shown that oral pain and infection impact school attendance, academic achievement, and even self-esteem. In this study, it has been found that there is a significant link between poor dental health and psychological well-being, confirming that oral health inequities contribute towards educational disparities along with disparities in psychological and social wellbeing across different communities.

VULNERABILITY IN PEDIATRIC AND ADOLESCENT POPULATIONS

Children and adolescents are especially susceptible to the impact of oral health inequities due to the profound significance of early oral health to child development. Poor oral health in childhood years could be the foundation for persistent oral health issues in young adulthood, continuing the vicious cycles of health inequities from generation to generation. Adolescents from lower socioeconomic groups tend to delay oral health care until problems progress to more serious levels.

School performance is closely associated with oral health. Additionally, noticeable oral health complications may impact the confidence levels and social interactions of the adolescents.

POLICY AND COMMUNITY-BASED INTERVENTIONS

To close the gap created by socioeconomic inequalities in dentistry, a unified approach is necessary. This can be achieved by increasing the Medicaid fee schedule, making it more attractive for providers to serve Medicaid patients. However, evidence suggests that reimbursement increases alone may be insufficient without addressing administrative burden, provider participation constraints, and workforce shortages. Another effective strategy is school-based dentistry, which has been shown effective for preventive

dentistry for children. The long-term effectiveness of school-based dental programs depends on sustained funding, coordination with school systems, and availability of licensed dental professionals. Community health clinics and mobile dental units are also important in overcoming geographical challenges. These services target communities by providing care and emphasizing prevention and early treatment. Despite their benefits, community-based and mobile dental programs often face logistical, staffing, and financial limitations that may restrict long-term sustainability. Public health campaigns to promote oral health education are some of the other measures that will give families the initiative to provide preventive and early treatments for oral health care problems.

CONCLUSION

Socioeconomic factors determine who receives dental care and what happens to kids' teeth. Findings of this review reveal that there is a clear correlation between socioeconomic status, a child having dental insurance, levels of parental awareness, and geographic accessibility of a given dentist and rates of undiagnosed problems and preventive care not being utilized among disadvantaged children. Throughout the literature, it is apparent that disparities continue, despite many problems with children's dental health being preventable.

What's important to understand is the gaps in pediatric oral health care aren't simply a function of what happens or doesn't happen within family ranks. They are also the result of larger system-level dynamics, such as policy and insurance patterns, and the location of providers. Access remains out of reach for too many children and teens because of barriers from narrow networks, limited participation by dentists, and geographic barriers. It will take a village to address this and improve the level and continuity of dental care available to disadvantaged youth through policy changes and an emphasis on equity in pediatric oral health.

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