



## REVIEW ARTICLE

## A Call to Address the Persistence of Barriers to Oral Health Care for Low-Income Groups in America

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### Keywords

Oral health access, Socioeconomic barriers, Insurance

### Abbreviations

HPSA: Health Professional Shortage Areas-HPSA; CDC: Centers for Disease Control and Prevention; WHO: World Health Organization; CINAHL: Cumulative Index to Nursing and Allied Health; EMBASE: Excerpta Medica Database; PubMed: Public/Publisher Medline

### Introduction

According to a study by Jang, et al. [1] on the Korean population, virtually all barriers barring low-income groups from accessing dental care can be resolved through increased insurance coverage. The authors considered all other critical aspects that may influence the frequency of oral care access, such as education, social trends, and Korean population growth. Still, the findings indicated that dental insurance coverage is essential in determining access to precautionary periodontal maintenance among the Korean population that needs the service. The study's conclusions inspired this contribution to address the nature of the barriers to oral healthcare among low-income groups in the United States (U.S.) and highlight the role of increased dental insurance coverage to help eliminate these barriers.

Jang, et al. [1] found that access to healthcare in Korea mainly depends on economic status and age. This favors the middle-aged and upper-social-class populations. Similarly, the US low-income and elderly populations are the most vulnerable and disadvantaged due to financial barriers and physical constraints in accessing

healthcare. This essay focuses on how insurance enhances access to quality oral healthcare among low-income groups. The essay also proposes solutions to increase the accessibility of insurance coverage in the U.S. It is hoped that the prevalence of periodontal diseases will reduce because of this increased access to oral healthcare.

### Insurance as Mediator for Accessibility of Oral Healthcare

Oral health determines the general health and overall quality of life. However, health insurance schemes can be a barrier to preventive dental care, education, and availability of providers. However oral preventive care is easily neglected during earlier stages of life, especially among low-income groups. Barriers to accessing and using oral health care are associated with economic status, which determines the availability and utilization of dental health insurance. The type of insurance also determines the availability of dentists, insurance facilities, and care provision. Many providers do not accept public entitlement programs such as Medicaid which impacts racial and ethnic minorities disproportionately [2]. The provision of dental care under public health insurance fills the gap in socioeconomic health disparities. These impacts of health insurance can be seen in the American context as well; however, there are differences between the Korean and American context that are worth investigating.

### Essay Methodology

This study conducted a search exploring the



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qualitative and quantitative studies available in databases CINAHL, EMBASE, MEDLINE, PubMed, ProQuest, Cochrane Library, and Google Scholar. Additional data were also collected from various news articles, government websites, and sources such as the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC). Curating the collected literature yielded three categories of barriers to access to oral medical care discussed in the subsequent sections.

## Barriers to Access to Oral Healthcare

While there are many factors to consider for health care access this study narrowed down all factors into economic, geographical, and medical workforce barriers.

### Economic barriers

Insurance is one of the most effective tools to increase healthcare access for people who cannot afford treatment. However, inadequate coverage due to the unavailability of suitable insurance plans can yield significant barriers to access to particular and essential oral services. Furthermore, inadequate public insurance plans result in incomplete coverage of health needs, such as non-coverage of dental care by Medicaid for adults [3]. Avoidance of oral health care procedures is due to the substantial treatment costs and lack of coverage of oral healthcare for adults in public insurance schemes. Hence, the cost and urgency of treatment determines the person's decision to approach dental care treatments.

### Geographical barriers

In rural areas, children are less likely to have dental insurance than children in urban areas. As a result, people in rural areas generally lack awareness about dental hygiene and preventive dental care. They lack an understanding of the resources for treatment in the case of dental diseases [4]. Moreover, Limited public financial support and investment in rural areas for oral healthcare services limits the accessibility of treatment, knowledge, and awareness regarding oral well-being. Limited literacy on medical plans yields a barrier to accessing required care since individuals lack awareness of the medical plans and benefits available to them. This creates gaps in coverage, increasing the risk for oral health issues within rural regions. The variation across geographic areas also speaks to the degree of access communities and individuals have for oral health care services.

### Workforce related barriers

The shortage of dentists in the USA has always been an issue of concern in providing appropriate dental care to the population. In 2020 approximately fifty-nine million Americans reside in health professional shortage areas (HPSA) which includes a shortage of

dentists. As per the studies conducted by Warder and Edelstein [5], the number of dentists attending the patients approaching through public insurance plans such as Medicaid is low. Practitioners are unwilling to provide treatment to people with public insurance, or they prioritize people approaching with private dental insurance due to differences in reimbursement rates [6]. Hence, the accessible workforce may be unwilling to handle particular patients' cases based on their medical coverage plan. Moreover, Choi, et al. [7] found that during the first wave of COVID-19, unemployment rates increased by 8.4 percent, resulting in the loss of employer-sponsored dental insurance coverage. Loss of insurance has decreased the number of visits to dentists, especially in the states that have not expanded Medicaid or those that still lack the dental benefits facilities in the Medicaid coverage [8].

## Conclusion and Recommendations

Medicaid and Medicare should increase reimbursement rates for oral healthcare treatment in public and private care institutions. An increase in reimbursements to match those from private insurance companies could make practitioners interested in serving people with public insurance [6]. Further, an increase in the medical workforce and facilities in all geographical regions could enhance the accessibility of oral care. The acceptance of public insurance coverage in all facilities would equally reduce the financial burden of healthcare expenditure and therefore be affordable to everyone due to schemes from insurance companies or governmental support.

Additionally, there is a need for improved regulation of insurance premiums and schemes. In countries like Australia and some European nations like Germany, the government regulates insurance premiums [3,9]. This maintains premiums at affordable prices for all income groups. One should strongly advocate for legislation that requires insurers to cover the full extent of healthcare, such as dental health services. Ultimately, increased public investment in oral healthcare to disseminate awareness of oral well-being and the available insurance plans would increase the accessibility of healthcare by individuals who meaningfully need preventive and treatment care.

## Declarations

### Ethics approval and consent to participate

Not applicable.

### Consent for publication

Consent forms have been submitted by all authors.

### Availability of data and material

Articles referenced in this manuscript are available online as stated in the methodology section.

## Competing interests

The authors declare that they have no competing interests.

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## Author's contributions

SM conducted the search for supporting literature and was the primary author producing initial drafts and ongoing edits, and organization.ATS served as senior author and conducted editing and writing of the manuscript. The authors read and approved the manuscript.

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