



Dental surgery in children and current trends.

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Introduction

The goal of paediatric oral health policy is to ensure that all children enjoy oral health with its attendant functional and aesthetic benefits. Achieving this would establish a foundation for a life course of positive oral health that would contribute to systemic health, self-assurance, and employability in adulthood and oral function into seniority.

To the surprise of many referring physicians, dental access and utilization for all children—including those covered by Medicaid and the Children's Health Insurance Program—have increased substantially over recent years. By 2016, two thirds of commercially insured children and more than half of publicly insured children obtained dental care and the gap in dental utilization between privately and publicly insured children has been reduced. Yet even with increased utilization, socially disadvantaged children continue to experience poorer oral health than their more income-advantaged peers and advances are uneven across states. This invited policy commentary addresses how public policy successfully improved paediatric dental utilization; remaining barriers to utilization equity between publicly and privately insured children; and policies now needed to achieve equity in oral health status

How Public Policy Increased paediatric oral Utilization

Stimulated by critical US Government Accountability Office reports, child health advocates, and news of children's deaths related to caries and its management, policymakers have addressed 3 structural shortcomings in dental access: workforce, safety net, and coverage. Pending policy backsliding, these fixes continue to bolster the availability and utilization of paediatric dental services.

Workforce: At the federal level, workforce expansions through Title VII training programs dramatically increased the numbers of paediatric dentistry graduates and training programs. The numbers of paediatric dentistry graduates increased by 55% between 2000 and 2007 alone while the numbers of federally-sponsored residencies increased by 20% between 2000 and 2017.

At the state level, increasing numbers of legislatures have taken up authorization of dental therapists – midlevel dental providers – to expand preventive and reparative dental services.

By March 2019, 9 states (AZ, ID, ME, MI, MN, NM, OR, WA, VT) and the Alaskan Tribal authority had authorized dental therapy with nearly a dozen additional states considering legislation.

Programs are at various stages of development with few yet fielding therapists in practice. The longest standing program, in Alaska, has reached over 40,000 patients while the much smaller MN program has reached primarily children (67%) and those with public insurance (78%). Health Resources and Services Administration's "State Oral Health Workforce Grant Program," initiated in 2006 to increase services in rural areas has been awarded to more than 40 jurisdictions that have used funds to expand services in designated shortage areas through recruitment, retention, and loan forgiveness programs, deliver community-based preventive services, and support state dental directors.

Safety net: Expanded dental services in federally qualified health centres increased access in much of the country.

One California endeavour in 20 federally qualified health centres doubled overall paediatric dental utilization and trebled preventive utilization after improving infrastructure, providing technical assistance and clinical training, educating parents, and implementing quality improvement strategies.

The latest dental access law—the 2018 Action for Dental Health Act—authorizes funding of programs to address nonfinancial barriers and establish dental homes for children and adults.

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