

Paying Attention to Children's Dental Care

Paul DiLorenzo and Judy Gelinias 29 January 2010

Within the context of a conversation on national healthcare improvement, dental care for children has not been high on the public radar screen. This is disappointing given the consistently dreadful outcomes for children who live in poor communities. Inadequate dental care for children from economically challenged communities is a chronic problem in both urban and rural settings. As a result, the incidence of dental caries and inadequate oral hygiene among these youngsters is at epidemic proportions.

The disparity in care is the result of many factors:

- Reimbursements from government-related healthcare insurers are far below industry standards, and many dentists complain about the duplicative and time-consuming paperwork related to these plans. As a result, there is little incentive for dental professionals to serve this population of children.
- The number of dentists in poor communities, especially those with a specialty in pediatric care, is astonishingly low. Dentists are far more likely to establish their practices in more affluent neighborhoods, where families are able to pay for

service themselves or through their private health insurance plans.

- The parents of the children who are most at risk are often overwhelmed, isolated, or unable to adjust their employment schedules for appointments far outside their own communities.

However, the challenges related to the delivery of quality pediatric dental care are not insurmountable. Several years ago, the St. Christopher's Foundation for Children, based in Philadelphia, decided to take on the issue of inadequate pediatric dental care for children living in economically challenged communities. Our Board of Directors, along with a concerned group of dental professionals, agreed that waiting for traditional dentistry to turn its attention to this population was futile. Moreover, the partners looked at the implications of allowing dental disease to fester in children, and came to the realization that there were long-term and in some cases dangerous health risks. The data and the demographics regarding these underserved children reflected generational issues that were not limited to one or two causes for the lack of treatment.

On the other hand, the Foundation calculated that the creation of a community-based mobile van dental unit, based on similar mobile healthcare approaches, would allow for a greater penetration and treatment rate for families who would otherwise go untreated. This has turned out to be the case. More than 5,000 children have

been successfully served in a little less than three years of operation.

Community-based programs like the one supported by the St. Christopher's Foundation for Children, which provide pediatric health care in either urban or rural settings, are inherently different than traditional approaches. They are based on the premise that children and their families are facing unique challenges to diagnoses and treatments of acute and chronic illnesses. Many of these programs address the underlying issues of disparity in outcomes, discrimination related to healthcare coverage, and the disconnected nature of healthcare systems for children living in poverty. They also are inclined to provide a more aggressive outreach to parents who are often overwhelmed and thus unable to attend to timely and appropriate health care for their children.

Community-based programs can simultaneously provide treatment for children and also educational support for their parents and their communities. The accessibility of the services, combined with the hands-on approach of the providers, encourages a greater level of family participation and creates an environment where professionals and parents can meet halfway to create a sustainable healthcare plan for children. The dental van described above emphasizes quality of care, the value of a familiar setting and faces for children, and the need to support nontraditional approaches with a variety of funding sources to ensure maximum flexibility.

Since the year 2000, when the Surgeon General made his report on the state of oral health in America, a window of opportunity has been open. With a heightened awareness and funding available, we need to focus on community-based programs that creatively address the needs of the consumer and funnel our resources into best practices and long-term outcomes for improving oral health in our community.

The staff and Board of the Foundation have now created a pediatric dental initiative recognizing the long-term systemic enhancements that need to occur if the disparities in care are to be reduced. We came to understand that the complexity of providing pediatric care to children in poor communities was more than just a service delivery problem. Improving the quality and quantity of access is likewise dependent upon changes in reimbursement policies, public education of parents, increasing the number of dental professionals willing to work with this population of children, and accessibility of treatment for families who are traditionally isolated.

In a future edition of the *Philadelphia Social Innovations Journal*, along with other public health experts we will examine the nature and scope of the problems and the promising practices and policies for remediating the levels of dental disease among children. We will highlight the lessons learned thus far from our experience, and our belief in the axiom that "place matters." Public health professionals and advocates should remain vigilant about

pediatric dental care as healthcare reform moves forward. Though not high on the agenda of those crafting the legislation, this issue represents the type of nuanced component that, left ignored, remains an expensive, long-term fix for children, their families, and the paltry few systems charged with treating them.

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