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Special Children Dental Health Care Needs…Are they Finance Proof?

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Abstract

Children with special health care needs are at increased risk for oral problems during their lifetime. The association between oral health, general health, and quality of life of child must be clearly understood. Children with no dental insurance are more likely to have unmet dental needs than their counterparts.

Keywords Children; Dentistry; Insurance; Oral health

Introduction

Dental health care is necessary for children to encourage normal dentofacial growth, development, and overall health; prevent disease and secondary disabilities; and treat existing acute and chronic health disorders. If dental care for the special needs child is started early and followed conscientiously, every child can enjoy a healthy smile. Almost 18 percent total children population of US has a chronic condition or disability [1]. Few of the common conditions that entail special care in dentistry comprise Down syndrome, cerebral palsy, epileptic disorders, vision and hearing impairments, cleft lip/palate and learning and developmental disabilities. Keywords "children; dentistry; insurance; oral health" were used to search database to highlight the unmet dental health care needs of children with special health care needs (SHCN) in view of partial coverage or lack of insurance and other socioeconomic factors.

Special children dental health care needs and insurance

Individuals with SHCN are at increased risk for oral problems during their lifetime [2]. With modern medical procedures, children with severe health disorders are living longer which created a new dental care crisis. Sadly, as children with disabilities reach adulthood, dental insurance coverage may be limited [3]. Special needs children are less probable to visit a dentist regularly because most of the time, energy and financial resources of the family are utilized for more urgent medical health conditions [1]. Family and community socio-economic variables act as potentiating factors for the severity and progression rate of the caries process in early infancy [4,5]. Financing and reimbursement are frequent hurdles for dental care [6]. Insurance has a key role for families with SHCN children but it still offers partial coverage [7].

Clemans-Cope et al. [8] examined accessibility and use of oral and dental care under the Children's Health Insurance Program (CHIP) from a 2012 survey contrasted to private coverage and being uninsured in 10 states. They concluded that enrolment of appropriate uninsured children in CHIP enhanced their access to preventive dental care, and diminished unmet dental care needs. The current model of comprehensive health care for dental and medical care is inconsistently applied [9]. Children are inexplicably disadvantaged in the world. Caregiver's fatalistic oral health beliefs and religiosity are noteworthy determinants of early childhood caries [10]. Child oral health insurance awareness of parents influences the intention of parents to pay oral insurance coverage for their children [11]. Children with no dental insurance are more likely to have unmet dental needs than their counterparts. Bernabé et al. [12] confirmed improved access to dental care reduced income inequalities in oral health of children. Concomitantly, lack of integration within the public health system is affecting dental treatment for children with special needs [13].

General health conditions could appear more significant than oral problems, particularly when the impact of oral health on general health is poorly understood [14]. But, oral health is an integral part of general well-being. Oral diseases may have a direct and overwhelming effect on the health and quality of life. Children with compromised immunity or cardiac conditions coupled with endocarditis are mainly susceptible to effects of oral diseases [15]. A child may endure progression of oral disease if timely treatment is not provided. Rescheduling or disagreement for dental treatment may lead to unnecessary pain, discomfort, increased treatment needs and costs, unfavourable experiences, and reduced quality of dental treatment result [16]. Because of the unmet dental care needs of SHCN children, a dental home and comprehensive, coordinated services must be created [17,18].

Till now we discussed about dental insurance provision for SCHN children in developed nations. However, in developing countries very less proportion of population having dental insurance and few nations don't have dental insurance at all. One can imagine the unmet needs of oral health care of SCHN children in those underprivileged areas.

Conclusion

The association between oral health, general health, and quality of life of child must be clearly understood. Fundamental to our sense of humanity; policymakers and healthcare providers must share responsibility for dental insurance coverage of SCHN children. The limitation of this review is lack of database from developing countries having lack of dental insurance or partial dental coverage. Hence, radical reform in dental insurance or reimbursement approaches is obligatory. Consequently, future research should be focused on procuring oral health services to the increasing numbers of medically compromised and cognitively impaired population on global scale.

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