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### Ending Dental Inequality in the United States

The issue I wish to solve is dental inequality in the United States. Dental inequality is an issue that resonates with me because I experienced congenital oral health defects, which resulted in many missing teeth. As a child, I did not pay much attention to how my missing teeth appeared. But as I got older, I became extremely self-conscious about my smile. I was fortunate enough to have parents that could afford the treatment that would provide me with a “perfect” smile. Yet the influence of age on the complex oral region prevented me from getting any implants until I turned 19. While that is a relatively young age, I still spent all of highschool and my first year of college hiding my smile from everyone besides my parents and brother. Experiencing poor oral health first hand fueled my passion for dentistry and my dream of becoming an oral surgeon. Additionally, my past experiences made me extremely sympathetic to those who cannot afford dental care. I am interested in aiding the disturbingly high levels of dental inequality in the U.S.

Before I discuss how I aim to solve dental inequality, I will provide a brief background on this issue in the U.S. Interestingly, inequality in the U.S. is a popular topic of debate yet dental inequality is often overlooked. A critical reason why this issue is overlooked is a lack of education on the importance of oral health. Because of the mouth's close proximity to other vital organs, poor oral health can quickly manifest into conditions impacting the brain, lungs, and heart (Gaffney). Furthermore, many people are unaware of the significant impacts of poor oral

health on worsening economic inequality. According to recent research from the health policy institute, one third of adults living below the poverty line admitted that, “the appearance of their teeth and mouth affected their ability to interview for a job” (Frakt). To further demonstrate the seriousness of dental inequality, research states that an estimated 114 million people in the U.S. lack any type of dental coverage; in other words, they must pay out-of-pocket for procedures ranging from several hundred to upwards of one hundred thousand dollars (Frakt). In 2016, the commonwealth fund found that 32% of the population skipped dental care because of rising costs. According to the American Dental Association, this is an urgent issue that demands immediate attention because “anyone can die of a toothache”(Gaffney).

To assist individuals who lack access to dental care, I must first accomplish my goal of becoming an oral surgeon. To do so, I have decided to major in public health science on a pre-dental track. I chose this major because I wanted to learn how health disparities originate and what measures are currently in place to address them. Additionally, a background in public health will enable me to see how dental disparities are preventable from a medical perspective, as well as how to encourage proper dental care through public and private organizations. After attaining my undergraduate degree, I hope to attend dental school, followed by 6 years of residency (2 of which will occur in a medical school). This plan should allow me to finish my education as a doctor of dental surgery and doctor of medicine.

Some of my ideas for addressing dental inequality are already in place but I hope to institute them on a larger scale. Mission of Mercy (MOM), an organization run by the Catholic Charities of D.C., hosts an annual dental clinic that provides individuals with no access to dental care with entirely free services (Dohlen). These services include cleaning, pulling, root canals, implants, and dental x-rays. Currently, MOM’s free dental clinic has 500 dental and medical

professionals, in addition to 500 general volunteers whose priority is to provide as many recipients as possible with free dental care (Dohlen). To ensure that MOM provides free dental care to those who need it most, the organization requests documentation proving that an individual belongs to a lower income quartile. Currently, MOM's annual two-day event provides dental care to over 1000 participants yearly (Dohlen). Through advertising and fundraising, my ideal plan is to hold a volunteer-run clinic similar to MOM's in every state for one week, biannually. The kindness and generosity I witnessed at MOM's dental clinic gave me faith that providers around the country would donate more of their time to addressing dental inequality.

In addition to combating the issue once it exists, I would also like to promote educating children on the importance of proper dental care. Oral health education is an excellent preventative method that would hopefully lower the rates of wide-scale dental health issues. Consistent tooth-brushing, twice a day, for two minutes each time, can drastically decrease an individual's likelihood of developing periodontal disease later in life. Through stronger education on oral health and doctors' beneficence, I strongly believe dental inequality in the U.S. can be significantly reduced.

## Works Cited

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