

Emily Old, Fatima Pacheco, Hannah Merica

SOC 201S

23 Nov. 2021

Article Review

*A Review of “Problems with Access to Dental Care for Medicaid-Insured Children: What Caregivers Think”*

Mofidi, M., Rozier G., & King R., (2002). “Problems with Access to Dental Care for Medicaid-Insured Children: What Caregivers Think,” *American Journal of Public Health*, (53-58).

Dental disease does not discriminate but the people providing preventative care do. In the article “Problems With Access to Dental Care for Medicaid- Insured Children: What Caregivers Think” written by Mahyar Mofifi, DMD, MPH, R. Gary Rozier, DDS, MPH, and Rebecca S. King, DDS, MPH focuses on the problems with accessing health care with Medicaid insurance for one of the most common health problems, dental disease.

Research was done to see why there is such a low number of children receiving dental care even though they have Medicaid insurance. Questions arose asking if it was the caregiver’s fault, if it was Medicaid’s fault, or if it was the dental office’s fault. There is no one answer, but instead many of these factors work together to work against children trying to receive dental care.

This subject is important because dental disease is increasingly common amongst children and only a fraction of Medicaid-insured children are receiving preventative care. Dental disease is only going to continue to worsen if these barriers continue to block access to a service

every human needs. We chose this article because we believe that more people should be educated about the draining process required for a caregiver to receive dental care for their child. It is astounding how prejudiced workers in the dental offices affect the caregivers' and their children's' lives in numerous aspects that they may not consider when making their remarks or performing their actions. We hope to spread awareness about the complications that cause the lack of access of dental care to Medicaid insured caregivers and their children.

Other articles exploring access to dental care with Medicaid insured children have consistently gotten the same results, but those studies did not explore one crucial aspect, the caregiver. These other studies have pulled information from specific aspects of the process, but they have not considered the one factor that is consistent throughout the whole process. The caregiver is who is overcoming these obstacles to obtain dental care for their child(ren) so they would be a valuable resource. This study seeks to understand this issue from a more personal aspect by asking what new information about access to dental care could be revealed by asking the caregivers who have attempted to obtain this care. The hypothesis presented is what undiscovered obstacles are left to be uncovered by talking to the caregivers that have run into challenges associated with gaining access to dental care through Medicaid for their children.

The author's theory is that new information will present itself when studying the caregivers who have faced hurdles when battling the system to get dental care for their children through Medicaid. There is preexisting knowledge on this topic, but there is minimal research from the point of view of the caregiver. The author was inspired to create this study because it is the "first study to provide an in-depth investigation aimed at gaining insight into the perspectives of caregivers who encountered difficulties in trying to obtain dental care for their Medicaid-insured children."

Throughout this article, the author uses the term “caregiver”. This is referencing the parent(s), guardian(s) or other person in a child’s life who is making sure their basic needs are met. The caregiver is constantly fighting through the unnecessary challenges that arise from multiple sources when seeking dental care for their child. The term caregiver has some irony because this individual is doing everything in their power to make sure their child gets dental care while it seems like everyone else around them is making the process needlessly complicated. “Some participants spoke of being blamed by the dental staff for their children’s dental problems- this in light of the fact that they had tried unsuccessfully to obtain care.” This quote powerfully explains how the caregivers are trying to provide care for their children, but prejudiced individuals are creating unnecessary obstacles they must face, then are blamed for not providing enough care to their children.

There are several other key terms that are used continuously throughout the study. The term “dental disease” is referring to any abnormality occurring in the mouth such as near the teeth or gums. To analyze different perspectives from different racial/ethnic groups, the author uses the term “focus group” to represent a specific focus on a group of people that have a different race/ethnicity. Medicaid insurance is also a significant focus in this study. Medicaid is a federal and state insurance that helps subsidize health care costs for low-income families.

The author organized the article into several different sections that each add a crucial component to the final composure. At first the author discussed how prevalent dental disease and the effects it has on society. The methods of why they carried out certain aspects the way they did were explained next and just before explaining the criteria for their study. After the reasoning for the criteria, the recruitment selection, procedure for data investigation, procedure for data collection, and data analysis were discussed. Once the framework for the study was established,

the results were explained. The results were broken down into three different sections that included perceived barriers, racial/ethnic barriers, and consequences. After stating their findings, the discussion section revealed the relevance of the information. On the last page of the article, there were sections about the authors, contributors, acknowledgements, and references which could reveal any biases or point of views of who is behind the study.

The author decided to study the caregiver's perspective because the caregiver would be the most knowledgeable about the actual process of receiving dental care. The focus was what variable real life experiences these people faced during the common process. The experimental subjects were caregivers from 4 different ethnic groups. These focus groups included: Latino focus groups, African American focus groups, Indian focus groups, and White focus groups. The eligibility criteria for the study was that participants had to be a primary caregiver, had children who were Medicaid-insured for at least 12 months prior to the study, had to report a time during the past year when they looked for dental care for their Medicaid insured children but had difficulty in obtaining the care or couldn't get care at all, had to live in a geographic areas where there is a large number of different ethnic groups and racially diverse. All these caregivers have diverse socioeconomic, racial, and ethnic backgrounds yet similar experiences were shared by the participants.

Within the specific criteria for this study, information was pulled from 77 participants in eleven focus groups, all of which fall within the four categories previously mentioned. This study collected information from participants in 2001 within three different geographic areas within North Carolina. Caregivers were randomly selected from a larger population of eligible prospects to get the smaller number of participants. There was an interviewer that interviewed the caregivers and the interviewed followed a guide that was reviewed by experienced professionals

in the various fields of interest. Each session that an interviewer had with any participants was taped and then reviewed by an assistant interviewer which ensured the validity of the study. Once the interviewer and assistant interviewer collected their thoughts after each session with the caregivers, the interviewers created a summary of key points, then presented those key findings to the participants to make sure they were accurate.

There was an investigator involved who used qualitative content analysis when examining the past interactions with the participants to ensure the most accurate results. The primary investigator's job is to ensure that there is no misinformation to skew the results, so this person analyzed all data, notes, and reports and compared them to the transcripts from the sessions with the caregivers. Additional research team members reviewed the transcripts to ensure accurate information was being collected from the caregivers.

Public insurance plays an impactful role in how families receive dental care. Families with Medicaid were shown to be treated differently than families paying with out-of-pocket cash or card. A study was performed to analyze why people receiving Medicaid were not receiving dental care. Several barriers were analyzed, the first of which were grouped as "perceived." Many dentist offices did not want to accept Medicaid, so they made scheduling appointments difficult. Participants in the study also said the interactions with the front office staff was "consistently disrespectful, judgmental, and insensitive" just because they have Medicaid. Along with the unpleasant interactions, the Medicaid users had to wait in the waiting room significantly longer than other patients to receive care. The front office staff lowered their self-esteem, making no one want to return to receive dental care that their children need. Not only was the front office staff rude to Medicaid users, but the dentists also treated these people differently than they would their other clients who do not use Medicaid.

Another theme that arose was racial discrimination. Caregivers expressed struggles due to not being able to speak the same language or being treated differently because of their race. Participants in an African American group said office staff were making negative comments on African Americans. The Latino focus group expressed that they were having language troubles. Meanwhile, there were no reports of racial problems affecting the White focus group. Most of the participants in the minority focus groups felt as though they were being treated unfairly based on their insurance.

The last theme revealed child-related consequences and the family-related consequences regarding the barriers associated with obtaining dental care. The child-related consequences include, kids missing school in order to receive dental care, tooth discoloration or decay, and bullying due to the condition of the child's teeth. The family-related consequences are the stresses and pressures that the caregivers have to go through in order to receive dental care such as dealing with the dentist's office staff and the dentist themselves.

Before this study was performed, information existed about discrimination in many aspects of the health field, but this was the first article to explore the different conflicts caregivers face when seeking dental care for their children using Medicaid insurance. Personal experiences were shared about the various barriers caregivers had to face when fighting for dental care for their children. As these individuals were sharing their experiences, many of them realized that they had similar experiences. It was impressive to see many of the common themes mentioned within the different experimental groups. This gave the article more of a personal feel rather than just turning people into another set of data to be analyzed. The readers get to empathize with the caregivers that are fighting for dental care for their children. These

challenges may normally be overlooked but the author did an excellent job to let the readers have an eye-opening experience.

The author's purpose in this article is to spread awareness to how prevalent dental disease is and the numerous obstacles that caregivers must overcome to receive dental care for themselves and their children. This purpose is clearly conveyed through a step-by-step process that the caregiver initiates in to receive care and the challenges associated with it. Along the way, the author implements point of views from specific caregivers that gives a more in-depth touch. When explaining how the dentists make the caregivers and their children feel in the office, they used the quote that the caregivers "believed that dentists did not really want to touch their children because 'they are dirty.'... [The dentists] act like they did not want to touch you." These heart wrenching words convey the author's purpose by leaving the reader thinking about why anyone would treat another human this way.

Although this author conveys meaningful topics, there are some weaknesses that should be addressed. In the beginning of the article, data was presented about dental disease and how many children were suffering from it despite having Medicaid insurance; however, this was the only time statistics were mentioned. More data woven into this study would have made these points even stronger. Many personal experiences were mentioned, but those are just individual people, if these experiences were tied to several other Medicaid users within the country that had a similar experience, it would solidify the viewpoint even more. It would have been beneficial if the Medicare patients' experiences were compared to patients that were using another form of insurance. This would show if the patients were being discriminated against because of their insurance or if the staff at the dentist office was unpleasant to all patients. The criteria for this study required caregivers to have already had a negative experience obtaining dental care so it is

not representative of all caregivers using Medicare. It would have been interesting to see how many people had been rejected from the study because they have not faced any obstacles getting dental care. Overall, these weaknesses could be addressed by giving more statistics to put this small sample of individuals in perspective with the rest of the population using Medicaid.

There are no obvious biases in this article but there may be some behind the scenes. Only one interview was used to conduct this survey which could benefit the study by having consistency, but it could have consistent bias. The name of the interviewer was not mentioned so we have no way to find out the agenda of the interviewer or if they were a neutral party. A couple other professionals reviewed the transcripts created from the discussions with the participants and the interviewer, but their names were not mentioned either. There is limited information on the validity of the study, but the author mentions some of the restrictions within the study.

Since this article is the first one to address these more specific barriers associated with Medicaid and dental care, it was done on a smaller scale, leading to limitations. This study took 77 individuals in the North Carolina area and split them into 11 different groups based on racial/ethnic groups. This is an exceptionally small portion of the population in a small area of the country, so this is not a representative sample by any means. The results in this study can not be taken out of this study and generalized to a greater population without further research. As previously mentioned, one piece of criteria to participate in this study was for the caregiver to already have had difficulty obtaining dental care for themselves or their child so most of the discussions were exploring what challenges existed, not debating if challenges existed. Different caregivers in different areas in the country will have different challenges presented to them, so this would be another interesting angle for further research.



This author has a specific viewpoint analyzing what problems caregivers have accessing dental care while others have questioned other factors that could contribute to less people using the dental services provided by Medicaid. Some professionals and experts have advocated that there are other barriers that should be analyzed. These other aspects include the caregivers not believing that dental services are a priority, caregivers not having experience and therefore being ineffective when using the dental system, and caregivers are not able to make time in their schedules to receive the care. These are viewpoints that should be investigated to have a well-rounded perspective.

This article is the first one to consider, specifically, the caregiver's perspective and their personal experiences on the matter. The procedure during this study focuses on different racial/ethnic groups and the caregivers within them that have run into complications when trying to receive dental care. There were many recurring themes within the groups that lend to existing information, but some new experiences were shared that were not yet covered by previous authors. These concepts set this article out from the others to present new information that has not yet been touched on.

Even though individuals can qualify for Medicaid due to their low socioeconomic status, they still have a long war ahead of them to receive dental care for their children. Many individuals are unable to conquer this challenge resulting in their children developing dental disease. So many of these avoidable battles are caused by health care workers in dental offices using their preconceived notions about Medicaid users and being blatantly disrespectful to the caregivers that present before them.

Without this study, there would be significantly less insight to the challenges presented to caregivers when fighting for dental care for their loved ones through Medicaid. This article will be useful to workers in the various health offices to help recognize what affect their actions have on others. If a customer service representative is prejudiced against other people, the interactions the representative has with someone who is not like themselves will be impacted in numerous ways that may go unnoticed. Generally, when some are receiving health care, they may be more vulnerable and more easily affected by these negative interactions, then have a negative view on some places of healthcare. Hopefully, more people will be educated on the impacts that their actions have on others even if they go unnoticed.