

Pediatric Oral Health Policy

Its Genesis, Domains, and Impacts



Burton L. Edelstein, DDS, MPH^{a,b,*}

KEYWORDS

- Oral health policy
- Insurance coverage
- Health workforce
- Prevention
- Health safety net
- Health surveillance

KEY POINTS

- Public policymaking – a complex iterative process amenable to influence by child advocates – has increasingly addressed pediatric oral health and dental care over time.
- Policy domains of particular import to children's health, including their oral health, are insurance coverage, workforce, safety net, prevention, and surveillance.
- The Affordable Care Act's nearly 2 dozen dental provisions provide a framework for comprehensive improvements in children's oral health and dental care.
- Policymaking has improved pediatric access, utilization, and outcomes, yet inequitable children's oral health remains a significant policy concern.
- Change drivers in US health care delivery and financing are promoting increasing integration of medical and dental care for children and greater accountability to health outcomes.

In 1997, the American Academy of Pediatrics (AAP) Washington office supported the creation of the Children's Dental Health Project (CDHP) and thereby formalized efforts to include pediatric oral health as a bona fide pediatric health policy issue. With active support from the AAP and the American Academy of Pediatric Dentistry, the CDHP networked widely to press Congress for inclusion of pediatric oral health in federal legislation, oversight hearings, and congressional studies. The need for this effort was evident in Congress' decision earlier that year to establish dental benefits as optional rather than mandatory coverage in the State Children's Health Insurance Program (S-CHIP) that insured approximately 7 million children of working-poor families. Partnering with children's advocates, dental groups, and a variety of national associations of state officials, governors, health directors, Medicaid directors, dental

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^a Population Oral Health, Columbia University College of Dental Medicine, Columbia University Medical Center, 622 West 168th Street, PH7-311, Box 20, New York, NY 10032, USA;

^b Children's Dental Health Project, 1020 19th Street NW, Suite 400, Washington, DC 20036

* Corresponding author. Population Oral Health, Columbia University College of Dental Medicine, Columbia University Medical Center, 622 West 168th Street, PH7-311, Box 20, New York, NY 10032.

E-mail address: ble22@columbia.edu

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directors, and public health officials, advocates for children encouraged each state to elect the dental option. Once universally achieved, this tactic prepared Congress to mandate dental services when S-CHIP was reauthorized 10 years later as CHIP. Success securing the dental benefit in CHIP was followed shortly thereafter by the congressional mandate that pediatric dental coverage be required under the Affordable Care Act (ACA).

These coverage accomplishments illustrate that proven strategies to influence Congressional policymaking, including grooming legislative champions, assembling and activating the necessary coalitions, leveraging the press, and persistently promoting well-crafted policies, can result in meaningful action that benefits children. The story, however, does not end with these significant decade-old achievements. In 2018, Congress delayed the required reauthorization of CHIP and undermined key provisions of the ACA thereby demonstrating a fundamental characteristic of policymaking: it is a process that is never over. For this reason, the pediatric health community is obliged to actively engage in policymaking (or support those who do) to ensure that children's health and welfare are given a consistent and strenuous voice.

This contribution explores how and why pediatric oral health evolved from an afterthought in both pediatric medicine and public policymaking to a featured policy issue; how policymakers have integrated oral health into pediatric medical policy's domains of coverage, workforce, safety-net, prevention, and surveillance; and how policymaking has positively impacted children's oral health and dental care. This contribution looks forward in time to examine medical-dental integration in ways that may stimulate truly seamless pediatric health promoting systems. It briefly explores other advanced country's forays into pediatric oral health policy to consider how those endeavors may inform future US policy.

POLICY, POLICYMAKERS, AND POLICYMAKING

Policy delineates how things are done. It sets the rules, specifies the procedures, and describes the processes to accomplish defined ends. "It establishes priorities, promotes the common good, and maximizes use of available resources. Expressed as legislation, regulation, rules, and procedures, policy ... creates options, sets limits, and dictates processes and outcomes. It determines who is authorized to take actions under specified circumstances, including where, when, and how those actions are permissible."¹ Policy is authoritative and, once established, tends to be resistant to change until circumstances call it into question and create demand for updated or totally new policies.

Policymakers operate in multiple institutions, including government, academia, professional associations, businesses, nonprofits, and even families. They achieve the authority to establish and enforce policies and resultant programs through status, appointment, precedent, or election. Power, politics, and influence are closely affiliated with the process of making policy. Importantly, those who actively and persistently influence policymakers are as influential as those who actually make policy. That is why lobbyists, advocates, academics, journalists, constituents, analysts, and community-based professionals are all critical to the process.

Problems are then prioritized for policy action according to agendas established by those with political power. These agendas are influenced by a wide range of inputs, including current events, political and personal interests, advocates and lobbyists, the press, and other branches of government. The congressional policymaking process—a complex competitive interplay of priorities, politics, power, and processes that typically run in parallel between the US Senate and US House of

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