PREFACE

Fulfilling the legacy of a 12-year-old boy

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I am a strong believer in universal access to quality health care, which includes access to dental services. I also believe we must equip our children, adults, and families with the knowledge and tools they need to prevent disease and promote oral health. Given these beliefs, the death of 12-year-old Marylander Deamonte Driver on February 25, 2007, shocked and greatly saddened me.

The death of Deamonte from complications due to an untreated toothache should not have happened. Routine dental treatment could have prevented the tooth infection from reaching his brain and the regular use of fluoride and dental sealants might have protected his teeth in the first place. Unfortunately, this child slipped through the cracks of our safety net system.

Even in death, Deamonte has left a legacy for all those who are living, especially our children, by sparking the State of Maryland and the country into action. At the Federal level, his memory was a key factor that drove the inclusion of several dental provisions in the Children's Health Insurance Program Reauthorization Act (CHIPRA) that was signed into law in 2009. This law mandates dental benefits for children and adolescents participating in the CHIP program. His legacy was also a factor in the comprehensive dental provisions included in the Patient Protection and Affordable Care Act that was signed into law in March 2010. This law makes pediatric dental care a required insurance benefit starting in 2014 for all health insurance plans that are purchased through the health insurance exchanges. This law also provides funds to better understand dental disease management, train general, pediatric and public health dentists, enhance the dental safety net, increase access to sealant programs, and increase our understanding of dental disease in the United States through enhanced health literacy.

In Maryland, there have been tireless efforts by the Department of Health and Mental Hygiene, Governor O'Malley, the State Legislature, the Maryland Dental Action Coalition, the University of Maryland, and organized dentistry to improve access to oral health care. Legislation developed by health care advocates, and passed by the Maryland State Legislature, has already had a major impact on the oral health of Maryland children. Before Deamonte died, only one-third of children on Medicaid had a dental visit each year, and of that number, only one third of them had a follow-up dental appointment. In 2010, 47 percent of Maryland children on Medicaid, ages 0-20, had at least one dental visit, and 46 percent received a preventive visit. There has also been a 20 percent increase in the number of dental providers participating in the Maryland Medicaid program in a 2-year period. Additionally, medical providers have screened and provided fluoride treatments to more than 38,000 children between the ages of 1 and 3 since 2009.

The progress noted in Maryland and in the United States is a great start. However, it is not acceptable that too many poor children in Maryland still do not have an annual dental visit. And it is not acceptable that 3,000 Maryland children each year have a dental problem that requires a visit to a hospital emergency room. Too many people mistakenly believe that toothaches are just a part of life and few recognize that dental caries is the single most prevalent chronic disease in children and that this disease can have a significant impact on overall health. Also, the general public often is not aware of the critical roles water fluoridation, fluoride toothpaste, and dental sealants can play in the prevention of this disease. Clearly,

more work needs to be done to educate people about proper dental health and to provide access to quality care.

I am proud that such a diverse group of stakeholders has come together to learn from one another and to further the work that has been started. This Special Issue of the Journal of Public Health Dentistry includes many papers that informed the Maryland Summit on Oral Health and that identify additional steps that need to be taken to ensure adequate care. While the United States and the State of Maryland have made progress on oral health issues, we all have a responsibility to ensure that no young child suffers needlessly from a toothache that is not being treated. We all should work toward the day when oral health will no longer be an afterthought and is fully integrated with overall health care. Finally, we must achieve health coverage for all of our vulnerable populations, including children and adults. Otherwise, the hard work of legislators, advocates, and the legacy of Deamonte will be left unfulfilled.

Conflict of interest

The author declares no conflict of interest.