



“Unmet Oral Health Needs,
Underserved Populations, and
New Workforce Models: An
Urgent Dialogue”

Additional Approaches to Expanding Access to Oral Health Care



American
Dental
Hygienists'
Association



Georgia

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- Dental hygienists are licensed, preventive oral health care professionals who provide educational, clinical, research, administrative, and therapeutic services that support total health by promoting optimal oral health.

Education

- Dental hygienists attend a dental hygiene program of at least two years' duration accredited by the Commission on Dental Accreditation (CODA) of the ADA that provides an associate or baccalaureate degree at completion.
- Graduation is followed by successful completion of the National Board Dental Hygiene Examination, which then qualifies graduates to take a state or regional licensing examination that includes both a written and clinical component.

Health Promotion/Disease Prevention

- Oral health is a critical component of total health. Recent research has linked periodontal disease to heart and lung disease; diabetes; pre-mature and low-birth weight babies; and a number of other systemic diseases.14

Health Promotion/Disease Prevention

- The early detection and treatment of oral disease is critical to saving lives. During oral health examinations, dental hygienists detect signs of many diseases and conditions like HIV, oral cancer, eating disorders, substance abuse, osteoporosis, and diabetes.
- In addition, dental hygienists work with patients to develop oral health care treatment plans that manage oral infection so it does not exacerbate serious diseases.

Oral Health Care Economics

- Each year millions of productive hours are lost due to dental diseases. A survey conducted in 1989 showed that children missed nearly 52 million hours of school, or an average of 1.17 hours per child, due to treatment problems. That same year, more than 164 million work hours were lost, an average of 1.48 hours per worker.¹⁵
- The financial barrier to oral health care is considerable. More than 150 million Americans, 55 percent of the population, have no dental insurance. The uninsured tend to visit a dentist only when they have a problem, are less likely to have a regular dentist, to use preventive care, or to have all their dental needs met.¹⁵

Oral Health Care Economics

- Dental caries (decay) is the most common chronic disease nationally affecting 53% of 6-8 years olds and 84% of 17 year olds.¹⁶ The cost of providing restorative treatment is more expensive than providing preventive services. Caries is preventable through the use of fluoride and dental sealants. In 1993, the National Coalition for Oral Health, representing a wide spectrum of oral health associations, reported that one-dollar spent for prevention saves from eight to fifty dollars in restorative care.
- In 2001 Centers for Disease Control and Prevention, Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States, reports that in 1991, the annual cost of water fluoridation in the United States was \$0.72 per person. In addition, the average cost of applying one dental sealant is less than half the cost of one silver filling.¹⁷

Georgia Oral Health Care Economics

- In 2009, Georgia the total county populations without a dentist was 211,479. The total populations in counties without an enrolled Medicaid dentist was 249,887.
- This fact leaves populations like children, seniors, people with disabilities, low income families, minorities and rural communities without adequate access to care in Georgia.
- In 2009, there was 1 dental school in the state of Georgia compared with 14 dental hygiene schools: today the number of dental hygiene schools has increased to 16.

Georgia Oral Health Care Economics

- In 2009, there were 5,382 licensed dentist in Georgia compared to 6,427 licensed dental hygienist. Today there are 5,474 actively licensed dentist compared to 6,674 actively licensed dental hygienist.
- Today, in light of economic conditions, many of the surplus 1,200 registered dental hygiene graduates from accredited dental hygiene schools cannot find gainful full time employment.

Barriers to Care

- There are ways that state laws and regulations restrict access to care—one is by limiting the type of practice settings, and the other is by imposing restrictive supervision requirements.
- Out of the 159 counties within the state, 23 counties were without a dentist in 2012 and 17 counties with only 1 dentist. Even worse perhaps, the range of access to care in Georgia by county was from 1,207 people to 1 dentist max access to 17,198 people to 0 dentist min access with an overall as of 2007 data of 3,153 people per 1 dentist.
- In most states dental hygienists practice under what is known as general supervision. This means that a dentist has authorized a dental hygienist to perform procedures but need not be present in the treatment facility during the delivery of care.

Barriers to Care

- There are restrictions to general supervision. For instance, in Ohio, dental hygienists are limited to a 15-day period without dentist supervision.
- In Georgia, dental hygienists are required to practice under direct supervision. This means the dentist must be present in the office while the care is being provided.
- In 2009, there were 22 counties within the state that did not have a Medicaid dentist.

Alternative Solutions to Barriers to Care

- In forty-five states, dental hygienists can practice under less restrictive or unsupervised practice models. Unsupervised practice means that the dental hygienist can initiate treatment based on his/her assessment of patient needs without the specific authorization of a dentist, treat the patient without the presence of a dentist, and maintain a provider-patient relationship without the participation of the patients' dentist of record.
- For example, Oregon and California have expanded dental hygiene practice through creation of limited access permits and special license designations of a Registered Dental Hygienist in Alternative Practice (RDHAP's). Maine and New Hampshire have a separate supervision for settings outside of the dental office—public health supervision—which is less restrictive than general supervision. And New Mexico allows for a collaborative practice agreement between dentists and dental hygienists in outside settings.

GDHA's role in meeting the oral health needs of Georgia's citizens

- GDHA advocates that the services of dental hygienists who are graduates from an accredited dental hygiene program can initiate treatment within their scope of practice to deliver preventive and therapeutic oral health care safely and effectively.
- Licensed dental hygienists, by virtue of their comprehensive education and clinical preparation, are well prepared to deliver preventive oral health care services to the public, safely and effectively, independent of dental supervision.

Conclusion

- Dental hygienist are the solution as the first line of defense in addressing the oral health care crisis.
- Prevention saves dollars.