

EXPLORING WAYS TO EXTEND DENTAL
SERVICES TO UNDERSERVED
POPULATIONS*

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Hispanic Dental Association, Society of American Indian Dentists*

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U.S. Secretary of Health and Human Services, 1989-1993*

Throughout the course of the twentieth century, the health of Americans improved significantly, due to advances in sanitation, in public health, a scientifically trained health workforce and improvements in medical care.

This is best shown by the fact that in 1900, the average life expectancy for Americans was 47 years. By the year 2000 the average life expectancy in America was almost 80 years – a striking addition of 33 years to the average life expectancy of our citizens.

Buried in these overall averages there has always been a dramatic disparity of shorter life expectancies for African Americans, as compared with whites – shorter life expectancies of as much as 10-15 years in the early part of the twentieth century, which gradually narrowed to 5-7 years by the beginning of the 21st century.

There have been many contributing factors to this discrepancy, including differences in income, access to insurance, availability of health facilities and of health professionals, bias in the system (overt, as well as-unconscious bias), utilization of preventive services and the health behavior of individuals and of population groups.

The National Healthcare Disparities report highlighted some of these issues, including the fact that health care quality and access today remain suboptimal.

These realities extend to dental health as well. A recent survey of oral health by the Pew Foundation found that more than 830,000 visits to our nation's hospital emergency rooms in 2009 were for preventable dental problems. Here in Florida such E.R. visits for dental problems cost more than \$88.0 million in one year.

The Kaiser Family Foundation reported at a conference in June of 2012, that tooth decay is the most common chronic illness among school-age children, with 1 in 4 children having untreated tooth decay.

Close to 50 million Americans live in poor areas where dentists do not practice. Also, most dentists do not accept Medicaid patients. With the implementation of the Affordable Care Act, beginning in 2014 the demand for dental services will increase dramatically, because as many as 5.3 million more children will be entitled to dental benefits from Medicaid and the Children's Health Insurance Program.

Little is being done to prepare for this coming increase in demand for dental services-locally or nationally.

Our nation's minority populations and the poor suffer the most from poor oral health and its consequences. Today our government can and should train more dentists to address the long-term problem. But there is no guarantee that the new recruits would practice in underserved areas, and we need practitioners now.

A more immediate solution is to train dental therapists who can provide preventive care and routine procedures like sealants, fillings and simple extractions outside the confines of a traditional dentist's office. Dental therapists are common worldwide, and yet in the United States they practice only in Alaska and Minnesota, where state law allows it. Legislation is pending in five more states.

The best model for how this system can work is found in remote Alaska Native villages, many accessible only by plane, snowmobile or dogsled, where high school seniors once graduated with full sets of dentures. Unable to recruit dentists to these areas, Alaska has been training its own dental therapists.

We have two years to prepare before millions of children will be entitled to access to dental care, and Alaska shows us the way forward. Access means more than having an insurance card; it means having professionals available to provide care. Dentists should embrace the opportunity to broaden the profession so they can expand services to those in need.

On July 16 and 17 in Atlanta, a conference to focus on this issue was organized in Atlanta by Morehouse School of Medicine and the Sullivan Alliance.

We heard from many speakers about the benefits of a program to train dental therapists to work under the supervision of dentists, to extend services to low income children, particularly in rural and inner city areas.

We heard from Community Catalyst that these mid-level dental providers have been successfully integrated into dental practices, enabling the dentists to provide quality dental care to more individuals, while enhancing the dentists' income.

I am here today to invite our three national dental associations, representing Native American, Hispanic and African American dentists to work with Morehouse School of Medicine, and The Sullivan Alliance in exploring this concept, to determine if this represents a viable way to extend health services our citizens, especially the poor and our nation's minority populations.

I would be happy to work with you in such an exploration.

Thank you