Patient Care and Inter-Professional Practice
Centennial Anniversary Meeting
The National Dental Association
by Louis W Sullivan, MD
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Oral Health An Integral Part of Wellness

• Dental caries is the most common chronic disease in children and adults in the U.S.
• In 2009, there were over 830,000 visits to emergency rooms for preventable dental conditions
• Poor oral health increases risk for diabetes, heart disease and poor birth outcomes
• Poor oral health can affect children’s ability to eat, sleep and learn
  – A recent study by the University of Southern California showed that teens with poor oral health were four times more likely to have a low grade point average
• Studies show bad teeth prevent otherwise qualified candidates from getting jobs or promotions
• Nearly all tooth decay is preventable
Current Disparities in Oral Health in the U.S.

• Millions of American adults and children lack access to routine dental care and prevention services
  – About 130 million Americans, (43 percent of the nation’s population) have no dental coverage whatsoever
  – More than 70 million Americans receiving water from community water systems have no access to fluoridation-known to significantly reduce tooth decay
• Dental caries disproportionately impact low income and rural populations in the U.S.

Source: Dental Crisis in America – A report from the Committee on Primary Health and Aging, US Senate HELP, February, 2012
Current Disparities in Oral Health in the U.S. (Cont’d)

• More than 47 million people live in places where it is difficult to access dental care
• More than 14.5 million low-income children received no dental care in 2011
• Low income adults are almost twice as likely as higher-income adults to have gone without a dental check up in the prior year
• One fourth of adults in the U.S. aged 65 and over have lost all their teeth
Access Disparities

• Over the past 20 years, the number of dental Health Professional Shortage Areas has nearly tripled – from 800 in 1993 to more than 2,300 in 2010.

• Only 20 percent of the nation’s 179,000 practicing dentists accept Medicaid. And of those practitioners who do, fewer than 8,500 devote a substantial part of their practice to serving the poor, the chronically ill, and rural residents.
Alternative Workforce Models

- A number of states are proposing initiatives to:
  - Train and license additional types of dental care providers such as dental therapists.
  - Train existing professionals, such as hygienists, to perform a broader range of procedures and deploy them in areas that do not have a sufficient number of dentists.
Use of Other Dental Practitioners

- Dental therapists are deployed in more than 50 countries (Canada, UK, Australia, New Zealand)
- Dental therapists have operated in Alaska since 2004 providing restorative care to children and families in need
- Dental therapists began practicing in Minnesota in 2011
- In Massachusetts a new bill affords expanded roles to dental hygienists with advanced training, including routine fillings and tooth extractions for low income residents and children
- In New Zealand a school-based delivery system using dental therapists has been in place since 1921, minimizing oral health gaps for low income children

Source: PEW Charitable Trust (2013)
Other Dental Providers What Do the Data Show?

• According to a national study commissioned by the W.K. Kellogg Foundation most Americans support licensed midlevel dental practitioners (Lake Research Partners, 2011)

• In 2012, a review of more than 1,100 studies showed that dental therapists around the world offer quality care (Nash, et al., 2012)

• A systematic review of oral health outcomes from use of midlevel providers demonstrated no difference in caries treatment and severity compared with outcomes in populations treated only by dentists. There were lower levels of untreated caries in populations seen by midlevel providers (Wright et al., 2013)
### Average Number of Decayed, Missing and Filled Permanent Teeth (DMFT) Among 12-19 Year Olds in the U.S. and 12-17 Years Old in New Zealand

<table>
<thead>
<tr>
<th></th>
<th>DMFT</th>
<th>Decayed</th>
<th>Missing</th>
<th>Filled</th>
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</thead>
<tbody>
<tr>
<td>US (12-19)</td>
<td>2.6</td>
<td>0.5</td>
<td>0.07</td>
<td>2.0</td>
</tr>
<tr>
<td>New Zealand (12-17)</td>
<td>1.9</td>
<td>0.2</td>
<td>0.00</td>
<td>1.7</td>
</tr>
</tbody>
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**Source:** New Zealand Ministry of Health, 2009-2010
Challenges for Organized Dentistry

- Dentists joining the National Health Service Corps have, on average, $142,000 in student loan debt – more than 10 percent more debt than the average for physicians.
- Issues of quality of care
- Potential loss of income
- Lack of robust reimbursement policy
- Implementation of ACA
- Nearly 9,500 new dental providers are needed to meet the country’s oral healthcare needs
Recommendations

• Expand the number of oral health providers, especially for low-income individuals and other populations facing barriers to care.

• Increase the number of dentists from diverse social and ethnic backgrounds.
  Less than 8 percent of students enrolled in dental school are African-American, Latino or American Indian. Only 14 percent of dentists are from racial or ethnic minority populations.

• Support state efforts to expand access to oral healthcare and preventive services while embracing new and expanded training opportunities that offer low income and minority communities new oral health professions careers.
Recommendations Cont’d

• Put in place national, state and local solutions that will provide quality oral health access to millions of Americans who currently lack access to oral health services.

• Increase access to fluoridation in all American communities
Sullivan Alliance - State Alliances 2013
Our Work Has Been Supported By the Following:

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