TO IMPROVE ORAL HEALTH IN AMERICA*

BY

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THE UNITED STATES HAS EXPERIENCED REMARKABLE IMPROVEMENT IN THE HEALTH OF ITS POPULATION OVER THE PAST ONE HUNDRED YEARS.

THE AVERAGE LIFE SPAN OF A BABY BORN IN OUR COUNTRY IN 1900 WAS ONLY 47 YEARS, WHEREAS THE LIFE EXPECTANCY OF AN INFANT BORN IN THE U.S. TODAY REACHES ALMOST 80 YEARS.

THIS SIGNIFICANT CHANGE OCCURRED NOT ONLY BECAUSE OF BETTER HOUSING, IMPROVED EDUCATION AND INCREASED INCOME; IT IS ALSO BECAUSE OF ADVANCES IN THE LIFE SCIENCES AND IN PUBLIC HEALTH. THIS INCLUDES SUCH TRIUMPHS AS THE ELIMINATION OF SMALLPOX FROM THE WORLD, THE NEAR-ERADICATION OF POLIO, THE DEVELOPMENT OF VACCINES TO PREVENT MANY CHILDHOOD COMMUNICABLE DISEASES, DISCOVERIES EMERGING FROM OUR RESEARCH LABORATORIES, AND ADVANCES IN HEALTH PROFESSIONS PRACTICES.

IN 1979, THE SURGEON GENERAL OF THE U.S. PUBLIC HEALTH SERVICE, JULIUS RICHMOND, PROPOSED A NUMBER OF ACTIONS FOR IMPROVING HEALTH BEHAVIOR – OF INDIVIDUALS, AND OF COMMUNITIES – EMPHASIZING THE INFLUENCE OF OUR LIFESTYLE ON OUR HEALTH. THIS SERIES OF RECOMMENDATIONS WAS RELEASED IN A PUBLICATION TITLED "HEALTHY PEOPLE".

THEN, IN SEPTEMBER, 1990, IN MY SECOND YEAR AS U.S. SECRETARY OF HEALTH AND HUMAN SERVICES, I RELEASED AN EXPANDED REPORT TITLED "HEALTHY PEOPLE 2000", WHICH LISTED SOME 298 HEALTH GOALS FOR THE NATION, WHICH WE HOPED TO REAC H BY THE YEAR 2000 AS A RESULT OF IMPROVED HEALTH BEHAVIOR OF OUR POPULATION.

THE HEALTHY PEOPLE MOVEMENT HAS CONTINUED, WITH THE PUBLICATION IN JANUARY 2000 OF "HEALTHY PEOPLE 2010", FOLLOWED BY THE RELEASE IN 2010 OF "HEALTHY PEOPLE 2020", THE NATION'S HEALTH GOALS FOR THE CURRENT DECADE.

IN 2000, THE SURGEON GENERAL OF THE U.S. PUBLIC HEALTH SERVICE DAVID SATCHER ISSUED THE FIRST, AND STILL THE ONLY, SURGEON GENERAL'S REPORT ON ORAL HEALTH IN AMERICA. AMONG THE ISSUES EMPHASIZED IN THAT REPORT IS THE IMPORTANCE OF ORAL HEALTH TO THE OVERALL HEALTH OF INDIVIDUALS AND COMMUNITIES. FURTHER, THE ROLE OF NON-DENTAL HEALTH PROFESSIONALS WAS NOTED IN ADVANCING ORAL HEALTH – INCLUDING PHYSICIANS, NURSES, PHARMACISTS, AND OTHERS. THE DEVELOPMENT OF INTERPROFESSIONAL HEALTH TRAINING PROGRAMS SHOULD HELP TO REINFORCE THOSE ROLES OVER TIME.

DENTAL CARIES IS THE MOST COMMON CHRONIC DISEASE OF CHILDREN IN THE U.S. DENTAL CARIES IS LARGELY, IF NOT ENTIRELY, PREVENTABLE. YET, IN 2009, THERE WERE OVER 850,000 VISITS TO HOSPITAL EMERGENCY ROOMS FOR PREVENTABLE DENTAL CONDITIONS.

POOR ORAL HEALTH INCREASES THE RISK FOR DIABETES, HEART DISEASE AND POOR PREGNANCY OUTCOMES.

IT CAN AFFECT A CHILD'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. OTHER STUDIES SHOW BAD TEETH PREVENT OTHERWISE QUALIFIED CANDIDATES FROM GETTING JOBS OR PROMOTIONS.

WHEN REVIEWING THE CURRENT DISPARITIES IN ORAL HEALTH IN THE U. S. IT IS CLEAR THAT MILLIONS OF AMERICANS – ADULTS AND CHILDREN – LACK ACCESS TO ROUTINE DENTAL CARE AND PREVENTIVE SERVICES. OVER THE PAST 20 YEARS, THE NUMBER OF DENTAL HEALTH PROFESSIONAL SHORTAGE AREAS HAS GROWN SIX-FOLD – FROM 800 IN 1993 TO MORE THAN 4,900 IN 2014. DENTAL CARIES DISPROPORTIONATELY IMPACT LOW INCOME AND RURAL POPULATIONS IN THE U. S. 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. MORE THAN 70 MILLION AMERICANS ARE RECEIVING WATER FROM COMMUNITY WATER SYSTEMS WHICH HAVE NO ACCESS TO FLUORIDATION, WHICH IS KNOWN TO SIGNIFICANTLY REDUCE TOOTH DECAY. MORE THAN ONE FOURTH OF ADULTS IN THE U.S. AGED 65 AND OVER HAVE LOST ALL THEIR TEETH.

ABOUT 130 MILLION AMERICANS (43% OF THE POPULATION) HAVE NO DENTAL INSURANCE. SOME 80 PERCENT OF THE NATION'S PRACTICING DENTISTS DO NOT ACCEPT MEDICAID. AND OF THE 20% WHO DO, FEWER THAN ONE QUARTER DEVOTE A SUBSTANTIAL PART OF THEIR PRACTICE TO SERVING THE POOR, CHRONICALLY ILL AND RURAL RESIDENTS. WE NEED TO IMPROVE THE STATE AND FEDERAL MEDICAID REIMBURSEMENT POLICIES FOR DENTAL CARE. BUT WE MUST DO MORE.

THE SUCCESSFUL IMPLEMENTATION OF THE AFFORDABLE CARE ACT WILL BRING UP TO 32 MILLION AMERICANS INTO THE HEALTH SYSTEM. THAT IS A GOOD THING AND WILL ULTIMATELY IMPROVE THE HEALTH OF OUR NATION, BUT IT DEMANDS WE PRODUCE MORE WELL TRAINED HEALTH PROFESSIONALS OF ALL KINDS, ABLE TO DELIVER CARE IN NEW WAYS IN AND MORE PLACES.

FIRST, WE NEED MORE DENTISTS. CURRENT HRSA NUMBERS INDICATE WE NEED SOME 7,300 MORE DENTAL PROVIDERS IN ORDER TO MEET THE COUNTRY'S ORAL HEALTHCARE NEEDS.[i] WE NEED TO INCREASE THE NUMBER OF DENTISTS FROM DIVERSE SOCIAL AND ETHNIC BACKGROUNDS. ALTHOUGH SOME 35 % OF OUR CITIZENS ARE AFRICAN AMERICAN, HISPANIC

AMERICAN, OR NATIVE AMERICAN, LESS THAN 8 PERCENT OF STUDENTS ENROLLED IN DENTAL SCHOOL ARE AFRICAN-AMERICAN, LATINO AMERICAN OR AMERICAN INDIAN. TRAINING NEW DENTISTS TAKES TIME. WE HOPE THOSE NEW DENTISTS WILL PRACTICE IN AREAS OF NEED. WHILE WE CAN EXPECT THESE NEW DENTISTS TO BRING PASSION FOR THEIR PROFESSION AND THE RESPONSIBILITY TO CARE FOR THEIR FELLOW CITIZENS, WHAT IS THEIR INCENTIVE TO LOCATE TRADITIONAL PRACTICES IN THESE DENTAL HPSA'S?

WE MUST CONSIDER NEW MODELS OF CARE IF WE ARE TO MEET THE ORAL HEALTH NEEDS OF OUR CITIZENS. ONE SUCH MODEL IS THAT OF THE DENTAL HEALTH AIDE THERAPIST (DHAT). SIMILAR TO NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS IN MEDICINE, DENTAL THERAPISTS ARE PROFESSIONALLY TRAINED, MIDLEVEL DENTAL PROVIDERS WHO CAN HELP PEOPLE GET THE DENTAL CARE THEY NEED. THEY SUPPORT THE WORK OF A DENTIST AND CAN WORK IN DIFFERENT LOCATIONS, OFTEN USING TELEHEALTH TECHNOLOGY, WHILE UNDER A DENTIST'S SUPERVISION.

WHEN DENTISTS ARE IN SHORT SUPPLY, DENTAL THERAPISTS—CAN EXPAND THE REACH OF DENTISTS. DENTAL THERAPISTS ARE TRAINED TO PROVIDE A LIMITED SCOPE OF DENTAL SERVICES, INCLUDING

- PREVENTIVE CARE, SUCH AS PATIENT INSTRUCTION ON BASIC DENTAL HYGIENE, ORAL HEALTH OUTREACH AND ORAL SCREENINGS
- DENTAL EXAMS, X-RAYS AND FLUORIDE TREATMENTS
- CLEANINGS AND PLACEMENT OF SEALANTS
- FILLINGS
- SIMPLE EXTRACTIONS

THESE MID-LEVEL DENTAL PROVIDERS HAVE EXISTED IN OTHER COUNTRIES, SUCH AS CANADA, THE UK, AUSTRALIA AND NEW ZEALAND FOR UP TO 90 YEARS. IN FACT IN NEW ZEALAND, A SCHOOL-BASED DELIVERY SYSTEM USING DENTAL THERAPISTS HAS BEEN IN PLACE SINCE 1921.

IN THIS COUNTRY, ALASKA NATIVE TRIBES HAVE LED THE WAY IN

ESTABLISHING THE DENTAL THERAPIST MODEL.

THE YEAR 2014 IS THE 10TH YEAR FOR ALASKA DENTAL HEALTH AIDE THERAPISTS (DHATS). TODAY, MORE THAN 40,000 ALASKA NATIVE PEOPLE LIVING IN 81 RURAL, MOSTLY REMOTE COMMUNITIES ACROSS THE STATE, HAVE ACCESS TO DENTAL CARE AND PREVENTION SERVICES AS A RESULT OF THIS COMMUNITY-DRIVEN SOLUTION.

IN THE LOWER 48 STATES WHERE IN MANY AREAS OF THE COUNTRY THE NEED IS JUST AS GREAT AS THAT OF ALASKA'S REMOTE VILLAGES, CHANGE IS COMING, BUT MORE SLOWLY.

CURRENTLY MINNESOTA HAS LAUNCHED A DT AND ADVANCED DT TRAINING PROGRAM. THE MINNESOTA PROGRAM IS ALREADY SHOWING SUCCESS IN TREATING UNDERSERVED POPULATIONS IN BOTH RURAL AND URBAN SETTINGS AT LOWER COST. MAINE ENACTED LEGISLATION THIS YEAR FOR THE TRAINING AND LICENSURE OF DENTAL THHERAPISTS. EIGHT MORE STATES ARE EXPLORING THIS OPTION.

IN ADDITION TO THE DEMAND FOR MORE DENTAL PROFESSIONALS, THERE IS THE NEED FOR MORE DENTAL INSURANCE. THE AFFORDABLE CARE ACT PROVIDES FOR THE EXPANSION OF DENTAL INSURANCE FOR CHILDREN, UP TO AGE 19. BETWEEN 5.0 MILLION AND 8.0 MILLION MORE CHILDREN WILL BECOME ELIGIBLE FOR BASIC DENTAL CARE.

FOR ADULTS BETWEEN THE AGES OF 19-25 YEARS, THE AFFORDABLE CARE ACT ALLOWS FOR EXTENDED COVERAGE ON THEIR PARENT'S OR GUARDIAN'S HEALTH INSURANCE.

THIS PROVISION HAS ENHANCED THE PERCENTAGE OF ADULTS BETWEEN 19 AND 25 YEARS WITH PRIVATE DENTAL INSURANCE, FROM A BASE OF 37.5% IN 2010 TO 43.9% IN 2012 AND AN INCREASE IN THE UTILIZATION OF DENTAL SERVICES.

THIS SHOULD LEAD TO A REDUCTION FROM THE 830,000 EMERGENCY ROOM VISITS FOR DENTAL CARE RECORDED IN 2009.

IMPROVEMENTS IN ORAL HEALTH IN AMERICA WILL OCCUR AS WE EXPAND, DIVERSIFY AND BETTER COORDINATE THE DENTAL PROFESSIONAL WORKFORCE, INCREASE DENTAL INSURANCE COVERAGE, , PROMOTE MORE RATIONAL UTILIZATION OF DENTAL SERVICES BY OUR CITIZENS, ENHANCE DENTAL HEALTH LITERCY, AND EXTEND THE USE OF PREVENTIVE DENTAL SERVICES. EVIDENCE IS EMERGING THAT THIS CAN, AND SHOULD, LEAD TO IMPROVED DENTAL HEALTH AT LOWER COSTS, WHILE ENHANCING THE INTEGRATION OF ORAL HEALTH CARE INTO OVERALL HEALTHCARE.

THAT IS THE CHALLENGE FOR THOSE IN LEADERSHIP AND POLICY POSITIONS IN HEALTH, TO IMPROVE ORAL HEALTH STATUS IN AMERICA, AND TO INCREASE ACCESS TO DENTAL CARE, WHILE RESTRAINING GROWTH IN THE COSTS OF DENTAL SERVICES. IT IS A GREAT CHALLENGE, BUT IT HAS THE PROMISE OF GREAT REWARDS, IN IMPROVED ORAL HEALTH STATUS OF OUR CITIZENS AND A STRONGER MORE DIVERSIFIED DENTAL WORK FORCE IN OUR NATION.

LET US RESOLVE TODAY TO SUCCESSFULLY ADDRESS THAT CHALLENGE, TO IMPROVE THE HEALTH OF AMERICANS.

THANK YOU