Access to Oral Health and Care: Needs
What Works
What Doesn’t

New Hampshire
June 19, 2015
NEEDS

* Access to oral disease prevention
* Access to oral health education and health literacy
* Access to oral disease and infection treatment
* New Hampshire
  * 1/3 of third graders with decay
  * 1 in 10 adults with no dental visit in 10 years
  * No adult benefit in Medicaid
Traditional Methods

- Medicaid
- Local/County Health Departments
- Federally Qualified Health Centers
- Volunteer programs
  - Locally organized – GKAS
  - Missions of Mercy
  - In-office philanthropy
Traditional Methods

* Medicaid – Only a partial solution, necessary but doesn’t solve the problem
* Medicare – seniors and those with disabilities
* Local/County Health Departments: of 2-3000, few do much
* Federally Qualified Health Centers: 4000 designated shortage areas in the country,, FQHCs are underfunded,
* Volunteer programs
  * Locally organized – GKAS
  * Missions of Mercy unfamiliar equipment, procedures, staff
  * In-office philanthropy – great effort but…..
What Changed Between 1975 and 2000

Not Much
Sentinal Events Since 2000

2000 Surgeon General’s Report

2003 Alaska Dental Therapy Program

2007 Deamonte Driver

2014 Hospital Emergency Room Data
Responses

* School Based Dental Sealant Programs – effective Prevention
* FQHC oral health initiative, diabetes initiative
  * Academy of Pediatric Dentistry
* Integrating Oral Health into School Based Health Centers – very early, 12 HRSA grants
* Fighting for Medicaid Increases
* Gradual opening up of Hygiene Practice
  * Public Health Dental Hygienist strictly prevention/glass ionomer restorations
  * Telemetry
  * Direct Access – state are all over the place with this
* Mobile Programs
* Dental Midlevel practitioners
What Do We Need to Do?

* Start thinking about the population, their characteristics and their needs

Income
Insurance or lack of
Work Hours
Health Literacy
Where they are
Transportation
Priorities
What We Need To Do

* Zero Based Planning – that is forget for a moment the system that has been developed for people who get services
* READ THE LITERATURE
* DUMP THE BIASES
* DO WHAT WORKS FOR OUR TARGET< NOT WHAT WORKS FOR DENTISTRY
In Alaska, access for 40,000+ new folks
  * Program evaluation said high quality, appropriate, accepted

In Minnesota, the report said so far no problems.
  * Private practice, hospital based practice, Apple Tree dental, Children’s Dental Health Service

* Nash review of the Literature
* ADA review of the literature
What Happens if the Naysayers Prevail?

WHO LOSES???????