

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

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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

Dental Therapist

- * 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??????