

DENTAL NEEDS AND ACCESS ISSUES

Presented by
John McFarland, DDS

October 30, 1992
South Padre Island, Texas

Resource ID#: 2898

Dental needs and access issues

ACCESS TO HEALTH CARE

11-15-83 (003) 1-1511

ISSUES INVOLVING
ACCESS TO OPAL HEALTH CARE
PROVIDER ISLAND, OCT 30, 1983
JOHN W. MC FARLAND, D.D.S.

PROBLEMS

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ACCESS BARRIERS AND ISSUES

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PROBLEMS WILL INCLUDE SLIDE AND OVERHEAD
MATERIALS.
MATERIAL WILL BE MADE AVAILABLE TO
REQUESTANTS UPON REQUEST.

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ISSUES INVOLVING
ACCESS TO ORAL HEALTH CARE
PADRE ISLAND, OCT 30, 1992
JOHN W. MC FARLAND, D.D.S.

- I. PROBLEMS
 - A. GENERAL
 - B. CARIES
 - C. BBTD
 - D. SEALANTS
 - E. PERIO
 - F. CANCER
 - G. ORTHO
 - H. EDENTULISM
 - I. FINANCIAL
- II. RESOURCES
 - A. PRIVATE SECTOR
 - B. OTHER
- III. GOALS
 - A. HEALTHY PEOPLE 2000
- IV. ACCESS BARRIERS AND ISSUES
- V. SOLUTIONS
 - A. RESEARCH
 - B. PREVENTION
 - C. ADVOCACY
 - D. LEGISLATIVE
 - E. OTHER

PRESENTATION WILL INCLUDE SLIDE AND OVERHEAD
AUDIOVISUALS.

PRINTED MATERIAL WILL BE MADE AVAILABLE TO
PARTICIPANTS UPON REQUEST.

I wish to express my gratitude to James R. McAnally, who essentially wrote the entire "PROBLEMS" section of this presentation. His literature search and writing were done during his tenure as a dental COSTEP with the Bureau of Health Care Delivery and Assistance, Public Health Service, U.S. Department of Health and Human Services. His paper entitled, "WHITE PAPER, Legislative Changes Affecting Primary Care Dental Services in Community, Migrant, and Homeless Health Centers", was written during the summer of 1990.

John W. McFarland, D.D.S.

28. 1987

10 1987

PROBLEMS

GENERAL

1. OVER 100 MILLION AMERICANS DO NOT LIVE IN FLUORIDATED COMMUNITIES. ALLUKIAN 15. 1990
2. ONE IN TEN CHILDREN AGED 5-11 YEARS HAS NEVER VISITED A DENTIST. ALLUKIAN 15. 1990
3. OVER 50 PERCENT OF HOMEBOUND ELDERLY HAVE NOT SEEN A DENTIST FOR 10 YEARS. ALLUKIAN 15. 1990.
4. 97% OF HOMELESS NEED DENTAL CARE. ALLUKIAN 15. 1990
5. THE TREND FOR THE LAST 40 YEARS IS THAT THE POOR RECEIVE LESS CARE THAN THE NON POOR. NIKIAS 1. 1971
6. 12% OF THOSE IN POVERTY HAD SIGNIFICANT DENTAL FINDINGS REQUIRING IMMEDIATE ATTENTION VERSUS 5% OF THE NON-POVERTY POPULATION. NIKIAS 1. 1971
7. 82% OF THOSE IN POVERTY WOULD REQUIRE A VISIT TO A DENTIST IN THE NEAR FUTURE. NIKIAS 1. 1971
8. 33% OF THOSE IN POVERTY SAW A DENTIST IN THE LAST YEAR VERSUS 61% OF THOSE IN NON-POVERTY. NIKIAS 1. 1971
9. 20% OF FAMILIES EARNING LESS THAN \$5,000 HAVE A REGULAR SOURCE OF DENTAL CARE. KRONENFELD 2. 1979
10. MIGRANT CHILDREN IN TWO AGE GROUPS 6-8 AND 12-13 HAD POOR ACCESS TO DENTAL SERVICES IN SPITE OF HIGH NEEDS IN THE 6-8 Y.O. AGE GROUP AND EVEN HIGHER NEEDS IN THE 12-13 Y.O. AGE GROUP DIANGELIS 7. 1981
11. MIGRANTS WERE FOUND TO HAVE WEAK KNOWLEDGE OF THE RELATIONSHIP BETWEEN DIET AND CARIES, BETWEEN ORAL HYGIENE AND PERIODONTAL HEALTH AND THE ROLE OF FLUORIDE IN CARIES PREVENTION. WOOLFOLK AND BEGRAMIAN 11. 1984
12. MIGRANTS HAD LIMITED KNOWLEDGE OF DENTAL CARE. WOOLFOLK BEGRAMIAN 11. 1984
13. ORAL HEALTH PROBLEMS AMONG MIGRANTS WERE DUE TO LACK OF EARLY PROFESSIONAL TREATMENT FOR MANY REASONS (\$, EDUCATION, ETC.), SPORADIC EXPOSURE TO FLUORIDES DUE TO MIGRATION, POOR DIET, AND POOR ORAL HYGIENE. CALL 12. 1987
14. SEASONAL MIGRANT FARM WORKS (INTERSTATE) RECEIVE MORE CONSISTENT DENTAL CARE THAN INTERSTATE MIGRANTS. CALL 12. 1987
15. NEEDS AMONG MIGRANT CHILDREN ARE EXTREMELY HIGH AND CAN BE MOST ADEQUATELY ADDRESSED THROUGH AGGRESSIVE PREVENTION AND TREATMENT MODALITIES. CALL 12. 1987

16. CALIFORNIA MIGRANTS HAVE WIDESPREAD ORAL HEALTH PROBLEMS. WILK 13. 1988
17. IN U.S. 42% OF MIGRANTS HAD NEVER SEEN A DENTIST. WILK 13. 1988
18. 20% OF DOCUMENTED HEALTH CONDITIONS AMONG MSFW WERE DENTAL RELATED. WILK 13. 1988
19. COLORADO 79% OF MSFW DID NOT RECEIVE REGULAR DENTAL CARE. ENTWISTLE 14. 1989
20. COLORADO - MIGRANTS 22% HAD NEVER SEEN A DENTIST. COLORADO HAS SEVERAL MIGRANT PROGRAMS. ENTWISTLE 14. 1989
21. RANK/ORDER OF DIAGNOSES OF THE MAJOR REPORTED DISEASES OF MIGRANTS BY AGE.
 - A. 5-9 Y.O. DENTAL DISEASE FOURTH MOST COMMON PROBLEM
 - B. 10-14 Y.O. DENTAL DISEASE NUMBER ONE PROBLEM WITH HIGHER INCIDENCE AMONG MALES THAN FEMALES.
 - C. 15-19 Y.O. DENTAL DISEASE SECOND MOST COMMON PROBLEM.
 - D. 20-29 Y.O. DENTAL DISEASE FIFTH MOST COMMON PROBLEM
 - E. 30-43 Y.O. DENTAL DISEASE SEVENTH MOST COMMON PROBLEMDEVER 17. 1991
22. MINORITY CHILDREN ARE FOUND TO REQUIRE MORE SERVICES THAN WHITE CHILDREN. WALDMAN 20. 1987
23. BLACK CHILDREN AND CHILDREN IN LOW INCOME FAMILIES HAD MORE LOST SCHOOL DAYS AND MORE DAYS OF ILLNESS ASSOCIATED WITH ACUTE DENTAL CONDITIONS. WALDMAN 20. 1987
24. IN US, 63% OF WHITE CHILDREN AGES 2-17 HAVE SEEN A DENTIST IN THE LAST YEAR (1989) VERSUS 46% OF BLACK CHILDREN. WALDMAN 24. 1990
25. BLACK INDIVIDUALS ARE MISSING THE SAME OR MORE TEETH THAN THEY WERE 20 YEARS AGO AND RECEIVE SIGNIFICANTLY LESS DENTAL TREATMENT THAN WHITES. HHS, PHS REPORT 27. 1988
26. 1986, U.S.A., 43 % OF POPULATION AGE 2 AND OLDER HAD NOT VISITED A DENTIST WITHIN THE PAST 12 MONTHS. HEALTHY PEOPLE 2000 30. 1990
27. IN HOMELESS POPULATIONS U.S.A., 27% REPORTED TOOTHACHES DURING PREVIOUS MONTH (10% SOUGHT CARE), GELBERG 28. 1988
28. 1990 -THERE WERE 28 MILLION MEDICAID ELIGIBLE INDIVIDUALS AND 24 MILLION OR 84.6% RECEIVED SERVICES. UNABLE TO DETERMINE HOW MANY RECEIVED DENTAL SERVICES. OFFICE OF THE CHIEF DENTAL OFFICER USPHS 1992.

29. 1990 - OF THE ABOVE 24 MILLION MEDICAID RECIPIENTS, 12 MILLION WERE UNDER 21 YEARS OF AGE. OF THESE 12 MILLION, 77.5% DID NOT HAVE A DENTAL VISIT WITHIN THE LAST YEAR. THIS % HAS BEEN INCREASING OVER THE LAST 5 YEARS AS FOLLOWS.

1987	71.8%	DID NOT HAVE A DENTAL VISIT.
1988	72.5%	DID NOT HAVE A DENTAL VISIT
1989	76.9%	DID NOT HAVE A DENTAL VISIT
1990	77.5%	DID NOT HAVE A DENTAL VISIT

HCFA 34. 1992

30. 1990 STUDY OF CHILDREN AGED 5-17.

AMONG ALL CHILDREN

28% DID NOT VISIT A DENTIST IN 1989.

AMONG CHILDREN BELOW THE POVERTY LEVEL

41% WHITES DID NOT VISIT A DENTIST IN 1989.

52% BLACKS DID NOT VISIT A DENTIST IN 1989.

56% HISPANICS DID NOT VISIT A DENTIST IN 1989.

NATIONAL CENTER FOR HEALTH STATISTICS 35. 1990

31. DISABILITY RESULTING FROM ORAL HEALTH PROBLEMS

WORK DAYS LOST BY CURRENTLY EMPLOYED ADULTS OVER AGE 18.

1989: 3,198,000 1988: 4,258,000

SCHOOL DAYS LOST BY CHILDREN AGES 5-17

1989: 954,000 1988: 723,000

DAYS CONFINED TO BED REST

1989: 4,448,000 1988: 3,580,000

DAYS WHERE ACTIVITY IS LIMITED, EXCLUDING BED REST

1989: 12,505,000 1988: 11,820,000

CARIES

1. LOW INCOME POPULATIONS HAVE MORE DECAYED AND MISSING TEETH AND FEWER FILLED TEETH THAN POPULATIONS IN MIDDLE AND HIGHER INCOME CATEGORIES OR THE OVERALL NATIONAL AVERAGE. USPH 1988 3. 1988

2. 53% OF ALL CHILDREN 6-8 Y.O. EXPERIENCE DENTAL DECAY (NIDR 1988) WITH SUBSTANTIALLY HIGHER RATES EXPERIENCED BY CERTAIN GROUPS (LOW INCOME, NATIVE AMERICANS, BLACKS, MIGRANT CHILDREN). GIFT, CORBIN 1989, DILLENBERG 1988, RHOADES 1987.

3. 84% OF 17 YEAR OLDS HAVE HAD TOOTH DECAY. ALLUKIAN 15. 1990

4. BLACK, LOW-INCOME, AND NATIVE AMERICAN CHILDREN RESPECTIVELY HAVE 65 PERCENT, 91 PERCENT, AND 265 PERCENT MORE UNTREATED TOOTH DECAY THAN THEIR PEERS. ALLUKIAN 15. 1990

5. 25% OF GERIATRIC SPECIAL PATIENT POPULATION WAS FOUND TO HAVE UNFILLED ROOT CARIES. BECK 18. 1985

6. 1981 STUDY OF MSFW CHILDREN SHOWED THAT
3 OF 4 DECAYED TEETH WERE UNFILLED
86% OF ALL SUBJECTS NEEDED FILLINGS
OF CHILDREN STUDIED, 10.8% HAD GREAT NEED AND 62% HAD
COMPLETE NEED (I.E. ALL DECAYED TEETH NEEDED TREATMENT).
DIANGELIS 7. 1981

7. MSFW CHILDREN PRESENTED WITH HIGHER NUMBERS OF DECAYED TEETH AND LOWER NUMBERS OF RESTORED TEETH, FEWER CARIES-FREE TEETH AND HIGHER PI AND OHI SCORES THAN U.S. CHILDREN. CALL 9. 1982
WOOLFOLK 10. 1984

8. DMFS VALUES FOR U.S. CHILDREN WERE CONSISTENTLY LOWER THAN THE SAME VALUES FOR MIGRANT CHILDREN OF THE SAME AGE. WOOLFOLK 10. 1984

9. THE PERCENTAGE OF TEETH WITH DECAYED SURFACES FOR MIGRANT CHILDREN WAS 65% VERSUS 17% FOR U.S. CHILDREN. WOOLFOLK 10. 1984

10. THE PERCENTAGE OF DECAYED TEETH WITH FILLED SURFACES WAS 29% FOR MIGRANT CHILDREN VERSUS 75% FOR U.S. SCHOOL CHILDREN.
WOOLFOLK 10. 1984

11. LESS THAN 25% OF MIGRANT CHILDREN HAD CARIES -FREE PERMANENT TEETH WHILE OVER 58% OF U.S. CHILDREN (AGE 5-11) HAD CARIES FREE TEETH. WOOLFOLK 10. 1984

12. 47% OF ALL MSFW FAMILIES REPORTED UNTREATED TOOTHACHES. WILK 13. 1988

13. 28% OF MSFW OVER THE LAST 5 YEARS HAD LOST AT LEAST ONE PERMANENT TOOTH. WILK 13. 1988

14. 85% OF MSFW ADULTS HAD ONE OR MORE DECAYED TEETH. ENTWISTLE
14. 1989
15. DMFT SCORES REFLECTED A GREATER AMOUNT OF UNTREATED DISEASE
AMONG MSFW ADULTS VERSUS U.S. ADULTS. ENTWISTLE 14. 1989
16. MIGRANTS EXPERIENCED 150-300% MORE DECAYED TEETH THAN THEIR
PEERS. KODAY 16. 1990.
17. DMFS AND dfs SCORES FOR MSFW CHILDREN ARE SUBSTANTIALLY
HIGHER THAN THE 1986-87 SCORES FOR SCHOOL CHILDREN NATIONALLY AS
REPORTED BY NIDR. KODAY 16. 1990
18. AMONG CHILDREN IN POVERTY, 60% OF THE CARIES ARE FOUND IN 20%
OF THIS POPULATION. HRSA 21. 1988 & WALDMAN 23. 1990
19. 1986-87 WHITES HAD 87% F/DMFS AND BLACKS HAD 67% F/DMFS.
WALDMAN 23. 1990.
- 20 PREVALENCE OF DENTAL CARIES 1986-87 WERE AS FOLLOWS (BASELINE
IS 53% FOR GENERAL POPULATION AGE 6-8. NIDR 25. 1986
 - A. 70% OF CHILDREN AGES 6-8 WITH PARENTS WHO HAVE LESS THAN
HIGH SCHOOL EDUCATION (HEALTHY PEOPLE 2000 30. 1990)
 - B. 61% OF ALL BLACK CHILDREN. HEALTHY PEOPLE 2000 30. 1990
21. UNTREATED DENTAL CARIES AGES 6-8 (BASELINE 27%
 - A. 43% OF CHILDREN WITH PARENTS WHO HAVE LESS THAN HIGH
SCHOOL EDUCATION.
 - B. 38% OF ALL BLACK CHILDREN
 - C. 36% OF ALL HISPANICS.HEALTHY PEOPLE 2000. 1990
22. UNTREATED DENTAL CARIES AGE 15 (BASELINE 23%
 - A. 41% OF THOSE WITH PARENTS WHO HAVE LESS THAN HIGH SCHOOL
EDUCATION.
 - B. 38% OF ALL BLACK CHILDREN
 - C. 31-47% OF ALL HISPANICS.HEALTHY PEOPLE 2000. 1990
23. 63% OF SENIORS AGE 65 AND OVER WITH TEETH HAVE ROOT CARIES.
NIDR ORAL HEALTH OF US ADULTS AUGUST 1987.

BABY BOTTLE TOOTH DECAY

1. PREVALENCE RATES VARY. ESTIMATES AS HIGH AS 53% AMONG NATIVE AMERICAN CHILDREN AND SOME HEAD START CENTERS HAVE BEEN REPORTED. ESTIMATES OF PREVALENCE IN URBAN POPULATIONS RANGES FROM 1-11%. HEALTHY PEOPLE 2000. 1990

2. 24% OF HEADSTART CHILDREN HAVE HAD BABY BOTTLE TOOTH DECAY. IN A SURVEY OF 1200 CHILDREN. BARNES, PARKER 33. 1992

SEALANTS

1. ONLY 11% AND 8% OF CHILDREN 8 AND 14 YEARS OF AGE HAVE DENTAL SEALANTS. GIFT AND CORBIN 1989.

2. 92% OF AMERICAN CHILDREN HAVE NOT HAD DENTAL SEALANTS. ALLUKIAN 15. 1990

PERIODONTAL DISEASE

1. THE PREVALENCE OF GINGIVITIS (BASELINE IS 42% AGE 35 THROUGH 44).

A. PREVALENCE OF GINGIVITIS AMONG LOW-INCOME INDIVIDUALS (ANNUAL FAMILY INCOME LESS THAN \$12,500) IS 50%

B. PREVALENCE OF GINGIVITIS AMONG NATIVE AMERICANS IS 95%

C. PREVALENCE OF GINGIVITIS AMONG HISPANICS IS 78%.

HEALTHY PEOPLE 2000 30. 1990

2. 60% OF ADOLESCENTS EXPERIENCE GUM INFECTIONS. ALLUKIAN 15. 1990

3. THE PREVALENCE OF DESTRUCTIVE PERIODONTAL DISEASE (BASELINE IS 24% IN 1985-86).

PREVALENCE IS HIGHER AMONG NATIVE AMERICANS, ADULTS WITH LESS THAN A HIGH SCHOOL EDUCATION, AND MIGRANT WORKERS
HEALTHY PEOPLE 2000 30. 1990

4. AMONG MSFW, 69% HAD A.D.A. PERIO TYPES I AND II AND 28% HAD TYPES II AND III. ENTWISTLE 14. 1989

5. MIGRANT GROUPS APPEAR TO EXHIBIT MORE ADVANCED PERIODONTAL DISEASE THAN HISPANIC GROUPS (83% EXHIBITED POCKETING IN MIGRANTS, 49% OF HISPANICS). ENTWISTLE 14. 1989

6. AN INCREASE IN THE NUMBER OF RETAINED TEETH IN INDIVIDUALS AGE 65 AND OLDER HAS INCREASED THE INCIDENCE OF PERIODONTAL DISEASE IN THIS POPULATION. HRSA 19. 1988.

7. 55% OF WHITES AND 72% OF NON-WHITES HAVE GINGIVAL BLEEDING. WALDMAN 23. 1987

8. PERIODONTAL DISEASE AFFLICTS MORE THAN 50% OF ADOLESCENTS AND UP TO 75% OF NAVAJOS ADOLESCENTS (ISMAIL 1988/ GIFT AND CORBIN 1989).

9. 68% OF SENIORS AGE 65 AND OVER WITH TEETH HAVE SEVERE PERIODONTAL DESTRUCTION. NIDR ORAL HEALTH OF US ADULTS 1987.

ORAL CANCER

1. 30,000 AMERICANS ARE DIAGNOSED WITH ORAL CANCER EACH YEAR AND ABOUT 9,000 DIE ANNUALLY. ALLUKIAN 15. 1990

2. MORE DEATHS IN U.S. FROM ORAL CANCER THAN CERVICAL CANCER (9,500 VS. 6,800). NCI SEERS DATA

3. 5 YEAR SURVIVAL RATE ORAL CANCER WORSE THAN CERVICAL CANCER (51% ORAL VS. 66% CERVICAL). NCI SEERS DATA

4. ORAL CANCER 6TH MOST COMMON SITE FOR CANCER IN U.S. MALES. (COMPENDIUM OCT. 1990).

ORTHODONTICS

1. 29% OF ADOLESCENTS HAVE SEVERE OR VERY SEVERE MALOCCLUSION. ALLUKIAN 15. 1990

EDENTULISM

1. 17% OF THOSE IN POVERTY WERE EDENTULOUS IN BOTH JAWS VERSUS 8% OF THE NON-POVERTY POPULATION. 44% HAD 9 OR MORE TEETH MISSING VERSUS 26% OF THOSE IN NON-POVERTY. NIKIAS 1. 1975

2. PREVALENCE OF EDENTULISM (BASELINE 1986 36% OF PEOPLE AGED 65 AND OLDER)

A. PREVALENCE OF EDENTULISM LOW-INCOME PEOPLE (ANNUAL INCOME LESS THAN \$15,000) IS 46%.
HEALTHY PEOPLE 2000 30. 1990

3. 36 PERCENT OF SENIORS AGE 65 AND OVER ARE EDENTULOUS. NIDR, ORAL HEALTH OF US ADULTS AUGUST 1987

FINANCIAL ISSUES

1. 150 MILLION AMERICANS HAVE NO DENTAL INSURANCE. ALLUKIAN 15. 1990

2. THERE ARE VIRTUALLY NO MEDICARE EXPENDITURES FOR DENTAL CARE. COMPENDIUM

3. IN 1986 EXPENDITURES FOR ORAL HEALTH CARE WERE 30 BILLION WITH 64% FROM DIRECT PRIVATE PAY. TOTAL HEALTH CARE EXPENDITURES WERE 500 BILLION (11% OF GNP). DENTAL'S \$30 BILLION IS ABOUT 6% OF HEALTH CARE'S \$500 BILLION. U.S. DEPT. OF COMMERCE 31. 1987

4. IN 1989 EXPENDITURES FOR ORAL HEALTH WERE AS FOLLOWS:

TOTAL	\$31.4 BILLION
DIRECT PAY BY PATIENTS	\$17.2 BILLION
PRIVATE INSURANCE PAY	\$13.4 BILLION
GOVERNMENT (FED STATE LOC\$	700 MILLION

HEALTH CARE FINANCING REVIEW, "NATIONAL HEALTH EXPENDITURES," WINTER 1990.

5. 1987 MEDICAID TOTAL EXPENDITURES \$45.1 BILLION. OF THIS, 1.2% (\$500 MILLION) WAS FOR ORAL HEALTH SERVICES. ORAL HEALTH SERVICES HAVE EXPERIENCED THE GREATEST LOSS COMPARED TO OTHER SERVICES. HCFA DATA 1988.

6. IN THE LAST DECADE (DEPARTMENT OF COMMERCE DATA 1987)

STATE ORAL HEALTH PROGRAMS RANGE FROM .0034 TO 3.8% OF EXPENDITURES FOR PERSONAL HEALTH PROGRAMS BY SPECIFIC STATE AGENCIES (PUBLIC HEALTH FOUNDATION 1987).

7. HCFA SAYS AMERICANS SPENT \$29.4 BILLION ON DENTAL CARE IN 1988. COMMERCE DEPT. ESTIMATES \$25-27 BILLION FOR 1987-88 (ADA NEWS MAY 1990)

IN OTHER WORDS \$116 PER PERSON FOR ALL US CITIZENS (ASSUMING 250 MILLION AMERICANS WERE SEEN. IN FACT IT IS ABOUT 55-60% OR 143 MILLION SEEN EACH YEAR).

\$ 64	PATIENT PAY
\$ 49	INSURANCE PAY
\$ 3	PUBLIC FUNDS
\$116	TOTAL

8. HCFA ESTIMATES \$730 MILLION OR 2.5% OF THE MONEY SPENT ANNUALLY FOR DENTAL SERVICES CAME FROM PUBLIC FUNDS (MOSTLY MEDICAID) ADA NEWS MAY 21, 1990.

STATE AND LOCAL WELFARE PROGRAMS	\$ 54 MILLION
DOD, VA, IHS, MCH	\$ 71 MILLION
STATE AND OTHER FEDERAL	\$605 MILLION
TOTAL	\$730 MILLION

9. DENTAL MEDICAID EXPENDITURES FELL BY 57 PERCENT, MORE THAN ANY OTHER SERVICE, FROM FISCAL 1975 TO 1987. ALLUKIAN 15. 1990

RESOURCES

1. NUMBER OF PROFESSIONALLY ACTIVE DENTISTS

1991 140,988

1987: 137,817

1982: 126,985

SERVE 142 MILLION PATIENTS*

466 MILLION VISITS*

*1986 DATA

ADA KEY DENTAL FACTS

NOVEMBER 1991

2. NUMBER OF PROFESSIONALLY ACTIVE PRIVATE PRACTITIONERS

1991: 128,694

1987: 126,357

1982: 116,208

ADA KEY DENTAL FACTS

NOVEMBER 1991

3. COMMUNITY/MIGRANT HEALTH CENTERS
FEDERALLY FUNDED

270 WITH DENTAL PROGRAMS

550 DENTISTS

200 HYGIENISTS

SERVE 800,000 PATIENTS*

1.6 MILLION VISITS*

*1989 DATA

BCRR BHCDA

4. HEALTH CENTERS
STATE AND LOCALLY FUNDED

250 WITH DENTAL PROGRAMS

500 DENTISTS

100 HYGIENISTS

ASSOCIATION OF COMMUNITY

DENTAL PROGRAMS

5. DISTRIBUTION

- A. 1990 MORE THAN 16 MILLION AMERICANS LIVED IN 794 DENTAL SHORTAGE AREAS. OF THE 794 DESIGNATED DENTAL SHORTAGE AREAS NATIONWIDE, 73% WERE NON-METROPOLITAN. NRHA 1991. (SHORTAGE AREA DEFINED AS A RATIO OF 4000 OR MORE INDIVIDUALS TO 1 DENTIST.)
- B. OVERALL, RURAL COUNTIES HAVE 22% PERCENT FEWER DENTISTS PER 100,000 POPULATION THAN URBAN COUNTIES. TRENDS IN THE SUPPLY OF DENTISTS LIKELY TO HAVE A NEGATIVE IMPACT ON RURAL COUNTIES INCLUDE INCREASED NUMBERS OF GRADUATES ENTERING SPECIALTY PROGRAMS.

6. HEALTH CENTER DESCRIPTION

- A. 550 HEALTH CENTERS
 - 1. SERVE 6 MILLION PATIENTS
 - 2. FEDERALLY FUNDED - \$550 MILLION.
 - 3. GOVERNANCE - COMMUNITY BOARD (51% MUST BE PATIENTS OF THE HEALTH CENTER).
 - 4. 105 ARE MIGRANT HEALTH CENTERS
 - 5. 50 HOMELESS PROJECTS CONTRACT WITH HEALTH CENTERS.
 - 6. COPC - COMMUNITY ORIENTED PRIMARY CARE MODEL
 - * 7. CLINICAL MEASURES - OUTCOME ORIENTED.
- B. IDEAL CHARACTERISTICS OF ORAL HEALTH PROGRAMS IN HEALTH CENTERS
 - * 1. PREVENTION ORIENTED
 - * 2. COMMUNITY BASED
 - * 3. QUALITY ASSURANCE COMPONENT
 - * 4. PROVIDE BASIC SERVICES INCLUDING
 - PREVENTION
 - EMERGENCY
 - BASIC PRIMARY SERVICES (LEVEL THREE)
 - * 5. PRODUCTIVE AND COST EFFECTIVE
 - * 6. AFFILIATIONS WITH SCHOOLS OF DENTISTRY AND DENTAL HYGIENE.
 - * 7. INCORPORATION OF PRACTICE BASED RESEARCH
 - ** 8. INTEGRATION WITH HEALTH CENTER MEDICAL COMPONENTS
 - ** 9. INTEGRATION WITH OTHER PROGRAMS SUCH AS
 - HEAD START
 - MIGRANT EDUCATION
 - MIGRANT HEADSTART
 - WIC
 - CHARITABLE ORGANIZATIONS
- C. EXAMPLE OF HEALTH CENTER DENTAL PROGRAM - SALUD

GOALS

HEALTHY PEOPLE 2000 - NATIONAL HEALTH PROMOTION AND DISEASE PREVENTION OBJECTIVES

ORAL HEALTH SECTION

1. DENTAL CARIES
2. UNTREATED DENTAL CARIES
3. PERMANENT TOOTH LOSS
4. COMPLETE TOOTH LOSS
5. GINGIVITIS
6. PERIODONTAL DISEASE
7. ORAL CANCER
8. PROTECTIVE SEALANTS
9. WATER FLUORIDATION
10. TOPICAL AND SYSTEMIC FLUORIDES
11. BABY BOTTLE TOOTH DECAY
12. ORAL HEALTH SCREENING, REFERRAL, AND FOLLOWUP
13. ORAL HEALTH CARE AT INSTITUTIONAL FACILITIES
14. REGULAR DENTAL VISITS
15. ORAL HEALTH CARE FOR INFANTS WITH CLEFT LIP AND/OR PALATE
16. PROTECTIVE EQUIPMENT IN SPORTING AND RECREATION EVENTS.

ACCESS BARRIERS AND ISSUES

1. FINANCIAL

A. DEMAND SEEN AT HEALTH CENTERS

WAITING LISTS
BACK UPS

B. BARRIERS CREATED BY HEALTH CENTERS TO TRIAGE

BY PATIENT CATEGORY
BY AGE
BY SCOPE OF SERVICE
BY RESIDENCE

C. MEDICAID UTILIZATION PROBLEMS

INADEQUATE FEES
DISSATISFACTION WITH TREATMENT REVIEW PROCEDURES
LIMITED REIMBURSED SCOPE OF SERVICES.
SLOW PAYMENT
BROKEN APPOINTMENTS

D. ISSUE - IF FINANCIAL BARRIERS WERE REMOVED

1. WHAT WOULD BE THE INCREASE IN DEMAND FOR DENTAL SERVICES?
2. WHAT RESOURCES WOULD BE NECESSARY TO MEET THE DEMAND?

2. FEAR

3. LOW PRIORITY

4. LACK OF EDUCATION

5. SOCIAL/CULTURAL DAVID GREMBOWSKI

SOLUTIONS

1. RESEARCH

CARIES VACCINE
PERIODONTAL VACCINE
CURES FOR ORAL CANCER

2. PREVENTION MODALITIES

FLUORIDE
SEALANTS
EDUCATION IN
CARIES REDUCTION
PERIODONTAL DISEASE REDUCTION
TRAUMA REDUCTION.
CANCER REDUCTION
INCREASED INVOLVEMENT BY MEDICAL COMMUNITY IN ORAL
HEALTH PREVENTION

3. ADVOCACY

* ORAL HEALTH 2000 - NATIONAL CONSORTIUM FOR ACCESS
NATIONAL ALLIANCE FOR ORAL HEALTH (ADA)
NNOHA

4. BUILDING COALITIONS

MCN - KEEP DENTAL ON THE TABLE
OTHER HEALTH CARE PROVIDERS AND ORGANIZATIONS
NON HEALTH CARE ORGANIZATIONS

5. LEGISLATIVE

A. HEALTH CARE REFORM

INSURE ORAL HEALTH CARE IS A PART OF ANY NATIONAL
HEALTH REFORM PROPOSAL

B. PENDING LEGISLATION WITH DENTAL INVOLVEMENT.

1. ROYBAL - COMPREHENSIVE
2. MATSUI - AMERICAN ASSOCIATION OF PEDIATRICS
3. A.D.A. WILL ISSUE WHITE PAPER IN
AUGUST 1992 (POSITION STATEMENT
MORE THAN SUPPORT OF SPECIFIC
LEGISLATION).

C. CATEGORICAL BREAKOUTS

1. UNIVERSAL CARE (SINGLE PAYER EXTREME)
PLAY OR PAY - >25 EMPLOYEES 7% TAX.
MANAGED CARE
2. INCREMENTAL
PAY OR PLAY
SINGLE PAYER

5. OTHER

A. PUBLIC HEALTH MODEL OF THE DENTAL CARE PROCESS, GREMBOWSKI

1. SOCIETY -reduce poverty and prejudice.
2. FINANCING -improve public dental insurance.
3. PUBLIC HEALTH - expand fluoride programs
4. DELIVERY SYSTEM - develop a pluralistic dental
delivery system
5. PATIENT- expand dental health education
6. PROVIDER - change dentists attitudes towards the poor
7. PROVIDER - change dentists' practice styles
8. PROVIDER - increase the number of minority dentists.
9. PROVIDER - increase the supply of dentists in public
dental clinics.

B. FROM MILTON FRIEDMAN TO MAX SCHOEN

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