Improving Access to Oral Health Care for Vulnerable and Underserved Populations

Report of the Committee on Oral Health Access to Services
Why Is Such a Study Necessary?

- While the majority of the U.S. population is able to routinely obtain oral health care in traditional dental practice settings, a disproportionate number of vulnerable and underserved individuals cannot.
- Fortunately, opportunities exist—in both the public and private sectors—to improve access to oral health care.
Challenges

- Vulnerable and underserved populations face persistent and systemic barriers to accessing oral health care.
- Barriers are numerous and complex and include social, cultural, economic, structural, and geographic factors.
- Lack of access to oral health care contributes to profound and enduring oral health disparities in the United States.
Scope of the Problem

- In 2008, 4.6 million children did not obtain needed dental care because their families could not afford it.
- In 2011, there were approximately 33.3 million unserved individuals living in dental Health Professional Shortage Areas.
- In 2006, only 38 percent of retired individuals had dental coverage.
Severity of the Problem

- Minority children are more likely to have dental decay than white children, and their decay is more severe.
- At every age, lower-income individuals are more than twice as likely to have untreated dental caries compared to their higher-income counterparts.
- People with special health care needs suffer disproportionately from periodontal disease and edentulism, have more untreated dental caries, poorer oral hygiene, and receive less care than the general population.
Committee on Oral Health Access to Services

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- Phyllis Sharps, Johns Hopkins University School of Nursing
- Linda Southward, Mississippi State University
- Maria Rosa Watson, Primary Care Coalition of Montgomery County, Inc.
- Barbara Wolfe, University of Wisconsin-Madison
Statement of Task

- Assess the current U.S. oral health system of care;
- Explore its strengths, weaknesses and future challenges for the delivery of oral health care to vulnerable and underserved populations;
- Describe a desired vision for how oral health care for these populations should be addressed by public and private providers (including innovative programs) with a focus on safety net programs serving populations across the lifecycle and MCHB programs serving vulnerable women and children; and
- Recommend strategies to achieve that vision.
Committee Process

- 5 committee meetings
- 2 public workshops with 27 speakers
- 3 commissioned papers
- 15 external reviewers
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2 guiding principles
4 overall conclusions
1 vision
10 recommendations
Guiding Principles

1. Oral health is an integral part of overall health and, therefore, oral health care is an essential component of comprehensive health care.

2. Oral health promotion and disease prevention are essential to any strategies aimed at improving access to care.
Overall Conclusions

1. Improving access to oral health care is a critical and necessary first step to improving oral health outcomes and reducing disparities.

2. The continued separation of oral health care from overall health care contributes to limited access to oral health care for many Americans.
Overall Conclusions (cont.)

3. Sources of financing for oral health care for vulnerable and underserved populations are limited and tenuous.

4. Improving access to oral health care will necessarily require multiple solutions that use an array of providers in a variety of settings.
A Vision for Oral health Care in the United States

*Everyone has access to quality oral health care across the life cycle.*

To be successful with underserved and vulnerable populations, an evidence-based oral health system will:

1. Eliminate barriers that contribute to oral health disparities
2. Prioritize disease prevention and health promotion
3. Provide oral health services in a variety of settings

[more]
A Vision for Oral Health Care in the United States (cont.)

4. Rely on a diverse and expanded array of providers competent, compensated, and authorized to provide evidence-based care

5. Include collaborative and multidisciplinary teams working across the health system

6. Foster continuous improvement and innovation
Recommendations

The committee makes recommendations in 6 key areas:

1. Integrating oral health care into overall health care
2. Creating optimal laws and regulations
3. Improving dental education and training
4. Reducing financial and administrative barriers
5. Promoting research
6. Expanding capacity
Integrating Oral Health Care into Overall Health Care

Properly trained nondental health professionals can and should take a role in assessing patients for oral disease and providing preventive interventions.

Develop a core set of oral health competencies for nondental health care professionals.

- Requirement for accreditation
- Criterion for certification and maintenance of certification
Creating Optimal Laws and Regulations

**Amend existing state laws**, including practice acts, to maximize access to oral health care from oral health professionals

- Practice to the full extent of their education and training
- Work in a variety of settings
- Allow technology-supported remote collaboration and supervision
Improving Dental Education and Training

Dental professional education programs should

- Increase **recruitment and enrollment** of students from underrepresented minority, lower-income, and rural populations
- Require all students to participate in **community-based education** rotations
- Recruit and retain **faculty with experience and expertise** in caring for underserved and vulnerable populations
Improving Dental Education and Training

Dedicate Title VII funding to

- Support the development, implementation, and maintenance of substantial community-based education rotations
- Increase funding for recruitment and scholarships for underrepresented minorities, lower-income, and rural populations
Improving Dental Education and Training (continued)

Dedicate Title VII funding to support and expand opportunities for dental residencies in community-based settings.

Require a minimum of one year of dental residency before a dentist can be licensed to practice.
Reducing Financial and Administrative Barriers

Set Medicaid and CHIP reimbursement rates so that beneficiaries have equitable access to essential oral health services

Provide case-management services

Streamline administrative processes

Fund and evaluate state-based demonstration projects that cover essential oral health benefits for Medicaid beneficiaries
Promoting Research

Fund **oral health research and evaluation** related to underserved and vulnerable populations

- New methods and technologies designed to address barriers to oral health care
- Measures of access, quality, and outcomes
- Payment and regulatory systems
Expanding Capacity

Ensure that each state has the **infrastructure and support** necessary to perform core dental public health functions.

Support the use of a **variety of oral health care professionals** in FQHCs.

Enhance **financial incentives** to attract and retain more oral health care professionals in FQHCs.
Expanding Capacity (continued)

Provide guidance to implement best practices in FQHC management, operation, and efficiency.

Assist FQHCs in all states to operate programs outside their physical facilities and take advantage of new systems.
Final Thoughts

This report calls into sharp focus the challenges that millions of Americans face in accessing oral health care.

The recommendations provide a roadmap for creating an integrated delivery system that provides quality oral health care to vulnerable and underserved people where they live, work, and learn through changes to education, financing, and regulation of oral health services.

*If acted upon in a coordinated and comprehensive manner, these recommendations will improve access to oral health care for underserved and vulnerable populations.*
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