Dilemmas in Dental Public Health
Poverty and Oral Health Care Access

ADEA Allied Dental Education Summit
Bob Russell, DDS, MPH
The Challenge

- Educating the future dental workforce on the specific oral health related barriers confronting the poor
- Adapting practice to address environmental, social, behavioral and economic impact on care delivery to improve outcomes.
Twice as many children from low income families had decay (55%) compared to high income children.
Current Trends

- While improvements are seen across the nation, racial minorities and the poor continue to suffer from disparities in access and knowledge for good oral health.
Supply Side: the Problem

- Maldistribution of dentists
- Estimated 25 million people live in areas lacking adequate dental services
- In 2002, 1,625 of the 3,141 counties in the US were wholly or partially designated DHPSA’s
Supply Side: the Problem, cont.

- Lack of cultural competency
- Disparities in oral health
- Cost
- Dentists unwilling to treat some patients (i.e., Medicaid)
- Lack of flexibility and restrictions
  - Restrictive state practice laws
  - Limited oral health outside traditional practices
Demand Side: Populations trapped in the *Poverty Culture*

People in the poverty culture have an *acute, urgent, short-term focus*—five years into the future is irrelevant.

*Physician Executive*, March-April, 2000 by Dale S. Benson
The Culture of Poverty Impact

- They live in the "here and now." They are in a crisis mode. The primary objective is to get through the day. And like it or not, health is way down on the priority list.

- More common among groups experiencing \textit{Generational Poverty}\footnote{Note: This term refers to the cumulative impact of poverty across generations, affecting individuals who experience poverty in their own lives but also those in their families or communities.}
The Culture of Poverty

- **Situational Poverty**
  - Circumstantial in nature and transitional

- **Generational Poverty**
  - Two generations or more

Ruby Payne, PhD
A Framework for Understanding Poverty
The Culture of Poverty

- Their behavior is driven by the culture, we should not expect middle class behavior
- Any health system designed that requires the poor to prioritize or wait for services is likely to fail
“We have to understand this despair and behavior when thinking of preventive medicine, health promotion, or even expecting patients to keep a follow-up appointment six months down the road.”

Dale S. Benson, MD, CPE, FACPE,
Social-Economic Impact

- Studies have found strong relationships between parental socio-economic status and children’s future oral health knowledge and attitude.
  
  – Williams, Whittle and Gatrell 2002
The Oral Health System Challenge

- **Problem**: for low income and poverty-based populations, the lack of regular access to care reduces the chances of good oral health practice knowledge being obtained.
The “Catch-22” in today’s oral health care system

- Historically, information regarding proper oral health care is usually obtained within a dental practice.
- Lack of access to dental care contributes to a lack of knowledge and poor oral health practices.
- Lack of knowledge on proper oral health care and prevention further reduces the likeliness of seeking oral health care services in a dental practice.
The Oral Health System Change

Solution: new paradigms in oral health care preventive practice, delivery, and information must be made available outside of the traditional dental office, i.e. WIC, social service agencies, community – rural health centers, faith-based resources, public announcements and promotions, and within the public education system.
“Today we need a collaborative and integrated approach to oral and general health that includes social as well as biologic determinants.”
Allied Workforce Preparation

**Recommended Action Steps**

- *Enhance the dental public health infrastructure through new training and workforce models*
  - Residency, certification, and pre-doctoral programs for safety net dental practitioners
  - Increase community-based public health clinical and prevention infrastructure
  - Gap filling mid-level classifications for local and state public health clinical support: *prevention and treatment*
Allied Workforce Development

Recommended Action Steps

- Enhance use of technology and distance communication applications to increase supervision flexibility for allied and new mid-level dental workforce models
- Add new dental public health infrastructure at the state and local level

Care coordination/prevention linkages between public and private practices (Iowa I-Smile™ model)

http://www.idph.state.ia.us/hpcdp/oral_health_ismile.asp