

Serving Our Community: The Transformation of Our Dental Workforce

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Transforming our Workforce

Values
Our population is changing

Values
Economy is changing

Values
Insurance coverage is changing

Transforming our Workforce

- Technological Changes



Serving Our Community

- Health Care → We Serve
- How Do We Serve?
 - Provide Treatment and Care
 - Educate the Population
 - Develop Policies



Transformation of Our Dental Workforce

- Our Past
- Our Present
- Our Future



Our Past

- Dentistry
- Dental Assisting (1885)
 - Dr. C. Edmund Kells and Malvina Cueria
 - Assisting the Dentist to Serve Patients
 - Juliette Southard



<http://www.dentalassisting.org/Content/Program-Development.aspx>
<http://dentistry.about.com/od/dentalassisting/a/Juliettesouthard.htm>

Juliette Southard

- To be loyal to my employer, my calling and myself.
- To develop initiative – having the courage to assume responsibility and the imagination to create ideas and develop them.
- To be prepared to visualize, take advantage of, and fulfill the opportunities of my calling.
- To be a co-worker – creating a spirit of cooperation and friendliness rather than one of fault-finding and criticism.
- To be enthusiastic – for therein lies the easiest way to accomplishment.
- To be generous, not alone of my name but of my praise and my time.
- To be tolerant with my associates, for at times I too make mistakes.
- To be friendly, realizing that friendship bestows and receives happiness.
- To be respectful of the other person's viewpoint and condition.
- To be systematic, believing that system makes for efficiency.
- To know the value of time for both my employer and myself.
- To safeguard my health, for good health is necessary for the achievement of a successful career.
- To be tactful – always doing the right thing at the right time.
- To be courteous – for this is the badge of good breeding.
- To walk on the sunny side of the street, seeing the beautiful things in life rather than fearing the shadows.
- To keep smiling always ☺

Our Past

- Dental Laboratory Technicians: 1883
 - Dr. W. H. Stowe
 - The establishment of the commercial dental laboratory → training of apprentices → the dental laboratory technician
 - To fabricate restorations for the dental patient

<https://mail.org/certification/dental-lab-technician.cfm>
http://www.rhccost.org/dent_lab_history_of

Dr. Alfred C. Fones, Bridgeport, Connecticut

- Vision: Prevention and Outreach
- Public Health Science Emphasis
 - Industry, Military, Sanitariums, Hospitals



Historical Aspect

- Hippocrates: infections of dental origin may be accompanied by serious systemic symptoms.



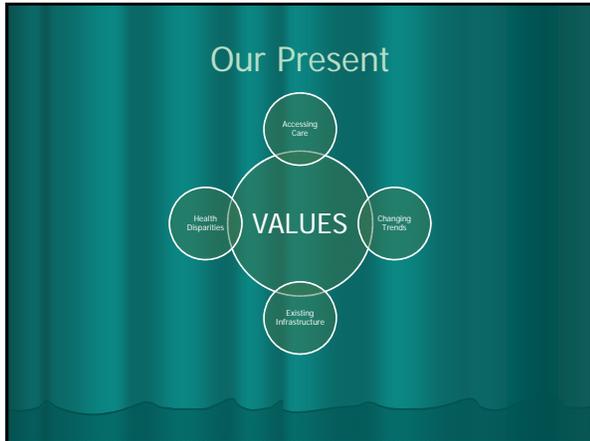
- Hundreds of millions of dollars in public and private funds are expended to restore the sick to health, but only a relatively small portion of this amount is spent to maintain the health of well people, even though it is definitely known that the most common physical defects and illnesses are preventable. (1916 – Dr. Alfred Fones)



Transformation Begins: Connecticut Dental Hygienists' Association

- First Formal Meetings
- Industry Bound
- Entrepreneurs
- Focus on Outreach





ADA Environmental Scan: *A Profession in Transition: Key Forces Reshaping the Dental Landscape* (2013)

- The decline in the utilization rate of dental services among working age adults, particularly the young and the poor
- Dental benefit coverage for adults has steadily eroded in the past decade
- More and more adults in all income groups are experiencing financial barriers to care
- Total dental spending in the US slowed considerably in the early 2000s and has been flat since 2008

ADA Environmental Scan: *A Profession in Transition: Key Forces Reshaping the Dental Landscape* (2013)

- Dental care utilization among children has increased steadily in the past decade, a trend driven entirely by gains among poor and near-poor children
- The percent of children who lack dental benefits has declined, driven by the expansion of public programs
- Average dentists net income declined considerably beginning in the mid-2000s
- Two out of five dentists indicate they are not busy enough and can see more patients

ADA Commissioned Report: *Critical Trends Affecting the Future of Dentistry: Assessing the Shifting Landscape* (2013)

- Changing demographics are resulting in changes in disease patterns, care-seeking behavior and the ability to pay
- Payments for dental services are shifting from commercial dental insurance to public coverage and personal out-of-pockets payments

ADA Commissioned Report: *Critical Trends Affecting the Future of Dentistry: Assessing the Shifting Landscape* (2013)

- Mounting pressure for expanded dental team providers
- An increase in dental school graduates *and* the increasing student debt of graduating dentists
- Changing demographics of dentists, which in combination with these aforementioned factors, is altering the practice choices for new dentists

ADHA Environmental Scan: *Dental Hygiene at a Crossroads of Change* (2011)

- Public and private payers will look to harmonize standards and scope of practice to improve quality of and access to oral health care
- For-profit and corporate education programs will continue to grow creating fierce competition for jobs in some markets



ADHA Environmental Scan: *Dental Hygiene at a Crossroads of Change* (2011)

- New advances in science and technology will radically alter oral health care
- The largest and most influential generation will be retiring over the next decade and swelling the ranks of older patients with high demands for complex oral health care

ADHA Transforming Dental Hygiene (2013)

- Transforming Dental Hygiene Education: Proud Past, Unlimited Future Symposium Fall 2013
 - Partnership with ADHA & Santa Fe group
 - To develop guidance for the future of the dental hygiene profession and the role it can play in improving the health of the public
- Health Care Changes
- Technology
 - Immunizations
 - Genetics
 - Gene Therapy
 - Stem Cell



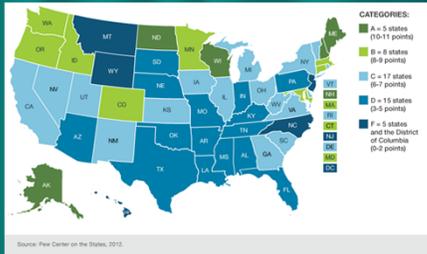
National Governor's Association: *The Role of Dental Hygienists in Providing Access to Oral Health Care* (2014)

- Focused on the variations in policies affecting dental hygienists
- Expanding the settings where dental hygienists can provide care was discussed as well as expanding procedures that dental hygienists may provide to patients
- Another area addressed focused on the variations in supervision of dental hygienists in states

Pew Center on the States (PEW) Report: *Assessing states' efforts to improve access children from low-income families have to dental sealants* (2013)

- Sealant programs in high-need schools
- Allowing hygienists to place sealants in school-based programs without requiring a dentist's exam
- Collecting data regularly about the dental health of school-children and submitting it to a national oral health database, and
- Meeting a national health objective on sealants

Pew Center on the States (PEW) Report: *Assessing states' efforts to improve access children from low-income families have to dental sealants* (2013)



Emergency Rooms as an Alternative Treatment Option

- ER dental visits doubled nationwide from 2000 to 2010, rising from 1.1 million to 2.1 million (ADA 2012)
- Researchers found that uninsured young adults, ages 19 to 34, and low-income residents have the highest number of ER visits for dental pain and infections that are not related to trauma (Rutgers 2014)



Oral Health America: *State of Decay: Are Older Americans Coming of Age without Oral Healthcare (2013)*

- Lack of oral health coverage in older Americans
- Tooth loss remains a signal of suboptimal oral health
- Although children are making strides with dental coverage, there have been no successful efforts to increase funding for older adults dental insurance
- The Affordable Care Act does not address dental coverage for older Americans

Oral Health America: *State of Decay: Are Older Americans Coming of Age without Oral Healthcare (2013)*

- And not surprisingly, dental insurance coverage is a primary indicator of whether or not an individual visits the dentist
- This is even more important to note, when close to 70% of older Americans do not have dental insurance



ORAL HEALTH AMERICA
BRINGING HEALTHY MOUTHS TO LIFE

Oral Health America: *State of Decay: Are Older Americans Coming of Age without Oral Healthcare (2013)*

- Access to Adult Medicaid Dental Benefit
- Edentulism
- Current State Oral Health Plans with a Goal to Promote Older Adult Oral Health
- Dental Health Professional Shortage Area
- Community Water Fluoridation

Senator Sanders: *The Comprehensive Dental Reform Act of 2013*

- **Coverage:** *This bill extends comprehensive dental health insurance to millions of Americans who do not have coverage today*
- **Access Points:** *This bill ensures that there are more places you and your family can go to access a qualified oral health care professional to get the care you need*
- **Workforce:** *This bill uses multiple strategies to increase the number of oral health professionals who will work in communities with the greatest need*

Senator Sanders: *The Comprehensive Dental Reform Act of 2013*

- **Education:** *This bill addresses the need to educate current and future oral health care providers to better serve vulnerable populations and to integrate oral health care into overall health care*
- **Research:** *This bill authorizes funding for research on prevention and disease management to improve oral health care delivery and the oral health status of our country*

Institute of Medicine: *Advancing Oral Health in America* (2011)

In 2009, the Health Resources Services Administration (HRSA) asked the IOM to assess the current oral health care system and to recommend strategic actions for Department of Health and Human Services (HHS) agencies to improve oral health and oral health care in America.



Institute of Medicine: *Advancing Oral Health in America* (2011)

- Recommendations: DHHS design an oral health initiative based on the areas in greatest need of attention and on the approaches that have the most potential for creating improvements
- Stressed three key areas needed for successfully maintaining oral health as a priority issue:
 - strong leadership
 - sustained interest
 - involvement of multiple stakeholders

Institute of Medicine: *Improving Access to Oral Health Care for Vulnerable and Underserved Populations* (2011)

- HRSA and the California HealthCare Foundation asked the IOM and the National Research Council to assess the current oral health care system, to develop a vision for how to improve oral health care for these populations, and to recommend ways to achieve this vision
- This vision will include government leaders, oral health professionals, and others

Institute of Medicine: *Improving Access to Oral Health Care for Vulnerable and Underserved Populations* (2011)

- Improve provider participation in public programs by increasing Medicaid and CHIP reimbursement rates
- Non-dental health care professionals can perform oral disease screenings and provide other preventive services



Institute of Medicine: Improving Access to Oral Health Care for Vulnerable and Underserved Populations (2011)

- Dental schools should expand opportunities for dental students to care for patients with complex oral health care needs in community-based settings in order to improve the dental students' comfort levels in caring for vulnerable and underserved populations
- States should examine and amend state practice laws to allow healthcare professionals to practice to their highest level of competence

GAO Report: *Dental Services Information on Coverage, Payments, and Fee Variation* (2013)

- In 2011, the Institute of Medicine reported that there is strong evidence that dental coverage is positively tied to access to and use of oral health care→
 - (1) trends in coverage for, and use of, dental services
 - (2) trends in payments by individuals and other payers for dental services
 - (3) the extent to which dental fees vary between and within selected communities across the nation

GAO Report: *Dental Services Information on Coverage, Payments, and Fee Variation* (2013)

- The percentage of the population with private dental coverage decreased from 53% to 50% from 1996-2010
- Public coverage for dental care, via Medicaid and the State Children's Health Insurance Program (CHIPs) increased from 9%-13%
- This increase was attributed to the increase in the number of children covered by these federal-state health programs

GAO Report: *Dental Services Information on Coverage, Payments, and Fee Variation* (2013)

- The use of dental services, which is described by the percentage of individuals who had *at least one dental visit*, also remained relatively unchanged at around 40 percent from 1996 to 2010
- Although the use of public coverage increased, the children with public coverage, still visited the dentist less often than privately insured children

GAO Report: *Dental Services Information on Coverage, Payments, and Fee Variation* (2013)

Among individuals who reported having a dental visit from 1996-2010

- An increase was seen in the percentage reporting that they received diagnostic and preventive services (exams and cleanings)
- A decrease was seen in those reporting that they received other services, such as restorative services (fillings)

GAO Report: *Dental Services Information on Coverage, Payments, and Fee Variation* (2013)

- GAO's analyses also discussed average annual dental payments and dental fees charged, which varied widely
- The report suggested that most public health centers in GAO's review offered a 100 percent discount, which resulted in no fee, to the lowest-income patients for many, but not all, dental services

Healthy People 2020

- Persons who visited the dentist in the past year
- Drops from 44.5% (2007) to 41.8% (2011)
- Target set by Healthy People 2020: 49%

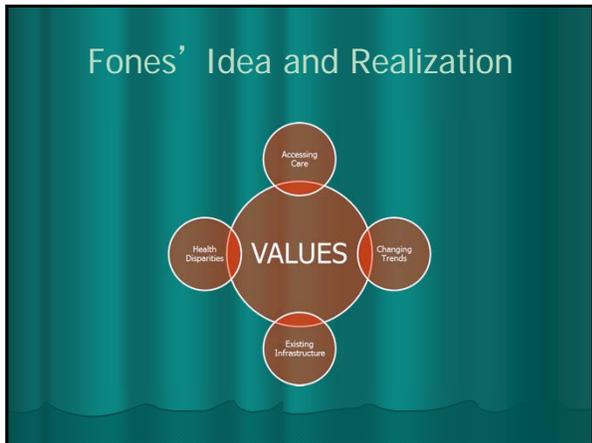


Fones' Study: *Report of Five Years of Mouth Hygiene in the Public Schools of Bridgeport, Connecticut (1921)*

If otherwise, a ten year old boy's body appears normal we ask him open his mouth. Here we find teeth covered with green stain; temporary and permanent teeth badly decayed, possibly fistulas on the gum surface showing an outlet for pus from an abscessed tooth or teeth and decomposing food around and between the teeth.

Fones' Study: *Report of Five Years of Mouth Hygiene in the Public Schools of Bridgeport, Connecticut (1921)*

- *Here at the gateway of the system is a source of infection and poison that would contaminate every mouthful of food taken into his body, no wonder that the child suffers from an auto-intoxication which produces eye-strain, anemia, malaise, constipation, headaches, fevers and many other ailments.*
- Fones proceeded to state that *medical inspectors in public schools find that decayed tooth outrank all other physical defects combined.*



- ### Our Present Focus
- **Clinical and Laboratory: Private and Public**
 - Clinical/Promotional
 - Administrative
 - Research
 - Governmental Roles
 - Private Industry
 - Sales/Marketing
 - Administration
 - Research
 - Developing Educators

- ### CODA-Standards
- Where Does Transformation Fit Into Our Curriculum?
 - Service
 - Practice Settings
 - Technology

Our Future Vision

- Future Opportunities: *How will societal changes provide us with opportunities to advance?*



Our Future Vision

- Demographic Changes



Our Future Vision

- Aging Population



Our Future Vision

- Economy Changes



Our Future Vision

- Health Care Changes



Our Future Vision

- Technological Changes



Our Future

- Priority for Program Directors→Values, how?
 - Americans value education!
 - Figure out a plan to educate our workforce to be ready for the next decade and beyond!
 - More job opportunities for our graduates
 - More work in alternative settings, thus promoting oral health in general health
 - More volunteerism
 - Salaries increase
 - Prestige → Voice for Change

Current Highest Level of Education	Mean Full-time Salary	Number of RDHs
Certificate/Diploma	\$53,741	54
Associate Degree	\$54,315	1,368
Bachelor's Degree	\$58,105	658
Master's Degree	\$59,276	116
Doctoral	\$61,313	16
Other	\$64,375	16

Why Do We Need Advanced Education in Allied Dental Health Education?

- Ritualistic→
- Scientific Basis→
- Distinct Disciplines→



Why Do We Need Advanced Education in Dental Professions?

- Let's take a look back...
 - Voice→
 - Prestige→
 - Results!!!



Why Do We Need Advanced Education in Dental Professions?

- American's Value an Educated Workforce
 - Education
 - Trust
 - Results!!



How Do We Implement?

- Transform Our Curriculums
 - Infiltrate all courses with skills necessary for the future
 - Teach students how important societal values our to all of our professions
 - Teach students to collaborate with *other* dental workforce members

How Do We Implement?

- Provide experiences to our students!
 - Public Health Settings
 - Health Care Settings
 - Variety of Internships
 - International Practice

How Do We Implement?

- Teach By Example
- Role Modeling
 - Faculty with Passion
 - Faculty with Experience
 - Faculty still Engaged!

How Do We Implement?

- Be Part of Collaborative Endeavors
 - Historical Perspective
 - Local and State Collaborative Initiatives
 - Service Learning
 - University service

Closing

- Historical Perspectives
- Trends
- Present
- Our Future
- How Do We Make Change?
