

Open Wide:

The Future of Oral Health Care in Arizona

Part One: The Oral Health Delivery System Here's something that will come as a shock: Not everyone likes to visit the dentist's office.

They don't like someone putting metal objects in their mouth. They don't like the smell of the waiting room, the old magazines scattered about, the sound of the drill, the sickly smell of burning enamel, a needle in their gums.

Despite advances in dental care, many of us fear a trip to the dentist, even though most people like their dentist and rate their care highly once they establish a relationship.



Not a Sexy Issue

“We’re all babies when it comes to going to the dentist.”

SLHI dental focus group participant

Oral health is not a sexy issue. Millions of seniors aren’t lobbying their congressional representative about access to dentists, employers aren’t wringing their hands about rising dental costs, dental health policy wonks aren’t in big demand at well-attended public conferences.

And yet when we look at the state of oral health in America, as the U.S. Surgeon General’s Office did in 2000 with its first ever report on the subject, we discover a “silent epidemic” of dental disease, especially among children and selected population groups, with a growing number of citizens lacking access to basic dental care. This results in short- and long-term health problems that have a profound impact on individuals, families and the nation’s health care system.

The sad news is that most of these problems could have been prevented.

The good news is that we can do something about it right here in Arizona.

A Three-Part Series

As part of St. Luke’s Health Initiatives’ continuing work in Arizona oral health issues, we begin a three-part series of background reports on the future of oral health care in Arizona. In this first *Open Wide* report, we provide a short general overview of the state of oral health in the U.S. and Arizona and then focus specifically on Arizona’s oral health delivery system: who delivers care, what types of services are provided, who needs these services and the financial and organizational underpinnings of the system. Unlike our regular *Arizona Health Futures* Issue Briefs, this is background information only and does not include critical perspectives and strategies for advocacy and action.

In the second *Open Wide* background report, scheduled for February 2003, we will focus on the emerging integration of primary care and oral health. Finally, the third report, to be released in May 2003, will discuss alternative financing structures for oral health in the future.

The *Open Wide* series is intended to provide a factual and independent overview of Arizona’s oral health system. It will serve as background information for a series of accompanying policy forums on oral health, as well as a concise overview of oral health issues in Arizona that might be of use to health providers, policy and legislative leaders and the general public.

A Silent Epidemic

When the U.S. Surgeon General’s Office released its Report on Oral Health in 2000, it revealed a “silent epidemic” of dental disease, especially among certain population groups in America.

The report underscored the effects of poor oral care on malnutrition and learning problems among children. It referred to studies that document associations between adult periodontal disease and the risk of coronary heart disease, stroke and pregnancy problems that can result in premature and low-weight births. It underscored oral health problems among the elderly and oral health disparities among minorities and low-income groups.

It doesn’t stop there. Oral disease contributes to lower productivity and life opportunities, beginning in childhood and extending throughout a person’s life. Here are a few salient facts and related trends:

- Employed adults lose more than 164 million hours of work each year due to dental disease or dental visits, according to the U.S. Department of Health and Human Services. Over 20 percent of all adults reported some form of oral facial pain in the past six months (2000).
- The nation's annual dental bill exceeds \$60 billion, but the federal government estimates that additional tens of billions of dollars are spent, directly and indirectly, in connection with treating dental and craniofacial disorders.
- People with poor oral health are less likely to seek education and jobs, due to the negative effects of dental disease on their health and well-being, as well as appearance and self-esteem.
- Dental caries is the most common chronic disease in children, affecting 18-24 percent of 2- to 4-year-olds; more than 50 percent of children between 5 and 9; and 61 percent of 17-year-olds, according to national Health and Human Services statistics.
- Tooth decay is an infectious disease. Without intervention, mothers can pass the bacteria responsible for tooth decay on to children, which can cause serious problems by the time a child is 3-years-old.
- Oral problems are responsible for children missing almost 52 million school hours annually, according to a study by the National Maternal and Child Oral Health Resource Center.
- Over 108 million children lack dental insurance, which is over 2.5 times the number who lack medical insurance, according to the Surgeon General's report on oral health.
- The number of new dentists entering the field is not keeping pace with the nation's population growth, according to the Surgeon General's report. In addition, the number of people with no dental insurance or proximity to dental care is growing each year.

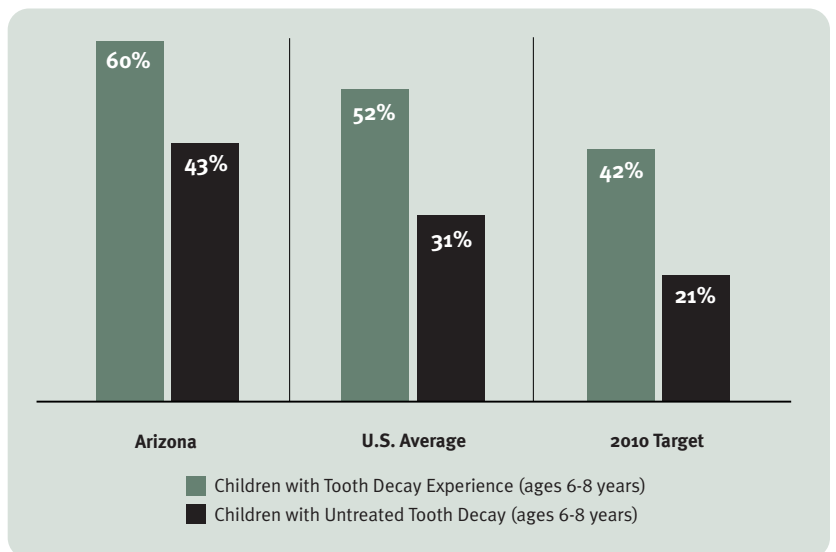
Few Reasons to Smile: An Arizona Portrait

National statistics are sobering enough, but Arizona's statewide oral health portrait leaves few reasons for smiling. Currently, Arizonans have a higher rate of oral disease than the national average, according to the Arizona Department of Health Services. Access to dental care is becoming increasingly difficult, particularly for low-income people, those in rural areas, minorities and the elderly. Without significant changes in dental care delivery systems, these trends are expected to get worse.

Arizona Children

- 31 percent have never had a dental check-up.
- 38 percent do not have dental insurance.
- 65 percent between the ages of 11-13 have had tooth decay.
- Only 8 percent of 8-year-olds have been treated with dental sealants, a proven preventive measure against tooth decay.

Arizona's children have more decay experience and untreated decay than the U.S. average.



Thanks to advances in dental care, more baby boomers entering their senior years will retain their own teeth than previous generations. But maintaining healthy teeth throughout old age requires more dental care than previous generations of elders, who lacked teeth altogether or had dentures.

Eighty percent of all dental disease is found among 25 percent of the population, with a disproportionate amount of oral disease among low-income groups.

Arizona Adults

- One adult in five has never had a dental check-up.
- 99 percent of adults have had tooth decay by age 45.
- 44 percent do not have dental insurance.
- Only 47 percent of Arizona's population using public water supplies benefits from fluoridated water, another factor proven to reduce tooth decay rates.

Arizona Seniors

- 44 percent of senior adults with teeth require dental treatment.
- 42 percent have bleeding gums and/or calculus present, which requires professional dental hygiene care.
- 25 percent have moderate to severe gum disease resulting in pocketing (detached tissue and bone loss around teeth).
- 13 percent have moderately to severe loose teeth, which can interfere with chewing and speaking.
- The majority of senior citizens have no dental health insurance. Since Medicare doesn't cover dental care – and with a rapidly rising senior population – Arizona's number of elderly citizens in need of oral care is destined to increase sharply.

Minority Groups and Other Vulnerable Populations

- Nationally, low-income Mexican-American children ages 2-17 have the highest percentages of untreated decayed primary and permanent teeth than any other ethnic group. Even higher income Mexican-American children ages 2-9 have the highest percentage of untreated decayed primary teeth.
- National and state surveys indicate that Hispanics have the lowest utilization rate of dental care. Over 20 percent of Hispanics – higher than any other ethnic group – cite cost as the chief reason.
- In a recent study of Native Americans completed by Phoenix Area Indian Health Service:
 - 73% of preschool children had untreated decay.
 - 70% had severe early childhood caries.
 - 44% of children ages 6-14 had untreated decay in permanent teeth.
 - 64% of adolescents and 75% of adults had untreated decay.
 - 83% of elderly adults had less than 20 teeth or were edentulous.
- Persons living with cancer, HIV/AIDS, diabetes or other chronic conditions are at high risk for oral complications as a result of their disease or its treatment.

Aside from small snapshots of selected groups, data to measure the oral health needs and services of each of Arizona's diverse population segments – including racial and ethnic minorities, rural populations, individuals with disabilities and diseases impacting oral health, the homeless and immigrants – are limited. But considering the dental challenges of Arizona's children, adults and senior populations, it's not a stretch to hypothesize that if current conditions continue, Arizona faces a fast-rising level of oral disease among its most vulnerable populations.

Dental Care Providers: Who Are They?

Dentists

Similar to physicians, a dentist completes four years of post undergraduate education from a program accredited by the Commission on Dental Accreditation of the American Dental Association (ADA) that includes core biomedical, preclinical and clinical experiences. This prepares the individual for general dental practice. There are also programs that prepare dentists for specialty practice in the areas of endodontics, orthodontics and dentofacial orthopedics, oral and maxillofacial surgery, oral and maxillofacial pathology, oral and maxillofacial radiology and public health. Dentists perform all types of oral care including diagnosis, treatment planning and surgical procedures.

The Arizona State Board of Dental Examiners licensed approximately 3,100 dentists in fiscal year 2001, of which only 2,400 had in-state addresses (not all dentists with current licenses have a clinical practice, however). In Arizona, dentists are required to renew their licenses every three years and must have ongoing education.

To no great surprise, 86 percent of practicing dentists are non-Hispanic white, and 86 percent are male. However, this is changing, with women now comprising about 38 percent of first year enrollees in dental school. Minorities continue to be underrepresented among dental professionals. Hispanic dentists represent less than four percent of all dentists, and there are almost no Native American dentists – .1 percent nationwide. But here, too, trends are changing; more minority populations are enrolling in dental schools, especially Asians.

In 1998, dentists earned an average of \$155,750, according to a survey by the American Dental Education Association. This can range from salaries in the low \$100,000 range for younger general practice dentists to salaries above \$400,000 for seasoned specialists.

In some parts of the country, especially in affluent urban and suburban areas, general practice dentists now earn more than family practice physicians.

Is there a Dentist Shortage in Arizona?

The Arizona Dental Association reports that although there is no perception of a shortage of dentists in the state's urban areas, the dentist shortage is acute in rural areas and also in impoverished areas of larger cities. The issue is not the overall supply of dentists, but their distribution. In rural areas, there are few dentists, and the state's geography includes many remote and far-flung towns and communities far from dental care facilities. Even dentists willing to visit rural communities to provide dental care on a periodic basis report a lack of appropriate facilities in these areas. This mirrors similar conditions among physicians and medical facilities.

"I want to make sure whoever is working on me is qualified. It's more about relationships and trust."

SLHI dental focus group participant

TYPES OF DENTISTS

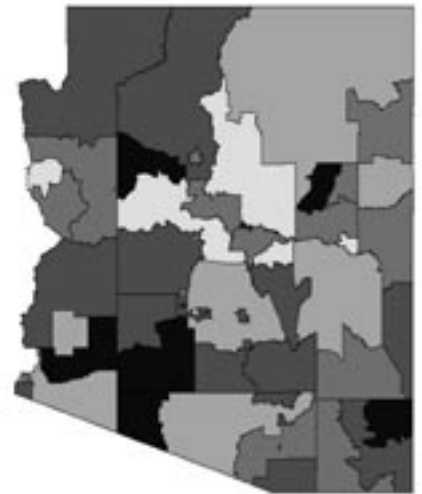
The ADA estimates that nearly 80 percent of all professionally active dentists practice general dentistry. The remaining 20 percent is divided among the following specialties:

- Dental public health officials
- Endodontists
- Oral and maxillofacial pathologists
- Oral and maxillofacial surgeons
- Orthodontists
- Pediatric dentists

Arizona suffers from an unequal distribution of dental care providers, resulting in under-served areas and populations.

Ratio of Dentists to Population

- High Proportion of Dentists
- Medium Proportion of Dentists
- Low Proportion of Dentists
- No Dentists
- Unassigned



Source: Population of Arizona, Department of Economic Security, 1999 estimates. Number of dentists licensed in Arizona, Board of Dental Examiners, 1999.

The issue of whether there is an overall shortage of dentists in Arizona is more complex. On a comparative basis, Arizona has a lower dentist-to-population ratio than the U.S. average and many adjacent states.

RATIO OF DENTIST PER 100,000 POPULATION

U.S. Average	48
Arizona	38
Colorado	56
New Mexico	32
Utah	52
Washington	52

Source: HRSA State Health Workforce Profiles, Health Resources and Service Administration, 2000.

The question, of course, is what is the appropriate ratio. As with other professions, there is no hard and fast rule; however, a community is usually considered a dental shortage area when it has a ratio of 20-25 dentists per 100,000 population. On that basis, some Arizona communities need dentists, and some don't. The problem with using general ratios alone to determine workforce needs is that they don't take into account variances in such critical factors as socio-economic status, location and patient needs (large numbers of elderly requiring specialized dental care, etc.).

Hygienists: Expanding Roles?

Dental hygienists are licensed oral health care providers who provide preventive and therapeutic oral health care. Dental hygienists are required to pass written and clinical national and regional board exams, as well as a state jurisprudence exam to achieve licensure with the Arizona State Board of Dental Examiners, the same Board that oversees the practice of dentists. In Arizona, they maintain licensure triennially that requires continuing education.

In Arizona, dental hygienists must graduate from college programs accredited by the American Dental Association (ADA). Coursework in these programs covers both general science and dental science courses, including human anatomy and physiology, microbiology, chemistry, oral pathology, pharmacology, periodontics, preventive dentistry and radiography. Several hundred hours of clinical training, including the administration of local anesthesia, are required. Curricula are at least 90 credit hours in length. There are four accredited dental hygiene programs in Arizona. According to the U.S. Bureau Labor of Statistics, the annual median income for dental hygienists in 2000 was \$51,210.

State law in Arizona allows for dental hygienists to provide periodontal and oral examination and the provision of preventive and therapeutic procedures, including nonsurgical periodontal therapy and the application of preventive dental therapeutics. In accordance with current law, these services are to be provided under “general supervision” on a patient of record, requiring authorization by a dentist before treatment is initiated. In limited remote settings, treatment by a hygienist may take place within a 12-month period after the dentist’s examination.

Some states have expanded the delivery of preventive oral health care by allowing for the provision of dental hygiene services by a licensed dental hygienist *without* the supervision of a dentist. In this environment, treatment plans can be planned and administered in collaboration with a dentist, but the dentist need not physically examine the patient before preventive and therapeutic services are provided. So far, this concept of the expansion of oral primary care services has met resistance in Arizona.

Are There Enough Hygienists?

If the “right” number of dentists to population is not clear, the appropriate ratio of hygienists is even less so. However, Arizona fares reasonably well compared to the national average, although less well compared to selected neighboring states.

The future supply of dental hygienists, both in Arizona and nationally, may well be determined to a large extent by the trend of more self-care and prevention practices. As the primary providers of preventive oral health services including routine prophylaxis; periodontal assessment, treatment and maintenance; application of fluorides and sealants, x-rays, and education in self-care, hygienists could well see increased demand for their services. This will put pressure, in turn, on increasing supply, more freedom from on-site dentist supervision, professional independence and more attractive compensation.

RATIO OF HYGIENISTS PER 100,000 POPULATION

U.S. Average	52
Arizona	54
Colorado	61
New Mexico	59
Utah	37
Washington	61

Source: HRSA State Health Workforce Profiles, Health Resources and Service Administration, 2000.

Dental Assistants

Dental assistants are primarily hired in dental offices and clinics to provide chairside assistance to the dentists providing restorative and surgical treatment. In Arizona, there is no educational, registration or certification requirement for someone who provides dental assisting services. According to state law, most services provided by dental assistants require the direct supervision of a dentist. Those dental assistants who expose dental x-rays are required to receive certification by a board-approved examiner through written and clinical board examinations.

There are several college-based and proprietary dental assisting programs in Arizona, but with a lack of registration or certification requirements for dental assistants in the state, most are trained on-the-job by the hiring dentist. Salaries of dental assistants vary widely by region and type of practice.

The Practice Setting

“You have optometrists in Wal-Mart. Why not dentists?”

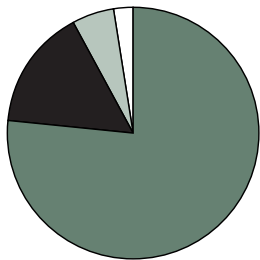
SLHI dental focus group participant

Dentists operate in one of the true remaining “cottage industries” of U.S. health care, with about 93 percent in private practice. Of these, 77 percent are sole proprietors. In fact, dental offices are routinely among the top categories of start-up businesses most likely to survive. Typically, it costs somewhere between \$150,000 and \$300,000 to set up a private dental practice.

Unlike physicians, many of whom are affiliated with hospitals and other health care organizations and work irregular hours, most dentists work “regular” 40-hour weeks and have a good deal of control over their practice setting. A smaller percentage of dentists work for private or public hospitals and clinics, according to the ADA.

A dentist’s staff typically includes an office manager and receptionist, plus one or two hygienists and dental assistants. Typically, the owner-dentist employs four staff members. Dental industry experts say the cost of operating a dental office (overhead) is about 60 percent of gross returns.

EMPLOYMENT STATUS FOR U.S. DENTISTS IN PRIVATE PRACTICE (1998)*



- Sole Proprietors 76.6%
- Partners 15.5%
- Non-Owner Dentists 5.4%
- Independent Contractors 2.5%

*Source: American Dental Education Association.










PERCENT OF DENTISTS EMPLOYING ALLIED DENTAL PERSONNEL (1998)*

Dental Assistant	94%
Receptionist	90%
Dental Hygienist	63%
Business Personnel	36%
Sterilization Assistant	11%
Lab Technician	7%

*Source: American Dental Education Association.

The average number of dental patient visits per week in 1998 (including hygiene appointments) was 84, or an annual average of about 4,011.

Types of Dental Services

-  **Diagnostic:** Procedures that aid the dentist in evaluating existing conditions and determining what dental care is required.
-  **Preventive:** Procedures that prevent oral diseases.
-  **Restorative:** Procedures for restoring lost tooth structure.
-  **Endodontics** (root canal therapy): Procedures for the treatment of disease of the pulp chamber and pulp canals.
-  **Periodontics:** Treatment for diseases of the gums and tissues that support the teeth.
-  **Removable prosthodontics:** Procedures for providing artificial replacements for missing natural teeth.
-  **Fixed prosthodontics:** Procedures for providing artificial replacement of missing natural teeth.
-  **Oral surgery:** Surgical treatment of diseases, injuries and defects involving both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial region.
-  **Orthodontics:** The supervision, guidance and correction of the growing or mature dentofacial structures.

Who Pays: The Business of Dentistry

Approximately one-half of dental charges are covered by direct patient payments. This can be contrasted to medical payments, of which less than 20 percent now comes directly out of the patient’s pocket.

The Centers for Medicaid & Medicare Services (CMS) predicts that patients will continue to pay almost 50 percent of dental bills directly throughout this decade. Private insurance covers the majority of the other half of dental payments, and public aid and nonprofit groups pay for the remainder of services.

In Arizona, more than 44 percent of adults and 38 percent of children lack dental insurance. This compares to 16 percent who lack medical insurance.*

“I don’t know if dental insurance is really worth it.”

SLHI dental focus group participant

ARIZONANS WITHOUT INSURANCE	
Medical	16%
Dental-Child	38%
Dental-Adult	44%






**Reported survey rates for the medically uninsured in Arizona have ranged from 16-24 percent over the past two years. They should be interpreted with caution.*

Shortcomings

There are a number of shortcomings with both public and private dental insurance:

- Of 19 states with Medicaid managed care plans, Arizona is one of three which does not provide dental services to adults, other than emergency dental care, extractions and medically necessary dentures.
- On the other hand, Arizona’s coverage for children who are eligible for Medicaid (AHCCCS) or KidsCare provides a comprehensive benefit package that includes preventive and restorative care. It’s among the best in the nation.
- Medicare does not cover routine dental care or most dental procedures such as cleanings, fillings, tooth extractions or dentures. In rare cases, Medicare Part B will pay for certain dental services. In addition, Medicare Part A will pay for certain dental services when a patient is hospitalized.
- Unlike medical insurance, which covers catastrophic events, private dental insurance provides no protection against steep and expensive situations. At best, dental insurance provides a limited amount of benefits. Typical coverage might include a combination of co-pays ranging from zero for cleanings to 50 percent for major restorative work such as a crown or bridge, and an annual limitation of \$1,000 to \$1,500. For this reason, many consumers view dental insurance as a poor value.

Types of Dental Payments

-  **Cash:** Patients pay with cash, check or credit card.
-  **Indemnity:** Basic dental insurance. Patient pays a 20-50% co-payment for services as a deductible benefit, with a maximum allowable per year.
-  **PPO:** A managed care-style insurance option. The dentist agrees to a specific discount in providing dental care for a group of patients. The dentist signs a contract to be part of a PPO network. Dental insurance of all types is popular among employers, but not necessarily providers.
-  **Direct reimbursement (DR):** Employers allow employees a set amount of money each year for dental care; they pay their dentists directly and are reimbursed by their employers. Favored by the ADA, it eliminates the middleman — insurance companies — and cuts paperwork.
-  **Prepaid or capitated:** Dentists join a network and receive a monthly fee per patient; patients are assigned to specific dentists and supply a co-pay. Not a popular option among dentists.

Reimbursement: The Dentists' View

Most dentists do not participate in managed care plans, and increasing numbers are choosing not to participate in traditional dental plans, citing low reimbursement rates and paperwork hassles as the major reasons.

There is particular concern expressed about publicly funded insurance plans such as AHCCCS or KidsCare. Although prepaid and capitated payments were replaced by a fee-for-service model, and – according to AHCCCS – Arizona’s reimbursement rate to dentists improved dramatically, the Arizona Dental Association (AzDA) reports that AHCCCS pays only about 50 percent of dentists’ “usual and customary” fees, which does not cover the dentist’s office costs. As a result, there are still only about 300 dentists participating in AHCCCS, far short of the number needed to serve the existing population of over 400,000 children.

The Elusive “Safety Net”

Where can Arizonans turn when they need dental care and are unable to pay for services?

Finding a free or reduced fee provider often ends up being the luck of the draw or being doggedly persistent in the face of pain. Individuals who live in or near Phoenix, Tucson, Casa Grande, Somerton or Nogales can attempt to schedule an appointment at one of 13 community health centers where dental care is provided either free or on a sliding fee scale. Demand far exceeds the facilities’ capabilities, however.

Nonprofit private community clinics such as the Dave Pratt Dental Clinic at the Boys and Girls Clubs of Metropolitan Phoenix, the Mercy Care Dental Center at St. Joseph’s Hospital and John C. Lincoln Children’s Dental Clinic also provide stop-gap services, mostly for children. The Virginia G. Piper Dental Clinic at St. Vincent de Paul provides dental care to over 10,000 persons annually, most of them among the “working poor.”

In addition to volunteering at free or reduced fee clinics, many dentists provide direct help to needy dental patients, though measuring the financial impact of care provided is difficult. For example, dentists responding to a recent Arizona Dental Association (AzDA) survey self-reported providing free or reduced rate care ranging from \$12,000 to \$100,000 per year – a significant range and a figure that even the AzDA admits is “hard to get our arms around.”

Since last year, AzDA has been working with the ADHS Office of Oral Health to explore ways dentists can directly provide oral health care to underserved groups in the state. As part of that effort, the AzDA played an active role in the Arizona Coalition for Tomorrow Health Fair, where dozens of dentists volunteered to provide oral health screenings for 1,000 children enrolled in Head Start.

Although these patchwork efforts help to blunt the edge of need, they only address a fraction of the total shortfall and are inadequate to cover the total underserved population.

The Future

What will the future bring? Who will need services, and what services will they need? Will there be changes in the demand, or can we expect more of the same? Will we have enough dentists and dental auxiliary workers to meet the need? Will the consumer’s expectation for dental services change? Will technology transform patient care, workforce and workplace settings?

Predicting the future is risky at best. Workforce predictions, for example, have been wrong in the past; understanding the play between economic, technological, demographic and social forces is much more of an art than a science. With that caveat in mind, the following is a brief sampling of prognostications from the oral health field:

Workforce

- The number of dentists in the U.S. is not growing fast enough to keep pace with the nation’s current population growth trends, according to the Surgeon General’s report. There are approximately 160,000 dentists in the United States. It is estimated that 6,000 will retire each year – this at a time when only 4,200 are graduating from dental programs annually.
- Arizona’s situation is a mixed blessing. While the rest of the country has seen a decrease in the number of dentists, the Arizona Board of Dental Examiners reports that the state has actually seen a slight increase over the past 10 years. If this trend continues, we can expect to see a net growth of 130 new dentists by 2010. The bad news is that our population is growing at a much faster rate.
- Dental hygienists in Arizona increased by 714 between 1991 and 2000. If that same growth continues, it will result in a ratio of 55.6 for every 100,000 in the population, an increase from the current rate of 54.4 per 100,000. More hygienists and fewer dentists set the stage for changing workplace roles and licensing requirements.










Demographics

- Arizona, like most states, has a growing elderly population. Seventeen percent of the population was 60 years or older in 2000; in 2025 that will jump to 25 percent. With more people keeping their own teeth as they age, the demand for specialized and routine dental treatment will increase. Without an increasing supply of both generalists and geriatric dental specialists, this presents a problem.
- The Hispanic population will continue to grow in Arizona, comprising over 25 percent of the total in 2025. The number of Hispanic and other minority dentists is increasing, but nowhere near the rate of population growth. To what extent this presents a problem in the future depends on a number of economic and cultural factors.

CONSUMER FEEDBACK

As part of its ongoing involvement in oral health issues in Arizona, SLHI commissioned The Media Guys, Inc. through its University Research subsidiary to conduct a focus group to assess how the dental industry is viewed by consumers, determine impressions and feelings about dentists and the industry, and explore potential new services and delivery strategies in the dental industry. Focus groups are exploratory in nature and, because of the small sample size, the findings cannot be generalized to the population at large. Nevertheless, the findings can be used as a starting point for discussion or to guide future research.

Here is a short sampling of feedback:

-  People generally like their dentists. They particularly like pediatric dentists. At the same time, there is a general lack of trust in the dental “industry” as a whole.
-  Most people view dentistry as a “business.” There is a fear of being over-charged or being sold services they don’t need.
-  Personal relationship is a key factor in how people viewed their dental experience. The relationship includes not just the dentist, but the entire staff. People want to feel like a family.
-  Most participants said that going to the dentist was very important to them.
-  Dental hygienists should be able to do more.
-  Cost is a major issue for consumers.
-  Consumers generally agree that dental insurance doesn’t cover very much, but there are different opinions about whether it is worth having.
-  The office atmosphere is important. Little things make a big difference: head phones, music, etc.
-  There is growing acceptance of placing dental services in alternative sites, such as Target, Wal-Mart, general physician’s office, etc. But no one wanted the impression that it would “cheapen” the service.

Technology, Economics and Consumer Choice

- Advances in technology and prevention will change the face of modern dentistry. The “drill and fill” approach is declining; dental sealants, fluoride treatments, new medications and techniques for “painless” dentistry, laser technology, dental implants, genetics, new cosmetic and restorative procedures – the dentist office of the future will bear little resemblance to the dental office of the past. Some say this will be true only if you have the money to pay for it.
- Venture capitalists and economic forces may transform dental care. Private offices will feel the pressure of chains, franchises, specialized boutiques, etc. Insurance companies will find economic incentives to set up nationwide networks of dental practices, etc. Imagine a “Pay Less” dental office in a strip mall close to your home. Changes in the delivery of local pharmacy services offers an illustrative model for the future. Many dentists will resist this.
- Consumer involvement and the demand for choice and convenience may become factors in the future of dental care. Imagine a dental hygienist operating independently of a dentist’s oversight and licensure providing convenient after hours and weekend prevention and routine care services at a location tucked inside a supermarket. Imagine the market potential of “upscale” dentistry. Imagine a dearth of services for those without money, the aged, infirm and disabled.

Opportunities

Currently there is a lively national debate on the merits of using non-dentists to increase access:

- Use physicians and nurse practitioners to provide education, exams and certain clinical procedures. Most of the discussion has centered on young children, but the model could be considered for frail elderly or persons with disabilities.
- Training dental assistants to provide restorative care under the direction and supervision of a dentist.
- Expand the scope of practice of dental hygienists to provide services without the supervision of a dentist. In this environment, treatment plans can be administered in collaboration with a dentist, but the dentist need not physically examine the patient before preventive and therapeutic services are provided.

Changes in delivery system might increase access:

- There is increasing interest in providing dental services in school-based clinics, either through mobile or portable units. This is particularly appealing in poorer communities and neighborhoods where transportation is an issue.
- Using mobile dental units to serve frail elderly who are in long term care facilities.
- Providing preventive dental services at the work site.

Changes have also been proposed in dental insurance coverage:

- Integrate medical and dental insurance plans and coverage.
- Increase the benefit package for Medicare recipients to include preventive, restorative care and dentures.

- Increase the benefit package for Medicaid recipients to include preventive and restorative care for adults.
- Developing new kinds of dental insurance and new, creative options for insurance.

Increase the number of dentists and dental hygienists to serve minority populations and underserved communities:

- The opening of the Arizona School of Health Sciences Arizona School of Dentistry and Oral Health next year may be a model. The institution will focus its recruitment and training on preparing “community-minded” students to work in rural and underserved areas.

The Hope

The good news is that oral disease is largely preventable and early access to preventive and basic dental care yields dramatic improvements in community health. Learning to observe good oral care is as important as getting immunizations, says the Arizona Dental Association, and if people learn its importance at a young age, they will live healthier lives.

Dental health providers, policy makers and insurance companies agree that the return on investment in providing preventive and basic dental care to those in need is exponential, resulting in a healthier population and lower overall health care costs.

Although solving Arizona’s oral health problems may not be simple, many opportunities exist to improve outcomes through education, earlier intervention in oral disease, expanded access to dental care and broadened opportunities to screen and treat oral disease. Reducing Arizona’s rate of oral disease is likely to trigger dramatic improvements in the State’s overall level of health.

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Our Mission

To improve the health of people and their communities in Arizona, with an emphasis on underserved populations and building the capacity of communities to help themselves.

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