

Policy Options for Enhancing the Oral Health Workforce

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Presentation Overview

- Overview of dental workforce & issues
- Review of efforts to address issues
- Indicators of workforce adequacy
- Models for state workforce planning & action

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Dental Care Delivery in the U.S.

- ~182,000 actively practicing dentists (IOM, 2011)
 - ~82% are primary dental care providers (~149,000)
 - 79% general dentists
 - 3% pediatric dentists
 - ~92% in private practice (generally independent owners)
 - ~90% of practices consist of 1 or 2 dentists
 - Projected to increase by ~16% from 2008-2018
 - Lower DDS-pop ratios in rural and lower-income areas
- ~130,000 actively practicing dental hygienists
 - Most work as independent contractors or salaried employees in dentists' offices
 - 51% work part-time
 - Projected to increase by ~36% from 2008-2018

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Dental Home: Concepts, Derivations and History

- Major oral diseases → chronic / multi-factorial
 - Caries (tooth decay)
 - Periodontal disease
- Prevalence, incidence and severity vary within populations and across the life span
 - Balance between risk factors and protective factors
 - Caries → early onset / prevalence increases with age
 - Periodontal disease → later onset / different organisms
- General 'care model' consists of periodic visits to dentists for preventive services, diagnostic services and treatment of clinical manifestations
 - Emphasis on early diagnosis and treatment due to progressive, destructive nature of caries and periodontal dz

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Workforce Issues

- Size / numbers of providers
- Distribution
- Scope of practice
- Supervisory relationships

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Workforce Issues

- Size / numbers of providers
- Distribution
- Scope of practice
- Supervisory relationships
- Capacity / productivity
- Composition
 - Types of providers
 - Characteristics of providers (race, ethnicity, gender)
- Competencies (including cultural competency)
- Participation in public sector programs
- Service delivery sites

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'Pipeline' Efforts to Increase Diversity

TABLE 3-3 Dental Professions by Percentage of Race and Hispanic Ethnicity, 2000

	General Population	Dentists	Dental Hygienists	Dental Assistants
White ^a	75.1	82.8	90.9	75.8
Black or African-American ^a	12.3	3.3	2.3	5.6
Asian ^a	3.6	8.8	2.0	3.6
Hispanic or Latino Origin	12.5	3.6	3.7	12.6

^a Category excludes Hispanic origin.

SOURCE: U.S. Census Bureau, 2000, 2002.

TABLE 3-4 Percentage of Dental Professions School and Program Enrollment by Race and Hispanic Ethnicity, 2000–2001 and 2008–2009

	Enrolled Dental Students		Enrolled Dental Hygiene Students		Enrolled Dental Assistant Students ^a	
	2000–2001	2008–2009	2000–2001	2008–2009	2000–2001	2008–2009
White	63.4	59.9	82.3	78.6	68.4	60.2
Black	4.8	5.8	4.2	4.4	12.5	15.1
Asian	24.8	23.4	4.6	7.0	2.9	4.8
Hispanic	5.3	6.2	5.7	7.3	9.7	11.1

^a Includes only dental assistant students enrolled in Commission on Dental Accreditation (CODA)-approved programs. Racial and ethnic diversity of entire dental assistant workforce may be different.

SOURCE: ADA, 2009a, 2010a.

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'Pipeline' Efforts to Increase Access (RWJF, California Endowment, et al.)

- Increased and enhanced clinical experiences in underserved community sites
- Recruitment of students from underserved areas or disadvantaged backgrounds

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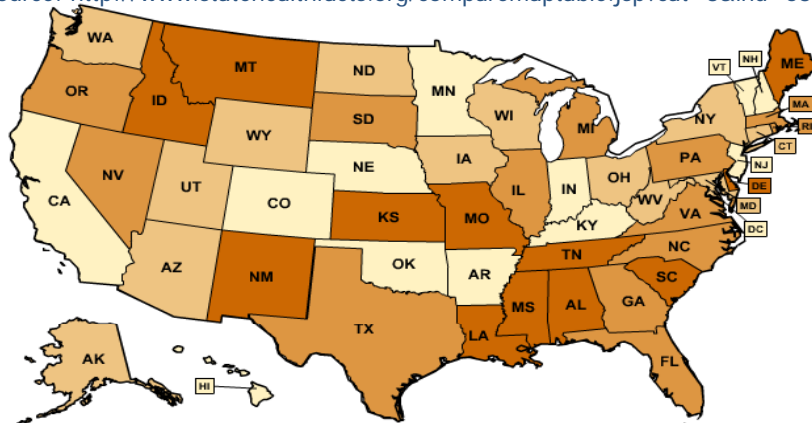
Policy Efforts to Increase Access

- Loan forgiveness / loan repayment
 - Federal & State programs
- Subsidized practice arrangements
- National Health Service Corps modifications
- Training / payment for primary care services
- Expanded scope of practice for current providers
- New types of providers ("mid-levels")

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Estimated Underserved Population Living in Dental Health Professional Shortage Areas (HPSAs) as of 9/08

Source: <http://www.statehealthfacts.org/comparemaptable.jsp?cat=8&ind=681>



% of Children 1-18 Years on Medicaid Who Received Dental Services, by State and by Year

http://www.pewcenteronthestates.org/uploadedFiles/The_State_of_Children%27s_Dental_health.pdf

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
ID	30%	32%	21%	36%	29%	42%	44%	43%	61%	68%
TX	43%	42%	43%	47%	48%	48%	48%	54%	55%	60%
VT	49%	50%	50%	51%	51%	53%	56%	57%	56%	57%
AR	25%	27%	29%	31%	33%	32%	33%	30%	41%	57%
NH	34%	35%	37%	28%	38%	42%	45%	47%	51%	54%
IA	35%	38%	3%	42%	40%	45%	46%	47%	49%	54%
NE	42%	43%	45%	43%	46%	48%	48%	50%	50%	53%
WA	47%	48%	41%	44%	43%	46%	46%	48%	49%	52%
MA	34%	34%	36%	37%	39%	40%	42%	45%	49%	52%
NC	25%	28%	32%	36%	37%	41%	43%	46%	48%	52%
SC	31%	19%	39%	42%	43%	46%	47%	47%	50%	52%
AL	24%	29%	32%	36%	40%	41%	43%	52%	46%	50%
NM	25%	30%	39%	43%	42%	33%	45%	48%	47%	50 ¹ %

Percent of 3rd Graders with Untreated Decay

NH	12
WA	15
VA	15
VT	16
MA	17
NE	17
MN	18
CT	18
OH	19
WI	20
ME	20

Percent of 3rd Graders with Dental Sealants

VT	66
MN	64
NH	60
ND	60
ID	57
AK	55
SD	55
WA	51
WI	51
OH	50
UT	50

http://www.pewcenteronthestates.org/uploadedFiles/The_State_of_Children%27s_Dental_health.pdf¹²

Steps for Effective State Action for Addressing Oral Health Workforce and Access Issues

1. Analyze and understand the current situation and trends regarding the dental/oral health care workforce and access to oral health services within the state.
2. Explicitly define the magnitude and presumed determinants of access and/or workforce problems.
3. Develop a strategic plan for addressing access to oral health services that clearly identifies the roles and leadership responsibilities for various elements.
4. Prioritize and implement an action plan to carry out the strategies in light of available resources.
5. Monitor the impact of changes and periodically adjust policies and/or programs (and perhaps priorities) to achieve desired results.

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Strategic Analysis and Plan with Private Foundation Support: CT

- Report developed with support from the Connecticut Health Foundation (CHF) & Connecticut Children's Fund
- Finding: 54% of Medicaid children live in 5 metro areas with 18% of state's dentists
 - Underscored the need for targeted strategies
 - CHF committed \$1 M to each of 5 areas to develop infrastructure, while supporting Medicaid reform

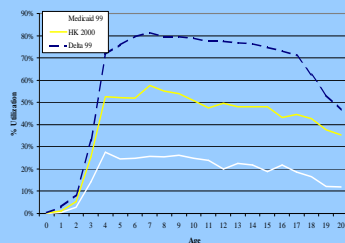


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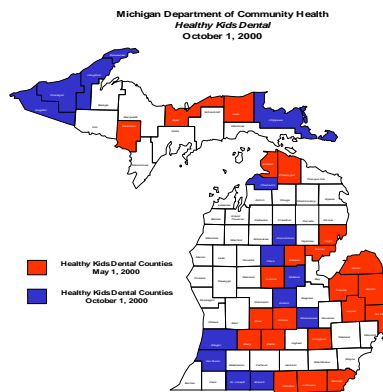
Targeted Strategies: Michigan HKD Delta Dental Plan + Community Infrastructure Grants

MI Increase in Access: 1st 12 mos*

Figure 3. Utilization Rates by Age for Continuously Eligible, Under-21 Residents of the 22 Counties Healthy Kids Dental 2000, Medicaid 1999, and Delta commercial 1999



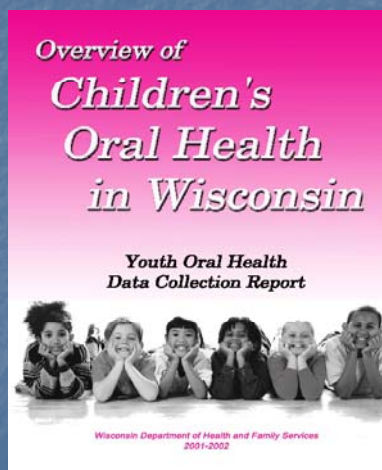
Data provided by R. Smedes, C. Farrell (MI Medicaid)
Analyses by S. Eklund, S. Clark, R. Fiegel (U. Mich)



Healthy Kids Dental plan targeted to counties with "adequate" workforce.
Community infrastructure grants to develop facilities and address workforce issues.

Oral Health Survey + Workforce Analysis: WI

- State-wide children's survey by WI Dept. of Health & Family Services
- State dental workforce study: county-level data
- Basis for community-state partnerships to develop facilities and workforce recruitment



Statewide Planning for Oral Health

- Promising models:
 - ◆ **NGA Oral Health Policy Academies**
 - ◆ 'Authorized' / 'Legitimized' by the Governor
 - ◆ Broad mix of key stakeholders
 - ◆ Started with strategic plan (SP)
 - ◆ Technical input and sharing of ideas
 - ◆ SP translated into an action plan
 - ◆ Follow-up technical assistance

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Statewide Planning for Oral Health

- Other promising models:
 - ◆ **State Task Forces**
 - ◆ e.g., NC, MI
 - ◆ **Private Foundation-sponsored Initiatives**
 - ◆ e.g., CT, NH
 - ◆ Supported plan and/or report development
 - ◆ Provided programmatic funding to implement some strategies

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Statewide Planning for Oral Health

- Common mistakes & pitfalls
 - Stakeholder group
 - Wrong people
 - Not motivated
 - Not empowered
 - Can't reach consensus
 - Critical expertise lacking
 - Too large
 - Too small
 - Polarized
 - Lack of access to critical data
 - Strategies linked to analysis are the key to success

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Take Home Messages

- Workforce (and access) issues are complex.
- Workforce issues should be addressed through broad-based deliberations informed by the best available data.
- Workforce action plans should be strategic in nature and recognize that multiple solutions will likely be necessary to address underlying determinants that contribute to regional (intra-state and state-to-state) variations.

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Additional Resources

- <http://www.iom.edu/Reports/2011/Advancing-Oral-Health-in-America.aspx>
- <http://www.iom.edu/Reports/2011/Improving-Access-to-Oral-Health-Care-for-Vulnerable-and-Underserved-Populations.aspx>
- http://www.ada.org/sections/professionalResources/pdfs/medicaid_introduction.pdf