



SOMETHING TO SMILE ABOUT...



The New Hampshire Dental Society's Plan for Better Oral Health

2010



*Authored by the New Hampshire
Dental Society in collaboration
with the Bianco Professional
Association.*

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On July 7, 1877, the New Hampshire Dental Society, hereinafter referred to “the Society,” was incorporated by an act of the Legislature. In 1878, a law was passed by the Legislature to grant authority to a special Board of the Society (“Board of Censors”) to examine candidates and issue licenses. According to dental society history, there were approximately 100 dentists practicing in the state at the time. In 1891, as the result of work performed by the State’s Board of Health and the profession, a separate Board of Registration in Dentistry (which has evolved to today’s Board of Dental Examiners) was established. (Williams, 1971) Over the years, as the practice of dentistry has changed, the Society has remained committed to its initial goals of improving the quality of dental care offered to New Hampshire residents and retaining a high standard of care for all. In 2009, the Society boasts over 800 members, and although membership is voluntary the Society represents approximately 85% of the practicing dentists in New Hampshire. The Society also has a growing allied health professional membership which includes dental hygienists, dental assistants and dental office operations personnel.



New Hampshire Dental Society's Plan for Better Oral Health



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Executive Summary

The New Hampshire Dental Society is concerned about the oral health of the citizens of New Hampshire. The Society's leadership has spent the past year reviewing and studying issues relating to the current status of the state's oral health and has developed a plan which outlines the achievements and progress that have been made over the past 10 years, highlights the challenges and offers suggested solutions for the future. The Society has been guided by its Core Principles in developing this plan:

- The dental profession is committed to maintaining one standard of care, ensuring the integrity of the patient/doctor relationship and upholding the highest level of ethical and moral standards.
- Prevention is the cornerstone of oral health.
- Oral health care is properly delivered by a well-trained dental team led by the dentist.
- Oral health is an integral component to overall health.
- Oral health care must be based on scientific principles and sound clinical judgment.
- Everyone should have a dental home.

From these Core Principles, the Society has outlined goals and strategies which will provide a framework for its members and other stakeholders to move forward in working together to improve New Hampshire's oral health.

The goals are as follows:

- Goal One:** To educate and demonstrate the importance of prevention
- Goal Two:** To educate all about the link between oral health and overall health
- Goal Three:** To initiate new and to support current public/private partnerships to improve access and utilization of oral health care
- Goal Four:** To remove barriers to oral health care
- Goal Five:** To enhance the oral health workforce

Throughout this report, the Society sets forth varying strategies to achieve these broad goals. These strategies are specific and achievable with collaboration and input from key stakeholders in oral health. For example, in achieving the first goal of prevention, the Society strongly believes that by promoting preventive techniques – such as water fluoridation, early-age oral screenings, and the use of mouth guards in sports participation – a broader segment of New Hampshire's population may be able to prevent oral health problems before they occur.

Ultimately, the Society believes the goals and strategies which are written in this report are achievable and, if implemented, will improve the oral health of all of New Hampshire's citizens. While the Society and its members are leaders in oral health care, we recognize that improvements in the public's oral health cannot be achieved by our efforts alone. It is our hope that this report and its suggested guidelines will engage other individuals and organizations to support our efforts, and help achieve the expected outcome of better oral health in the future.

That is something to smile about.



The Mission of the New Hampshire Dental Society states:



“The mission of the New Hampshire Dental Society is to assist its members in providing and promoting the highest levels of oral health care and to disseminate information which will advance the dental profession and the health of the public.”

In the drive to fulfill the mission, the leaders of the Society have spent the past year reviewing and analyzing the successes and challenges in providing oral health care to New Hampshire residents in the past, in the present and in the future. Changes in dentistry, changes in the health care economy, changes in law and changes in consumer behavior challenge the traditional methods of providing dental care and require us to think and act in innovative ways. The Society strongly believes that the dental profession, along with its team partners and other stakeholders, must continue to work together to develop appropriate goals and strategies in order to continue progress in the advancing the oral health of New Hampshire residents. Increasing access to, and utilization of, dental care for all residents is a shared responsibility.

The Society, through this report, offers its assessment of the oral health issues in New Hampshire and the goals and strategies which the Society believes are achievable and measurable to advance the oral health of New Hampshire’s residents. In preparing this report, the Society relies on **Core Principles**, which are as follows:

- The dental profession is committed to maintaining one standard of care, ensuring the integrity of the patient/doctor relationship and upholding the highest level of ethical and moral standards.
- Prevention is the cornerstone of oral health.
- Oral health care is properly delivered by a well-trained dental team led by the dentist.
- Oral health is an integral component of overall health.
- Oral health care must be based on scientific principles and sound clinical judgment.
- Everyone should have a dental home.

These Core Principles guide the Society in navigating the increasingly complex dynamics of continuing to provide high quality, safe and effective dental care to the people of New Hampshire. This report sets out five goals and underlying strategies that are recommended by the NH Dental Society to set forth a plan that all stakeholders can work from in order to move forward in improving the overall oral health of our State.



Chapter I: Oral Health & Overall Health

If “the eyes are the window to the soul,” what does the mouth signify? The answer may be more than we realize. According to a recent Surgeon General’s report, oral health is intricately related to an individual’s overall well-being. There is an increasing body of research that draws a link between conditions such as heart disease and diabetes to a person’s oral health – showing the importance of taking care of our teeth and gums. If there are simple ways to improve our overall health, we should embrace those techniques.

The Society believes that the relationship between oral and overall health is paramount. Working together with schools, government agencies, and members of the dental team, the Society promotes the following goals in hopes of raising awareness of the importance of oral health.

GOAL ONE: To Educate and Demonstrate the Importance of PREVENTION

Adverse oral health is preventable – meaning there are many steps we can take to ensure our mouths are healthy. With so many unknowns and uncontrollable factors in life, people should welcome the fact that with basic care and prevention, a healthy mouth is attainable.

In a 2008 report, the Academy of General Dentistry stated that illnesses related to oral health result in 6.1 million days of bed disability, 12.7 million days of restricted activity, and 20.5 million days of lost workloads each year in the United States. But compared to other medical conditions, most oral health problems can be prevented through a combined effort of both an individual and appropriate care offered by a dental team. The Society believes there are strategies that can be implemented to achieve the goal of preventing poor oral health and dental decay.

Q: What is oral health?

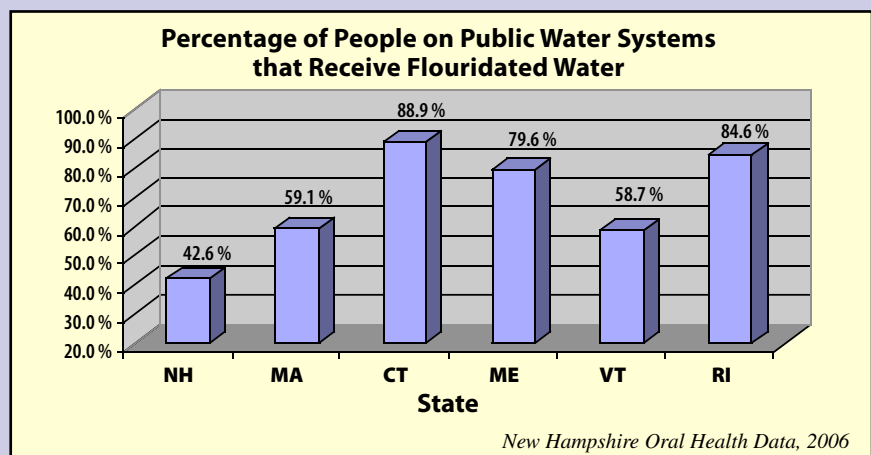
A: The Surgeon General defines oral health as more than healthy teeth and more than being free from disease. Oral health is a positive condition that is integral to health and well-being.

Oral health can be achieved by everyone.

Fluoridation → Promotion of Fluoride in Public Water Systems

According to 2006 New Hampshire Oral Health Data, there are 10 New Hampshire communities that fluoridate public water supplies. By working to increase the number of communities that drink fluoridated water, oral health will improve. The Centers for Disease Control and Prevention have reported that for every \$1 invested in fluoridation, \$38 in dental treatment costs can be saved. (CDHP Policy Brief) Additionally, the cost of Medicaid dental programs in communities with fluoridated water can be up to 50% less than non-fluoridated areas.

Currently, approximately 30% of New Hampshire residents receive fluoridated water – ranking New Hampshire 43rd for water fluoridation in the United States, and last out of all the New England states. The Society advocates increasing this number and joining the ranks of Virginia, Minnesota, and the District of Columbia which all have over a 90% rate of fluoridated water recipients. (Oral Health U.S. 2002)



Early Screenings → Pre-Natal – Three Years

Dental disease is the most common childhood disease; yet, it is preventable. Over half of third-grade students in New Hampshire schools have a history of tooth decay. (New Hampshire Oral Health Data) At such a young age, children should be taught the correct technique to care for their teeth – something parents, dentists, hygienists, and physicians can encourage beginning at birth. Parents should be educated about proper care and cleaning techniques for babies and toddlers. The task is in identifying those places where parents can be educated. The Society recommends collaborating with hospitals, OB/GYN providers and primary care physicians as a strategy for educating parents about the benefits of early screening and prevention. The Society recognizes that it is important to establish and have an ongoing relationship with hospitals and OB/GYN practitioners about the importance of prevention in pregnancy and neonatal development. In a hospital setting, new parents are taught how to bathe a baby. Perhaps new parents can be informed about the benefits of oral health care at that time. Recently, funding from the New Hampshire Endowment for Health focused on ensuring that the medical providers at Community Health Centers are



able to treat both children and expectant mothers with dental issues. Community Health Centers were provided training on assessing a client's overall oral health, educating them about the importance of preventive care, and referring clients to dentists when necessary.

Additionally, through efforts coordinated through the New Hampshire Oral Health coalition, initiatives to utilize primary care settings for oral health prevention efforts have been moving forward. These efforts have the support of the both dental and physician communities. Presently, legislation to establish a commission to study the prevention of childhood dental disease through collaboration with primary care providers has passed the New Hampshire General Court. (HB 414, 2009)

Through such collaborative efforts, the message that good oral health care is less expensive and less complicated when started at birth will become ingrained in the next generation. Instead of being reactive with care, it is important, and cost effective, to be proactive with young teeth and gums, and work together with other health care professionals such as pediatricians, to start children on the right path to good oral health.

School-Based Programs → Expand to more Schools



CHEW ON THIS

Give Kids a Smile Day

Established by the American Dental Association, Give Kids a Smile Day is celebrated the first Friday of every February. Dentists across the country spend the day providing free care to children in need. In 2008, over 450,000 children were served by the initiative nationwide.

In New Hampshire, school-based programs serve as the first dental visit for many children. Successful school-based programs in cities such as Manchester, Nashua, and Concord offer oral health exams and sealants to second- and third-grade children. These programs are staffed by volunteer dentists and dental team members. The programs are supported through community grants, volunteer hours, and other fundraisers. A sealant – a plastic material applied to permanent molars in children – is a very important preventive tool in young oral health. By covering the tooth, a sealant works to help prevent cavities – and is the second most effective mode of decay prevention. Sealants have been covered by Medicaid for over 15 years – and are considered to

be an integral part of oral health prevention in young children. The success of these school-based programs is seen in the prevention of further dental decay in school aged children. The Society recommends expanding the number of school based programs in the state and will encourage more dentists to volunteer for such programs. With the advance of public health dentistry and the further commitment from the dental team, many more schools can have oral health education, as well as screening and sealant programs in place. With successful programs to use as models, the Society will explore ways to encourage more dentists to partner with local schools, thus increasing the amount of children who receive dental care.

Anti-Tobacco Initiatives → Supporting Efforts to Decrease Smoking

The dangers of tobacco and tobacco's affects on oral health are well established. The World Health Organization states that tobacco is the single greatest risk factor for oral cancer – and that for each 1,000 tons of tobacco produced, about 1,000 individuals will eventually die.

According to a recent article in the Journal of Dental Education, smoking is estimated to be the cause of over 85% of oral cancer deaths among men in industrialized countries. Many individuals believe that smokeless tobacco is a safer alternative to smoking. This is incorrect. The Society must work to combat this claim and educate the public on the dangers of all forms of tobacco to oral health. Additionally, the American Academy of Periodontology has reported that tobacco use may be one of the most significant risk factors in the development and progression of gum disease. The Society is committed to supporting initiatives, both educational and legislative, aimed at deterring people from using tobacco products.



CHEW ON THIS

Approximately 31,000 cases of oral cancer are diagnosed in the United States each year.

An estimated 7,000 people will die from this disease annually.

American Cancer Society

Protection → Requiring Mouthguards for Young Athletes

Young, healthy smiles need to be protected. According to the National Youth Sports Foundation for the Prevention of Athletic Injuries, Inc., dental injuries are the most common type of oral/facial injuries sustained while participating in sports. Further, the American Dental Association estimates that mouthguards prevent over 200,000 injuries each year in high school and college football alone.

The New Hampshire Interscholastic Athletic Association currently requires mouthguards to be worn by athletes participating in most contact sports at the high school level. Many children, however, engage in organized sports at a very young age – elementary and pre-teen aged children often play sports without the protection of mouthguards. By advocating for the use and eventual possible requirement of mouthguards in all organized sports, regardless of the type or level, the Society seeks to help prevent the mouth injuries that can occur in youth sports.



CHEW ON THIS

A recent sports dentistry study revealed that:

- .07% of football injuries are orofacial
- 34% of basketball injuries are orofacial

*football players wear mouthguards;
basketball players do not*

GOAL TWO: To Educate the Public about ORAL HEALTH AND GENERAL HEALTH

While there is some realization about the importance of protecting one's oral health, there is still more work to be done to educate the public that oral health affects your general health. By supporting educational efforts across many spectrums of the population, the Society believes further progress can be made in the fight against dental disease once the public fully understands the link between oral health and systemic health. All members of the dental team, in partnership with other stakeholder organizations, should continue to collaborate in assessing public attitudes and developing new programs to educate the public that the disease in one's mouth can lead to disease throughout one's body.



Collaboration → Work with Other Stakeholders to Analyze Attitudes and Beliefs about Oral Health.

The Society has recently partnered with groups to survey attitudes on oral health. This is important to determine the baseline for the development of future educational campaigns. Recent surveys have been aimed at gathering data about the attitudes and beliefs of dentists and physicians. These initiatives should continue and other groups should also be surveyed as they offer insight into attitudes and cultural stereotypes that exist that may need to be corrected. Through its membership, the Society continues to survey New Hampshire dentists about the programs and educational materials which they believe provide the most benefit to their patients and the public at large.

Collaboration → Work with Others to Disseminate Messages about Oral Health to Physician and Hospital Providers.

Through initial funding from the Endowment for Health and continued funding from the Endowment and the Northeast Delta Dental Foundation, the New Hampshire Oral Health Coalition was established for the purpose of reviewing and planning initiatives to address access issues. The Coalition consists of many stakeholder organizations and provider groups which advocate for improved oral health for New Hampshire residents. Although the Endowment has changed its priority focus away from oral health, the Society believes that the Coalition serves a useful purpose in facilitating the education and collaboration between health care provider groups and non profit stakeholders. The Society has specific interests in continuing its support of the Coalition and continuing to strengthen its relations with other similar provider groups, like the New Hampshire Medical Society and the New Hampshire Hospital Association. The Society seeks to further educate other health care professionals about the link between oral health and overall health and will do so through collaborative coalitions like the New Hampshire Oral Health Coalition. As hospitals, community health centers, primary care physicians and nurse practitioners help New Hampshire residents with their health care needs these contacts provide further opportunities to reach the public with appropriate and current information about oral health and its link to general health.



Increase Educational Efforts → Educate Public through Public Service Announcements, Media, and Articles.

Oral health literacy is defined as the degree to which individuals have the capacity to obtain, process and understand basic oral health information and services needed to make appropriate oral health decisions. An improvement in oral health literacy will enable individuals to value dental prevention and care and actively seek out services when necessary. Additionally, it will encourage communities and cultural groups to develop oral health priorities that should be achieved by all members of the population. In recent years, the Society, along with other stakeholders, have collaborated on the “Watch Your Mouth” campaign, an educational campaign aimed at building awareness among policymakers and the public about the importance of good oral health.

In order to further raise awareness of oral health, the Society must implement an outreach program utilizing various media outlets. This includes creating easily accessible web-based information, engaging in forums on oral health, sponsoring public service announcements and using other methods of awareness to successfully promote the correlation between oral health and general health. The Society has an established public relations program that is working on these educational initiatives.

The 'Safety Net'

The safety net includes providers of care who have a priority commitment to deliver affordable oral health services to vulnerable and underserved populations. It can also be defined as a place where people with economic, social, and cultural barriers to care can obtain health services.



How is dental care provided in New Hampshire? While many families and individuals have an established long term relationship with a dentist in a private practice, there are others who seek dental care in public health settings and hospital emergency rooms. To combat the overuse of hospital emergency rooms, oral health stakeholders have developed a public health infrastructure over the past decade that offers the public non-traditional avenues to obtain dental care. The Society and its members have led initiatives and collaborated with others to develop non-profit based dental clinics and school based programs. The programs have created a public health infrastructure for dentistry in this state. This method of delivery has been successful as it maintains the standard of care for those utilizing this type of care. The public health dentistry infrastructure needs to be preserved for the oral health of New Hampshire residents.

GOAL THREE: To Initiate New and to Support Current PUBLIC/PRIVATE PARTNERSHIPS TO IMPROVE Access and Utilization of Oral Health Care

Support and Expand → Non-Profit Dental Clinics and School-Based Dental Programs

In 2008, there were 15 non-profit dental clinics throughout New Hampshire, and another two being developed. These clinics serve low-income and underserved patients and operate in every part of the state – ensuring that if dental care is sought, it can be both accessed and utilized. It is important that the Society collaborate with other stakeholders and continue to support such clinics by informing the community that such access points exist and by providing the staffing and funding so that the clinics can continue to provide dental care.

Additionally, school-based dental programs are quite successful because of their ability to reach a multitude of children in one location. By teaching oral preventive care and the establishment of good dental habits at a young age, the number of children who need advanced dental care should be reduced. The Society believes that by partnering with schools and community-based programs, children can learn the importance of oral health and maybe even share their behaviors with other siblings and family members.

Between 2003 and 2005, over 12,500 children and adults were treated at not-for-profit dental programs. As the economy weakens, the Society is concerned about the financial well-being of these clinics and programs as the demands for services continue to increase. Area dentists are already sharing stories of lost funding, or dwindling resources for dental programs in which they volunteer/serve. New Hampshire has made tremendous progress in developing these clinics and programs which have benefited people who are low income and underserved. A priority must be placed on protecting and preserving this public infrastructure.



Learn from Existing Models → Monadnock Healthy Teeth and Tamworth Dental Clinic

A Success Story: **Monadnock Healthy Teeth**

Developed in 2003 by the Monadnock Community Hospital in collaboration with local dentists and other stakeholders, the Monadnock Healthy Teeth Program

("MHT") works to provide access to dental care and instruction on dental hygiene to over 2,000 children – from kindergarten to third grade. Over five years, MHT has helped



to create a 50% reduction in the number of children identified with untreated tooth decay. This program is an essential first step to ensuring that all children are provided with all necessary tools – both prevention and treatment-related – to have excellent oral health. In making oral hygiene fun, communities can play an integral role in showing children that oral health affects total body health. The program's sustainability depends on community fund raising initiatives. By supporting initiatives such as MHT, the dental community can help provide a 'dental home' for all families and successfully link available providers with children and adults to form a dental relationship that can last a lifetime. Creation of and accessing a dentist network for therapeutic care is an integral component of MHT.

A Work in Progress: **Tamworth Dental Clinic**

About four years ago, the Tri County Community Action Program saw a need to develop a dental clinic in the Tamworth area to serve the unmet oral health needs of its residents. What ensued from initial discussions about collaboration and serving needs were issues about management and funding that side-tracked the project. Now on track, the Tamworth Dental Clinic is finalizing its model and recently hired a dentist and other dental professionals to staff its clinic. It has been a long

process, but the Society is committed to helping the Tamworth clinic become a viable and successful clinic in order to provide the necessary services and supervision that a not for profit clinic needs.



Q: What is a dental home?

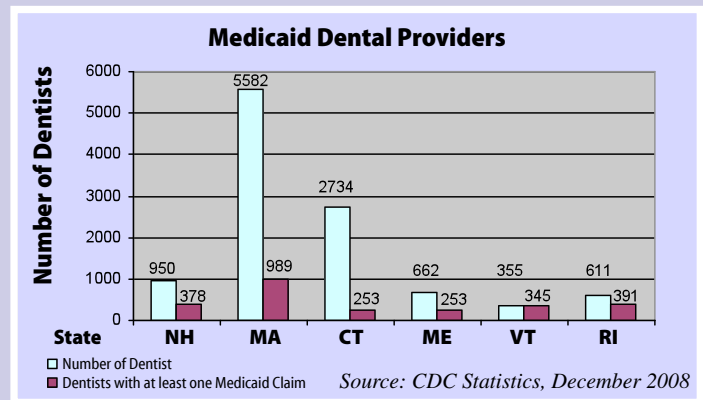
A: Defined by the American Academy of Pediatric Dentistry and the American Dental Association, a dental home is "the ongoing relationship between the dentist who is the primary dental care provider and the patient, and includes comprehensive oral health care beginning no later than age one."

Collaboration and Support → New Hampshire Medicaid Program

In 2008, the Centers for Disease Control reported that 70,000 school-aged children in New Hampshire were enrolled in Medicaid for at least one month of the year. This number shows that approximately one out of every three children receives Medicaid assistance. With numbers so high, it is important that the Society's members accept Medicaid patients. Additionally, because of the Hawkins vs. Commissioner case, further mandates on children's dental care under the Medicaid program have been imposed. This led to an increase in the number of children that are Medicaid-eligible, and thus a greater need for dentists to participate in the Medicaid program.

Currently, all 10 counties in New Hampshire have dentists who are enrolled in the Medicaid network; however, only about 40% of New Hampshire dentists have treated at least one Medicaid claim in the past year. (CDC statistics)

While the rate of 40% is just above Maine's rate of 38%, and far exceeds the Massachusetts and Connecticut rates of 18% and 9%, respectively, both Vermont (97%) and Rhode Island (64%) clearly show that New Hampshire dentists still have room for improvement in Medicaid coverage. Medicaid clients are reported to have difficulty in making and keeping dental appointments; these factors have kept some dentists from taking Medicaid clients. In order to increase the number of dentists in the Medicaid program, the Society will continue to support the New Hampshire Medicaid Office in its efforts to increase provider rates, to streamline the administrative process involved, and to remove barriers that keep Medicaid clients from prioritizing their oral health.



Advocate and Support → Adult Medicaid Benefit

STATE	No Services	Emergency Only	Exams	Preventative Services	Basic Restorative Services	Basic Restorative Services	Periodontal Services	Dentures	Oral Surgery Services
CT			x	x	x	x	x	x	x
ME		x							
MA			x	x	x	x	x	x	x
NH		x							
RI			x	x	x	x		x	x
VT			x	x	x	x	x		

Medicaid Coverage of Adult Dental Services, October, 2008

New Hampshire is one of the few states in the nation without an adult Medicaid benefit for dental care. While emergency oral conditions are covered, many other very important services are not – such as pre-natal care for pregnant women, care for disabled adults, and preventive care for adults. New Hampshire has made strides in its Medicaid program for children, but has yet to achieve any real progress with adults. In comparison to other New England States, New Hampshire stands alone with Maine as one of only

16 other states in the country to offer dental Medicaid coverage for adults in emergency-only situations. The Society will continue to advocate and support increased access to Medicaid coverage for adults.

Increase Participation → New Hampshire Donated Dental Services Program

The New Hampshire Dental Society's Donated Dental Services program is an excellent example of a private/public partnership that provides access to services for patients who need care. New Hampshire Donated Dental Services (DDS) is a partnership between the New Hampshire Dental Society, the National Foundation

of Dentistry for the Handicapped, and Northeast Delta Dental. The program is funded by the New Hampshire Department of Health & Human Services and Northeast Delta Dental.

DDS is a program aimed at serving adults who are either elderly or disabled in New Hampshire. Recipients of care are often encouraged to apply by their caregivers. During the first half of fiscal year 2008, 43 patients received about \$121,000 of free dental care. Services are provided by local dentists and laboratories who participate in the program. When the program was developed, a goal of 75 dentists and 10 laboratories were sought to participate. By the end of the 2008 reporting period, 123 dentists and 31 laboratories had signed up to participate. Since the year 2000 over one million dollars in services have been provided. Although this is a positive result, the program still has over 100 patients on the waiting list. The Society is committed to increasing participation in this important program.

The New Hampshire Dental Society also sponsors a denture care program for those who qualify financially.



CHEW ON THIS

In 2002, the number of NH children receiving dental care through Medicaid was 18,547.

By 2008, this number had increased to 51,472.

Note: Reimbursement rates increased, paperwork decreased over that period of time.

Continue Participation → New Hampshire Oral Health Coalition

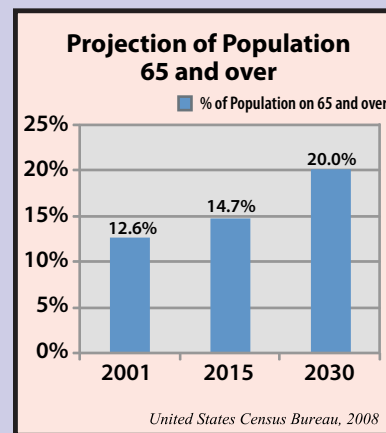
The New Hampshire Oral Health Coalition was created through the efforts of the Endowment for Health and NH Department of Health & Human Services. As stated previously, the Coalition is a central forum for many of the oral health advocates in New Hampshire to brainstorm and develop ideas to help advance the oral health of New Hampshire residents. The Society remains committed to supporting the Coalition and its work. Its collaborative approach and ability to bring stakeholders – both private and public – together to tackle difficult challenges remains a benefit to all who seek to improve oral health in New Hampshire.

Reach Out and Engage → Community Health Centers, Long-Term Care Facilities and Home Care Service Agencies

Although New Hampshire does not have an adult Medicaid benefit, there are certainly adults that need dental care. There is also a growing elderly population that needs continuing care. As the population ages, the dental profession faces new challenges. By the year 2030 – *well within the scope of practice for current dental students – approximately one in five members of our population will be considered elderly, that is 65 years of age or older.*

Oral health issues with elderly patients vary from those who have dentures to those that have maintained their teeth over the years. In 2004, over 15% of New Hampshire adults had lost more than six of their teeth due to decay or gum disease. When compared with low-income adults (those making less than \$15,000 per year), this number skyrockets to over 40% of individuals who had lost all their teeth. Although these statistics are alarming, there have been dramatic improvements in elder oral health over the past several decades. There is much more work to be done. Reaching all segments of the elderly population is challenging, and involves a commitment from members of a dental team – dentists, hygienists and assistants – as well as providers of elder care services. Teaching the elderly and their caretakers techniques to properly care for their mouths is important, ranging from simple preventive dental care to more complex tooth and gum deterioration issues. More access points to the oral health delivery system need to be established for both institutional and homebound elders.

In reaching out to elder care providers, which may include Community Health Centers, adult daycares, nursing homes and home care agencies, the Society



Chapter III: Defining “Access & Utilization”

hopes to achieve greater collaboration and understanding between dentists and elder care providers about the oral health needs of the elderly population.

An important comparison to make is the difference between “access” and “utilization.” How are “access” and “utilization” defined? Are problems related to “access” or “utilization?”

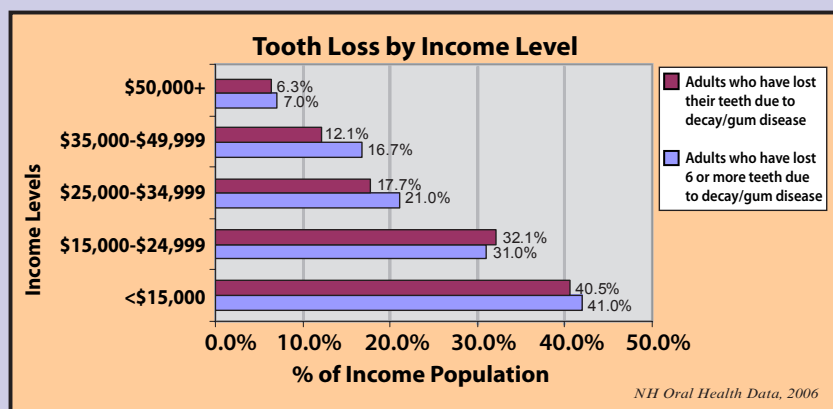
The Academy of General Dentistry defines **access** to care as “the *availability* of quality care, while **utilization** refers to the *behavior and understanding necessary to seek care* that is accessible.” Often, issues that involve access and utilization to dental care are linked; however, they are also quite separate and different problems that are independent of the other.

Access to oral health care may depend on one’s geography – an individual may have to travel an extended distance to find a dental provider. Utilization is far more complex and has many mitigating factors including cultural, physical, social, financial, and age-related barriers. Simply because dental care is accessible to an individual does not necessarily mean it will be utilized by that person. The Society’s mission is to improve oral health, not just access to care. Access to providers can be improved, but if we do not recognize and address the reasons for underutilization, oral health will not be improved.

While it is easy to say more work needs to be done on “access,” it is important to correctly define “access,” understand its complexity, and develop specific strategies for how access can be improved. Anecdotal stories are helpful, but not specific enough to be able to offer useful data to assist in the development of safe and effective programs and policies to address access and utilization issues. Armed with data and information, the Society and other stakeholders can work collaboratively to develop more specific and targeted programs and policies to assist individuals in finding a dental home.

The ‘Underserved’

The underserved refers to patients including the poor/ indigent, geographically isolated, medically compromised, transient/non-English speaking, developmentally disabled, nursing-home bound, the elderly and children, who have historically experienced lowered or no utilization of oral health care services but often exhibit greater need for dental services. These individuals may also have concurrent co-morbidities that complicate treatment, and inadequate oral interventions may lead to unintended medical outcomes.



GOAL FOUR: To REMOVE BARRIERS to Oral Health Care

According to the Academy of General Dentistry, there are two significant challenges ahead for modern dentistry: underutilization of available oral health care, and maldistribution in areas of greatest need. We must continue to study and understand why individuals do not use available oral health providers, as well as to expand the breadth of coverage throughout the state to ensure that treatment can be sought in all geographic areas. To achieve both these goals, the Society promotes some “out of the box” ideas that integrate dental providers, patients, other medical professionals and governmental agencies in hopes of working collaboratively to meet the oral health needs of individuals in New Hampshire.



Partner in Research → Define Access and Utilization Problems

In the winter of 2009, the Society partnered with the New Hampshire Endowment for Health to underwrite a research study to be performed by the New Hampshire Center for Public Policy. The purpose of this study is to more clearly define access and to help determine the specifics of the access issues that exist and where in New Hampshire barriers to care occur. This information will not only help to determine how oral health can improve in the state, but will also give a better understanding of what dental services are needed by those the Society's members seek to serve. The Society expects this project to be completed by the fall of 2009, at which point the research will be reviewed and further recommendations may come forward.

Create a Central Case Coordinator (i.e. Oral Health Coach) → Identify and Remove Barriers

In a perfect world, all individuals would have access to a dentist, however access does not just depend on the availability of dentists – there are many complex factors that determine whether or not a person can receive dental care. For example, an individual may lack transportation and be unable to get to a dentist or an adult may not speak the same language as any available dentists and therefore cannot call and make an appointment. Or possibly a family does not have the financial resources or the education to consider and understand that oral health should be a priority. All of these factors, and others too numerous to mention, are reasons why dental treatment may not be sought by individuals in need of dental care.

By establishing an oral health professional such as a Central Case Coordinator (i.e. “Oral Health Coach”), the Society suggests that New Hampshire could create a system which will allow patients to overcome these barriers and receive the dental care that is needed. Individuals will be able to rely on a coordinator to establish a dental home, find transportation to and from dental appointments, and seek financial assistance for care. As simple factors, such as continual broken appointments, can lead to cumulative deterioration, a Central Case Coordinator can assist individuals and families to both emphasize the importance of frequent dental care and help to negate factors that may cause a lack of care. For example, the Monadnock Healthy Teeth program, which was noted earlier in the report, utilizes a “central case coordinator” who is a dental hygienist to coordinate care for children. This professional has proven beneficial to the individuals served by the Monadnock Healthy Teeth program. Also, in some areas federally qualified health centers (FQHC's) work to provide case management and care coordination. This type of care coordination should be expanded in areas around the state.

Advocate for Full Integration → DHHS's Oral Health Program

New Hampshire's Medicaid Dental Office and Oral Health Program are currently two separate programs that operate independently of each other. In other states an Oral Health program is fully integrated with a State Dental Director at the helm. New Hampshire should review the current duties and responsibilities relating to dental care and consider examining both programs to see if a possible integration would be helpful in improving access to oral health in the state.



Advance Dental Practices → Adopt Electronic Medical Records

As the United States transitions into a wider use of electronic medical records, the dental community is following suit. While it is clear that overall health is strongly related to oral health, the ability to understand the full history of a patient's medical condition is important for dental and medical providers alike. The exchange of medical information better provides care to the patients and also increases the efficiency in which care is provided in both the medical and dental setting. The Society will encourage the adoption of electronic medical records by dental practices in order to move the profession towards the 2014 goal set by the Office of the National Coordinator for Health Information Technology.

Educate New Hampshire Dental Society Members → Treating Diverse Populations

The New Hampshire Dental Society recognizes the changing world and the needs for dentists and other team members to be offered the most up-to-date continuing education. This education should not only address the scientific advances of dentistry, but also the ways to provide dental care to a diverse population – both culturally and demographically. As New Hampshire's population continues to grow and change, the Society recognizes these changes and commits to continually reviewing its education offerings in order to further educate its members and thus allow dentists to better treat their patients.



CHEW ON THIS

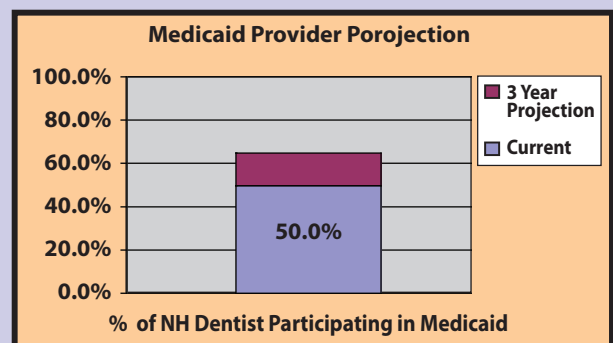
By the Numbers

17% of children ages 2-18 with untreated tooth decay are privately insured

33% of children ages 2-18 with untreated tooth decay receive Medicaid

Increase Dentist Participation in Medicaid → 65% in Three Years

In a recent 2008 report to Congress, the United States Government Accountability Office wrote that about one in three children on Medicaid had untreated tooth decay, and that one in nine had untreated decay in three or more teeth. The statistics demonstrate the close correlation of income to oral health – and thus the need of dental providers who participate in the Medicaid network. According to New Hampshire Medicaid, approximately 50% of the dentists in New Hampshire are enrolled providers in New Hampshire Medicaid. The Society has established a goal to increase that percentage to 65% in three years.



Advocate for Funding → Adult Medicaid benefit

As previously discussed, the Society will continue to advocate for the State of New Hampshire to expand dental benefits to include adults. See page 13 for more details on this topic.



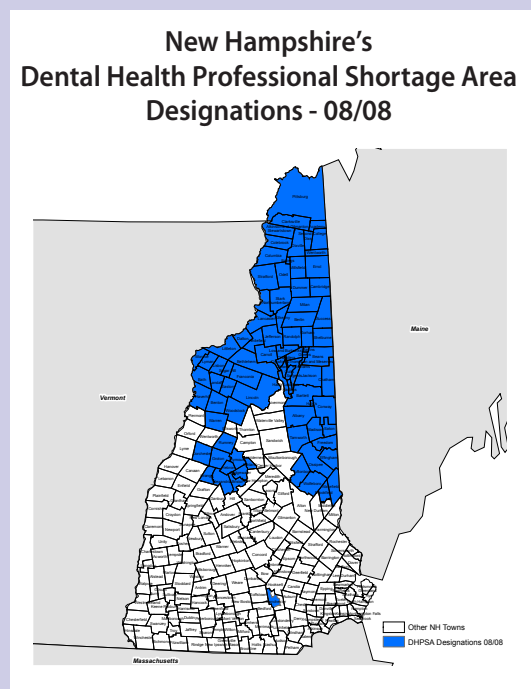
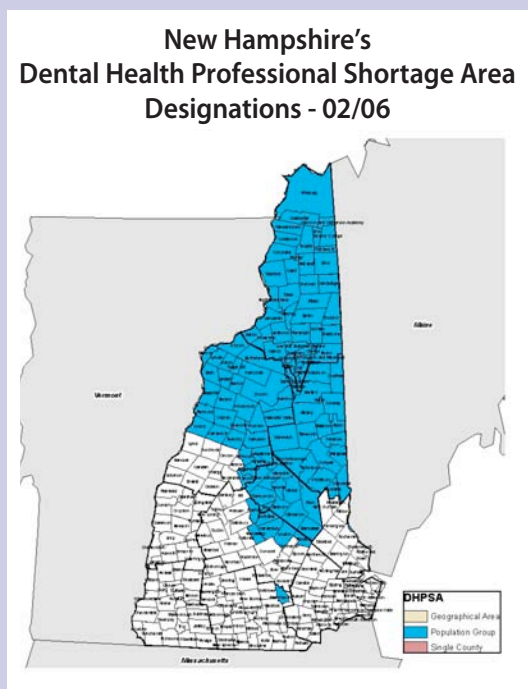
We Need You

As of 2006, four of the most northern New Hampshire counties were considered "Dental Health Professional Shortage Areas." (NH DHHS, Rural Health & Primary Care Section) This included cities and towns from central New Hampshire, and continuing up to the state's border with Canada.

Chapter IV: New Hampshire's Oral Health Workforce

Does New Hampshire have the professional workforce to meet the goal of improved oral health? New Hampshire lacks a dental school to provide the state with a stream of newly trained dentists. As of January, 2009, the New Hampshire Board of Dental Examiners recorded approximately 1,000 active licensed dentists in the state. This current number of dentists represents a recent increase in the number of new dentists in the state – up about 33% over 10 years. (Homicz, Coalition for NH Oral Health) While this increase is positive, it should also be considered that some of the current dentists practicing in New Hampshire are approaching retirement age.

In addition, while determining whether the state has enough dentists to meet the need, we also should consider whether or not practicing dentists are located geographically equitably throughout the state, and if there is a need for other types of providers or expansions in scopes of practice for current dental team members to better handle the dental needs of the growing population. As of 2006, four of the most northern New Hampshire counties were considered “Dental Health Professional Shortage Areas.” (NH DHHS, Rural Health & Primary Care Section) This included cities and towns from central New Hampshire, and continuing up to the state’s border with Canada. However, in just two years, progress has been made. Large portions of Belknap and Carroll counties have been removed from this shortage area, resulting in an approximate 25% increase of cities and towns that are now covered.



GOAL FIVE: To Enhance Oral Health Workforce

Collaboration with Primary Care Providers → Early Screenings

For many years, the general rule of thumb for parents was to bring a child to his or her first dental visit at age three. We now know and understand from scientific data that early childhood screenings and prevention can help lessen the advent of dental decay. An existing workforce in primary health is in place to provide oral health guidance for the youngest children. By partnering with primary care physicians, the Society can help ensure that the mouths of children are examined from the youngest age – and that both preventive measures and dental care can begin proactively.

Encourage Dental Students to Practice Hygiene → NERB Exams

As stated before, since New Hampshire lacks a dental school to encourage new dentists to practice in the state, the Society believes that New Hampshire should reach out to dental schools in New England from which our state can recruit students to complete externships and residencies here and thus increase the likelihood that the newly trained dentist will remain in New Hampshire once licensed. These recruitment efforts are currently in place.

To serve as another tool to assist in recruitment, the Society recommends allowing dental students to practice as hygienists once they have passed their North East Regional Board examinations for dental hygiene – the exam which certifies dentists-in-training to perform as hygienists. This rule change could allow recent graduates to join established practices as well as help form a strong partnership between new graduates and established practitioners, thus bringing more new dentists to New Hampshire.

Encourage Retired Dentists to Volunteer → Giving Back

New Hampshire cannot afford to turn its back on those individuals who suffer from lack of good oral health. All dentists should take responsibility for ensuring the well-being of our residents. With a number of dentists approaching retirement age, the Society will establish a program to encourage recently retired dentists to volunteer to support the public health infrastructure. While recently retired dentists may not want to work full time, their experience in managing practices and handling complex dental cases is invaluable to our state. The Society recommends reviewing NH laws and rules to determine if there are any potential barriers to the goal of utilizing the services of retired dentists to serve the underserved and low income populations. The Society also recommends action at the federal level to provide malpractice coverage for dentists working as volunteers.



Create a Central Case Coordinator (i.e. Health Coach)

As described previously, a Central Case Coordinator could be a valued asset to eliminate barriers that prevent individuals from obtaining needed dental care.

Promote General Practice Residencies → Further Recruitment

In cooperation with the Bi-State Primary Care Association, the establishment of a Dental Ambassador program seeks to match a dental mentor with a student to provide a framework for training, advising, and potential employment in New Hampshire. The leadership of the Society both supports and volunteers in this program. The Society has worked with young pre-dental students at the University of New Hampshire to establish a “pre-dental Society” in order to inform, engage and potentially recruit young students who choose dentistry as their intended profession.

The Society also supported the passage of 2008 legislation (SB 404, 2008) which allows dental graduates to practice in an approved dental residency. The Society is currently working to reestablish a residency program through the Manchester Veteran’s Administration Hospital. Further residency programs should be reviewed and sought after.

Review Scope of Practice Laws → Optimize Efficiency

The Society continues to work with other dental team members, including hygienists and dental assistants, to review scope of practice issues – thus maximizing the utilization and optimizing efficiency of the existing dental team workforce in private and public health clinics.

Nationally, there is an ongoing debate about the workforce in oral health. Specifically, the discussion of whether or not a new oral health provider should be introduced, what should a scope of practice be, and how would a new professional member of the team advance oral health and improve access for low income and underinsured populations, has been the center of debate.

In the State of Minnesota, the discussion about access and the creation of a new oral health practitioner has evolved into a debate over different models and different levels of training. Some argue that a “mid-level” provider will deliver less costly but quality care which includes prescribing medications, diagnosing, and extracting teeth for people in need. Others, including the Minnesota Dental Association, argue that those who are most in need require comprehensive dental care, not care that is fragmented and need a provider that is highly trained and under the supervision of a dentist. As of the writing of this report, the Minnesota Legislature has passed legislation to create a new oral health provider in the State of Minnesota; a Dental Health Therapist, trained along side dentists in a CODA (Commission of Dental Accreditation) accredited educational institution to work as part of the dental team with the ability to provide general and surgical services under certain levels of supervision. The Minnesota Legislature chose the dental therapy model over another proposed model; an “Oral Health Practitioner”, an independent practitioner, not trained in a CODA accredited institution, with a broad scope of practice, including surgical procedures with only a collaborative management agreement (not supervision) in place. The Dental Therapist model was supported by the Minnesota Dental Society.

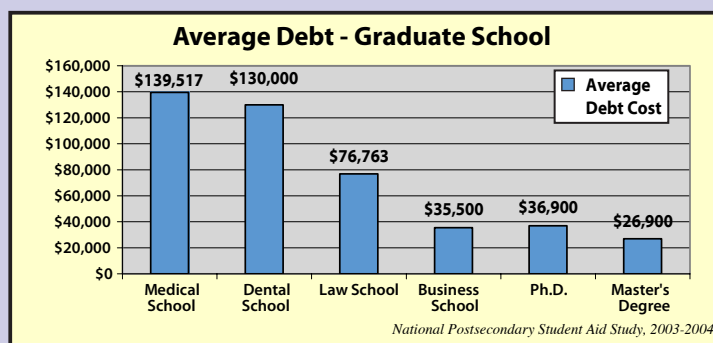
Before New Hampshire sets out to create a mid-level provider, the Society believes it should carefully watch the actions of other states. The Society recommends the addition of a Central Case Coordinator (i.e. Health Coach) as one strategy towards improving access to a dental home. Whether or not New Hampshire has the population and the need for a new dental provider will need further study and examination.

Support Loan Repayment for Dental Graduates → Further Recruit

Dentists complete at least eight years of education beyond high school – with specialty training adding more – and thus accumulate substantial school loans. In 2008, the American Dental Society estimated average loan debt to be approximately \$130,000 for the four years of dental training. This ranks dental school as second only to medical school in average debt accrued by graduate school students.

The Society supports several ways in which recent dental graduates can pay their debts while allowing them to seek employment in various settings. Some of these ideas include:

- extending student loan forgiveness periods to 10 years without tax liabilities;
- providing tax credits for establishing and operating a dental practice in an underserved area;
- offering scholarships to dental students in exchange for committing to serve in an underserved area.



Currently, Rhode Island provides educational loan repayments for health care professionals who commit to two years of serving full-time at a dental health center in a shortage area. (*American Dental Association*)



Chapter V: New Hampshire Dental Society Recommendations for Improving Oral Health

Throughout this report, the New Hampshire Dental Society has outlined five goals, and corresponding strategies, to help achieve improved oral health in New Hampshire while remaining true to its core principles and values as a Society and profession. The goals, restated, are:

Goal One: To educate and demonstrate the importance of prevention

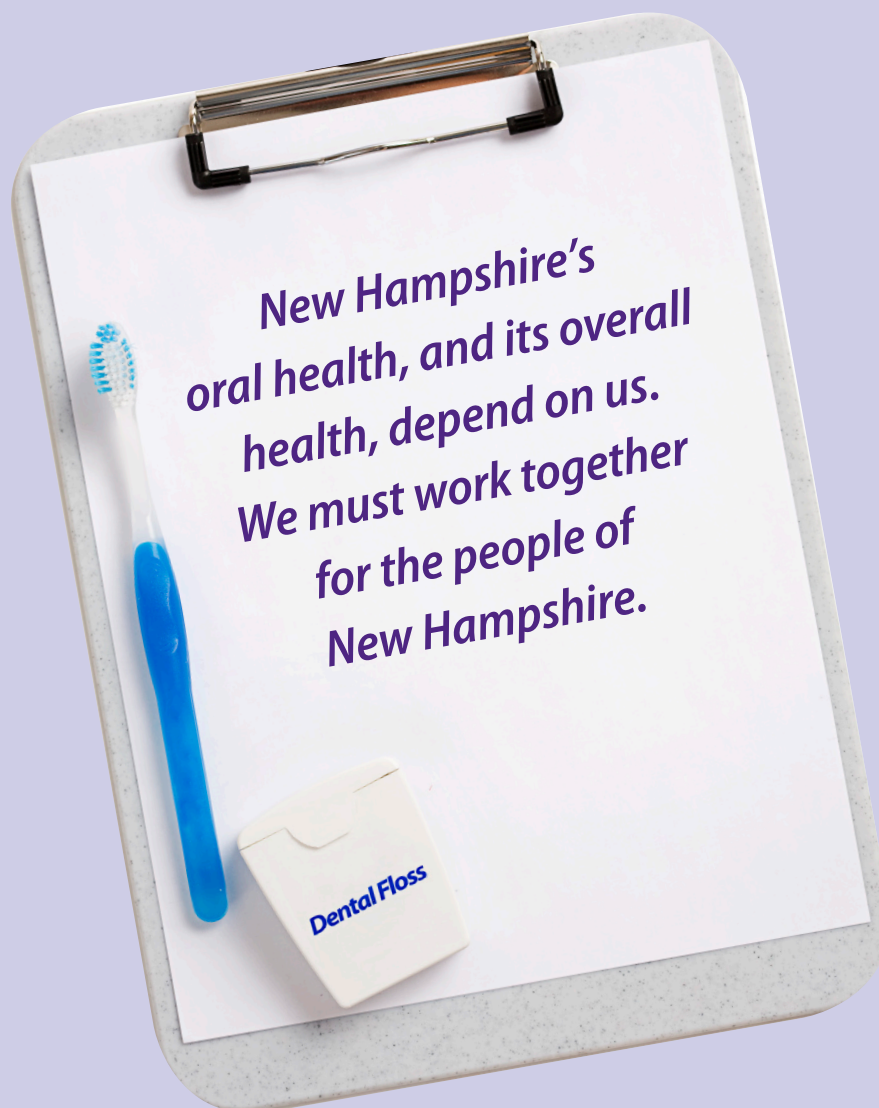
Goal Two: To educate all about the link between oral health and overall health

Goal Three: To initiate new and to support current public/private partnerships to improve access and utilization of oral health care

Goal Four: To remove barriers to oral health care

Goal Five: To enhance the oral health workforce

These goals, and the strategies articulated in this report to achieve these goals, will be the cornerstone of the New Hampshire Dental Society's efforts over the next five years. To achieve these goals, the Dental Society will commit volunteer hours, appropriate expertise, and allowable resources in an effort to measure true success in improving oral health in New Hampshire. We, as a community of dentists, will work to engage other stakeholders and policy makers to work collaboratively to achieve these goals.





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The New Hampshire Dental Society's Plan for Better Oral Health

2010