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Understanding underserved populations' barriers to treatment and preventive oral health care

How Dental Therapists (Alternative Dental Providers) Can Improve Population Health
NATIONAL ORAL HEALTH CONFERENCE
Milwaukee, Wisconsin

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What can I cover in ten minutes?

What are the factors causing health problems?

Who are these people with disparities of access and oral health status?

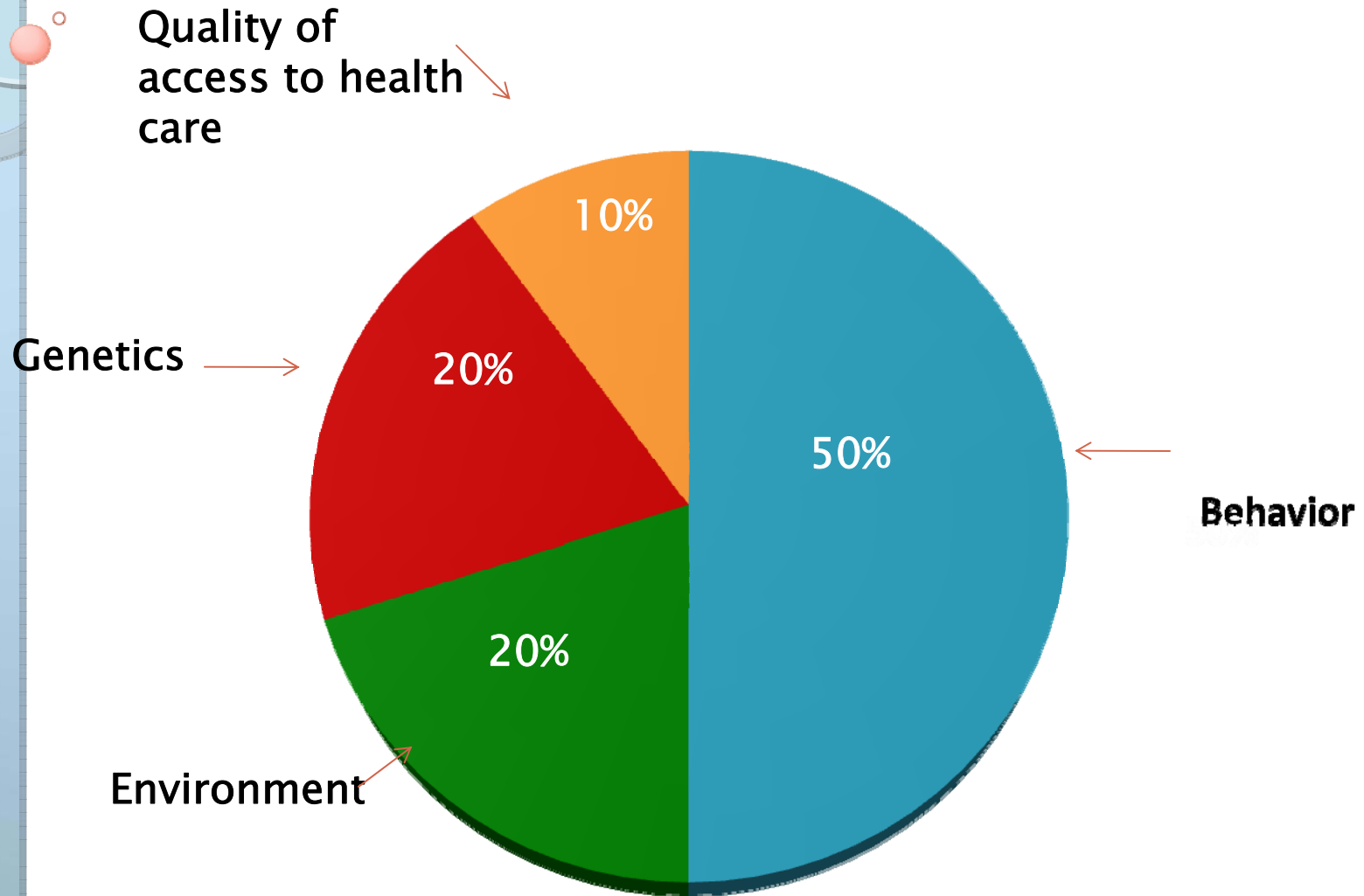
What are the effects of these disparities?

What can be done to help alleviate these disparities?

- Changing behaviors
- Delivering preventive services
- Workforce- numbers, cultural competency

My conclusion- new culturally competent dental providers- dental therapists- can address these needs!

What are the factors causing health problems- The Determinants of Health Status





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**Who are those with disparities
of access and oral health?**

Those in Poverty

The Working Poor

Medicaid and CHIP eligible

Racial and Ethnic Minorities

2010 HHS POVERTY GUIDELINES

48 Contiguous states and DC

Persons in Family	Poverty Guideline
1	\$10,380
2	\$14,570
3	\$18,310
4	\$22,050
5	\$25,790
6	\$29,530
7	\$33,270
8	\$37,010

Poverty Breakdown

- The poverty rate in 2009 was the **highest since 1994**, but was 8.1 percentage points lower than the poverty rate in 1959, the first year for which poverty estimates are available.
 - The number of people in poverty in 2009 is the largest number in the 51 years for which poverty estimates are available. **And again so in 2011.**
- **The poverty rate and the number in poverty increased across all types of families:** married-couple families (5.8 percent and 3.4 million in 2009 from 5.5 percent and 3.3 million in 2008); female-householder-with-no-husband-present families (29.9 percent and 4.4 million in 2009 from 28.7 percent and 4.2 million in 2008) and for male-householder-no-wife-present families (16.9 percent and 942,000 in 2009 from 13.8 percent and 723,000 in 2008).

Poverty in the US

How does poverty differ across subgroups?

- **The poverty rate for all persons masks considerable variation between racial/ethnic subgroups.** Poverty rates for blacks and Hispanics greatly exceed the national average. In 2004, 24.7 percent of blacks and 21.9 percent of Hispanics were poor, compared to 8.6 percent of non-Hispanic whites and 9.8 percent of Asians.
- **Poverty rates are highest for families headed by single women, particularly if they are black or Hispanic.** In 2004, 28.4 percent of households headed by single women were poor, while 13.5 percent of households headed by single men and 5.5 percent of married-couple households lived in poverty. In 2004, both black and Hispanic female-headed households had poverty rates just under 40 percent.
- **There are also differences between native-born and foreign-born residents.** In 2004, 17.1 percent of foreign-born residents lived in poverty, compared to 11.8 percent of residents born in the United States. Foreign-born, non-citizens had an even higher incidence of poverty, at a rate of 21.7 percent. In total, the foreign-born poor account for about a sixth of all poor persons.

Income, Poverty, and Health Insurance Coverage in the US: 2009

- Real median household income: \$49,777
- National poverty rate was 14.3% or 43.6 million
- A minimum wage worker earning \$7.25 an hour and 40 hours a week and 52 weeks a year will make \$15,080, usually no benefits.
- **Number of people without health insurance rose to 50.7 million, about 100 million without dental health insurance**

OP-ED COLUMNIST Sharing the Pain By [BOB HERBERT](#)

Published: March 11, 2008, New York Times

- We have always gotten a distorted picture of how well Americans were doing from politicians and the media. The U.S. has a population of 300 million. Thirty-seven million, many of them children, live in poverty. **Close to 60 million are just one notch above the official poverty line.** These near-poor Americans live in households with annual incomes that range from \$20,000 to \$40,000 for a family of four.
- *They truly are one paycheck, one lost job, one divorce or one sick child away from falling below the poverty line.*

Access to Oral Health Care in Florida- the Impact of Poverty

- **Florida's Medicaid fees are about the worst in the nation. Thus, only about 10% of Florida's 9,496 dentists participate in Medicaid.**
- **There are about 400,000 Medicaid eligible children under age three in Florida.**
- **Only about 26% of Florida Medicaid child recipients receive any dental services and only about 10% of children under 6 receive dental services.**
- **Only about 4.1% of adult Medicaid patients receive any dental care. Adult benefits are minimal- full mouth extractions and dentures.**
- **During 2000-2003, on average per year, 1200 Medicaid recipients under 6 years of age had dental work done under general anesthesia.**
- **From July 1-2006-June30, 2007, 196 Medicaid recipients under age 6 were admitted to Florida hospitals for a life threatening dental infection.**
- **Only 5 of Florida's 67 counties are NOT classified as a DHP SA; it would take 677 full time dentists to fill these needs.**



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What are the effects of this lack of access and health disparities?

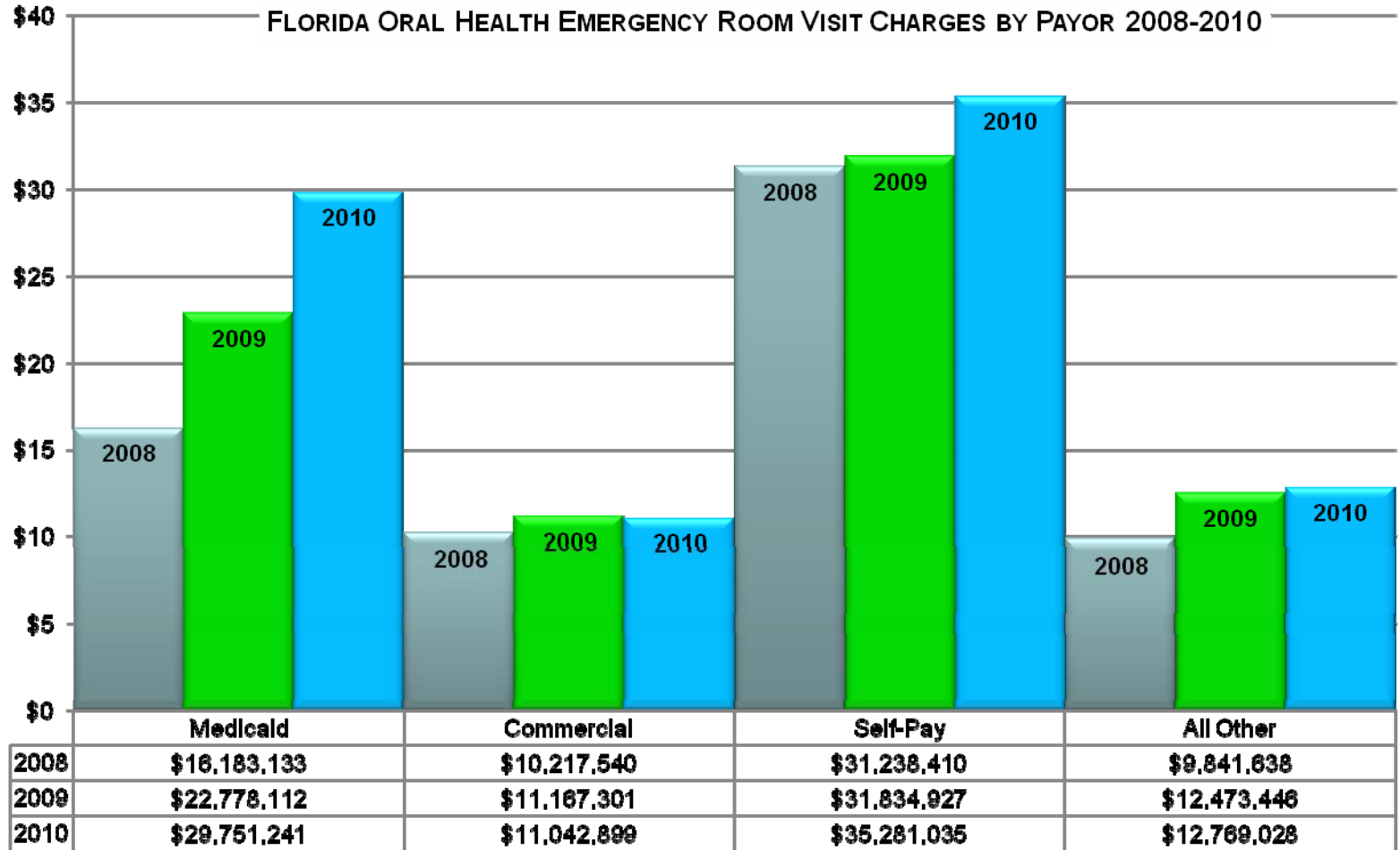
There are so many examples but here are just two:

1. Hospital Emergency Room Visits

2. School Performance

ORAL HEALTH EMERGENCY ROOM SPENDING IN FLORIDA AN AVOIDABLE \$88,000,000 HEALTHCARE COST

115,000 ER VISITS IN 2010 INCLUDING 8,935 KIDS UNDER 13 YEARS OF AGE



Impact of poor oral health on children's school attendance and performance

- **Children who missed school days because of dental problems did less well in school than children who missed school for other reasons.**
- Jackson SL, Vann WF Jr, Kotch JB, Pahel BT, Lee JY. Am J Public Health. 2011 Oct;101(10):1900-6. doi: 10.2105/AJPH.2010.200915. Epub 2011 Feb 17. PMID: 21330579 [PubMed - indexed for MEDLINE]



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What can be done to help alleviate these disparities?

-Workforce- dentists typically are not like the populations that need their services. We need a culturally competent workforce to meet the needs of the public. One that is trained to do the following:

- Changing oral health behaviors
- Delivering preventive services
- Delivering therapeutic services

HEALTH WORK FOR THE POOR

CW Keifer, New Brunswick: Rutgers University Press, 2000

- Ordinarily, we build up our picture of another person by mentally pasting together information we have already gleaned from many sources, including how we were raised- under what circumstances.
- When we meet people who are like ourselves in class, gender, and culture, or are of a social and cultural type we are familiar with, we already have a great deal of contextual information relevant to understanding them.

HEALTH WORK FOR THE POOR

CW Keifer, New Brunswick: Rutgers University Press, 2000

- The more remote the patient's life experience is from our own, the more important it is to systematically acquire a sense of that experience- a sense of the context of a person's health.
- Dental students and dentists, most often, are VERY DIFFERENT than the majority of patients they will treat, or who need their professional services, using such factors as parental education, past and potential future income and professional backgrounds.

The Culture of Poverty

“Many of us have no real understanding of what poverty is. We may be broke most of the time, in debt, unsure of how we’ll pay the phone bill. But those particular definitions can apply to middle class. Poverty is something else.

Missed meals, a reliance on government aide, homes without power or telephone services- these are the earmarks of the culture of poverty.”

J. Kevin Tumlinson, Online Magazine. www.viewonline.com, 2/13/08



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Mean Average Household Income by Quintile- 2010

Top 5% - \$287,686

Top Quintile- \$169,633

Second Quintile- \$79,040

Middle Quintile- \$49,309

Fourth Quintile- \$28,636

Lowest Quintile- \$11,035

Net average income of dentists about \$200,000 in 2006; about 35% of UFCD's dental students come from Top Quintile

Racial Distribution of Dentists in Florida 2010-2011

RACE	FLORIDA	DENTISTS DOH	DENTIST SOUR STUDY	MEDICAID PROVIDERS	MEDICAID NON- PROVIDERS
WHITE	60%	70%	68%	11%	89%
BLACK	15%	3%	3%	43%	57%
HISPANIC	21%	18%	16%	21%	79%
OTHER*	4%	18%	13%		



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Summary observations

- Large low income population and lacking access.
- Very bad consequences of lack of oral health
- Large number of DHPsAs indicates severe shortage and/or maldistribution of dental health professionals
- Racial data about Medicaid providers indicates minority practitioners DO reach minority patients

MY CONCLUSION: DENTAL THERAPISTS, RECRUITED FROM THE COMMUNITIES THEY WILL EVENTUALLY SERVE, CAN BE AN EFFECTIVE MODEL OF CARE