

The National Primary Oral  
Health Care Conference  
SCOTTSDALE 2006

Welcome Everyone

National Network for Oral  
Health Access (NNOHA)

John McFarland DDS  
President

# NNOHA

## National Network for Oral Health Access

- The organization of Migrant, Homeless, and Community Health Center dental providers

# Why NNOHA

- From 1985 to 1990 CHC's lost 75 dental programs.
- In 1985 there were 250 CHC's with dental. By 1990 there were 175.
- NNOHA was formed as an advocacy organization to stop the bleeding
- NNOHA is the only organization of CHC dentists and hygienists, by us, for us.

# NNOHA

- NNOHA needs your support, and quite frankly
- You need NNOHA
- Please join by requesting an application form from us here in Atlanta, or
- Please join by requesting an application form on the list serve.
- \$25.00 per dentist or hygienist, \$250.00 per Health Center

# NNOHA List Serve

- Send an e-mail to:
- [majordomo@ohsu.edu](mailto:majordomo@ohsu.edu)
- Place nothing anywhere except in the message area.
- In the message area place the following:
- Subscribe [nnoha@ohsu.edu](mailto:nnoha@ohsu.edu)

# MISSION

- To improve the health status of the unserved and underserved through improved and increased access to oral health services

# Resolution

- Support and promote the oral health objectives of **HEALTHY PEOPLE 2010**

# Resolution

- Increase the number of oral health programs in Community, Migrant, and Homeless Health Centers

# Resolution

- Expand and improve existing oral health programs in Community, Migrant, and Homeless Health Centers

# Resolution

- Oral health services, including prevention and treatment, must be an integral component of primary health care and defined as such in legislation and regulation.

# Goal 1

- Improve the oral health status for the unserved and underserved populations.

## Goal 2

- Increase access for oral health care.

# NNOHA ACTIVITIES 2006

- First Executive Director Colleen Lampron
- NNOHA Website initiated [www.nnoha.org](http://www.nnoha.org)
- NNOHA Listserve
- Annual Conference
- Oral Health Pilot Collaborative

# Requests for NNOHA

- What are salaries for dentists, hygienists, and dental assistants
- What are the productivity expectations for dentists, hygienists
- I need a
  - Policy and Procedure Manual
  - Continuous Quality Improvement Manual
  - Protocol Manual

## Requests for NNOHA

- Salaries Dentists – From Ken Bolin, CCHN, Others – Mean \$86,400
- Salaries Dental Directors – Approximately \$10,000 higher than dentist salaries
- Salaries Dental Hygienists – Mean \$54,000
- Salaries Dental Assistants - Mean \$22,600

# Requests for NNOHA

- Productivity Expectation Dentist
  - Regional Program Guidance Memorandum 87-8  
2300 encounters per year
- Productivity Expectation Hygienist
  - Regional Program Guidance Memorandum 87-8  
1400 encounters per year

# Requests for NNOHA

- **MANUALS**
- Request manuals on NNOHA list serve
- Oral Health Clinical Resources go to [www.cchn.org](http://www.cchn.org)

# Why Is Oral Health Important

95% of all Americans are afflicted by oral disease

Oral cancer is more common than leukemia, melanoma of the skin, Hodgkins disease, and cancers of the brain, liver, bone, stomach, thyroid gland, ovaries, or cervix.

Each year over 164 million hours are missed from work and 52 million hours from school due to dental problems.

# Why Is Oral Health Important

Dental related illness accounts for 6.1 million days of bed disability and 12.7 million days of restricted activity annually

Lost work due to dental problems equates to 164,000 American workers off the job for the entire year

Populations served by health centers are particularly at risk for oral disease and have the highest disease level.

# Why Is Oral Health Care Important

82% of those in poverty will require a dental visit in the near future

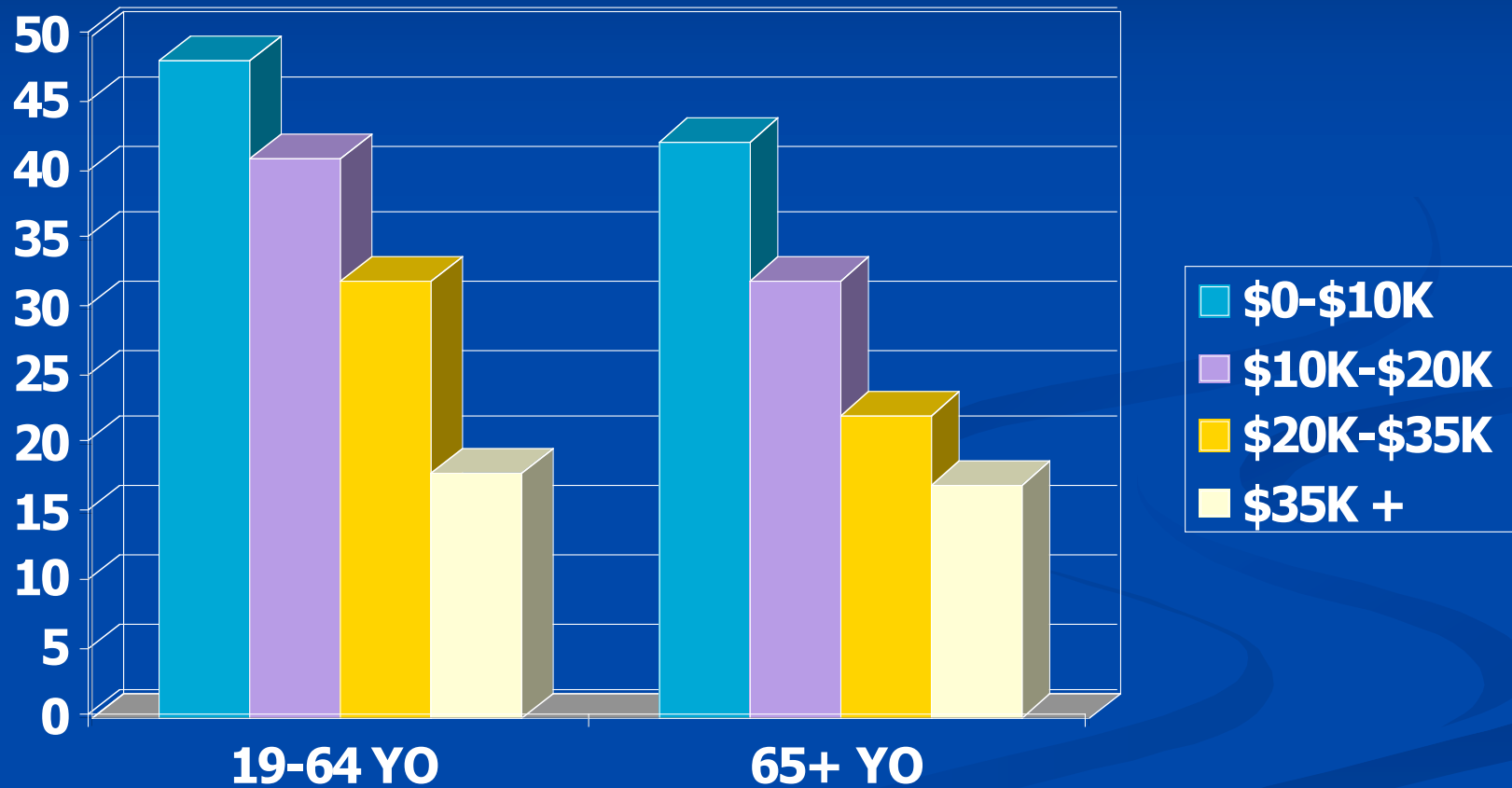
33% of those in poverty saw a dentist in a given year versus 61% of those not in poverty

Prevalence of dental disease in the uninsured / underinsured population is 3 times the national average

# Why Is Oral Health Care Important

- 12% of those in poverty had significant dental findings versus 5% of the non poverty population
- 97% of homeless population need dental care
- Migrant populations have 3 times the incidence of dental decay than the average population

# Percentage of Adults With Untreated Caries by Family Income (GAO 2000)



# Why Is Oral Health Care Important Particularly To Children

Tooth decay is the single most common chronic disease of childhood

Almost half of US children age 5-17 have experienced tooth decay in their permanent teeth.

25% of children and adolescents (typically from families with low incomes and minority populations) experience 80% of all dental decay occurring in permanent teeth

# Why Is Oral Health Care Important Particularly To Children

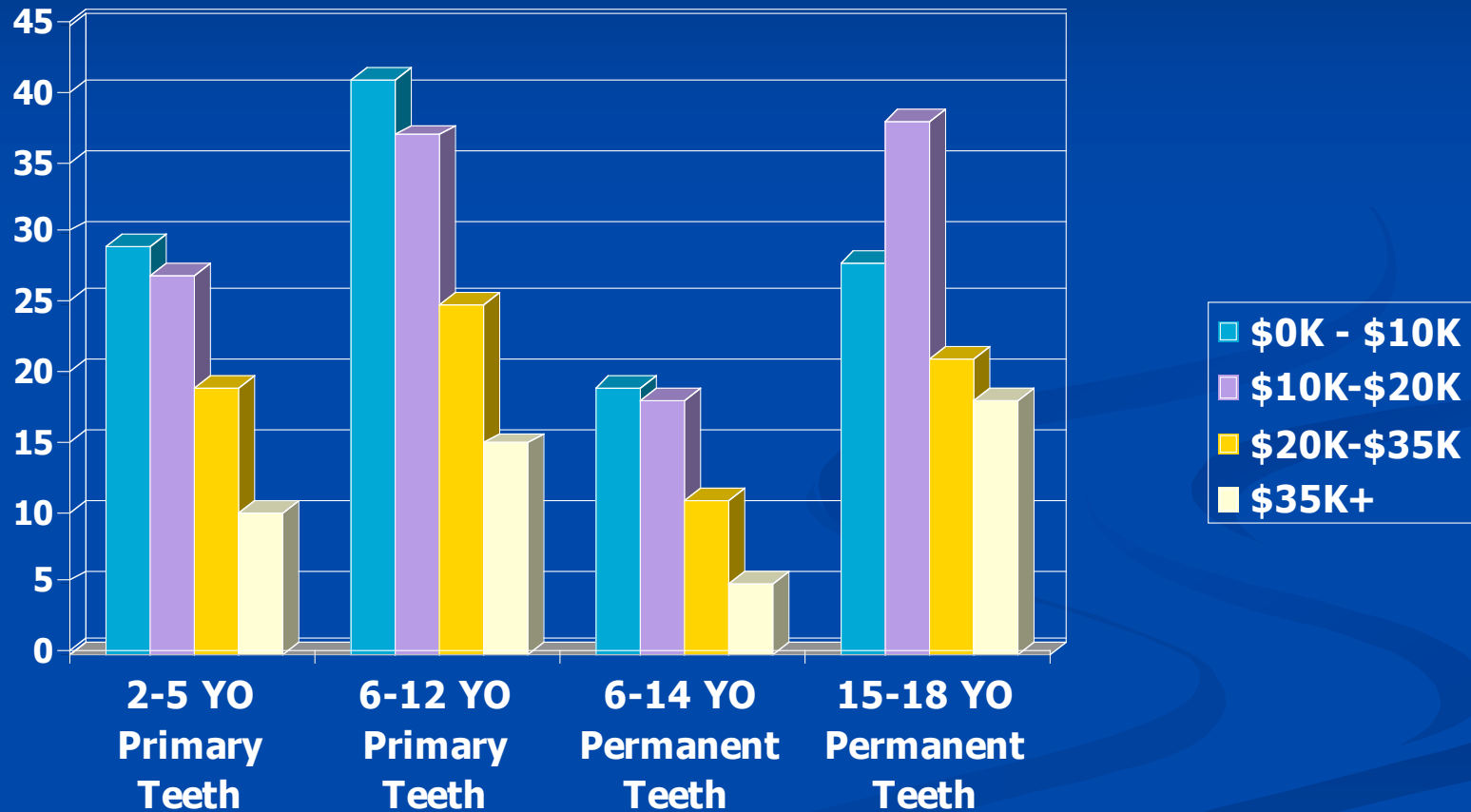
1% of child patients suffer from Early  
Childhood Caries (Baby Bottle Tooth Decay)  
by age 5 and are from families typically seen  
by health centers

Children ages 2-5 and between 100% and 200%  
of poverty guidelines have 4.5 times the rate  
of dental disease than the national average

# Why Is Oral Health Care Important Particularly to Children

Among migrant children age 10-14, dental is the most common health problem, and age 15-19, it is the second most common health problem

# Percentage of Children With Untreated Caries by Family Income (GAO 2000)



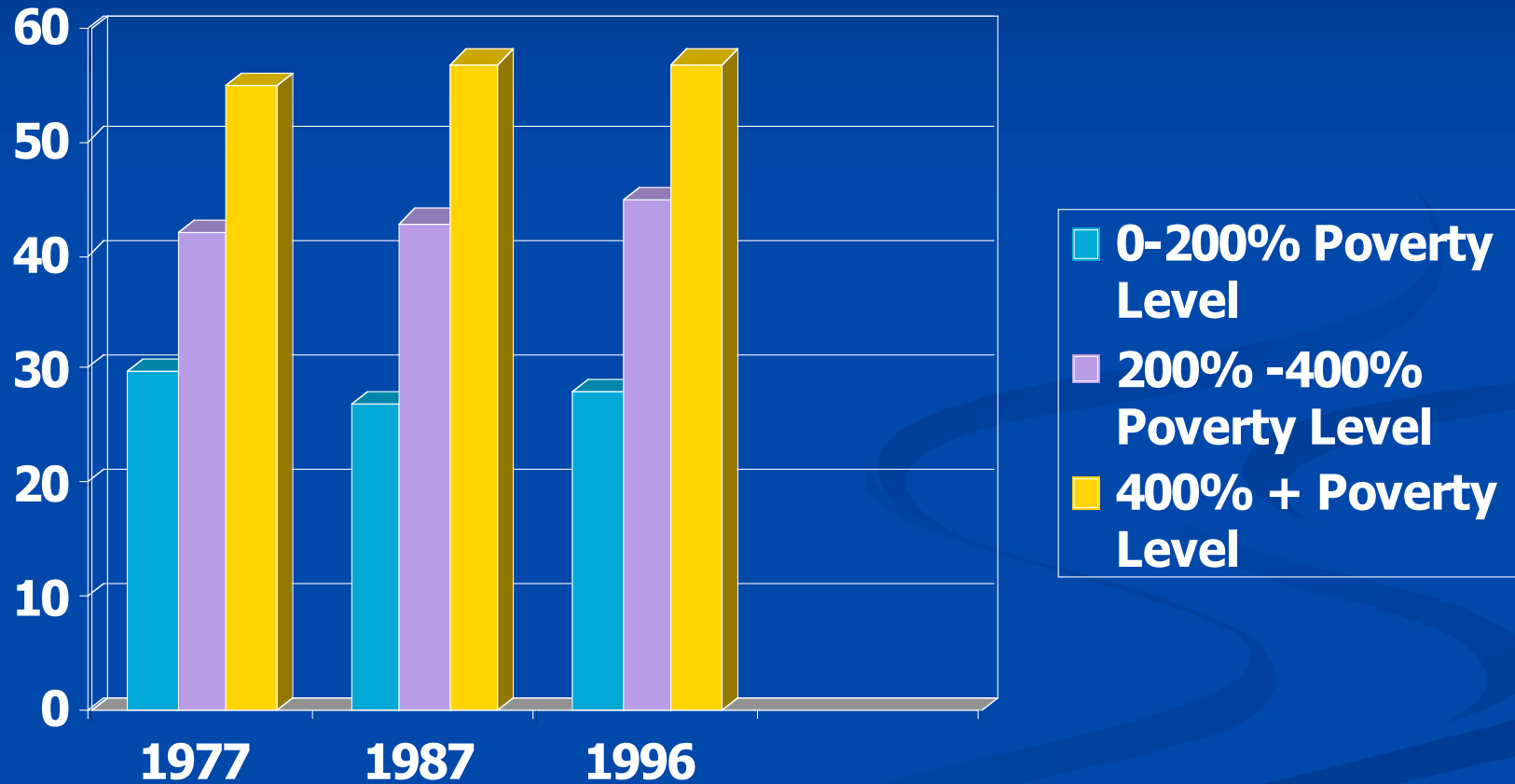
# Is There An Oral Health Access Problem (Or Crisis)

One in ten children aged 5-11 years has never visited a dentist within the past 12 months.

43% of Americans age 2 and older have not visited a dentist within the past 12 months

50% of homebound elderly have not seen a dentist in ten years

# Percentage of Population Who Made a Dental Visit in the Preceding Year (GAO 2000)



# Is There An Oral Health Access Problem (Or Crisis)

Dentist per population ratio is decreasing from 60 dentists per 100,000 population in 1991 to 57 dentists per 100,000 population in 2000 (and projections are to 53 dentists per 100,000 in 2020).

Number of students graduating from dental schools has decreased from 5,765 in 1982 to 4041 in 1998

# Is There An Oral Health Access Problem (Or Crisis)

Only 25% of Medicaid eligible children actually receive oral health services

Only 71% of Community Health Centers have dental programs (678/952) and health centers are only able to treat 2.34 million patients per year

# Is There A Funding Problem in Dental Care

120 million Americans do not have dental insurance as opposed to 43 million without medical insurance

Upon retiring, 85% of Americans have no dental insurance

There are no dental benefits under Medicare

# Is There A Funding Problem in Dental Care

There are limited dental benefits for adults under Medicaid

Uninsured patients must pay out-of-pocket, and for low income patients the expense of dental care is generally prohibitive

# Three Main Dental Issues

1. Lack of access to dental care
2. Inadequate funding for oral health especially in unserved and underserved populations
3. Declining provider pool

## Solutions

### CONTINUE TO EXPAND DENTAL PROGRAMS IN COMMUNITY HEALTH CENTERS

- Increase the number of Centers with dental programs to increase from 58% in 1998 to 90% in 2010.
- Expand existing dental programs in health centers

## Solutions

Increase funding to the National Health Service Corp loan repayment and scholarship programs to enable health centers to compete for a shrinking supply of dentists and hygienists

Increase or initiate state loan repayment programs for dentists and hygienists

# Solutions

Strengthen Medicaid and CHIP revenues  
which are vital revenue streams for health  
center dental programs and other providers  
treating underserved populations

Collaborations principally between local,  
county, and state initiatives with private and  
public entities

# Status of Health Center Dental Programs Nationally

- 963 dentists in health centers 2000
- 280 hygienists in health centers 2000
- 1,300,000 dental patients 2000
- 3,000,000 dental visits 2000
- 450 centers out of 731 have dental 2000

# Status of Health Center Dental Programs Nationally

- 1,739 dentists in health centers 2005
- 643 hygienists in health centers 2005
- 2,340,710 dental patients 2005
- 5,562,632 dental visits 2005
- 678 centers out of 952 have dental 2005

# Status of Health Center Dental Programs Nationally Continued

- 2,720 Encounters per dentist 2005
- 1,298 Encounters per hygienist 2005
- 2,700 Encounters per dental team 2005
- 2.376 Encounters per dental user 2005
- \$133.79 per dental encounter 2005
- \$317.94 per dental user 2005
  
- Source [www.bphc.hrsa.gov/uds](http://www.bphc.hrsa.gov/uds)

# NNOHA

- Thank you

# Functional Statement

- A significant documented disparity exists between the oral health status of those individuals who have ready access to oral health care services and those who do not. It is the intent of this organization to reduce or eliminate this disparity through establishment of an effective network of dental clinical leaders in community, migrant, and homeless health programs. Strategies will be developed to ameliorate these differences and enhance the quality of life.

# Status of Health Center Dental Programs Nationally

- 1,230 dentists in health centers 2002
- 383 hygienists in health centers 2002
- 1,644,917 dental patients 2002
- 3,787,923 dental visits 2002
- 539 centers out of 843 have dental 2002

# Status of Health Center Dental Programs Nationally

- 1,416 dentists in health centers 2003
- 477 hygienists in health centers 2003
- 1,885,359 dental patients 2003
- 4,460,429 dental visits 2003
- 572 centers out of 890 have dental 2003

# Status of Health Center Dental Programs Nationally

- 1,586 dentists in health centers 2004
- 547 hygienists in health centers 2004
- 2,150,664 dental patients 2004
- 5,126,657 dental visits 2004
- 603 centers out of 914 have dental 2004