


IMPROVING ACCESS TO DENTAL CARE IN NEW MEXICO COMMUNITIES

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OCTOBER 12, 2012



MY NEW MEXICO PERSPECTIVE


- Espanola School System Foundation for Ed and Career
 - BS ~ New Mexico Highlands University
 - DDS ~ University of Minnesota School of Dentistry
 - MPH ~ University of New Mexico
 - DPH Residency ~ University of California at San Francisco
 - Dentist: >30 yrs with a focus on dental public health (Corrections, LVMC, DOH)
 - Former State Dental Director/DOH
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Burden of Dental Disease in NM

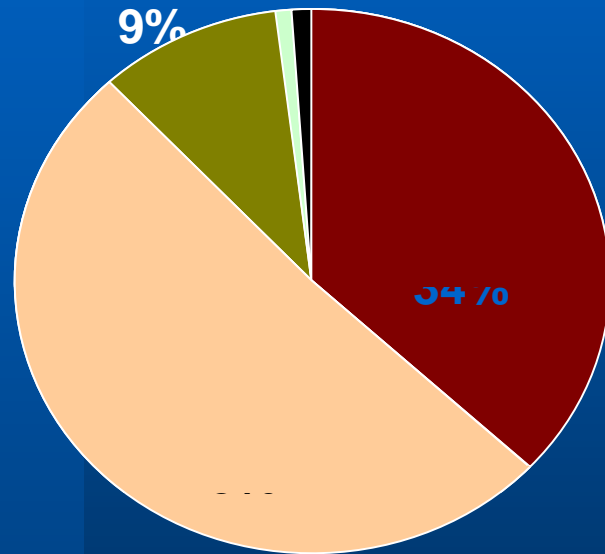


The 2000 NM Children's Oral Health Survey Results Showed:

- ◆ OH Disparities Occur between New Mexico Population Groups:
 - ~American Indians(NA/AI)
 - ~Hispanic
 - ~White, non-Hispanic
 - ~Social Economic Status (high vs low)
 - ◆ American Indian & Hispanic children have higher rates of dental disease
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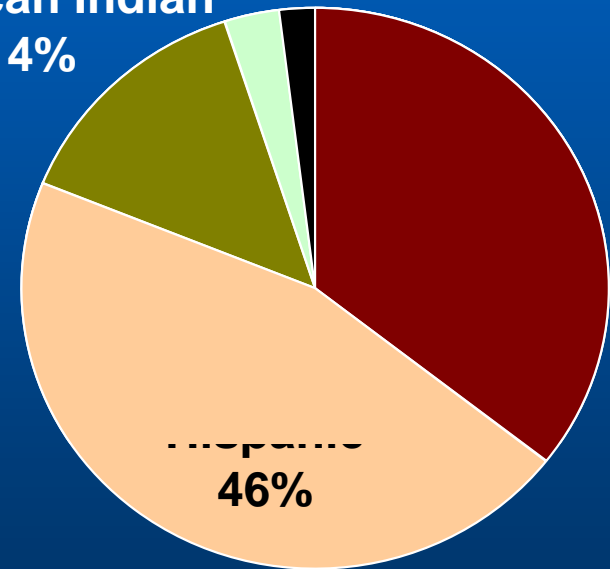
Race/Ethnicity of New Mexico Children

American Indian



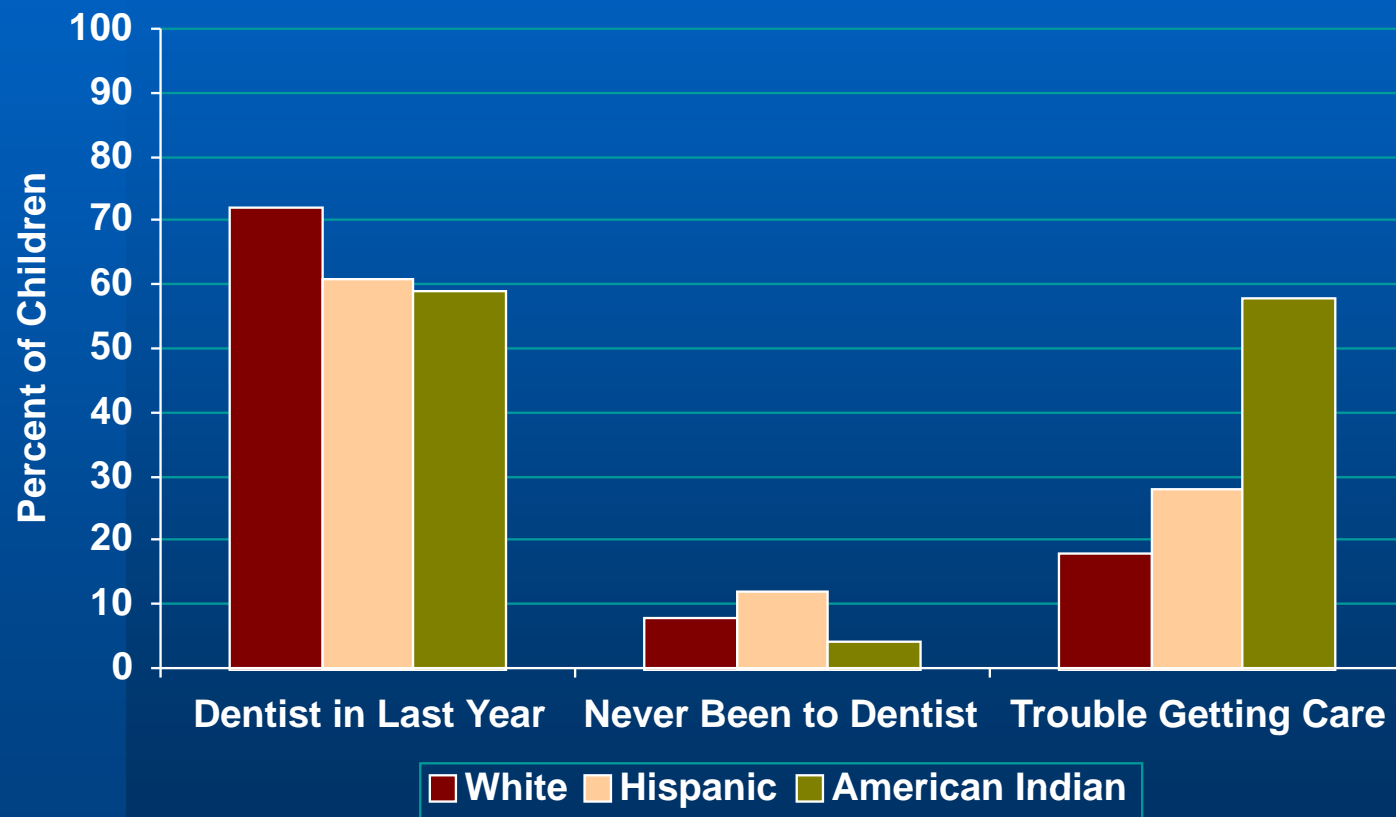
Oral Health Survey
Participation

American Indian
14%

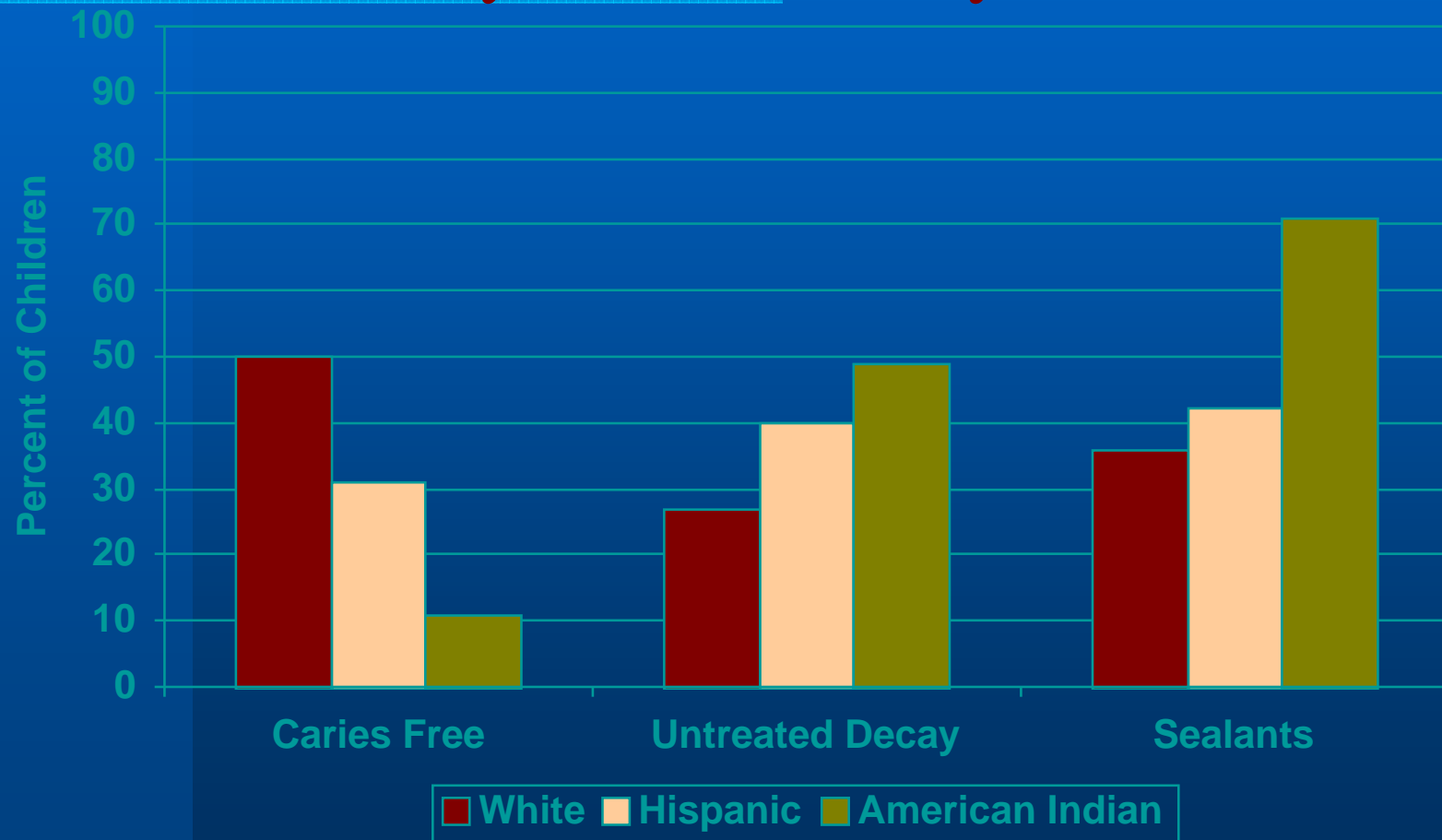


Statewide
5-9 Year Olds

Access to Care for New Mexico's 3rd Grade Children by Race/Ethnicity





The Oral Health of New Mexico's Children - by Race/Ethnicity





Summary of Results

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- **White non-Hispanic Children:**
Fared better than Hispanic and American Indian Children
 - **American Indian Children:**
Highest sealant rate,
Highest reporting of needing care*
Lowest caries free rate (10%)*
 - **Hispanic Children:**
Highest rate that had never been to the dentist
- 



Summary of Results



Primary reasons for not accessing care:

-Whites and Hispanics

- *Cost Related**

- **Lack of Insurance**

- **Cannot Afford Care**

-American Indians

- *Clinic & Systems Related**


- **Appointments: Wait is too long**

- **Provider and Cultural issues were reported**





Disparities Exist between Population Groups In New Mexico

- In Accessing Dental Care
 - In Oral Health Status by Race/Ethnicity/SES
 - American Indians & Hispanic Children have Higher Decay Rates
 - Higher SES Children have Higher OH Status
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Dentist Workforce Challenges

- **Aging Dentist Workforce**
- **No Dental School In-State**
- **Dependent on Out-of-State Schools**
- **Loose Students to Big City Amenities**
- **Distribution/Shortage of Dentists**
 - Lack of Care to Vulnerable Populations
- **Trend Towards Cosmetic Dental Services reduces Supply of Basic Services**
- **Vacancies FQHCs & Com/Tribal Clinics**




How to Improve Dental Care Access



◆ Dental Therapist ~ Mid Level Provider




- Prevention, Education, Restorative Services w/l scope of practice
 - Improve Oral Health Status of Children
 - Eliminate Oral Health Disparities
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Strategy

Implement Dental Therapist Model (Mid-Level Provider)

Where?

- Tribal Dental Clinics
 - Federally Qualified Health Centers (FQHC)
 - DOH Dental/Oral Health Programs
 - School Based Health Centers
 - Health Professional Shortage Areas
 - US/Mexico Border Areas
 - Frontier Counties
 - Underserved & Vulnerable Population Areas
 - Private Practice
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Early Childhood Caries



Lead to High Treatment Costs

- **Treated in the Operating Room-\$\$**
- **Full Mouth Reconstructions-\$\$**
 - **General Anesthesia-\$\$**
 - **Multiple extractions & Restorations-\$\$**

Dental Therapist Role w/i Dental Team

- Prevention
- Early Intervention~Parental Involvement
- Dental Home, Resources, ↓ Barriers
- Treatment within Scope of Practice
- Referral ~ Team Approach –Consultation with Supervising Dentist

Alaska DHATs Providing Quality Dental Care



Alaska Dental Therapist Program Evaluation

