

# Too many families can't afford a dentist — and that costs us all

## Putting oral health care within reach

By DR. RAYMOND DAILEY, DDS  
Guest Writer

**T**oo many seniors, low-income families and vulnerable adults in Washington are living in pain because routine dental care is out of reach and unaffordable. As a full-time dentist at the Swinomish/Upper Skagit Dental Clinic, I've seen hard-working adults and children suffer from painful decay, infections and gum disease. Yet they, like other Washingtonians, sometimes have to wait a month or more to get the care they need.

To address this crisis, an affordable solution needs to be put into place. One such solution would allow mid-level dental professionals to provide much-needed oral health care and preventive services to people going without.

The people I treat on a daily basis at the clinic, like other Native Americans, have high rates of tooth decay. It is estimated that 80 percent of all American Indian or Native American preschool children have untreated cavities. To maximize the services provided, every day the Swinomish Dental Clinic sets aside an emergency time for those patients who cannot wait several weeks for an appointment. We also often double-book patients to ensure we have no gaps in the treatment schedule.

An estimated 48 million Americans live in dental shortage areas: remote or inner-city locales where dentists are in short supply. Millions more lack insurance or cannot afford to pay out-of-pocket for routine dental care.

Across our state, low-income kids are 44 percent more likely to have experienced tooth decay by third grade than middle- to high-income children. The state's 2010 Smile Survey found rampant decay among kindergartners of color nearly twice as often as among their white classmates.

Every child enrolled in Apple Health

for Kids in our state is promised health care coverage that covers dental as well as medical treatment. But three out of four Washington dentists do not accept children enrolled in Apple Health for Kids. And those who do take a very limited number of children.

The consequences of expensive, out-of-reach oral health care result in troubling costs: Dental problems that go untreated can lead to death in extreme cases and are a leading cause of children missing school; and the state cannot afford to keep paying the high price of emergency room visits for decay that has progressed and requires crisis care.

From 2008 to 2009, there were more than 23,000 visits to emergency rooms in Washington state stemming from dental problems. Care for such emergency visits in that one-year period alone cost the state \$12 million. In fact, dental problems are the top reason that uninsured adults in the state seek emergency care.

Fortunately, awareness of this problem is growing and the Children's Alliance is convening the Washington Dental Access Campaign to expand access to dental care through a new kind of oral health professional based off the dental therapist model.

An initiative in Alaska now uses such trained therapists to provide oral health care in remote villages. What they're doing offers us a solution. In fact, a bill up for consideration by state lawmakers next month would create licensed mid-level dental providers who could provide routine dental care to underserved residents of the state.

Dental therapists work with dentists and other providers to improve access to care. They receive over 3,100 hours of intensive training to provide preventive oral health care and commonly needed services, such as fillings or uncomplicated extractions. For many of the procedures they are licensed to practice, a dental therapist's clinical training

exceeds that of a dentist's.

In a trip to Alaska I saw firsthand the benefits of this solution and I believe it would provide much needed relief to the people I see in my local clinic. In an analysis we did in 2011, we found that 50 percent of procedures and services at our clinic could have been provided by a similar mid-level provider. Such a move would cut our costs almost in half.

If we could hire a single dental therapist, it would allow the clinic to provide more care to more people, reduce the waiting list and allow me to focus on the most critical and complicated dental procedures.

Ninety years of research and experience in dozens of countries and six years in Alaska show that this is an effective common-sense approach to expanding dental care access. Studies also suggest that dental therapists can increase productivity and reduce costs for clinics that struggle with low funding and a backlog of patients.

Families, including children, from all parts of the state should have equal access to routine dental care that can stave off serious dental problems, which are a precursor to serious health problems elsewhere. Dentists like me who work in community settings know that good oral health makes for better lives. Let's explore ways to deliver dental care affordably and effectively to help more people live, work and learn pain-free. ■

*Raymond Dailey, a member of the Washington Dental Access Coalition, is the dental chief for the Swinomish/Upper Skagit Dental Clinic, an Indian Health Service clinic serving the Swinomish and Upper Skagit Indian Reservations on Puget Sound. For more information on the Washington Dental Access Coalition, contact Tera Bianchi at the Children's Alliance: 206-324-0340 ext. 28, or [tera@childrensalliance.org](mailto:tera@childrensalliance.org).*