Description

Oral health is integral to overall health and well-being. Although the traditional delivery model for oral health care in America has been separate from the delivery of routine health care, the connection between oral health and overall health is leading providers, policymakers, and the public to bring them together. Typically, poor oral health is associated with conditions of the oral cavity itself, i.e. tooth decay and periodontal disease. However, evidence indicates poor oral health can have an impact on other conditions such as heart disease, stroke, diabetes, poor pregnancy outcomes and respiratory diseases.

Historically, dentists are the primary providers of oral health services. Dentistry is defined as the evaluation, diagnosis, prevention and/or treatment (nonsurgical, surgical or related procedures) of diseases, disorders and/or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body, provided by a dentist, within the scope of his/her education, training and experience, in accordance with the ethics of the profession and applicable law. (from the American Dental Association)

Dental hygienists work in association with dentists. They are licensed oral health care professionals who have completed extensive educational and clinical preparation in preventive oral health care. Registered dental hygienists provide a wide range of services as determined by laws in each state, including: assessment of a patient’s individual oral health condition; preventive care for children, adolescents, adults, older adults, and patients who are medically compromised; and performing thorough head and neck examinations to look for oral cancer and other problems. Preventive care includes the removal of plaque and calculus, both above and below the gum line, nutritional counseling, application of fluoride or pit-and-fissure sealants, and in some states, polish and contour fillings. Because dental hygienists specialize in preventive oral health care, education for patients, the community, and schools on oral health and its effect on overall health, as well as provide dietary education and counseling. In some states, registered dental hygienists administer local anesthesia and/or nitrous oxide. It is important to note, that scope of practice laws and licensing criteria vary greatly from state to state. (from the American Dental Hygienists Association)

Concerns for oral health have recently come to the forefront of many national health policy groups. The Institute of Medicine recently (July, 2011) reported on lack of access to basic oral health care. The report, “Improving Access to Oral Health Care for Vulnerable and Underserved Populations” discusses populations, including rural residents, American Indians, and older adults, all significant components of the Montana population. The recommendations from this report focus on:

- Integrating oral health care into overall health care
- Creating optimal laws and regulations
- Improving dental education and training
- Reducing financial and administrative barriers
- Promoting research
- Expanding capacity

The Centers for Disease Control have developed an Oral Health Program Strategic Plan for 2011-2014 which was released in May, 2011. The goals of this plan include:

- Prevent and control dental caries across the life stages.
- Prevent and control periodontal diseases.
- Prevent and control oral and pharyngeal cancers and their risk factors.
- Eliminate disparities in oral health.
- Promote prevention of disease transmission in dental health care settings.
- Increase state oral health program infrastructure capacity and effectiveness.
- Increase use of cross-cutting policy development and translational approaches to promote oral health.
- Assure an efficient and effective organization.
Dental/Oral Health

Overview
As of July 2011, the Bureau of Health Professions (HRSA) notes that there are 4,661 Dental Health Professional Shortage Areas (DHPSAs) with 52 million people living in them. It would take 10,152 practitioners to meet their need for dental providers (a population to practitioner ratio of 3,000:1). Forty-seven counties in Montana (of 56 counties total) are classified as Dental HPAs. Twelve counties in Montana have no practicing dentists, while seven counties have 26 or more practicing dentists (Board of Dentistry 2010). Dental Hygienists are also mal-distributed throughout the state; nine counties have no dental hygienist available (Board of Dentistry 2010).

The Montana Oral Health Alliance, recognizing the many concerns and issues with oral health statewide, developed the Montana Oral Health Plan in 2006. The plan was developed to promote oral health and prevent dental disease, reduce health disparities that affect low-income, underinsured or uninsured people, those who are geographically isolated, and persons who are vulnerable because of special health care needs. Goals of the plan include:

1. Increase awareness of the importance of oral health as a part of overall health throughout the life cycle.
2. Increase oral health promotion and disease prevention efforts throughout the State.
3. Assure adequate numbers, diversity and distribution of dental professionals in Montana.
4. Increase access to dental care in the State.
5. Improve and increase funding and other resources for oral health and dental care in Montana.
6. Develop an integrated, comprehensive oral health surveillance system that can track data at state and community levels.

The Montana Area Health Education Center/Office of Rural Health, in collaboration with the Department of Public Health and Human Services Oral Health Program, has recently been awarded a grant specifically to Improve Oral Health in Montana. Focus areas include expanding dental recruitment and retention programs, and expanding educational programs to promote oral health professions. Funding will allow for the establishment of new partnerships, development of new recruitment and educational materials, increased efforts to place dental professionals in underserved/rural areas, and increased efforts in presenting education programs that promote oral health professions in more schools.

Workforce
Licensee data for the Montana Department of Labor and Industry (DLI) indicate there are 649 dentists with a Montana address and a total of 793 dentist licensees. In 2013, 80% of Montana dentists were located in just 9 of 56 counties. In addition to maldistribution, age of the workforce is a consideration in understanding future workforce needs, the Montana Dental Association reports nearly a quarter (24.8%) of dentists age 55 to 64 and 11.7% are age 65 and over—nearly 37% of currently practicing dentists are near or at retirement age. DLI data indicates 801 licensed dental hygiene providers, 672 of those with a Montana address. Bureau of Labor Statistics employment projections indicate 962 dental hygienists will be needed in the State by 2018, a 43.1% increase. According to a 2010 HRSA report, Montana is projected to have a shortage of at least 50 dentist providers and 35 dental hygiene providers by 2020.

In 2014 Montana Community Health Centers employed 22.6 dentists, 12.6 dental hygienists and 41.2 dental assistants in 2014 and provided care to nearly 26,000 Montana residents, of which 43.3% had no insurance coverage.

Education and Training
Montana does not have a dental school. Currently, the state provides support for three students to attend out-of-state dental schools (typically two University of Minnesota slots and one WiCHE (Western Interstate Commission for Higher Education) slot).

The Regional Initiatives in Dental Education (RIDE) program was proposed in 2008 with the goal of developing a dental education program in Montana. The program would have been a collaborative effort with the University of Washington School of Dentistry and Montana State University, utilizing shared resources with other health professional students at MSU. The RIDE program would have accepted eight Montana students per year and included clinical rotations in rural and underserved communities across the state. Although the proposal had wide support, it...
An associate degree in Dental Hygiene is offered through MSU Great Falls College of Technology—the only dental hygiene training available in the state. Sixteen new students are accepted into the program yearly.

These are DLH maps from 2013 licensee data, we cleaned up the dentist one for inclusion in the grant proposal.

Figure 11. Number of Licensed Resident Dental Hygienists, 2013.

Source: Montana Department of Labor
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<tr>
<th>Identify practice models that will allow for increased access to oral health services: oral health in family practice, CHCs, team health training and practice (interdisciplinary educational experiences), mobile dental clinics.</th>
<th>CHCs, MT Board of Dentistry, MT Dental Association, MT Dental Hygienists’ Association, post-secondary educational facilities, MT Primary Care Association, MT DPHHS—Primary Care Office, MT Oral Health Alliance, MT Oral Health Program</th>
<th>Increased access to dental/oral health services for rural and underserved populations</th>
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<td>Encourage dental student participation in rural residency and rotation programs.</td>
<td>MT AHEC, CHCs, local dental offices, regional dental schools</td>
<td>Increased number of dental students training in MT</td>
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<td>Maintain or increase financial incentives for dental/oral health providers in rural and underserved areas.</td>
<td>DPHHS—Primary Care, SC AHEC, Indian Health Service, CHCs</td>
<td>Increased numbers of rural dental/oral health providers</td>
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<td>Design, establish and institutionalize a standardized data collection gathering system to track workforce data.</td>
<td>DPHHS—Primary Care, MT Dental Association, MT Dental Hygienists’ Association, Board of Dentistry, MT DOL, MT Healthcare Workforce Advisory Committee</td>
<td>Increased understanding of the dental/oral health workforce, shortages, and distribution of professionals, workforce demographics, etc.</td>
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2 Montana Department of Labor and Industry. (2014).
