Denturists: Alternative Healthcare Providers For Oral Health Screenings and Referrals?

Gary W. Vollan
University of Wyoming
Professor Christine N. Boggs, Ed. D.
May 9, 2008

Gary W. Vollan is a graduate of the US Navy Dental Technician "A" School in 1971, and a two year dental technician school at Seattle Central Community College in 1980. He graduated from The Oregon Denturist College in 1992 and the IDEC Denturist Program at George Brown College in 2003, in Toronto. He was licensed as an Oregon State Denturist after taking the state board in 1992 and has maintained that license with CE requirements. Gary is a student at the University of Wyoming and works at a dental clinic as a dental assistant and denture laboratory technician.

Denturist and Oral Healthcare

The denturist is qualified to provide oral health screenings and referrals. Denturists are licensed oral health care professionals who perform a variety of intra-oral procedures and related activities pertaining to the design, construction, repair or alteration of removable dentures for the fully or partially edentulous patient in a variety of practice environments. In all activities and all environments, the denturist works independently with the patient, and collaboratively with other health care providers where necessary or appropriate. [1,2] There is a shortage of dentists in Wyoming and across the United States.[3,4] Due to this shortage and the high cost of denture care by dentists, denture care by denturists has proven to be a safe alternative denture delivery system. Denturists serve all segments of the public, especially the economically disadvantaged providing affordable and accessible denture care. This is an opportunity for oral health wellness to be recognized by a qualified, educated denturist and referral services provided in the event that abnormalities are found. The denturist plays a crucial part in alleviating the aftermath of the shortage of dentists by freeing up valuable chairtime for restorative, cosmetic, and emergency dental procedures while at the same time serving the Surgeon General's National Call to Action to Promote Oral Health, [5] "Raising awareness of oral health among legislators and public officials at all levels of government is essential to creating effective public policy to improve America's oral health. Every conceivable avenue should be used to inform policymakers; informally through their organizations and affiliations and formally through their governmental offices, if rational oral health policy is to be formulated and effective programs implemented." [6]

Denturist and Oral Healthcare

Oral Health

Oral refers to the mouth to include the teeth, gums or gingival and supporting connective tissues, ligaments and bone. It includes the hard and soft palate and tissues of the mouth, throat, tongue, lips, salivary glands, chewing muscles and the upper and lower jaws.

Health is defined as being free from disease, defect and pain. Health was defined by the World Health Organization in 1948 as, "a complete stage of physical, mental, and social well-being.[6]

Oral Health Education

Denturists are required to obtain education and training in oral health at an accredited college to qualify to sit for the Washington, Oregon, and other regulated state denturist licensing examinations. The denturist college program curriculum includes orofacial anatomy, physiology, microbiology, embryology, histology, oral pathology, infection control, pharmacology, emergency care, ethics, nutrition, gerontology, radiology, periodontology, denture laboratory and clinical procedures and involves clinical experience in an on campus denturist clinic. [7,8]

The denturist receives the most comprehensive study in removable oral prostheses, far surpassing dentists in hours and required number of completed dentures. Most denturists have been denture laboratory technicians before graduating from an accredited denturist college. This makes the denturist well versed in the technical and clinical conclusion of denture care service and referral service with other health care providers.

Denturist and Oral Healthcare

As healthcare providers, denturists can play a role in promoting healthy lifestyles by incorporating tobacco cessation programs, nutritional counseling, and other health promotion efforts into their practices. [6]

The Need

Health care professionals have played a significant role in prevention of oral disease by safe and effective disease prevention measures. The denturist profession has played a major role in prevention measures by advocating for people in need of accessible and affordable denture care. Oral health is essential to an older adult's general health and well-being. Yet, many older adults are not regular users of dental services and may experience significant barriers to receiving necessary dental care.[9]

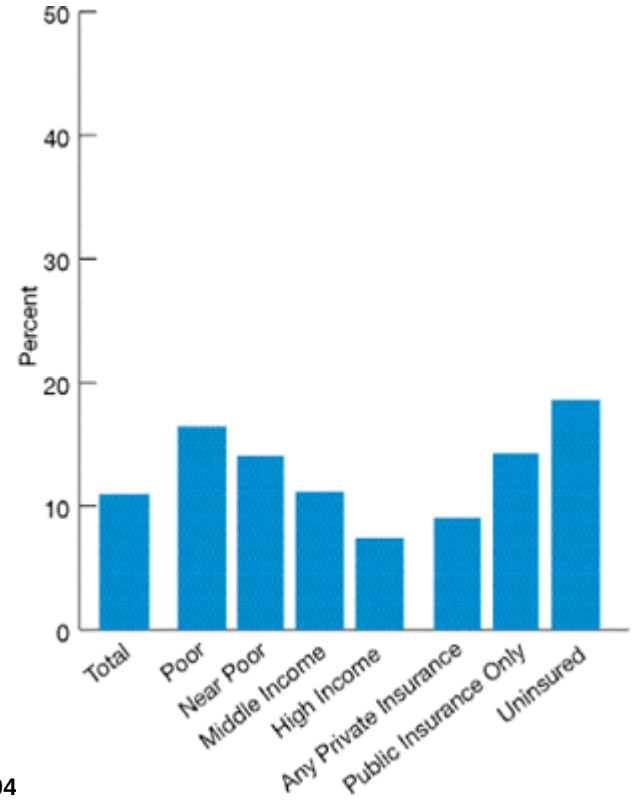
It's been my experience as a licensed denturist since 1992 that people who are economically disadvantaged normally do without dental or denture service and oral health exams for five or more years because they're not able to afford the high prices charged by dentists or they see no reason to see a dentist because they have no natural teeth. This puts these people at greater risk of ill-health.

When the denturist profession is first regulated in a state and people learn about the half price denture service, people hurry in to get new dentures or have existing dentures serviced. This gives the denturist opportunity to do a health history and oral exam for healthy tissue and in return; if unhealthy or abnormal tissue is recognized the denturist expresses concern to the patient and refers the patient to a dentist, oral surgeon or physician to provide comprehensive services to the patient. In most cases denturists act

as frontline healthcare providers, working with the economically disadvantaged that include the homeless, the disabled, senior citizens, and veterans by providing a service that involves overall healthcare maintenance.

Statistics

People who were unable to receive or delayed in receiving needed medical care, dental care, or prescription medicines, by income and insurance status,



2004

Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2004.

http://www.ahrq.gov/qual/nhdr07/Chap3.htm

The proportion of people who were unable to receive or delayed in receiving needed medical care, dental care, or prescription medicines was significantly higher

for poor (16.5%), near poor (14.1%), and middle income (11.2%) people than for high income people (7.4%;). [9]

The proportion of people who were unable to receive or delayed in receiving needed medical care, dental care, or prescription medicines was two times higher for people with no health insurance than for people with private insurance (18.7% compared with 9.1%). [9]

Number of Teeth Remaining in Adults Age 20 to 64 [10]

- Adults age 20 to 64 have an average of 24.92 remaining teeth.
- Older adults, Black adults, current smokers, and those with lower incomes and less education have fewer remaining teeth.

Number of Adults with Total Tooth Loss Age 20 to 64 [10]

- 3.75% of adults 20 to 64 have no remaining teeth
- Older adults, Black and Hispanic adults, current smokers, and those with lower incomes and less education are more likely to have no remaining teeth.

Number of Teeth Remaining Over Age 65 [11]

- Seniors over age 65 have an average of 18.90 remaining teeth.
- Black seniors, current smokers, and those with lower incomes and less education have fewer remaining teeth.

Number of Adults with Total Tooth Loss [11]

- Older seniors, women, Black seniors, current smokers, and those with lower incomes and less education are more likely to have no remaining teeth.

- 27.27% of seniors over age 65 have no remaining teeth

Seniors living in rural America are more likely to have poor oral health and limited access to dental care. [12]

Denturist Data Needed

The Center for Disease Control supports core activities within state and local health departments to promote health and prevent disease. CDC supports research to build evidence for strategies to promote oral health in communities. [13]

Specific unbiased data is needed showing the success and benefits to the consumer regarding denturist services that includes time frame data on new denture delivery, cost of services, quality of services, oral health care services, the referral process, accessibility to a consumer bill of rights and patient convenience of the complaint process. State legislative bodies and federal agencies need additional data regarding regulated denturist programs in states of Oregon, Washington, Idaho, Montana, Arizona and Maine for consideration of legislating and regulating the denturist profession in unregulated states and on a national level as it is across Canada and which was recently enacted in the United Kingdom, July of 2007.[14]

It would be beneficial if the Dental, Oral, and Craniofacial Data Resource Center (DRC), included denturist data. DRC is cosponsored by the National Institute of Dental and Craniofacial Research (NIDCR) and the Centers for Disease Control and Prevention's (CDC) Division of Oral Health, serves as a resource on dental, oral, and craniofacial data for the oral health research community, clinical practitioners, public health planners and policy makers, advocates, and the general public.[15]

The Problem:

So what's the problem? It's corporate ADA, the American Dental Association's big money politics, waste and not being able to relate to the dental healthcare needs of the people that are underserved, due to barriers associated with access, economics, cultural and physical disparities. More people are doing without dental care because of ADA's policies.

The policies discriminating against the economically disadvantaged Americans are those directed at stopping services provided by denturists, dental health aide therapists and independent practices for dental hygienists.

ADA Current Policies, Adopted 1954-2006
Dental Society Activities Against Illegal Dentistry (1977:934; 2001:435)

Resolved, that the American Dental Association urge constituent and component dental societies to inform the Council on Dental Practice of society activities which relate to combating illegal dentistry, and be it further

Resolved, that the Council on Dental Practice provide this information to all constituent and component societies on a timely and periodic basis, and be it further

Resolved, that the American Dental Association Board of Trustees be authorized to provide financial aid to any constituent dental society that is faced with the imminent prospect of a substantial effort to legalize or promote denturism or any illegal practice of dentistry in its state through legislative action or use of the initiative process.

Opposition to "Denturist Movement" (2001:436)

Resolved, that the Association vigorously opposes denturism, the denturism movement, and all other similar activities, regardless of how they are designated, in this country. [16]

Denturists across America are trying to provide affordable denture care service to the people that are economically disadvantaged but instead are forced to use resources fighting and defending their services against injunctions filed by state dental boards using money from the American Dental Association. The money could be better spent on programs to help meet dental and oral health care needs by educating and training allied health care providers.

Legislators go up against dentist lobbyist across the Nation to regulate the denturist profession, for accessible and affordable denture care for their people. The American Dental Association lobbies to beat down the denturist profession, keeping ADA's monopoly on dentures and discourage competition while outsourcing dental prostheses out of the country for higher profits. [17,18]

Millions of Americans suffer needlessly with oral health problems due to the shortage of dentist and the American Dental Association's unwillingness to take the necessary steps needed in providing better access to affordable dental and denture care.

Denturist and Oral Healthcare

With a shortage of dentists for rural areas and states facing shortages of dental specialties, the Bureau of Health Care Professions says that 6,701 dental providers are needed to serve 3,724 designated shortage areas in which more than thirty million underserved people live. [3,19] In urban areas of the United States, there are 61 dentists per 100,000 people, while rural areas have 29 dentists per 100,000 people. [20]

The shortage of dentists is attributed to fewer dental schools. In 2003 the number of dental school graduates was 4,440 down from 5,750 in 1982 with the average age at 49 years old. The American Dental Association doesn't support opening new dental schools and sees no nationwide shortage of dentists. [21]

Along with the shortage of dentist and ADA discouraging competition, 44 million Americans are without health insurance and 100 million are without dental coverage. The uninsured and underserved people rely on Medicaid, but states are cutting budgets and eliminating healthcare services. [22] People lacking health insurance are less likely to have a regular source of care and access needed dental care. [23]

With the American Dental Association doing business as usual and operating in the same ways it has for decades; resisting attempts by denturists and other allied health care providers from moving forward in their profession, the ADA limits the healthcare providers ability to be educated, licensed and regulated to provide independent services to the underserved community in need of oral health and denture care.

Denturist and Oral Healthcare

Dentists alone can not bring about the needed change to correct the disparities in access to dental health and oral health care.[24] It will take a needed attitude change by the American Dental Association's leadership in delegating independent recognition to denturist, dental health aide therapist and dental hygienist. It is necessary for these professions to have independent boards to act in the public's best interest regarding access and affordable care.

The American Dental Association can better serve the American people by implementing changes in policies and consider recommendations by the Pew Taskforce [25] and CLEAR, Council on Licensure, Enforcement and Regulation. [26]

Call for Action

The American Dental Association continues to disregard needed change to better meet dental and oral health needs of the American public. The ADA continues to disregard recommendations by the Surgeon General's *"Oral Health in America"* Report of 2000 and the goals set in the follow-up 2003 report, National Call to Action to reflect those of Healthy People 2010. Please consider the following goals and recommendations from the Surgeon Generals Report:

Those goals are:

To promote oral health.

To improve quality of life.

To eliminate oral health disparities. [27]

The goal of moving society toward optimal use of its health professionals [denturist] is especially important in a society that has become increasingly mobile, especially since the oral health workforce has projected shortages that are already evident in many rural locales. [27]

State practice act changes that would permit, **for example, alternative models of delivery** [**denturist**] of needed care for underserved populations, such as low-income children or institutionalized persons, would allow a more flexible and efficient workforce. [27]

Further, all health care professionals, whether trained at privately or publicly supported medical, dental, or **allied health professional schools,** [**denturist colleges**] **need to be enlisted in local efforts to eliminate health disparities in America.** [27] "Nonetheless, no matter how well meaning and constructive local, state, and regional efforts at changing perceptions have been, the best route to overcoming the cultural, historical, legal, and structural impediments to accepting oral health as essential to general health and well-being may be to create a broad awareness and education program that would be coordinated at the national level. Such a program supported by a broad coalition of patient and consumer groups; private and public research and practitioner organizations could achieve collectively what no one group has yet been able to achieve singly."[27]

Improving access to oral health care

- Promote and apply [denturist] programs that have demonstrated effective improvement in access to care.
- Create an active and up-to-date database of these programs.
- Explore policy changes that can improve provider participation in public health insurance programs and enhance patient access to care.
- Ensure an adequate number and distribution of culturally competent providers [denturist] to meet the needs of individuals and groups, particularly in health-care shortage areas.
- Make optimal use of oral health and other health care providers [denturist] in improving access to oral health care.
- Energize and empower the public to implement solutions to meet their oral health care needs.
- Develop integrated and comprehensive care programs that include oral health care and increase the number and types of settings in which oral health services are provided.
- Explore ways to sustain successful programs.
- Apply evaluation criteria to determine the effectiveness of access programs and develop modifications as necessary. [27]

Conclusion

"The adult population in need of one or two complete dentures will increase from 33.6 million adults in 1991 to 37.9 million adults in 2020. [28]

Denturists are on the frontlines as health care providers serving those with disparities and having the opportunity to perform a preliminary medical and dental history, oral examination for healthy tissue and referral services.

It's in the public's best interest to regulate the denturist profession in all states to better serve the oral health and denture care needs of the people. The record of safety and quality denture care service has been recognized in the regulated states of Oregon, Washington, Idaho, Montana, Arizona and Maine.

The denturist profession looks forward to the long term goal of national recognition and regulation for public access to denturist services in providing affordable and accessible denture care and at the same time making available access to oral healthcare for the underserved.

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."
Martin Luther King, Jr.

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