

## Kellogg Is Not Just into Cereal Anymore

On October 3, the W.K. Kellogg Foundation released its latest report on dental access to care. This report was based on a survey of 1023 adults, aged 18 or older located across the United States conducted by Lake Research Partners, from July 12 to 18. The key findings of the Kellogg report are as follows:

- Forty-one percent of respondents reported that they, or someone in their household, delayed dental care in the last 12 months due to costs.
- Thirty percent of respondents indicated that they do not have a place to receive regular dental care.
- Eighty-four percent of respondents think that it is a problem that so many in the United States cannot afford dental care.
- Eighty-two percent of respondents indicated it is “very” or “somewhat” difficult to get free or low-cost dental care in their communities.
- Nearly 50 million Americans live in areas that have been designated by the Federal Government as dental shortage areas.
- Forty percent of the respondents lack dental insurance—this translates to 75 million adults and 25 million children.
- **Seventy-eight percent of respondents support a new effort to train a new dental provider, that is, the licensed dental practitioner, to work under the supervision of dentists to provide preventive, routine care to people who do not have regular access to care.**

And what, you ask, does this have to do with me? Quite a bit, actually. The Kellogg Foundation is investing a tremendous amount of energy, and an incredible amount of funding, on a singular approach to addressing the access to care issue that we will continue to face in the United States. The Foundation is working with Ohio, New Mexico, Kansas, Washington, and Vermont to establish dental therapist programs to help expand access to needed dental care, and more than a dozen states are considering similar proposals in their state legislatures. If you believe this will not impact prosthodontists in the near future, don't blink.

As those of us who have conducted surveys (or written examination questions for our students) know well, the manner in which you phrase a question can have a significant influence on the reply you get from those surveyed. For example, question #8 in the Lake Research Partner's survey was written as follows:

*“Many efforts are going on to improve affordable access to dental care in our country. One effort is training (SPLIT SAMPLE A: licensed dental practitioners/SPLIT SAMPLE B: dental therapists) to provide preventative, routine dental care to people that are going without care.*

*8. Would you support or oppose this effort to train (SPLIT SAMPLE A: licensed dental practitioners/SPLIT SAMPLE B: dental therapists)? (1 to 7 scale, 1 = strongly oppose, 7 = strongly support).”*

Now, think about what this question is actually asking the respondents. I ask the following:

1. Were the differences between “licensed dental practitioners” and “dental therapists” adequately explained to the participants? (I could find no evidence in the information provided that any explanation was provided).
2. What was the demographic makeup of the respondents? Further analysis revealed that 65% of the respondents had a high school

education or less, that 27% made less than \$30,000 annually, that 68% of the sample surveyed were Caucasians, and 56% were employed at the time of the survey. How accurately does this reflect the actual composition of the US society on which to make these generalizations?

3. Do 82% of the respondents actually BELIEVE that they SHOULD have access to “free” or “low cost” dental care? SERIOUSLY? Where else in the United States can you go and get free services (other than SOME hospital emergency rooms) of any kind? Sure, I know there are Mission of Mercy (MOM) clinics that provide free emergent dental care in many locations, and health departments and Federally Qualified Health Centers (FQHCs) provide care to the financially qualified underserved (at least, for children) in many areas. However, these treat only a very small percentage of the patients that we, as practitioners, treat annually. We all provide care every year in our own practices that is uncompensated, or, at the least, provided at reduced fees, for underserved patients. So do most general dentists I know. However, the access to care issue is not going away in the United States—not now, and probably not in our practice lifetimes. The population is expanding too fast, the economy is not keeping pace with dental needs, and dentistry has been slow, even reluctant, to expand at a sufficient pace to address the emerging need, whether with additional dentists, or with alternative options.

The day after the Kellogg survey results were released, the American Dental Association (ADA) responded. In this reply, the ADA suggested that the Kellogg survey “implied that care by therapists would somehow cost less than care by dentists.” Unfortunately, I could find no such implication in the Kellogg report. Neither question #8 in the survey, nor any other question, suggested that the dental therapist would practice “under the supervision of dentists” as denoted in the bulleted list above from the Kellogg report.

The dental therapist issue is an incredibly hot topic in many states—proponents continue to cite “access to care” as the rallying point for their cause; dentists, on the other hand, can only see the dental therapist as someone trying to put them out of business. Isn't there some common ground we can all agree to? When do we start putting the needs of the patients ahead of our personal agendas? Is there an accurate survey, given to a sufficiently representative sample of the US population, that asks the right questions, to give us more accurate data on the access to care issue? And, cannot the ADA begin to address the workforce issues without feeling threatened by dental therapists, mid-level providers, expanded duty hygienists, or whatever other group may emerge? I firmly believe the American College of Prosthodontists (ACP) should address this issue, before it's decided for us, and seriously consider a leadership role in this area. To fail to do so may have serious consequences on the way we currently practice dentistry. Are you willing to have the way you practice legislated for you? I hope your answer is a resounding “no”!

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