TO THE EDITOR

Response to "Comments on the Proposed Pediatric Oral Health Therapist"

Note: The referenced article was orginially printed in the Journal of Public Health Dentistry, 2005, Volume 65, pp 123 – 127, and was authored by J.B. Bramson and A.H. Guay. Both are affiliated with the American Dental Association.

Bramson and Guay, writing on behalf of the American Dental Association (ADA), cited me as being from the New Zealand Division of Dental Health. In fact, I am an American dentist, a graduate of Columbia University School of Dental & Oral Surgery, and one of the few American dentists who has actually visited New Zealand to study the dental therapist program.

In addition to citing the wrong journal paper, Dr. Bramford misquoted a statement that properly should be attributed to the Dental Division of the New Zealand Department of Health, not myself. The correct quotation of the N.Z. Dental Division in my paper is, "We train first rate technicians, not second rate dentists." (Friedman JW. The New Zealand School Dental Service: lesson in radical conservatism. J. Amer Dent Assoc 1972;85:609-17.) The reason for this distinction is clear. The dental therapists do not claim to be dentists, any more than physician assistants, nurse practitioners, and midwives claim to be physicians. Each functions within the parameters of specific training, under the supervision of dentists and physicians, respectively.

Many independent studies of the technical quality of the dental care provided by dental therapists have affirmed their competency as equal to that of dentists with respect to fillings, prophylaxis and other preventive procedures for which the therapists receive training equal to or exceeding that of dentists.

The long-standing opposition of the ADA to dental therapists, as expressed by Bramson and Guay, represents misguided self-protectionism with no regard to the public interest or well-being. It is particularly reprehensible as it deprives poor children, as well as adults, of dental care that would prevent pain and life-threatening illness, school absenteeism, and loss of work due to advanced dental decay, tooth and gum infection.

The ADA's statement that there is not presently, nor will there be in the future, a shortage of dentists in the United States flies in the face of the assertions of many of its own constituent organizations and all independent public health assessments. An Internet search of "Shortage of Dentists" reveals hundreds of citations documenting present and anticipated shortages of dentists, not so much in the big cities of populous states but in virtually all rural areas and most midwestern and western states and in the poor "inner cities" of the major cities. Several of these citations are quoted below:

"...there are critical shortages of dentists in the Plains as well as in sparsely populated sections of northern New England and the fast-growing suburbs of the Southwest....In the Dakotas, the situation will soon get worse....The state has 320 dentists today, down from 361 in 1999. A survey of North Dakota's dentists showed that 40 percent planned to retire in the next decade." (*The New York Times*, August 7, 2002)

"A task force (comprised of Kansas dental organizations, government agencies and health foundations)...says the state's shortage is approaching crisis levels. Ten counties have no dentist at all, and another dozen only have one who works part time." (Kansas New Leader)

"...in New Hampshire that there is a pending or increasing shortage of dentists in the state, particularly in pediatric dentistry.... Delta Dental reports...a significant shortage of dentists probably exists for the current population carrying dental insurance." (New Hampshire Area Health Education Center)

"UCSF study finds shortage of California dentists in rural, poor, minority communities." (UCSF News Services,. September 2001)

"...the State is already experiencing a significant shortage in the number of practicing dentists a.s compared to dental service needs and that the shortage of dentists (and possibly of dental auxiliary personnel) is likely to become even more severe in the future." (Wisconsin Dental Association, 2001)

"There is a shortage of dentists not only for Medicaid patients but for all Missourians, and not only in Missouri, but nationwide." (Bavley, Knight-Ridder/*Kansas City Star*, 7/9/03)

"To help address Iowa's ongoing shortage of dentists, Delta Dental Plan of Iowa is expanding its successful three-year-old dental education loan repayment program." (Delta Dental Plan of Iowa, 4/13/05)

"Major contributors to oral health disparities in rural communities include a grave shortage of dentists, with about 30 dentists to every 100,000 people in rural areas, compared to more than 60 dentists per 100,000

people in large metropolitan areas, according to the Rural Healthy People 2010 Project...." [*The Nation's Health*, May 2004, American Public Health Association.]

"A substantial shortage of dentists is expected, possibly as early as 2010. The American Association of Dental Schools estimates that by the year 2020, there will be 54.2 dentists for every 100,000 people, the lowest ratio since World War I." (The American Dental Education Association and the American Dental Association.)

"The dentist shortage has had a severe effect on Nevada...Nevada's need for more dentists is most dramatically illustrated in terms of children. In 1998, almost 120,000 children in Nevada needed dental care but had no access to it." [UNLV Issue Brief, November 2001]

Finally, from the Surgeon General's report on Oral Health in America, 2000:

"The ratio of dentists to the total population is declining: in 1996, there were approximately 58.4 professionally active dentists per 100,000 people in the United States, down from 59.1 in 1990. The current ratio equates to one dentist for every 1700 people (HRSA 1999)....By 2020, the dentist-to-population ratio is expected to drop to 53.7 per 100,000 [1:1862]. Moreover, it appears that the absolute number of active dentists will decline after 2000. In part, this drop reflects the retirement of older dentists (estimated to range from 2,500 to over 4,300 per year between 1996 and 2021 (HRSA 1999) with insufficient number of new graduates (estimated at about 4,000 per year) replacing them (ADA 1999)....The trend in the reduction of the dentist-to-population ratio and the absolute number of dentists implies a shortage of dentists in the future....An estimated 25 million individuals reside in areas lacking adequate dental care services, as defined by Health Professional Shortage Area (HPSA) criteria. (U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General.* Rockville, M.D. U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000. p.235-41.)

Bramson and Guay, representing the ADA, contend that the increase in dentists' productivity will alleviate the shortage of dentists. In this regard, the Surgeon General's report concluded otherwise: *"...if the impact of future technology changes is similar to that produced by changes over the past 20 to 30 years, it will not substantially affect the projections."* [Emphasis added.]

In conclusion, the evidence is overwhelming that here presently exists a shortage of dentists in the United States as a whole; the shortage is increasing; there is an oral health care crisis that cannot be alleviated by the current and anticipated future supply of dentists; and that the development and deployment of dental therapists is a safe, logical, and economical addition to the dental workforce that will help to alleviate the problem.

Sincerely,
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