

KEY FINDINGS REPORT ON
NEW MEXICO'S ORAL HEALTH GAP
2009-2010

Searching for Solutions



 CON ALMA
HEALTH
FOUNDATION

*The Heart & Soul of
Health in New Mexico*



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“New Mexico’s access to dental care is a community problem we all own and our solutions must be community driven.”

—DOLORES E. ROYBAL,
Executive Director, Con Alma Health Foundation



Introduction

Often overlooked as a health access and disparity issue, oral health care is essential to overall health. Con Alma Health Foundation, in partnership with the W.K. Kellogg Foundation, is continuing our long-standing commitment to improve the health status and access to health care services for *all* and to advocate for a health policy to address the health needs of *all* New Mexicans.

Thousands of New Mexicans—many of them children—cannot get access to or must, in many cases, wait six months for needed dental care. They are forced to live in pain, miss school or work and in extreme cases, face life-threatening medical emergencies. Lack of dental care can lead to poor nutrition, lower performance in school, serious infections and sometimes even death. Low-income adults with dental problems frequently have no other choice but to use hospital emergency rooms.

The [W. K. Kellogg Foundation](#) is working to expand access to oral health care nationally, including raising awareness of the dental crisis and bringing stakeholders together to build momentum for new ways to expand the dental care workforce.

[\[Read the December 2009 W. K. Kellogg Foundation assessment of international and U.S. experiences training and deploying dental health care providers\]](#)



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NEW MEXICO'S ORAL HEALTH INITIATIVE 2009-2010

Con Alma Health Foundation's intent with the New Mexico Oral Health Initiative was to begin the dialogue to determine the need and public will for a mid-level oral health practitioner model in New Mexico and to raise the awareness of New Mexico's oral health gaps.

The initiative's aim was to help determine the unmet dental health needs of Mexico children and families, especially disadvantaged populations in rural and geographically remote communities.

Con Alma Health Foundation served as the convener to create a strong, broad-based partnership of stakeholders to drive the exploration of the feasibility and public will to increase the dental workforce and possibly develop a mid-level oral health practitioner model in New Mexico, while at the same time raising the awareness of the significant oral health gap issue.

Full implementation to develop a New Mexico specific mid-level oral health practitioner model and to change dental practice laws and regulations to permit workforce models is estimated to take between three to five years.

[\[Read more\]](#)



Partner and Stakeholder Driven Approach

As the convener to bring stakeholders together, Con Alma Health Foundation partnered with four statewide and community based New Mexico nonprofit organizations to:

1. conduct community outreach;
2. conduct dental, medical and policymaker outreach;
3. compose historical legislative policy briefs;
4. review other state efforts;
5. identify and inventory current New Mexico education and training programs;
6. identify treatment and preventative oral health needs in underserved areas;
7. gather baseline oral health gap data; and
8. create an inventory of current oral health and workforce infrastructures.

Health Action New Mexico – conducted community outreach by organizing, planning and presenting the Oral Health Initiative Project in 11 rural community meetings to determine the feasibility and public will around creating a mid-level oral health practitioner model in New Mexico.

New Mexico Health Resources – provided policy support and conducted presentations and one-on-one meetings with private practice and public health dental and medical providers and educators, as well as key policymakers, including the New Mexico Secretary of Health and representatives of the Governor’s Oral Health Council.

New Mexico Primary Care Association – introduced the concept of a mid-level oral health practitioner to the Community Health Center’s Executive Directors, Dental Directors, and representatives from the Health Center Board of Directors.

New Mexico Voices for Children – developed [four policy briefs/factsheets](#) on the history of New Mexico’s past oral health legislative efforts, identification of current New Mexico oral health education and training programs, review of other state’s efforts in creating a mid-level oral health practitioner model, and identification of treatment and preventive oral health needs in underserved New Mexico areas.

[\[Read more\]](#)



Key Findings

1. NEEDS ASSESSMENT

FINDINGS – New Mexico has a severe shortage of dental providers and significant unmet oral health needs, particularly in its rural, geographically remote Hispanic/Latino and Native American communities.

Evidence-based research indicates there is a significant and building crisis situation regarding the oral health care gap in New Mexico, especially a severe shortage of health professionals in rural and remote Hispanic and Native American communities.

Fewer than half of low-income children are getting dental care, and fewer dentists are taking Medicaid patients.ⁱ

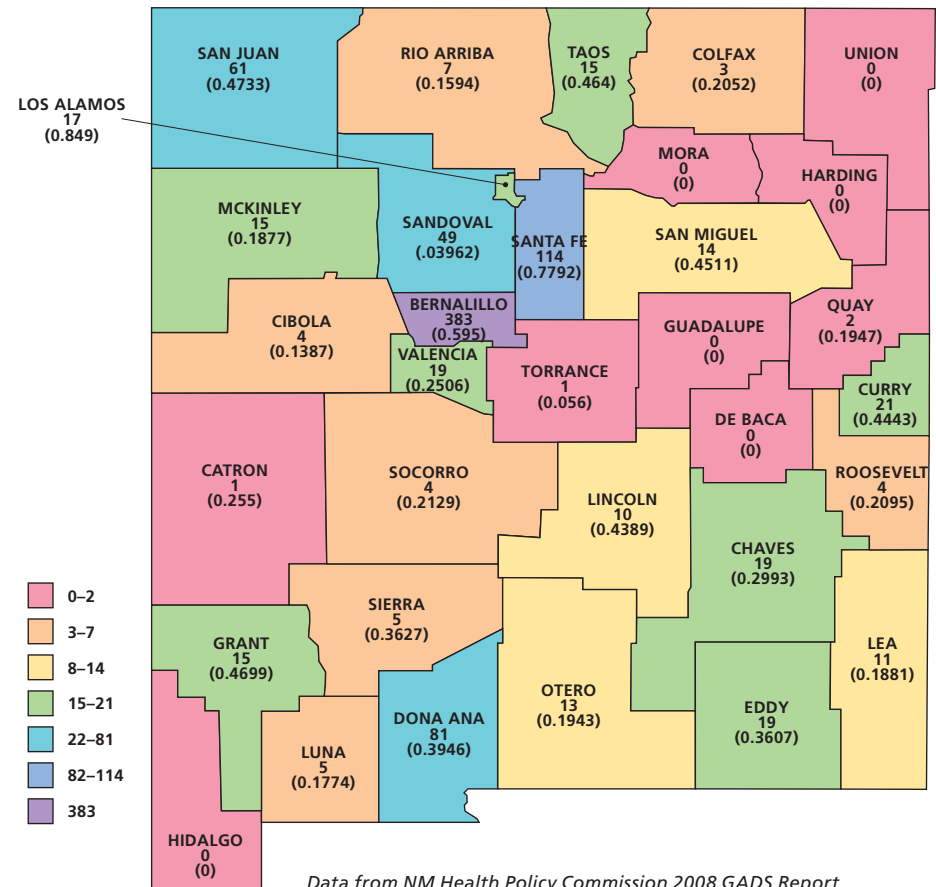
State projections indicate that more than 1,000 new oral health professionals (dentists, dental hygienists and dental assistants) are needed to meet the dental care needs of all New Mexicans.ⁱⁱ

The bottom line in this state is that there just are not enough dental providers to provide adequate, timely care to everyone who needs it in New Mexico. Twenty-nine of our 33 counties do not have enough dentists to serve their communities, and six counties do not have any dentists at all.ⁱⁱⁱ

[\[Read more\]](#)



Snap Shot of Licensed Dentists by County



Data from NM Health Policy Commission 2008 GADS Report
 Numbers represent licensed dentists in each county. Not all dentists are currently practicing or may be practicing in another county.
 Rates per 1,000 are in parentheses.



2. PUBLIC WILL

FINDINGS – There is clear and favorable public will to act now on addressing the oral health gap and solve access and workforce problems.

Community outreach assessment reports and New Mexico policy and legislative developments in the last decade demonstrate momentum and clear public and political signals to move forward on addressing the oral health gap and to solve access and workforce problems.

NEW MEXICO COMMUNITY MOMENTUM

Health Action New Mexico conducted 11 community discussion and awareness forums in rural areas representing southern, western, eastern and northern communities (including surrounding towns), to assess oral health needs and discuss potential community solutions to the oral health gap, including the development of a mid-level provider. Forums were held in Clayton, Gallup, Las Vegas, Roswell, Santa Rosa, Silver City, and Taos with a broad and cross-sectional representation of local community members and leaders. All of the forums voiced a public will to act now on addressing the oral health gap.



Health consumers did not voice opposition, rather, the reverse was true as New Mexico already relies on other mid-level providers such as physician assistants, nurse anesthetists, collaborative practice dental hygienists, and certified midwives.

A presentation about mid-level oral health practitioners was made to the New Mexico Interim Legislative Health and Human Services Committee in September, 2009.

A presentation on the Oral Health Initiative was made by Con Alma Health Foundation to the Interim New Mexico Indian Affairs Committee in November, 2009.

NEW MEXICO VOICES FOR CHILDREN 4 FACT SHEETS

As part of this Oral Health Initiative, New Mexico Voices for Children researched and provided public and private policy aspects, including:

- [A summary of long-term experience with use of mid-level oral health practitioners in the U.S. and overseas,](#)
- [A summary of past oral health policies and legislative efforts in New Mexico,](#)
- [A review of current dental health professional degree and certification education programs in the state, and](#)
- [A summary of past and present workforce development and preventive oral health efforts in New Mexico.](#)

[\[Read more\]](#)



3. SUPPORT FOR MID-LEVEL ORAL HEALTH PRACTITIONER MODEL

FINDINGS – There is uniform interest in New Mexico a mid-level oral health practitioner model among health care consumers, especially in rural and low-income communities.

Nonprofit partners all expressed interest in a mid-level oral health practitioner model that provides a broader scope of services. Although the intent of this study was to determine the need, feasibility and public will for a mid-level oral health practitioner, not a specific model, there was interest in the Alaskan-based dental therapist program. For example, the statewide rural community presentations conducted by Health Action New Mexico overall supported a Dental Health Aide Therapist model or program, especially if it supports low-income children, disabled and elderly, and serves and benefits rural communities.

There is agreement among all stakeholders, including dentists, dental hygienists, community leaders and policy makers, that critical oral health access gaps exist, especially in rural areas and for low-income populations, but there is disagreement about how to address these gaps. While there is uniform interest in a mid-level oral health practitioner model among health care consumers, there is a strong voice from some members of the professional dental community that this effort should be done systematically, particularly regarding issues such as supervision; scope of practice; training; reimbursement/finance; quality of care; and educational preparedness.

Additional Resources

- [Help Wanted: A Policy Maker's Guide to New Dental Providers](#)
- [Training New Dental Providers in the U.S. by Burton L. Edelstein, DDS, MPH, Columbia University and Children's Dental Health Project December 2009](#)





4. WORKFORCE DEVELOPMENT

FINDINGS – Rural communities are eager for economic development that can increase access and dental services and the economic opportunity and career path opportunities for their citizens.

Generally, communities would welcome mid-level oral health training programs in their local educational (e.g. community/tribal colleges) or medical facilities.

The current economic climate has generated greater attention from both the state and federal governments to the need for workforce development especially in the rural and more culturally diverse populations/communities—the same communities that have significant barriers to oral health care (dental service availability, distance, transportation, and cost/insurance).

[\[Read more\]](#)





Implications

The efforts of Con Alma Health Foundation and our partners and stakeholders is an important step to closing New Mexico's oral health gap to access and care. We have expanded the discussion and successfully increased the visibility of New Mexico's oral health needs. Our work builds on and seeks to complement existing work already made by New Mexico policymakers, health professionals, and the W.K. Kellogg Foundation to expand care to every community.

Going forward, National leadership to define the scope of services eligible for reimbursement will be critical. The findings and information can and should be utilized by policy makers, industry groups and other interested stakeholders as a tool to further guide strategic direction of a New Mexico mid-level oral health practitioner model.

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- i 2010 The Cost of Delay: State of Dental Policies Fail One in Five Children, The Pew Center on the States
 - ii New Mexico Health Resources and 2008 New Mexico Geographic Access Data Systems & Selected Health Professionals in New Mexico, Health Policy Commission
 - iii 2008 New Mexico Geographic Access Data Systems & Selected Health Professionals in New Mexico, Health Policy Commission





Thank You

Con Alma Health Foundation (CAHF) is grateful to members of the New Mexico Oral Health Initiative Team, who shepherded this year-long process, particularly Jerry Harrison, who provided invaluable expertise on health care workforce policy and strategic planning for the initiative, Charlotte Roybal, whose dexterity and skill in organizing people and overseeing the project was priceless, Lynn Pitcher Komer, whose communications and public relations know-how was exceptional, and Benny Shendo, who provided assistance critical to the initiative as a liaison to the Native American communities of New Mexico.

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1. Health Action New Mexico
2. New Mexico Health Resources
3. New Mexico Primary Care Association
4. New Mexico Voices for Children

Thank you to the community members, policy makers and stakeholders who attended forums and meetings about oral health in New Mexico. We are hopeful that New Mexico communities can come together to continue the conversation about oral health disparities and search for solutions.

DOLORES E. ROYBAL,
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