



# 2008 CDHP Principles Dental Workforce

Assuring the oral health of US children requires a robust supply of well-trained professionals available to all families. Developing and maintaining a cadre of these professionals in diverse settings requires educational and training programs that are high quality, scientifically-grounded, culturally appropriate and sensitive to children's and family's needs. Ultimately, the best outcomes for children require all professionals and caregivers to promote prevention, with its promise of eliminating disease, and disease management, with its promise of controlling disease to minimize the need for treatment. Therefore CDHP's work is guided by the following principles to advocate for an adequate and effective workforce to achieve optimal oral health for all children.

## **Integrate established science on prevention and disease management into educational and training programs.**

The rate of dental decay among young children is trending upward for the first time in four decades (increase of 15 percent between the late 1980's and 1990's).<sup>i</sup> Scientific evidence over the past 40 years demonstrates that dental caries is a preventable and manageable disease that, if ignored, results in cavities. The opportunity remains for the decades of scientific knowledge to be translated into effective methods to manage and control dental caries, starting with pregnant women and children under age three. Professionals should be appropriately trained on all aspects of dental disease including prevention through experience with young children and their families; disease management that includes family-centered and risk-based interventions; and parent education to minimize disease transmission and establish lifelong healthy behaviors. There has been growing discussion of alternative providers to repair teeth among children already affected, the greatest impact will result from the development of workforce capacity to prevent and manage disease. Dental education that focuses on prevention and disease management would prepare a workforce able to fully promote children's oral health. Therefore it is critical that appropriate training be provided to the future workforce, additional training is available to the existing workforce, and that science-supported disease management is integrated into the training of all health professionals working with families.

## **Create an equitable dental workforce to meet the needs of all families.**

Equitable distribution of the dental workforce is critical to meeting the needs of all children. Current projections estimate an absolute decline in the overall number of practicing dentists beginning in 2014. However, the dentist-to-population ratio began declining in the mid-1990s.<sup>ii</sup> As the dentists-to-population ratio declines, communities with the greatest dental disease burden – primarily low-income inner-city and rural/frontier communities – are predominately impacted by dentist shortages. With only two percent of dentists trained as a pediatric specialists (less than 5,000 nationally), children with the greatest needs continue to have the least access to them. The declining numbers and maldistribution of dental professionals remain barriers to reducing dental disease among America's children. Strategies are needed to create an equitable distribution of dental professionals, an adequate supply of oral health professionals, and improvements to the capacity and efficiency of the dental workforce in order to meet the demands of the next generation.

**Expand the diversity of the dental workforce to meet demands of today and the future.**

While the racial/ethnic diversity of the U.S. population is increasing, dentistry remains one of the least diverse US health professions. Nearly 25 percent of the U.S. population is African American, Hispanic American, and American Indian yet only five percent of dentists are from these racial/ethnic groups.<sup>iii</sup> In response to this lack of diversity, the Institute of Medicine has recommended increasing the number of minority health professionals as a key strategy to eliminating health disparities. Expanding the diversity of dental and other health professionals should continue to be a focus of significant efforts in order to reflect the growing oral health needs of the U.S. population.

Therefore, Children's Dental Health Project supports the following:

- Improved education and training of medical and dental professionals on preventing and managing dental disease for children using science-based, validated, behavioral, therapeutic, and educational interventions.
- Additional evidence-based research on new or expanded professional models and curricula that improves access to appropriate care including consumer/parent education, prevention, and disease management.
- Creating efficient systems of care that utilize each caregiver type to its maximal capacity.
- Creating incentives and appropriate compensation for professionals to practice evidence-based prevention and disease management.
- Promoting community-based outreach systems of care to address hard-to-reach populations.
- Establishing programs and policies that create a more adequate distribution of professionals to meet the oral health needs of children.
- Investments into increasing cultural competency and the diversity of the dental workforce.

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<sup>i</sup> Dye BA, Tan S, Smith V, Lewis BG, Barker LK, Thornton-Evans G, et al. Trends in oral health status: United States, 1988–1994 and 1999–2004. National Center for Health Statistics. Vital Health Stat 11(248). 2007.

<sup>ii</sup> American Dental Education Association, Trends in Dental Education, Accessed on 3/21/08 at <http://www.adea.org/TDE/>

<sup>iii</sup> The Sullivan Commission. Missing Persons: Minorities in the Health Professions. A Report of the Sullivan Commission on Diversity in the Healthcare Workforce. September 2004.