

Problem Statement:

“The great and enduring strength of American democracy lies in its commitment to the care and well-being of its citizens. The nation’s long-term investment in science and technology has paid off in ever-expanding ways to promote health and prevent disease. We can be proud that these advances have added years to the average life span and enhanced the quality of life. But an ‘average’ is necessarily derived from all values along a continuum and it is here that we come to recognize gaps in health and well-being. Not all Americans are benefiting equally from improvements in health and health care.”¹ According to data released by the U.S. Census Bureau in August 2004, about 45 million Americans, or more than 15 percent, were uninsured in 2003, including 8.4 million children.²

Disparities in access to oral health services parallel those for access to medical services, but the gap is even wider and of greater consequence for some segments of the population. Approximately 108 million Americans do not have dental insurance and, for each child without medical insurance, 2.6 are without dental insurance.³ Reasons often cited for oral health disparities within the U.S. population include availability of dental insurance, personal income, age, sex, race or ethnicity, medical health status and the distribution, availability and diversity of oral health care providers.⁴

The federal government had designated 1,895 Dental Health Profession Shortage Areas in the United States as of 2002.⁵ In Oregon, 23 of 36 counties (62 percent) are listed as not having a sufficient number of dentists to adequately treat their respective populations.⁶ Most of these are rural counties in eastern and southern Oregon and along the coast. As pointed out in a special workforce study commissioned by the governor, a growing provider shortage in general, and the uneven distribution of dentists, greatly impacts the quality and accessibility of care for many Oregonians. The governor’s workforce study found that “... the dentist shortage is expected to get worse as the number of dentists retiring each year outstrips the number of new dental school graduates entering practice. This, combined with an aging population, including elderly poor, and low-income children, means still fewer services for already underserved groups of Oregonians.”⁷ The dentist shortage problem is only one of the problems adversely affecting access to dental care in Oregon’s rural counties. The problem is made much worse when education, income, employment opportunities and geographic data are also considered.

Oregon provides a unique opportunity for use of dental hygienists to improve access to dental services for low-income, disadvantaged and rural populations. A law was passed by the Oregon legislature in 1997 establishing the Limited Access Permit (LAP) program that authorizes dental hygienists to render all services within the scope of practice of dental hygiene to individuals who, due to age, infirmity or disability, are unable to receive regular dental hygiene care.⁸ Listed among the populations that LAP hygienists may access to provide unsupervised dental hygiene services are enrollees of nursery schools, day care programs and primary and secondary schools, including private and public charter schools.

To qualify for a limited access permit, a dental hygienist must hold an unrestricted Oregon license and have completed at least 5,000 hours of supervised dental hygiene clinical practice in the previous five years. An application must be submitted to the Oregon Board of Dentistry certifying the 5,000 hours of clinical practice and list the name of the applicant's current professional liability insurance carrier, policy number and expiration date of the policy. LAP hygienists must also complete a total of 36 hours of continuing education every two years. This is in addition to the 24 hours of continuing education required of all licensed hygienists in Oregon. Twelve of the 36 hours of continuing education must be in at least two of the following areas:

- General medicine and physical diagnosis
- Pharmacology
- Oral pathology
- Patient management and psychology
- Jurisprudence relating to unsupervised practice with limited access patients

LAP hygienists are allowed to examine patients, gather data, interpret the data to determine a patient's dental hygiene treatment needs and formulate a patient care plan. LAP hygienists are required to refer their patients annually to a dentist who is available to treat the patient and they are required to note in the patient's official chart held by the facility that the patient has been referred.⁹

The 2005 Oregon Legislature further broadened the statute pertaining to LAP hygienists. Effective May 13, 2005, persons entitled to benefits under the Women, Infants and Children Program may be seen by LAP hygienists and LAP hygienists may now "write prescriptions for all applications of fluoride in which fluoride is applied or supplied to patients."¹⁰

Southern Oregon Head Start (HS) is a federally funded educational program that qualifies as a location where LAP dental hygienists may provide unsupervised services. The program provides preschool services to low-income children and their families and to children with disabilities. In addition, comprehensive infant/toddler services are provided for children aged 0 (pre-natal women) to 3 years of age in an Early Head Start (EHS) program. Southern Oregon Head Start includes two of Oregon's most rural and sparsely populated counties, Jackson and Josephine. Both have been designated by the Bureau of Primary Health Care, Health Research and Services Administration, as dental health professional shortage areas.¹¹ Josephine and Jackson counties exhibit many of the risk factors associated with populations that have poor oral health, including low income and low education levels, widely scattered populations living in rural communities and a shortage of dentists. For example, only 14.1 percent of adults residing in Josephine County have bachelor's degrees, median family income is \$36,894, compared to \$50,046 for the United States, and 21 percent of children under age 18 live below the poverty level.¹² Only 38 dentists are listed as practicing in Josephine County and only one of these is a pediatric dentist. Thirty-five of Josephine County's 38 dentists (92%) are located in its largest community, Grants Pass.¹³

LAP hygienists have been utilized by Southern Oregon HS to provide services in both Jackson and Josephine counties. During the first year of services provided by LAP dental hygienists in Jackson County, all 552 enrolled HS children completed a dental hygiene examination and 417 (76%) received a fluoride varnish treatment. Seventy-five children receiving dental hygiene examinations were migrant children who were not otherwise entitled to health benefits.

Recognizing the importance of prevention and control of oral diseases and conditions particularly for children, Healthy People 2010 identifies the following objectives:¹⁵

- 21-1. Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth.
- 21-2. Reduce the proportion of children, adolescents, and adults with untreated dental decay.
- 21-8. Increase the proportion of children who have received dental sealants on their molar teeth.
- 21-10. Increase the proportion of children and adults who use the oral health care system each year.
- 21-12. Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Rules and statutes establishing the Limited Access Permit program in Oregon offer an environment where significant progress can be made towards achieving these goals. Promising results have already been demonstrated in Jackson County and, with modest funding, similar results are possible in Josephine County. Southern Oregon is an underserved area where access to oral health services can be markedly improved through the use of Limited Access Permit dental hygienists working unsupervised in non-traditional settings.