Guest Editorial

Are We Future Ready?

Cynthia C. Gadbury Amyot, MS, EdD

Cheryl M. Westphal Theile, EdD, RDH

The first ever *Surgeon General's Report on Oral Health* was published and disseminated in the millennial year 2000. Today, over twenty years later, we now have a follow up report, *Oral Health in America: Advances and Challenges 2021.* Nearly 800 pages in length, this report is full of information on the progress, or lack thereof, in oral health in the United States (US). We would like to take the opportunity to break the report down regarding what it can mean for the future of dental hygiene.The report is divided into six sections:

- Effect of Oral Health on the Community, Overall Well-Being, and the Economy
- Oral Health in Children and Adolescents
- Oral Health in Working-Age and Older Adults
- Oral Health Workforce, Education, Practice, and Integration
- Pain, Mental Illness, Substance use, and Oral Health
- Emerging Technologies and Promising Science to Transform Oral Health

Each section includes the current knowledge, practices, and perspectives; advances and challenges; promising new directions; and a summary. The discussions of the "Advances and Challenges" provide us with some benchmarks on what we have accomplished since the first report in 2000 and where there is still much room for growth. Here are some key takeaways to be proud of and some areas that miss the mark.

Access to Care

+ The number of individuals receiving oral health services at FQHCs across the U.S. increased from 1.4 million in 2001 to nearly 5.2 million in 2020.

- More than half of dentists in the US do not participate in public insurance such as Medicaid.

Interprofessional Practice

– There is a need for both individual-based preventive programs and services as well as public health approaches to oral care. Both approaches could be aided by improved models of medical-dental integration; increased utilization of interprofessional education (IPE) and interprofessional practice (IPP); and innovative approaches to improve oral health literacy.

Preventive Approach to Oral Care

+ Paradigm shift in dental treatment over the past 20 years is moving from a restorative approach to a preventive approach with 12% services focused on restoring teeth with preventive care making up the remainder, as compared to 22% restorative services in 2000.

Oral Health Across the Lifespan

Children (2-11 years of age)

+ The most substantial decline in untreated dental caries was in preschoolers with 10% having untreated caries as compared to 19% in 2000. Improvements were seen across all racial and ethnic groups and income levels

Adolescents (12-15 years of age)

- Overall prevalence of dental caries was 48% as compared to 57% in 2000. The improvement in adolescent oral health has been inconsistent and not as good as in younger children.

Working-Age Adults (20-64 years of age)

- Overall prevalence of untreated caries is 29%, up from 28% in 2000, of those with untreated tooth decay, 52% live in poverty. The prevalence of periodontal disease has remained unchanged.

Older Adults (≥65)

+/- 65% of older adults have functional dentitions (more than 20 teeth) as compared to 46% in 2000. However, there were increased disparities across racial and ethnic groups and income levels.

Dental Insurance Coverage

+/- There was an overall increase in dental insurance benefits to 78% as compared to 55% in 2000. However, this expanded coverage was primarily for children and adolescents due to a 50% increase in Medicaid and CHIP programs. Nine out ten children now have some type of dental insurance. Working age adults were the only group that did not benefit from increased dental insurance coverage.

Key points

As dental hygienists, each of the above points should resonate with our profession. The current oral health system in the US delivers predominantly office-based care that is convenient for providers but is not accessible for many patients, especially older adults, persons with disabilities, and others who are unable to travel for care or who work in jobs without leave during general working hours. Access to care has been an area where dental hygienists have significantly increased their participation over the past 20 years. Since 2001 there have been increased scopes of practice for dental hygienists across the country, with 42 states permitting some form of direct access. Today many more dental hygienists are working in settings where care is taken to the patient rather than the patient required to travel for care and the impact of these models can be seen in in the new report.

Today, 19 states permit direct Medicaid reimbursement to dental hygienists. This needle needs to keep moving in order to encourage dental hygienists embrace the concept bringing oral health care to people who cannot access care in the traditional settings. Another important aspect to consider is that more than half of dentists do not participate in public insurance, e.g., Medicaid. Considering the data, this is exactly where we need dental hygienists to help move the dial on patients who are eligible for these programs. It also should be noted that while the report referred to the concepts of oral health related quality of life (OHRQoL) and person centered care as relatively new concepts in dentistry 20 years ago, the report failed to mention that dental hygiene has had a published OHRQoL model of care for over 20 years, and person-centered care defines the practice of dental hygiene.

Where do we go from here? What is our role for the next 20 years and beyond? The dental hygiene profession was founded on the principles of preventing oral disease and promoting oral health. Our profession must be ready to work with other health care providers to bring policy changes for better and greater access to care. We must be ready to expand our practice settings to include more community based centers, schools, nursing homes, and medical centers. We must be focused on increasing our diversity and expanding our cultural education to reach the growing diverse populations we serve. ***Together we can move forward.***

Cynthia C. Gadbury Amyot, MS, EdD is a professor emeritus and adjunct professor in the School of Dentistry, University of Missouri, Kansas City, MO, USA; ***Cheryl M. Westphal Theile, EdD, RDH*** is a clinical professor emeritus and an adjunct professor in the College of Dentistry, Department of Dental Hygiene and Dental Assisting, New York University, New York, NY, USA; both are members of the *Journal of Dental Hygiene* Editorial Advisory Board.