

Defining Dental Barriers



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One morning before clinic, I noticed a little boy in the waiting room. He was thin and grungy looking, but happy to be there to get his teeth fixed. As I watched, I saw one of our assistants hand him an apple. Within seconds, he devoured it down to the core. When the assistant offered to throw it away for him he looked up and said, "No, this is my lunch."

The gravity of need that I felt in that moment was palpable. This child had more pressing issues than brushing his teeth at night. He, like so many others in our country, was just worried about when he would eat next.

We are at a cross roads in dentistry. Children and adults alike are in need of dental care and many never get the services they need. Very powerful groups such as the ADA and the Kellogg Foundation are putting time and resources into solving the problem of dental "access." What does that word really mean? How do we define access? How can we find a solution to a problem that is not clearly defined? Dental "access" only tells us whether or not it exists, telling us nothing about why care is not being accessed. In order for our profession to solve the issues facing us, we have to adequately define the problems that are barring us from providing services to those who need it most.

Barriers are numerous and multifaceted. They could be financial, social, cultural, language, distance, education and more. One by one, these barriers need to be addressed by us as dental students and dentists to ensure the health of the American public.

It is for this reason that ASDA and the ADA have moved away from using the term "dental access" and have begun to define specific barriers to care. One key resolution passed

at the 2011 ASDA House of Delegates states:

Resolved, that ASDA, in recognition of the existence of multiple barriers to care, utilize the phrase "barriers to care" when applicable rather than "access to care" in all ASDA communications; and be it further

Resolved, that whenever possible, ASDA further identifies which "barrier to care" is being addressed (e.g. financial, geographic, governmental policy, personal, etc.)

The change was made due to the negative connotation and ambiguous nature of the term "dental access." At the University of Minnesota, we

not prepared at the time to deal with dental access. All we could say is, "No. We do not like this." We continue to have good reasons to not support this program and others like it. The bottom line is that these programs will continue to pop up until we step up to the plate with legitimate solutions of our own to the many barriers to dental care.

It is of the utmost importance for students to be knowledgeable and to be part of the solution as workforce issues become more of a factor in dentistry. If we want workforce issues to be solved, then we as dentists must break down the barriers to care facing our patients. Only then will we be able to fully provide

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have seen the power of words first hand. State legislators used the term "dental access" to bring our Dental Therapy degree program into existence. The legislation passed despite staunch opposition of the Minnesota Dental Association, American Dental Association and Minnesota ASDA. In retrospect we were

the kind of care we want in the communities that we serve. 