

Accessible Dentistry *The Disability Community*

In the fast-paced world we live in today, dentistry is no different. There is little time to stop and accommodate a person who may need that extra minute to become comfortable and at ease. Just 5 years ago, in late 2018, the American Dental Association revised its code of conduct to prohibit the refusal of patients with physical, intellectual, and physical disabilities¹. Since then, dentists must provide an initial consult and then a referral to another dentist, if appropriate, but dentists cannot simply turn away these patients anymore. This goes to show headway has been slowly made in this area, but there is much room for improvement. This Honors Capstone will cover how people with disabilities are underserved in the dental community. This paper will summarize the current situation, discuss what can be done to provide equal access for all, and hypothesize how such a change can be implemented. The impact of this project can have on the field is monumental because everyone deserves quality dental care. Many dentists are not accommodating an incredibly underserved demographic in their practices.

61 million adults in the United States have a disability; this is 1 in 4 patients that walk into the dental office². Of this 61 million, 13.7% have a mobility impairment, 10.8% have a cognition disability, 10.5% have issues completing daily tasks such as running errands, dressing, or bathing, 5.9% are deaf or have serious difficulty hearing, and 4.6% are visually impaired. In contrast to this high number of Americans with disabilities, only 69.2% of dentists treat people with disabilities³; meaning there are a vast number of patients who must seek a specialty dentist. Such dental practices are normally in large, urban areas, so they may be located hours away from the patient's residence. Not to mention, travel for people with disabilities is often difficult due to having to find someone to drive them, sitting in a car for long hours, etc. Furthermore, many with developmental disabilities have only Medicare and Medicaid for insurance coverage. The issue with this is Medicare does not cover routine dental care, and Medicaid offers very spotty dental coverage. By law, states are not required to ensure dental treatment for adults under Medicaid; this allows coverage to differ from state to state. With this, coverage is also lessened when budgets are tight. In states like Alabama and Delaware, there is zero dental coverage provided for Medicaid patients. On the other hand, Tennessee provides coverage under Medicaid to adults with developmental disabilities. However, just because a patient has coverage from Medicaid, this doesn't mean a provider takes that specific insurance; in fact, 20% of dentists nationwide accept it⁵. With all these obstacles, many people with disabilities simply choose to not go to the dentist. In a study of Medicaid insured adults who haven't been to the dentist in 12 months, the primary reason listed was cost (50%) and the secondary reason listed was difficulty finding a dentist (41%)⁴.

Dental care is an often-forgotten component in overall health. According to the *Bureau of Transportation Statistics*, regardless of age, people with disabilities make fewer trips per day on average than people without disabilities, and the daily trip rates for people with disabilities and without disabilities has declined over time⁵. With this, patients with disabilities are already spending most of their trips at their primary physician's office, while oral health gets put on the back burner. Many people with developmental disabilities have a difficult time maintaining their own oral health leading to a higher rate of disease³. The ones that do make it to the dentist are often met with an early sedation and confusion which instills fear for future visits. Sedation of

patients with disabilities is a common practice in the dental office due to a lack of knowledge and education on disability studies. Not to mention, being under sedation is difficult on the body's processes and completely unnecessary with the majority of dental work. In a health providers busy schedule, time equals money; this equation does not bode well for patients with disabilities as they require extra care and attention. As Jane Koppelman, senior manager of the dental access campaign for the Pew Charitable Trusts explains, "Is it a sober reality that we need to anesthetize some people with disabilities or are there better ways to deal with communicating with them?"⁶.

In order to reduce oral health disparities, interventions must occur both at the policymaking and community level. Sadly, interactions between providers and patients with disabilities may become awkward when the provider knows little about their specific disability. This often results in poor outcomes of dental care due to misunderstandings and lack of preventative care. Adults with disabilities are four times more likely to report their health to be only fair or poor than people without disabilities⁷. Specifically, It has been found that adults with developmental disabilities are at risk for poor oral health among other health issues⁸. Dental caries, also known as tooth decay, and more complex oral diseases are painful and cause sensitivity in the mouth. When a day-to-day activity such as eating becomes painful and unpleasant, quality of life for these individuals declines. It is much easier to treat dental caries when they first develop compared to when they decay into the pulp and root of the tooth resulting in the need of an extraction. Extraction of teeth is often followed by an implant, but many with disabilities who are in a lower income bracket cannot afford an implant resulting in bone loss where the tooth used to be. Many don't realize that when a tooth gets extracted, the surrounding bone deteriorates and becomes brittle. This can even lead to deformations of the face. Thus, changing the inconvenient and unaccommodating nature of dental visits for Americans with disabilities is incredibly important in ensuring positive health outcomes.

Policy must be reformed beginning with the American Dental Association. Small steps have been made toward granting greater access, but there remains a large disparity against people with physical disabilities. The population of people with physical disabilities has been on rapid increase due to the United States' aging population. This expands the need for further ADA accommodations. Disability Studies must be taught in dental schools, and the American Dental Association will need to require all dentists to provide accessible care for this issue to be resolved. More grants and reforms need to be implemented to provide dentists the means to afford accommodations for those with physical disabilities. Providing accessible dental care to people with physical disabilities has an extra cost; wheelchair lifts, widened doors, widened hallways, automatic door opener, wheelchair ramps, wheelchair accessible sinks, lower light switches in restrooms, and lowered countertops all must be employed to provide equal access to all bodies. A wheelchair lift costs about \$15,000-\$25,000⁹; and this cost doesn't even cover installation. To widen the doors and hallways, the cost is on average \$30,300-\$42,500¹⁰. For automatic door openers to be installed, \$2,120 should be expected to be spend on average¹¹. Permanent wheelchair ramps cost \$3,000, and wheelchair accessible sinks will be \$450-\$800. Lower light switches will cost around \$30-\$100, and lowered countertops will be \$600-\$2,000¹¹. The removal of these barriers will eliminate the labor of access for many coming into the dental office. These accommodations will need to be required by the American Dental Association and covered by them or other outside organizations in order to get these changes in motion.

Within the dental community, dentists need to group together and advocate for their patients with disabilities. According to the *ADA Code of Ethics*, one of the major principles includes “Beneficence” meaning dentists have the duty to promote patients’ welfare¹. With this key principle, it is dentists’ duty to join together and advocating for the disability community and their welfare.

Equal access can be implemented by providing patients with disabilities alternative dental care options. The provider must slow down the dental practice from the norm and provide an extra focus on the patient. “The lights, sounds, textures and smells of a dental office can pose sensory challenges. A patient with autism, for example, may be helped by seeing pictures of the dental office and going over the schedule for the appointment to know what to expect” says Donna Murray, vice president of clinical programs at Autism Speaks⁷. Dentists can address certain trigger factors in relatively cost-effective ways: offering noise cancelling headphones, heavy blankets, fidgets, and sunglasses, among other items. Front desk staff can tailor the process of checking in a patient with a disability. Many people feel anxiety when visiting the dentist, so these accommodations can aid a vast number of patients. Even though not many dental offices specialize in treating patients with developmental disabilities, making these accommodations are a start.

Treating patients with fluoride tablets or community water fluoride is considered one of the greatest disease preventative measures of the twentieth century⁵. This method is so simple and easy to implement. Certainly, a great start, but not an end all be all cure to this issue. Some people with disabilities who seek dental care require ramps, wheelchair lifts, etc. which all have a lofty monetary cost. Much of the progress in this area comes from dental schools and small amounts of state funding. Dental Schools with nearly limitless funding and new technology can develop creative methods to treat this population’s dental health needs from dental caries to periodontal disease. The University at Buffalo School of Dental Medicine has opened a S-miles-To Go mobile dental unit with a \$735,000 grant from Delta Dental Community Care Foundation¹². This van’s purpose is to do outreach and increase delivery of essential dental treatment to patients with intellectual and developmental disabilities. This mobile dental clinic consists of two chairs, a panoramic X-ray unit, digital radiography, sterilization center, wheelchair lift, and a digital record keeping system. The mobile clinic pairs with various Arc GLOW locations where it is parked several days per week. “Patients with disabilities face numerous barriers to oral health care, including a lack of access to transportation and adequate coverage and reimbursement through Medicaid and other insurances, along with a shortage of dentists trained to meet their needs” says Stephen N. Abel, D.D.S., senior director of community and professional initiatives at the University at Buffalo School of Dental Medicine⁸. This mobile clinic does not only address the immediate issue of getting dental care out to an underserved population, but also increases the number of dentists who are trained to treat patients with disabilities. Dentists who have knowledge and a background of disabilities will be more aware of the current discrepancy in dentistry, and they will be the trailblazers of accessible care in dental practices.

In regard to state funding, California recently implemented a new tobacco tax in which the proceeds go to dentists who treat patients on Medicaid¹³. This has been received positively by the disability community because many are in a lower income bracket. More taxes like these could

expand Medicaid benefits, so that people with disabilities above the poverty line may receive the coverage they need as well.

The disability community has been neglected for far too long in dentistry. In this current state, patients with disabilities are being treated as an inconvenience when in reality they make up a significant part of the patient base. Three things which must be accomplished for this issue to resolve include large scale education on the current issue, proper funding for equal access, and advocacy. The solution to ensuring dental work is accessible for all begins with proper education, funding, and policy backing – and ends with the implementation of proper accommodations by dentists that provide the entirety of the disability community with much needed dental care.

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Bibliography:

- AEGIS Communications, By Michael Milano. “Oral Healthcare for Persons with Intellectual or Developmental Disabilities: Why Is There a Disparity?” Oral Healthcare for Persons With Intellectual or Developmental Disabilities: Why Is There a Disparity? | Volume 38, Issue 11 | Compendium
- American Dental Association. Council on Ethics, Bylaws and Judicial Affairs. (2020). 9-11. “Disability Impacts All of Us Infographic.” Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, September 16, 2020.
- Amos, Jayme. “Ada Dental - Budget Killing Dental Office Construction Cost #4.” How To Open A Dental Office, April 1, 2020.
- Bernhard, Blythe. “Dentists No Longer Permitted to Turn Away Patients Due to Disabilities.” Disability Scoop, August 30, 2019.
- “California's Program on Medicaid Incentives to Quit Smoking (MIQS).” Smoking Cessation Leadership Center, December 6, 2018.
- “Cost to Remodel to Adapt for a Disability.” Fixr.com, July 30, 2021. <https://www.fixr.com/costs/disability-remodeling>.
- D'Addazio, Gianmaria, Manlio Santilli, Bruna Sinjari, Edit Xhajanka, Imena Rexhepi, Rocco Mangifesta, and Sergio Caputi. “Access to Dental Care-a Survey from Dentists, People with Disabilities and Caregivers.” International journal of environmental research and public health. MDPI, February 6, 2021.
- “Disability Impacts All of Us Infographic.” Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, September 16, 2020.
- Horner-Johnson, Dobbertin , Beilstein-Wedel. Disparities in dental care associated with disability and race and ethnicity. J Am Dent Assoc. 2015 Jun;146(6):366-74. doi: 10.1016/j.adaj.2015.01.024. PMID: 26025823.
- Kodjak, Alison. “Getting Dental Care Can Be a Challenge for People with Disabilities.” NPR, NPR, 24 Oct. 2016.
- Krahn, et. al. 2015. “Persons with Disabilities as an Unrecognized Health Disparity.” American Journal of Public Health 105: 198

National Council on Disability. 2009. "The Current State of Health Care for People with Disabilities." 86.

Northridge, Mary E., Anjali Kumar, and Raghbir Kaur. "Disparities in Access to Oral Health Care". US National Library of Medicine national Institutes of Health. Annu Rev Public Health. April 4, 2020.

Slessarev, Alexandra. "Barriers to Dental Care Abound for Individuals with Developmental Disabilities." Bill of Health, August 5, 2019.

Solana, Kimber. "University at Buffalo Dental School Receives 735K Grant." American Dental Association, January 13, 2022.

"Travel Patterns of American Adults with Disabilities." Travel Patterns of American Adults with Disabilities | Bureau of Transportation Statistics, January 3, 2022.

Webtechs, Written by, and Webtechs. "Automatic Door Opener Cost 2020: Handicap Door Price." C&I Show Security Systems, Inc, March 17, 2020.