

Dentistry emerged as a distinct profession more than 175 years ago in the United States, set apart from other fields of medicine. On April 27, 2018, in partnership with Oral Health Kansas and Kansas Oral Health Connections, the Kansas Health Institute (KHI) hosted an educational session about the implications of that history on the current state of oral health policy in Kansas and the nation.

## History and Consequences

To begin the conversation, the Kansas News Service's Jim McLean interviewed journalist Mary Otto, the author of *Teeth: The Story of Beauty, Inequality, and the Struggle for Oral Health in America*.

Otto described the origin of the first dental college, founded in Maryland. As the story goes, the founders approached the medical school at the University of Maryland to add dental studies to the program, but the physicians had no interest. The resulting school, the Baltimore College of Dental Surgery, became a model for how dentists would be trained in the United States—mostly separate from the training of physicians.

“There was a chasm between the disciplines of medicine and dentistry,” Otto said, adding that the chasm persists. “We have to seek care in different places for our oral health.”

Among the consequences is the way dental insurance is offered, often as a separate product. Meanwhile, public health insurance tends to either exclude or limit dental benefits.

“[Dental benefits] are sort of treated like a fringe benefit,” Otto said. “Medicare has not ever included dental benefits for seniors and disabled Americans, so tens of millions of elders don’t have dental benefits. Medicaid entitles children to dental benefits, but for adults it varies from state to state. These benefits often end up on the states’ chopping blocks when times get tough.”

## Judging Appearances

Even while access to dental care can be limited, societal pressure for the perfect “Hollywood smile” has grown.

“We tend as a society to place a moral implication on people’s oral health,” Otto said. “We judge people with



Journalist and author Mary Otto (left) was keynote speaker at an educational session held at the KHI Learning Center on April 27, 2018. She is pictured here with Tanya Dorf Brunner, executive director of Oral Health Kansas.

oral health issues differently than we do people with other health care conditions.”

Otto described a recent survey by the American Dental Association, which found that roughly one-third of low-income adults were reluctant to smile.

“They were ashamed of their appearance,” Otto said. “It holds them back from seeking jobs, finding social connections, and can condemn them to the cycle of poverty.”

***“We tend as a society to place a moral implication on people’s oral health. We judge people with oral health issues differently than we do people with other health care conditions.”***

– Mary Otto,  
journalist and author

## A Personal Connection

Otto’s interest in oral health policy was sparked by the story of Deamonte Driver, a 12-year-old from Baltimore who died from complications of a dental infection. Otto had met and interviewed Driver and his mother for a Washington Post story shortly before he died.

Driver’s story is often used to highlight flaws in the Medicaid system, as he was entitled to dental benefits through Maryland’s program. But even with support, the family struggled to find dental providers for their children. In fact, the Driver family’s story prompted a comprehensive review in Maryland and led to reforms that improved access among lower-income beneficiaries.



Cathleen Taylor-Osborne, D.D.S., M.A., F.A.C.D., state dental director (left), and Denise Cyzman, M.S., R.D., executive director of the Kansas Association for the Medically Underserved, participated in the panel discussion.

## Kansas Solutions

As Otto joined three Kansas panelists for further exploration of the issues outlined in her book, the focus of the discussion turned to potential Kansas solutions.

Denise Cyzman, M.S., R.D., executive director of the Kansas Association for the Medically Underserved, described the integrated model of care adopted by dozens of safety net clinics in Kansas. The model offers primary medical care, behavioral health services and dental care in a co-located setting.

“Each of the clinics think of what they do in terms of the whole person, so they’re not here to separate the mind, the body, the mouth, the feet, the eyes, all the different body parts,” Cyzman said. “They want to look at individuals as whole persons as well as look at the circumstances that surround their lives that make it easier for them to stay and get healthy, or that make it more difficult.”

Cathleen Taylor-Osborne, D.D.S., M.A., F.A.C.D., of the Kansas Department of Health and Environment, is the state dental director. Taylor-Osborne said dentists proactively look at the overall health of patients, including the risk factors in their lives and environments.

“As a bureau, we try to raise the awareness and education of what policymakers and educators across the state need to look at for the betterment of all Kansans’ oral health,” Taylor-Osborne said. “And not

just on an individual level, but on a population and community-wide level.”

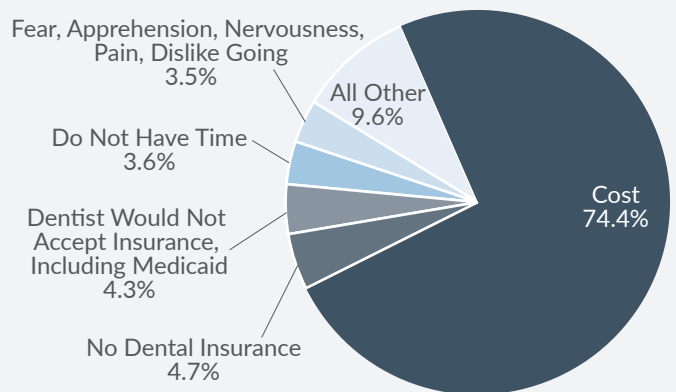
Tanya Dorf Brunner, executive director of Oral Health Kansas, a statewide oral health coalition, responded to data that illustrate what drives lack of access to dental care in Kansas (Figure 1).

“In survey after survey, adults cite the cost of dental services as the main reason they don’t seek dental care,” Dorf Brunner said.

Potential solutions being pursued by the coalition include:

- Extend comprehensive dental benefits to adults in the KanCare Medicaid program (currently adults receive only preventive dental benefits from managed care organizations, which offer them as value-added services);
- Increase Medicaid dental provider rates to help expand access; and
- Create the practice of dental therapy in Kansas (legislation stalled late in the 2018 legislative session).

Figure 1. Top Reasons for Not Receiving Dental Care Among Kansas Adults Age 18 and Older Who Reported Unmet Oral Health Needs, 2015–2016



Note: Percentages may not sum to 100 percent because of rounding.

Source: KHI analysis of data from the Kansas Department of Health and Environment’s Kansas Behavioral Risk Factor Surveillance System, 2015–2016.

For additional charts related to unmet oral health needs in Kansas, see [khi.org/policy/article/18-15](http://khi.org/policy/article/18-15).

## KANSAS HEALTH INSTITUTE

The Kansas Health Institute (KHI) delivers objective information, conducts credible research, and supports civil dialogue enabling policy leaders to make informed health policy decisions that enhance their effectiveness as champions for a healthier Kansas. Established in 1995 with a multiyear grant from the Kansas Health Foundation, KHI is a nonprofit, nonpartisan educational organization based in Topeka.

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212 SW 8<sup>th</sup> Avenue | Suite 300  
Topeka, Kansas | 66603-3936

785.233.5443

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