

6 days ago

Grantee spotlight: Dental Aid, Inc.



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Photo Courtesy of Dental Aid

Dennis Lewis, President and CEO of Dental Aid, Inc. [<http://www.dentalaid.org/>], recently shared with us his perspective on implementing the SMILES Dental Project in Boulder County, including the opportunity to put in place innovative, evidence-based strategies designed to provide the best care for the most people. Dental Aid, one of five SMILES grantees, is a safety-net provider.

Throughout Colorado, we don't have enough dentists who serve under- and uninsured populations, which prohibits easy, affordable access to care for these patients. So a new approach, like the SMILES Dental Project, that potentially provides oral health care for people who can't get to a traditional dentist's office is something we're very interested in.

In Boulder County, we have 55,000 people on Medicaid, but our current capacity is limited to serve only about 20,000 of them. Access to care, as well as the availability and cost of care, are the biggest barriers affecting overall health and quality of life in this community. Also at play are the social determinants of health, including language and cultural differences. For example, Spanish speakers are less likely to make a dentist's appointment, as are single moms and lower-income parents who are often working multiple jobs and can't find the time to keep up with the care their families need.

You don't have to look far to find poverty. It's right here. And it's across the street. Yet many of us aren't aware of the sizable mobile home parks in Boulder County. And we're not just talking about the very, very poor: in Boulder County, I think about the single mom who's earning \$25-\$30 per hour, or about \$60K per year. After high housing costs and childcare expenses, plus food, car insurance and other requisite outlays, there's little or no disposal income left for dental care or other expenses.

So we're always asking ourselves, how can we eliminate or reduce those barriers – like cost, culture, language and transportation – to make things easier for vulnerable populations? The SMILES Dental Project does just that by going where patients already are – whether it's a school, a food bank, a homeless shelter, or a community center. From there, we're asking, what is it going to take to get them healthy?

We're focused on identifying and treating disease at new sites that will become dental homes where we can eventually go beyond disease and pain management to fostering health management. The evidence for this approach is compelling: cost savings on the medical side – when it comes to emergency hospitalizations, as well as oral health-related pregnancy issues, cardiovascular concerns and cerebral health – are substantial. Maintaining oral health saves \$1K per year for diabetics, \$2K per year for pregnant women and about \$5K per year among stroke victims – further proof that oral health is a part of, and must be integrated with, overall health.

Some private providers will say they have openings in their schedule. They say, we can treat these folks, we don't need a new model. But the old model is clearly inadequate. Another pushback to our approach is the argument against more work going to dental mid-levels. To that, I say you're right: the SMILES model works on referrals from community settings so you can focus on what you do best – what only dentists can do. The idea of Interim Therapeutic Restorations is also misunderstood, despite scientific support for ITRs as a viable restorative treatment. So we need to do a better job of educating dental health professionals.

That said, I have always thought of my profession as a benevolent one – there are so many dentists who provide *pro bono* services through their Rotary Clubs, churches and other associations. But there's a lack of awareness of the scope of the problem that the SMILES Dental Project is helping to address. We need to listen to private practitioners and have civil discussions, answering with evidence and emphasizing a shared compassion for the patient populations we aim to serve.

I've been a part of the safety-net system for 35 years. If I retire at 40 years, it'll be a real shame if we haven't improved availability and access to oral health care in that time; if we haven't cut down the number of kids suffering from dental disease; and if we haven't helped that single mom. The models we've used historically haven't made enough of a difference, but SMILES has the potential to move the needle, and influence and improve how we deliver care.

Related news:

Read Dennis Lewis' October editorial in the Daily Camera, *Sugar attacks oral health* [http://www.dailycamera.com/letters/cj_30489400/dennis-lewis-sugar-attacks-oral-health] . And see The Denver Post's recent coverage of Dental Aid: *Dental work made affordable in Boulder County for those in need* [<http://www.denverpost.com/2016/11/19/season-to-share-dental-aid-boulder-county/>] .

Posted 6 days ago by [CaringForColorado](#)

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Hristo Yanev November 24, 2016 at 7:08 AM

Hi fellas,

Thank you so much for this wonderful article really!

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