

December 10, 2008

Dear OHP Task Force Members,

My name is John Conry, I am a private practice pediatric dentist in Duluth and a critical access provider for children in Northeast Minnesota. Over 40% of the children seen at our office are low income, minority, special needs or from other underserved groups.

As part of a career spanning almost thirty years in dentistry, I have worked in a wide range of deliver settings including; three years in the British National Health System, teaching pediatric dentistry in Saudi Arabia, seven years as director of the Division of Pediatric Dentistry and tenured professor at the University of Minnesota School of Dentistry, several years as a provider at the CUHCC Clinic and Northside Clinics in Minneapolis and, most recently, in private practice.

It is a sad fact that dental disease in young children continues to be a major problem in Minnesota and indeed is on the increase. How can this be? Children eat “food” products that have low nutritional value and contain high fructose syrup, fats and chemicals. They do not eat regular meals, fruits or vegetables and they snack and graze continuously. In short, their poor dental health is consistent with their overall poor health status. These are the same children who have behavioral disorders, are obese or are at risk for diabetes or who underperform at school. We are creating an unhealthy population from infancy.

Now, the answer to this problem seems to be “drill baby drill”, create a less expensively trained dental surgical technician to fix or remove damaged teeth. This is a piecemeal response and will not solve the access problem. If a new midlevel provider is to be established, that person should primarily engage its prevention.

In reviewing the draft OHP report from the work groups I can find no epidemiological data on the severity or distribution of dental disease in Minnesota. There is no plan or strategy for how to reduce dental disease.

There is no acknowledgement of the fact that where dental therapists have been employed in other countries they are integrated into a system with universal access to healthcare, that has a strong public health vision, and their education, salary and location of service is publically funded.

We all want what is best for children, but we must first correctly identify the problem before designing a solution. I would greatly appreciate having this letter included in your records.

Sincerely,

John Conry, B.D.S., M.S.