

Minnesota Safety Net Coalition
Actual Examples of Settings Where Lack of Access to Dentists
is a Serious Problem

1. **Nursing home:** No dentists willing to treat residents at facility. Medically compromised and cognitively impaired residents difficult to transport and treat in dental offices. According to nursing home providers, space and equipment are not the main problem -- it is the lack of dentists.
2. **Indian reservation:** Serious shortage of dentists to practice in the IHS clinics -- long waits for appointments.
3. **Head start:** Low-income, uninsured families with children are not receiving dental care. Families cannot find a dentist who will treat them for free or at a reduced cost. Dental services could be provided on site but not enough dentists can be found who are willing to do so.
4. **Homeless shelter:** Families and individuals have no money or transportation and are at the shelter for a short time. Many have dental problems that need attention. The shelter attempts to provide dental care on site as needed, but cannot find enough dentists to treat patients at the shelter.
5. **Nonprofit dental clinic:** Clinic serves low-income and uninsured patients and families. Has a long waiting list for dental appointments. Operatories and equipment are available, but the clinic cannot hire enough dentists willing to work there, even at a competitive salary.
6. **Rural community health center:** Unable to recruit additional dentists and has a long waiting list for appointments. The center has unused clinic capacity. Patients are told to travel to the Twin Cities to see a dentist at a community clinic there.
7. **Hospital emergency room:** ER sees many patients with tooth pain who need treatment but cannot do much more than prescribe pain medications and refer the patient to a dental clinic. Many low-income and uninsured patients are unable to find a dentist who will treat them and therefore, return to the ER to renew their pain medications.

In order to address these serious access problems, the OHP must:

- (1) Be willing to practice in these types of settings and treat the patient populations for whom access is a serious problem; and
- (2) Be able to do a cleaning, exam, diagnosis, and treatment of basic dental problems in a single visit without a dentist on-site.