

For Immediate Release

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**Statement by ADA President Dr. Ron Tankersley on the
W.K. Kellogg Foundation Report 'Training New Dental Health Providers in the U.S.'**

The ADA is committed to leading the way toward better oral health for all Americans, and we will continue working and advocating for the changes needed to make that happen. We welcome the W.K. Kellogg Foundation's interest in and commitment to improving the oral health of the millions of people who currently lack access to dental care. Too many people in this country, including children and adults from disadvantaged families, people living in remote areas, people with disabilities and the vulnerable elderly, suffer from painful untreated dental disease.

We agree that innovations to the dental team can help alleviate these disparities. We disagree, however, with the foundation's recent report that recommends expanding the functions of non-dentists to include surgical procedures. We believe that any new dental team member should focus on prevention and education, which ultimately will be the primary factors in stemming the tide of untreated disease. The ADA's commitment to this principle is evidenced by our creating an educational curriculum and funding educational programs for Community Dental Health Coordinators, whose primary functions will be education, disease prevention and linking those patients in greatest need of restorative care with dentists who are willing to provide that care.

Most pointedly, we believe that if this nation is to increase the number of people who receive dental care, we must increase the commitment of public money that we as a society are willing to pay to deliver that care. This is especially true in the current economic crisis. No amount of tinkering with scope of practice or levels of supervision of dental auxiliaries can make up for restoring and increasing funding for federal and state health programs that have been and remain disgracefully neglected.

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The ADA urges state governments to exercise great caution in making dramatic changes to the duties and practice settings of people whose limited training and supervision run the risk of compromising safety and quality. The principal barriers to underserved populations receiving the same dentist-provided care as other citizens are program underfunding and bureaucracy. We should begin there, rather than looking to new, untested workforce models as a stop-gap solution.

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