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Maine Department of Health and Welfare

Division of Dental Health

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DEAN H. FISHER, M.D.
COMMISSIONER

State of Maine

Department of Health and Welfare

Maine Faces Serious Dental Manpower Needs

A. H. GARCELON, D.D.S.*

Maine members of the New England Advisory Commission on Dental Education have unanimously agreed to endorse the joint recommendations of the Commission and the New England Board of Higher Education relative to the urgent dental manpower needs now existing in this and other New England states. State Representative Lucia M. Cormier of Rumford, is a member of both the Commission and the Board, the cooperative efforts of which have produced a comprehensive report on "Dental Manpower Needs in New England." Other Maine members of the New England Commission on Dental Education are: Dr. Henry H. Grant of Portland, representing the Maine Dental Society, and the writer. With Miss Cormier on the New England Board of Higher Education, as representatives from Maine, are: Dr. Lloyd H. Elliott, President of the University of Maine and Dr. Warren G. Hill, State Commissioner of Education.

Working with similar state groups made up of professional and lay members, the two organizations are concerned with the dental health of the people of the six-state area and see as the first step toward solving the problem of manpower needs the necessity of providing adequate educational opportunities for qualified New England students to prepare themselves for the profession of dentistry. The New England group has had the active cooperation of the Division of Dental Resources of the United States Public Health Service. The project of evaluation and summarizing the problem in terms of patients' needs and available dental manpower has had the support of the Surgeon-General of the United States, Dr. Leroy E. Burney.

SUPPLY OF DENTISTS DECLINES

Although New England was once among the regions most generously supplied with dentists, the area has seen its relative supply decline steadily since the 1920's. His-

torically, a majority of the nation's dentists were practicing in New England cities a century ago, and the six states had more than their proportionate share of the nearly 3,000 dentists then in practice. This highly favorable situation continued for many years as nearby Massachusetts became the site of two of the earliest dental schools, namely, Harvard Dental School, founded in 1857 — the first to be established within a university setting — and Boston Dental College, founded a year later, which was to become a part of Tufts in 1899. Graduates from these two famous schools joined the number of dentists produced under the one-time apprenticeship system to give New England its former enviable place as a center of excellent dental care.

But, early in the present century the trend began to change and Maine, New Hampshire, and Vermont, lost dentists during the 1920's, so that, by 1930, Connecticut and Massachusetts were the only New England states still to have persons-per-dentist ratios which were more favorable than the nation as a whole. The depression further reduced the number of dental graduates and during the 1930's not enough dentists completed school to replace those who had retired or died. This unfavorable trend has continued until today. Maine and Vermont actually have fewer dentists than they have had at any time since 1920 and the number of persons per dentist is now greater in those two states than it was at the turn of the century. Another factor which accounts for unusually heavy replacement needs in the profession is the fact that there is now a marked concentration of dentists in the older age group. This unquestionably tends to reduce the average productivity of the professional force. Older dentists, by choice, if not by necessity, generally work both fewer hours per week and fewer weeks per year, with the result that they see fewer patients than do younger practitioners. However, it is interesting to note a meaningful, though small increase in the over-all productivity of the profession, largely due to the growth of commercial dental laboratories; the increased use of auxiliary personnel in the dentists' offices and the introduction of new and im-

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proved materials and equipment and the development of more efficient techniques and procedures. The technical innovations of the past two decades have produced impressive changes in all phases of dental practice. In terms of productivity, however, only operative dentistry has been significantly affected. Oral surgery, as well as orthodontic, prosthodontic and periodontic treatment procedures, probably call for almost as much chair time as they did 15 or 20 years ago.

HIGH CARIES INCIDENCE

Still other factors highly pertinent to Maine are brought out in the detailed report of the two dental health and educational groups. For example, this area has long been identified as one of high caries incidence, due to the absence of the natural preventative of drinking water with fluorides in optimal amounts for the years in which the teeth are formed. New England is probably the least generously endowed of any region in this respect as studies show that less than 0.1 per cent of the region's population reside in areas which are known to have natural fluorides or controlled fluoridation. Where the latter exists, it is so comparatively recent, that its benefits have been confined to the pre-school and primary school age population.

REPLACEMENT NEEDS HEAVY

Replacement needs in the New England area will be relatively heavy in the next few years, mainly because of the large number of dentists in the older age groups. Approximately one dentist out of every seven practicing in the region in 1955 must be replaced in each five year interval between 1955 and 1975. In all, an estimated 2,906 or 54% of the 5,450 dentists in practice in 1955 will no longer be active in 1975. For Maine, this is broken down to indicate that in 1955 there were 338 active dentists in the state; that in 1965 there will be 226 survivors from that year and in the following decade there will be 133 survivors, adding up to a replacement need of 112 from 1955 to 1965 and 205 in 1955-1975. Of the six New England states, Maine which must plan to replace 61% of its dentists by 1975, faces the most serious problem. This state ranked 30th in the United States for the number of persons per active dentist, in 1955.

Still another vital factor in any summary of treatment needs and future dental demand is brought out in the report — that of accrual of treatment needs. It points out that despite the near universality of treatment needs, probably no more than three persons in ten seek anything approaching systematic dental care at the present time. The report continues "A sample survey taken in 1953, for example, showed that only 34% of the population had seen the dentist in the previous year, including those whose visits were for emergency treatment only. It is this failure to treat new needs at the rate at which they arise which lies at the heart of the nation's dental problem. For, given the

additive character which typifies a large share of dental need, the neglect of dental defects results inevitably in an accrual of treatment needs and leads ultimately to high rates of tooth loss. The backlog of treatment needs which has now accumulated among the nation's population has reached staggering proportions, and new needs continue to arise much more rapidly than they can be cared for."

Frankly stating that to plan to meet the total health needs of the population is unrealistic, the report emphasizes that in health planning, as in most human endeavors, the ideal must wait upon the practical and adds, "The best we can hope to do at the present time is to assure that services in the future will be available to those who will use them. In other words, the crucial consideration in estimating future manpower requirements is the volume of care which people are likely to seek rather than the volume of care which they will actually need. The extent of need will determine the outside limit of potential demands for service, however, and it is pertinent to inquire whether any change in dental need can be foreseen at the present time which will affect demands for care in New England."

FLUORIDATION AS SOLUTION

"The one measure which offers real promise of reducing the incidence of dental need is fluoridation. Since New England has practically no naturally fluoridated water, it stands to gain even more from controlled fluoridation than do other regions. However, even if fluoridation were made immediately available throughout the region, the full impact on dental needs could not be felt for at least a generation . . . Since only a precipitous drop in dental need could effectively limit the growth potential of dental demand, for the purposes of this report, it is being assumed that fluoridation can sufficiently change the character of dental need, but that it will probably not reduce the level of dental need sufficiently to affect the level of dental demand within the forecast period."

PLAN HYGIENISTS' SCHOOL FOR MAINE

The report stresses growing need to utilize the scarce skills of the dentist to capacity which has brought new awareness of the potential usefulness of dental hygienists as an auxiliary professional group. The hygienist who is trained to perform prophylaxes, apply topical fluorides and assist with certain other procedures, can relieve the dentist of duties which may account for as much as one-quarter of his time. In 1955, Maine had 36 active dental hygienists of 11 per 100 active dentists.

The need to take immediate steps to establish a dental hygiene school in Maine was seen as the most pressing need of this state at a recent meeting of the Maine state group. This was one of 13 recommendations of the NE Advisory Commission. All of the recommendations were endorsed at the meeting at which the Maine participants further resolved to continue their group as a

working committee to carry out the recommended activities. Chairman of the Maine meeting was the writer with Miss Cormier as recorder.

RECOMMENDATIONS

The recommendations of the NE Advisory Commission on Dental Education are as follows:

1. That New England accept its responsibility to assure a supply of dentists and dental auxiliary personnel sufficient to meet at least the minimum demand levels forecast by this study. This responsibility includes the establishment of additional facilities in New England.
2. That Massachusetts and Connecticut each take immediate steps to establish a dental school.
3. That provision be made for the expansion of facilities in the two existing dental schools in Massachusetts.
4. That each New England dental school, existing or proposed, provide accommodations for students from all of the New England states under a program of regional cooperation.
5. That the need for a third new dental school in New England be evaluated in the light of action taken on recommendations 2, 3, and 4.
6. That Maine and Rhode Island each take immediate steps to establish a dental hygiene school.
7. That provision be made for the expansion of facilities in the three existing dental hygiene schools of Connecticut, Massachusetts, and Vermont.
8. That the existing and the proposed dental schools also provide facilities for training dental hygienists.
9. That each New England dental hygiene school, existing or proposed, provide accommodations for students from all New England states under a program of regional cooperation.
10. That the training of dental laboratory technicians and dental assistants be fostered and supported.
11. That all the New England states plan to participate in a long-range program of regional cooperation for the professional preparation of dentists and dental hygienists.
12. That the New England Board of Higher Education cooperate, within the framework of its stated policy, with state dental societies and other groups in working toward the solution of dental manpower problems with a continuing evaluation of progress.
13. That state and local dental organizations sponsor programs designed to stimulate interest in careers in dentistry and dental auxiliary occupations."