



Training Dental Students at the Largest Dental School in the U.S. How to Embrace the Disabled Community: *A Paradigm Shift*

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NYU DENTISTRY
ORAL HEALTH CENTER FOR
PEOPLE WITH DISABILITIES

The NYU College of Dentistry is creating a *regional center of excellence* for oral healthcare for people with disabilities, which will improve public health by:

- Providing *a dental home for disabled patients on an ongoing basis* in a way that a transient admission to a general hospital could never hope to offer
- Providing *faculty with particular interest and expertise in special needs dentistry*
- Providing *expanded education in the treatment of people with disabilities for our students, who will be able to enter practice with the competence and confidence to provide comprehensive, quality dental care for these individuals.*





Barriers to Care

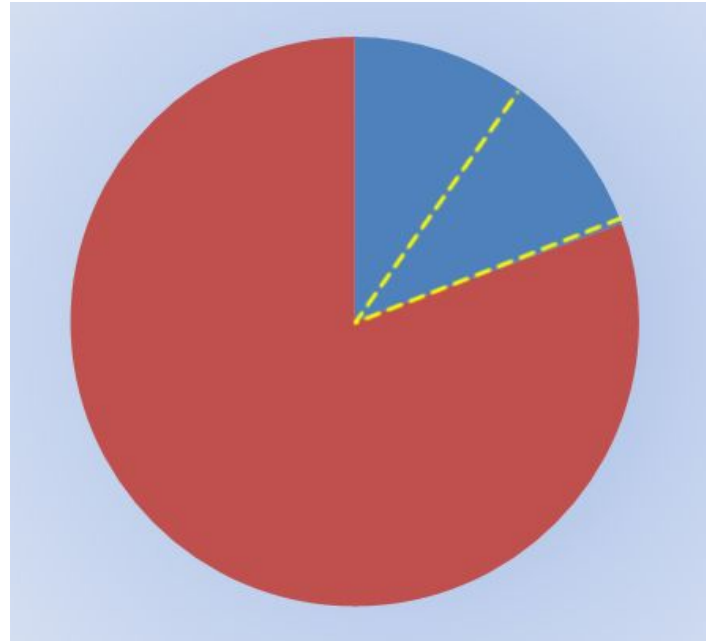
- People with physical, cognitive, acquired and for developmental disabilities may have *challenges getting through a checkup or cleaning.*
- Some patients with disabilities are *fearful of lights, sounds or touch* and may be *unable to hold their head in place.*
- Many dentists do not have the *specialized skillset* to provide effective care of this patient population, and many *facilities are not adequately equipped* to care for these patients (eg., *not wheelchair-accessible*).
- Hospitals have *long waiting lists* to address the oral health needs of the disabilities population.
- Most hospital dental visits are *emergencies with no follow up.*
- In 2012, a study in the *Journal of American Dental Association* found that *people with disabilities have worse oral health than the general population.*
- Absence of a viable financial model that would make care for such individuals *sustainable.*



Statistics

US Population

- *Estimated 48.9 million people (of 325 million; or 19.4%) have some form of disability; 24.1 million of those have a severe disability*



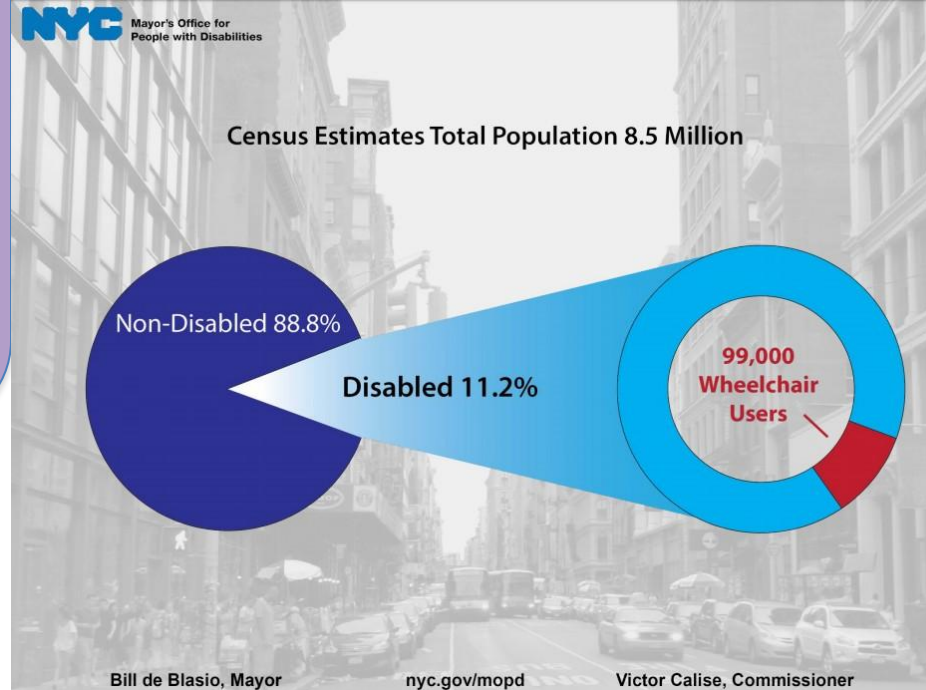


Statistics

New York City

- Estimated **950,000** people (of 8.5 million) have some form of disability
- Approx. **99,000** people use wheelchairs

10/23/20





Consequences of Lack of Access to Oral Healthcare

- Recourse to a hospital operating room (*routinely after a 6-month wait*), followed by
- A *protracted period of dental neglect*, which can result in *re-hospitalization within 18-24 months*

We can do better; we must do better.





<https://www.fox17online.com/news/coronavirus/mom-searching-for-dentist-after-sons-surgery-postponed-due-to-covid>

How COVID Has Affected patients with developmental disability from receiving dental care

- Dentists dropping out as Medicaid providers
- Denial of operating rooms

Barriers to Care for Patients with Special Needs

- Degree of dependence on others
- Finances
- Attitude of care provider
- Handicap access
- Fear of accusation
- Modern parenting
- Stigma
- Communication
- Social role valorization
- Culture
- Accountability
- Behavior

Police Shoot 13-Year-Old With Autism After Mom Calls 911 For Help

by Don Sweeney, The Sacramento Bee/TNS | September 9, 2020

When Golda Barton called 911 last Friday for help calming down her 13-year-old son, who is on the autism spectrum, she expected a crisis team to de-escalate the situation.

But when Linden Cameron ran away from police, an officer opened fire, KUTV reported. Barton says her son has injuries to his shoulder, both ankles, intestines and bladder.

"He's a small child," Barton said, according to the (TV) station. "Why didn't you just tackle him? He's a baby. He has mental issues."

Salt Lake City police said they had been called to a report of a boy having a "mental episode" who had "made threats to some folks with a weapon," The Salt Lake Tribune reported. No weapon has been found.

Dear Mam and Dad,
I'm so sure when
I talk back.
I'm also sure that
I'm retarded because
I am trying not to
be ~~any~~ retarded. Some
of the kids say I am
retarded and I know that
I am. Sometimes at night
I cry because I really
don't want to be this
way. But I am. Mom
and Dad can you please
help me. I want to be
smart, and answer questions
the right way. I wish that
people don't have to be
so mean and say verses.
I also wish that my
friends would pay more attention
to me. Well by
Mom and Dad, I love you.

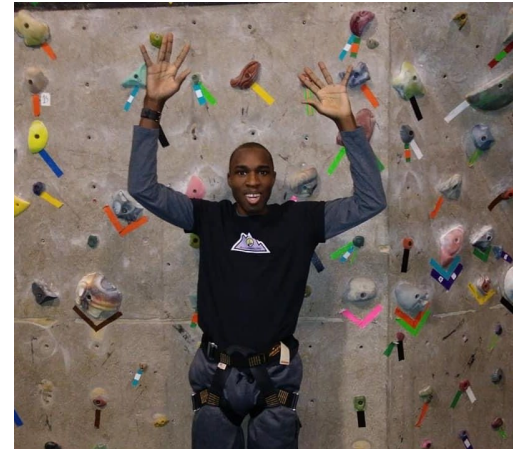
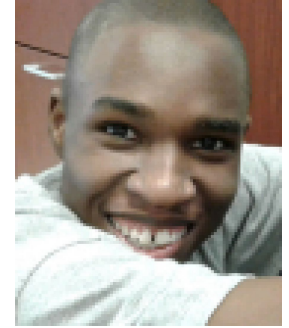


Terrence is 25 years old and autistic. His oral health journey began relatively smoothly. He was treated by the same pediatric dentist as his siblings, so his dentist was familiar to him. Just before Terrence graduated from high school his mother Tina learned that the family dentist was retiring. His mother was extremely worried about where she would take him in the future for his oral healthcare needs but took the dentist's referral.

When Tina took Terrence to the new dentist and tried to make the staff aware of this needs, the staff wouldn't listen. As a result, the visit was a disaster.

It was more than two years before Terrence's mom tried to find another provider. Thankfully, after a long search, she was able to find the right one. Now Terrence looks forward to his dental appointments and smiles ALL THE TIME!

Tina hopes that the profession will eventually embrace the special needs population and feels it begins with a **change in attitude!**



NOW MORE THAN EVER!

The barriers people with ID face in the health system matter **now more than ever** with COVID-19. They can mean the difference between life and death. Health care professionals may not know how to communicate with people with ID about COVID-19 prevention and symptoms in a way that they understand. Hospitals are not set up to address the communication and sensory needs of people with ID.

Over 80% of health care professionals have not received training on how to treat people with ID and do not necessarily know how to communicate with people with ID or feel comfortable treating them.

Addressing a Major Public Health Challenge:

***Access to Oral Healthcare for
People with Disabilities***



Physical

- Blindness
- Epilepsy
- Muscular Dystrophy
- Stroke

Cognitive

- Autism
- Down Syndrome
- Dementia
- Traumatic Brain Injury
- Stroke

Acquired

- Paraplegics
- Quadriplegics

Developmental

- Cerebral Palsy
- Non-Down Syndrome

Patient-centered Care Philosophy, Clinical Facts & Figures, Student Experiences





Changing the *paradigm* for the delivery of oral healthcare for people with disabilities

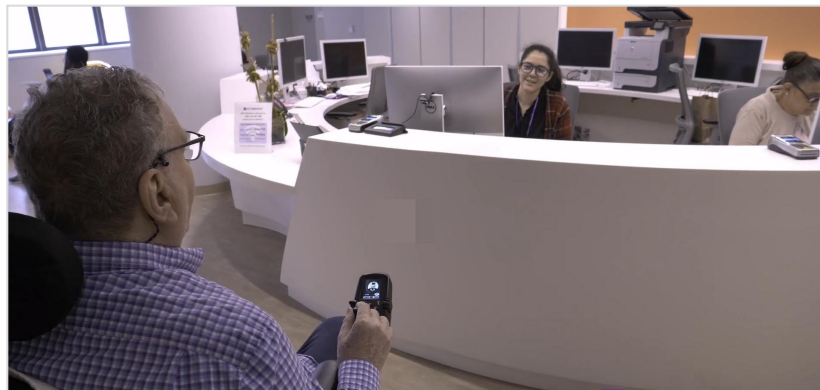
- Providing *a dental home for disabled patients on an ongoing basis*
- Providing *expanded education for our students to minimize their apprehension and fear in working with this patient population*
- *Treating patients with complex comorbidities*





First patient seen in the OHCPD on **February 12, 2019**

- 35-50 patients/day scheduled
- Expansion of previous Special Patient Care program
- Range of patients/diagnoses:
 - patients who couldn't have dental treatment previously
 - patients unable to transfer out of wheelchairs: tilt is very helpful
 - autistic patients high on the spectrum: multisensory room/different techniques implemented and demonstrated to students
- Challenging moments have brought out the best in the faculty, staff, and students





Multidisciplinary Care

- Specialty providers every day of the week
- Pediatric, Orthodontic, and Endodontic residents on rotation
- Oral Surgery, Implant/Perio, Oral Medicine, Orofacial Pain, Prosthodontics faculty on schedule
- Various sedation options (N2O, OCS, IV, GA – future)
- Monthly Craniofacial Conference

Student experiences

- 12 D4 Honors Students full AY
- Rotating D4 student providers – every 6 weeks
- Rotating D3 student observers/recorders – every 3 weeks
- New rotation opportunities for DA, Hygiene, Nursing students
- Student organization collaborations



The New York Times





POST COVID-19:

- Began seeing limited number of patients on **July 31,2020**
- Faculty only 3-4 Chairs
- Post graduate pediatrics
- Special Patient Care Rotation began **September 8, 2020**
- 10 D4 Students /5 Chairs
- No D3 Students/No Honors



TOOLKIT:
Health Advocacy for People with Intellectual Disabilities
in the COVID-19 Pandemic



The Issue: Health Inequity for People with Intellectual Disabilities in the COVID-19 Era

People with intellectual disabilities (ID) may be particularly vulnerable to COVID-19 infection and complications.



At least one-third of people with ID reside in congregate settings, such as group homes, nursing homes, or institutions. Around one-fifth of COVID deaths in the US as of April 2020 were tied to such facilities. This is because of the difficulty observing social distancing in these settings due to the number of residents/participants and their care/support needs.

Certain conditions associated with intellectual disability have inherent health risks; for example, people with Down syndrome may have compromised immune systems, which lead to higher rates of respiratory illnesses, and people with cerebral palsy often have associated scoliosis or spine curvature and low muscle tone that produce higher risk of pneumonia and difficulties with secretions.

Because over 80% of health care professionals have not received training on how to treat people with ID, many health professionals are unaware of these realities about people with ID. This can make it more difficult for people with ID to get the COVID-related care that they need. Lack of training about and exposure to people with ID also means many health professionals feel uncomfortable treating this population and may not know simple but important adjustments, for example, longer appointment times, simpler language, and visual supports for patient education.



Difficulty accessing services is a significant reason that people with ID experience poorer health than the general population; people with ID have up to 2.5 times as many chronic health conditions as their peers in the general population.

There is much to learn about COVID-19, but studies have highlighted some of the chronic conditions that are prevalent among people with ID as risk factors for COVID-19 complications. For example: people with ID have up to two times the prevalence of asthma of the general population and hypertension is almost 25% more prevalent among adults with cognitive limitations than adults who have no disability.

With COVID-19 stretching resources thin, health care providers are being called on to make exceptionally complex ethical decisions in a rapidly changing operational environment. Putting a person's current health status puts those who have a history of being left out at risk of losing out on life-saving healthcare.

The Solution: You can help people with ID during the COVID-19 crisis ...and beyond. Special Olympics can show you how.



An ounce of prevention is worth a pound of cure. Designate people with ID as a priority population for COVID-19 testing in order to facilitate access to testing.



Accessibility & reasonable accommodations mean different things to different people. Provide clear guidance that people with ID be allowed to have the support person of their choice available to them during COVID-19 care.



Information is power. Require immediate, wide-scale health care provider and direct support staff training on working with people with ID during the pandemic.



Let the sun shine in. Ensure public availability of detailed data about the health care during COVID-19, including the allocation of limited medical resources.



Be a champion of inclusion. Support funding to improve the health of people with ID during the pandemic and beyond.



Join the
#InclusionRevolution
www.specialolympics.org



Distinctive Features of the Center

- Two fully-equipped sedation suites designed to provide both inhalational and intravenous sedation administered under the supervision of anesthesiologists. This will obviate hospital referral.
- Operatories that can accommodate wheelchairs.
- Consult rooms, which will allow for consultation with an interprofessional healthcare team:
 - Dental director
 - 2 nurses, plus a social worker
 - 2 patient-service representatives
 - Clinic manager
 - Patient care coordinator
- Multisensory room
- Pediatric pre-op room
- Nursing station
- Changing area
- 2 recovery rooms
- Family reception area





- Enhance multidisciplinary care and partnerships
- Metro Community Health Centers
- OHCPD Advisory Board
- Increased reimbursement rates, advocacy to legislators
- State and national
 - NYS and national dental school partnerships
 - Policies and procedures at the College (i.e. consents and guardianship)
 - Hospital referral program
 - Faculty-driven care

