



Figure. (EDITOR: PLEASE USE THE NEXT TO LAST ILLUSTRATION (FOUND ON PAGE 22 OF THE ARTICLE) IN COLOR)

to build flexibility into their schedules so that difficult or complex treatments won't blow up the day's schedule and create a significant delay in getting to the next patient.

### Marketing

The experiences of patients are extremely important in generating referrals. Seventy-two percent of the dentists surveyed indicated that referrals from existing patient were the most important source for new patients. However, most dentists also actively market their practices, with survey participants indicating they use practice websites (77%), social media (68%), e-mail (48%), print advertisements (34%), online advertising (21%), and direct mail (18%). Experts advise dentists to use a reputable social media firm to enhance their digital marketing. If patients look a dental practice up online and can't find it, they usually simply move on to the next option. Eighty-five percent of patients check out a dental practice online before coming in.

Average patient attrition rates were reportedly 12% to 15%, but practices whose production is \$1 million or more (excluding hygiene) had an average attrition rate of 7% to 8%. Patient retention rates can be improved by offering alternatives to insurance, including fee-for-service plans, dental discount plans, and patient membership plans. Membership plan participants visit the dentist 2 to 3 times more often than uninsured patients and accept twice the amount of treatment. These plans help uninsured patients

obtain needed care while helping the dentist to build the practice without adding new patients. More money ends up in the dental practice coffers than in third party coffers with these plans. In addition, more people can afford care when less of their money is distributed to middlemen.

### Clinical Significance

Dentists are working hard to manage their clinical and business responsibilities in a changing dental practice environment. Overall, the changes seem to be moving in a positive direction, with more dentists able to retire as planned. More dentists are also being added to the workforce than in previous years, indicating that there is sufficient demand for their services. Investing the needed time and energy into both clinical and business areas will allow dentists to achieve a comfortable lifestyle.

Mazda J: Trends in dentistry. *Inside Dent* 14:14-22, 24, 2019

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# WHO AND ORAL HEALTH

## Bringing oral health to global attention



### BACKGROUND

Health care budgets are significantly impacted by the tab for managing and preventing oral disease, yet the September 2018 meeting of the General Assembly of the United Nations (UN)

failed to include oral health as one of the non-communicable diseases (NCDs) to be addressed in further health care efforts. A case was made for including oral health in the list of NCDs to be addressed.

## NCD COSTS

The top 5 NCDs were identified in 2011 as cardiovascular disease, chronic respiratory disease, cancer, diabetes, and mental illness. These represent a loss of 75% of the global gross domestic product (GDP) in 2010 and are a source of concern for business leaders throughout the world. Prevention and control of these NCDs rests on available, cost-effective models of care. The major risk factors for these diseases are shared with oral disease, so it could be beneficial to work together and share budgets among medical and dental health care professionals.

The estimated cost to reduce and prevent NCDs is about \$11.2 billion US dollars annually. The World Health Organization (WHO) is developing a comprehensive global monitoring framework with voluntary global targets and indicators for NCDs. The World Dental Federation (FDI) proposed a strategic plan for 2020 in support of this framework.

In its statement, the FDI recognized that oral health is a fundamental human right. As a component of health and physical and mental well-being, oral health exists along a continuum that is influenced by the values and attitudes of individuals and communities. In addition, the physiological, social, and psychological aspects of oral health are essential to the individual's quality of life. Changes in experience, perception, expectations, and ability to adapt to circumstances can affect oral health.

Oral health is recognized to be strongly associated with other NCDs. This includes diabetes, cardiovascular disease, respiratory disease, and gastrointestinal and pancreatic cancers. Effective regional and national strategies to promote oral health and

prevent oral diseases can contribute to the prevention of some significant NCDs.

## ACTIONS NEEDED

The voice of dentistry must be heard if it is to have a place at the table of worldwide health care. Some significant professional and patient groups have become engaged with policymakers, but more remains to be done. As a result of the inaction of many dental voices, the UN's Political Declaration did not take any targeted action on oral health. The question will not be raised again until 2025.

### Clinical Significance

National dental associations must take action to be included in the benefits of global health care efforts against NCDs. For other health care parties to recognize the significant role that dentistry can play in health care will require education. Countries need to pledge to work with both the FDI and the various national dental associations to ensure that countries keep their commitments to their citizens' oral health care needs and hold the UN and other worldwide organizations accountable for their past inaction on oral health.

Croser D: Oral health waits another seven UN years. *Br Dent J* 225:927-929, 2018

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