

## EXECUTIVE SUMMARY

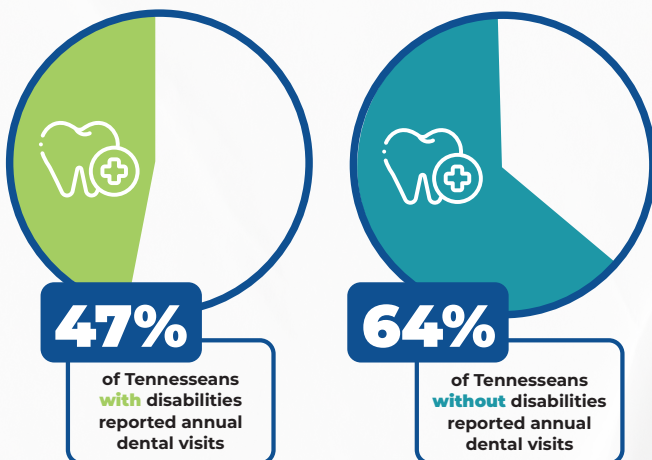
### Understanding Access to Care for People with Intellectual and Developmental Disabilities (IDD)

The Centers for Disease Control and Prevention (CDC) defines developmental disabilities as conditions that affect physical, learning, language, or behavioral areas, while intellectual disabilities can include conditions such as autism spectrum disorder (ASD), cerebral palsy, and Down syndrome.

People with IDD often face significant barriers to accessing and utilizing all types of healthcare, particularly dental care. The full report and visual summary review differences in access to dental care, oral health outcomes, and dental provider treatment approaches for people with IDD in Tennessee.

only 47% of Tennesseans with disabilities reported annual dental visits compared to 64% of Tennesseans without disabilities. Key facilitating factors to dental care access include gender (women), income (higher income), advanced educational attainment, and having an established medical provider. For example, in Tennessee, women with disabilities are more likely than men with disabilities to access dental care, or those with higher incomes were able to access care compared to those with lower incomes.

**Nearly 1 in 4**  
**Tennesseans with IDD**  
**did not have a dental**  
**visit in the past 5 YEARS**



### Tennesseans with Disabilities and IDD Have Poorer Oral Health

Tennesseans with disabilities face structural and social barriers such as lower educational attainment, employment, and income that significantly impact dental and oral health, influencing overall health outcomes. In fact,

Tennesseans with disabilities are more likely to report not seeing a doctor because of cost — a barrier that ultimately translates to dental care access. Nearly one in four Tennesseans with IDD did not have a dental visit in the past five years. As a result of poor access to dental care, Tennesseans with IDD were four times more likely to lose all their natural teeth compared to people without IDD and experienced extractions at two times the rate of people without IDD.

As a result of poor access  
to dental care, Tennesseans  
with IDD are

**4x MORE LIKELY**  
to lose all their natural teeth.



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#### Insurance Status, Disability, and Location Influence Dental Care Delivery in Tennessee

Fewer than 14% of dental offices sampled in the report accepted adult Medicaid patients. Regionally, West Tennessee had the fewest safety net clinics and fewest dental clinics overall — nearly half compared to Middle and East Tennessee. Among dental providers who were accepting new patients, children with IDD in Tennessee experienced the longest delays, waiting 101 days for initial dental examinations and 26 days for dental treatment visits.



**101 days**  
for initial dental  
examinations



**26 days**  
for dental  
treatment visits

#### Policy Recommendations to Improve Dental Care for Tennesseans with IDD

Conclusions from the data point to policy solutions that can improve the oral health and well-being of Tennesseans with disabilities, particularly those with IDD.

1. Streamline the Medicaid billing process to remove administrative burdens for dental providers.
2. Enhance Medicaid policies to incorporate comprehensive dental benefits tailored to the needs of IDD patients.
3. Establish a community-driven task force for improved governance that infuses lived experiences.
4. Develop a referral network of trained dental clinicians that can be publicly accessed by providers and patients.
5. Quantify the oral disease burden through a comprehensive needs assessment.

#### Improving Clinical Care Delivery for Tennesseans with IDD

In conjunction with policy recommendations, addressing clinical care environments and statewide infrastructure can improve access to and quality of dental care.

1. Train and incentivize clinical proficiency for dental providers to work with IDD communities.
2. Facilitate medical-dental integration for integrated approaches to care delivery.
3. Leverage technology to enhance oral health and hygiene for people with IDD in Tennessee.
4. Develop a specialized curriculum for future oral health clinicians to receive during foundational education programs.

Ultimately, *The Landscape of Dental Care for People with Intellectual and Developmental Disabilities in Tennessee* revealed stark differences in oral health outcomes. These disparities require strategic action to bring equitable oral health solutions for Tennesseans with disabilities, particularly those with IDD.

[Read the full report here.](#)

