You’ve probably heard the statistics¹: A Baby Boomer turns 50 every 8.5 seconds. For the next 18 years, Baby Boomers will turn 65 at a rate of about 8000 per day.
If these numbers don’t draw your attention, consider this: there are **76 million Baby Boomers.** This huge cohort, born between 1946 and 1964 and named for the “boom” in US births following World War II, is now **50 to 68 years old** and accounts for about **one quarter of the US population.**

The Boomers wield a great deal of financial power beyond their outsized share of the US population. They control 70% of the total US net worth—some 7 trillion dollars. The average income of Boomers is $71,300, with an average personal net worth of $236,000.

So while Millennials (born 1977-1994) have size, Generation Xers (born 1965-1976) have high household income, and the Silent Generation (born before 1946) have accumulated wealth, only Boomers have all three. Boomers account for nearly half of all consumer spending, and as they age they will remain the most powerful consumer group for the next 30 to 40 years.

Because of their financial power and their interest in maintaining a natural, esthetic smile, Baby Boomers represent a powerful source of growth potential for dental practices. Understanding these patients, knowing how to effectively communicate with them, and presenting the type of services that they are most likely to consider can have a huge positive impact on a dental practice for years to come.

The Importance of Esthetics

Boomers have grown up with a sense of self-empowerment that continues to push them to embrace change and be the best they can be, and that includes their appearance. They expect to retain their teeth throughout life and enjoy good oral health. Unlike their parents’ generation, today’s 50- to 68-year-olds are physically active, health and image conscious, and not interested in being shunted off to the side when they retire—that is, if they retire.

Indeed, a 65-year-old today can expect to live nearly 2 more decades, so more than 17% of those 65 and older continue to work; 74% of Boomers are still in the workforce. “As they near retirement age they don’t want to look like they’re losing a step, or not presenting their best face at their workplace,” observes Michael Sesemann, DDS, a dentist in private practice in Omaha, Nebraska, who specializes in restorative dentistry. Because so many Boomers are still working, he says, it’s almost a prerequisite that they look their best.

Earlier generations felt that in later years a decline in oral health was inevitable, and they were resigned to having removable prosthodontics, Dr. Sesemann points out. But Boomers relate their quality of life to good oral health and function, whether that is about being able to communicate well for job-related reasons, or eating well and enjoying foods of all textures with confidence, or whether it means maintaining a good esthetic appearance for personal and career-related reasons.

“Boomers are willing to pay for dental care that is needed to maintain health and appearance,” agrees Louis Rose, DDS, MD, a periodontist and physician who is also clinical professor at the University of Pennsylvania School of Dental Medicine and in private practice in Philadelphia. “They’re interested in the mouth-body connection in much the way they were interested in the mind-body connection in their youth. Health and appearance are paramount to them—an attractive smile with healthy-looking gums and pearly white teeth.”

Of course, such a large cohort isn’t monolithic. Robert J. Chapman, DMD, professor emeritus in the department of prosthodontics and operative dentistry at Tufts University, who specializes in restorative dentistry and prosthodontics in private practice in Boston, says older Boomers (born 1946-1955) tend to have more dental problems than those born after 1955 because they grew up pre-fluoride. And because more than half of the oldest Boomers have already retired, they are more financially conservative and more concerned with functionality than esthetics.
**What Treatments Do Boomers Seek?**

The dental treatments most commonly performed on Baby Boomers center on periodontics, restorative dentistry, and esthetics. Many Boomers are seeking solutions for missing teeth. By 35 to 44 years of age, 69% of US adults have lost at least one permanent tooth to an accident, gum disease, failed root canal, or tooth decay; by age 74, 26% of adults will have lost all of their permanent teeth.7 Fifteen million Americans have crown and bridge replacements for missing teeth, and 3 million have implants, a number that is growing by 500,000 per year.8

Implants are becoming increasingly popular, as fewer Boomers want to have traditional dentures. Because of “a perfect storm” of demographics, consumer awareness, and improved technology, implants are poised for tremendous growth in the next decade. The estimated US market for dental implants is $1 billion and is projected to reach $5 billion by 2018.8

Despite the high cost of implants, many Boomers choose them. Most patients feel fortunate that they have a choice their parents did not have, says Maria Ryan, DDS, PhD, professor and chair of oral biology and pathology, School of Dental Medicine, University Hospital at Stony Brook University in Stony Brook, New York. Even without insurance coverage for implants, many people find ways to pay for them, she says. “Payment plans can be worked out. Certainly there are people who because of monetary restrictions can’t have the implant placed and may go the route of partial or full dentures. It depends on the economics of the area you practice in.”

 Boomers are interested in combating periodontal disease, Dr. Ryan notes. Many of her Boomer patients are used to seeing the periodontist regularly. In her practice, the most commonly performed and requested procedures are nonsurgical options using adjuncts such as host modulation or locally-applied antimicrobials and surgical regenerative procedures to grow back bone, placement of implants, and esthetic procedures like tissue grafting to prevent one from looking “long in the tooth.” Dr. Rose also performs gum grafting, often collaborating with plastic surgeons doing facial cosmetic surgery on Baby Boomer patients.

Many Boomers require restoration of failing dentition. Michael Scherer, DMD, MS, FACP, a prosthodontist in private practice in Sonora, California, notes that patients with failing dentition are often faced with starting over and getting implants, fixed bridge work, or fixed hybrid restorations. “We are taking out their failing teeth and putting in implants and connecting a bar that same day,” he says. Although Dr. Scherer practices in an area where retirement communities predominate and patients have invested a substantial amount of resources into their teeth over the years, he also has a sizable proportion of patients who are edentulous and don’t have the ability to finance payment for each arch. These patients are getting implant overdentures, which has become a huge growth area in his practice. He is focusing his practice on giving these patients options with either a few implants or a full fixed restoration as a cost-effective way to treat failing teeth.

In Dr. Sesemann’s general dentistry practice, Boomers are undergoing a lot of rehabilitation work to update, redo, and stabilize their dentition. “It’s not always single-tooth dentistry but rather a comprehensive plan that is coordinated for esthetics and function,” he explains. Treatment plans can become a lot more extensive because of the comprehensive nature of the rehabilitation. This means performing a wide array of services from restorative procedures to oral surgery, endodontics, periodontal surgery like allograft grafting, and now implant placement and restoration. “My patients appreciate being able to extend our relationship to a wide variety of treatment procedures instead of being referred out to different offices,” Dr. Sesemann says.

**A Boon to Business**

Baby Boomers appear to be a bright spot in what has been an otherwise flat dental economy.9 In the early 2000s—well before the US economic crisis began in 2008—national dental expenditure had already begun to slow. When the recession hit, dental spending leveled off, and has remained flat ever since—a change driven by fewer adults visiting the dentist. A recent Gallup poll found that one third of US adults didn’t visit a dentist in the past year.10

Baby Boomers are an exception to this trend because they see dentists more often and are committed to retaining their teeth. Between 2000 and 2010, spending among those who visited the dentist increased among Boomers. Part of the story is that Boomers have been retaining their teeth and are thus subject to oral disease and disorders that require more dental services than previous generations did. Also, patients in the older age groups have the highest level of per-patient dental expenditures, which will continue to hold true as Boomers age.9

Although Boomers tend to have more disposable income than younger generations and those already retired, many are not wealthy. Boomers simply have a different attitude about spending to have good oral health, and are more willing to do what they must to invest in it. In fact, most Baby Boomers do not have dental insurance. A 2013 survey of adults found that among adults older than age 45, only 41% reported having dental coverage.11
John H. Jameson, DDS, chairman of the board of Jameson Dental Practice Management in Oklahoma City, Oklahoma, notes that it’s important for dentists to know what their patients’ personal financial situation is. “We have to allow Boomers to make decisions about how they spend their discretionary health dollars, and we have a moral obligation to present to them the best possible treatment we can, with opportunities within the practice to be able to finance their dentistry.”

Marketing to Boomers
CREATE VALUE

Boomers are willing to spend on high-quality dentistry, but they must perceive value with respect to the practice and services offered. Dentists must take time to educate patients about treatment plans.

“Baby Boomers desire good information based on outcomes,” says Dr. Chapman, which means building in a lot of time for discussions, informed consent letters, and consultations. “Good communication almost always results in cooperative and informed patients who understand what realistically can be expected, and they trust the results,” he says. These patients become an excellent source of referrals to the practice.

Dr. Ryan advises making your office hours more convenient for Boomers. “Unlike our parents’ generation, Boomers are constantly plugged into work and social activities with very little down time, so it’s hard to keep them coming in unless you’re flexible with your office hours.” Even the Stony Brook University School of Dental Medicine is considering evening and weekend appointments to help attract Boomers. Dr. Sesemann offers single-appointment scheduling—no double booking—so that people get in on time, out on time, which is very attractive to busy Boomers. “They have busy schedules and appreciate this very much,” he says.

TECHNOLOGY IS YOUR FRIEND

Boomers are more tech-savvy than many people appreciate. Although they may still be more likely to read newspapers than younger people, they have a very active online presence and are heavy consumers of online media.12 Boomers are frequent users of social networks and blogs, with Facebook dominating, and nearly 70% of Boomers use email. Boomers now spend more time

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online than watching television, and their online usage far outpaces
listening to radio and reading.

“They are amazingly connected,” agrees Dr. Jameson. “I can re-
member when the only way to contact a patient was the home or work
phone; then we went to cell phones; and now we confirm appointments
by text messages.” Jameson Management advises clients to market on
Facebook. Once they see how well it keeps them connected to patients,
they don’t know how they got along without it, Dr. Jameson has found.
“No more ‘out of sight, out of mind.’ Social media has allowed us to be
constantly in sight.”

With health topics being the third most commonly searched subject
among adults, Baby Boomers look to the Internet to both find dentists
and get information on dentistry. “They Google everything. They know
a lot about me and what procedures are available before they even
walk in the door,” agrees Dr. Rose.

Websites are extremely important and have to be outstanding, cre-
ating the imaging and branding for the practice and offering a variety
of information that makes the patient seek out the website and then
the practice, advises Dr. Jameson. “We are constantly updating our
website, making it more appealing and making sure that it evolves
with the market in our profession,” says Dr. Sesemann.

Educating the patient starts with Internet marketing and goes for-
ward from there to the staff, the waiting room, and his treatment cen-
ter, says Dr. Scherer. “We really dial into that opportunity because it
really impacts your business.” He uses sites such as www.teethinplace.
com to help patients find him.

Newsletters, advertising in local Playbills, and very strong internal
marketing are also key.

No matter how good patients are with technology, they still enjoy
having someone talk to them directly. They like to talk to the staff,
especially the hygienist, says Dr. Chapman. Certainly they search the
Internet, and websites are great for “sales,” but face-to-face commu-
nication is best for explaining things.
a multiplatform educational program, starting with dynamic presentations on tablets in his waiting room, with before/after case presentations to show different available treatments. “Pictures are worth 1000 words,” he says, “but videos are worth a billion. The patients’ mouths don’t look so different from the ‘before’ pictures in the presentations.” There is also an LCD TV in the waiting area that cycles through presentations and patient testimonial videos.

Dr. Chapman recommends storing digital images of the patients made during comprehensive oral evaluation, and having before/after images of cases with signed-off releases, allowing your use of them for educational and publication purposes, so that you can show patients oral conditions like theirs and the results you can achieve in your practice.

OFFER AFFORDABILITY

“We maintain an affordable situation so patients can benefit from advanced care without shelling out a mortgage for dentistry,” says Dr. Scherer. “I try to break down my practice to a few different tiers of care for each patient’s ultimate clinical goals so it will fit their budget.” He believes that in dentistry there is a stigma that something screwed into place is always better than something put in and removed. “Sometimes patients are told they must spend $60,000 for all uppers and lowers—the implication being that if they’re not doing Ferrari-like dentistry, it isn’t good dentistry.” Caring for the patients who can’t spend that much and want to know what they can do right now has created a growth center in Dr. Scherer’s practice. “With a moderate investment by the patient—$5000 is usually a ‘magical figure’—you can have patients agree to a treatment plan.” His treatment planning uses “progressive implantology,” which put implants in positions based on what patients anticipate may occur financially later on, giving flexibility to permanently retain the work or make changes later.

Having a wide array of ways to help people pay for treatments is the best idea, such as pacing treatment and using external financing sources like Care Credit’s interest-deferring options. “I do not recommend that dentists carry that account on their own books,” says Dr. Jameson. It’s a real benefit to the practice to be able to offer those resources so patients can extend payments, budget them, be able to afford the treatment over a longer time, and have the treatment provided now. “You’ll have higher case acceptance, increased revenue stream, and you can eliminate a big chunk of dentistry in the charts waiting to get done,” he says.

Dr. Jameson emphasizes that you must explain the benefits of the recommended treatments and show the potential result, and be able to evaluate and iron out the exact financial involvement of the patient in that treatment plan. All clinical treatments and financial opportunities must be addressed before the first appointment is scheduled. “If you go ahead and schedule that appointment before those two things are addressed,” he cautions, “the patient could potentially be a part of
that epidemic of broken appointments and no-shows, a huge issue in dentistry today.”

**Is a Focus on Boomers a Good Investment?**

In a word, yes. “I am blessed to be focusing my practice on Boomers because they’re so tuned in to oral health,” Dr. Scherer says. “Boomers are willing to pay for dental care that is needed to maintain health and appearance, and they spread the word with referrals,” says Dr. Rose, “and they’re a pleasure to work with.”

**References**


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