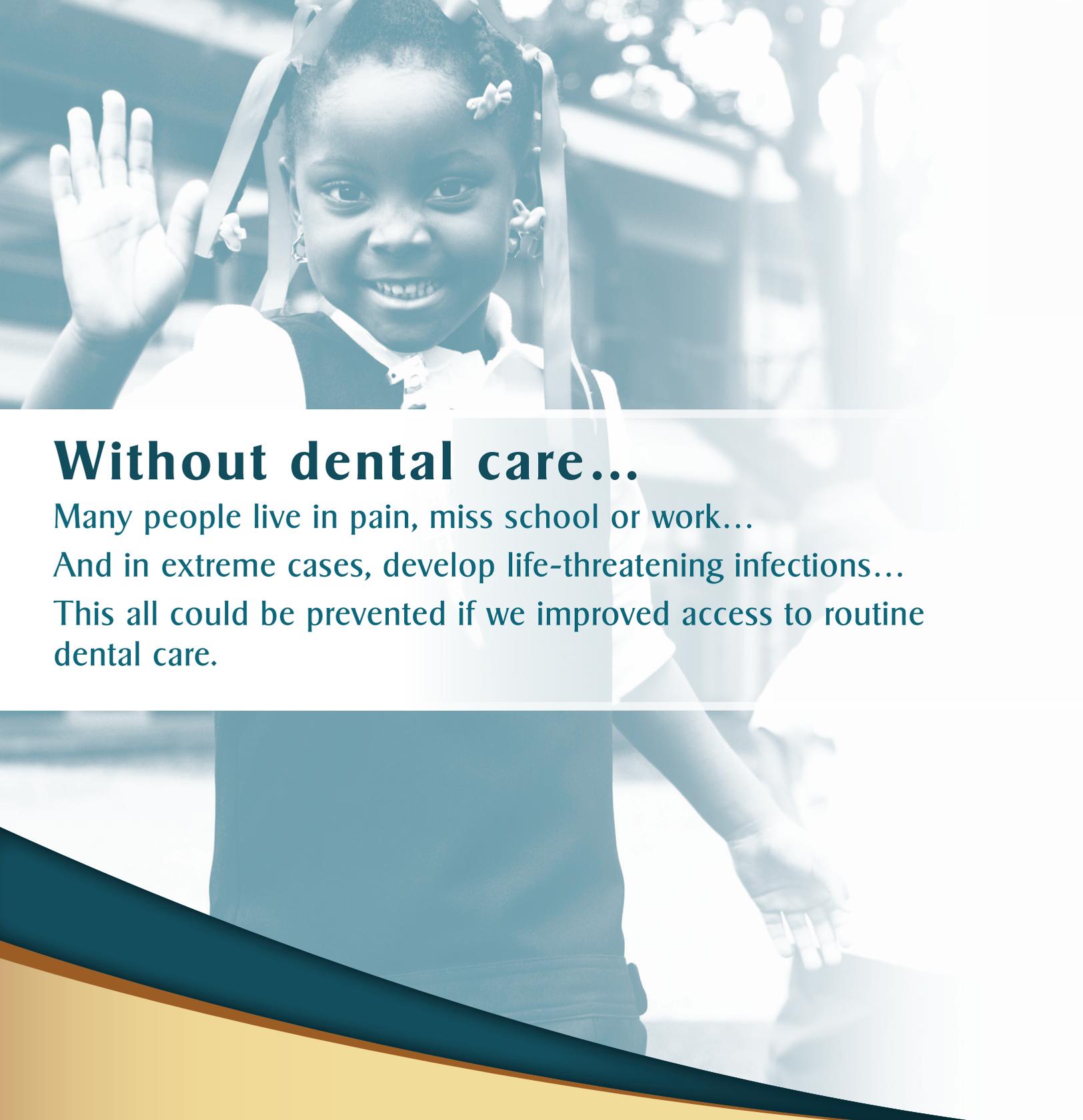




Dental Therapists: Expanding Care to Every Community



Without dental care...

Many people live in pain, miss school or work...

And in extreme cases, develop life-threatening infections...

This all could be prevented if we improved access to routine dental care.

Oral health is essential to overall health. Poor oral health has been linked to heart disease, clogged arteries, stroke and other serious health problems. It can also severely impact an individual's employment opportunities, work productivity and quality of life.

However, **roughly 83 million Americans¹** face barriers to dental care.

For many people, it's a question of affordability, an issue that more than **8 in 10 Americans (84%)** think is a problem, according to a 2011 national survey conducted by Lake Research Partners.² Complicating the issue is a little-known fact: **more than 50 million children and adults³** in the United States live in areas without enough dentists.

For children, the consequences are particularly severe. Early dental problems set the stage for a lifetime of poor oral health, yet **one in five children** still goes without dental care every year, according to the Pew Center on States.⁴ Untreated dental decay can cause chronic pain, impair speech development, prevent opportunities for good nutrition and interfere with school attendance and success in learning.

“Dental caries are the single most common chronic childhood disease.”

— Oral Health in America: A Report of the Surgeon General

The Alarming Facts

Recent economic woes make the dental care shortage worse. Lost jobs can end dental coverage for individuals and families, and employers may cut dental benefits to decrease costs. Research shows that individuals cite **cost as the main reason they can't see a dentist regularly.**

- **Affordability is a barrier to dental care.** In the recent national survey, 41% of respondents said they or someone in their household had put off dental care in the last 12 months because of cost. Eighty-two percent believe it is “very” or “somewhat” hard for people to get low-cost dental care in their communities.
- **Many Americans have no place to go to get regular dental care.** Thirty percent of respondents said they do not have a place to receive regular dental care near where they live.

The dental care shortage hits vulnerable Americans hardest, particularly children of low-income families, children of color and people living in rural areas.

- More than 33% of all children of low-income families ages 2 to 9 have untreated cavities, compared with 17% of children who are not of low-income families.⁵
- Thirty-seven percent of black children and 41% of Hispanic children have untreated tooth decay, compared with 25% of white children. In addition, 1999 data indicated 72% of American Indian and Alaska Native children have untreated cavities. Recently the percentage of Native children with untreated decay has been shown to be much higher in at least one Northern Plains location.⁶
- Because few dentists treat Medicaid patients, it can be a struggle to find access to oral health care. Only one in three children enrolled in Medicaid received dental services in 2006. In 2008, fewer than half of the dentists in 25 states accepted any Medicaid patients.⁷

Access to regular and preventive dental care and treatment is crucial to prevent tooth decay and minor dental problems from becoming larger, painful and more complex. However, when access to dental care is limited, people may seek care only when the situation becomes an emergency.

In 2006, Americans made more than **330,000 trips to hospital emergency rooms primarily due to tooth pain or other preventable dental problems.** These ER visits cost nearly \$110 million.⁸ For states, the financial penalty is severe. A study of Medicaid enrollees found that in-patient ER treatment for dental problems cost nearly 10 times more per patient than preventive care in a dentist's office.⁹

In addition, **more than 10,000 new dental practitioners are needed to overcome our nation's dental care shortages.**¹⁰ Meanwhile, the number of active dentists in the U.S. is expected to decline over the next decade.

“Thirty percent of Americans report they do not have a place to receive regular dental care.”

— Lake Research Partners, “The Dental Access Gap: Findings from a National Survey,” 2011



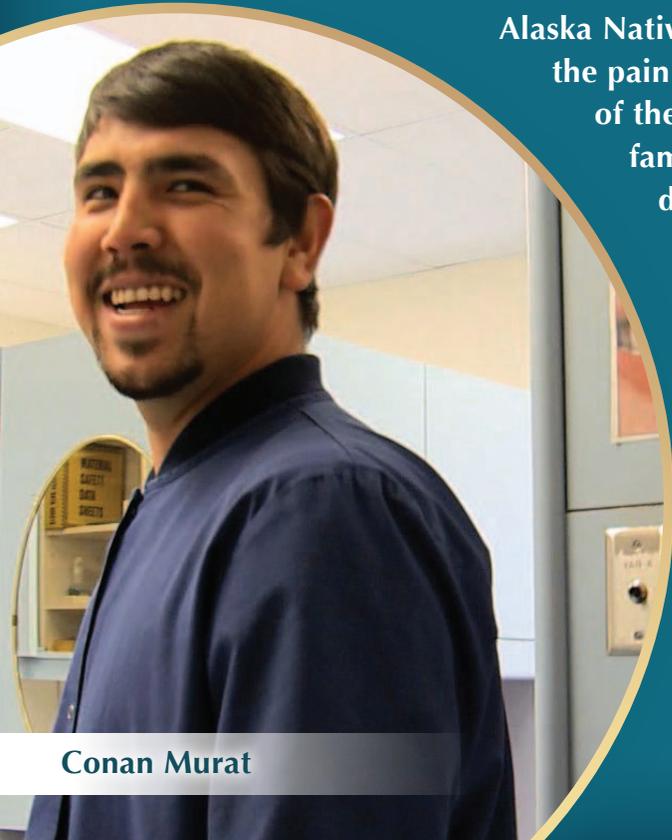
Closing the Dental Care Gap in Alaska: A Community-Led Solution

In Aniak, Alaska, and in at least a dozen other rural villages, Conan Murat fills glaring dental care gaps. He is one of the state's first dental therapists (known in Alaska as Dental Health Aide Therapists) and has provided routine dental care, such as cleanings and fillings for more than six years. He also educates children and families about the importance of preventive care and regular brushing. Alaska and Minnesota are currently the only states where dental therapists practice.

"I've had a lot of patients where they come in and they have a lot of broken, decayed teeth," says Murat. "It's rewarding getting someone out of pain who has been hurting for a while and just the total relief on their face when it is over."

Valerie Davidson, senior director of legal and legislative affairs for the Alaska Native Tribal Health Consortium (ANTHC), remembers the pain all too well. She grew up in Aniak and has memories of the needless pain and suffering that many children and families endured because they lacked access to routine dental care. Today—thanks to dental therapists—it's a totally different story in Valerie's tiny village, which is accessible only by air and water.

The first group of dental therapists traveled to New Zealand for training. But ANTHC, working in partnership with the University of Washington, began training dental therapists in Alaska in 2007 as part of an innovative, community-led solution that addresses dental care shortages and brings oral health to remote and underserved areas of the state. It's a proven health care model that can be replicated in other states.



Conan Murat



What You Should Know

Across the country, states are grappling with how to expand affordable dental care access for vulnerable children and families. Along with expanded roles for physicians, dental hygienists and dental assistants to address unmet oral health needs, many are weighing the use of dental therapists—**an innovative model for closing America’s oral health care gap.**

Why dental therapists?

Dental therapists are professionally trained, mid-level dental providers who can help more people get the care they need. Dental therapists support the work of a dentist and can also work in different locations while under the dentist’s general supervision. While this is a new idea to many people, dental therapists have successfully provided high-quality, routine dental care in Alaska since 2005 and in more than 50 countries for over 90 years. **Dental therapists are starting to work in Minnesota. In Alaska, they have been able to reach 35,000 people who didn’t have access to care before.**

Where dentists are in short supply, **dental therapists can expand the reach of dentists and provide vital dental services, oral health education, prevention and consistency of care** for underserved communities.

Dental therapists are trained to provide a limited number of routine dental services. These services include:

- Preventive care such as patient instruction, oral health outreach and screenings.
- Dental exams, x-rays and fluoride treatments.
- Cleanings and placement of sealants.
- Fillings—multiple types, including amalgam and composite.
- Simple extractions.

Dental therapists are part of a dentist-led team and work under the general supervision of a dentist. “General supervision” means that the dental therapist and supervising dentist work closely together, even though they may not be in the same building. They communicate via phone, fax and advanced telemedicine technologies. **The supervising dentist has the following responsibilities.**

- **Manage** the clinical work of the dental therapist.
- **Authorize** procedures performed by the dental therapist and provide **continual competency evaluation**.
- Be **available** for **real-time consultation** whenever the need arises.
- **Perform complex or advanced dental procedures** when needed.

Trained to work as part of a team, dental therapists are taught to quickly recognize when a patient’s situation requires consultation or referral to the supervising dentist.

Do dental therapists provide effective care?

Dental therapists have been practicing in Alaska since 2005. Alaska’s experience provides valuable performance data for other states evaluating the use of dental therapists as one way to address dental care shortages.

In October 2010, the first major independent evaluation of the dental therapist workforce model¹¹ showed that dental therapists are providing high-quality dental care and that patients are overwhelmingly satisfied with their care.



“Dental therapists in Alaska are performing well and operating safely within the scope of their work.”

— Scott Wetterhall, MD, MPH, RTI’s principal investigator and lead author of the evaluation report.

Key evaluation findings include:

- Dental therapists are technically competent to perform the procedures within their scope of work, and they are doing so in Alaska today. Because they largely come from the communities they serve, delivery of care is culturally competent.
- Dental therapists consistently work under the general supervision of dentists.
- Patients are very satisfied with the care they receive from dental therapists.
- They are successfully treating cavities and helping relieve pain for people who previously waited months or traveled hours for dental care.
- Dental therapists are well-accepted in the communities they serve.

Patients overwhelmingly reported a positive experience with dental therapists, giving them an 8.86 on a scale of 10.

Patients also reported that dental therapists:

- Explained things and were easy to understand.
- Listened carefully.
- Treated them with courtesy and respect.
- Spent enough time with their children.



Commissioned by the W.K. Kellogg Foundation, Rasmuson Foundation, and Bethel Community Services Foundation, this comprehensive two-year evaluation was performed by RTI International, one of the world's leading research institutes. Performance evaluation of dental therapists' work relied on the same examination standards used for assessing clinical competency for board certification of U.S. dental school graduates.

How are dental therapists trained?

In Alaska, dental therapists receive rigorous and comprehensive training. They begin with two years of schooling and complete more than 3,000 hours of training to provide specific services, including routine care like cleanings and fillings. **They receive more clinical training hours than dentists do on a specific number of routine and preventive procedures.**

The two-year training program, which includes a year of coursework and study in the classroom and a year of clinical training and practices, is followed by a *preceptorship*, where the student works side-by-side with a supervising dentist. The preceptorship can last from three months to one year. When it is completed, the student may apply for certification to join the dentist-led care team as a dental therapist.

Like other health professionals, dental therapists have continuing education requirements that must be completed periodically. In addition, dental therapists must be observed directly every two years to retain their certification.

Since training for dental therapists is more focused, intensive and requires fewer years of training than for dentists, education is far less costly.

“When I teach someone how to do cavity prep, I use the same textbook used in dental schools. The only difference in dental therapist training is that they are learning fewer procedures.”

— Mary Williard, DDS, Clinical Site Director, Alaska

Dental therapists are good for dentists, supporting and extending their reach and ability to provide oral health services. Dentists often team with other health care professionals to provide care. Most dentists employ dental hygienists to assist in providing some routine oral health services to patients. Adding dental therapists as members of a dentist-led team can allow dentists to extend the reach of their current practice.

In fact, a 2010 financial analysis by the Pew Center on the States concluded that most private-practice dentists who hire new types of mid-level dental providers can serve more patients, including Medicaid-enrolled children, while maintaining or improving their financial bottom line.

Dental therapists can help reach underserved areas. Dental therapists can work in different buildings and locations while under the general supervision of a dentist—all while staying connected via phone, fax and the latest telehealth technology. In addition to reaching rural areas, they can bring oral health care education and services to community health centers, clinics, schools, Head Start programs, nursing homes, homeless shelters and elsewhere.

Some people are concerned that dental therapists may infringe on dentists' work. But instead of decreasing the need for dentists, **dental therapists allow dentists to see more patients**—just like a nurse practitioner on staff enables a doctor's office to see more patients and to offer more personalized attention to each one.

General supervision by a dentist not only ensures the quality and safety of a dental therapist's care, it also permits dentists to delegate routine services. A supervising dentist can consult with dental therapists as needed, while continuing to provide advanced services, such as root canals, that only dentists can perform.

The dental therapist model offers a powerful new business blueprint for dental practices. It provides a reliable way for dentists to expand the reach of their practice and lets dental therapists become valuable members of the dentist-led team.

The Momentum is Building

Just 10 years ago, dental therapists were new to the United States, practicing only in Alaska. Since then, Minnesota has changed state practice laws to allow dental therapists to practice, and 15 additional states are considering the dental therapist approach as a viable way to expand access to vulnerable children and families. Others, such as California and Connecticut, are pursuing pilot projects.

With more than 50 million Americans living in dental shortage areas and millions more unable to afford care when they need it, states are taking the lead on identifying solutions to expand care. Americans are taking note as well. The recent **national survey showed that 78% of Americans support the use of alternative providers** like dental therapists as a practical, common sense approach to increasing access to routine care.

All children, whether they live in rural Kansas, on a remote Indian reservation or in downtown Detroit, deserve to have access to preventive and routine oral health care that will keep dental problems from getting worse or turning into an emergency. Oral health is critical to overall health and dental therapists can help bring much-needed oral health care to millions of underserved children and adults in America.



Notes

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- 2 Lake Research Partners, "The Dental Access Gap: Findings from a National Survey," 2011.
- 3 Health Research and Services Administration, "Shortage Designation: Health Professional Shortage Areas & Medically Underserved Areas/Populations."
- 4 Pew Center on the States, "The State of Children's Dental Health: Making Coverage Matter," 2011, and "It Takes a Team: How New Dental Providers Can Benefit Patients and Practices," 2010.
- 5 The Office of Minority Health, U.S. Department of Health and Human Services, "Racial and Ethnic Specific Oral Health Data," and the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Disparities in Oral Health."
- 6 The Office of Minority Health, U.S. Department of Health and Human Services, "Racial and Ethnic Specific Oral Health Data"; the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Disparities in Oral Health"; and Batliner, Terry, "An Assessment of Oral Health on the Pine Ridge Indian Reservation," Center for Native Oral Health Research, University of Colorado Denver, 2011.
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- 8 Nalliah, R., Elangovan. S., and Allareddy, V., "Hospital emergency room visits attributed to dental caries," a study presented at the 88th General Session of the International Association for Dental Research, July 14, 2010.
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- 11 Wetterhall, Scott, "Evaluation of the Dental Health Aide Therapist Workforce Model in Alaska," RTI International, 2010.





AMERICA GETS IT!

More Dental Therapists
Fewer People in Pain, Missing School or Work
Fewer Life-Threatening Emergencies

Join a Strong National Movement to Close the Dental Care Gap and
Expand Care to Every Community

June 2012



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