



University of California
San Francisco

Examining the Drivers and Outcomes of the US Dental Therapy Movement

Advancing Health Equity

Elizabeth Mertz, PhD, MA
Professor, UCSF School of Dentistry

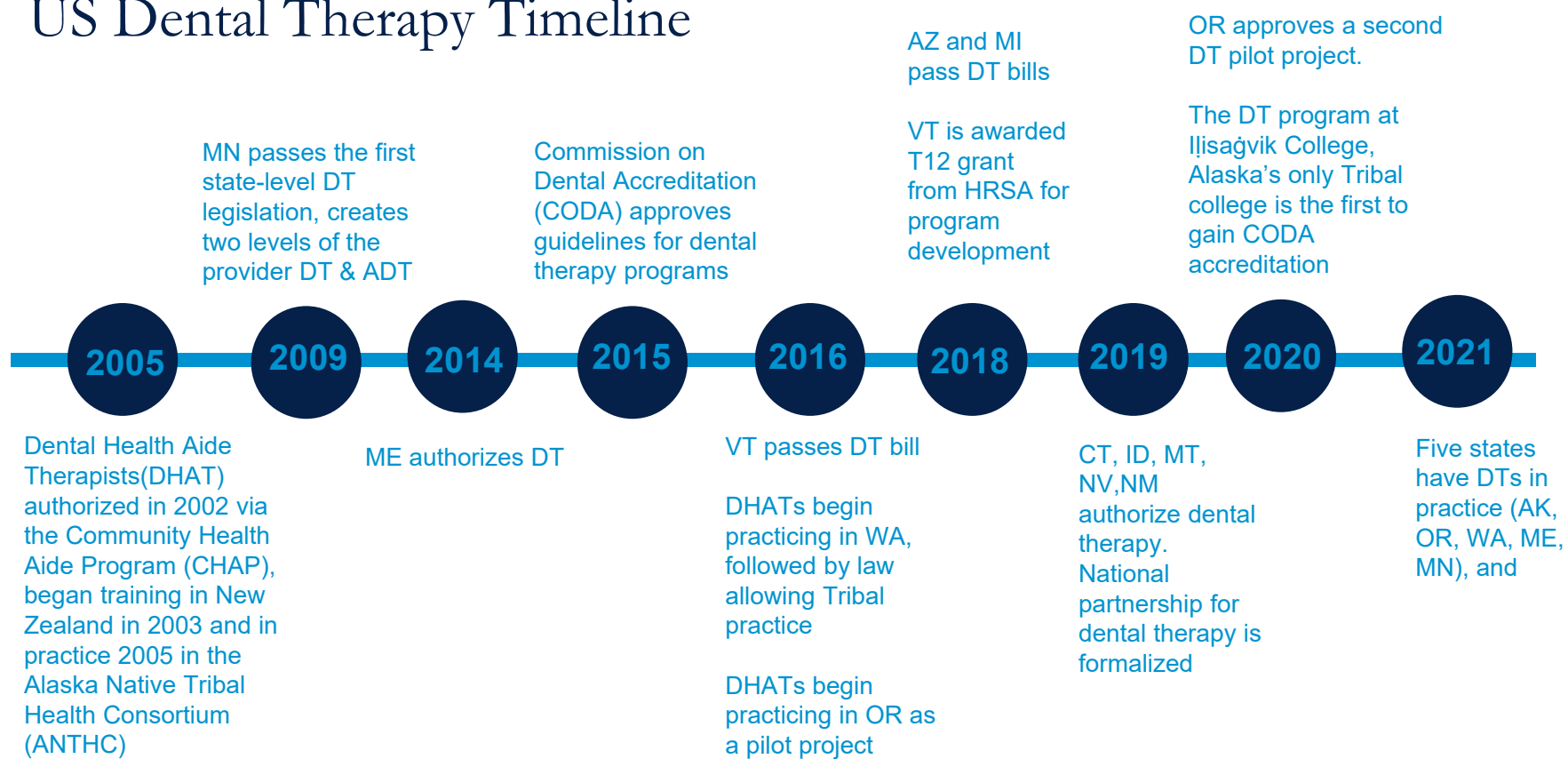
Objectives & Methods

1. Define dental therapy and explain the current status of this occupational spread in the US
 2. Describe the drivers of the dental therapy movement
 3. Examine the evidence of upstream (structural) and downstream (health access, status) outcomes of dental therapy through a health equity lens.
- Data come from a 4-year evaluation of the dental therapy movement conducted at UCSF, as well as an evaluation of the use of dental therapists in MN, conducted at SUNY-Albany through the Oral Health Workforce Research Center

What is a dental therapist?

- Dental therapists (DTs) are primary care dental providers, used globally in over 50 countries, and introduced in the United States (US) in 2005.
- DTs work as part of the dental care team to serve children and adults, and they provide clinical and therapeutic care including prevention (health education, prophylaxis, x-rays) and routine restorative care (filling cavities, placing temporary crowns, and extracting teeth).
- Global use of DTs and their safety and effectiveness have been demonstrated in various health systems.

US Dental Therapy Timeline



Drivers for change

- Community engagement underpins the dental therapy movement.
 - Tribal self-determination
 - Community health advocacy
- Strong champions, sustained philanthropic investment, and support from many partners
- Huge documented need to improve access to oral health care
- Desire to build a more representative workforce and accessible career options

State	Year Authorized	Type of Authorization	CODA Required	Dental Hygiene Prerequisite	Degree Requirement to Date*	Settings/ Population Restricted	Therapists Currently Practicing in State	Education Program Status
Alaska	2005	Tribal Only (CHAP)	No	No	No	Yes/Yes	Yes	Yes, CODA
Minnesota	2009	State	No	No	Yes (ADT/MS)	Yes/Yes	Yes	Yes (2)
Maine	2014	State	Yes	Yes	Yes (MS)	Yes/No	Yes	No
Washington	2015	Tribal Only	No	No	No	Yes/Yes	Yes	Being developed
Commission on Dental Educational Accreditation (CODA) Educational Standards Passed (2015)								
Oregon (a)	2016	Tribal Pilot ‡	No (Pilot)	No	No	Yes/Yes	Yes	Train in AK
Vermont	2016	State	Yes	Yes	No	No/No	No	Being Developed
Arizona	2018	State/Tribal	Yes	Yes	No	Yes/No	No	No
Michigan	2018	State	Yes	No	No	Yes/Yes	No	No
Connecticut	2019	State	Yes	Yes	No	Yes/No	No	No
Idaho	2019	Tribal Only	Yes	No	No	Yes/Yes	No	No
Montana	2019	Tribal Only (CHAP)	Yes	No	No	Yes/Yes	No	No
Nevada	2019	State	Yes	Yes	No	Yes/Yes	No	No
New Mexico	2019	State/Tribal	Yes	Yes	No	Yes/No	No	No
Oregon (b)	2020	Hygiene Pilot ‡	No (Pilot)	Yes	No	Yes/Yes	No	Yes, pilot

*May change following completion of each state's rule-making process.

‡ Oregon has two approved dental therapy pilot projects <https://www.oregon.gov/oha/ph/PreventionWellness/oralhealth/dentalpilotprojects/Pages/index.aspx>

CODA: Commission on Dental Accreditation; CHAP: Community Health Aide Program; ADT: advanced dental therapist; MS: master's degree

Impact on Health Equity



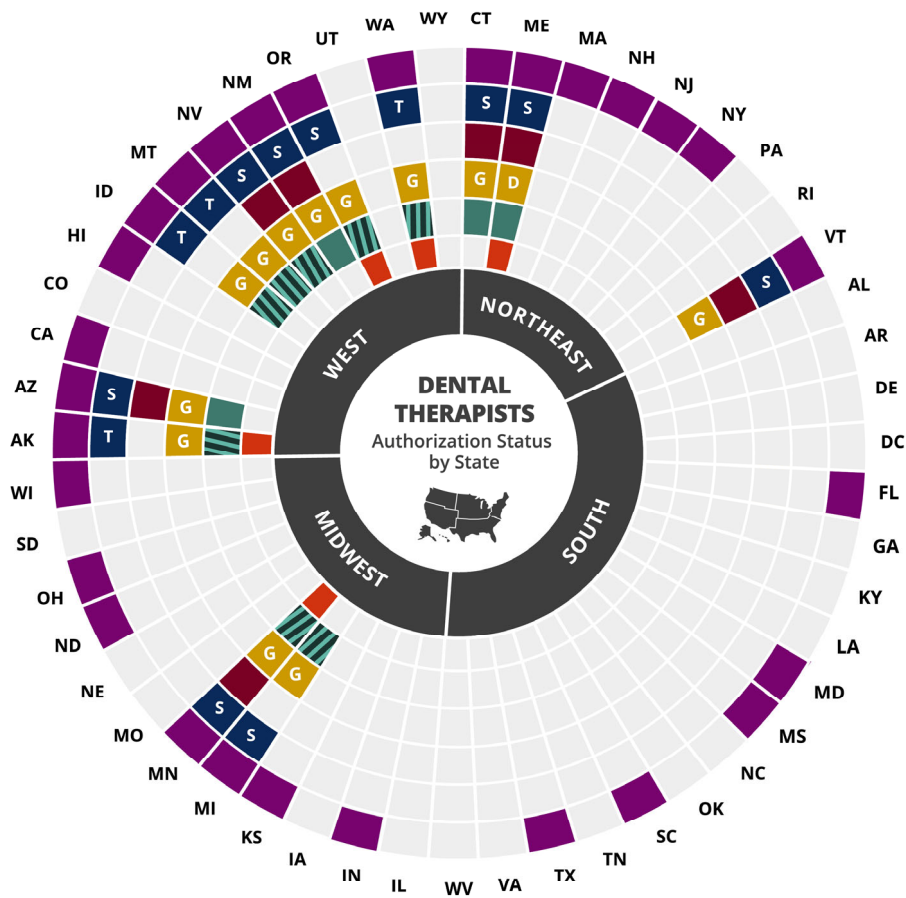
“Hope is in a place where it didn’t exist before. I’ve seen the devastation in those villages and we now have people [who] have a good job, have a positive force in their communities, in Tribal Councils, on school boards, [they’re] role models, helping out kids that need a safe place to live... this is huge for the communities that we’re targeting... providing so many more benefits than I ever imagined.”

– Alaskan Tribal Member

Patients Served by Dental Therapists (DTs) and Advanced Dental Therapists (ADTs), Minnesota (MN), 2019

Types of Underserved Patient Groups Served Daily by DTs and ADTs	% of MN DTs and ADTs that Serve the Population
Low income or uninsured patients	100.0%
Minnesota Health Care program recipients	92.0%
Other racial or ethnic minority members	85.0%
Populations with disabilities	81.0%
Patients who require an interpreter	74.0%
Immigrants and refugees	62.0%
Veterans	47.0%
Unsure	2.0%

Source: Minnesota Department of Health, Minnesota's Dental Therapist Workforce, 2019. Available at: <https://www.health.state.mn.us/data/workforce/oral/index.html>



Campaign for Dental Therapy in the State
(Active or Prior)

Authorization of Dental Therapy

T Tribal Dental Therapy

S Statewide

Mandated Dual Dental Hygiene and/or Degree
Requirement in State Statute

Dental Therapist Supervision Level by Dentist

D Direct

I Indirect

G General

Population/Setting Restrictions on DT Practice

Setting Only

Population Only

Both

Dental Therapists Practicing in the State

Advancing Health Equity through support of Dental Therapy

- Invest in the development of DT education programs which are still needed in many of the states
- Include dental therapists in the list of clinicians under federal training programs (e.g., Title VII training in pediatric and general dentistry, etc.)
- Partner with FQHCs to expand training and employment in these sites
- Add DTs as eligible clinicians under federal and state loan repayment programs
- Partner with CMS/state programs to ensure payment parity for DT clinical care services
- IHS can incentivize expansion of DTs in states where authorized. *Note that there is a federal job description under CHAP for DTs.*

Acknowledgements

- **Research participants:** Almost 100 people across the country gave of their time and expertise toward this comprehensive evaluation.
- **UCSF Team:** Aubri Kottek, MPH Miranda Werts, Jacqueline Miller
- **Consultants:** Nicole Bowman, PhD Carolyn Brown, DDS, MA
- **SUNY Albany Team:** Margaret Langelier, MSHSA, Simona Surdu, MD, PhD, Jean Moore, DrPH, FAAN
- **Funding:** This work is supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) as part of an award totaling \$449,943 with 50% financed with non-governmental sources through a grant from the W.K. Kellogg Foundation. The information presented is based on research conducted by the authors and does not necessarily represent the official views of, nor an endorsement, by, HRSA, HHS, or the US government.