Dental Workforce: Exploring Midlevel Dental Provider's Role to

Decrease Oral Health Disparities in United States

Challenges to Accessing Oral Health Care in United States

According to the Health Resources and Services Administration, there were 6,786 Dental Health Professional Shortage Areas (HPSAs), with 56 million people living in them. There is a need for 9.960 practitioners to address this shortage. Access to dental care is primarily limited for; low income families, residents of rural areas, patients with disabilities, uninsured, communities of color, and older adults. Midlevel dental providers would increase the number of access points to dental care. The Dental Therapists (DTs) model is an example of midlevel dental providers that are authorized to practice within some States.

Dental Therapist Model (DT)

History

Dental Therapists (DTs) are midlevel dental providers, similar to physician assistants in medical care. This model resembles the New Zealand DT model, which has been practicing since the 1920s, to address oral health disparities. In 2005, the first cohort of Alaska Native DTs practiced in Tribal Villages, that used to suffer minimal access to dental care. In 2009, Minnesota was the first state that allowed licensing of two DTs models; Dental Therapist and Advanced Dental Therapist (ADTs). Currently total number of states authorizing DTs is 12 states.

Training, Scope of Practice, and Impact

In Alaska, DT students were recruited by their tribal communities, finished a two year program and were allowed to work in underserved communities similar to that they grew up in. In general, DT get trained to provide services in a culturally sensitive manner. As of 2017, mainly because of DTs, 45,000 Alaska Natives now have regular access to dental care and the communities they serve showed an improved oral health outcome. The DTs scope of practice allow them to perform a small set of procedures without direct dentist supervision or prior examination, however, the dentist is available for advice or referral if needed. They can provide preventive and simple restorative dental procedures such as cavity fillings, placing temporary crowns and extract very loose teeth. DTs' training, scope of practice, and level of dentist supervision vary according each state and tribal rules. They can be authorized to practice in dental as well as other community-based settings.

Challenges:

Dental therapists challenge the lack of standardization to their scope of work and licensing requirements that are shaped by their state licensing board, making it difficult on DT to practice in different states. In addition some dental societies are opposing to this model.

The following map shows the Dental Therapy policies by state as of 2016



https://www.pewtrusts.org/en/research-and-analysis/articles/2016/09/28/states-expand-the -use-of-dental-therapy

Opportunity:

Dental therapists are filling in the access gaps caused by cultural barriers and geographic isolation. DTs are trained to deliver high-quality, safe dental care. More than 1,000 studies from across the globe found no quality concerns for these midlevel providers. Moreover, since dental therapists began practicing in Minnesota and Alaska, no malpractice claims have been filed against them.

For more information about Dental Therapists, please visit www.dentaltherapy.org

