

State of Oral Health Equity in America 2021

RESEARCH REPORT #2

Dentists are an Untapped Resource

for Delivering COVID-19 Vaccines

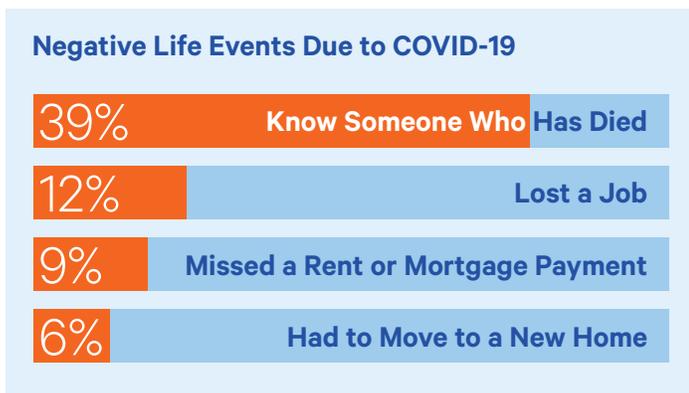
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Introduction

As the anniversary of the onset of the COVID-19 pandemic passes, there is one glimmer of hope for a return to normality—mass vaccination. To date, more than [560,000 lives](#) have been lost due to the pandemic. The strain on the U.S. health care system and economy has been enormous, leaving many families [jobless and without sufficient income](#). Results from the CareQuest Institute for Oral Health’s Survey of National Oral Health Equity (SNOHE) revealed that 39% of participants know someone who has died from COVID-19. Respondents reported experiencing other negative life events due to the pandemic including: 12% of respondents lost a job, 9% missed a rent or mortgage payment, and 6% had to move in the last year. The FDA’s approval of 3 vaccines under emergency use authorizations paved the way for a mass vaccination campaign that began in December 2020. The White House announced on March 11, 2021 that they have [expanded the pool of qualified professionals](#) authorized to administer the vaccine, which includes dentists.



Americans are anxiously awaiting their turn to receive the vaccine in hopes of a return to social normalcy as well as economic revival, but herd immunity needs to be reached in order for all people, including vulnerable individuals who cannot be vaccinated, to have some protection against COVID-19. Experts estimate herd immunity for COVID can be achieved when 70–90% of the U.S. population either has been infected with the COVID-19 virus or are fully vaccinated. By April 19th, 2021, [thirty one million people](#), or approximately 11% of the U.S. population, have already been infected, so an additional 60–80% of Americans need to be vaccinated to reach herd immunity in order to protect the majority of the population at large from the virus. By April 19th, 2021 approximately

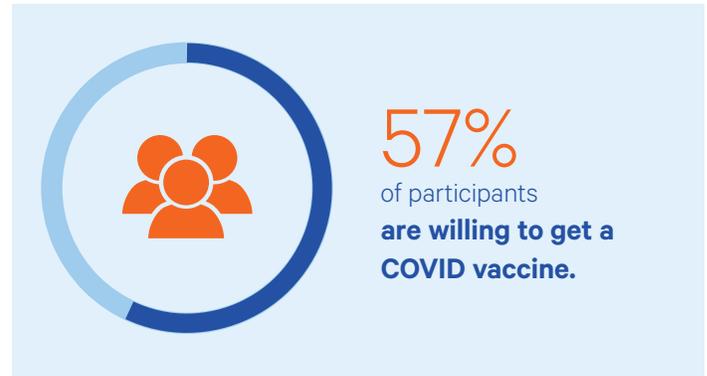
The CDC define [herd immunity](#) as the “situation in which a sufficient proportion of a population is immune to an infectious disease to make its spread from person to person unlikely. Even individuals not vaccinated are offered some protection because the disease has little opportunity to spread within the community.”

[40% of the total population and 51% of the adult population has received at least one dose and 26% of the total population and 33% of the adult population are fully vaccinated.](#)

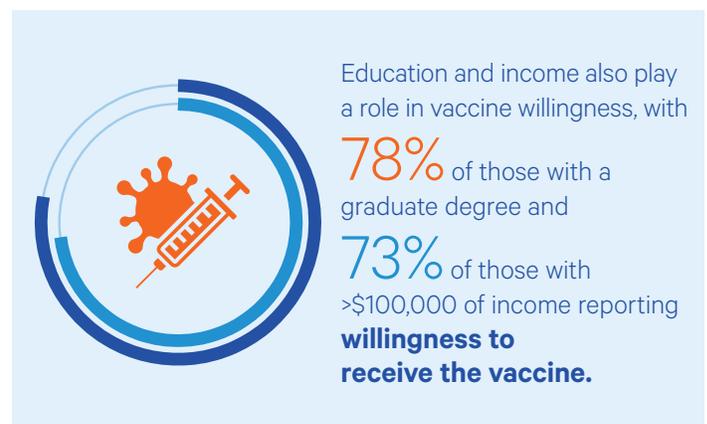
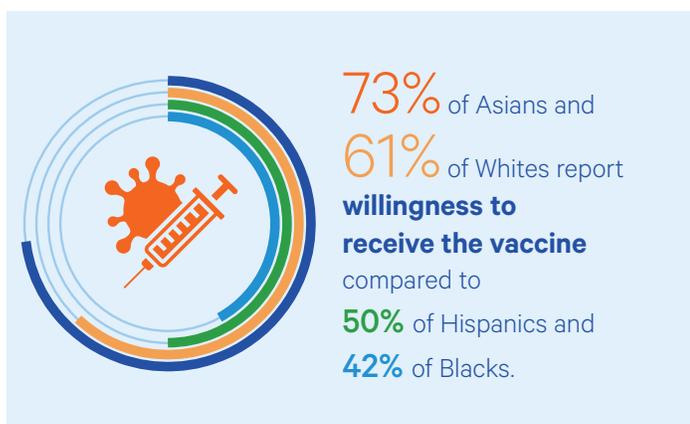
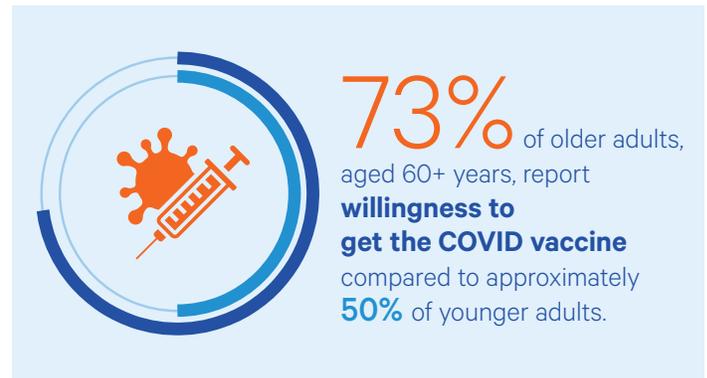
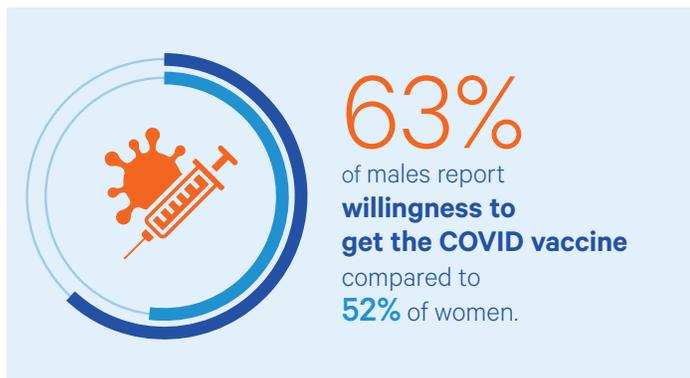
President Biden and his administration set a goal for [all U.S. adults to be eligible for vaccinations by April 19, 2021](#). Vaccine supply, distribution, and willingness to take the vaccine must be uniformly high across the U.S. for the goal of herd immunity to be achieved. Using dentists to administer the vaccine can help accomplish this goal and increase access for populations who might otherwise struggle to get vaccinated. In March, the Secretary of Health and Human Services amended the Public Readiness and Emergency Preparedness Act to authorize additional health care providers, including dentists and dental students, to vaccinate patients for COVID-19. This aligns with a growing body of literature that supports the use of dentists, who have extensive medical training and experience giving complex injections, to administer vaccines. Data from the ADA’s Health Policy Institute suggests that only [3% of private practice dentists are administering the vaccine, compared to 23% of public health dentists](#).

Over Half of Survey Participants are Willing to Receive the COVID-19 Vaccine

The SNOHE survey found that, overall, 57% of participants are willing to get a COVID vaccine. While it is promising that over half of respondents responded positively to this question, 60–80% of Americans ultimately need to get the vaccine to reach herd immunity. The [Kaiser Family Foundation's Vaccine Monitor](#) has indicated a gradual increase in vaccine willingness over time. Since December 2020, the percentage of those who said they will get the vaccine as soon as possible or have already received it [has increased by 27%](#). In our survey, higher willingness was observed in the following demographic groups: males (63%), older adults (60+ years [73%]), Asians (73%) and Whites (61%), those with higher income (\$100,000 or more [73%]) and education levels (Bachelor's degree [65%], those with post graduate study/professional degree [78%]), and those who live in a metropolitan area (58%). Vulnerable and underserved populations, such as those with lower income (less than \$30,000 [47%]) and education (less than high school [43%]), Hispanics (50%) and Blacks (42%), and those living in rural areas (49%) report lower rates of vaccine willingness. Disparities in COVID-19 outcomes have



been reported, including [higher rates of death and more severe disease requiring hospitalization in Black and Hispanic populations](#), which is concerning since these groups also show the most vaccine hesitancy. While the SNOHE survey did not explicitly examine outcomes for American Indian/Alaskan Native populations, it is important to note that these persons have experienced the worst COVID outcomes in terms of hospitalization and death compared to any other race.





Dentists are Uniquely Qualified Health Care Providers Prepared to Administer the COVID-19 Vaccine

Due to the historical divide of the professions of medicine and dentistry, oral health care has remained largely siloed rather than integrated into overall health care. Scope of practice laws, which vary state-to-state, generally have not included routine vaccinations as being within the scope of practice for dentists. Unlike most other nonmedical providers, dentists are extensively trained to perform complex injections in the oral cavity. In comparison, an intramuscular (IM) injection given in the deltoid muscle, which is the most common site for vaccine injections, is relatively straightforward. Furthering their qualifications, dentists are trained in Basic Life Support (BLS) and have advanced knowledge of anatomy, physiology, and pharmacology.

Dentists also see a population of patients who do not see their physician in a given year. The SNOHE survey found that of respondents who reported they did not have a physical

examination in the past two years, 12% had seen the dentist. An analysis conducted for this report by the CareQuest Institute for Oral Health of claims data from IBM Watson MarketScan Databases found that more than 19 million people visit their dentist annually, but do not visit their primary care physician or other medical professional each year. This presents an opportunity for dentists to reach patients who are not otherwise receiving the vaccine from a regular medical care provider and confirms that dentists have a unique ability to serve as a vaccination point for a wide range of patients. Currently, mass vaccination sites are administering most doses of the vaccines, but in the future, dentists, like primary care medical providers, could provide an additional access point.

Who is Willing to Receive the Vaccine from a Dentist?

Of the 57% of respondents who said they were willing to receive the COVID-19 vaccine, 60% would feel comfortable receiving it from a dentist. The characteristics of individuals willing to receive the vaccine from a dentist were largely similar to those willing to receive a vaccine in general, such as being male, White, more educated, of higher income, and who live in a metropolitan area. One difference included age, with younger individuals (30–59 years) more willing to receive the vaccine from a dentist compared to other age groups. Despite these variations, most groups displayed at least 50% willingness to receive the vaccine from a dentist.



	Most Willing	Least Willing
Age (years)	30–44 (64%)	18–29 (56%)
Gender	Males (66%)	Females (53%)
Education	Post graduate degree (72%)	High school graduate (47%)
Race	White (62%)	Black (50%)
Income	\$100,000 or more (68%)	Less than \$30,000 (50%)
Location	Metropolitan (61%)	Non-metropolitan (54%)

Further research is needed to determine why some individuals report unwillingness to receive a vaccine from a dentist, even if they are willing to receive the vaccine in general. One possible barrier is the high out-of-pocket costs of dental care. The SNOHE survey found that 33% of respondents who did not see the dentist in the past two years gave cost as the reason. The cycle of avoiding dental care because of high out-of-pocket cost could be a limitation on dentists’ reach when it comes to vaccination.



Conclusion

Dentists represent a valuable, untapped resource in the COVID-19 vaccination effort. The Biden Administration's authorization for dentists to administer the vaccine is a monumental step forward. Time will tell how the public responds to this new role for dentists and whether oral health providers will be responsive to the momentum of preventive-focused care. Participating in America's mass COVID-19 vaccination efforts, inside or outside of the office-based practice setting, will allow dentists to adopt a role of primary prevention and pave the way for future dental-medical collaboration. Dentists should be trained and equipped to vaccinate patients as soon as possible to reach a population who might not see their doctor and who might otherwise not receive the vaccine.

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Methodology:

The Survey of National Oral Health Equity (SNOHE) is a nationally representative survey of consumer and patient attitudes, experiences and behaviors on oral health. It was designed by the DentaQuest Partnership for Oral Health Advancement. SNOHE was collected in January and February 2021, on adults aged 18 and older, by the NORC at the University of Chicago as part of the AmeriSpeak panel. AmeriSpeak is a probability-based panel designed to be representative of the U.S. household population. Randomly selected U.S. households were sampled using area probability and address-based sampling, with a known, non-zero probability of selection from the NORC National Sample Frame. Sampled households were contacted by US mail, telephone and field interviewers. A sampling unit of 16,986 was used, with a final sample size of 5,320; the final weighted cumulative response rate was 5.2%. All data presented account for appropriate sample weights. Margin of error for the survey is 1.86%.

CareQuest Institute for Oral Health

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