

Advancing Health Equity Through Dental Therapy

CareQuest Institute Continuing Education Webinar

July 28, 2022



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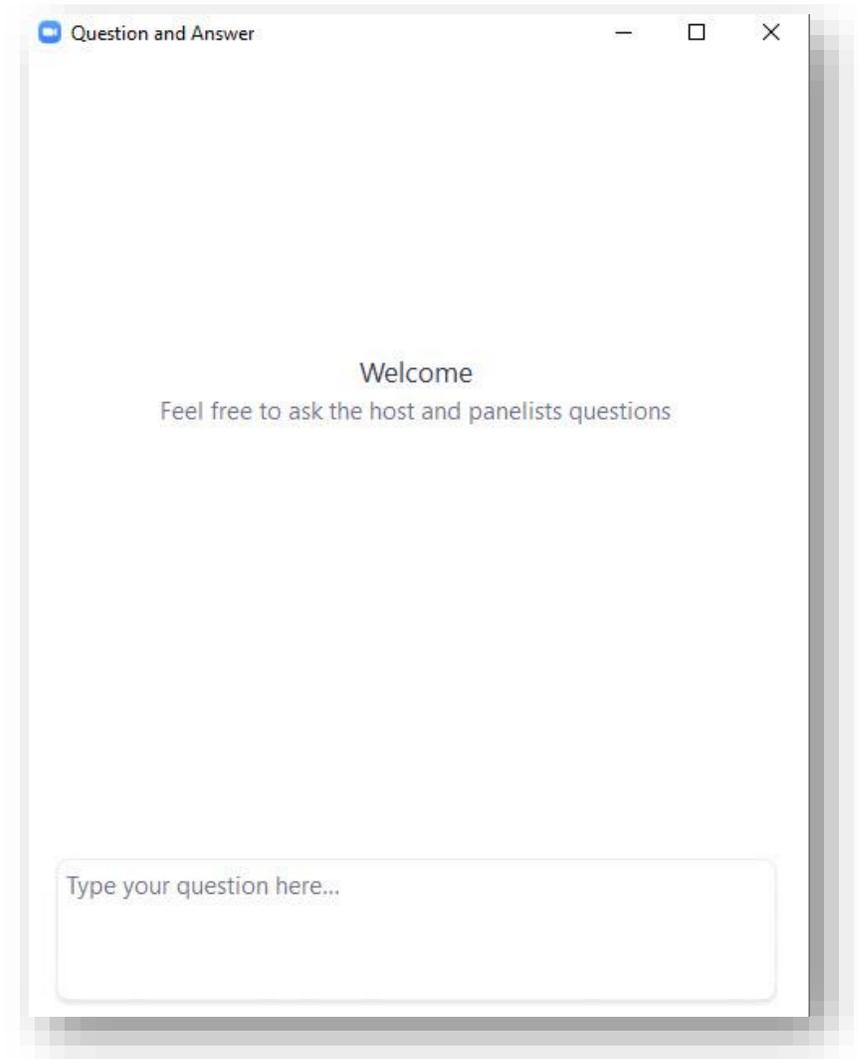
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Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.



Today's Presenters

Advancing Health Equity Through Dental Therapy



WEBINAR | Thursday, July 28, 2022 | 1-2 p.m. ET | ADA CERP Credits: 1

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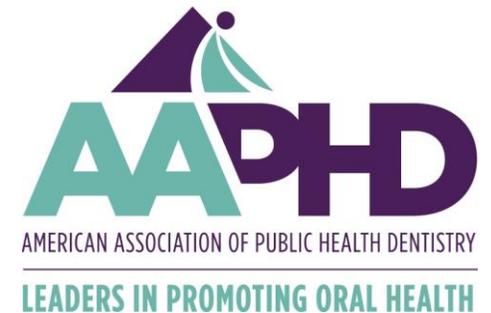
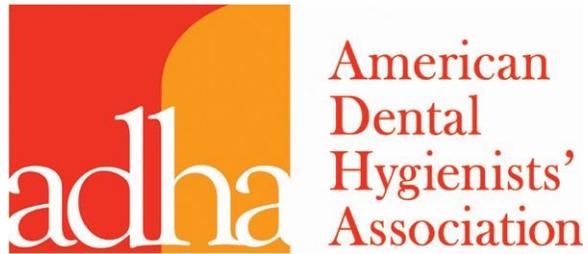
PRESENTER



Laura (Hale) Brannon
Project Manager,
Dental Therapy,
Community Catalyst

Acknowledgments

CareQuest Institute for Oral Health and APHA Oral Health Section are grateful for the support the following organizations provided on today's webinar:



Learning Objectives

At the end of this webinar, you'll be able to:

- Describe the history and origins of the dental therapy workforce through current educational standards and policy in the US.
- Discuss evidence for how the dental therapy workforce has impacted access to dental care for underserved populations.
- Discuss the benefits and best practices of expanding dental therapy in the US.
- Explain the challenges and opportunities for maintaining a commitment to oral health equity with the spread of the dental therapy workforce.

Who Is the Oral Health Section of the American Public Health Association (APHA)?

APHA champions the health of all people and all communities.

We **strengthen** the public health profession. We **speak out** for public health issues and policies backed by science. We are the only organization that combines a **150-year perspective**, a **broad-based member community**, and the ability to **influence federal policy** to improve the public's health.

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APHA Oral Health Section's Policy Statements

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Support for the Alaska Dental Health Aide Therapist and Other Innovative Programs

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Date: Nov 08 2006 | Policy Number: 20064

Key Words: Appropriations, Dental Health

The American Public Health Association (APHA) views access to preventive and therapeutic oral health services as vitally important for all Americans;¹ and APHA desires to foster effective broad-based policies and programs to help alleviate oral diseases. ^{2,3,4}

Oral health is an integral part of overall health and well-being. ⁵ According to the 2000 U.S. Surgeon Generals report, Oral Health in America, the burden of oral problems is extensive

<https://www.apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements/Policy-Database/2014/07/07/13/28/Support-for-the-Alaska-Dental-Health-Aide-Therapist-and-Other-Innovative-Programs>

APHA Oral Health Section Scientific Program



Join us in Boston, Nov. 6 - 9 for APHA's 2022 Annual Meeting & Expo and 150th anniversary celebration. The Meeting blends the legacy of APHA with innovative and exciting opportunities to help you reach your goals. Engage with public health experts, collaborate with other advocates and grow professionally.

3 Reasons You Must Attend:

1. **Speakers:** Hear from influential leaders that are making an impact around the country!
2. **Community:** Make connections with thousands of public health professionals. Get involved with [member sections](#).
3. **Sessions and Events:** Choose from around 1,000 sessions and unique learning activities and events.

The APHA Oral Health Section – Celebrating 80 Years!!

Please join us as we advance oral health equity!



80 YEARS OF PROMOTING POPULATION ORAL HEALTH 1943-2023

Islashcheva@applereedental.org
apha.org

Thank you!

Contact Information

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University of California
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Dental Therapy in the United States

Advancing Health Equity

Elizabeth Mertz, PhD, MA
Professor, UCSF School of Dentistry
Associate Director of Research, Healthforce Center
July 28, 2022

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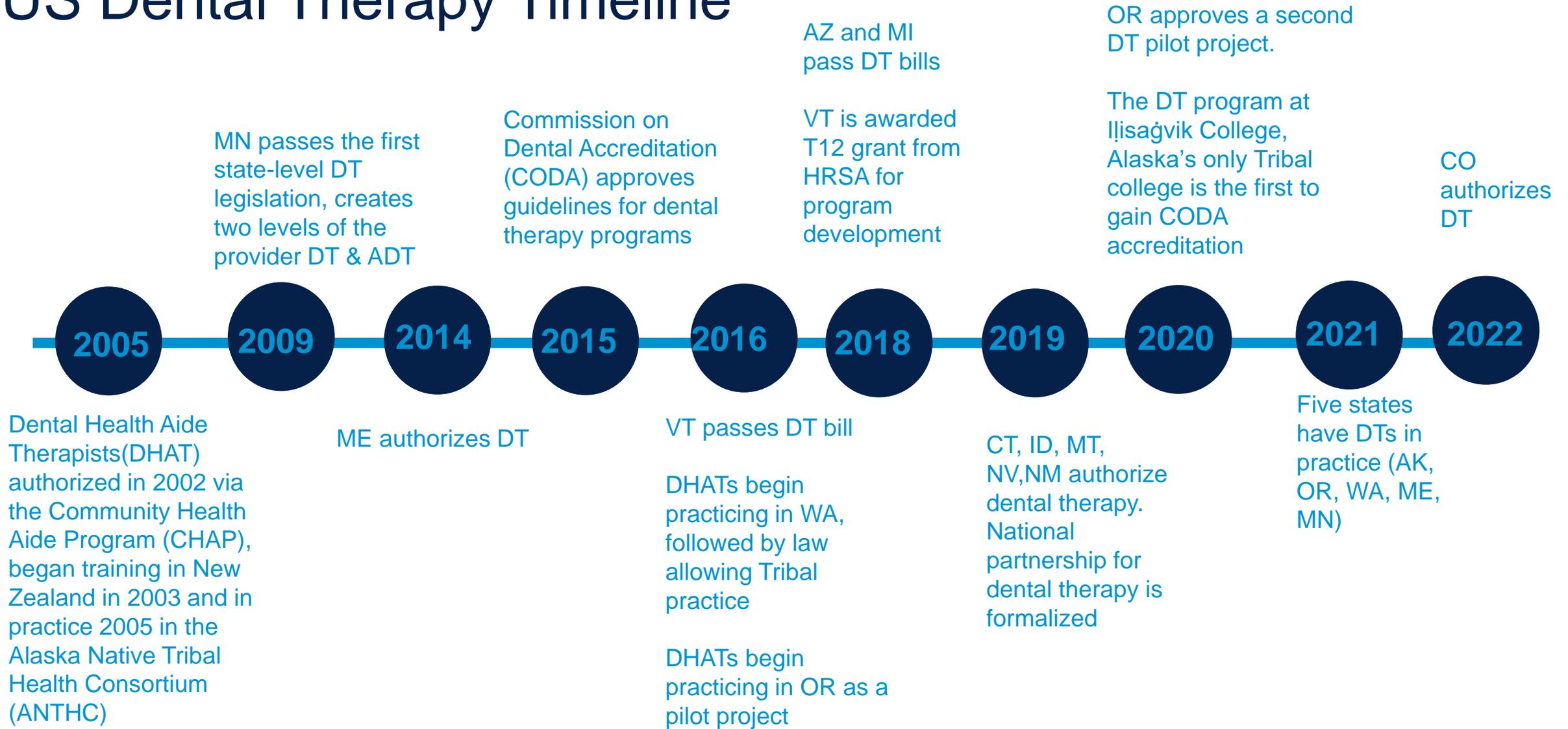
Presentation Overview

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.

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

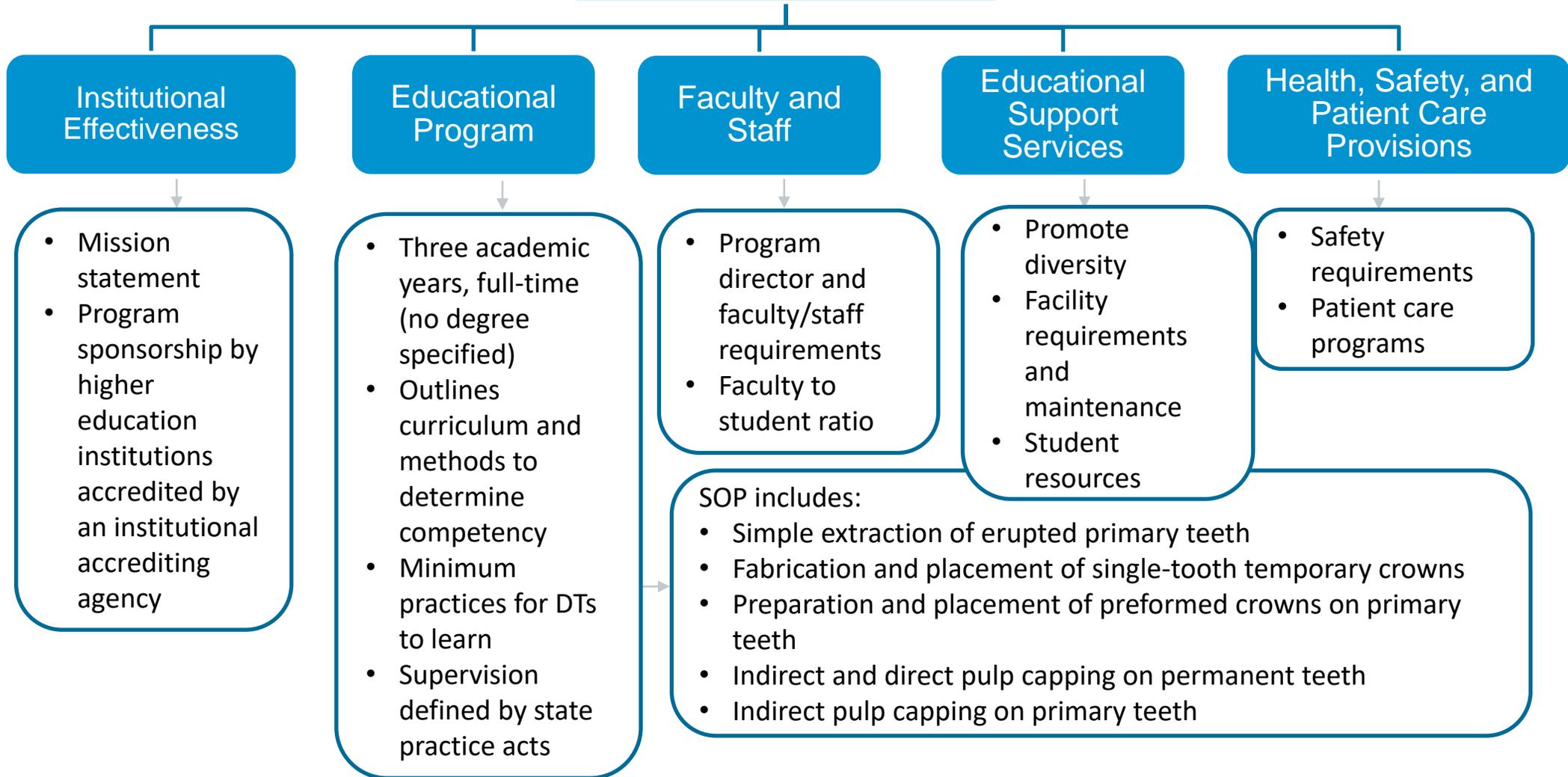
- Community engagement underpins the dental therapy movement.
 - Tribal self-determination
 - Community health advocacy
- Strong champions, sustained philanthropic investment, and support from many partners
- Huge documented need to improve access to oral health care
- Desire to build a more representative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

Public Health Rationale for Dental Therapy

- Economic development
 - Opportunities for new health careers with lower barriers to entry
 - Lowers costs of care
 - Dental care has the highest level of cost barriers compared to other health care services
- Better care coordination
 - Improve practice productivity and efficiency
 - Improve patient outcomes and satisfaction
- Access to culturally competent/respectful care
 - 33.2% of US population are underrepresented minorities, yet only 10.6% of dentists
 - Demand exceeds supply (in certain locations, particularly rural and urban poor communities)

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 (3)
Maine	2014	State	Yes	Yes	Yes (MS)	Yes/No	Yes	No
Washington	2015	Tribal Only	No	No	No	Yes/Yes	Yes	In Development
Commission on Dental Educational Accreditation (CODA) Education Standards Passed (2015)								
Oregon (a) [†]	2016	Tribal Pilot	No (Pilot)	No	No	Yes/Yes	Yes	Training in AK
Vermont	2016	State	Yes	Yes	No	No/No	No	In Development
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)
Oregon	2021	State	Yes	No	No	No/Yes	No	Yes (Pilot)
Colorado	2022	State	Yes	No	No	No/No	No	No

CODA Dental Therapy Education Standards



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>

From: **Comparison of Dental Care Visits Before and After Adoption of a Policy to Expand the Dental Workforce in Minnesota**

JAMA Health Forum. 2022;3(3):e220158. doi:10.1001/jamahealthforum.2022.0158

Table. Changes in Dental Visits in Minnesota Associated With Adopting the Use of Dental Therapists Relative to Synthetic Minnesota^a

	Unadjusted proportion after policy adoption, weighted % (95% CI)		Relative change after policy adoption ^b	
	Minnesota	Synthetic Minnesota	Weighted % (95% CI)	Linear <i>P</i> value
Full sample				
All adults	74.6 (74.1 to 75.1)	72.3 (71.6 to 73.0)	3.2 (2.0 to 4.4)	<.001
Race and ethnicity				
Non-White ^c	64.3 (62.8 to 65.9)	59.3 (59.0 to 59.6)	8.4 (5.8 to 11.0)	<.001
White	76.5 (76.0 to 77.0)	74.6 (73.8 to 75.3)	2.6 (1.4 to 3.9)	<.001
Low-income sample				
All adults	65.2 (63.2 to 67.1)	57.9 (56.9 to 58.9)	12.5 (8.6 to 16.4)	<.001
Race and ethnicity				
Non-White ^c	66.0 (60.6 to 71.3)	65.5 (62.8 to 68.3)	0.7 (-8.5 to 9.8)	.89
White	65.0 (62.9 to 67.1)	54.2 (53.4 to 55.1)	19.8 (15.6 to 24.1)	<.001
Medicaid sample				
All adults	65.4 (61.7 to 69.0)	59.1 (57.9 to 60.4)	10.5 (3.9 to 17.0)	.002
Race and ethnicity				
Non-White ^c	62.8 (56.1 to 69.6)	66.3 (62.6 to 70.1)	-5.3 (-16.8 to 6.2)	.37
White	66.3 (62.0 to 70.6)	52.8 (51.7 to 53.9)	25.5 (17.0 to 34.1)	<.001

^a Full sample includes adults aged 18 years and older. The low-income sample includes adults aged 18 years and older with a family income below 200% of the federal poverty level. The Medicaid sample includes adults aged 19 to 64 years with a family income up to 138% of the federal poverty level. Refer to eTables 1 through 6 in the Supplement for a description of constructing the synthetic control for each sample.

^b Taylor series linearization was used to calculate the 95% CIs.

^c Non-White included Black, Hispanic, and other race subgroups.



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 (see link)
- 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.*

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- **Consultants:** Nicole Bowman, PhD Carolyn Brown, DDS, MA
- **SUNY Albany Team:** Margaret Langelier, MSHSA, Simona Surdu, MD, PhD, Jean Moore, DrPH, FAAN
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Thank you!

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Panel Discussion and Questions

Today's Panelists



Ann Lynch

American Dental Hygienists'
Association



Tamana Begay

Diverse Dental Society



Laura (Hale) Brannon

Community Catalyst



Elizabeth Mertz

University of California, San Francisco

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Why We (Still) Need to Add Dental to Medicare	Adult Dental Benefit, Expanding Access, Health Equity	Report
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The State of Oral Health Equity in America 2022

RESEARCH REPORT

Americans Are Still Not Getting the Dental Care They Need

Two years after dental care was disrupted for millions of Americans, disparities in the nation's oral health care persist

SUGGESTED CITATION:
Heaton, Lisa J., Sotnick, Adriana C., Schroeder, Kelly, and Tranby, Eric P. Americans Are Still Not Getting the Dental Care They Need. Boston, MA: April 2022. DOI: 10.335565/COI.2022.2001
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Thursday, August 18, 2022, 1 – 2 p.m. ET

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Thursday, August 25, 2022, 1 – 2 p.m. ET

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