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BATTLE CREEK, Mich. — Searching for ways to ensure dental care for millions living in dentist-shortage areas, the W.K. Kellogg Foundation today released a wide-ranging assessment of international and U.S. experiences training and deploying new types of dental health care providers who could be used to help fill gaps in care.

In particular, the report suggests that dental therapists, who perform preventive and basic dental services, could provide sorely needed care to millions of underserved Americans, working in collaboration with dentists while expanding their reach. Similar to a nurse practitioner or physician assistant in the medical field, dental therapists are envisioned as members of the dental team that is led by the dentist or dental specialist. Internationally, dental therapists have been used successfully for decades to address inadequate access to dental care.

“Training and placing new dental therapists under the general supervision of a dentist in underserved areas could help ensure that more families, particularly those who are most vulnerable, can access quality, affordable dental care,” said Sterling K. Speirn, president and CEO of the W.K. Kellogg Foundation. “Oral health is essential to overall health, yet too many Americans go without needed dental care. The dental therapy model, which has been successful internationally and here at home in Alaska, can help us address this glaring gap and increase racial equity in dental care.” .

Currently, some 48 million children and adults in the United States live in areas without enough dentists to provide routine oral health care. Millions more can get to a dentist but cannot afford to pay for dental care. As a result, many live with pain, miss school or work and, in extreme cases, face life-threatening medical emergencies from consequences of dental infections.

People who have the greatest difficulty getting dental care often live in rural and poor urban areas where there are not enough dentists, or are unable to afford care. Meanwhile, public health clinics and other safety net providers are more overwhelmed than ever because of the weakened national economy. Access issues particularly affect children and families of color. For example, a third of African American children and nearly half of Mexican American children ages six to eight in the U.S. have untreated tooth decay.

The new report, by Burton L. Edelstein, DDS, MPH, president of the Children’s Dental Health Project, a non-profit pediatric oral health policy organization in Washington, DC, offers an independent analysis of the training of dental therapists and other existing and proposed dental health professionals.

The report notes that dental therapists in other countries typically receive two years of training for dental therapy alone and three years for combined dental therapy and dental hygiene immediately following secondary school. They work in quasi-independent arrangements with dentists. The advantage of these arrangements is that they expand the reach of dentists, allowing them to delegate basic services to therapists and consult with them as needed while providing more complex services themselves. They also help keep services more affordable and thus more accessible.

Dental therapy began in the 1920s in New Zealand and is now well-established around the world including countries with advanced dental care similar to the U.S., such as England,

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Australia, New Zealand and The Netherlands. And decades of research have shown that the preventive and basic dental repair services provided by dental therapists are safe, high quality, acceptable to the public, and cost-effective.

However, dental therapy is still relatively new to the U.S. In Alaska, dental therapists began work in 2003 in rural Tribal areas of the state and have been widely recognized for meeting a critical health care need. Earlier this year, Minnesota became the first state to enact a law authorizing the deployment of dental therapists. The Minnesota dental therapy model requires more schooling and stricter oversight than the established international model – two differences that could severely diminish its effectiveness by creating barriers to entering the profession and by increasing dental care costs.

The dental therapist model, Edelstein says, is one that has a long history of successfully expanding care to underserved children as part of a comprehensive system of care managed by dentists. Based on a review of international training programs and the initial U.S. experience, the paper includes findings to be considered in developing new training programs for dental therapists:

- Trainees are recruited from the general population, with preference for those from underserved populations or committed to care of the underserved.
- Length of training is two years for dental therapy alone and three years for combined dental therapy and dental hygiene. Dental therapist training fits within a larger career-ladder structure.
- Supervisory arrangements afford dental therapists sufficient latitude to practice collaboratively with dentists while ensuring that patients and procedures requiring a dentist's expertise are provided by a dentist.
- Dental therapy education for two years or joint dental therapy/dental hygiene education for three years after high school, to deliver a specified subset of dental procedures is faster and less costly than training dentists who can provide a full range of dental services
- Curricula stress clinical and socio-behavioral studies that prepare therapists for working with underserved populations.
- Training experiences focus on clinical competency over didactic knowledge and often engage trainees in community-based experiences.
- Oversight and accrediting agencies establish independent standards for two-year dental therapy and three-year joint dental therapy/hygiene education within the context of comprehensive systems of care.

“The assembled U.S. and international evidence suggests that the training of dental therapists in the U.S. to provide basic care can prepare them to expand the reach and efficiency of dentists and increase care for those who are currently underserved,” Edelstein said.

The full report, executive summary and policy brief are available on the Foundation's website, www.wkkf.org.

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The W.K. Kellogg Foundation supports children, families, and communities as they strengthen and create conditions that propel vulnerable children to achieve success as individuals and as contributors to the larger community and society.