Dental therapists could improve kids’ oral health
Independent evaluation in five communities finds safe, competent care

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TUESDAY, OCT. 26 - Dental therapists are providing safe, competent, and appropriate oral health care, according to a multi-year study of their work in five Alaska communities.

The study, released today, is the first major independent assessment of dental therapists working in the United States. Its results will inform the Children’s Alliance’s work to expand access to oral health care for families in Washington.

“Oral health is vital to overall health and wellness, and too many children in Washington experience poor oral health – leading to pain and suffering, lessening kids’ ability to learn, and influencing the course of their lives,” said Jon Gould, deputy director of the Children’s Alliance. “The shortage of dental providers in our state is a problem that cries for solutions like the dental therapist.”

“I’m excited about this evaluation,” said State Representative Eileen Cody (D - 34), Chair of the House Health Care & Wellness Committee. “It’s now time for a similar new dental professional, not only for Washington state but for all of the United States.”

During the two-year study, the research firm RTI International observed five dental therapists conducting hundreds of procedures on patients. Researchers relied on examination standards in place for board certification of U.S. dental school graduates.

In gauging patient satisfaction, oral health status, the technical performance of the clinics in question and the implementation of community-based prevention plans, the assessment found that:

- Dental therapists are technically competent to perform procedures within their scope of work.
- They are successfully treating cavities and relieving pain for people who previously waited months or traveled many hours for treatment.

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• Adults overwhelmingly report a positive experience with dental therapists, awarding them an average score of 8.86 out of 10.
• Many dental therapists return to practice in their own communities; they typically have the cultural skills and language needed to educate and motivate people to improve their oral health.

Dental therapists have been providing preventive and basic dental care to families in Alaskan Native villages since 2006 through the Dental Health Aide Therapist (DHAT) program. They work as an integral part of the dental care team under the general supervision of a dentist. Their scope of practice includes a specific set of services, including cleanings, fillings and simple extractions, that expands the reach to those most in need of care. They also promote prevention and reinforce educational messages to improve oral health outcomes among children and families. The supervising dentist determines the services each dental therapist can provide.

Prior to entering practice, DHAT dental therapists receive more than 3,000 hours of intensive training and education during a two-year course provided through the University of Washington School of Medicine’s Physician Assistant Program. With intensive clinical training and practice in the field, these dental therapists receive at least as much hands-on training in their two-year program as do dental students in four years of dental school.

The DHAT program is based on a model in use internationally for more than 80 years as a way to expand high-quality care to underserved children and families. Dental therapy is well-established in more than 50 countries around the world, including industrialized countries with advanced dental care systems similar to the U.S., according to the World Health Organization.

Children in Washington suffer dental decay at a rate more than one-third higher than the national average. Kids who are low-income, children of color and non-English speaking children have higher levels of dental disease, untreated cavities, and fewer dental sealants than other kids. As of September 2009, the federal Office of Community and Rural Health designated 30 of Washington’s 39 counties as health professional shortage areas for dental care.

And even as Apple Health for Kids, our state’s health plan for children in families under 300 percent of the federal poverty level, has afforded oral health care to more of Washington’s children, dental care remains difficult to access. Although Apple Health for Kids covers dental services, 52 percent of enrolled children don’t see a dentist.

The evaluation was funded by the W.K. Kellogg Foundation, the Rasmuson Foundation and the Bethel Community Services Foundation. The study is available online at www.wkkf.org, along with a news release and appendix.

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