

HEALTHCARE

DENTAL CARE AND REFORM

By Yaël Ossowski

INTRODUCTION

Because so much of the U.S. healthcare system is focused on overall medical expenses, benefits, and insurance programs, it's an unfortunate fact that dental care is often neglected. An estimated 35.6 percent of U.S. adults didn't visit a dentist last year, along with 55.3 percent of Medicaid-eligible children.

For consumers, it seems the single biggest reason for not visiting a dentist is cost. A 2014 survey conducted by the American Dental Association's Health Policy Institute found that [40.2 percent of Americans](#) are avoiding the dentist because of cost.¹ Added to that, many are not able to find a dentist, as evidenced by the tracking of Health Professional Shortage Areas (federally recognized areas where there is less than one health professional in a category for every 5,000 residents) by the US. Health Resources and Services Administration. Knowing these facts, what can we do in order to help reduce costs for dental patients around the country, while at the same time encouraging more dental professionals to enter the field? It's a serious question that invites a good amount of discussion and recommendations.

In states like New Mexico, Michigan, and Florida, there is a movement afoot to introduce a new professional category in the field of dental care, known as dental therapists.² Dental therapists, unlike dentists, require less training and education, and could presumably offer their services at a lower cost, albeit while not fully capable of

¹ "Most Important Barriers to Dental Care Are Financial, Not Supply". http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1014_2.ashx. Accessed 15. Aug. 2018.

² "What Might Help—or Hurt—Access to Dental Care This Year". <http://www.pewtrusts.org/en/research-and-analysis/articles/2018/01/22/what-might-help-or-hurt-access-to-dental-care-this-year>. Accessed 15. Aug. 2018.

performing more complex procedures. For example, out of the 500 procedures learned by dentists, dental therapists can perform 80. The idea is that introducing this new professional category would push more people into the profession, adding to more dental care providers that would be able to address populations most in need of care.

Such programs have already been approved in states such as Maine, Vermont, and Minnesota, but we have very little research on the impact of such programs. Only Minnesota's program is active with dental therapist graduates working in the field (still less than 100), but no significant analysis has yet examined the program's impact. Maine and Vermont have not yet trained dental therapy students.

In order to understand the policy ramifications of a dental therapy program and its impact on consumers, as is being proposed in several states, this paper examines various aspects of dental care and proposed solutions. Herein, we examine:

- Factors for dental care shortfalls
- Weighing benefits and costs of dental therapy programs
- Potential solutions to lack of dental care across the U.S.

We conclude that adding a dental therapy program does not deliver the promised results, and instead increases costs for both taxpayers and consumers. It is a policy that is far from a free market solution, as it does not achieve its intended results, it increases governmental bureaucracy, and has no viable means for funding itself beyond grants from state agencies or private charities. The examples found in other states point to this conclusion.

DENTAL CARE SHORTFALLS

Becoming a dental professional is an expensive endeavor. Most dentists graduate with an [average debt of almost \\$300,000](#), according to the American Dental Educational Association. That makes it more likely that dentists will flock to bigger cities for higher pay, rather than serving rural communities.³⁴

In the United States, an important measurement for dental policy is the classification of Dental Health Professional Shortage Areas (federally recognized areas

³ "Best Cities for Dentists". ValuePenguin. <https://www.valuepenguin.com/2015/12/best-cities-dentists>. Accessed 15. Aug. 2018.

⁴ "Why the dentist with \$1 million in student debt spells trouble for federal loan programs". The Brookings Institute, 2018. <https://www.brookings.edu/blog/up-front/2018/05/30/why-the-dentist-with-1-million-in-student-debt-spells-trouble-for-federal-loan-programs/>. Accessed 15. Aug. 2018.

where there is less than one dentist for every 5,000 residents), known as DHPAs. This measurement does not give data on the quality or access to care beyond the number of dental professionals. If we look at a chart of the states with the most shortage areas, the top three are California, Texas, and Michigan. States like Florida and Arizona need the largest share of practitioners in order to fill that gap.

Location	Total Dental Care HPSA Designations	Population of Designated HPSAs	Percent of Need Met	Practitioners Needed to Remove HPSA Designation
United States ¹	5,866	62,916,553	35.28%	10,802
1. California	439	1,229,760	31.58%	258
2. Texas	322	4,203,364	75.34%	383
3. Michigan	283	1,323,505	6.01%	321
4. Arizona	257	4,640,143	32.99%	792
5. Florida	223	5,185,561	13.28%	1,169
6. Missouri	220	2,382,155	18.33%	472
7. Georgia	192	2,020,389	23.06%	405
8. Pennsylvania	167	2,143,077	48.97%	307
9. Illinois	166	2,580,979	43.92%	386
10. Oklahoma	164	901,763	35.85%	163
11. Ohio	161	2,117,101	34.45%	349
12. Washington	150	2,704,364	24.74%	477
13. Tennessee	148	2,401,284	29.41%	427
14. North Carolina	144	2,330,121	18.79%	488
15. New York	139	2,701,721	26.79%	519
16. Kansas	138	647,183	29.37%	107
16. Wisconsin	138	1,546,829	36.64%	254
18. Minnesota	134	768,755	20.40%	159
19. Iowa	125	575,429	42.02%	82
20. West Virginia	118	742,677	28.80%	141

Source: Henry J. Kaiser Family Foundation

Existing legislation offers significant incentives for healthcare professionals such as doctors, dentists, or nurses who decide to work in an area that has been determined a Health Professional Shortage Area by the US. Health Resources and Services Administration. These include loan repayments, scholarships, and visa opportunities for medical professionals from abroad.⁵

In Florida, legislators and dental professionals have called for the state to improve the dental workforce by establishing an additional special loan program for dentists who practice in high-need areas.⁶ That would at least increase the number of dentists and ease the burden for dental students who face an average amount of \$287,331 in debt once they leave school.⁷ For any freshly graduated dental professional, it is no mystery why they'd want to work in more affluent areas of the country: earning more money means they have more chances of paying off the debt they accrued in their education.

DENTAL THERAPY PROGRAMS

Dental therapy programs have been enacted in countries like New Zealand and Canada, but the results haven't been clear. Several parts of these dental therapy programs have been aimed only at particular populations and have thus had limited evidence of their success (Natives, children, rural community members, etc.).

The Canadian program was created to address oral health issues in the Native communities, hoping to expand access and health outcomes. This program graduated a total of 73 total dental therapists between 2003 and 2007, mostly of Native origin. A survey conducted in 2007 found that only 20 percent of graduates were working in public health programs at all. The majority, 62 percent, had gone to work in private practice in the large cities of the province of Saskatchewan. Due to lack of interest in

⁵ Texas Department of State and Health Services, "FAQ". [https://www.dshs.texas.gov/chpr/TPCO-Frequently-Asked-Questions-\(FAQ\).aspx#1](https://www.dshs.texas.gov/chpr/TPCO-Frequently-Asked-Questions-(FAQ).aspx#1). Accessed 15. Aug. 2018.

⁶ "Florida has dentists, just not in critical areas". Palm Beach Post. <https://www.palmbeachpost.com/news/opinion/point-view-florida-has-dentists-just-not-critical-areas/Mt2a5y9C3DlxKYik1iSfiL/>. Accessed 15. Aug. 2018.

⁷ "Dental Student Debt". <https://www.asdanet.org/index/get-involved/advocate/issues-and-legislative-priorities/Dental-Student-Debt>. Accessed 15. Aug. 2018.

the program and a flocking of dental therapists to urban centers, the program was shut down in 2007.

A federal government review of the dental program in 2009 determined that “Canada’s National School of Dental Therapy had transformed into an educational program, rather than a service providing program.”⁸ Graduates were more likely to work at a dental office in a big city than return to the Native reserve where care was needed the most.

New Zealand first implemented dental therapy programs early in the 20th century, but they only formalized their degree program in 1999. In the last two decades, however, the rate of child tooth decay has increased wildly, forcing thousands of children to face hospitalization or emergency surgeries. The number of children hospitalized for dental issues has skyrocketed from 4500 to 7500 in the past 15 years.⁹ And the same holds true for adults. “The New Zealand Health Survey shows that only a third of adults in the most deprived areas consulted a dental health professional during the past 12 months. In contrast, most adults in the least deprived areas did so,” reports New Zealand Doctor.

Similar programs implemented in the United States, though well-intentioned, have also missed the mark. Minnesota, for example, which allowed dental therapists in 2009, has only been able to recruit 86 dental therapists, according to the state Department of Health.¹⁰ And half have flocked to the cities with higher wages. Maine doesn’t yet have a dental therapist licensed there, despite being allowed in 2014. Alaska has a program for its native communities, and that has had at least some positive results – but whether that can be attributed directly to dental therapists is unclear. Dental professionals in that state specifically target native reservations and villages, much like in the Canadian example.

One researcher at the School of Public Health at the University of Minnesota studying this issue is very skeptical it will work in that state. “However, the reality is that this hasn’t truly addressed the problem of that growing disparity between rural and

⁸ “The rise and fall of dental therapy in Canada: a policy analysis and assessment of equity of access to oral health care for Inuit and First Nations communities”. <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-017-0631-x>. International Journal for Equity in Health, 2017.

⁹ “New Zealand’s unmet oral health needs are ‘deplorable’”. <https://www.nzdoctor.co.nz/article/undoctored/new-zealands-unmet-oral-health-needs-are-deplorable>. Accessed 28. August 2018.

¹⁰ Minnesota Dental Therapist Workforce. <http://health.state.mn.us/divs/orhpc/workforce/dt>. Minnesota Department of Health. Accessed 15. Aug. 2018.

urban oral health. As of December 2016, there were only 63 licensed dental therapists, half of whom were practicing in the Twin Cities metropolitan area,” wrote Shivani Thakker.¹¹ Once more, the evidence suggest that graduates of dental therapy programs are not being drawn to the rural areas where they are needed most. Instead, they are pursuing opportunities to help pay off their debt.

A FREE MARKET SOLUTION?

Support for dental therapy programs has been a major goal of a number of large foundations including The Pew Charitable Trusts, Rasmuson Foundation and the W.K. Kellogg Foundation, who have pooled resources to fund studies on the impact of dental therapists, including on Alaska’s Native reservations and other areas.¹² And while figures may show successes in pilot programs limited to small populations, descriptions of statewide dental therapy as a “free market solution” are unfortunately overblown.

To begin, dental therapists are accessories to the dental workforce, not replacements. In even the boldest reforms presented in state legislatures, dental therapists are still required to work under the supervision of dentists and dental hygienists. They cannot open their own clinics and operate as private dental providers. In most circumstances, dental therapists work in very specific limited situations: mobile clinics in rural areas, on Native reserves or reservations, in nonprofit clinics that cater to low-income children with dental issues. For most consumers of dental care, they will not gain immediate access to dental therapists or a reduction in their costs. As such, the market will not deliver affordable care from just a new generation of dental therapists. Additional measures will need to be implemented.

The key issue for the workforce is that the incentives are not strong enough for students to attend dental school (or dental therapy school for that matter); if they are, then dental graduates are opening practices in large cities or more affluent suburbs instead of the rural communities where they are needed the most. That is a problem, and it is not certain that dental therapists will solve that, at least according to the evidence we have from other jurisdictions. Next is the issue of cost to taxpayers.

¹¹ “Tooth or dare: The reality of oral health disparities in Minnesota”. <https://www.minnpost.com/community-voices/2018/01/tooth-or-dare-reality-oral-health-disparities-minnesota/>. Accessed 15. Aug. 2018.

¹² “Dental therapists are making a significant difference in the oral health of Alaska Native children”. <https://www.wkkf.org/news-and-media/article/2017/08/dental-therapists-are-making-a-significant-difference-in-the-oral-health-of-alaska-native-children>. Accessed 15. Aug. 2018.

Vermont is another U.S. state that has introduced dental therapy as a solution to the dental care issue in 2016. A new program at Vermont Technical College will be the first to graduate dental therapists perhaps by 2020. The program only began once it received a \$1.6 million federal grant from the U.S. Department of Health and Human Services (first \$400,000, and then \$1.2 million over the next three years).¹³¹⁴ Without this grant from federal taxpayers, the college's president admits the program wouldn't exist. "Vermont Tech is grateful for the U.S. Department of Health and Human Services grant award and all of the effort our federal delegation did to help us secure it... without the grant, we would not have been able to fulfil the state's need for workforce development in oral health," said Patricia Moulton, president of Vermont Technical College, according to a press release by Vermont Sen. Bernie Sanders.¹⁵

Examining Vermont's example is important for state lawmakers considering this legislation in other states and jurisdictions. To begin, because there is no current educational path for dental therapists, new programs must be developed at accredited universities and colleges. Second, those departments must be fully staffed and trained. Lastly, students who join these programs must then have opportunities and jobs available to them in the future.

If students graduate from these programs without significant prospects, they will flock to the urban centers or consider additional career paths. That would mean a loss for taxpayers who have funded these training programs, as well as the agencies created to oversee them. This is not just a consequence of the program in Minnesota or Canada. Indeed, a 2013 study from the United Kingdom shows that, despite a state-funded dental therapist curriculum and degree program, most dental therapist graduates did not feel well trained for dental care work, and many were not able to find a job.¹⁶

¹³ "Grant Money To Kick-start VTC Program". [https://www.vnews.com/Vermont-Technical-College-Gets-\\$400-000-for-Dental-Therapy-Program-19008872](https://www.vnews.com/Vermont-Technical-College-Gets-$400-000-for-Dental-Therapy-Program-19008872). Accessed 15. Aug. 2018.

¹⁴ Dental Therapy: Vermont's Innovative Strategy to Address Oral Health Workforce Needs. [HRSA Grant Application](#). Accessed 15. Aug. 2018.

¹⁵ "Delegation Announces \$400,000 for Vermont Technical College's Dental Program". <https://www.sanders.senate.gov/newsroom/press-releases/delegation-announces-400000-for-vermont-technical-colleges-dental-program>. Accessed 15. Aug. 2018.

¹⁶ "Supporting newly qualified dental therapists into practice: a longitudinal evaluation of a foundation training scheme for dental therapists (TFT)". <https://www.nature.com/articles/sj.bdj.2013.425>. British Dental Journal (2013).

Though it may prove tempting to declare dental therapy as a free market solution to dental care, it falls short of that classification. Every country that has implemented dental therapy has used its state-funded health agency as the primary funder. In U.S. states, the federal and state governments are due to take up that responsibility, as the programs in Vermont and Minnesota demonstrate. Dental therapists may be an important addition to the dental care toolbox, but it won't come at a significant saving to taxpayers or consumers, at least not for decades to come.

CONCLUSION

Giving incentives for dental professionals to enter the profession and practice more in the areas where care is most needed is indeed a worthy goal. How dental therapy achieves this, however, is not clear. As examples globally and in the United States demonstrate, adding a dental therapy program does not deliver the promised results, but instead increases costs for both taxpayers and consumers.

Unfortunately, it is not the free market silver bullet program as it has been advertised. For consumers, it's important to find the best solution that will benefit the most number of people in the places of concern. What can be done immediately, without creating a whole new category which could take years to develop, is to allow more dentists to take their work on the road and open mobile clinics. That would give more patients access to dentists and hopefully spur new technological innovations that would more increase dental care. Another would be to give dentists who are already licensed more incentives to serve in rural areas, such as debt relief as advanced in states like Florida.

That could go a long way in recruiting more dentists across the country to help fill the shortage gaps that exist in many communities. Above all else, those would be the best and quickest solutions for consumers in the United States. ■

About the Author

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