On Adding a Pediatric Oral Health Therapist to the Dental Team

Presented to
American Dental Association
Task Force on Workforce Models
April 15, 2005

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The Problem:

- The profession of dentistry exists as one of the traditional learned' professions, and as such has an ethical obligation to ensure that access to oral health care exists for all individuals.
- Significant disparities exist in the oral health of American children, with children from low-income families (families eligible for Medicaid and S-CHIP), ethnic populations, and rural and inner city children having significantly more oral health problems, and less access to professional dental care, than children from middle class America.
- Many general dentists do not treat children in their practices. They are as busy as choose to be providing a full range of care to adults, and dealing with the aging dentitions of "baby-boomers."
- There are approximately 4,000 pediatric dentists in practice today, compared with approximately 60,000 pediatricians, far too few to assume any major role in caring for the oral health of the nation's children.
- For a variety of reasons, students are graduating from the nation's dental schools with minimal experience treating children.
- Evidence indicates that only 25% of dentists treat any Medicaid/S-CHIP children, and less than 10% provide more than $10,000 worth of care a year. A recent study found that only half of pediatric dentists will see Medicaid/S-CHIP children.
- Increasingly, the image of the profession is being adversely affected by the profession's perceived lack of interest and effort in addressing the problem of underserved populations of children.
- Public leaders, legislators, and advocacy groups are becoming increasingly frustrated with our profession. A 2002 study by the National Council of State Legislatures, conducted on behalf of the Robert Wood Johnson Foundation, documented negative feelings about dentists. Following are some of the offensive statements about us and our profession by these leaders: *"dentists are difficult to work with," "extremely independent," "resistant to change," "don't partner well with other professionals," "dentists don't want to care for poor people but they don't want us to either," "dentists are very high maintenance," "dentists*

are never really happy," "they are not willing to negotiate," "once a dentist has established a practice, they feel no obligation to the community," "a class in Ms. Manners would be very useful to dentists;" "dentists are the most territorial mammals on the face of the earth, except maybe dogs."

The Solution

- The nation's underserved children need our help. We need extended function auxiliaries such as **pediatric oral health therapists** to provide that help. Dentists have fewer auxiliaries than physicians to care for our patients, thus limiting the profession's capacity to provide adequate access to the entire population.
- **Pediatric oral health therapists** (*dental therapists*), who are trained in two year technical programs to provide primary dental care for children under the direct or general supervision of a dentist, exist in over 40 countries in the world, including affluent countries such as New Zealand, Australia and Canada.
- In general, these individuals have been added to the dental team as a result of inadequate access to dental care resulting in poor oral health among selected populations. They are employed in schools, public health clinics, and private dental practices.
- Research has documented that **pediatric oral health therapists** provide safe, effective, quality care for children--care comparable to that of a dentist.
- In New Zealand, the country that launched *school dental nurses* over 80 years ago, 97% of the country's children participate in the School Dental Service. Surveys show that at the end of the school year, essentially all school-age children are free of dental caries.
- The standard international curriculum for therapists is 2,400 hours, with over 700 of these hours being spent in the clinic providing care for children—a far greater clinical experience than the typical American dental school graduate.
- The two academic year curriculum for therapists is equivalent in time and intensity to the education of the other major clinical member of the dental team, the dental hygienist.
- Despite the documented success of **pediatric oral health therapists** in other countries, organized dentistry has opposed their implementation in the United States.
- The organized profession also opposed the use of dental hygienists when they were first introduced. Yet today, dental hygienists are an important and integral member of the dental team; essential to the operation of most dental practices.
- Together, the dentist and the dental hygienist are able to provide far more care than the dentist could working alone. In the same manner, the **pediatric oral health therapist** can expand the capacity of the dentist to serve more children.
- The **pediatric oral health therapist** is best understood as a member of the dental team who provides care--primarily the prevention and treatment of dental caries--for children under the direct or general supervision of a dentist, in ways comparable to the manner in which dental hygienists provide care for adult patients relative to the prevention and treatment of periodontal disease.

Conclusion

- Ensuring access to oral health care for all Americans is an obligation of the profession of dentistry.
- Absent definitive leadership from our profession in addressing the issue of access to care, and the disparities that arise from poor access, there are forces at work in society that will increasingly result in others, specifically physicians, assuming more and more responsibility in caring for the oral health of children.
- It is to the distinct advantage of the profession of dentistry to aggressively provide leadership (conceptually, legislatively, politically, and financially) for adding **pediatric oral health therapists** to the dental team. Doing so will:
  1. help ensure that the profession has the type of workforce that can effectively be deployed in dental offices and public health settings to significantly improve access to care for disadvantaged populations of children and thereby improve their oral health;
  2. honor the moral obligation the profession has, as a profession, to provide oral health care for all Americans;
  3. significantly improve what is an increasingly negative image the profession has among public leaders and health care advocates, and position dentists in the public mind as genuinely caring about the welfare of disadvantaged children;
  4. ensure that dentistry does not surrender its prerogatives to others (medicine) as the responsible profession for the provision and supervision of oral health care children.
  5. result in distinct economic opportunities for the practitioner.