

**Expanding the Oral Health Workforce
to Improve Access to Care
for Children**

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Intentions

In discussing expanding the oral health workforce to address the needs of children, I will:

1. *advocate* for the development and deployment of dental therapists...a pediatric oral health therapist;
2. *document* the success of therapists internationally;
3. *describe* their education and competencies, as well as the research supporting their performance;
4. *discuss* the role dental hygienists might have in expanding the workforce using traditional therapist' skills.
5. *highlight* ways in which therapists can be deployed to serve our children; and,
6. *suggest* the economics associated with developing and deploying therapists.

Focusing on Children

***Moral Considerations Support
Therapists Focusing Their
Care of Children.***

***Safety Considerations
Support Therapists Focusing
Their Care of Children.***

***Complexity of Care for Adults
Supports Therapists
Focusing Their Care on
Children.***

International Experience and Research Support Therapists Focusing Their Care on Children.

Economic Reality Supports Therapists Focusing Their Care on Children.

Practical Political Considerations Support Therapists Focusing Their Care on Children.

"But, what about adult care in Alaska?"



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A Brief History and Current Status of a Dental Therapy Profession in the United States

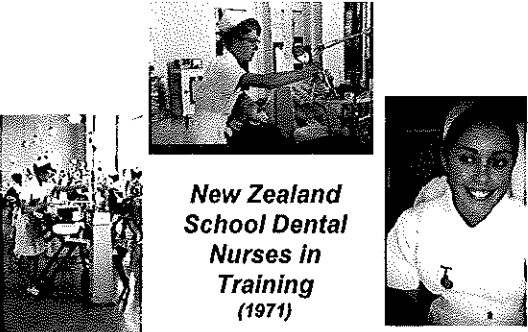
Workforce Barriers to Accessing Care for Children

- *Numbers* of dentists
- *Location* of dentists
- *Ethnicity* of dentists
- *Education* of dentists
- *Practice Orientation* of dentists

Dental Therapy as Practiced Internationally Improves Access to Care for Children.

New Zealand

- "School dental nurse" program began in 1921; dental clinics in all elementary schools.
- Currently 610 school dental therapists caring for 850,000 preschool and school-aged children.
- 98% of children enrolled in School Dental Service.
- Essentially no untreated tooth decay at the end of school year.



New Zealand School Dental Nurses in Training (1971)

Friedman JF. The New Zealand school dental service: a lesson in cultural adaptation. *Journal of the American Dental Association* 1972; 83:69-77.

From New Zealand to the World

Dental therapist's model has spread globally to 52 countries of the world.



From New Zealand to the World

- **Australia:** 1,500 school dental therapists caring for 88% of children.
- **Malaysia:** "Dental nurses" care for essentially all the country's children.
- **Great Britain:** 700 dental therapists in variety of clinic settings.
- **Canada:** Practicing since 1972; 300 therapists, with 100 working for *Health Canada*.

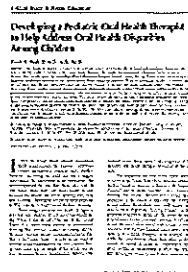
Typical Therapist's Curriculum

- Two academic years; 2,400 clock hours of instruction.
- In New Zealand, 760 clock hours of clinical experience caring for children.
- Clinical competencies: diagnosis, treatment planning, preventive dentistry, intra-coronal restoration of primary and young permanent teeth, stainless steel crowns, pulpotomies on primary teeth, and extraction of primary teeth.
- One year preceptorship with school dental therapist on graduation.

Educational Changes Occurring Internationally

- In 2000, Australia began integrating dental therapy and dental hygiene curricula into three year baccalaureate degree program.
- New Zealand followed Australia in 2006.
- In Commonwealth Countries, baccalaureate degree is three years.
- Great Britain also integrating curricula.

Developing Therapists in the United States



Conjoining Dental Therapy and Dental Hygiene Training

- Current hygiene curriculum inclusive of basic biomedical and foundational dental courses of therapy curriculum.
- Few additional courses would be required to add therapist's competencies to hygienist's.
- Studies in 1970s at *Forsyth, Kentucky*, and *Iowa* demonstrated hygienists can be readily trained in traditional skills of dental therapist treating children.

Conjoining Dental Therapy and Dental Hygiene Training

- Modular curriculum of three years
- First Year: Integrated instruction of dental hygienists and dental therapists.
- Second Year: Hygiene *or* Therapy, with graduation and licensure on completion.
- Third Year: Optional—participate in Second Year curriculum not previously completed, thus gaining credential to be dually qualified.

Advantages of Integration and Modular Curriculum

- Accessibility
- Flexibility
- Economical
- Rapid and Ready Implementation

The Advanced Dental Hygiene Practitioner

Practice Settings for Therapists

- Dental Practices
- Public Health Settings
- Public Schools

Supervision

Therapists Address the Issue of Cost/Effective, Economical Care

- New Zealand dental therapists earn \$40,000/year (U.S.)
- U.S. General Dentists earn ±\$200,000/year.
- U.S. Pediatric Dentists earn >\$300,000/year
- *Division of Labor Principle*

Therapists Address the Issue of Cost/Effective, Economical Care

- New Zealand and Kentucky have same population; same numbers of children.
- New Zealand expended \$34 million for all children, six months to 17 years.
- Kentucky expended \$40 million in Medicaid/S-CHIP alone; with less than 50% utilization rate.
- Tens of millions more spent by private insurance and out of pocket.
- **General dentists, and pediatric dentists--trained to be tertiary care clinicians--should not be providing care for children that can be safely and effectively delegated to a *pediatric oral health therapist*.**

It is time to "DO SOMETHING!"