

# INCREASING ACCESS TO CARE THROUGH DENTAL THERAPY

## ***Oregonians Need Better Access to Dental Care***

Even before COVID-19 further reduced the ability to get dental care, significant barriers already existed, resulting in more oral disease for tribal communities, people of color, low income households, and rural communities.<sup>i</sup> **Over a million people in Oregon live in areas that have a shortage of dentists<sup>ii</sup> and twenty-six rural primary care service areas have no full time dentist.<sup>iii</sup>**

- Only 40% of Oregon dentists accept Medicaid. Of those, most have a Medicaid patient base of fewer than 25%<sup>iv</sup>
- Only 27% of adults and 44% of children covered by Medicaid in Oregon had a dental visit for any reason in 2015<sup>v</sup>
- ER visits for oral health conditions are often a result of limited access to dental care. Most of these visits resulted in opioid and antibiotic prescriptions rather than definitive dental care<sup>vi</sup>

## ***What is a Dental Therapist?***

Dental therapists are primary oral health professionals who provide critical routine and preventive services under the supervision of a dentist. They are often recruited from the communities in which they intend to serve, staying in those communities long-term with professional wage jobs and providing culturally relevant care. Across the country and worldwide, dental therapy has shown to be an effective workforce model that can help increase access for those who are currently underserved and provide meaningful jobs for people who are underrep-resented in the health fields. With Oregon moving towards smarter coordinated care in CCO 2.0, dental therapists can help achieve the triple aim by extending and integrating dental care in the community, offering routine and preventive dental care at a lower cost, and eventually lowering state expenditures on expensive acute and emergency dental care.

## ***Dental Therapy Works***

- A 2014 evaluation by the Minnesota Department of Health and the Minnesota Board of Dentistry determined that dental therapists improve access for underserved patients, resulting in reduced wait times and travel distances.<sup>vii</sup>
- A 2017 University of Washington study found that dental therapists in Alaska not only increased access, but improved oral health outcomes. More kids received preventive care and fewer kids needed their front teeth pulled.
- Alaska, Arizona, Connecticut, Idaho, Maine, Michigan, Minnesota, Nevada, New Mexico, Vermont and Washington state have authorized dental therapy in some or all settings, recognizing it as an evidence-based solution to improve oral health access and outcomes.
- Early findings of an Oregon state-approved pilot that trained and employed dental therapists in tribal communities demonstrate that dental therapists provide increased access to quality, safe care and allow dentists to do more complex procedures.

# SUPPORTERS

# Key Policy Concepts

**Advantage Dental**

From DentaQuest



The Alliance4Kids

allcare health®

**APANO**  
ASIAN PACIFIC AMERICAN NETWORK OF OREGON



**Capitol Dental**



**Health Care for ALL Oregon**



**OPCA**  
Oregon Primary Care Association



**ophi**

oregon public health institute



**NPAIHB**  
Indian Leadership for Indian Health



**Oregon**  
Dental Hygienists' Association



**OREGON**  
SCHOOL-BASED HEALTH ALLIANCE



**Pacific University Oregon**

**Willamette Dental Group**

ODAC supports increasing dental care access by permanently authorizing dental therapists. Currently, dental therapists are authorized to work in Oregon under state-approved dental pilot projects.

- Commission on Dental Accreditation (CODA) standards should be used as a measure of qualified education programs. CODA accredits all dental and dental hygiene schools in the U.S. and recently accredited the first dental therapy program in Alaska
- Dental therapists should be required to work under the supervision of a licensed dentist.
- Using general supervision (dentist not required to be on-site), it is economically viable for dental therapists to provide routine dental care in schools, rural communities, Head Start programs, nursing homes, and other community settings. It also makes it possible for a dental clinic to provide services at times when a dentist is not on-site.
- The dental therapy scope of practice should include all dental therapy services listed in CODA accreditation standards.
- The bill should provide a pathway to licensure for dental therapists from other states.
- The bill should provide a pathway to licensure for Oregon Pilot Project dental therapists that does not interrupt services currently being provided.
- The bill should recognize Tribal Sovereignty.

**For more information, please contact:**  
Iris Maria Chávez, Oregon Dental Access Campaign,  
504-701-3931, iris@equityactionpartners.com

[i Oregon Oral Health Surveillance System. 2002-2016. Oregon Health Authority](#)  
[ii Oregon Dental Health Professional Shortage Areas Map 2016. Oregon Health Authority](#)  
[iii Oregon Areas Of Unmet Health Care Need Report. August 2019. Oregon Office Of Rural Health](#)  
[iv Oral Health in Oregon's CCOs. A metrics report. March 2017. Oregon Health Authority](#)  
[v Oregon Oral Health Surveillance System. 2002-2016. Oregon Health Authority](#)  
[vi Oregon Areas Of Unmet Health Care Need Report. August 2019. Oregon Office Of Rural Health](#)  
[vii Dental Therapy in Minnesota ISSUE BRIEF. June 2018. Minnesota Department of Health](#)  
[viii Dental Utilization for Communities Served by Dental Therapists in Alaska's Yukon Kuskokwim Delta: Findings from an Observational Quantitative Study Final Report. August 11, 2017. Principal Investigator Donald L. Chi, DDS, PhD Associate Professor University](#)