Fact Sheet:
Alternative Dental Workforce Models

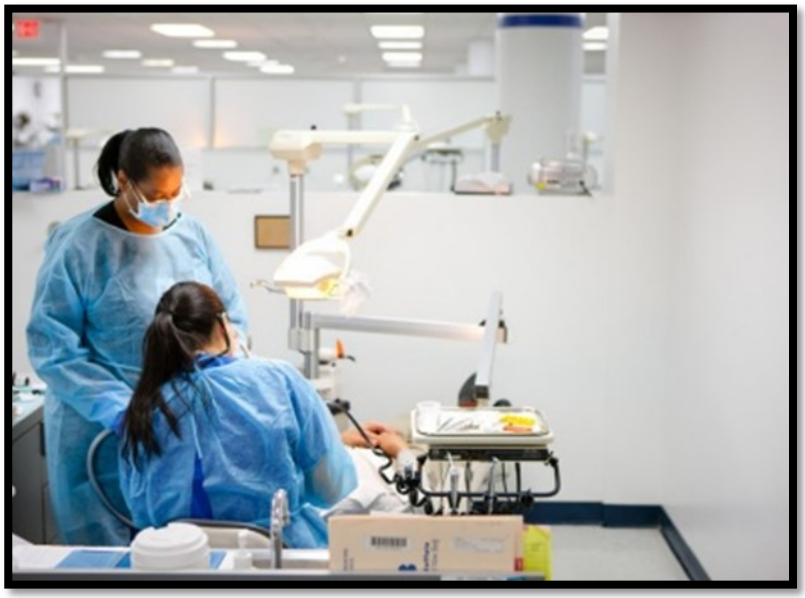
Definition

Traditionally, oral health services have been provided by a licensed dentist, a licensed/registered dental hygienist, and a dental assistant. The dentist, a graduate of a 3-5 year dental school, leads the dental team, diagnoses oral diseases, develops a treatment plan with the patient, and carries out that treatment with chairside assistance by a dental assistant. The dental hygienist, operating under the supervision of a dentist, provides oral hygiene instruction, preventive and periodontal care to the patient.

Alternative dental workforce models are any deviations from the above described traditional model. These include the Dental Health Aide Therapist Program (DHAT) used in the Alaska Area, but also many other models described within this fact sheet.

How did alternative models originate?

Access to oral health care is not evenly distributed in the United States. While the American Dental Association estimates that there may be as many as 200,000 practicing dentists in the nation by 2030, the vast majority of these dentists practice in metropolitan areas or areas where underserved populations cannot access care.[1] In non-metropolitan areas, people are less likely to report a dental visit in the past year than residents of large metropolitan areas.[2] An estimated 5.5% of the population is unable to get dental care when needed, a percentage higher than that of people unable to get needed medical care or prescriptions.[3] Among children under the age of 18, only 25.9% of those uninsured receive routine dental checkups compared to 40.5% for those covered by public or private insurance.[4]



Because of these sobering statistics, organizations, foundations, and states across the U.S. have been exploring ways to improve access to needed dental care. The goal for these alternative dental workforce models is consistent: to provide oral health care to underserved populations.

The Indian Health Service (IHS) has been among the pioneers in alternative workforce models. Long before the Alaska Native Tribal Health Consortium, in collaboration with Alaska's Tribal Health Organizations, developed the Dental Health Aide Initiative in 2004, the IHS spearheaded training and use of Expanded Function Dental Assistants, the first alternative workforce model used in the IHS, in 1961.

Current Alternative Workforce Models

Alternative Workforce Models currently used in the U.S.

Model	Role	States or IHS Areas/Sites Using This Model	Reference
Community Dental Health Coordinators (CDHC)	Educate, prevent dental disease, and connect patients to dentists	8 states At least two IHS sites	http://www.ada.org/en/public-programs/action-for-dental-health/community-dental-health-coordinators
Oral Health Practitioner (Basic & Advanced Therapists)	Basic: extraction of primary teeth, administration of local anesthetic, restorations; Advanced: Same as basic plus oral evaluation, treatment plan, provide and administer non-narcotic drugs; both operating under general supervision of a collaborating dentist	Minnesota	http://www.dentalboard.state.mn.us/Portals/3/Licensing/Dental%20Therapist/DTSCOPE.pdf http://www.dentalboard.state.mn.us/Portals/3/Licensing/Dental%20Therapist/ADTSCOPE.pdf
Expanded Function Dental Assistant (EFDA)	In addition to chairside assisting duties, placing restorations, taking impressions, other duties defined by each state	Every U.S. state Most larger IHS, tribal, and urban dental programs	http://www.aapd.org/assets/1/7/StateLawsonDAs.pdf http://jada.ada.org/article/S0002-8177(72)56031-2/pdf
Primary Dental Health Aides (PDHA)	Preventive services at the community level	Alaska Area IHS	http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3753165/pdf/IJCH-72-21198.pdf
Expanded Function Dental Health Aides (EFDHA)	Simple and complex tooth restoration and supragingival dental cleanings under direct or indirect supervision of dentists.	Alaska Area IHS	http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3753165/pdf/IJCH-72-21198.pdf
Dental Health Aide Hygienists (DHAH)	Expanded hygiene duties including local anesthesia	Alaska Area IHS	http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3753165/pdf/IJCH-72-21198.pdf
Dental Health Aide Therapists (DHAT)	Treatment plan, restorations, simple extractions under the general supervision of a dentist by phone or tele-health	Alaska Area IHS	http://www.nihb.org/docs/05212014/Dental%20Health%20Aide%20Therapists%20Presentation%201.pdf
Dental Hygiene Therapist	Expanded duties including extractions, restorations, placement of crowns, dispensing medications	Maine	http://www.udhaonline.org/sliders/dental-hygiene-therapist-new-law-passes-in-maine/

IHS Division of Oral Health, 2015

The dental access and disease burden in Indian Country

Historically, access to dental care in IHS, tribal, and urban programs has been lower than the general U.S. population. An estimated 44.5% of persons aged 2 years and older had a dental visit in the past year in the United States[5], while only 28.8% of American Indians and Alaska Natives (AIAN) accessed dental care in 2014. This low access rate was despite the fewest number of dentist vacancies in the IHS in the past decade.

At the same time, the burden of dental disease in Indian Country continues to loom large. AIAN children have more than double the caries (tooth decay) experience of U.S. Hispanic children, the next highest minority group, and almost four times as many teeth with caries experience than U.S. white children. Among 6-9 year-old AIAN children, 83% have caries experience and 47% have untreated decay, compared to 45% and 17% in the general U.S. population, respectively. Among adolescents, 80% of 13-15 year-old AIAN youth have caries experience compared to just 44% for the general U.S. population, and almost five times as many AIAN youth (53%) have untreated decay compared to the general U.S. population (11%).

Because of this dental disease burden and low access to dental care for many, the Indian Health Service has successfully employed alternative workforce models to help address the needs of the population we serve. The Alaska DHAT program, for example, has already increased access to dental care to an additional 45,000 Alaska Natives in its short existence.

References

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8. Phipps K, Ricks T, Blahut P. The Oral Health of 13-15 Year-Old American Indian and Alaska Native Children Compared to the General U.S. Population and Healthy People 2020 Targets. 2014, Indian Health Service, Department of Health and Human Services, Rockville, MD.

Expanded Oral Health Workforce: http://www.mcdph.org/docs%5CNew%20or%20Expanded%20Oral%20Health%20Workforce%20Models%20-CHWS.pdf

State Table of Alternative Workforce Models: http://www.adea.org/uploadedFiles/ADEA/Content_Conversion/policy_advocacy/