



Integration of Dental Therapists into the Dental Workforce

Laura Brannon, Community Catalyst

12/19/2025

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Speaker

Laura Brannon

Senior Project Manager

Community Catalyst

lbrannon@communitycatalyst.org





We're a national organization dedicated to building the power of people to create a health system rooted in race equity and health justice and a society where health is a right for all. Together with partners, we're building a powerful, united movement with a shared vision of and strategy for a health system accountable to all people.

300+ partner organizations at the local and state level

45+ states where we do our work

9 states where we've incubated health advocacy organizations





Community Catalyst created the **Dental Access Project** to address inequitable access and other barriers to care. We partner with community advocates to identify and implement community-based solutions. We've built a national network of local, state, and tribal partners that have joined together to offset the power balance in dentistry, putting community voices and community interests first—even in the face of special interest groups.

14

years of work on oral health

42+

states where we've
 provided technical
 assistance

6

staff focused on oral health



Dental care is already changing...

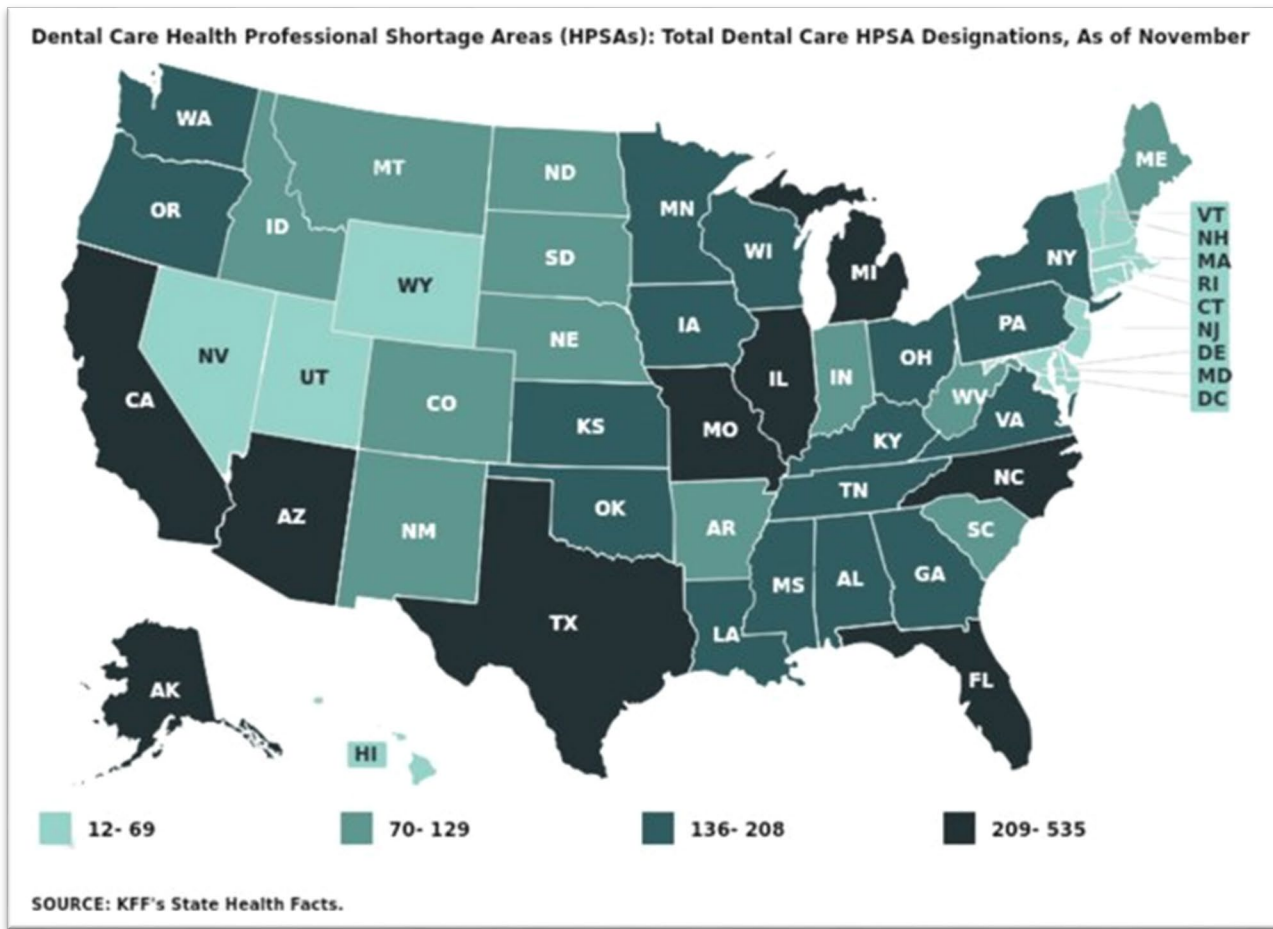


The traditional oral health workforce

- **202,000 dentists in the U.S. (2024)**
 - Shortage in rural and low-income areas
 - Black, Hispanic and American Indian/Alaska Native communities are underrepresented
 - New limits on student loans will impact who can become a dentist
- **212,000 dental hygienists in the U.S. (2023)**
 - Widespread shortage of hygienists and many are exiting field
 - 95% female and 79% non-Hispanic White (2020)
- **371,000 dental assistants in the U.S. (2023)**
 - Role is inconsistent between states & low wages lead to high turnover and shortages
 - Mostly female but more racially diverse than dentistry or dental hygiene



Impact of Oral Health Workforce Issues



- ~60 million Americans live in areas with too few dentists
- People of color, those living in rural areas, and those with low incomes are the most likely to experience the effects of provider shortages
- Shortage only getting worse in rural areas as older dentists retire
- The oral health workforce largely does not represent the U.S. population



The Dental Team is Changing

Traditional team:

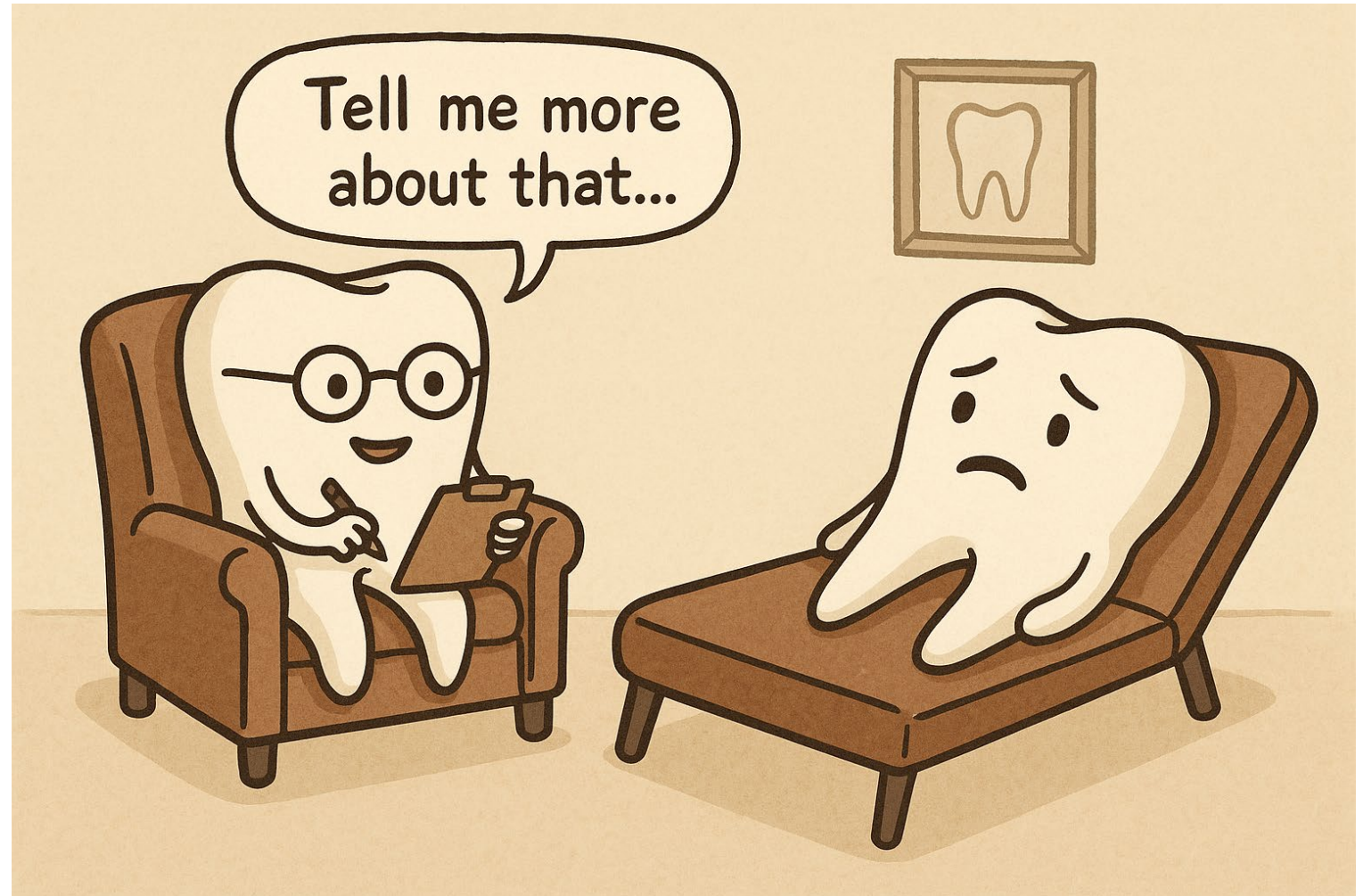
- Dentists
- Dental hygienists
- Dental assistants

New team can include:

- Dentists (including more specialization and new specialties)
- Dental hygienists (w/ more duties)
- Dental assistants
- Expanded function dental assistants
- Dental therapists
- Community health workers
- Care coordinators
- Medical providers



What are dental therapists?

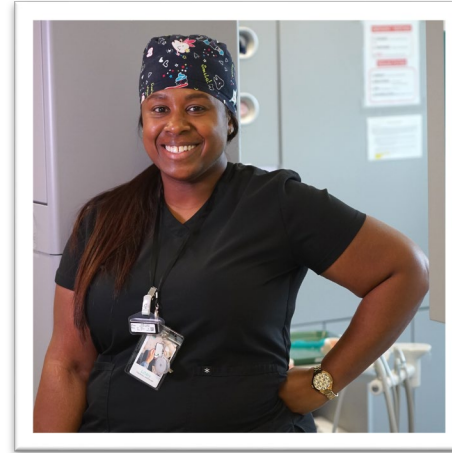


They're not therapists for your teeth!



Dental therapists are...

- Licensed oral health professionals who work under the supervision of a dentist
- Providing preventive and routine restorative care
- Working in dental clinics and community settings
- Practicing in U.S. for 20+ years and currently authorized in at least some settings in 14 states



What can dental therapists do?

Evaluation:

- X-Rays
- Exams
- Treatment planning
- Referrals

Prevention:

- Oral health instruction
- Cleanings
- Sealants
- Fluoride Varnish

Treatment:

- Fillings
- Placing temporary/preformed crowns
- Extractions of primary teeth
- Limited extractions of permanent teeth
- Local anesthesia
- Dispense and administer non-narcotic medications



What education do dental therapists get?

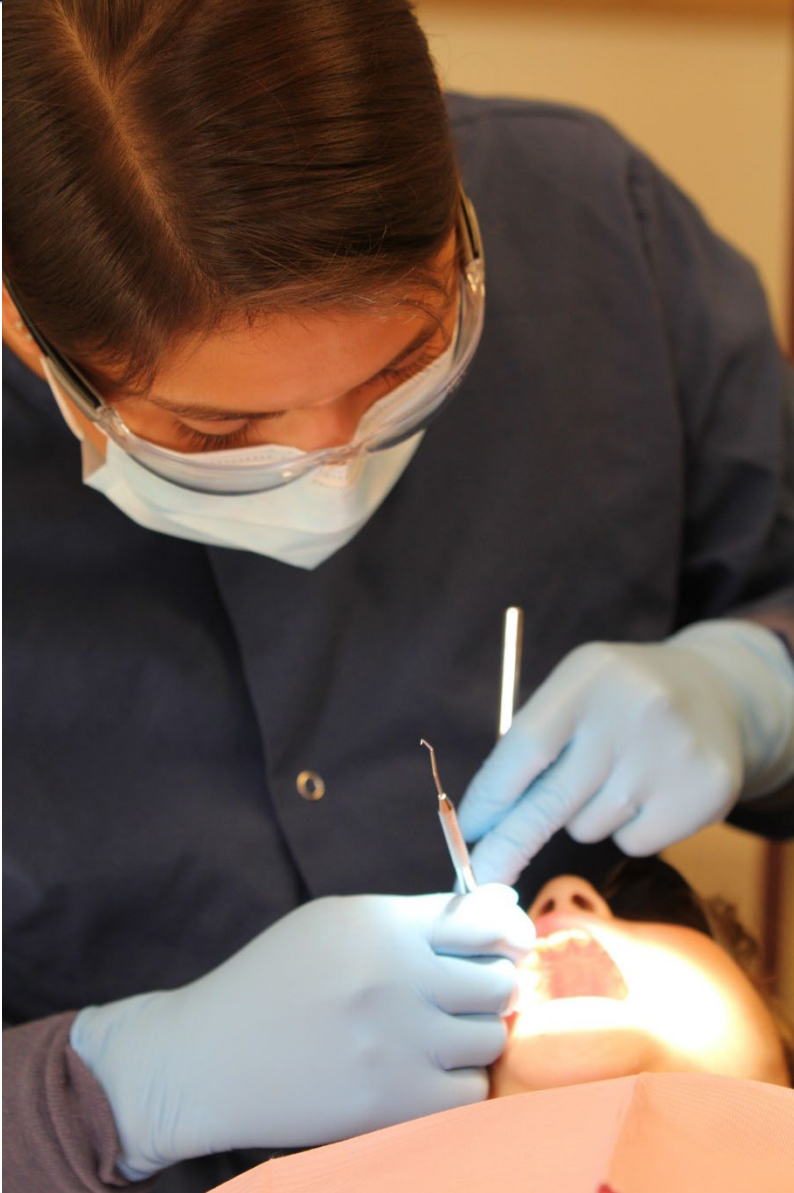
- The Commission on Dental Accreditation sets education standards for dental therapy programs just as it does for the training of other dental professionals
- Dental therapy education must be at least three academic years
- Some states add other requirements (hygiene or BS/MS) but extra education requirements can increase time/cost



Where did dental therapy come from?

- The push for dental therapy has been a community-led movement and began in the Alaska Tribal health system
- Alaska Tribal leaders looked to global oral healthcare systems and found dental therapists, who had been practicing for over 100 years and work in 50+ countries
- Access to care is not an issue unique to Alaska or Tribal communities and other states seized on the idea





So what has been the
impact?



A more representative workforce

- Dental therapy presents an opportunity for colleges to develop programs in partnership with historically excluded communities
- Instead of recruiting providers to communities, communities can create a pipeline of students from their communities to become the providers they need
- Creating accessible education pathways also creates good-paying jobs as well in under-resourced communities



High-quality care

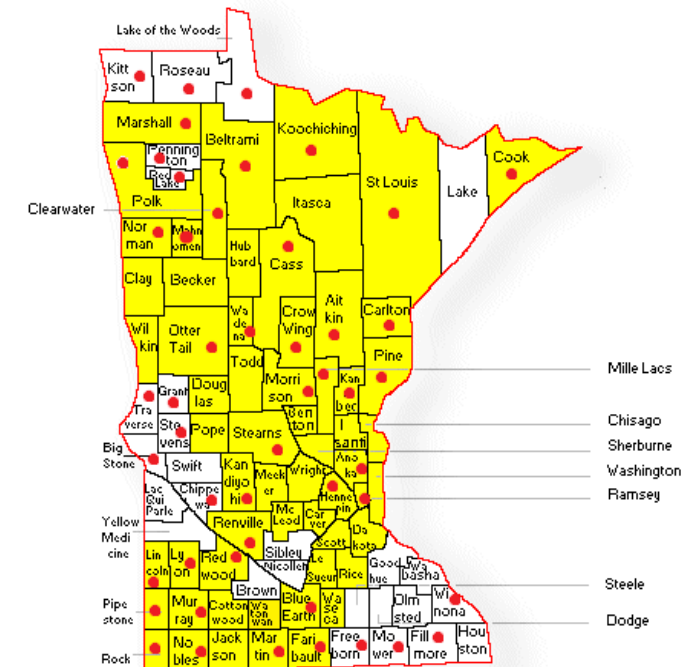
- Dental therapists meet the same standards as dentists for the procedures they perform and repeated studies show dental therapists are as good (or better) at fillings than dentists
- The American Dental Association’s Council on Scientific Affairs found in 2013 that “appropriately trained mid-level providers are capable of providing high-quality service”
- CODA ensures all dental education programs are held to the same high standard



Cost-effective care in the community

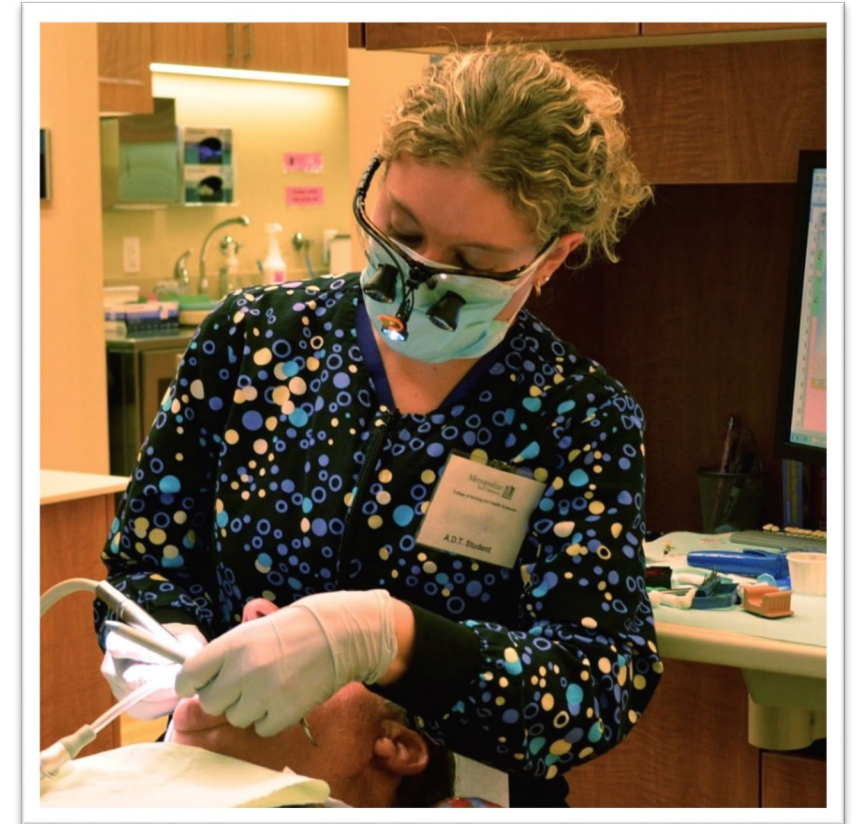
- Dental therapists cost ~1/3 to 1/2 the employment cost of a dentist
- While hygienists and EFDAs already provide care in community settings, it's rarely cost-effective to send dentists
- Dental therapists can cost-effectively work in the community and treat more needs without referring a patient

2020 service area of Children's Dental Service



Good for dentists & clinics

- Nonprofit clinics provided more care in community settings and treated more patients with same budget
- Private practices generated larger profits, even while treating more Medicaid patients
- Dentists did more advanced work (root canals, crowns, etc.)



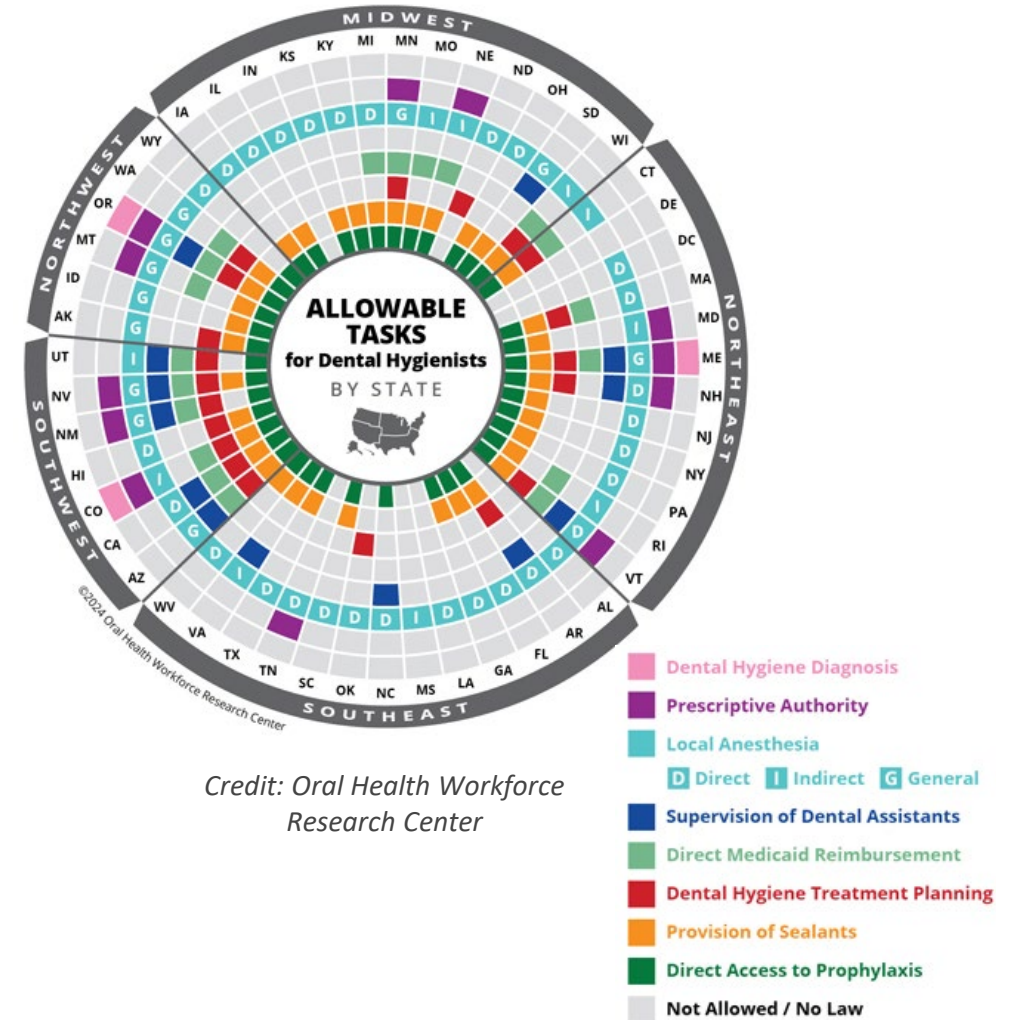
Good for patients

- Decreased wait and travel times for appointments
- Able to receive care where they are (rural communities, schools, nursing homes, etc.)
- Improved oral health due to early treatment
- More providers from their community



Creating Effective Teams

- Costs go down and access goes up when all members of the dental team are working at the top of their scope.
- Moving towards team-based care in which all roles are valued and respected can also strengthen the workforce.
- This can also include:
 - Maximizing scope for dental hygienists and dental assistants and allowing in community and medical settings
 - Incorporating care connectors like CHWs and CDHCs
 - Training medical providers in oral health



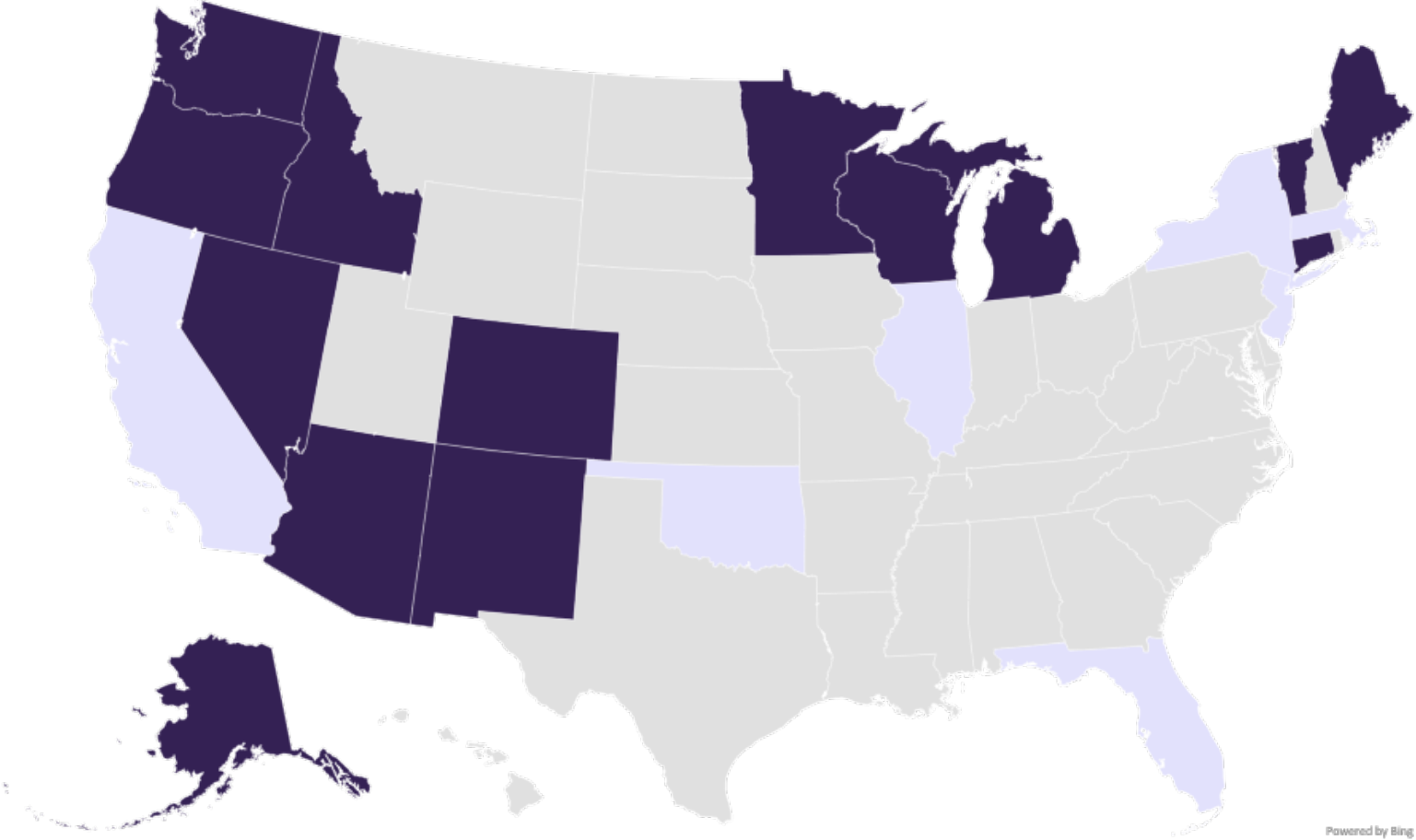
A snapshot: dental therapy today

- Dental therapists have been working in U.S. for over 20 years
- Currently working in 7 states and authorized in an additional 7 states
- 5 dental therapy education programs & more in development
- And rapidly growing!



Dental Therapy Authorization Status

- Authorized in at least some settings
- Legislation pending or campaign active



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Relevant now more than ever

- With federal cuts and millions expected to lose their health insurance, states are having to find new ways to stretch their budget.
- Dental therapists help reduce the cost of providing care while making it cost-effective to accept Medicaid, run a rural practice, or provide care in community settings.
- Existing shortage of oral health providers is likely to worsen...dental therapists can help offset.

"We continue to hear about issues accessing dental care across [our state] and know that changes coming from HR1 and the potential expiration of the enhanced Marketplace tax credits, we know [residents] will need new solutions to accessing care, including dental care."

-State advocate on dental therapy



Thank you!



Questions?

