

## INVITED REVIEW

# Dental Therapy in the United States as a Public Health Imperative: Perspectives From the Front Lines

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## ABSTRACT

**Background:** Millions of people across the US—especially in rural, Tribal, underserved, and under-represented communities—continue, historically, to face unnecessary barriers to basic preventive and emergency oral healthcare. Dental therapy, a proven, community-centered oral healthcare provider model utilized in over 50 countries for more than 100 years has been legislatively authorized in 14 states across the US. For over 20 years, however, dental therapy in the U.S. has repeatedly been opposed by the American Dental Association and state dental boards, despite clear, documented evidence that dental therapists provide safe, high-quality, and in most cases culturally specific care, with a focus on prevention.

**Objective:** To describe the role of dental therapists, summarize the evidence supporting their safety and effectiveness and explore reasons for limited adoption of dental therapy in the U.S. despite documented benefits.

**Methods:** This abstract unifies available historical, legislative and workforce literature on dental therapy, highlights the voices of dental therapists, elevating clinical practice outcomes, community impact and documented opposition from the American Dental Association and state dental boards.

**Results:** Evidence shows that dental therapy has diversified the oral healthcare workforce, elevating the voices of those that have been oppressed historically in the United States Black, Indigenous, and People of Color (BIPOC) communities that continue to suffer because of structural racism. Dental therapists have been practicing for over 20 years in the United States, and over 100 years worldwide. Who are dental therapists and why are they not embraced with the clear evidence in the United States? Despite the clear evidence, national adoption of dental therapy remains slow due to political, regulatory and professional opposition.

**Conclusion:** Significant institutional opposition continues to slow national acceptance and implementation of dental therapy. Dental therapy represents an effective, evidence based community driven solution to persistent oral health inequities.

## 1 | Introduction

Dental therapists are public health driven oral healthcare providers addressing inequities rooted in the structural separation of dentistry from medicine and promote the reintegration of oral health within comprehensive health systems, despite longstanding opposition from the American Dental Association [1–4].

Dental therapists work similarly to the way physician assistants work with doctors in medicine, but with a dentist. They provide routine emergency and preventative care, freeing up time for their supervising dentist to provide more complex treatment, cutting down patient wait times, reducing the rates of cavities and bringing in additional revenue for clinics that employ dental therapists [5]. In the United States, the first dental therapist

began practicing in an Alaska Native village after training in New Zealand, where dental therapy began globally in the 1920's, providing care to their people in a culturally responsive way. American Indian/Alaska Native (AI/AN) peoples historically to date, experience the highest rate of dental disease over any other population [6].

Alaska Native communities adopted New Zealand's dental therapy model to bring quality oral healthcare to rural areas, but to create an equity education model to a community historically marginalized due to structural racism. The Alaska Dental Therapy Education Program model is 3 academic school years consolidated into two calendar years with a prerequisite of a high-school diploma or equivalent graduating students with an associate's degree- reducing barriers to education. Additionally—there are bachelor's and master's degree programs that either offer education in both dental therapy and hygiene or create a pathway for existing dental hygienists to train to add dental therapy to their scope—career laddering [7]. Scope of practice varies mainly when it comes to supervision levels (general, direct or indirect). Dental therapists may either be certified within a federally recognized, tribally led national area Certification Board, licensed by a Tribe or licensed by a state dental board in states that have passed dental therapy legislation [8, 9]. Dental therapists are often referred to as dental health aide therapists, meaning they are credentialed (certified) through an area Tribal Certification Board; scope of practice for dental therapists is determined by regulations and state law, and guided by education and training, not credentialing alone. You will also hear dual licensed dental therapist which is a licensed or certified dental therapist and licensed dental hygienist. You will also hear advanced dental therapist which is a dental therapist with a masters degree in Minnesota. This is a state licensing general supervision requirement. Not a requirement of the Commission on Dental Accreditation [10], this is a dental therapist with a master's degree and a state licensing requirement for general supervision of clinical procedures.

Why is dental therapy rooted in public health? The separation of oral health from overall health can be traced back to the establishment of the first dental school in 1840 in Baltimore, Maryland—the Baltimore College of Dental Surgery [11]. Despite mounting evidence linking oral health conditions to systemic health outcomes, the healthcare system largely maintains this artificial separation, leaving oral health care under-prioritized, particularly for underserved and historically marginalized communities [12]. Chronic conditions such as cardiovascular disease, diabetes, and adverse pregnancy outcomes have all been linked to untreated oral disease, highlighting the critical intersection between oral and overall health. Yet, structural racism—including provider shortages because of high cost to education and geographic barriers to training programs—continue to restrict access for populations most at risk (2). Dental therapy addresses this historical and systemic separation by providing community-based, preventive, and culturally appropriate care, integrating oral health into broader public health frameworks. By expanding access, reducing barriers, and fostering trust within communities, dental therapists help reconnect oral health with overall health, particularly in populations historically neglected by the conventional healthcare system.

## 1.1 | Who Are Dental Therapists?

Dental therapists come from diverse backgrounds; American Indian, Alaska Native, immigrants, and in some cases immigrants who are oral healthcare providers in their home countries, people that were looking for a different pathway into education [13]. Though dental therapy is rooted in equity in the United States, as of 2019 the work force was 82% White [14]. Dental therapists are community members that chose this path for a purpose. “Traditional education did not fit me. I grew up moving every year”. Kari Ann Kuntzelman, Licensed Dental Therapist in and graduate of the Alaska Dental Therapy Education Program, explains. “I went to five high schools in four states, and my last high school wanted to hold me back from graduating due to a difference in state graduating requirements- something completely out of my control. I come from a family that told me education wasn't a necessity to succeed in life. I truly believe my ancestors put me on this path to elevate others' voices because for too long our people, and people like us, have been silenced.” She shares that patients have told her they are grateful for less wait times and a different type of experience when they're in the dental chair. Jennifer Brixey, Tribal Member and Oregon resident shared “Growing up having bad teeth was just something we accepted. Both my parents had dentures at an early age, and no matter how poor we were, there was always a two-liter of Pepsi in the fridge. Our DHAT (Dental Health Aide Therapist) understood. She taught us proper flossing techniques, never judging that this wasn't something we already knew. There was a smile of the month club and prizes for cavity-free check-ups that my daughter looked forward to. We felt comfortable being able to go to a provider who shared our culture, asking questions like “are you going to the powwow this weekend?”

Dental therapy and health equity go hand in hand. Dr. Mary Willard, a dentist and dental therapy program educator, states, “at times in the past, services and access to care in rural Alaska has been trauma inducing.” Dental therapy overcomes this shortcoming and provides humane, respectful, compassionate dental care in rural Alaska. Oral health care is one piece of humanity that is often lost in this country.

Arielle Cawston (Colville Tribal Member, WA), dental health aide therapist certified under the Alaska Community Health Aide Program Certification Board, works clinically in Hoonah, Alaska. When Cawston first relocated to Alaska, her schedule was primarily utilized for emergency care. Arielle sought out the opportunity to engage the community in a school-based fluoride varnish program. She developed a routine curriculum that was delivered to students regularly. This educational practice not only increased her community's overall dental knowledge and literacy, but it also allowed her community to trust their provider. Her schedule now includes more routine exams, preventive treatment and educational visits for families. Cawston works with many traveling dentists; general, pediatrics, and prosthodontists. Because of the routine care that Cawston provides, dentists are able to focus their time on these trips to complete complex care outside of the scope of a dental therapist. “Our patients are becoming cavity and pain free more quickly. Our youth want to come to their dental appointments and since they know me, they are comfortable in our dental clinic.”

Cawston also notes the approach taken in the schools has also helped older family members reach out for care due to the children trusting her.

As community-based organizations continue to turn to dental therapy as the pathway to not only creating accessible oral healthcare for their communities, they are empowering community members to consider careers in healthcare.

Non-English-speaking patients receiving oral healthcare in the US for the first time are often distrustful of unfamiliar dental practices and treatments. Abdul Egeh, an Advanced Dental Therapist (ADT) in Minnesota who comes from the Somali community, uses his background and language skills to educate patients on oral health practices, behavior change and treatment plan options. As an ADT, he says his “impact is obvious” to the people he treats

Abdul works for an organization, Children’s Dental Services (CDS), based in the Twin Cities that has been able to expand to serve rural areas because of dental therapists

Abdul is based in a metropolitan area and often travels to rural areas in Minnesota that do not have a dental clinic in the community. He commented that the nearest clinics taking state insurance, which are also accepting new patients, have wait-lists for many months long. He treats patients of all ages who have not been able to see a dental provider, in some cases, more than 2 years. Abdul states I see the great need in rural areas, I don’t know what would happen to these people if I were not here. I feel I’m doing something good—it gives me energy to keep going.”

Wilber Ramirez-Rodriguez started his own business as an expanded practice dental hygienist (EPDH) in Oregon to provide care to underserved populations. With this business model using portable dental units, he was able to deliver care to these populations but knew he needed to do more to help them. As a dentist originally from Peru, he was frustrated he couldn’t restore or help with emergency care in his hygiene role. He would send these patients to dentists who could only do emergency care, and they would wait on the small caries - so waiting for the next emergency. Fast forward to today whereas a dental therapist and Professor at Pacific University Oregon, he uses the mobile van to serve underserved adult populations where they are, going to health care facilities, their work areas especially for migrant farm workers, parishes, churches, domestic violence centers, and other local organizations. He is able to do exams and restorative work for these populations and have his hygiene students do the cleanings, and X-rays. He can open the horizons for hygienists to look toward careers in public health and owning their own business.

Dana Obey, a newly graduated dental therapist from Sault Ste. Marie, Michigan, pursued dental therapy after witnessing significant oral health access issues in her community. She explains, “Patients wait months for basic exams and turn to emergency hours for non-urgent needs, reflecting a deeper crisis in staffing, funding, and insurance.” Now practicing, Dana provides culturally responsive care, including re-care exams and minimally invasive procedures, allowing dentists and hygienists to focus on

advanced treatments while increasing appointment availability and completing treatment plans efficiently.

Angelica Garces, who grew up in Colombia and now resides in New Jersey, pursued dental therapy after recognizing the oral health challenges in underserved communities. She trained in Minnesota and now splits her time between dental therapy in rural Maine and dental hygiene in New Jersey. Angelica explains, “Maine is a very spread-out rural place. Some families have to drive up to 2h for a child’s dental appointment, and transportation barriers make care even harder. Many children I treat come from foster care, single-parent households, or have experienced neglect and painful dental visits, leaving them scared and distrustful of dentists. Growing up in an underdeveloped country, I know what it’s like to lack access to care, which helps me relate and provide compassionate, patient-centered treatment. Dental therapy allows me to make a real difference for children who might not otherwise receive care, even in a country with abundant resources.”

It is important to note that both dental health aide therapists and dually licensed dental therapists that graduated from dental therapy programs before CODA standards were developed and adopted in 2015, experience unnecessary restricted workforce mobility due to additional regulatory barriers.

## 1.2 | Lack of Dental Therapy Education Programs

There is a lack of dental therapy education programs in the US to fill the increasing demand for accessible, affordable dental therapy education pathways. Creating new education programs is a costly investment when you are doing so through grant funding alone; dental therapy education programs require advocacy and support at the state level, like that of community college subsidized funding. This would create sustainability for programs that attract the population of providers that continue to fill the gap where it is most needed, in underserved urban and rural settings.

Accreditation by the Commission on Dental Accreditation establishes a standard for dental therapy education programs, however, the interpretation of these standards has created significant hurdles for dental therapy pilot programs and developing dental therapy programs [15]. Both dental health aide therapists and dually licensed dental therapists that graduated before C.O.D.A standards for dental therapy were developed experience restricted workforce mobility due to additional regulatory barriers set by state legislation. Existing programs navigating these challenges report that the time, cost, and administrative burden of compliance, compounded by opposition from the American Dental Association and state dental boards, discourages the development of new programs. Licensure requirements vary by state, and it is the combination of state statutes and licensing boards’ interpretations that ultimately determines who can practice, creating further barriers for experienced providers seeking formal recognition. Three of five active dental therapy education programs have received CODA with more in process of applying for accreditation [10].

### 1.3 | A Public Health Solution

October 2023 during the American Dental Therapy Association Annual Conference in Oklahoma City, Oklahoma, dental therapists from Alaska, Minnesota [16] and other parts of the country who spoke about the utilization of dental therapists outside of the dental clinic. In a tribal hospital setting in Alaska, a dental therapist partners with medical providers during morning rotations providing screenings during rounds. In Minnesota, dental therapists are rotating through community based medical settings where they have an opportunity to contribute to overall health outcomes for patients in emergency type settings. Within the American Dental Therapy Association, efforts are taking place to elevate Minimally Invasive Dentistry; a key piece in patient centered care. Looking at a patient's overall health with the patient, Motivational Interviewing, Caries Risk Assessment, are all key pieces to medical- dental integration through dental therapy. Dental therapy is one solution to moving closer to a universal system in the United States that integrates the mouth back into the body. Dental therapy can be another way to fill the gap in healthcare that connects the mouth back into the body because dental therapists can and do take the time to provide patient centered care.

## 2 | Conclusion

Millions of Americans—particularly in rural, Tribal, and underserved urban communities—face barriers to oral healthcare. Dental therapy is a proven, community-centered model that expands access, integrates oral health with overall health, and provides culturally responsive care. We can no longer ignore a model that works. Communities must support local dental therapy programs and advocate for access to affordable, quality, community based oral healthcare. State and federal governments should allocate funding to expand dental therapy education and workforce pathways. Oral healthcare providers must unite across disciplines to collaborate for the people we serve. By taking these steps, we can build an equitable, sustainable oral health system that ensures high-quality care for all.

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### Conflicts of Interest

The authors declare no conflicts of interest.

### Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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