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**FIRST MAJOR INDEPENDENT EVALUATION OF U.S. DENTAL THERAPISTS FINDS  
THAT THEY PROVIDE SAFE, COMPETENT, APPROPRIATE DENTAL CARE**

*Innovative Pilot Program Shows Promise for Other States and Tribal areas; Findings Indicate  
that the Dental Health Aide Therapist Program In Alaska Can Help Expand the Reach of  
Dentists, Providing Needed Care to Thousands Who Can't Get Care Now*

BATTLE CREEK, Mich. – Dental therapists with two years of intensive training provide safe, competent, appropriate dental care, according to an independent evaluation of a program in Alaska designed to expand access to dental care. The two-year intensive evaluation, released today, is the first independent evaluation of its scale to assess care provided by dental therapists practicing in the United States. It confirms what numerous prior studies of dental therapists practicing in other countries have already shown: that dental therapists provide safe care for underserved populations.

Severe shortages of dentists disproportionately affecting low-income communities and communities of color and lack of affordable dental care are putting sorely needed dental services out of reach for nearly 50 million Americans, particularly those in rural and underserved areas. Across the country, states are grappling with how to improve access to dental care, and many are investigating how to use alternative dental providers, including dental therapists, as a way to expand the reach of dentists.

In Alaska, dental therapists have been providing preventive and basic dental care to families in remote Alaska Native villages since 2005. The program evaluation, which was conducted by RTI International of Research Triangle Park, NC, and funded by the W.K. Kellogg Foundation, the Rasmuson Foundation and the Bethel Community Services Foundation, found that dental therapists in Alaska are clearly providing safe dental services.

The evaluation assessed the work of dental therapists in five communities, as well as the experience of hundreds of patients and how dental therapists performed on hundreds of procedures. They were directly observed performing sealant placement, composite and amalgam preparations, stainless steel crown placement, and oral health instruction. The evaluation relied on examination standards used for assessing clinical competency for board certification of U.S. dental school graduates.

Key findings of the evaluation indicate:

- Dental therapists are technically competent to perform the procedures within their scope of work and are doing so safely and appropriately,
- They are consistently working under the general supervision of dentists,
- They are successfully treating cavities and helping to relieve pain for people who often had to wait months or travel hours to seek treatment,
- Patients were very satisfied with the care they received, and

- They are well-accepted in tribal villages.

“These findings clearly indicate to me that alternative providers such as dental therapists can successfully provide good, quality dental care in areas where people can’t gain access to dentists,” said Sterling K. Speirn, the W.K. Kellogg Foundation’s president and chief executive officer. “Other states and tribal areas should explore the dental therapist model as a way to expand the reach of dentists, and in the process, help millions of people get the dental care they so desperately need,” he added.

“The findings of this evaluation are critically important to the people of Alaska. They demonstrate that the Dental Health Aide Therapist program is working and has the potential to dramatically improve oral health,” said Jerry Drake, executive director, Bethel Community Services Foundation. “Alaskan children and families have some of the highest levels of oral disease in the country. If we can train and employ more dental therapists, we can make a real difference in the overall health of Alaskans.”

The evaluation assessed five critical areas:

- Patient satisfaction with dental therapists – known as dental health aide therapists in Alaska – and patient and provider perceptions of access to care, as well as oral health-related quality of life;
- Oral health status;
- Clinical technical performance and performance measures;
- Record-based process measures and evaluation of clinical facilities; and
- Implementation of community-based prevention plans and programs.

As part of the evaluation, RTI assessed dental therapists practicing in five sites using criteria derived from examination standards used for assessing U.S. dental school graduates and measures commonly used in social sciences and health services research. Evaluators observed dental therapists performing a variety of restorative procedures, observed few deficiencies and found dental therapists were technically competent to perform the procedures within their scope of their work.

Some other highlights:

- Four of the five communities successfully provided preventive treatment to children at high risk for cavities.
- Adults overwhelmingly reported a positive experience with dental therapists, giving them an average score of 8.86 out of 10.
- Patients reported that dental therapists explained things and were easy to understand; listened carefully; treated them with courtesy and respect; and spent enough time with their children.
- Although the study did not attempt to quantify changes in access to care, surveys of Alaska village residents felt access to care had improved.

Because of the magnitude of unmet oral health need in Alaska – more than 60 percent of children aged two to five have untreated caries – it was expected that dental therapists would initially focus on relieving pain and providing restorative care. Although dental therapists scored well on quality of restorative care, patient satisfaction and community acceptance, overall scores for progress on prevention efforts were lower. The evaluators note that as dental therapists make strides in reducing the acute widespread oral disease that is prevalent in Alaska, they can focus more on preventive services.

“The information provided in this evaluation confirms that dental therapists are working well under general supervision of the dentists. And I am confident dental therapists can begin to make greater inroads with their care,” said Mary Williard, D.D.S., clinical director of the Dental Health Aide Therapist training program in Alaska. “A necessary priority has been to reduce the number of Alaskans who are in pain from untreated dental disease and we are now in a better position to increase education about the long-term benefits of preventive oral health care.”

“Dental therapists in Alaska are performing well and operating safely within their scope of work,” said Scott Wetterhall, M.D., M.P.H., RTI’s principal investigator and lead author of the evaluation report. He noted, however, that the evaluation did not assess the overall impact of dental therapists’ work and that there is still a tremendous amount of dental disease and unmet dental need.

Internationally, dental therapists have a long history of successfully expanding high-quality care to underserved children and families as part of a comprehensive system of care managed by dentists. Dental therapy has been well-established for decades in more than 50 countries, including those with advanced dental care systems similar to the U.S.

### **State of Oral Health in Alaska**

There are approximately 60,000 Alaska Natives living in small rural Alaska communities that are accessible only by air or water. In most villages, a dentist is available for only one week a year. Frequently, only the most urgent cases are seen.

Dental disease is a serious public health problem among Alaska Natives. For example, the evaluation surveyed 405 Alaska Natives, and found that over half of all children have untreated dental decay, as do 60 percent of adolescents and 77 percent of adults. Tooth decay rates among American Indian and Alaska Native children are five times the national average for children from two to four years old.

The evaluation found that dental therapists who live in the villages where they provide care can promote prevention and reinforce educational messages to improve oral health outcomes with children and families. In addition, school support for preventive efforts was stronger in villages where dental therapists resided.

Dr. Williard affirms the high level of training received by students in the Alaska-based training program. “They spend 40 hours a week in clinical training for a year, on top of an intensive year of classroom training. The work they do, within their scope of practice, is as good as any dentist. They are committed to and they have the trust of their communities. The more dental therapists we can train, the better for the people of Alaska.”

Research for the two-year-long evaluation was guided by a National Advisory Committee and an Alaska Tribal Coordinating Council. Members of these two committees are dental program directors, dental educators, national policymakers and representatives from tribal health boards and leading national dental organizations.

RTI, which conducted the evaluation, is a nonprofit research institute that provides research and technical services to governments and businesses worldwide.

The W.K. Kellogg Foundation supports children, families, and communities as they strengthen and create conditions that propel vulnerable children to achieve success as individuals and as contributors to the larger community and society.

**A copy of the full report and videos of the Alaska dental therapist program will be available at [wkkf.org](http://wkkf.org) at 4:01 am ET on October 26, 2010.**