



PERCEPTIONS OF DENTAL THERAPY
REPORT

Michigan Allied Dental Professionals

August 2022



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INTRODUCTION

In December 2018, the Michigan legislature passed Senate Bill 541, approving dental therapists as the newest members of the oral health care workforce. This legislative policy was enacted as a strategy to increase access to dental services and to meet the needs of underserved populations in Michigan. Since the bill passed, administrative rules have been promulgated and, as of April 2021, dental therapists have had the ability to practice in the state. The Michigan Department of Health and Human Services (MDHHS) has taken the necessary steps to allow licensed dental therapists to enroll in Michigan Medicaid and be reimbursed for services. However, there are currently no dental therapists practicing in the state of Michigan and there are no Michigan-based colleges or universities that offer a dental therapy education program for prospective students.

A survey of oral health professionals was completed as part of a larger study to gain a better understanding of the current context surrounding dental therapy. Specifically, this survey was designed to identify current allied dental professionals' perceptions and attitudes toward dental therapy and to identify potential factors that may influence their pursuit of a career in dental therapy. The survey was targeted to practicing Registered Dental Hygienists (RDHs), Registered Dental Assistants (RDAs) and Dental Assistants (DAs) in public health settings and other nonprofit organizations accepting Medicaid dental insurance, as well as the broader communities of licensed RDHs and RDAs who practice in Michigan.

A total of 491 dental hygienists and dental assistants completed a survey.

RESPONDENTS

Who Responded To The Survey?



Of the 491 respondents, the majority (70%) were RDHs, 19% were RDAs, 8% were dental assistants (DAs), and 3% were dually licensed RDHs and RDAs or a combination of RDH or RDA with another type of profession. Half of respondents had less than 15 years of experience in their field.



Nearly half of respondents (47%) worked in a private practice setting with less than five dentists and 33% worked in a community health setting, like a Federally Qualified Health Center (FQHC), public health clinic, or Tribal health clinic.



Nearly half of respondents had an associate's degree, 27% a bachelor's degree, and 10% a master's degree.



The majority of respondents (89%) were female. Over three-quarters of respondents (78%) were White or Caucasian, 5% were Black or African American, 4% were Hispanic, 1% were Asian or Pacific Islander, 1% were American Indian or Alaska Native, and less than 1% identified as other races or ethnicities.



Professional associations, peer-reviewed journals, and other oral health professionals were information sources that respondents reported they would use to learn more about dental therapy.



Respondents were asked to approximate the percent of their patient population that was uninsured or had Medicaid insurance. Less than half of respondents reported that 50% or more of their patient population were uninsured or had Medicaid insurance.



Respondents were asked to report the number of hours they currently work per week and the number of hours that they believed were ideal to work per week. When current hours were compared with ideal hours, 48% of respondents were satisfied with the number of hours they currently work, 35% would prefer to work less hours per week, and 15% would prefer to work more hours per work. Approximately 40% of respondents reported that the ideal number of hours to work was 31 to 35 hours per week, while 25% of respondents currently worked these hours. One-quarter of respondents reported that the ideal number of hours to work was 36 to 40 hours per week, while 41% of respondents reported currently working these hours.



Of respondents who worked more than 35 hours per week, 46% worked in a community health setting, 28% worked in a private practice with less than five dentists, 14% worked in an academic institution, 11% worked in corporate practice, and 3% worked in a group practice with five or more dentists.

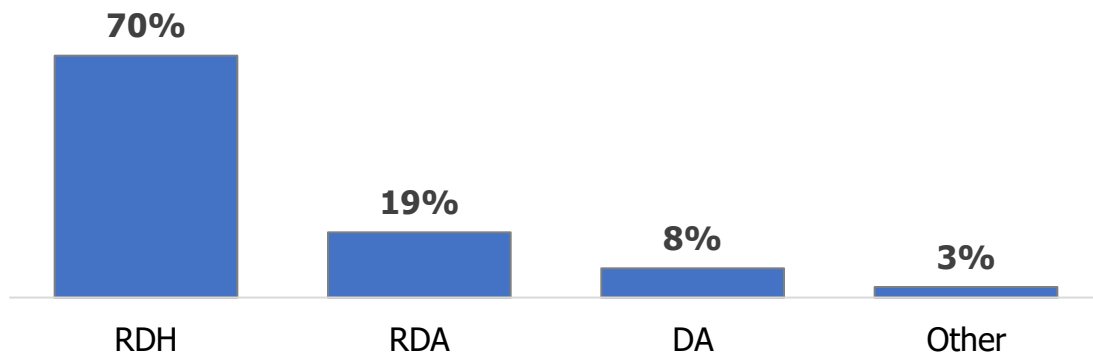


“I highly support dental therapy in Michigan as Northern regions do not have adequate access to dental care and have a significant financial barrier to care. I think current dental professionals would welcome this opportunity in Michigan.”

- Registered Dental Hygienist

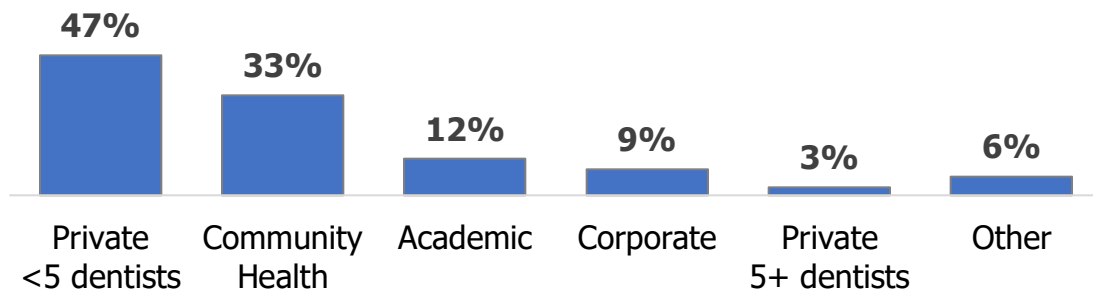
Detailed figures are presented on pages 5-9.

Figure 1. Respondents by Provider Type



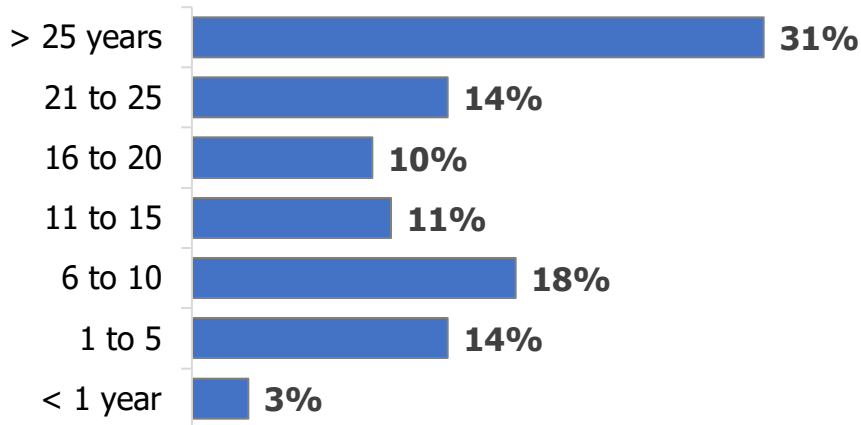
The figure above presents the percent of survey respondents by provider type. The other provider category includes respondents who reported being both an RDH and RDA or who reported being an RDH and another profession (e.g., physician assistant), an RDA and another profession (e.g., orthodontic assistant, educator), or a public health dental administrator.

Figure 2. Respondents by Type of Practice



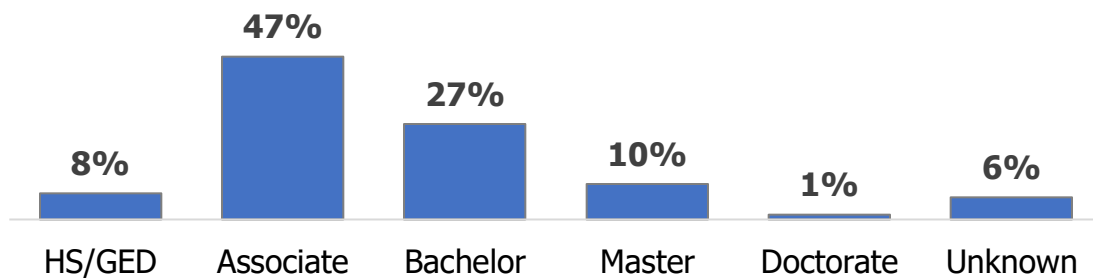
The figure above presents the percent of survey respondents by the type of practice setting currently worked in. Categories were not mutually exclusive as approximately 9% of respondents worked in more than one type of practice setting.

Figure 3. Respondents by Years of Experience



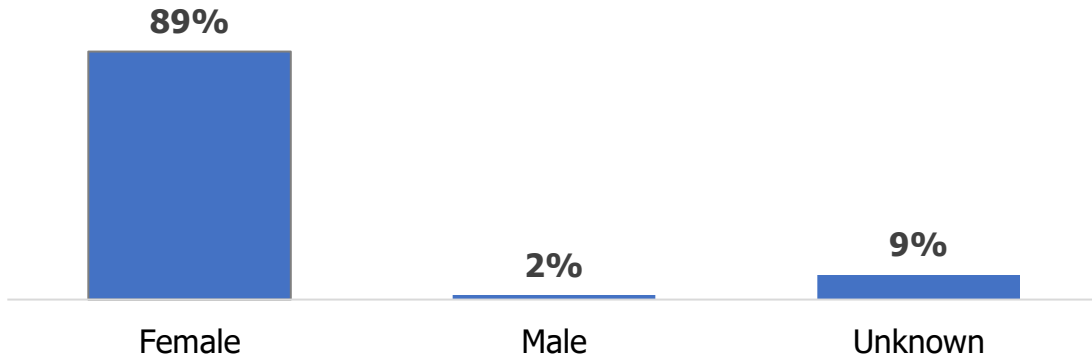
The figure above presents the percent of survey respondents by years of experience in the dental field including current and past positions.

Figure 4. Education Level Reported by Respondents



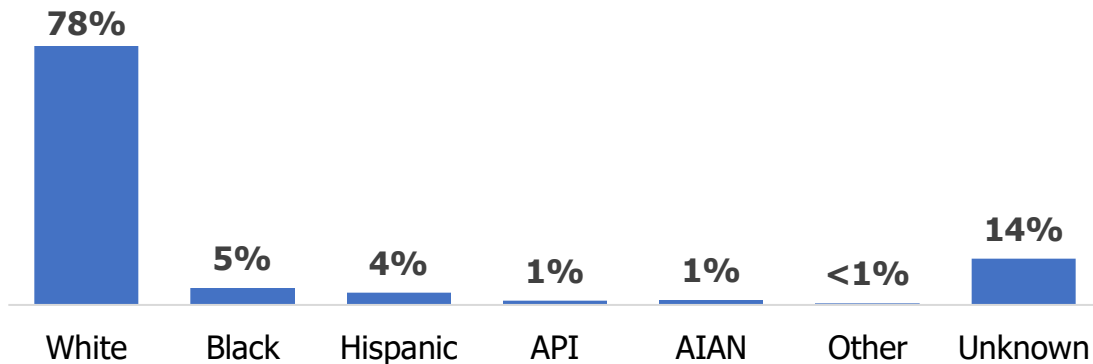
The figure above presents the percent of survey respondents by highest education level completed. Approximately 6% of respondents did not respond to this question (unknown).

Figure 5. Gender Reported by Respondents



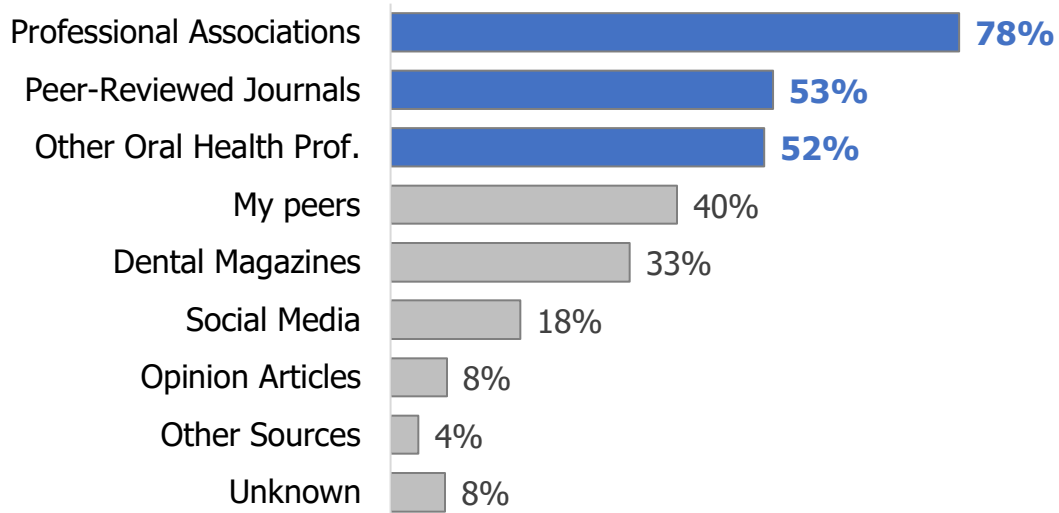
The figure above presents the percent of survey respondents by gender. Approximately 9% of respondents did not provide an answer to this question (unknown).

Figure 6. Race and Ethnicity Reported by Respondents



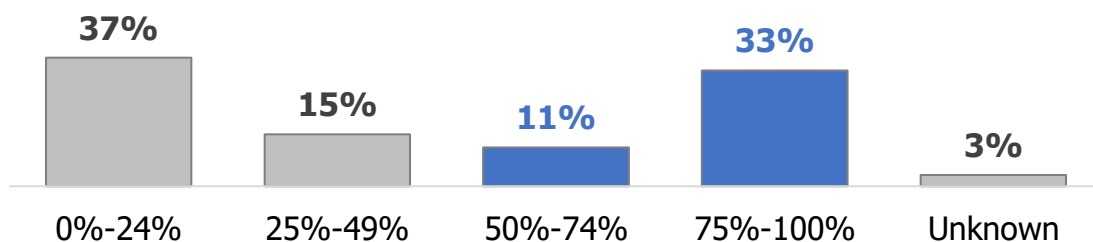
The figure above presents the percent of survey respondents by race and ethnicity. API = Asian, Pacific Islander, or Native Hawaiian; AIAN = American Indian or Alaska Native; Other race and ethnicity includes respondents who identified as Middle Eastern or German American. Approximately 14% of respondents did not provide an answer to this question (unknown). Categories were not mutually exclusive and respondents could select multiple categories.

Figure 7. Preferred Information Source



The figure above presents the percent of survey respondents by the preferred information source to learn more about dental therapy. Approximately 8% of respondents did not provide an answer to this question (unknown). Categories were not mutually exclusive and respondents could select more than one information source. The category for other sources includes educational institutions or instructors, Michigan Board of Dentistry, LARA, American Dental Association CODA standards, and webinars or continuing education opportunities.

Figure 8. Patient Population with Medicaid Insurance or Uninsured



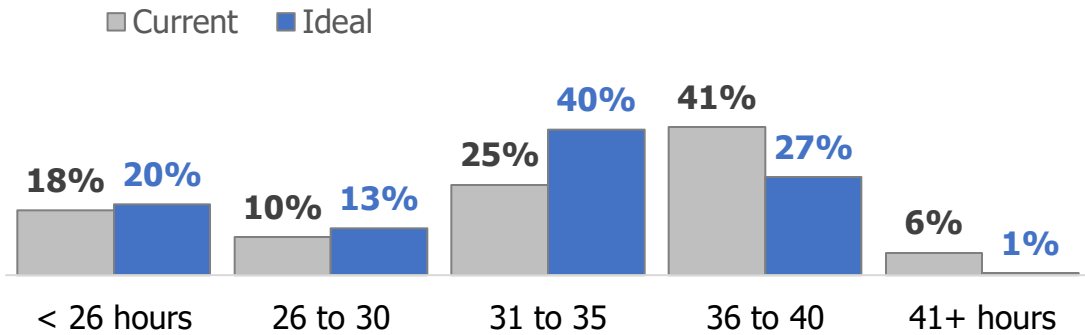
The figure above presents the percent of survey respondents by the approximated proportion of their patient population who were uninsured or had Medicaid insurance. Approximately 3% of respondents did not provide an answer to this question (unknown).

Figure 9. Current and Ideal Weekly Hours Worked as Reported by Respondents



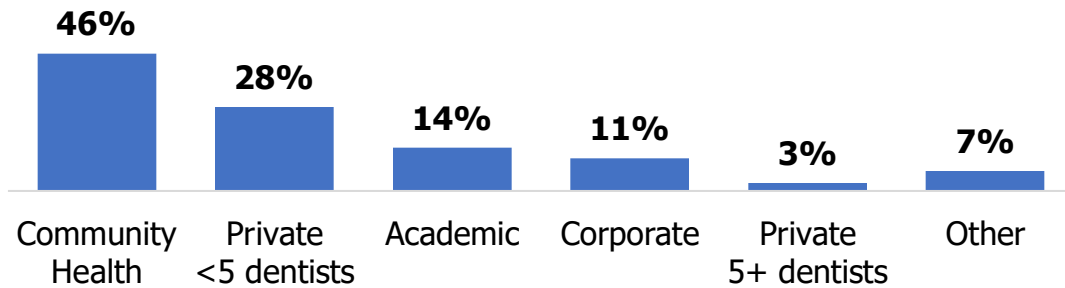
The figure above presents the percent of survey respondents whose report of ideal number of weekly hours was more than current hours worked per week (prefer more), the same as the current hours worked per week (satisfied), or less than the current hours worked per week (prefer less).

Figure 10. Current and Ideal Weekly Hours Worked as Reported by Respondents



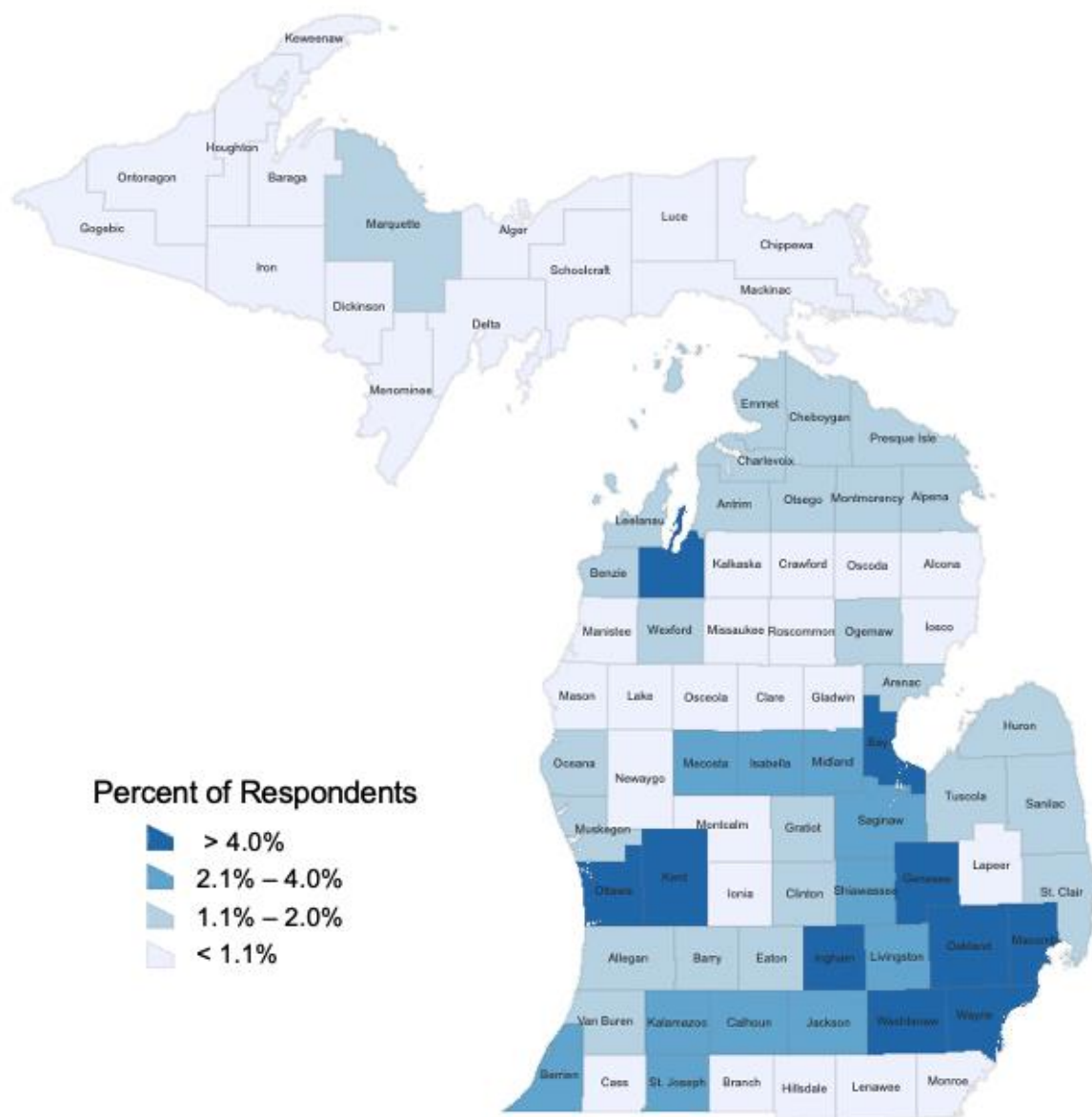
The figure above presents the percent of survey respondents by the number of hours per week they currently work (gray) and the number of hours per week they reported as ideal (blue).

Figure 11. Respondents Who Worked 36+ Hours Per Week by Type of Practice



The figure above presents the percent of survey respondents by the type of practice setting currently worked in. Categories were not mutually exclusive as respondents could work in more than one type of practice.

PRACTICE AREA



Respondents were asked in which area of Michigan they currently worked. Approximately 5% of respondents did not provide a response to this question. Of the remaining 491 respondents who answered the question, most respondents reported working in only one county, but 11% practiced in more than one county. Compared to other counties, more respondents currently worked in the counties of Kent (8%), Oakland (8%), Washtenaw (7%), Wayne (7%), Ingham (6%), Macomb (6%), Genesee (5%), Ottawa (5%), Bay (4%), and Grand Traverse (4%).

ATTITUDES

What Are Respondents' Attitudes Towards Dental Therapy?

Respondents were asked to indicate their level of agreement with seven statements related to dental therapy.



Most respondents agreed that dental practitioners have a responsibility to provide care to underserved populations and that significant disparities exist for many residents due to poor access to care.



Most respondents agreed that dental therapists will improve access to care in underserved areas, however, only 39% of respondents agreed that dental therapy will lead to more practices accepting Medicaid insurance.



Over two-thirds of respondents agreed that they had a good understanding of the role of dental therapists in the dental practice; 7% of respondents indicated they did not have a good understanding and 19% reported that they were not sure of the role of dental therapists.



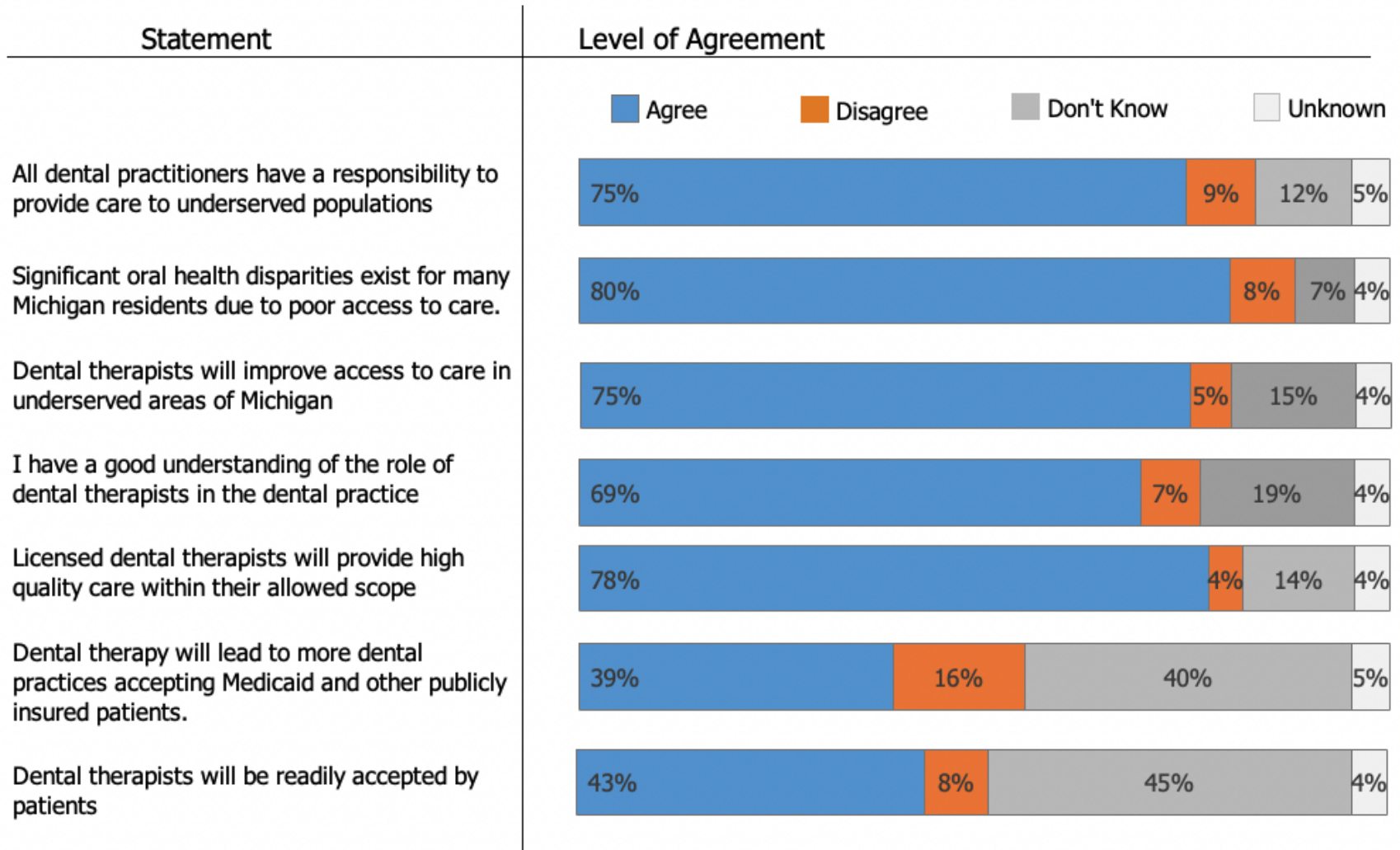
Most respondents agreed that licensed dental therapists will provide high quality care within their allowed scope.



Less than half of respondents (43%) agreed that dental therapists will be readily accepted by patients.

A detailed figure is presented on page 12.

Figure 12. Respondents' Agreement with Statements Related to Dental Therapy



CAREER INTEREST

What Are Respondents' Interests in a Career in Dental Therapy?

Respondents were asked about their current level of interest in pursuing a career in dental therapy.



Over half of respondents expressed interest in pursuing a career in dental therapy. Of the 491 respondents, 167 respondents (34%) expressed a lot of interest and 125 respondents (25%) expressed some interest in pursuing a career in dental therapy; 143 respondents (29%) reported no interest at all, 32 respondents (7%) indicated that they were not sure, and 24 respondents (5%) did not provide an answer to the question.



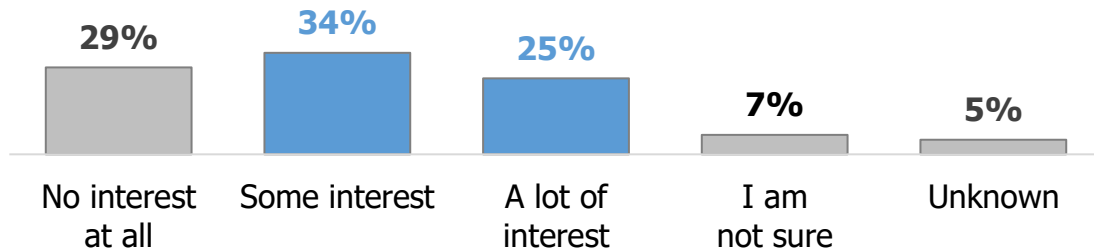
"I would hope that the therapist would not be able to perform dental hygiene duties." - Registered Dental Hygienist

"I think a dental hygiene degree first must be a pre-req to be able to apply." - Registered Dental Hygienist

"Should allow an RDA to be able to get into a program." - Registered Dental Assistant

A detailed figure is presented on page 14.

Figure 13. Respondents' Interest in a Potential Career in Dental Therapy



The figure above presents the percent of survey respondents by their level of interest in pursuing a career in dental therapy. Approximately 5% of respondents did not provide an answer to this question (Unknown).



“I think this is a great idea and will help with access to care. Now we need an educational program in MI and for the DDS to get on board with the Dental Therapist position and that is will add to the dental field and not take away from what they do.” – Registered Dental Hygienist

What Are the Characteristics of Respondents Interested in a Dental Therapy Career?

A separate analysis of demographic characteristics was conducted among the 292 respondents who expressed a lot or some interest in pursuing a career in dental therapy.



Of the 292 respondents, 193 respondents (66%) were RDHs, 61 respondents (21%) were RDAs, 31 respondents (11%) were DAs, and 7 respondents (2%) were dually licensed RDH/RDAs or an RDA with another type of profession. More than half of respondents had less than 15 years of experience in their field.



Approximately 41% of respondents worked in community health, like a FQHC, public health clinic, or Tribal health clinic, and 41% worked in a private practice setting with less than five dentists.



Of the 292 respondents, 144 respondents (49%) had an associate's degree, 82 respondents (28%) had a bachelor's degree, 29 respondents (10%) had a high school diploma or GED, and 27 respondents (9%) had a master's degree.



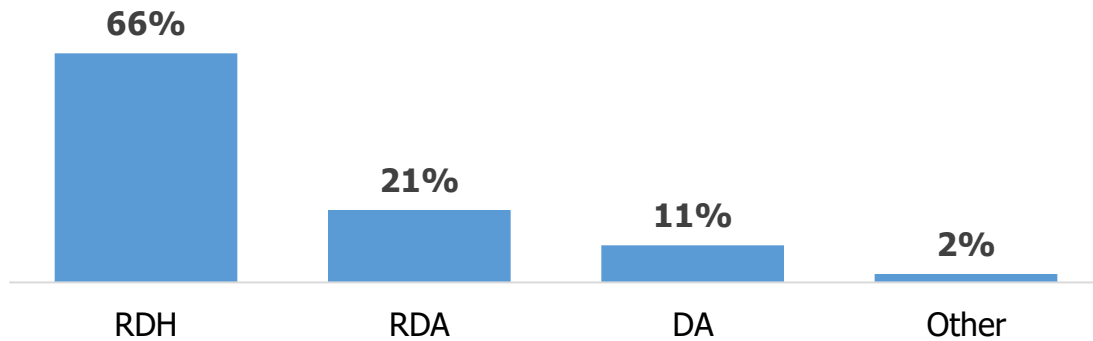
Most respondents (94%) were female. The majority of respondents (80%) were White or Caucasian, 7% were Black or African American, 5% were Hispanic, 2% were Asian or Pacific Islander, 2% were American Indian or Alaska Native, and 1% of respondents identified as other races or ethnicities.



Professional associations, other oral health professionals, and peer-reviewed journals were information sources that respondents reported they would consult to learn more about dental therapy.

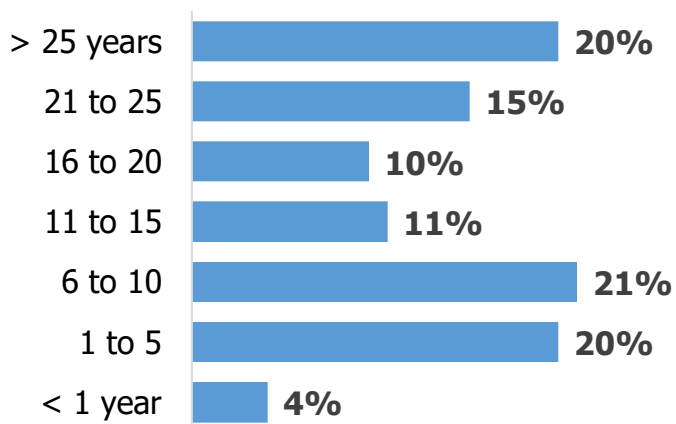
Detailed figures are presented on pages 16-19.

Figure 14. Respondents Interested in a Potential Career in Dental Therapy by Type of Provider



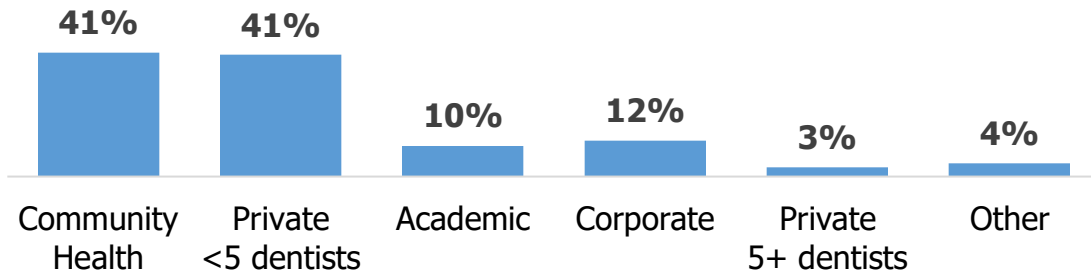
The figure above presents the percent of survey respondents who indicated interest in pursuing a career in dental therapy (n=292) by provider type. The other provider category includes respondents who reported being both an RDH and RDA or who reported being an RDA and another profession (e.g., orthodontic assistant, educator).

Figure 15. Respondents Interested in a Potential Career in Dental Therapy by Years of Experience



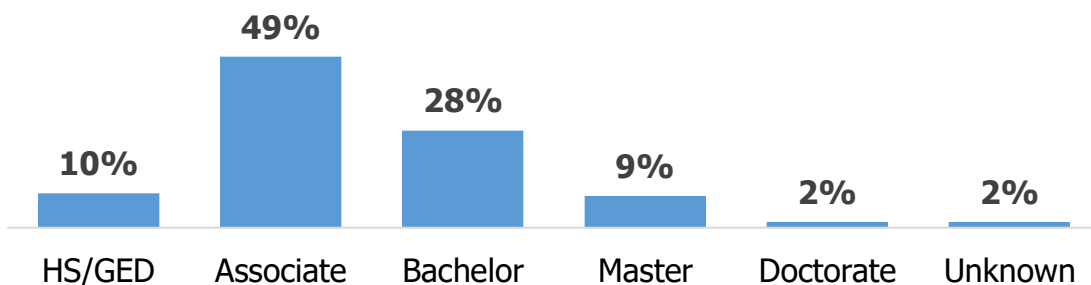
The figure above presents the percent of survey respondents who indicated interest in pursuing a career in dental therapy (n=292) by years of experience in the dental field including current and past positions.

Figure 16. Respondents Interested in a Potential Career in Dental Therapy by Practice Setting



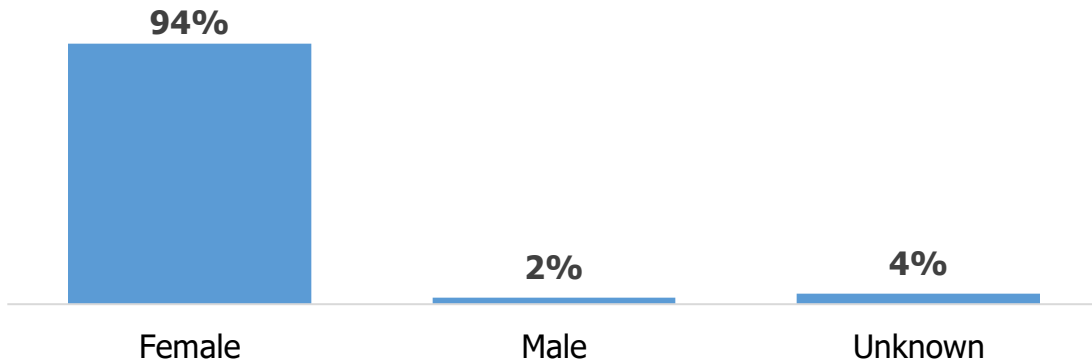
The figure above presents the percent of survey respondents who indicated interest in pursuing a career in dental therapy (n=292) by the type of practice setting. Categories were not mutually exclusive as some respondents worked in more than one type of setting.

Figure 17. Respondents Interested in a Potential Career in Dental Therapy by Education Level



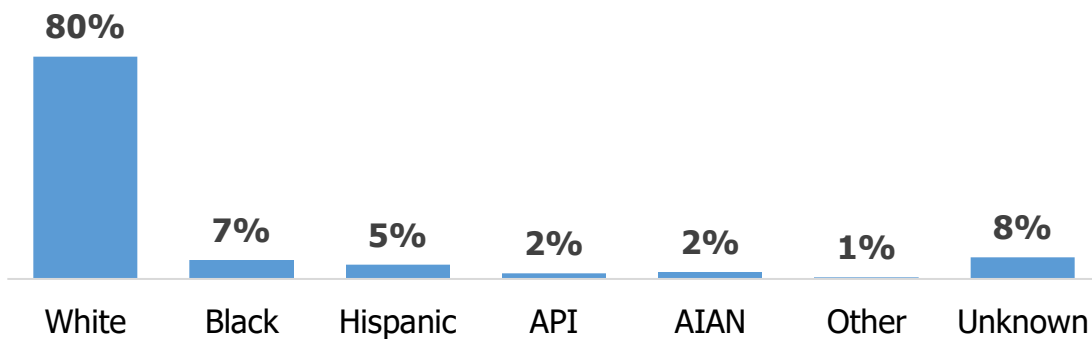
The figure above presents the percent of survey respondents who indicated interest in pursuing a career in dental therapy (n=292) by highest education level completed. Approximately 2% of respondents did not respond to this question (unknown).

Figure 18. Respondents Interested in a Potential Career in Dental Therapy by Reported Gender



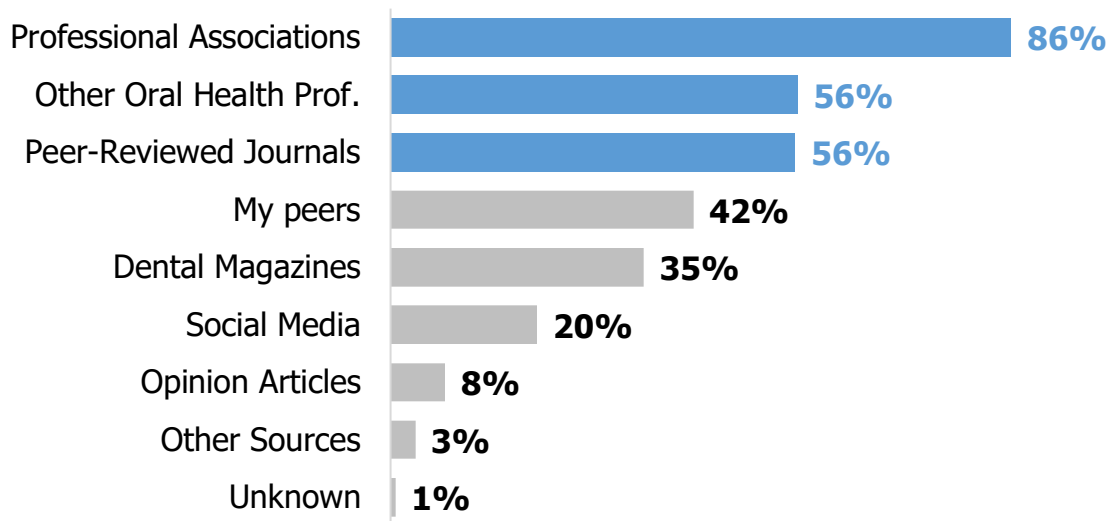
The figure above presents the percent of survey respondents who indicated interest in pursuing a career in dental therapy (n=292) by gender. Approximately 4% of respondents did not provide an answer to this question (unknown).

Figure 19. Respondents Interested in a Potential Career in Dental Therapy by Reported Race and Ethnicity



The figure above presents the percent of survey respondents who indicated interest in pursuing a career in dental therapy (n=292) by race and ethnicity. API = Asian, Pacific Islander, or Native Hawaiian; AIAN = American Indian or Alaska Native; Other race and ethnicity includes respondents who identified as Middle Eastern or German American. Approximately 7% of respondents did not provide an answer to this question (unknown). Categories were not mutually exclusive and respondents could select more than one race or ethnicity.

Figure 20. Respondents Interested in a Potential Career in Dental Therapy by Preferred Information Source



The figure above presents the percent of survey respondents who indicated interest in pursuing a career in dental therapy (n=292) by preferred information source to learn more about dental therapy. Approximately 1% of respondents did not provide an answer to this question (unknown). Categories were not mutually exclusive as respondents could select more than one information source. The category for other sources includes educational institutions or instructors.



“If the true nature is to break barriers, access to the education itself should be very flexible to facilitate as many graduates as possible....”- Registered Dental Hygienist

“I think years on the job should be a factor, as well. Someone with 35 years of dental experience should not have to take classes with someone with no experience.” - Registered Dental Hygienist

“I'm not sure if a dental hygienist with a high degree and over 25 years of experience needs 3 years of training for this position; maybe offer testing out with skills tests and written testing.” - Registered Dental Hygienist

What Factors Influence Initiation of a Career in Dental Therapy?

The 292 respondents who expressed interest in pursuing a career in dental therapy were asked follow-up questions on the estimated time for enrolling into an education program, factors that would make the dental therapy profession enticing, barriers to pursuing dental therapy education, and on their ability to relocate for education.



Of the 292 respondents, 245 respondents (84%) would consider enrolling into a dental therapy education program within the next three years; 75 respondents (26%) reported they could enroll as soon as possible, 67 respondents (23%) reported within the next year, and 103 respondents (35%) said within the next two to three years.



Several elements made the dental therapy position appealing to respondents – helping underserved communities, having a broader scope of practice, career advancement, more autonomy with work tasks, and higher wages.



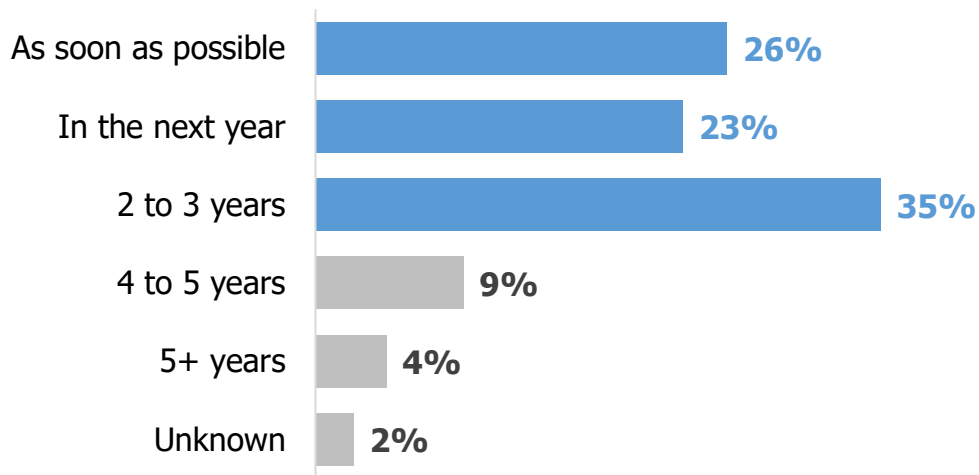
The cost of tuition was selected as a barrier to pursuing a dental therapy education by 68% of respondents; having to relocate was selected by 56% of respondents, having to reduce work hours was selected by 51% of respondents, and having a bachelor degree prerequisite was selected by 44% of respondents.



Nearly half of respondents (47%) would not be willing to relocate to another area in Michigan to attend an education program. Most respondents (75%) would not be willing to relocate to another state for dental therapy education. However, 17 respondents said they would relocate to another state for education.

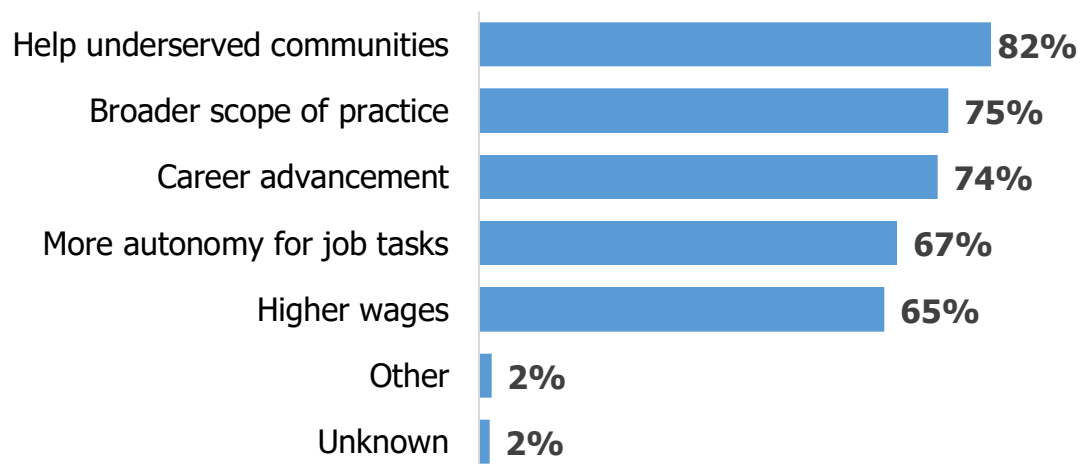
Detailed figures are presented on pages 21-23.

Figure 21. Respondents Interested in a Potential Career in Dental Therapy by Estimated Time for Enrollment



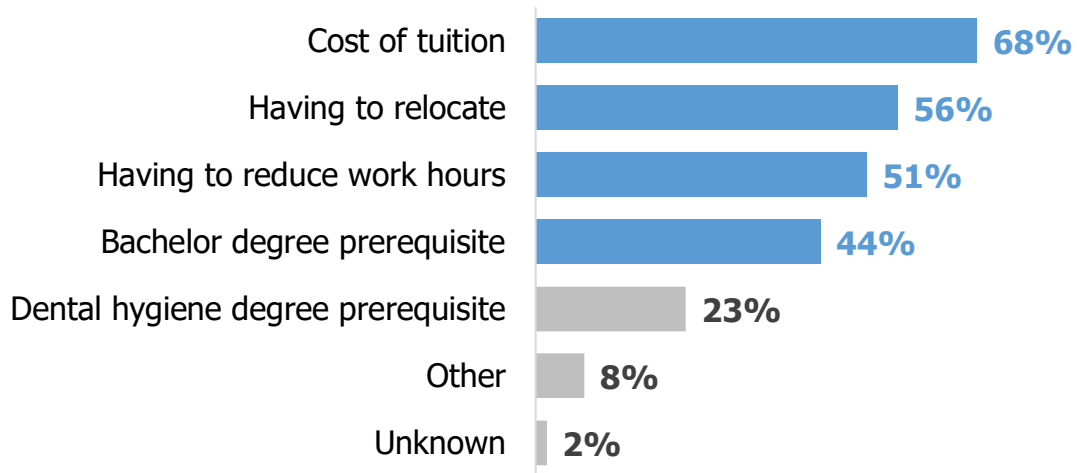
The figure above presents the percent of survey respondents who indicated interest in pursuing a career in dental therapy (n=292) by the estimated time for enrolling into a dental therapy education program. Approximately 2% of respondents did not provide an answer to this question (Unknown).

Figure 22. Respondents Interested in a Potential Career in Dental Therapy by Factors that Make the Profession Appealing



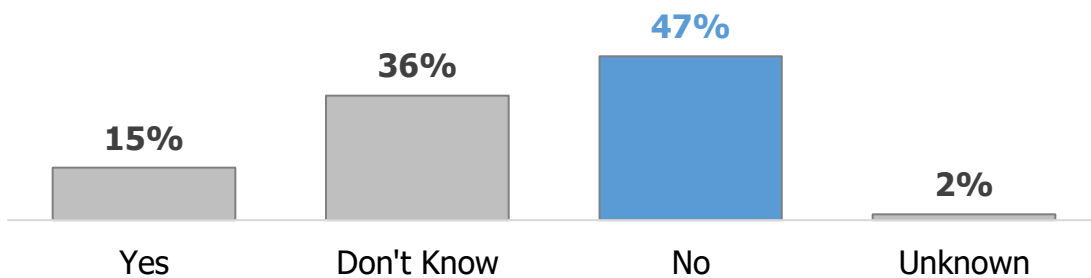
The figure above presents the percent of survey respondents who indicated interest in pursuing a career in dental therapy (n=292) by factors that make the dental therapy profession appealing. Approximately 2% of respondents did not provide an answer to this question (Unknown). Categories were not mutually exclusive as respondents could select more than one factor.

Figure 23. Respondents Interested in a Potential Career in Dental Therapy by Barriers to Pursuing Dental Therapy Education



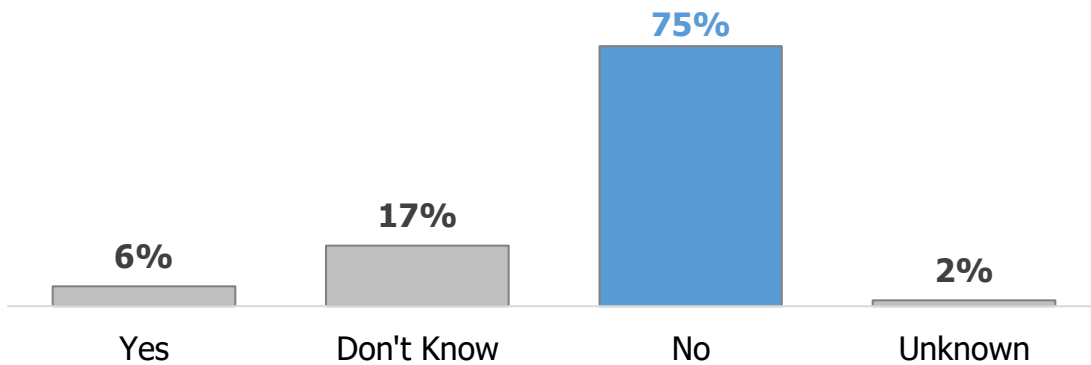
The figure above presents the percent of survey respondents who indicated interest in pursuing a career in dental therapy (n=292) by perceived barriers to pursuing a dental therapy education. Approximately 2% of respondents did not provide an answer to this question (Unknown). Categories were not mutually exclusive as respondents could select more than one barrier.

Figure 24. Respondents Interested in a Potential Career in Dental Therapy by Willingness to Relocate to Another Area in Michigan



The figure above presents the percent of survey respondents who indicated interest in pursuing a career in dental therapy (n=292) by willingness to relocate to another area of Michigan to complete dental therapy education. Approximately 2% of respondents did not provide an answer to this question (Unknown).

Figure 25. Respondents Interested in a Potential Career in Dental Therapy by Willingness to Relocate to Another State



The figure above presents the percent of survey respondents who indicated interest in pursuing a career in dental therapy (n=292) by their willingness to relocate to another state to complete dental therapy education. Approximately 2% of respondents did not provide an answer to this question (Unknown).



“Having someplace close to home would be ideal for education due to having a family. Also, being able to work part time would make it easier to reach the end goal of graduation.” - Registered Dental Hygienist

“I think different pathways to becoming a dental therapist would be beneficial for non-traditional students. If a student was already a licensed RDH, online classes and on-the-job training would help; comparable to the RDA program.” – Registered Dental Hygienist

“I am skilled with fine-motor details, so I have always enjoyed the thought of doing fillings, but I do not want to be a dentist due to a more rigid work schedule and more responsibility. I like the idea of dental therapy to be able to dip into these extra benefits.” – Registered Dental Hygienist

What Could Make Dental Therapy Education More Feasible?

The 292 respondents who expressed interest in pursuing a career in dental therapy were asked for their opinion of the degree requirement for dental therapists and on the elements that would make the program most feasible for them to pursue.



In Michigan, dental therapy education must be three academic years in length with no specific degree requirement. Respondents were asked which degree level they thought was acceptable. Over half of respondents (53%) said a bachelor's degree, 42% said an associate's degree, and 32% said a master's degree.



Most respondents reported that online classes would make dental therapy education feasible for them; offering clinicals on the weekend and evenings and offering in-person classes on the weekend or evenings were other elements reported.

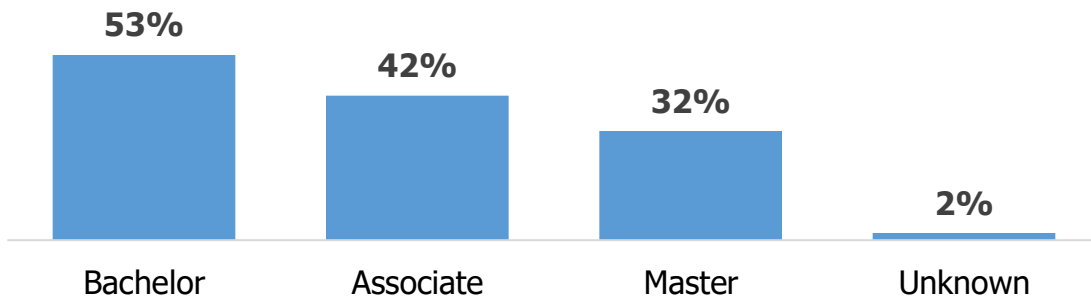


“I would love to further my career or advance, however, coming from a rural area and small community my support is here. Having two kids, a house payment and car payments, I have to work full time to help provide for my family. I wish there could be more options available in smaller areas for working parents to further advance in their careers.” – Dental Assistant

“Make the PROCESS easier for seasoned hygienists and you will see good dental therapists out in the field a lot sooner.” – Registered Dental Assistant

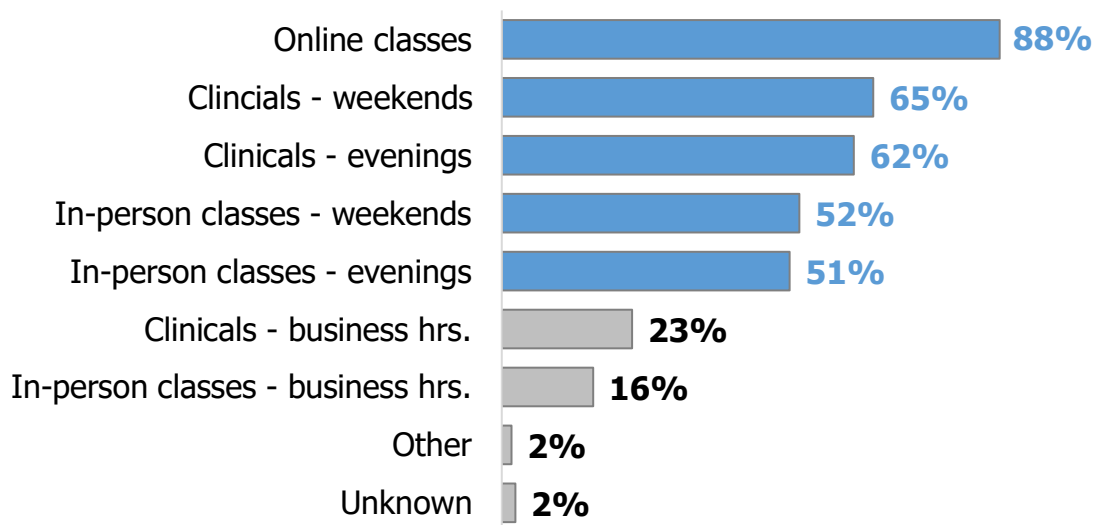
Detailed figures are presented on page 25.

Figure 26. Respondents Interested in a Potential Career in Dental Therapy by Acceptable Degree Level for Dental Therapists



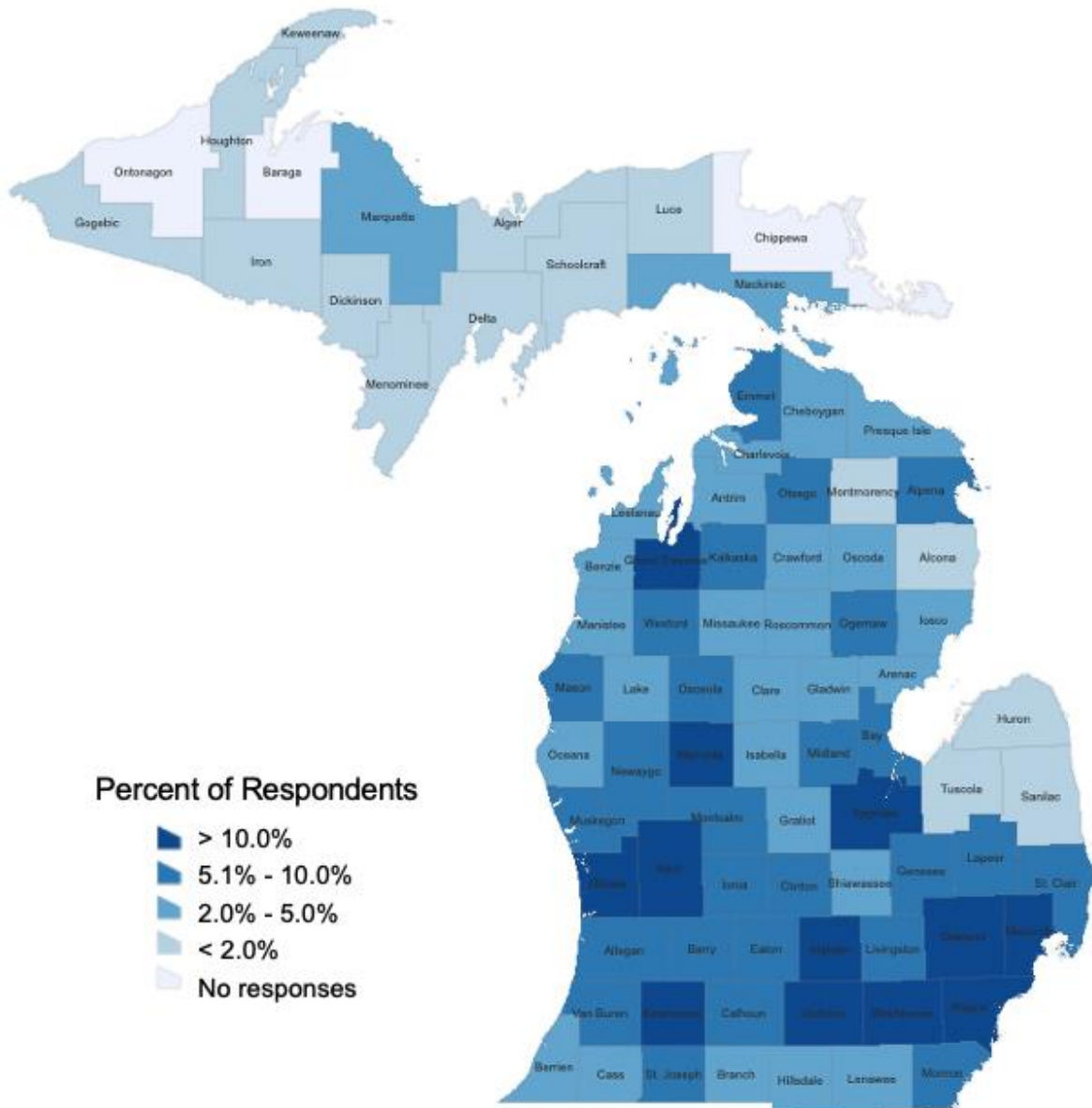
The figure above presents the percent of survey respondents who indicated interest in pursuing a career in dental therapy (n=292) by acceptable degree level for dental therapists. Approximately 2% of respondents did not provide an answer to this question (Unknown). Categories were not mutually exclusive as respondents could select more than one degree type.

Figure 27. Respondents Interested in a Potential Career in Dental Therapy by Elements that Make Pursuing Dental Therapy Education Most Feasible



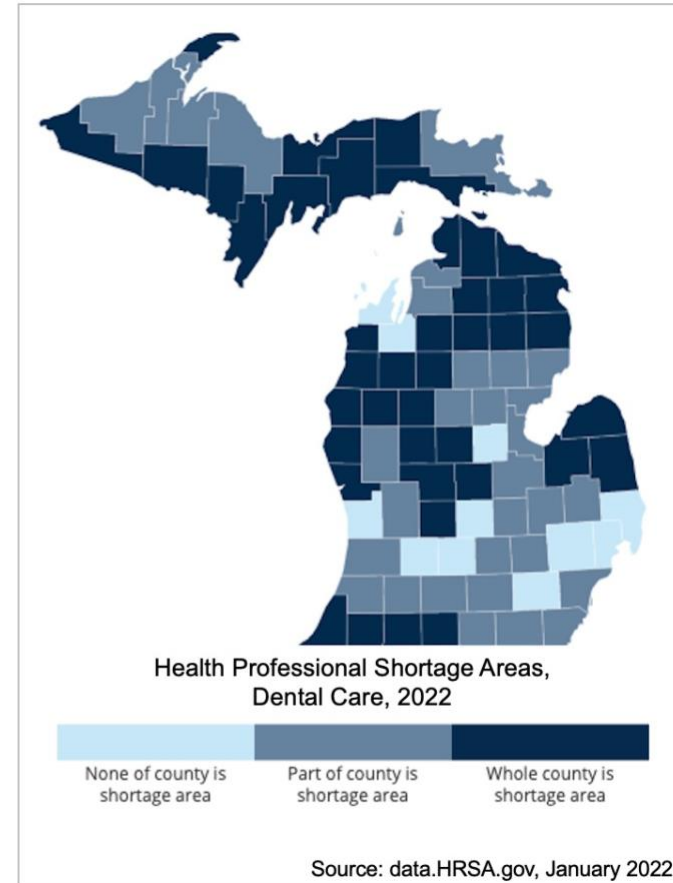
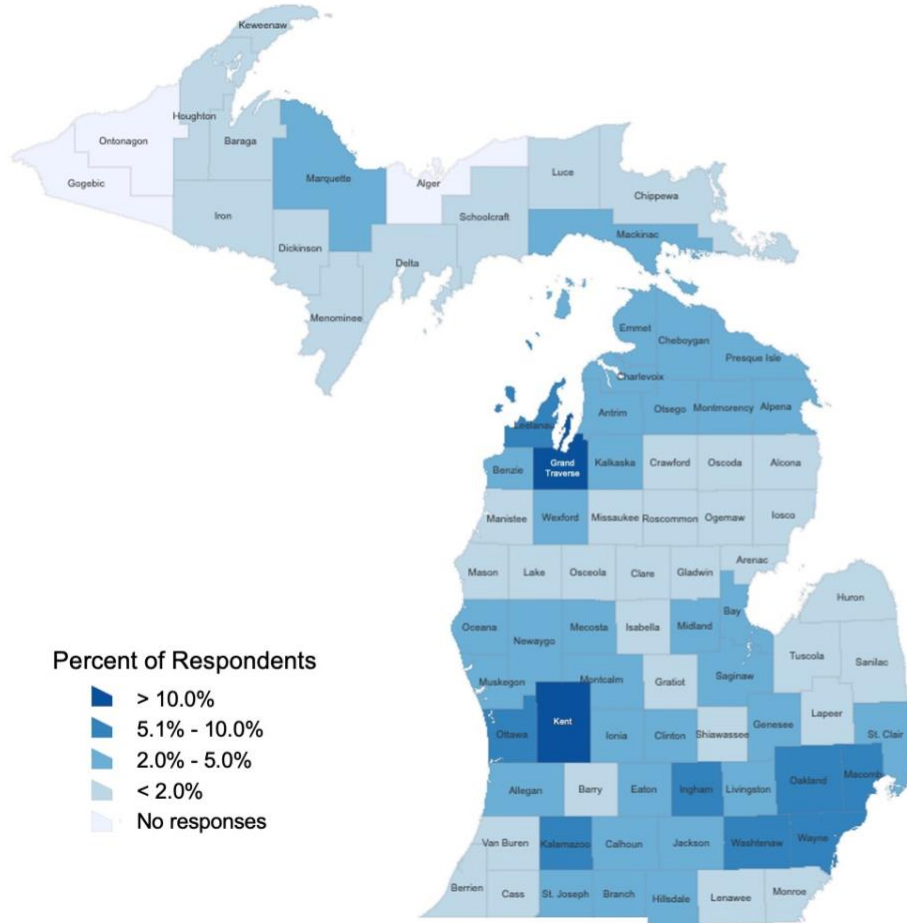
The figure above presents the percent of survey respondents who indicated interest in pursuing a career in dental therapy (n=292) by elements that would make pursuing dental therapy education most feasible. Approximately 3% of respondents did not provide an answer to this question (Unknown). Categories were not mutually exclusive and respondents could select multiple elements.

Where in Michigan Would Respondents Consider Attending School In-Person?



Respondents were asked what county they would consider attending school in-person. Approximately 7% of respondents reported that they had no preference and 5% did not provide an answer the question. Of the remaining 256 respondents interested in a career in dental therapy, most respondents (75%) selected more than one county. Compared to other counties, more respondents would consider attending a dental therapy education program in the counties of Kent (18%), Wayne (17%), Washtenaw (14%), Oakland (14%), Ingham (13%), Kalamazoo (13%), Macomb (12%), Ottawa (12%), Jackson (11%), Saginaw (11%), Grand Traverse (11%), and Mecosta (11%).

Where in Michigan Would Respondents Choose to Practice?



Respondents were asked in which area of Michigan they would prefer to practice. Approximately 15% of respondents who were interested in pursuing a career in dental therapy did not provide an answer to this question. Of the remaining 248 respondents, 30% selected more than one county. Compared to other counties, Grand Traverse and Kent counties were selected more frequently, although all but three Michigan counties were selected by respondents.

COMMENTS

What Comments Did Respondents Share?

Respondents were offered an open space to share any additional thoughts or comments about dental therapy and 138 of the 491 respondents (28%) provided comments. Responses were reviewed and organized based on common ideas. The following themes that emerged related to dental therapy education programs, access to oral health care, and the role of the dental therapist on the dental care team.



Dental Therapy Education. Numerous comments centered around the importance for an academic institution to support the needs of non-traditional students. Several respondents believed that a dental therapy education program should be flexible and innovative in its approach to educate future dental therapists. Additionally, some respondents questioned the need for a three-year program for existing professions with years of experience in the dental field.

"I think different pathways to becoming a dental therapist would be beneficial for non-traditional students. If a student was already a licensed RDH, online classes and on-the-job training would help; comparable to the RDA program." - Registered Dental Hygienist

"If the true nature is to break barriers, access to the education itself should be very flexible to facilitate as many graduates as possible..." - Registered Dental Hygienist

"I could really use [a dental therapist] in the work I do to help more people. As a PA161 hygienist, it's a challenge to find dentists to refer to that will take my patients - my

problem is [that] I support my entire family and cannot take time off to [pursue dental therapy] full time. I would need a paid internship type of situation to work and learn and then I could be committed to working years in return for that training.” - Registered Dental Hygienist

“I think years on the job should be a factor, as well. Someone with 35 years of dental experience should not have to take classes with someone with no experience.” - Registered Dental Hygienist

“I’m not sure if a dental hygienist with a high degree and over 25 years of experience needs 3 years of training for this position; maybe offer testing out with skills tests and written testing.” - Registered Dental Hygienist



Access to Dental Care. Some respondents commented on the ability of the dental therapy model to increase access to oral health care within underserved populations. Respondents felt that the requirement for dental therapists to only work in underserved areas or with Medicaid populations was a limiting factor. Other respondents commented on reimbursement rates from insurance as they believed this was the primary reason for the shortage of dental providers and a limiting factor for the dental therapy profession.

“I highly support dental therapy in Michigan as Northern regions do not have adequate access to dental care and have a significant financial barrier to care. I think current dental professionals would welcome this opportunity in Michigan.” - Registered Dental Hygienist

“I believe in the need but question whether the person holding this license will truly commit to serving communities that the passing of this bill hopes to provide [for].” - Registered Dental Hygienist

"The problem is not needing another provider to provide care in the state of Michigan. The problem stems backward to insurance, in many forms (pay to provider, providers participating, access to Michigan population)." - Registered Dental Hygienist

"I have worked under PA 161 in a community program. It was very rewarding. I also was greatly under paid. There is a definite need for access to care but with that being said the provider usually is under compensated. This is my concern. Dentist are unwilling to (some) to take care of the underserved population because of reimbursement. There are many issues that need to be addressed in this area." - Registered Dental Hygienist

"I feel like the generations to come into the work force will want more \$\$ than could offer this position. I don't see this being a thriving part of dentistry in the future, especially due to the high overhead costs and the poor compensation for services rendered. Discounting services further will probably seem less enticing to future dental team members." - Registered Dental Hygienist



Role of Dental Therapists. A few respondents commented on the role of the dental therapist. Some expressed concerns that the tasks that fall within a dental therapist's scope of work would be in direct competition with dental hygienists. Other respondents commented on the dental therapist's capacity to provide high quality care to patients.

"I think dental therapy is a good idea, but we currently have dental hygienists who are unable to practice to the maximum extent of their education and licensure. That needs to be changed to address access to preventive services. Dental Therapists can be helpful for restorative needs but they are not

*needed to do what a dental hygienist can already do.” -
Registered Dental Hygienist*

*“The dental therapist can provide dental services equal in
quality to the services provided by any other dentist.” - Dental
Assistant*

*“A dental therapist provides almost the same care as a
Registered Dental Hygienist. I feel it is an unnecessary
professional and may affect the hiring of dental hygienists in
private practice. I also feel it could cause a pay freeze for dental
hygienists.” - Registered Dental Hygienist*

*“I myself would not care to be treated by a dental therapist.
Dentists go through the extensive education program for a
reason. There is no way a therapist can get the expertise in so
little time.” - Registered Dental Hygienist*

CONCLUSIONS

Support for Dental Therapy. There is significant demand for a career ladder option into dental therapy among working allied dental professionals. With the COVID-19 pandemic exacerbating oral health workforce burnout, having an attainable option for career advancement, expanded scope, and more job autonomy could improve retainment of oral health professionals within the dental field. The dental hygiene community has been largely supportive of dental therapy and has kept its members engaged for years. The same efforts should be made within the dental assistant community, as nearly one third of respondents interested in dental therapy are dental assistants. These professionals are also very well positioned for career advancement into dental therapy.

Accessible Education Programs. Hundreds of respondents would consider pursuing education within the next three years; however, accessibility is important. Respondents to this survey are already working professionals, many supporting families, and they flag that significant barriers to pursuing education would be cost of tuition, having to relocate, and having to reduce work hours for school. The majority indicated that an appropriate degree level would be an associate's or bachelor's degree; fewer were accepting of a master's degree. They also indicated that online classes and nontraditional clinical education hours would be desirable features of an accessible program.

Reaching Underserved Populations. Respondents indicated a strong interest in working within underserved regions of Michigan. This reinforces the purpose and intent of dental therapy, as practices operating within dental health professional shortage areas in both rural and urban areas have difficulty recruiting and retaining dentists. The supervision and practice settings of dental therapy will provide cost-effective opportunities for dentists to expand the workforce in the areas that need it the most and for aspiring dental therapists to provide care to underserved communities.

Workforce Diversity. Much like the dental field at large, the demographics of our sample does not represent the racial, ethnic, or gender diversity of Michigan’s residents. We are thrilled with the amount of interest in dental therapy among allied professionals; we must also create inviting pathways into the dental field for underrepresented groups. This is particularly true for dental therapists, as they will target care within racial, ethnic, socioeconomic, and other marginalized communities that have the least representation within the dental field. An important element of a strong oral health workforce is having providers who understand and identify with the communities they serve. Indeed, this can be achieved through exposure and meaningful engagement within communities we are not from, but for our oral health workforce to reach its full potential, it must be representative of our population.

Misinformation About Dental Therapy. It is common for misinformation to accompany such a large change, and many comments provided within this survey confirm that there is much work to do to ensure correct information is circulated, particularly around education requirements and the intent of the profession.

NEXT STEPS



Engage with educational institutions, funders, and other stakeholders to support the development of accessible dental therapy education programs.



Explore funding opportunities for aspiring dental therapists willing to go out of state for education. This is the fastest way to foster Michigan-native dental therapist licensure.



Utilize the most-cited sources for information about dental therapy to disseminate accurate information. Include dental therapy articles in peer-reviewed journals and association newsletters and promote via continuing education courses.



Engage with the dental assistant community to encourage considering a career ladder into dental therapy.



Engage with high school students in underrepresented communities to promote the opportunity of dental therapy as a career path.



Distribute this report to the Michigan dental professional communities, dental educators, dental and allied dental students, foundations supportive of dental initiatives, oral health coalitions, associations, and other supportive organizations.

RESOURCES

For additional information about dental therapy:

- Center for Health Workforce Studies, School of Public Health, University at Albany, State University of New York, May 2022: [Provider and Patient Satisfaction With the Dental Therapy Workforce at Apple Tree Dental](#)
- Center for Health Workforce Studies, School of Public Health, University at Albany, State University of New York, August 2020: [The Contributions of Dental Therapists and Advanced Dental Therapists in the Dental Centers of Apple Tree Dental in Minnesota](#)
- [National Partnership for Dental Therapy](#)
- [MI Dental Access](#)

METHODS

The 30-question survey was administered via Survey Monkey, an online survey software company. The survey was open from March 22, 2022 to April 22, 2022. Reminder emails were sent at approximately one week and two weeks after the initial survey invitation was sent. Questions on respondents' attitudes toward dental therapy were adapted from a previous study¹ using a three-item categorical scale (agree, disagree, and don't know). Of respondents who indicated some or a lot of interest in pursuing a career in dental therapy, follow-up questions were used to gather more information. These questions asked about a timeframe for potentially enrolling into a dental therapy education program, contributing factors and barriers to pursuing dental therapy education, ideal scheduling for classes and clinicals, willingness to relocate for dental therapy education, and preferred region to work as a dental therapist. To gain a deeper understanding of how dental therapy was perceived by allied professionals, an open-ended question asking respondents to share any thoughts or comments about dental therapy was included at the end of the survey. Demographic questions asked about provider type, facility type, years of experience, geographic region of practice, hours worked, education level, race or ethnicity, and gender.

A current list of licensed RDHs and licensed RDAs was obtained from the Michigan Department of Licensing and Regulatory Affairs (LARA). A statistical software program was used to randomly select 500 RDHs from the 9,542 licensed RDHs with a Michigan address, active license, and an available email address and to randomly select 500 RDAs from a listing of 1,766 RDAs with a Michigan address, active license, and an available email address. An email invitation with a survey link was sent to the 1,000 randomly selected professionals. Additionally, organizations that support or employ RDHs and dental assistants were contacted. Within these organizations, requests were made to key organization contacts to forward the email invitation to their relevant members. These organizations included the Michigan Dental Hygienists' Association (MDHA), Michigan Oral Health Coalition (MOHC), Michigan Dental Assistants Association

¹ Lopez, N., Blue, Christine Mary, Self, Karl D. "Dental School Faculty Perceptions of and Attitudes Toward the New Dental Therapy Model." *Journal of Dental Education*, Vol. 76, No. 4, 383-394, 2012.

(MDAA), Wolverine Dental Hygienists' Society (WDHS), My Community Dental Centers (MCDC), Dental Clinics North, Federally Qualified Health Centers (FQHC), and members of the Michigan Primary Care Association (MPCA) email listserv.

There are limitations to these findings. As this study used a convenience sample to survey allied dental professionals, findings are not generalizable to the population of professionals as a whole. Also, professionals who either felt strongly in favor of or strongly opposed to dental therapy may have been more likely to complete the survey.

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