



PERCEPTIONS OF DENTAL THERAPY
REPORT

Dental Employers in Michigan

August 2022



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INTROUDUCTION

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 employers' perceptions and attitudes toward dental therapy and to identify potential factors that may influence their interest in including this position as part of their dental care team. The survey was targeted to practicing dentists in public health settings and other nonprofit organizations accepting Medicaid dental insurance, as well as the broader communities of dentists who practice in Michigan.

A total of 173 employers completed the survey.

RESPONDENTS

Who Responded To The Survey?



Of the 173 respondents, 43% worked in a private practice setting with less than five dentists, 33% worked in a community health setting (Federally Qualified Health Center (FQHC), public health clinic, or Tribal health clinic), 17% worked in an academic setting, 5% worked in a corporate practice, and 5% worked in a private practice with five or more dentists.



Nearly two-thirds of respondents (62%) worked in practices with three locations or less, while 16% of respondents worked in practices with four to six locations, and 12% worked in practices with 21 or more locations.



Over one-third of respondents (37%) described their practice as full or over full; 18% said full and 19% said over full. Of the 64 respondents who said their practice was full or over full, 58% worked in a community health setting, 27% worked in a private practice with less than five dentists, 16% worked in an academic setting, and 3% worked in a corporate practice setting.



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



“[I am] uncertain of what they can and cannot do; not comfortable with recommending something I know nothing about.” – Private Practitioner



When respondents were asked to approximate the percent of their patient population that was uninsured or had Medicaid insurance, 40% reported that half or more of their patient population were uninsured or had Medicaid insurance.



Of the respondents who reported that half or more of their patient population were uninsured or had Medicaid insurance (n=70), 74% worked in a community health setting, 17% worked in an academic setting, 6% worked in a corporate setting, 3% worked in private practice with less than five dentists, and 3% worked in private practice with five or more dentists.



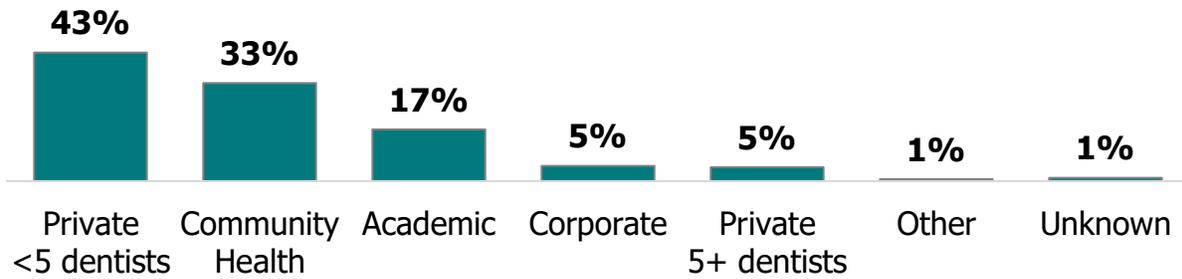
Respondents were asked, in an average year, how many hours they provided volunteer care to underserved populations. Nearly half of respondents (47%) reported volunteering within underserved populations to some extent; 25% volunteered an average of 1 to 20 hours per year, 7% volunteered an average of 21 to 40 hours per year, 7% volunteered an average of 41 to 60 hours per year, and 8% volunteered more than 60 hours per year.



“In my opinion, the issue with the current dental field and access to care is created by lack of reimbursement from insurance companies. There are dentists who are able to see these patients, and would be happy too if we could make enough money to pay off our ridiculous loan amounts. The reality is that we are not reimbursed enough to cover overhead costs by some of these companies.” – Private Practitioner

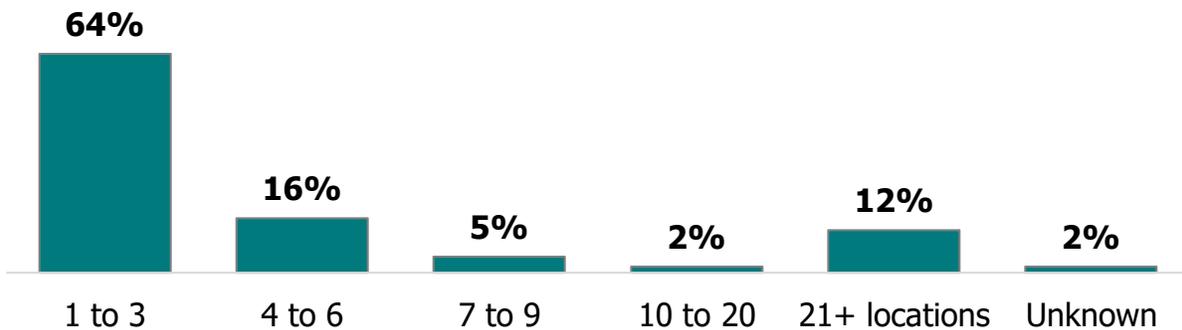
Detailed figures are presented on pages 6-9.

Figure 1. Respondents by Type of Practice



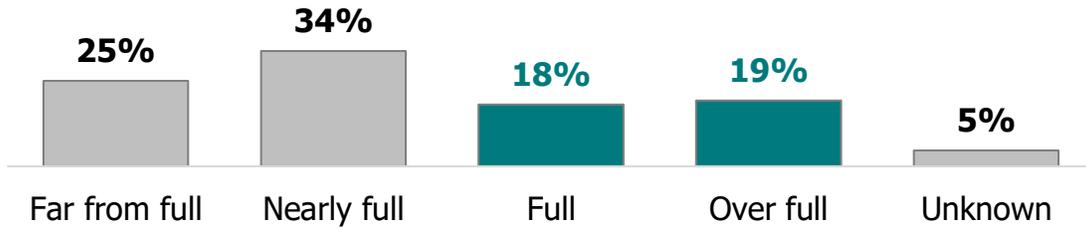
The figure above presents the percent of survey respondents by current practice setting. Approximately 1% of respondents did not provide an answer to this question (unknown). Categories were not mutually exclusive as 5% of respondents reported working in more than one type of practice.

Figure 2. Respondents by Number of Practice Locations



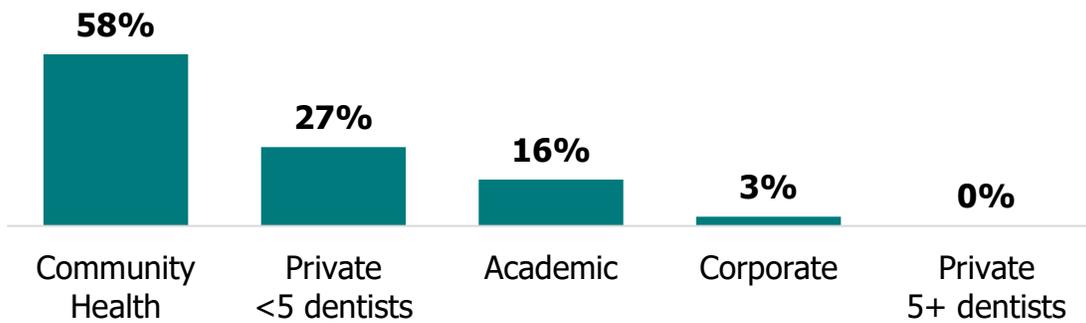
The figure above presents the percent of survey respondents by number of practice locations. Approximately 2% of respondents did not provide an answer to this question (unknown).

Figure 3. Respondents by Practice Capacity



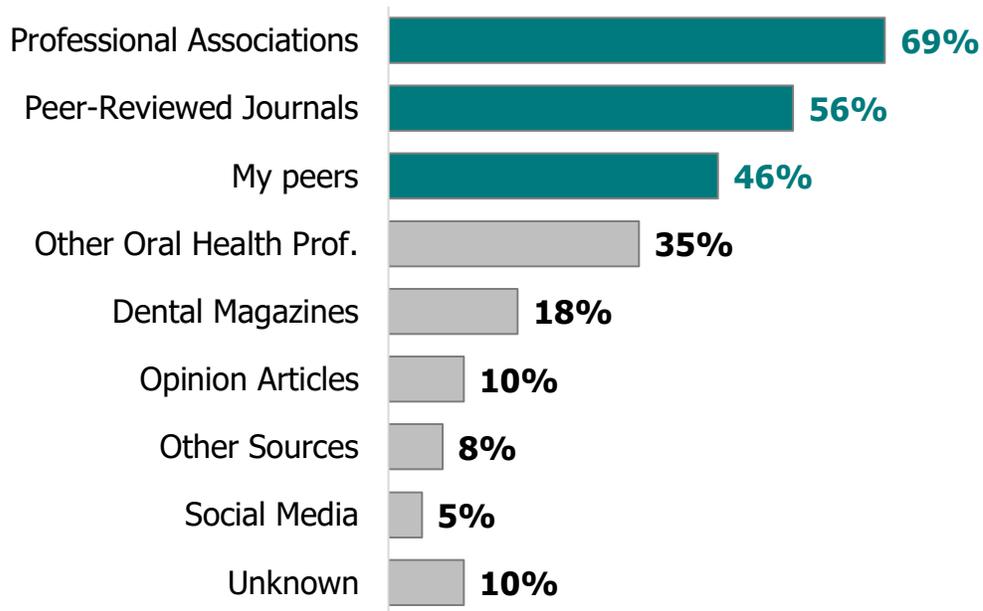
The figure above presents the percent of survey respondents by description of their practice capacity. Approximately 5% of respondents did not provide an answer to this question (unknown).

Figure 4. Respondents With a Full or Over Full Practice by Type of Practice



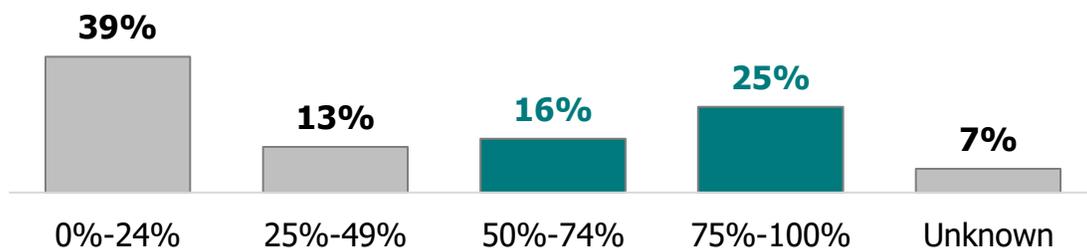
The figure above presents the percent of survey respondents who reported their practice capacity as full or over full (n=64) by current practice setting. Categories were not mutually exclusive as some respondents worked in more than one type of practice.

Figure 5. Preferred Information Source to Learn About Dental Therapy



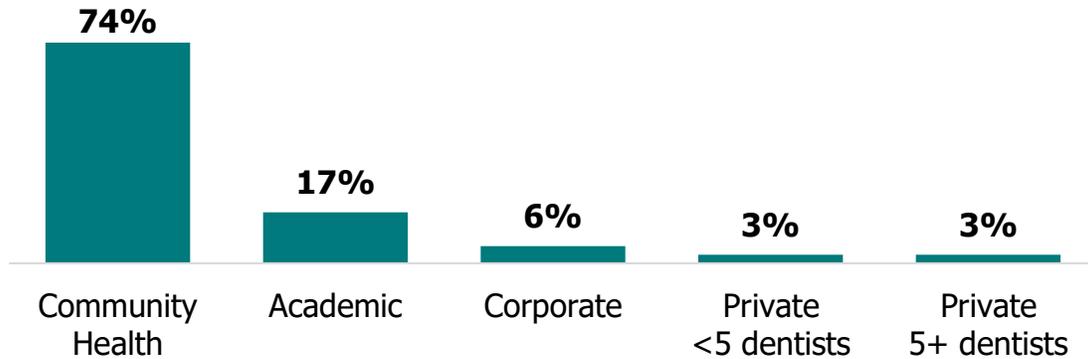
The figure above presents the percent of survey respondents by the preferred information source to learn more about dental therapy. Approximately 10% of respondents did not provide an answer to this question (unknown). Categories were not mutually exclusive as respondents could select more than one information source. The other sources specified by respondents included organizations and programs with practicing dental therapists, schools of dentistry or schools with dental therapy programs, American Dental Association CODA standards or licensing standards, and the NNOHA (National Network of Oral Health Access).

Figure 6. Patient Population with Medicaid Insurance or Uninsured



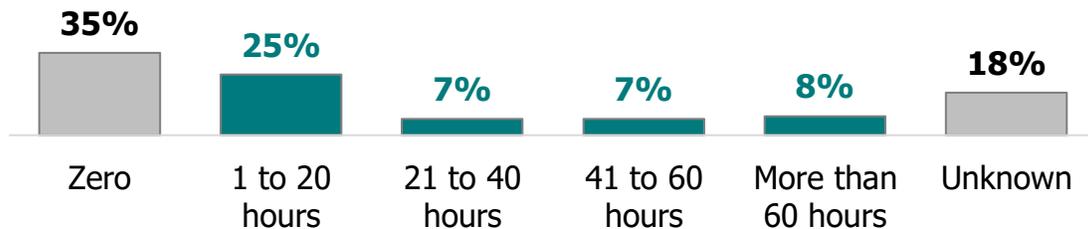
The figure above presents the percent of survey respondents by the approximated proportion of their patient population who were uninsured or had Medicaid insurance. Approximately 7% of respondents did not provide an answer to this question (unknown).

Figure 7. Respondents with Half or More of Patient Population who are Uninsured or have Medicaid Insurance by Type of Practice



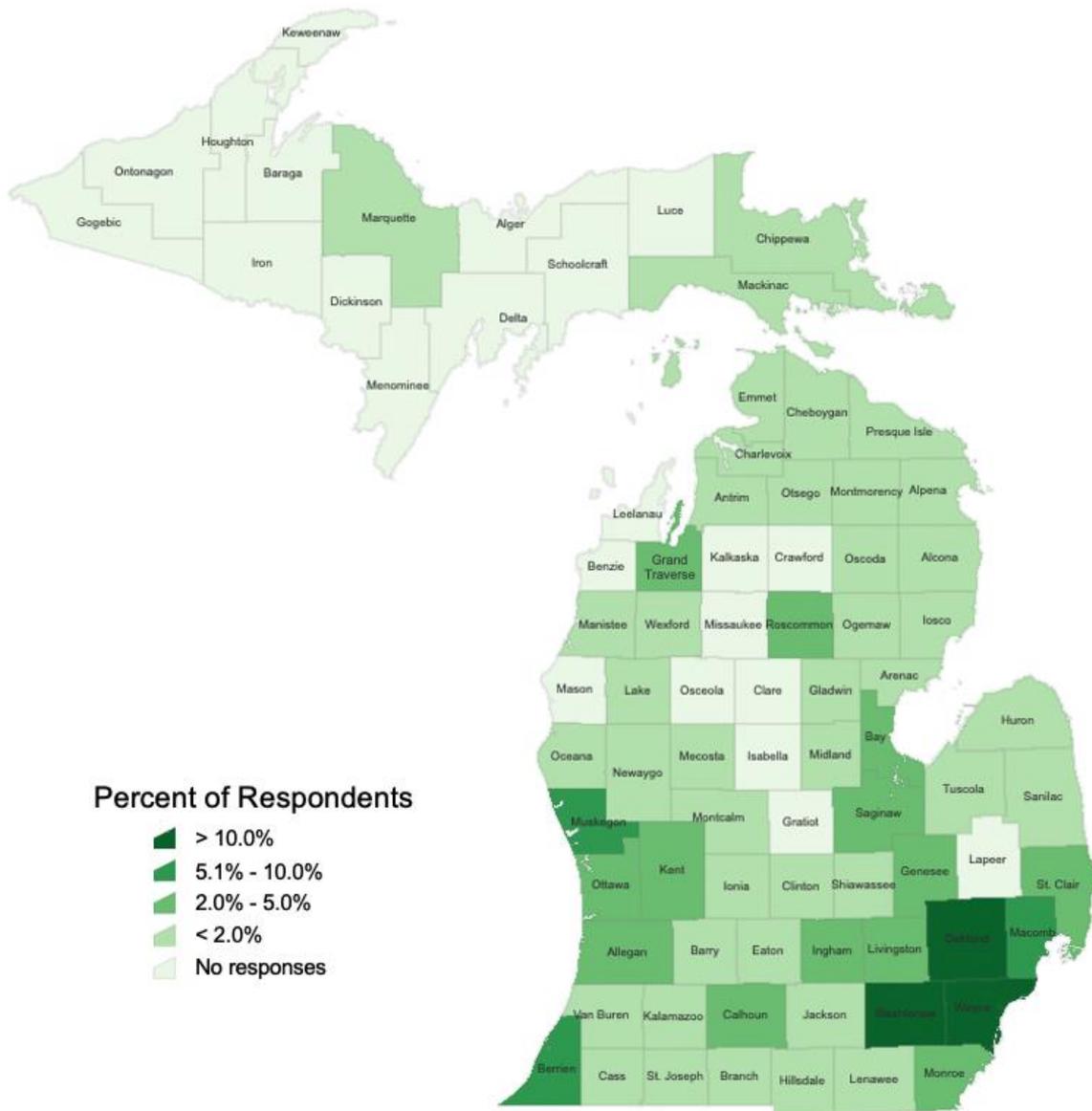
The figure above presents the percent of survey respondents who reported half or more of their patient population to be uninsured or have Medicaid insurance (n=70) by current practice setting. Categories were not mutually exclusive as some respondents worked in more than one type of practice.

Figure 8. Average Yearly Hours of Volunteer Care for Underserved Populations



The figure above presents the percent of survey respondents by average number of volunteer hours provided to underserved populations in an average year. Approximately 18% of respondents did not provide an answer to this question (unknown).

PRACTICE AREA



Respondents were asked in which area of Michigan they currently worked. Approximately 2% of respondents did not provide an answer to this question. Of the remaining 169 respondents who answered the question, most respondents (84%) reported working in only one county. Compared to other counties, more respondents currently worked in the counties of Washtenaw (12%), Wayne (12%), Oakland (10%), Macomb (8%), Berrien (6%), Muskegon (6%), Ingham (5%), Ottawa (4%), and Grand Traverse (4%).

ATTITUDES

What Are Respondents' Attitudes Towards Dental Therapy?

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



Two-thirds of respondents (66%) agreed they had a good understanding of the role of dental therapists in the dental practice; 20% disagreed and 14% were not sure of the role of dental therapists.



29% of respondents agreed that they would be comfortable supervising dental therapists and 32% agreed that they would be comfortable with a dental therapist performing procedures for which they were trained and authorized.



21% of respondents agreed that the ability to delegate some work to dental therapists would make their job more satisfying and 25% agreed that dental therapists would be a cost-effective addition to existing dental teams.



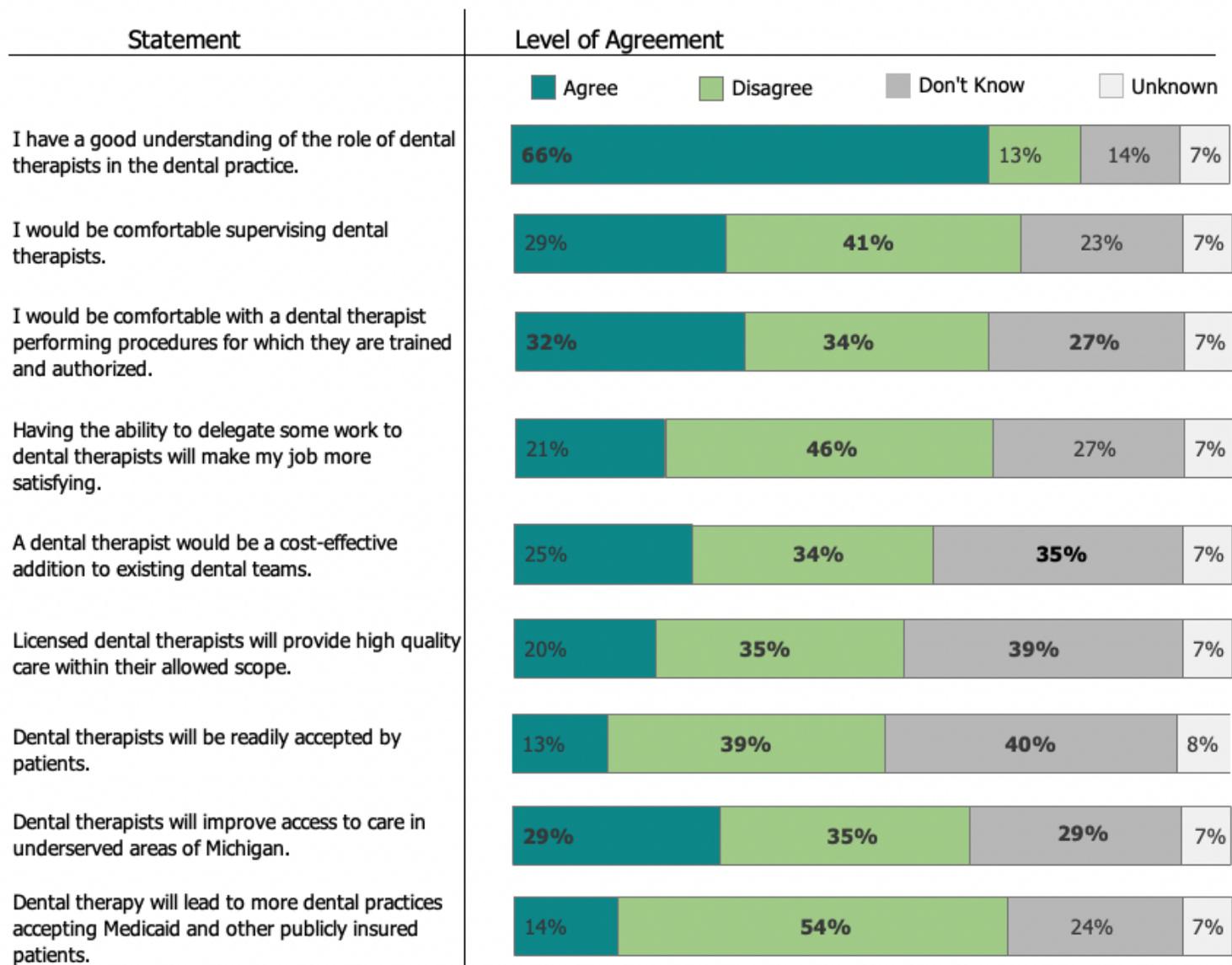
20% of respondents agreed that dental therapists would provide high quality care within their allowed scope and 13% agreed that dental therapists would be readily accepted by patients.



14% of respondents agreed that the dental therapy model will lead to more practices accepting Medicaid and other publicly insured patients.

Detailed figures are presented on page 12.

Figure 9. Respondents' Agreement with Statements Related to Dental Therapy



HIRING INTEREST

What Are Respondents' Interest Levels in Hiring Dental Therapists?

Respondents were asked about their current level of interest in hiring a dental therapist.



Nearly 30% of respondents expressed interest in hiring a dental therapist. Of the 173 respondents, 16 respondents (9%) expressed a lot of interest and 34 respondents (20%) expressed some interest; 110 respondents (64%) reported no interest at all and 13 respondents (8%) did not provide an answer to the question.

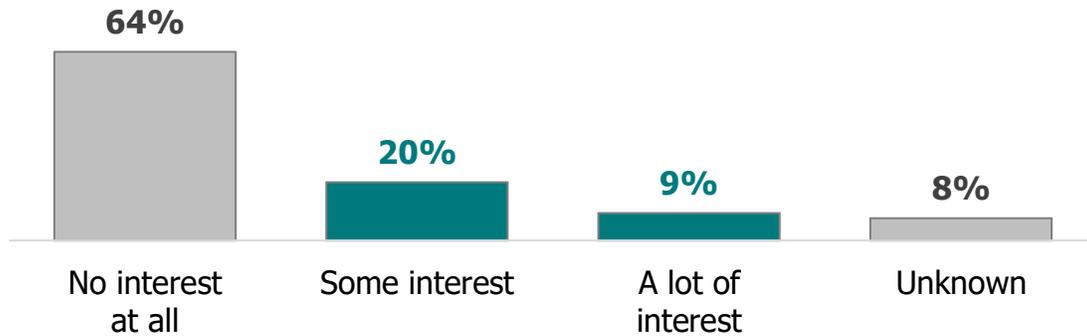


"...I was in the Army Dental Corps 35 years. During my military career I worked extensively with dental therapists. As a young dentist I learned a ton from our therapists. Eventually as I became a leader in the Dental Corps, I realized how critical they were to our accomplishing our mission of providing excellent care to our soldiers. It may take some time, but I believe having dental therapists in Michigan will become incredibly popular with both patients and the entire dental profession." - Academia

"Training to do simple fillings is straightforward. However, my concern is if there are complications, this person may not have the training or experience to handle complications or emergencies." – Private Practitioner

A detailed figure is presented on page 14.

Figure 10. Respondents' Interest in Hiring a Dental Therapist



The figure above presents the percent of survey respondents by their level of interest in hiring a dental therapist in their practice. Approximately 8% of respondents did not provide an answer to this question (Unknown).



“Quality of work, patients accepting them working on them. Have supervised dental students in FQHC setting and there is a significant number of patients that don't trust work from anyone but DDS/DMD.” – Community-based Practitioner

“I have some concern that there would be vacant supervision by a licensed dentist and that this option of meeting the dental needs of the public could result in poor safety and potential abuse of billing.” – Private Practitioner

What Are the Characteristics of Respondents Interested in Hiring a Dental Therapist?

A separate analysis of demographic characteristics was conducted among the 50 respondents who expressed a lot or some interest in hiring a dental therapist.



Over half of respondents (54%) practiced in community health, 22% worked in private practice with less than five dentists, 16% worked in an academic setting, 12% worked in private practice with five or more dentists, and 4% practiced in a corporate setting.



More than half of respondents (56%) described their practice as full or over full; 22% said full and 34% said over full.



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



Nearly two-thirds of respondents (60%) reported that half or more of their patient population were uninsured or had Medicaid insurance.

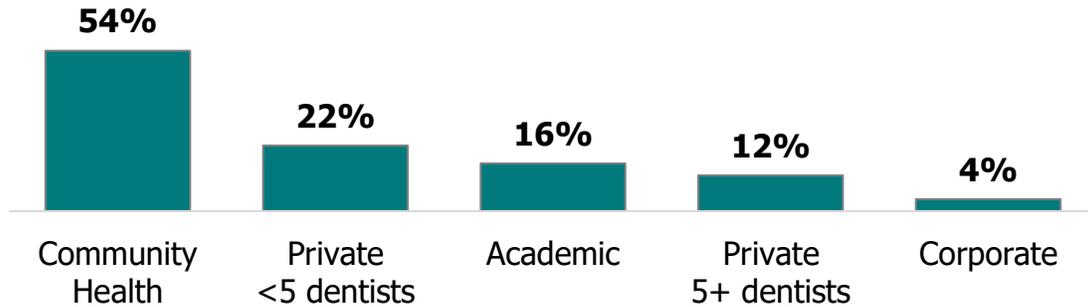


“I used to work for a FQHC and the need for a dental therapist is greatly needed for those in rural areas.” - Academia

“[Some dental groups are] biased against [dental therapy].” – Community-based Practitioner

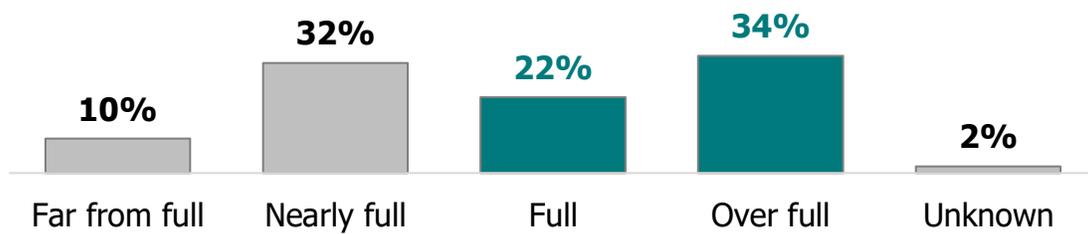
Detailed figures are presented on pages 16-17.

Figure 11. Respondents Interested in Hiring a Dental Therapist by Practice Setting



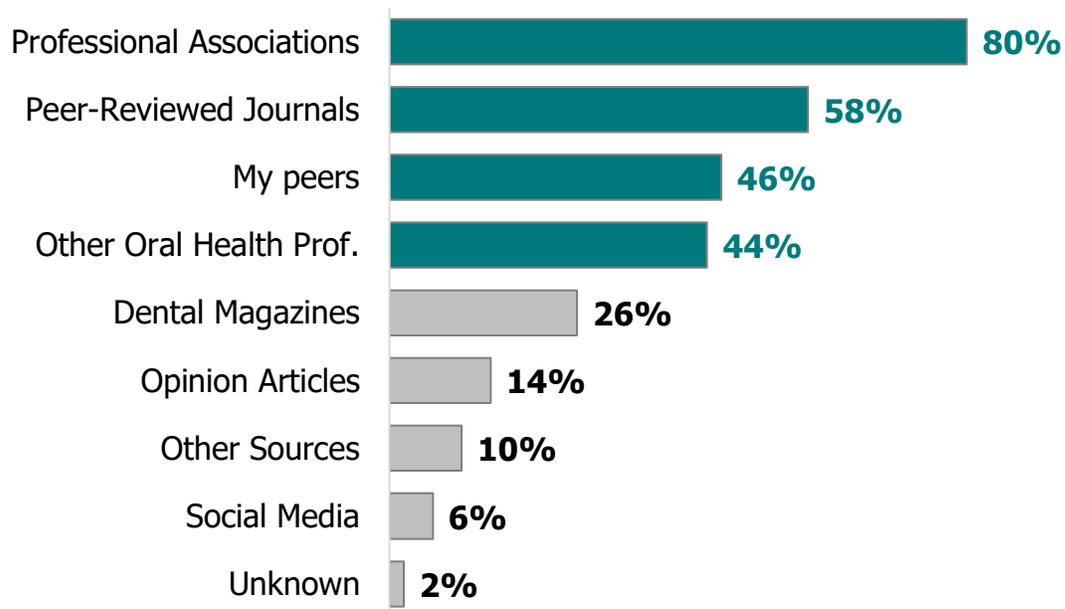
The figure above presents the percent of survey respondents who indicated interest in hiring a dental therapist (n=50) by practice setting.

Figure 12. Respondents Interested in Hiring a Dental Therapist by Practice Capacity



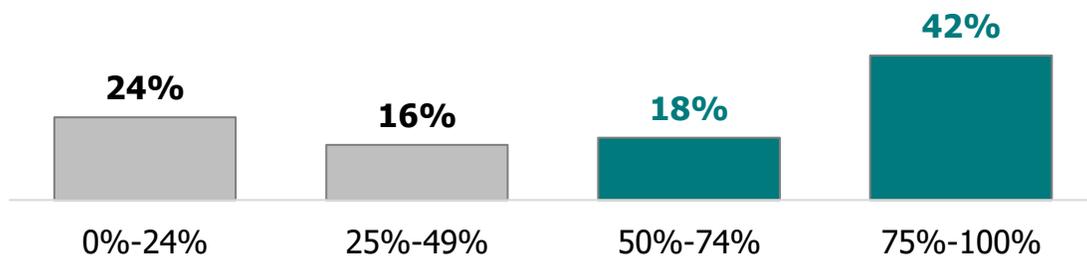
The figure above presents the percent of survey respondents who indicated interest in hiring a dental therapist (n=50) by practice capacity. Approximately 2% of respondents did not respond to this question (unknown).

Figure 13. Respondents Interested in Hiring a Dental Therapist by Preferred Information Source to Learn About Dental Therapy



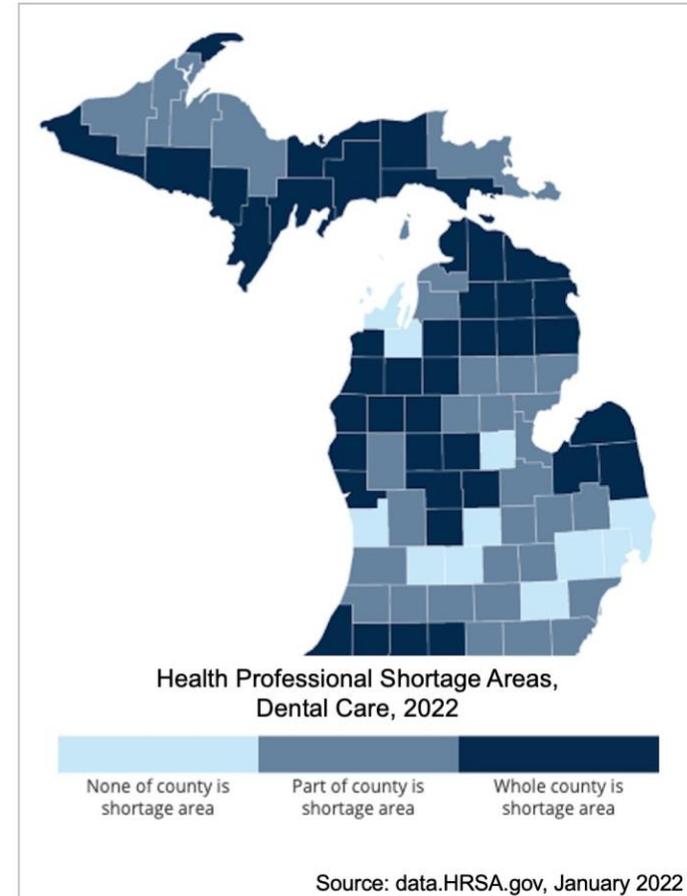
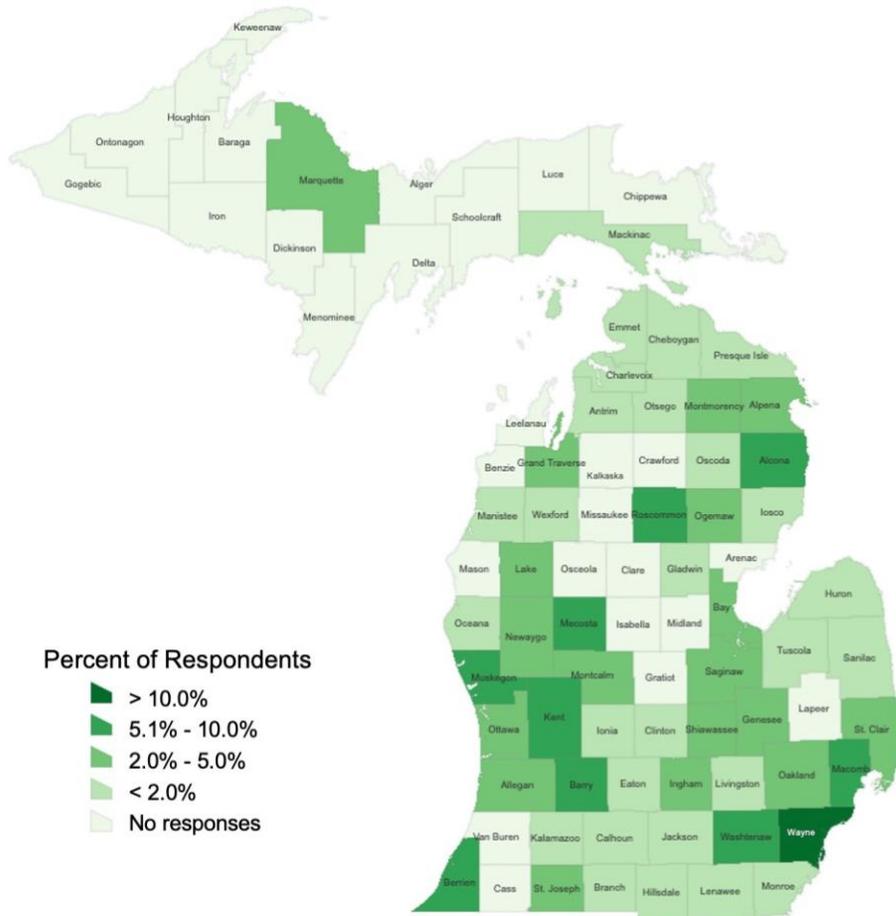
The figure above presents the percent of survey respondents who indicated interest in hiring a dental therapist (n=50) by the preferred information source to learn more about dental therapy. Approximately 2% of respondents did not provide an answer to this question (unknown). Categories were not mutually exclusive as respondents could select more than one information source. Other sources of information included organizations and programs with practicing dental therapists, American Dental Association CODA standards, and the NNOHA (National Network of Oral Health Access).

Figure 14. Respondents Interested in Hiring a Dental Therapist by Patient Population that is Uninsured or has Medicaid Insurance



The figure above presents the percent of survey respondents who indicated interest in hiring a dental therapist (n=50) by the approximated proportion of their patient population who were uninsured or had Medicaid insurance.

Where Do Respondents Interested in Hiring Dental Therapists Practice?



Respondents were asked in which area of Michigan they currently practice. Of the 50 respondents who indicated interest in hiring dental therapists, most respondents reported working in only one county (68%). Compared to other counties, more respondents currently worked in the counties of Wayne (14%), Berrien (10%), Macomb (8%), Alcona (6%), Barry (6%), Kent (6%), Mecosta (6%), Muskegon (6%), Roscommon (6%), and Washtenaw (6%).

What are Respondents' Needs for the Dental Therapist Position?

The 50 respondents who expressed interest in hiring a dental therapist were asked follow-up questions on the estimated time for hiring, the number of dental therapists to be hired, and the number of hours allocated for one dental therapist position.



Of the 50 respondents, 21 respondents (42%) reported they would hire a dental therapist as soon as possible; 20 respondents (40%) reported they would hire a dental therapist within one to two years, 5 respondents (10%) would hire within three to four years, and 2 respondents (4%) would hire in more than four years.



When asked how many dental therapists would be hired, 31 respondents (62%) would hire one dental therapist, 11 respondents (22%) would hire two dental therapists, and 5 respondents (10%) would hire three or more dental therapists.



When asked to approximate the number of weekly hours they would allocate for one dental therapist position, 6 respondents (12%) would allocate 15 to 20 hours per week, 9 respondents (18%) would allocate 21 to 30 hours per week, and 29 respondents (58%) would allocate 31 to 40 hours per week.

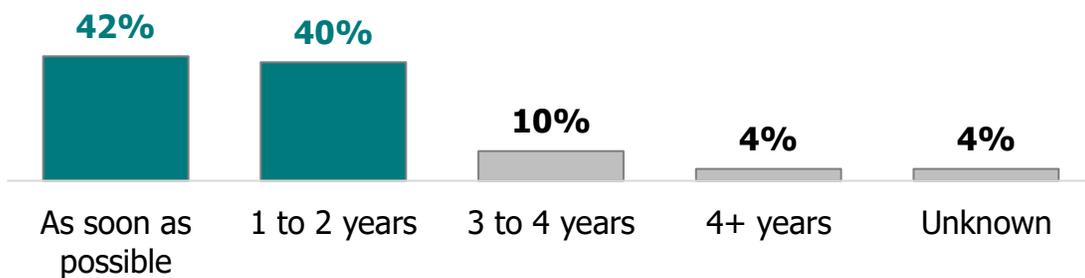


“Let’s get things moving. It sounds like it will be a long lag period before we see our first Michigan trained therapists. Let’s accept other states licenses.” – Community-based Practitioner

“Anything at all that will improve overall access to care is a welcome addition to the dental team.” – Community-based Practitioner

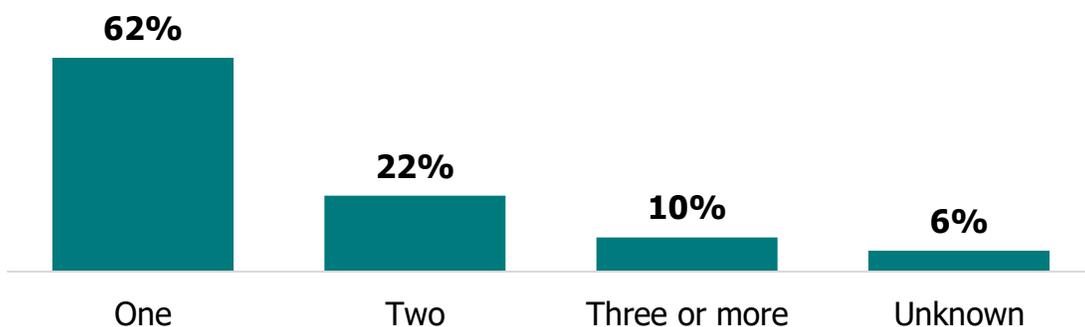
Detailed figures are presented on pages 20-21.

Figure 15. Respondents Interested in Hiring a Dental Therapist by Estimated Time of Hiring a Dental Therapist



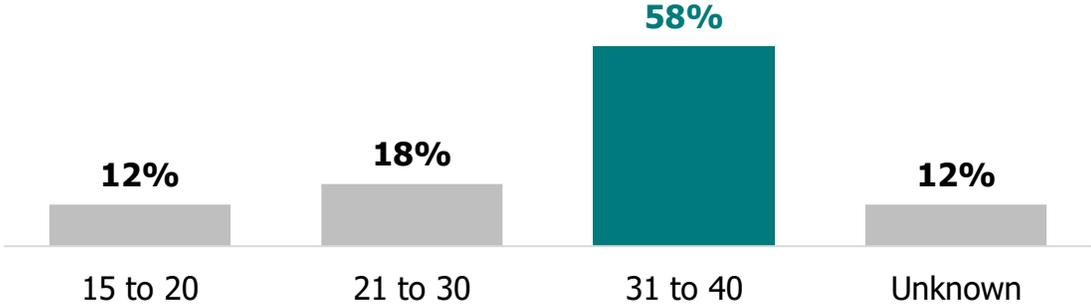
The figure above presents the percent of survey respondents who indicated interest in hiring a dental therapist (n=50) by the estimated time of hiring a dental therapist if one was currently available to hire. Approximately 4% of respondents did not provide an answer to this question (unknown).

Figure 16. Respondents Interested in Hiring a Dental Therapist by Number of Dental Therapists to Be Hired



The figure above presents the percent of survey respondents who indicated interest in hiring a dental therapist (n=50) by the number of dental therapists they would consider hiring. Approximately 6% of respondents did not provide an answer to this question (unknown).

Figure 17. Respondents Interested in Hiring a Dental Therapist by Estimated Weekly Hours Allocated to One Dental Therapist Position



The figure above presents the percent of survey respondents who indicated interest in hiring a dental therapist (n=50) by the estimated weekly hours to be allocated per one dental therapist position. Approximately 12% of respondents did not provide an answer to this question (unknown).

COMMENTS

What Comments Did Respondents Share?

Respondents were offered an open space to share comments about hesitations they may have in hiring dental therapists and to share any other additional thoughts or comments about dental therapy. In total, 113 of the 173 respondents (65%) provided comments. Responses were reviewed and organized based on common ideas. The following key themes that emerged related to dental therapists' qualifications, access to dental care, logistics of incorporating dental therapists into a practice, the supervisory role of dentists, and dental therapy as a new modality.



Dental Therapists' Qualifications. Numerous respondents felt that the education and training requirements for dental therapists were not stringent enough to prepare this type of professional for the demands of the role. Some questioned whether a dental therapist would be prepared for the complexity of the work they would be authorized to perform and expressed concerns of how complications or emergent care needs would be addressed. Other respondents equated dental therapists' level of education and training to providing patients with inadequate or diminished care.

"I've been doing dentistry since 1976. I have YET to figure out ahead of time which procedure is going to be routine & easy."—
Community-based Practitioner

"Often the underserved communities are also the most medically complex patients, patients with the more difficult extractions, patients with large and difficult fillings. We would be giving some of the most complex patients to the less trained person....Fillings are often seen as the easy part of dentistry. It is the most basic and cheapest restorative work we usually do. However, the reality is

that it is a complex procedure that often has more times to mess up than something like a crown or restoring an implant. I hope people really give some thought to understanding it is not easy even for an experienced dentist and should not be seen as something that is easy for someone else to do.” – Community-based Practitioner

“Dental procedures that appear simple can rapidly change. I’m unsure if dental education will be adequate. Newly graduated dentists are sometimes not yet prepared for the scope of practice that may be delegated toward dental therapists and go to residencies, gpr’s etc.” – Community-based Practitioner

“I work for a non-profit organization...and help Medicaid patients every day. Many patients in this population have very complex medical histories, anxiety and other forms of disability which need extended training (AKA a licensed dentist) to treat. I strongly disagree with dental therapists working within my community and practice.” – Private Practitioner

“Unsure if their education and training is adequate to complete the services that they are being allowed to perform. If it takes a dentist 8 years of training (from bachelor’s to dental school) to perform some of the same procedures, why are dental therapists able to be certified after completing much less? Don’t patients in underserved areas deserve to be seen by dentists as well?” – Community-based Practitioner

“I do not believe their didactic education or clinical experience will be sufficient to provide quality care upon graduation....The community will be at risk for inadequate care.” – Private Practitioner



Access to Dental Care. Some respondents indicated that they did not believe that the dental therapy model works to increase access to dental care and felt that dental therapists would not choose to work in rural communities or with underserved populations. Other comments focused on reimbursement rates from insurance companies and high educational debt as factors that contribute to lack of access to dental care.

"I know the hope is that the therapist would travel to far corners of MI to provide care to those underserved but generally this is not the case as proven with other states. They will want to live in populated areas, they will want to be paid well, they won't get paid well under government reimbursement, that's why no one accepts it." – Private Practitioner

"Looking at studies coming out of other states, the majority of dental therapists that graduate and are in practice tend to work in metropolitan areas. In a rural setting, I doubt there would be any benefit to introducing dental therapists." – Community-based Practitioner

"Pay a reasonable fee for Medicaid services so actual dentists want to treat Medicaid patients." – Private Practitioner

"...we should be focused on increasing the reimbursement for Medicaid, Medicare, and other insurances so that more dentists would be more likely to accept them. Dental therapists, who will likely accept lower reimbursements than dentists, make it difficult for dentists to address the inadequate reimbursements with the insurance companies." – Community-based Practitioner

"I believe the idea [of dental therapists] is really good. But the low fee schedules from state insurances do not help." – Private Practitioner

"Dental school has skyrocketed in cost, and fees with Delta PPO are ruining my practice." – Private Practitioner



Logistics of Incorporating Dental Therapists. Some respondents commented on the logistics of incorporating a dental therapist into their practice. They expressed concerns about scheduling, payroll costs, and other financial considerations, such as reimbursements from insurance and how to make allowances for patients who do not attend their scheduled appointment.

"Since I have reached maximum capacity and a dental therapist could add capacity, theoretically a dental therapist could help. The logistics of filling a schedule with just fillings is difficult. A therapist who is alone in the office who cannot handle diagnosis of dental emergencies, treatment of dental emergencies, and treatment of common complications of dental procedures. If I have to be here, then there is no point." – Private Practitioner

"Salary would be difficult to assign." – Community-based Practitioner

"If the hourly rate is too high, it is not going to be really cost effective for a Medicaid practice." – Private Practitioner

"...not many dentists would want the additional risk exposure of having someone else do the work. If they are serving underserved communities and need to make enough money for tuition payback and to be at or above a hygienist pay, Medicaid does not reimburse enough for fillings and simple extractions to make the economics work in my mind. So, I don't see why anyone, but maybe one large non-profit, would take on the added risk and difficulty." – Community-based Practitioner

"Hiring a dental therapist to see Medicaid patients means that I would have to rely on these patients to show for their scheduled appointment. A patient doesn't show, means a loss for me. Hiring a dental therapist is not going to change the mindset of the patient."

– Corporate-based Practitioner



Supervisory Role of Dentists. Some respondents commented on the supervisory role of dentists. They expressed concerns about the time involved for supervision, the level of supervision that would be required, and the increased liability if a dental therapist commits an act of malpractice.

"I also worry about the added work this will create for our dentists by having them oversee dental therapists, as our providers are already overworked and burnt out." – Community-based Practitioner

"Currently, new grads that have been hired need quite a bit of direction and mentoring to be confident in providing care that they went through a lot of training for. With being constantly understaffed I see how little mentorship is available to them from the dental director and other seasoned dentists. I can't imagine that this would be better with dental therapists that will go through less training that DDS go through." – Community-based Practitioner

"[I have concerns about] the amount of time that I would have to spend supervising them." – Community-based Practitioner

"Who is responsible for the quality of their work? If they are supervised by a dentist and the work is poor because their training is poor who is responsible?" – Private Practitioner



Dental Therapy is a New Modality. Some respondents commented on the newness of the dental therapy workforce model and other respondents commented on their lack of knowledge or understanding of this new position.

"Having no experience working with dental therapists, the novelty of having a non-DDS or DMD professional completing some procedures will take some getting used to." – Community-based Practitioner

"This is the first I am hearing about them." – Private Practitioner

"Unsure of role and procedures they can perform, amount of oversight by dentist, and amount of education in treating emergencies." – Corporate-based Practitioner

"...Lack of clear scope of practice definitions. What is a "simple" extraction? What "fillings" are allowed? What level of supervision is required?" – Academia

CONCLUSIONS

Support for Dental Therapy. Although the majority of respondents have no interest in employing dental therapists, there is sufficient interest to launch a robust dental therapy workforce. Fifty potential employers were either somewhat or very interested in hiring dental therapists within our sample. Considering dental therapists have yet to make their debut in Michigan, this is a promising launching pad for the profession.

Reaching Underserved Populations. Dental therapy will be an important boost to the strained workforce within community settings; however, there is also interest in dental therapy among private practitioners. Private practitioners located within underserved communities (both rural and urban) are important lifelines for publicly insured and uninsured patients, and many would gladly provide more care to these groups if they were able to recruit more providers. Dental therapists' allowed practice settings create opportunities to strengthen the provider workforce within areas that are currently underserved.

Accessible and Accurate Information About Dental Therapy. Most dentists look to their professional association, peer-reviewed journals, and peers for information about dental therapy. Those who are interested in hiring dental therapists will be counting on these resources as they begin to onboard dental therapists, and it is important for them to have access to current, accurate information for guidance. Most employers who do want to hire dental therapists would like to hire within the next two years. Education programs in Michigan are currently being designed, and now is the time to align interested employers with information and resources to prepare them for the long-anticipated full implementation of the profession.

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, supervision, and practice settings for dental therapists.

NEXT STEPS



Utilize the most-cited sources for information about dental therapy to disseminate accurate information, including professional associations, peer-reviewed journals, and dentist outreach, particularly within dental health professional shortage areas.



Create dentist-facing infographics about the education requirements, scope of practice, and practice settings of dental therapists.



Foster opportunities for dentists in other states who work with dental therapists to have open discussions with Michigan dentists about their experience



Distribute this report to the Michigan dental professional community, 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 23-question survey was administered via Survey Monkey, an online survey software platform. An email invitation was sent on March 22, 2022 and the survey remained open until 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 hiring a dental therapist, follow-up questions were used to gather more information. These questions were used to identify a timeframe for potentially employing a dental therapist, the number of dental therapists to be hired, and the number of hours that would be allocated for a dental therapist position. To gain a deeper understanding of how dental therapy was perceived by respondents, two open-ended questions were provided to all respondents; one asking respondents to comment on hesitations, if any, to hiring a dental therapist and the other asking respondents for additional thoughts or comments about dental therapy in general. Demographic questions asked about type of practice setting, number of practice locations, practice capacity, geographic region of practice, and yearly average number of volunteer hours provided to underserved communities.

A current list of licensed dentists was obtained from the Michigan Department of Licensing and Regulatory Affairs (LARA). A statistical software program was used to randomly select 500 dentists from the 5,588 licensed dentists with a Michigan address, active license, no specialty area other than general dentistry, and an available email address. Additionally, a survey link was sent to organizational contacts of community health settings that provide dental care. Within these organizations, requests were made to key organization contacts to complete the survey or forward the email invitation to their relevant members. These community organizations included Dental Clinics North, Federally Qualified Health Centers (FQHC), Michigan Primary Care Association (MPCA) Dental Directors, Michigan Oral Health Coalition (MOHC), and My

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.

Community Dental Centers (MCDC). Contacts at the Michigan Dental Association (MDA) were asked to forward the survey to relevant members and the MPCA email listserv was also utilized to invite employers to complete a survey.

There are limitations to these findings. As this study used a convenience sample to survey employers, findings are not generalizable to the population of employers as a whole. Also, employers 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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