Innovations in Rural Oral Health
Case Recommendations

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Case Overview: It is critical for all Nevadans to have access to preventive and therapeutic care by licensed oral health care providers, yet the state is ranked 47th in the nation for dental services and care. Licensed dental therapists could provide services in public health settings (tribal programs, rural health centers, FQHCs, and school-based settings) in which 50% of the population meets any of the following criteria: Medicaid-enrolled, uninsured, poverty level, or medically compromised.

While Nevada passed legislation to approve a dental therapist workforce model in June 2019, there are no accredited programs offering dental therapy training and no licensed dental therapists in the state.

Ask of the Group: What strategies can be implemented to go from the 2019 legislation to the practice of dental therapy in Nevada?

Current Plan of Action: Look at opportunities to recruit dental therapists to Nevada to help address the oral health disparities that exist across the state.

Recommendations

- Work with the two local schools that have dental hygiene programs and discuss how feasible it would be for them to begin dental therapist programs. Perhaps there are ways that organizations could support the schools to do this.

- There are requirements in the legislation that present barriers to dental therapists' getting licensed and working in the state. For example, dental therapists can only perform duties that the dental board approves; however, they have typically been trained to perform duties that extend well beyond those. Additionally, the requirement that a dental therapist have a written practice agreement with a dentist is a major barrier, as many dentists in the state oppose the use of dental therapists. The suggestion is to approach the legislature and state dental board to change these requirements within the legislation. As background, research dental therapist requirements in other states and determine how Nevada's requirements align, subsequently highlighting the findings with decision-makers.

Recommendations, continued

- Miranda Davis, DDS, MPH, director of the Native Dental Therapy Initiative Project with the Northwest Portland Area Indian Health Board, created this model, which could be considered in Nevada.

- Pacific University has a dental therapy program, but the 11 therapists in the state are graduates of a pilot program in Oregon, not a CODA-accredited school. Perhaps a pilot program similar to the one in Oregon would be an option.

- Elisa Rosier, MD, a pediatrician inrontier Alaska, is working with Harvard and the Hundred Million Mouths Campaign to bring a dental therapy program to Alaska. Consider this model.

- Bring Medicaid to the table with the dental board to increase the latter's understanding of the importance of dental hygienists and dental therapists in increasing access to care. There is limited Medicaid adult dental coverage in Nevada, and some state lawmakers don't fully understand the offerings. It is therefore important to focus on education around the potential impact dental therapy could have on overall healthcare costs and access to care in Nevada.

- Conduct education and outreach efforts to patients, which could help increase demand for these services and reduce resistance from the dental board.

- Continue exploring the reasons behind resistance to dental therapy and address any misconceptions or concerns that stakeholders may have. This could involve educating stakeholders on the benefits of dental therapy treatment, providing evidence-based research, and addressing any potential legal or regulatory issues.

- Overall, multiple stakeholders must be involved in this conversation and the process of finding solutions. Progress can be made with the continued focus on communication, education, and solutions-oriented thinking.