



Minnesota's Dental Therapist Workforce, 2016

HIGHLIGHTS FROM THE 2016 DENTAL THERAPIST SURVEY

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Minnesota's Dental Therapist Workforce, 2016

HIGHLIGHTS FROM THE 2016 DENTAL THERAPIST SURVEYⁱ

Overall

Dental therapists were first authorized to practice in Minnesota in 2009, with the Minnesota Board of Dentistry licensing its first dental therapist in 2011. Dental therapists are part of the dental team, providing basic restorative services and preventive care. By law, they are required to practice in settings serving primarily low-income, uninsured and underserved patients, or in areas designated as Health Professional Shortage Areas (HPSAs).ⁱⁱ Dental Therapy is considered an emerging profession and as such is still integrating into the oral health workforce.

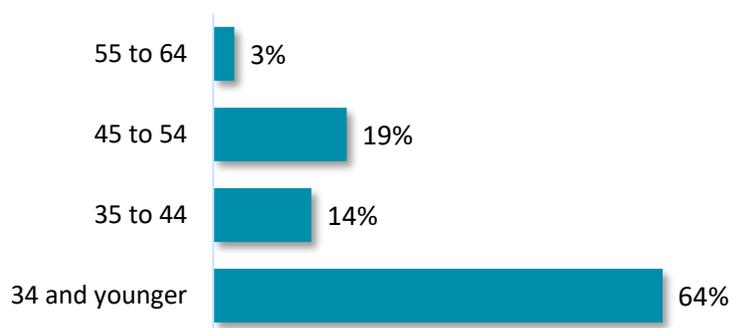
According to the Minnesota Board of Dentistry, there were **63** dental therapists (DTs) with active licenses in Minnesota as of December 2016.ⁱⁱⁱ

Demographics

Sex. Eighty-nine percent of all Minnesota dental therapists are female. With a few exceptions, health care professionals are predominantly female.

Age. Demographically, dental therapists are young, with a median age of 32. Sixty-four percent are age 34 and younger and the remaining third of the workforce is between ages 35 and 54.

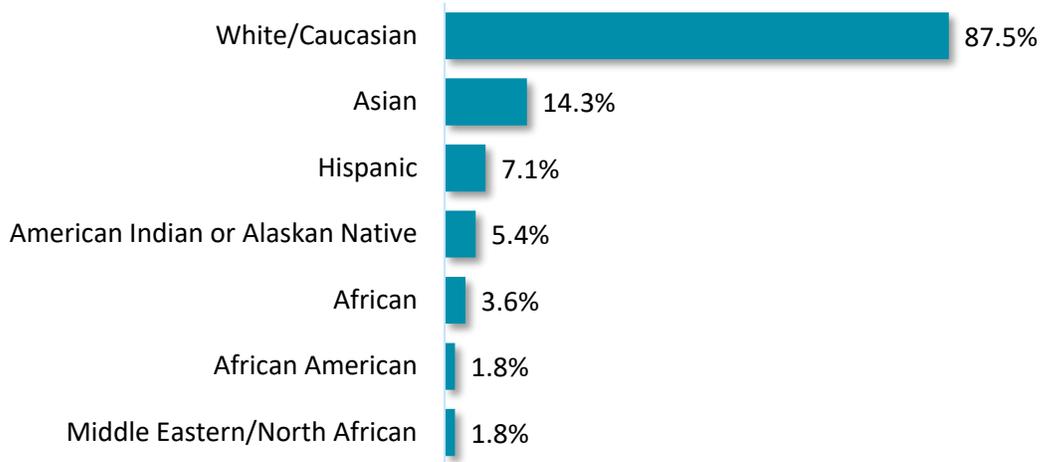
Age of Minnesota Dental Therapists



Source: Minnesota Board of Dentistry, March 2017. Analysis done by MDH. Percentages are based on all 63 Minnesota licensed dental therapists.

Race and Ethnicity. Typical of racial patterns among health care professionals, the majority (87.5 percent) of dental therapists are white. Additionally, 14.3 percent are Asian and 7.1 percent are Hispanic. Dental therapists are among the most diverse of the health care workforces in Minnesota.

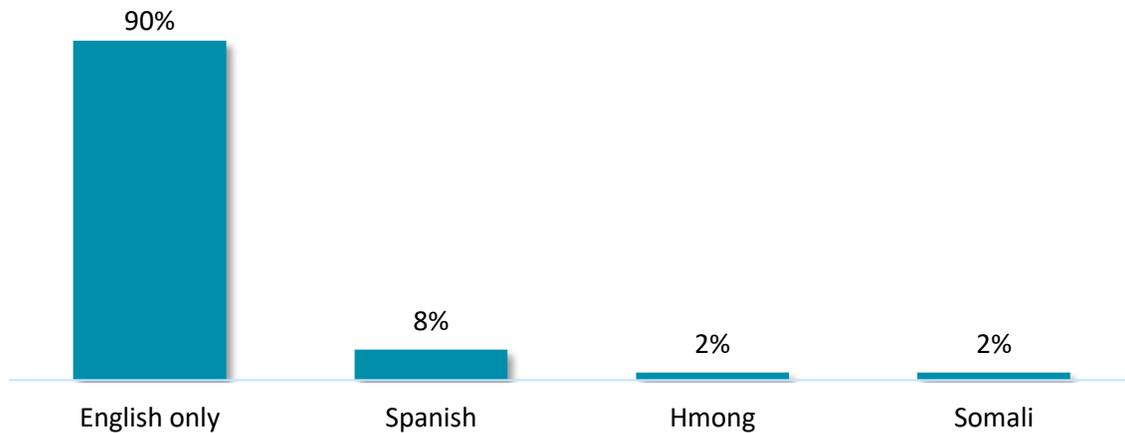
Race of Minnesota Dental Therapists



Source: MDH Dental Therapist Workforce Questionnaire, 2016. Respondents could select as many races as applicable.

Languages Spoken in Practice. The majority of dental therapists (90 percent) spoke only English in their practices. Spanish was the most common language other than English, spoken by 8 percent of dental therapists.

Languages Spoken by Minnesota Dental Therapists in their Practices



Source: MDH Dental Therapist Workforce Survey, 2016. Respondents could select as many languages as applicable, but were instructed **not** to include languages spoken only through an interpreter.

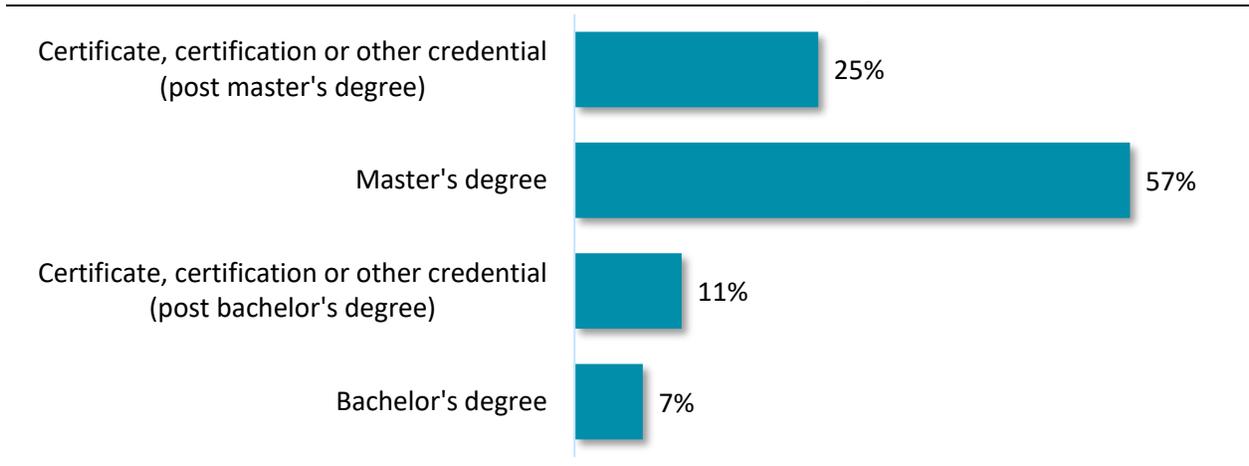
Education

Educational Attainment. Eighty-two percent of dental therapists have a master’s degree. Dental therapists must attend one of two schools in Minnesota. Metropolitan State University, in partnership with Normandale Community College, admits students who are Minnesota licensed dental hygienists and offers a Master of Science in Advanced Dental Therapy degree. The University of Minnesota’s School of Dentistry also trains dental therapists and does not require any previous dental related

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degree. Initially the University of Minnesota's program graduated students with either bachelor's or master's degrees, then switched to only master's degrees in 2013. At the start of the 2016 school year, the university began offering a dual degree: a Bachelor of Science in Dental Hygiene and Master's in Dental Therapy.

Educational Attainment of Dental Therapists

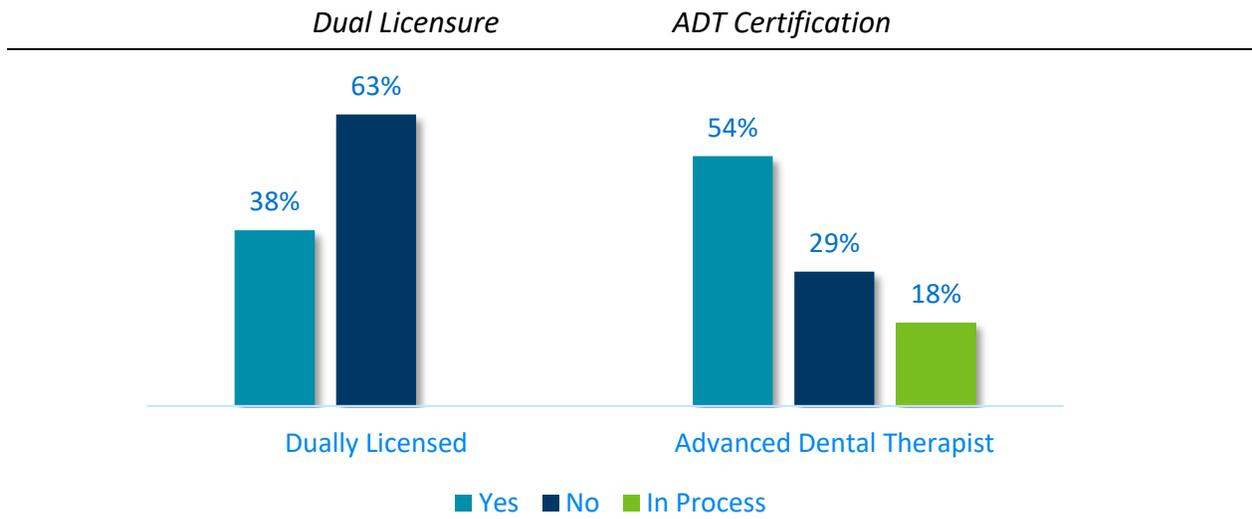


Source: MDH Dental Therapist Workforce Questionnaire, 2016. Percentages are based on 56 valid responses.

Additional Licensure. Dental therapists can also be licensed as a dental hygienist. As shown, 38 percent of dental therapists are dually licensed as both dental hygienists and dental therapists, and can perform services under both professions' scope of practice. Dental therapists with a master's degree can become certified as advanced dental therapists (ADTs) after completing 2,000 hours of practice and passing an ADT certification exam. ADTs can perform additional procedures and do all work without a dentist on site. Just over half of DTs reported holding an ADT certification, and an additional 18 percent are in the process of becoming ADTs.

In the Twin Cities area, dental therapists are more evenly split between those who are dually licensed and those who are DTs; 48 percent of DTs are dually licensed in the Twin Cities area while 20 percent are in Greater Minnesota (data not shown).

Dental Therapists with Additional Licensure or Certification



Source: MDH Dental Therapist Workforce Survey, 2016. The chart is based on 56 valid survey responses.

Employment, Hours and Future Plans

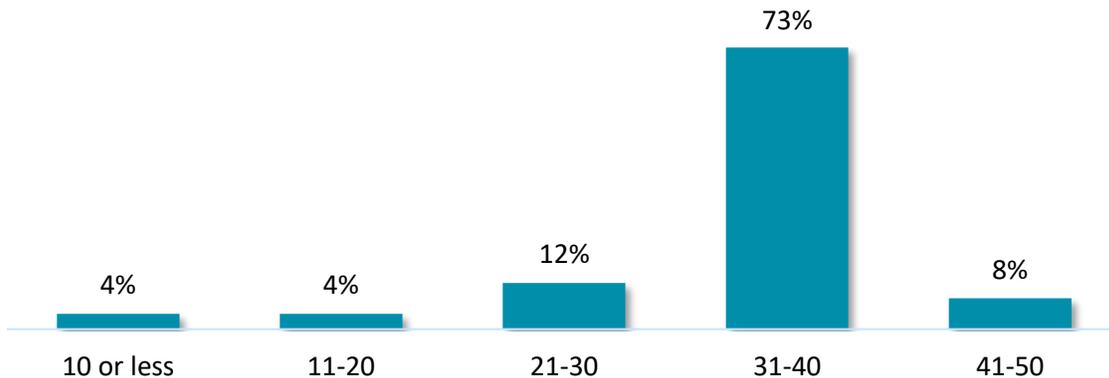
Share of Dental Therapists Employed. Ninety-one percent of Minnesota licensed dental therapists reported on the MDH survey that they were “working in a paid or unpaid position related to [their] license.” Three percent of dental therapists were looking for work, three percent were not seeking a position and one percent was temporarily not working.

As time goes by, more dental therapists report being employed: in 2014, 74 percent reported that they were working; in 2015, 86 percent were working. As a new profession, dental therapists have had some challenges with job availability and acceptance. The increase in dental therapists working indicates the profession is becoming a more established part of the dental team in Minnesota.

Hours Worked. The median work week for dental therapists was 36 hours, and the majority worked between 31 and 40 hours per week. In the oral health field, working slightly less than 40 hours per week is commonly considered full-time. Dental therapists reported working similar hours in 2015.

Eighty-seven percent reported working a full-time schedule. More Twin Cities area dental therapists work full time (96 percent) than Greater Minnesota DTs (80 percent).

Hours Worked in a Typical Week



Source: MDH Dental Therapist Workforce Survey, 2016. The chart is based on 52 valid survey responses.

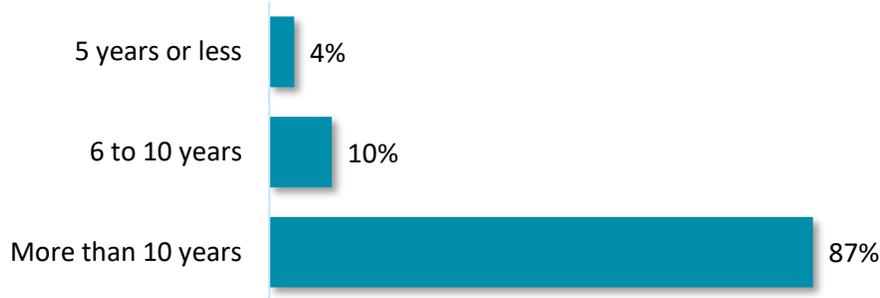
Dental therapists spent most of their time caring for patients; 92 percent reported on the MDH survey that they spent more than three-quarters of their time providing direct patient care (data not shown).

Dental Therapists at Work. Ninety-percent of dually licensed DTs reported spending some time on dental hygienist work. Most dually-licensed dental therapists focused their time on tasks dental therapists are authorized to perform. Sixty-seven percent reported spending *up to* 25 percent of their time on dental hygiene-related procedures with the remaining 75 percent or more of their time spent working within their dental therapist scope of practice (data not shown). With education program changes resulting in more dental therapists with dual licenses, it will be important to understand the best use of both sets of skills.

DTs spend their time on a mix of preventive and restorative tasks. DTs who hold the additional ADT certificate are able to provide additional restorative and surgical functions. The amount of time DTs reported spending on ADT procedures varied. For example, seven percent reported they spent no time, 33 percent spent up to a quarter of their time, and 23 percent spent more than three quarters of their time on ADT procedures (data not shown).

Future Plans. Dental therapy is a stable profession, with 87 percent of dental therapists planning to remain in the field for more than ten years. Just 4 percent responded they planned to leave the field within five years. Among that small number of DTs who plan to leave the field, no dental therapists plan to retire. With an emerging profession, it is important to understand reasons people are leaving the field. Of those who plan to leave the profession, the reasons were burnout or dissatisfaction and to pursue additional training.

“How long do you plan to continue practicing as a dental therapist in Minnesota?”



Source: MDH Dental Therapist Workforce Survey, 2016. The chart is based on 52 valid survey responses.

Dental Therapists at Work

Work Settings. The survey also asked dental therapists to identify their primary work setting. Dental therapists are more likely to work in a community based or non-profit setting or clinic than any other dental profession (24 percent). As shown, most dental therapists work in either solo private practice or small group private practice, comparable to other oral health professionals. Similar to dentists’ work locations, Greater Minnesota dental therapists are more likely to work in a solo or small group private practice than Twin Cities area dental therapists.

It is not uncommon for dental therapists to provide services in more than one location. While about two out of three dental therapists reported working at just one location, 29 percent work at two locations and 8 percent work at three or more locations (data not shown).

For those reporting a secondary work location, the most common location is similar to the primary location with most working at a small group private practice, (29 percent), followed by 18 percent working at a community health center or federally qualified health center (data not shown).

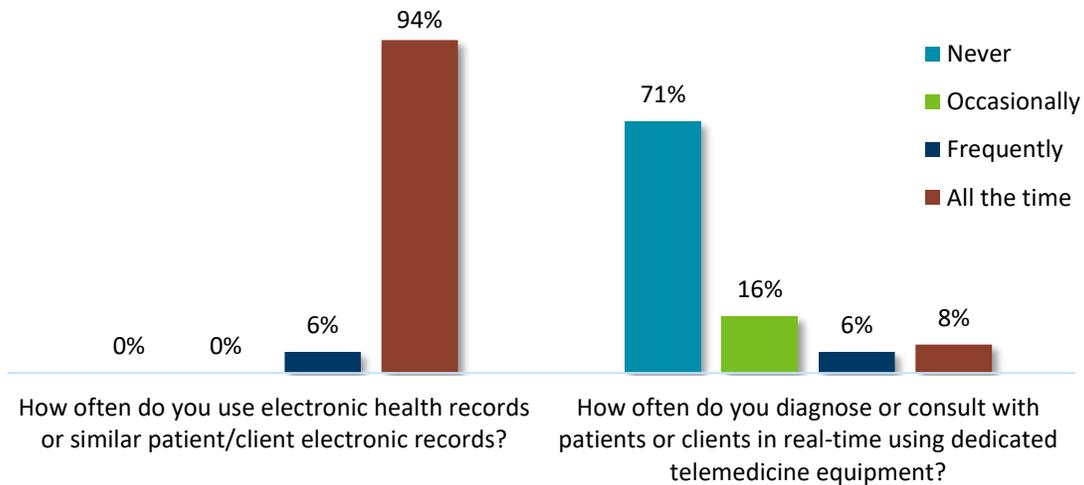
Dental Therapists’ Primary Work Settings

Setting	Share of DTs Working in this Setting
Solo Private Practice	25.5%
Small Group Private Practice (2-4 dentists)	21.6%
Community Based Non-Profit (church, homeless shelter, etc.)	11.8%
Community Health Center/Federally Qualified Health Center Clinic	11.8%
Community/Faith-Based Organization Clinic	11.8%
Large Group Private practice	7.8%
Hospital	3.9%
Academic (Teaching/Research)	3.9%
Long-Term Care Facility	2.0%

Source: MDH Dental Therapist Workforce Survey, 2016. The chart is based on 51 valid survey responses.

Technology at Work: The Use of EHRs and Telemedicine Equipment. The survey included items about the use of both electronic health records (EHRs) and dedicated telemedicine equipment. The results showed that 94 percent of dental therapists use EHRs “all the time,” and 30 percent reported using telemedicine equipment at least occasionally. Telemedicine can help dental therapists serve clients in more non-clinic locations and allow for an efficient way to communicate with supervising dentists.

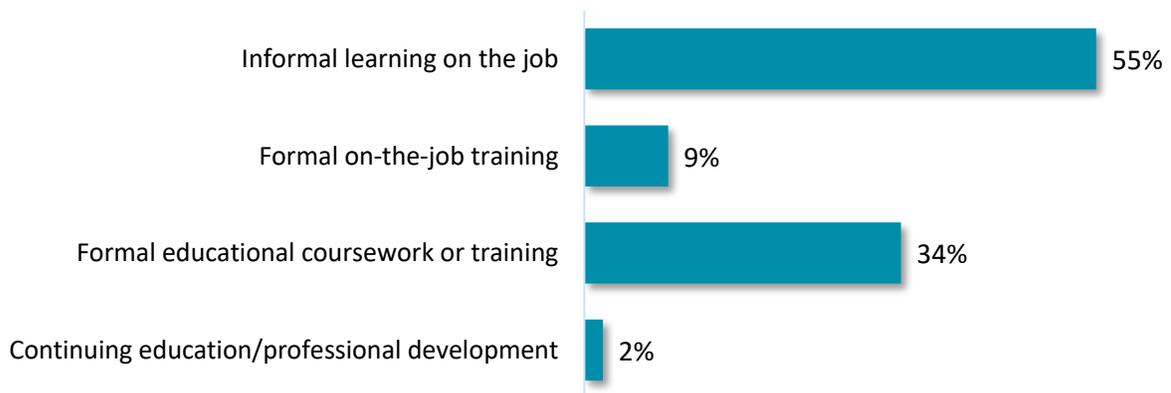
Dental Therapists’ Use of Electronic Health Records and Telemedicine Equipment



Source: MDH Dental Therapist Workforce Survey, 2016. The charts are based on 51 survey responses.

Teamwork. Health care providers increasingly work in multidisciplinary teams, prompting educators and health policymakers to ask how best to train providers to communicate and coordinate across professions. MDH included a question on its survey to shed light on this issue. As shown, 64 percent of dental therapists reported that learning on the job (either informal or formal) *best* prepared them to work in multidisciplinary teams. Formal educational coursework or training was most helpful to about a third of dental therapists.

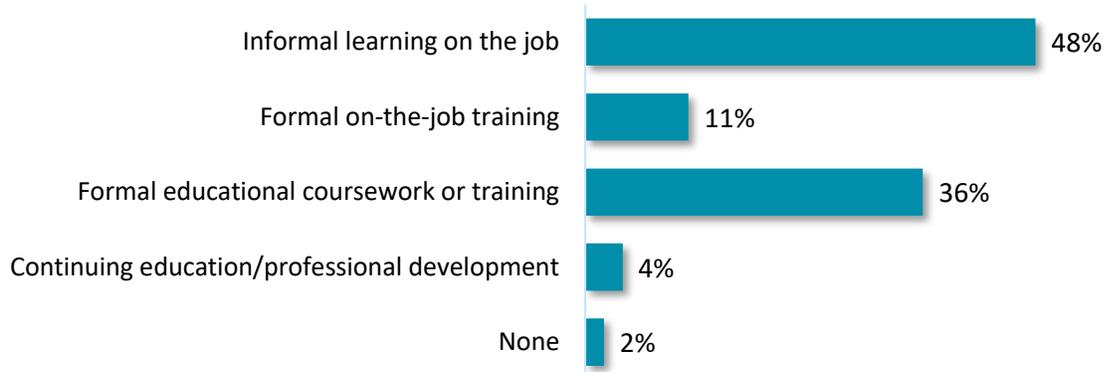
“Which of the following work or educational experiences best prepared you to work in a multidisciplinary team when providing care?”



Source: MDH Dental Therapist Workforce Survey, 2016. The chart is based on 56 survey responses.

Cultural Competence. Minnesota health care professionals must navigate diverse racial, ethnic, and cultural norms in their work, also raising questions about the best way to prepare dental therapists to provide culturally competent care. The highest percent (59 percent) of dental therapists indicated that formal or informal learning *on the job* provided the best preparation for working with diverse groups of patients, followed by formal education or coursework.

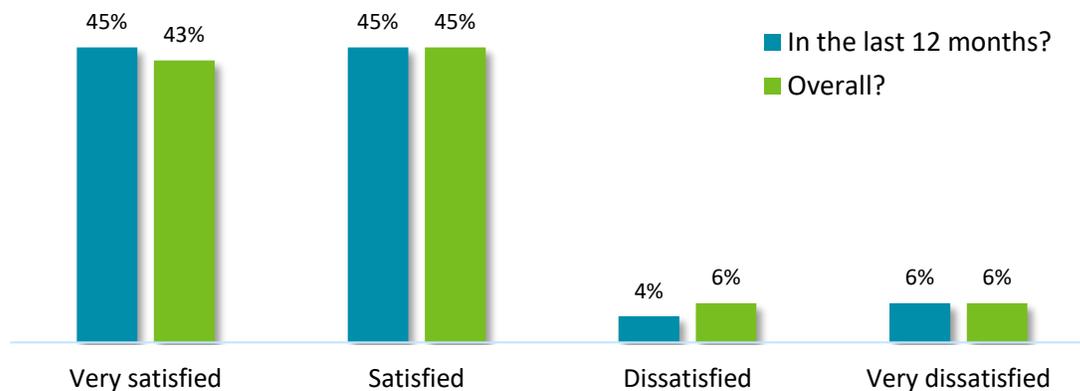
“Which of the following work or educational experiences best prepared you to provide culturally competent care?”



Source: MDH Dental Therapist Workforce Survey, 2016. The chart is based on 56 survey responses.

Work and Career Satisfaction. The majority of dental therapists indicated that they were either “satisfied” or “very satisfied,” overall. Dental therapist satisfaction levels are similar to those of other Minnesota health care professionals for which data exists.

“How satisfied have you been with your career...”



Source: MDH Dental Therapist Workforce Survey, 2016. The chart is based on 51 responses.

Dental therapists report the most satisfaction from being able to provide care to people who may not get it otherwise. The relationships they have with patients and working in a team care environment were also important.

Sources of professional dissatisfaction included lack of understanding and negative view of the profession, limitations on scope of practice and patients served, and low reimbursement amounts.

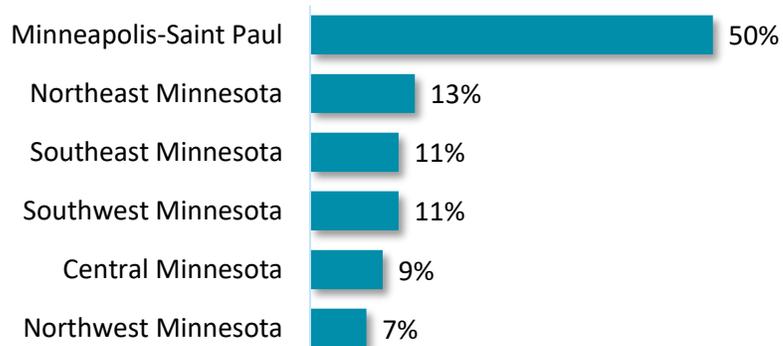
Geographic Distribution

Distribution by Region. To understand accessibility of dental therapist services around the state, the next chart provides a view of the geographic distribution of dental therapists. These analyses are based on geocoded practice addresses from the survey supplemented with addresses supplied to the Board of Dentistry during the license renewal process.

The chart below shows the distribution of dental therapists across the six planning areas around Minnesota^{iv}. Dental therapists' current work location is similar to the Minnesota population distribution. For reference, the Twin Cities metro area is home to approximately 54 percent of the population. Dental therapists are also distributed more closely to the Minnesota population than dentists; 50 percent of dental therapists are in the Twin Cities compared to 63 percent of dentists.

Even in the short time they have been practicing in the state, the dental therapist distribution has changed. In 2013, 73 percent of dental therapists worked in the Twin Cities area. Currently, 50 percent of dental therapists work in the Twin Cities area, with small numbers working in other regions of the state.

Dental Therapist by Minnesota Region



Source: MDH Dental Therapist Workforce survey, 2016. Percentages above are based on geocoding of 56 valid Minnesota addresses. To see regions defined, go to <https://apps.deed.state.mn.us/assets/lmi/areamap/plan.shtml>.

The length of time dental therapists have been licensed in different regions also reflects the growth in Greater Minnesota with newly graduated dental therapists working more in Greater Minnesota. In Greater Minnesota 64 percent have been practicing two years or less. In comparison, 46 percent of Twin Cities area dental therapists have been practicing for the same length of time.

Slightly more Greater Minnesota DTs reported job dissatisfaction; 16 percent of Greater Minnesota dental therapists reported some level of career dissatisfaction compared to 4 percent of Twin Cities area dental therapists (data not shown).

Visit our website at <http://www.health.state.mn.us/divs/orhpc/workforce/reports.html> to learn more about the Minnesota healthcare workforce.

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ⁱ The Minnesota Department of Health (MDH) collected information on demographics, education, career and future plans of dental therapists during a workforce questionnaire in 2016. Unless noted, all data are based on information collected from that survey. The response rate for the 2016 DT survey was 92 percent.

ⁱⁱ For additional information, refer to Minn. Stat. [150A.105](#)

ⁱⁱⁱⁱⁱⁱ All dental therapists licensed by the Minnesota Board of Dentistry work in the state of Minnesota. The dental therapist workforce survey collected addresses from those professionals who reported they were currently working in their profession. Not all survey respondents included their address. The Board of Dentistry also collects address information which supplemented the survey address in some cases.

^{iv} To see regions defined, go to <https://apps.deed.state.mn.us/assets/lmi/areamap/plan.shtml>.