

Transforming the Oral Health Landscape: A Panel Conversation on Innovative Methods to Enhance Dental Access in Wisconsin

Speakers:

Skylar Capriola, MPH

Tara Skar, BSDH, RDH

Thomas Huffer, MD

Richelle Andrae, MPA



The State of Oral Health in Wisconsin

Skylar Capriola MPH, Epidemiologist
Monday October 7, 2024



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Agenda

- Background
- Overview of the dental workforce
- Landscape of oral health in Wisconsin
 - Health outcomes and access to care
 - Social determinants of health: What we can learn as oral health professionals



Background

Wisconsin's Oral Health Surveillance System

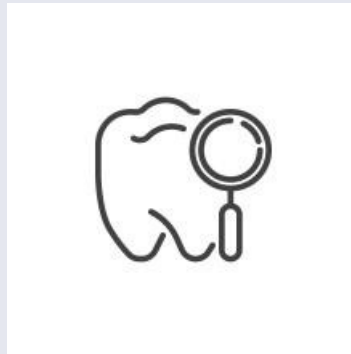
- Monitors over 60 measures
- Data sources include primary and secondary data
- Surveillance topics can be categorized into four core areas

Four Core Areas

Workforce



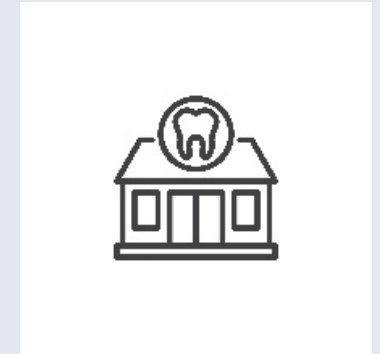
Disease



Risk factors



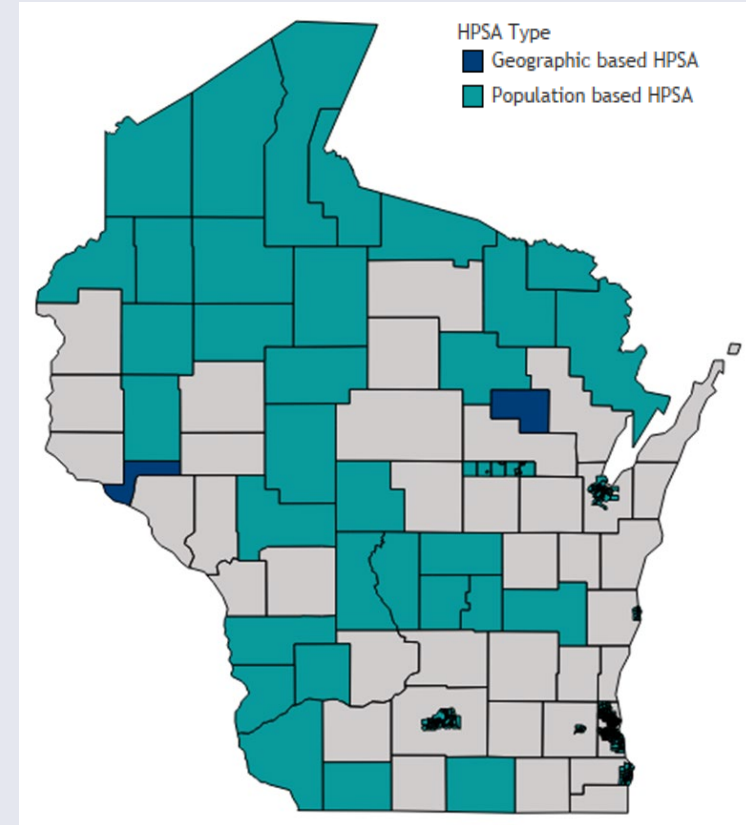
Access to Care



Dental Workforce

Dental Health Professional Areas (HPSA)

- 43 Dental HPSAs
- 41 population-based
- Two geographic-based



1. Wisconsin Department of Health Services. (April 2024). *Wisconsin Primary Care Programs: Maps and Data*. <https://www.dhs.wisconsin.gov/primarycare/maps.htm>

Landscape of Oral Health in Wisconsin

Oral health outcomes and access to care

Wisconsin Healthy Smiles Survey (WIHS)

- Standardized community-level assessment of oral health status
 - Allows for comparability between communities and states
 - Allows for comparisons over time
- Most recent survey: 2022–2023

2022–2023 WIHS: Key Findings



1 in 5 kindergarteners had untreated decay.



1 in 4 third graders had untreated decay.

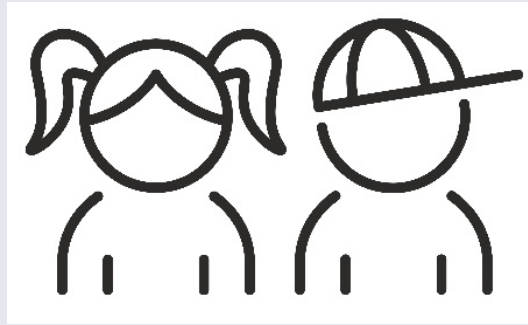


15% of children in each grade had multiple teeth with decay.

2022–2023 WIHS: Key Findings



An estimated **700+** students in both kindergarten and third grade have urgent dental needs.



Students of color in kindergarten were **2x** as likely to have untreated decay compared to non-Hispanic white students.



Children in lower-income schools had **more untreated decay** compared to higher-income schools.

2022–2023 WIHS: Key Findings



3 in 5 third graders have at least one molar that needed a sealant.



Non-Hispanic Black third graders were **less likely** to have a sealant present on a permanent molar compared to non-Hispanic white students.

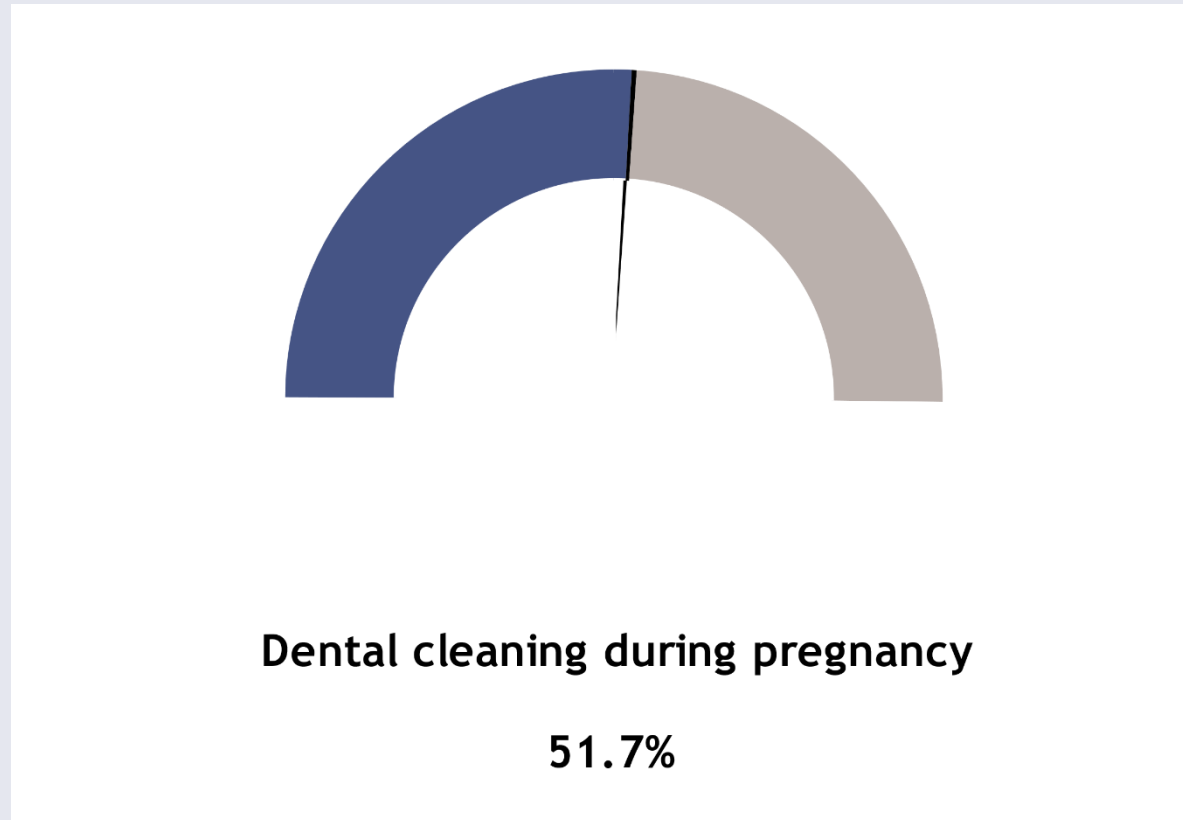
Access to Care: Medicaid/ BadgerCare (MA/BC+) Members

- Approximately three out of four dentists are not enrolled as continuous MA/BC+ providers.
 - ~15% of the providers enrolled in the program have not seen any patients within the last year.
- As of 2023, there were 1.5 million people continuously enrolled in the MA/BC+ program.
 - ~28% of enrolled members received a dental service.
 - ~2 out of 3 children did not receive a preventive dental service.

Oral Health During Pregnancy

- Birthing persons may be more susceptible to gum disease and tooth decay.^[5]
- The oral health of the birthing person is a factor in determining the oral health of the child.^[5]
- It is estimated children of birthing persons experiencing high levels of untreated decay or tooth loss are 3x more likely to experience cavities when compared to children of birthing persons that do not have a high level of untreated decay or tooth loss.^[5]

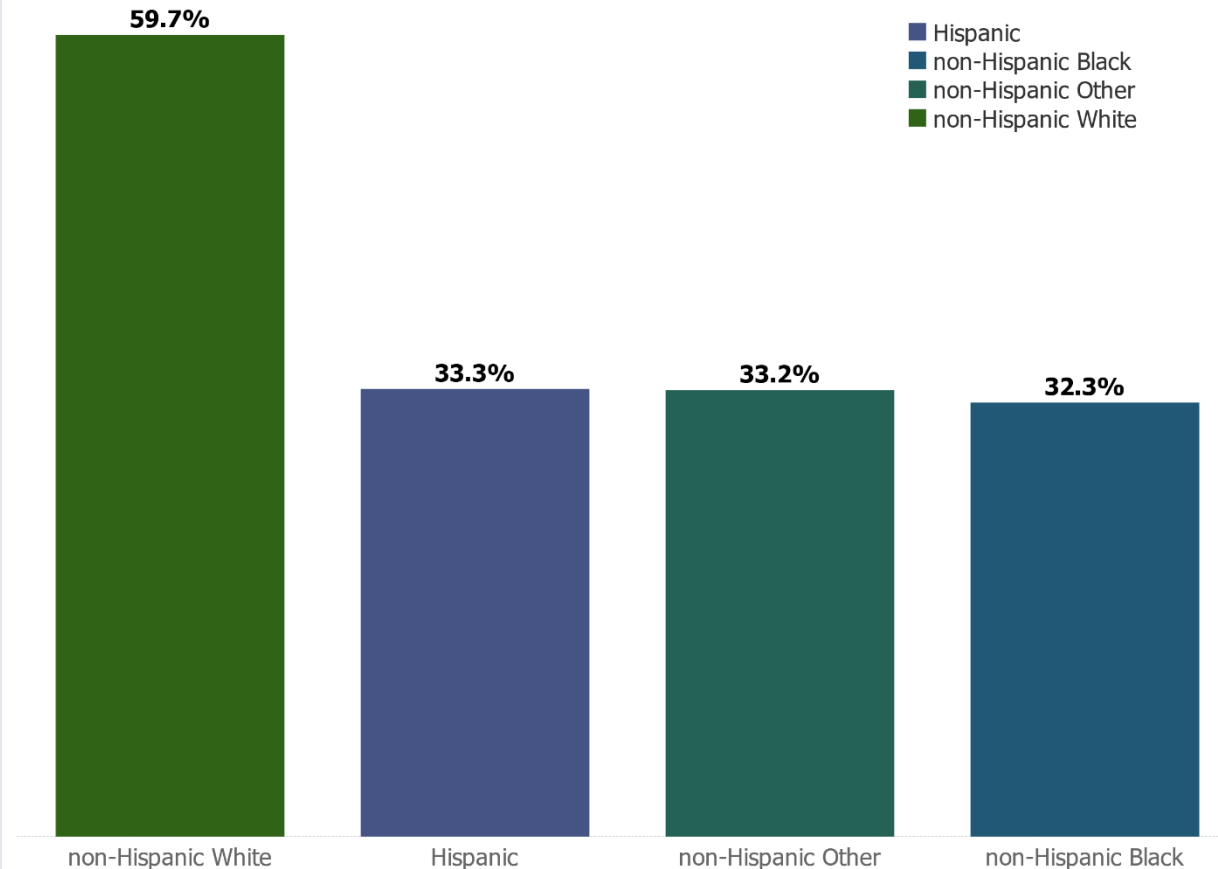
Pregnancy Risk Assessment Monitoring System Survey: 2021



6. Wisconsin Department of Health Services. (October 2023). *Oral Health Program: PRAMS Data*. <https://www.dhs.wisconsin.gov/oral-health/data-prams.htm>.

Pregnancy Risk Assessment Monitoring System Survey: 2021

Dental cleaning during pregnancy by race and ethnicity



Pregnancy Risk Assessment Monitoring System Survey: 2021

Dental cleaning during pregnancy by insurance type

Private Insurance
62.6%

No Insurance
34.5%

Public Insurance
29.6%

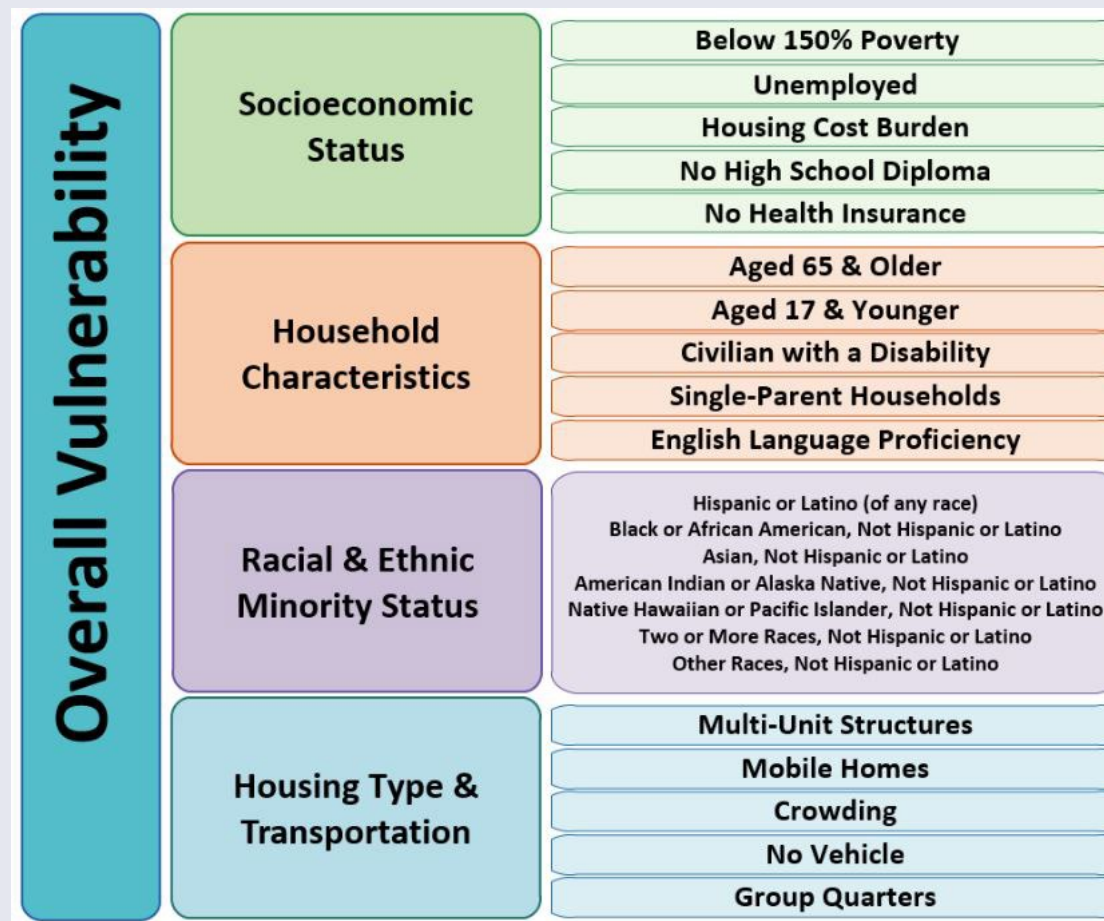
Landscape of Oral Health in Wisconsin

Social Determinants of Health: What we can learn as
oral health professionals

Social Determinants of Health (SDoH) and Social Vulnerability Index (SVI)

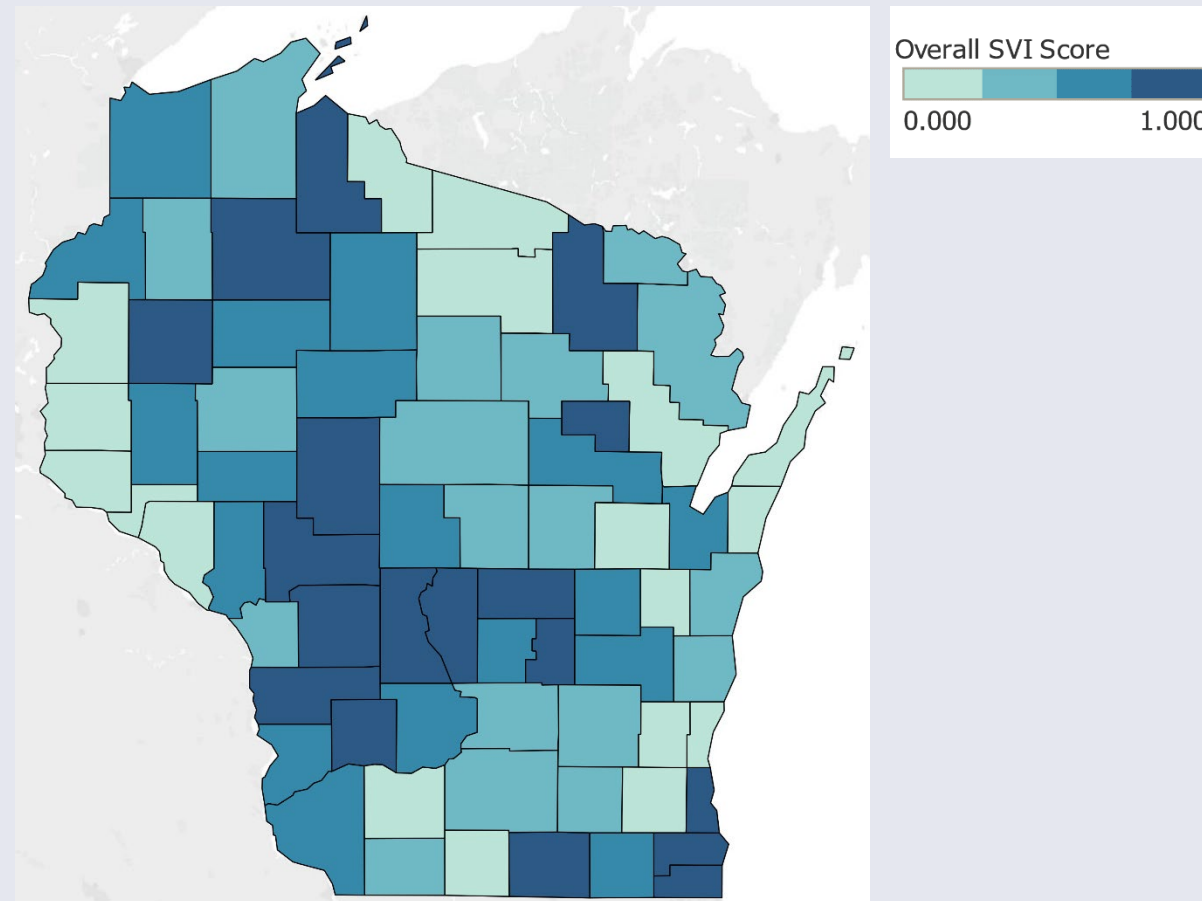
- SDoH: Nonmedical factors influencing health outcomes
Examples: Safe housing, access to transportation, environmental factors, and social norms^[7]
- SVI: Index measuring social vulnerability using 16 measures collected as part of American Community Survey^[8]

SVI: Areas of Measure



8. Centers for Disease Control and Prevention. Agency for Toxic Substances. (May 2024). *CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI): Overview*. <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>.

Wisconsin County-Level SVI



9. Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. *CDC/ATSDR Social Vulnerability Index [2022] Database [Wisconsin]*.

SVI and Oral Health

	Dental visit within the past year	Tooth extraction due to decay or gum disease
Wisconsin	69.8% (68.9, 70.6)	37.6% (36.7, 38.5)
County-level SVI score		
Low	73.0% (70.7, 75.1)	32.8% (30.5, 35.0)
Low to moderate	70.6% (68.4, 73.1)	33.5% (31.2, 35.8)
Moderate to high	67.9% (65.6, 70.2)	40.6% (38.2, 42.9)
High	68.3% (65.8, 70.8)	39.2% (36.6, 41.7)

9. Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. *CDC/ATSDR Social Vulnerability Index [2022] Database [Wisconsin]*.

10. Wisconsin Dept. of Health Services, Division of Public Health, *Wisconsin Behavioral Risk Factor Survey 2018-2022*.

Conclusions

- Expanding the capacity and geographical distribution of the workforce is necessary for increasing access.
- Expanding provider enrollment in the MA/BC+ program is essential for increasing access for recipients.
- There are concerning trends in decay and dental needs among Wisconsin youth.

Conclusions (Continued)

- Good oral health is not experienced equitably, as there are disparities by race, ethnicity, income-level, and insurance type.
- Local and state-level oral health surveillance could benefit from better SDoH data collection.

Focus of the Oral Health Program

- Wisconsin Seal-A-Smile: 85,000+ children served per year
- Community water fluoridation (CWF)
 - Continue to promote CWF as an evidence-based public health practice
 - Distribute equipment grants to communities in need of equipment replacement

Focus of the Oral Health Program (Continued)

- Rural and dental access clinic grant funding
- Workforce pathway program
- Public health surveillance: expanding efforts to help support medical dental data integration

References

1. Wisconsin Department of Health Services. (April 2024). *Wisconsin Primary Care Programs: Maps and Data*. <https://www.dhs.wisconsin.gov/primarycare/maps.htm>
2. Wisconsin Department of Health Services. (April 2024). *Children and Youth with Special Health Care Needs*. <https://www.dhs.wisconsin.gov/cyshcn/index.htm>
3. Holt K., Barzel R., Bertness H. (2014). *Oral Health for Children and Adolescents with Special Health Care Needs Challenges and Opportunities (2nd ed.)*. Washington, DC: National Maternal and Child Oral Health Resource Center.
4. Child and Adolescent Health Measurement Initiative. *National Survey of Children's Health Combined 2020-2021*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [05/23/25] from [www.childhealthdata.org].

References (Continued)

5. Centers for Disease Control and Prevention. (n.d.). *Oral health is essential to general health and well-being across the lifespan.* https://www.cdc.gov/oral-health/media/pdfs/doh_pregnoralhealth_infographic-h.pdf
6. Wisconsin Department of Health Services. (October 2023). *Oral Health Program: PRAMS Data.* <https://www.dhs.wisconsin.gov/oral-health/data-prams.htm>.
7. Centers for Disease Control and Prevention. (January 2024). *Oral health is essential to general health and well-being across the lifespan.* <https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html>.
8. Centers for Disease Control and Prevention. Agency for Toxic Substances. (May 2024). *CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI): Overview.* <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>.

References (Continued)

9. Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. *CDC/ATSDR Social Vulnerability Index [2022] Database [Wisconsin]*.
10. Wisconsin Dept. of Health Services, Division of Public Health, *Wisconsin Behavioral Risk Factor Survey 2018-2022*.

Questions?



skylar.capriola@dhs.wisconsin.gov



WISCONSIN'S premier
SCHOOL-BASED
DENTAL program





**WISCONSIN DEPARTMENT
of HEALTH SERVICES**



DELTA DENTAL OF WISCONSIN
FOUNDATION



What does NorthLakes Seal-A-Smile program offer?

High quality, school-based oral health prevention services:

- Oral health education and dental supplies
- Oral health assessment by a registered dental hygienist or dentist
- Fluoride varnish applications (2-3 per year)
- Dental sealants and sealant replacement where needed



By age 5, 1 in 2 Wisconsin
Head Start children have
had tooth decay

1:2



1 in 5 third-graders have untreated tooth decay.

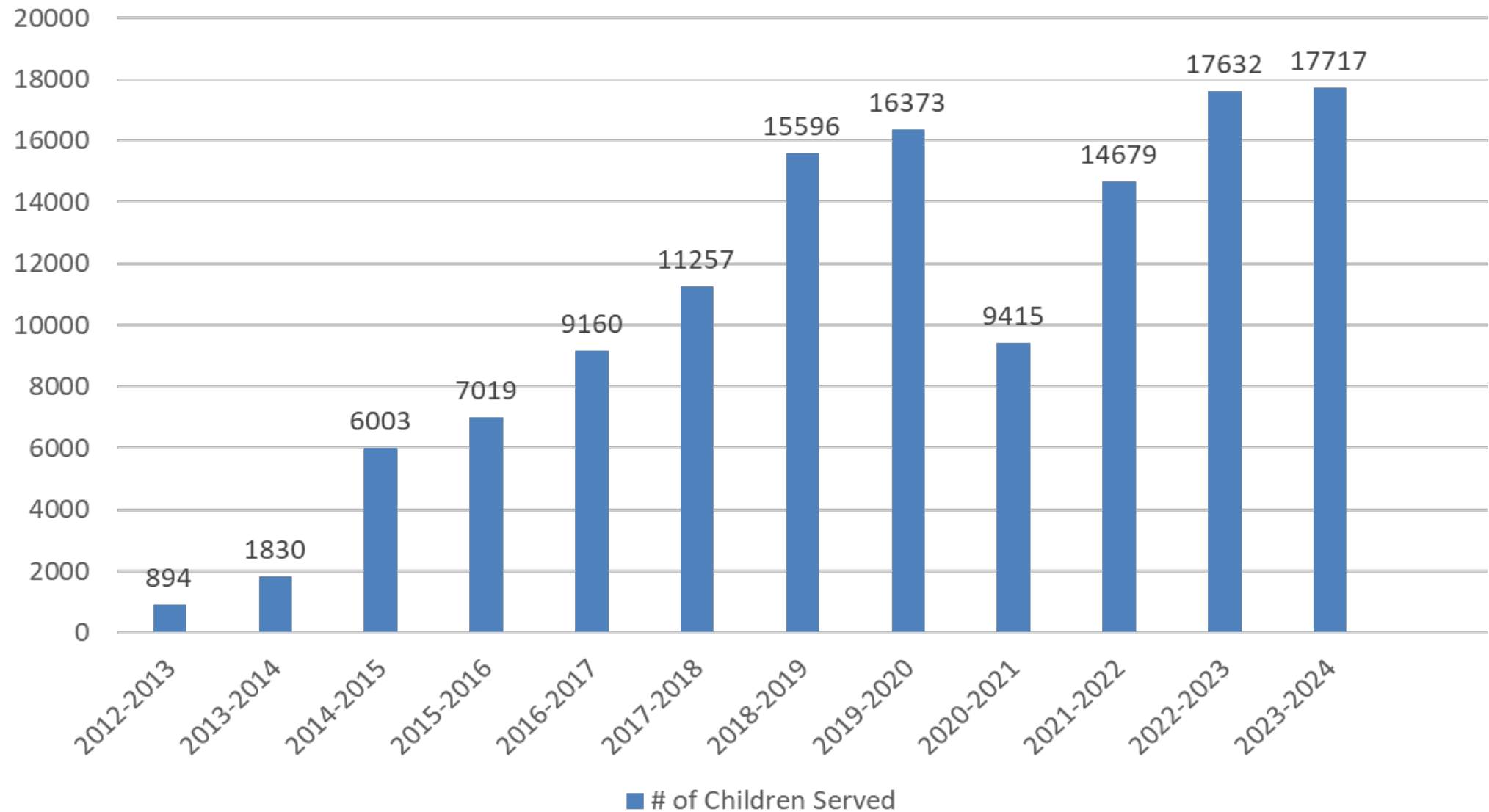


School-age children without dental sealants have almost 3x
more cavities than children with sealants.

<https://www.dhs.wisconsin.gov/publications/p01702a.pdf>



NorthLakes Seal-A-Smile Participation



NorthLakes

COMMUNITY CLINIC

296 schools in 89
Districts across 25
counties

A SCHOOL-BASED ORAL HEALTH PROGRAM
TO HELP PREVENT CAVITIES AND KEEP KIDS HEALTHY.

17,717

CHILDREN
RECEIVED CARE



11,892

TEETH
SEALED



DENTAL SEALANTS PREVENT
80% OF CAVITIES IN BACK TEETH,
WHERE 9 IN 10 OCCUR

47,000

FLUORIDE VARNISH
APPLICATIONS



FLUORIDE VARNISH
HELPS PREVENT AROUND
25% OF CAVITIES

\$3,589,866.44

IN PREVENTIVE DENTAL
CARE PROVIDED



Medical Dental Integration: Prevea Health and HSHS St. Vincent Children's Hospital

Thomas Huffer MD



I have no disclosures

Children's Health Alliance of Wisconsin



WISCONSIN
ASTHMA
COALITION

★ Children's Health Alliance of Wisconsin



EMSC
Emergency Medical
Services for Children
WISCONSIN

★ Children's Health Alliance of Wisconsin



Infant
Death
Center

★ Children's Health Alliance of Wisconsin



Keeping
Kids Alive
IN WISCONSIN

★ Children's Health Alliance of Wisconsin



WISCONSIN
Medical
Home

★ Children's Health Alliance of Wisconsin



Oral Health

★ Children's Health Alliance of Wisconsin



children's
HSHS St. Vincent Hospital

What Is The Most Common Childhood Illness?

- Dental Caries

The Beginning

- 2016 Strategic Plan HSHS St. Vincent Children's Hospital
 - Consultant: Highest rate of pediatric dental surgery they have seen nationally
 - Hospital leadership: These dental patients are clogging our OR
 - Poor reimbursement
 - More importantly, prevent OR use for more profitable procedures

Environment

- Misinformation given by pediatricians
 - "Don't use toothbrush or fluoride-containing toothpaste"
 - Lack of education regarding our most common illness
- Lack of available dental care
 - Scarcity of dentists taking Medical Assistance
 - Standard: dental care starting at 3
 - § Some dentists start older



Oral Health

★ Children's Health
Alliance of Wisconsin



WISCONSIN
Oral Health
COALITION

★ Children's Health
Alliance of Wisconsin

WISCONSIN
Seal-A-Smile



children's
HSHS St. Vincent Hospital

Breakthrough Moments

- The Wisconsin Legislature took action
 - Created a zone including Green Bay with increased Medicaid dental payments
 - Allowed Dental Hygienists to work independently
- Met with Jenna Linden and leadership from the Green Bay Oral Health Project
- Joined the Children's Health Alliance Oral Health Project

Wisconsin Medical-Dental Integration Project

- 3 Learning sessions
 - Dental environment in Wisconsin
 - Program to integrate Dental Hygiene into medical clinics
 - Instructions for how to implement the program
 - Data submission to measure baseline and future success

Ahmed

- 2 Y/O Somali
 - Cultural and language barriers
- "My child no eat—too skinny"
- 5 lb weight loss
 - Note: this is a lot for a 2-year-old
- Extensive workup negative
- Bottle caries
 - Resolved after dental surgery 6 months later

INTEGRATING A DENTAL HYGIENIST INTO PRIMARY CARE

CHECKLIST

Once leadership support is given for medical dental integration project we anticipate the following timeline to accomplish all set-up needed to see the first patient.

LEADERSHIP AND ORGANIZATIONAL SUPPORT:

- ☐ Senior leadership are aware and support the MDI project.
- ☐ Physician and clinical staff are aware and support MDI project.
- ☐ Operations staff are aware and support MDI project. You will need to work with IT, insurance contracting and revenue cycle staff to plan for integration of the dental hygienist. Ensure these staff are aware of the project and their role in supporting it.

3-6 MONTHS PRIOR TO GO LIVE:

- ☐ Run patient volume and payer mix to identify clinic location and anticipated FTE of integrated dental hygienist.
- ☐ Meet with contracting personnel to identify if insurance contracts need to be adapted to provide dental services.
- ☐ Meet with IT staff to discuss EMR adaptations needed to document oral health

Medical-Dental Integration: Implementation

- Administrative buy-in
 - Easy! goal to reduce dental OR utilization
- Epic and billing decisions
 - Use medical Epic, not dental
 - Only see MA patients
 - Commercial insurance too complex to start
- Rotate between 3 physician site and 4 physician site
 - Approximately 50 % and 75% MA respectively
 - Relatively small numbers, but still above break even

Implementation: Cont

- Hired a Dental Hygienist
 - Services: Exam, education, fluoride, SDS Fluoride, sealants
 - Education of physicians and staff
 - Great team player—developed great relationships with staff
- Coincidental severe staffing shortage during COVID-19
- Because of low dental numbers
 - Cross-trained to room patients
- Dental hygienist has developed relationship with the dentists in the community
 - They trust the dental hygienist and will get patients in sooner

Patient Flow: Good day

- Reception checks patient in
- Nurse rooms patient
- Doctor sees patient and places orders
- Dental Hygienist sees patient while nurse draws up shots
- Nurse gives immunizations and ends visit

Patient Flow: Bad day

- Reception checks patient in
- Dental Hygienist rooms patient and does dental exam and education
 - Note: in other organizations, the Dental Hygienist sees patients before Doctor and the nurses still do the rooming
- Doctor sees patient and places orders
- Nurse gives immunization and ends visit

Advantages of Medical-Dental Integration

- Patient

- Receive appropriate dental care at a younger age
- Perception of less waiting on a busy day
- In-clinic expertise for unusual dental problems
- More rapid referral to a dentist
 - Leverage the Dental Hygienist relationship with the dentist

- Physician

- Instant referrals for unusual oral health problems
- Improved knowledge of oral health problems

Advantages of Medical-Dental Integration Cont.

- Reduced number of oral surgeries
 - Opens up OR time for more profitable procedures
- Reduced ER visits with improved ER wait times
- Improved relationships with dentists
 - Patients referred sooner
 - Reliable referrals
 - Less pressure to see younger patients
 - Note: check with dentists in your community—ours are very happy about this project

2023 MDI Data

Months	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Total
# of visits	140	142	165	190	163	161	132	173	135	181	181	144	1907
Fluoride	101	109	119	149	121	108	91	97	79	148	153	111	1386
Caries	19	32	29	30	33	37	25	20	17	25	30	22	319
Abscess	1	0	0	1	0	2	1	0	2	1	3	0	11
Referrals	25	20	30	18	22	14	20	10	14	16	12	16	217
SDF	2	17	36	0	5	1	8	25	9	2	0	0	105

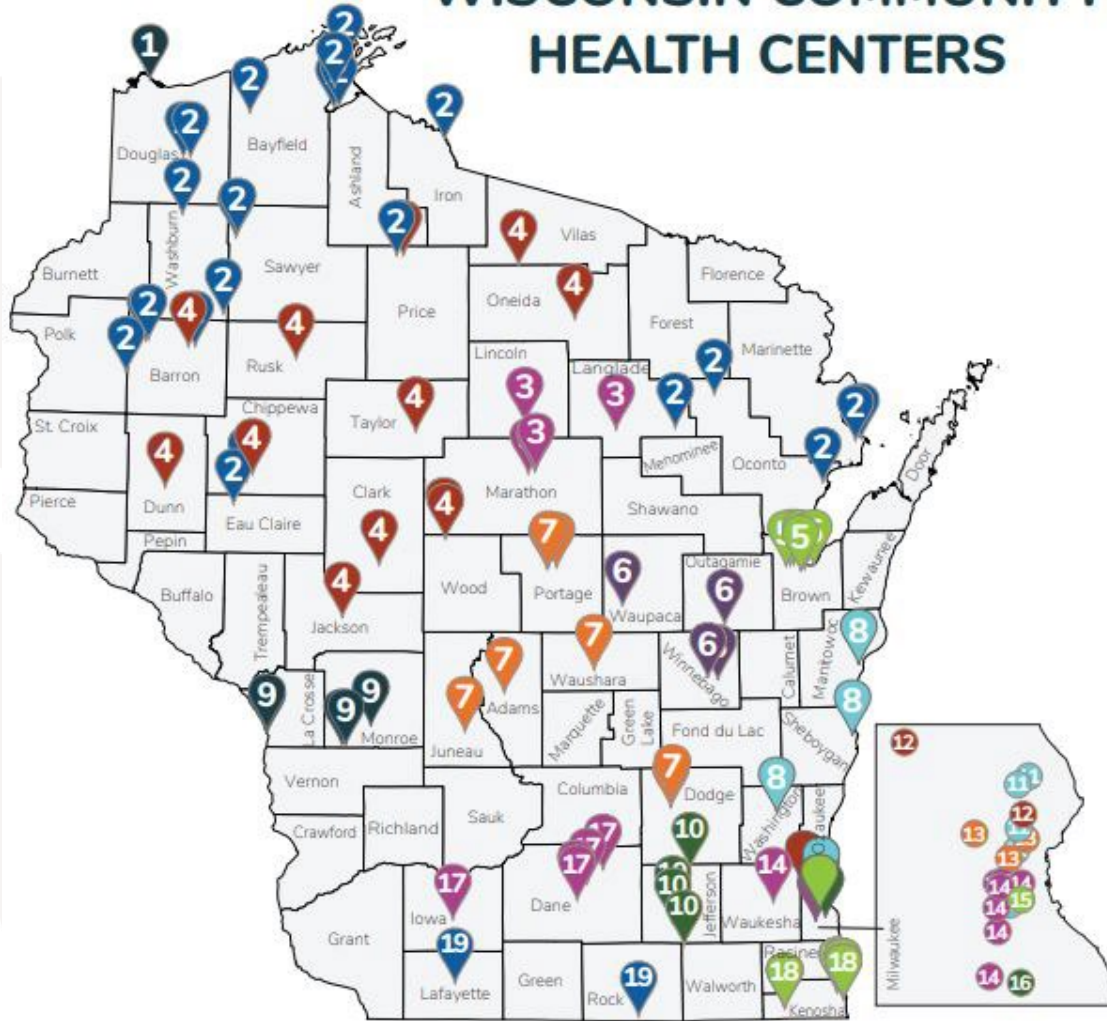
Thank you.
Any questions?



Addressing Access Barriers through Community Health Centers and Dental Therapy

October 7, 2024 | R. Andrae

WISCONSIN COMMUNITY HEALTH CENTERS



- | | | |
|---|---|---|
| 1. Lake Superior Community Health Center | 7. Family Health La Clinica | 13. Progressive Community Health Centers |
| 2. NorthLakes Community Clinic | 8. Lakeshore Community Health Care | 14. Sixteenth Street |
| 3. Bridge Community Clinic | 9. Scenic Bluffs Community Health Centers | 15. Gerald L. Ignace Indian Health Center |
| 4. Family Health Center of Marshfield, Inc. | 10. Rock River Community Clinic | 16. Muslim Community & Health Center |
| 5. N.E.W. Community Clinic | 11. Outreach Community Health Centers | 17. Access Community Health Centers |
| 6. Partnership Community Health Center | 12. Milwaukee Health Services, Inc. | 18. Kenosha Community Health Center |
| | | 19. Beloit Community Health Systems |

Community Health Centers are:

- **Non-profit 501C3s**
- Governed by a **patient-majority Board of Directors**
- Dedicated to access via implementation of a **Sliding Fee Scale** for under- and un-insured patients and providing care **regardless of a patient's ability to pay**, primarily for **low-income patients**

In 2023, Wisconsin's 19 Community Health Centers:

- Served nearly **300,000 total patients** requiring medical, behavioral health, SUD, and enabling services – including **162,000 dental patients**

Oral Health Innovations at WI CHCs



Medical-Dental Integration

CHCs are addressing access barriers by improving availability of services across medical, dental, and BH, and co-locating or improving warm handoffs for patients



Dental Home Accreditation

Gerald L. Ignace Indian Health Center (a dual urban Tribal / traditional FQHC) achieved the first-in-state patient-centered dental home accreditation in 2024

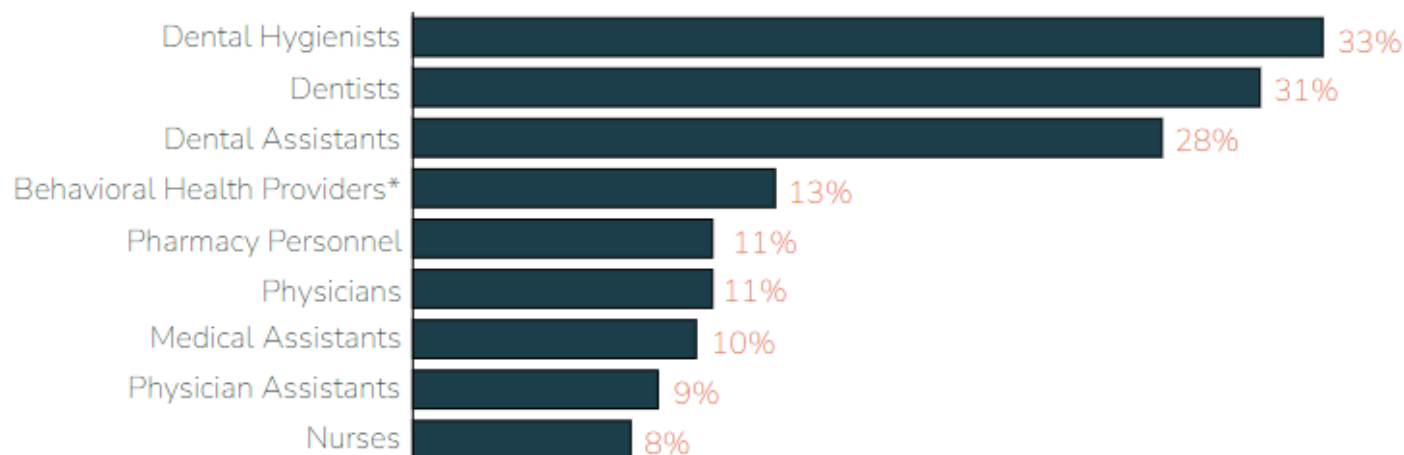


Mobile Dentistry Across WI

Several CHCs operate mobile units, including for dentistry, and visit schools, employers, and other partners

Oral Health Workforce Challenges

Community Health Center Provider Vacancy Rates
(July 2022, N=10 Health Centers)



*Behavioral Health Providers include mental health and substance use treatment providers

Source: WI CHC Workforce Survey, July 2022. Wisconsin Primary Health Care Association

WI Has Dentist Gap

35% of dentists in Wisconsin are age 60+
50% of dentists serving Medicaid plan to retire in the next 5 years

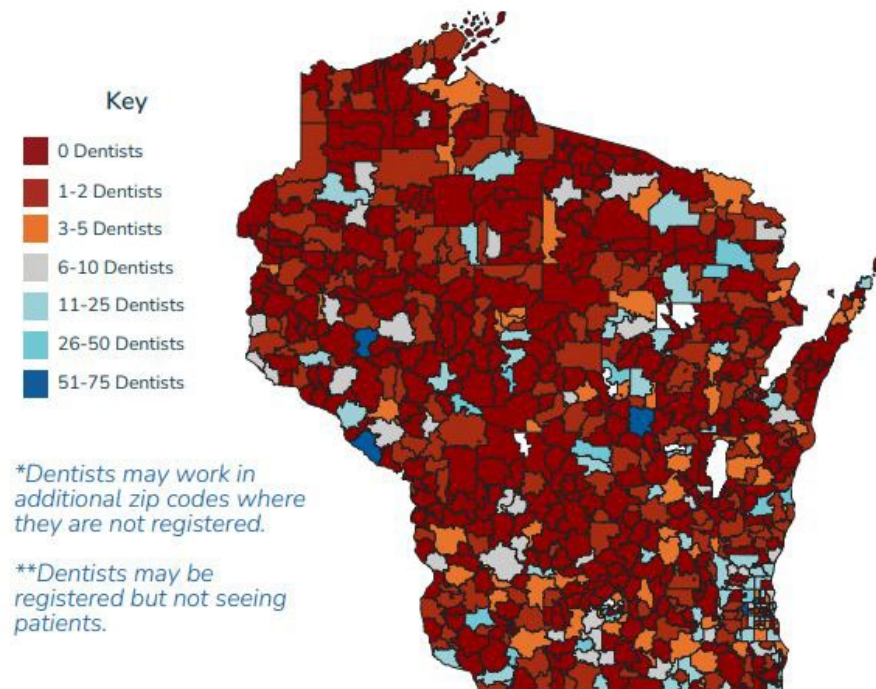
Source: DHS Wisconsin Dentist Workforce Report (February 2022)

<https://www.dhs.wisconsin.gov/publications/p03204.pdf>

Number of Dentists Licensed by Zip Code in Wisconsin

(DPS 2023) N=3,444 licensed dentists

53% of zip codes in Wisconsin have 0 Dentists registered.
An additional 22% of zip codes have less than 2 Dentists.⁹

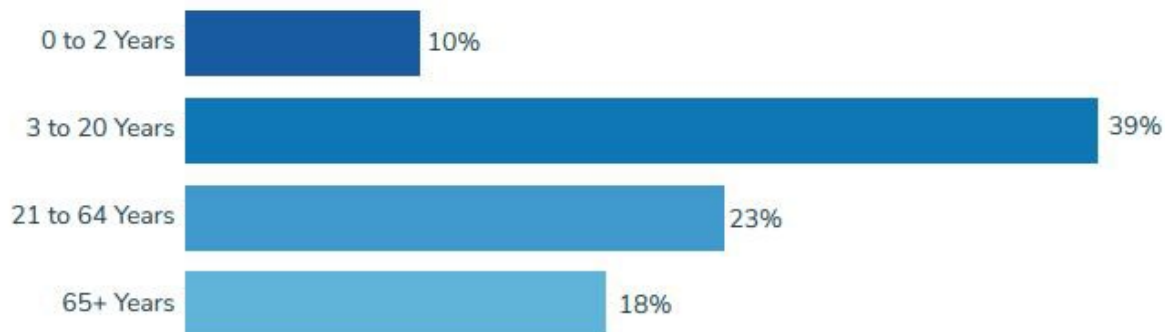


Access Gaps for MA Patients

% Medicaid Members with any Dental Service by Age Group in Wisconsin

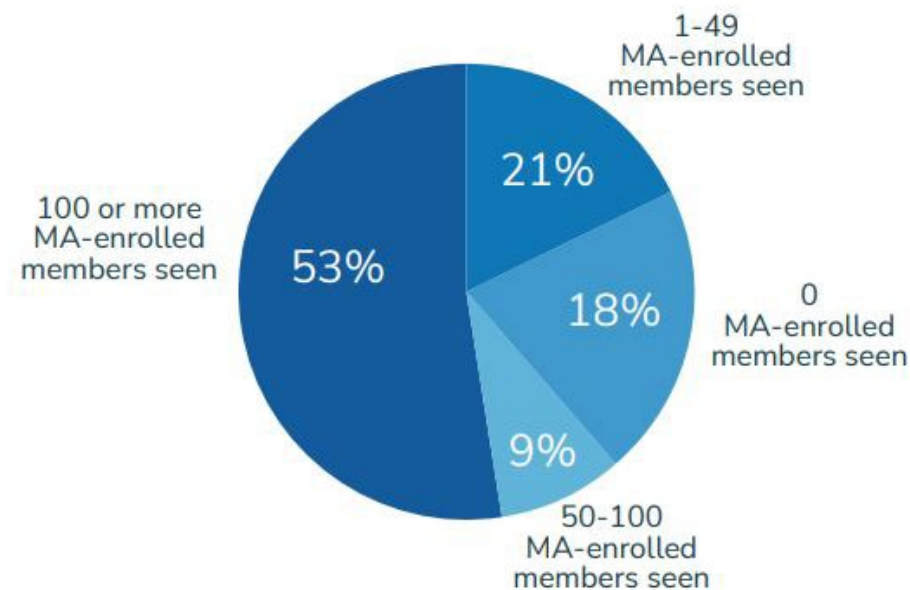
(DHS 2022)

Less than 40% of Medicaid enrolled children (ages 3-20) received dental services in 2022. Working age adults and seniors were even less likely to have received dental services.



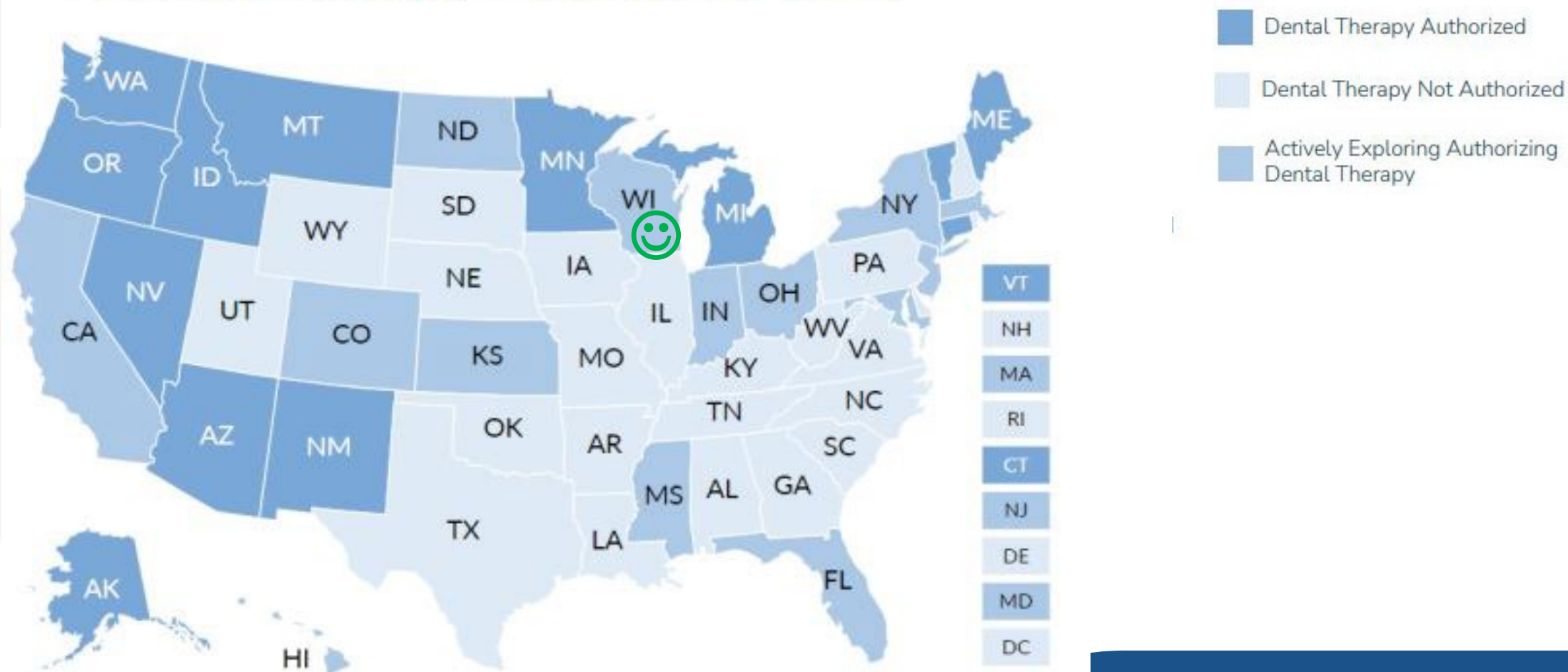
Wisconsin Medicaid Enrolled Dentists and Medicaid Patient Care Provided

(DHS 2022) N=878 Dentists



Dental Therapy: Part of the Solution

Dental Therapy Policies by State¹²



DENTAL PROFESSIONALS COMPARISON

	Licensure/ Certification	Education	Where and what type of care is provided
 GENERAL DENTIST	License required Biannual renewal that includes proof of continuing education	Undergraduate degree + Graduation from a Commission on Dental Accreditation(CODA) accredited dental school (approx. four years)	Dentists usually work in a dental clinic. They can provide the full scope of dental procedures and treatments with some pursuing specializations such as orthodontics and endodontics.
 DENTAL THERAPIST	License required Biannual renewal that includes proof of continuing education	At least three years post-secondary academic training from a CODA accredited Dental Therapy Program.	Dental therapists provide care in offices and community settings, such as schools, senior centers, and mobile clinics. They are specifically trained to work in dental shortage areas and provide routine dental care, including exams and filling cavities. They work as part of a dentist-led team complementing the work of dental hygienists and DAs.
 REGISTERED DENTAL HYGIENIST (RDH)	License required Biannual renewal that includes proof of continuing education	Graduation from a CODA accredited dental hygiene program (associates or bachelors degree).	Dental hygienists specialize in preventing disease. They focus on procedures like sealants, fluoride varnish, preventing and treating gum disease and promoting good oral health practices. They work in clinic or community settings such as schools, medical offices and nursing homes.
 EXPANDED FUNCTIONS DENTAL AUXILLARY (EFDA)	One time certification with 12 required continuing education credits every two years	Graduation from a CODA accredited dental assisting program that includes additional EFDA training. Must have 1,000 hours of on the job experience or be a certified DA.	EFDA's are DAs that are trained in a handful of additional procedures to improve efficiency in a dental office. They work in dental offices or community sites. EFDA's components of the treatment a dentist provided (e.g., dentist drills tooth, EFDA fills the tooth, dentist checks final work).
 DENTAL ASSISTANT (DA)	None required, can become certified	In Wis. no education is required. Training can be provided on the job or obtained at a dental assisting education program. DA educational programs do not need to be CODA accredited and may offer the ability to become a certified DA.	DAs work in offices and community settings, supporting other providers and administering basic services. They often serve as a second set of hands for another member of the dental team.

WI's Dental Therapy Law



- Summary of Senate Bill 689, enacted into law on 1/31/2024: [act087.pdf \(wisconsin.gov\)](#)
- Full language of enacted bill: [Wisconsin Legislature: 2023 Wisconsin Act 87](#)
- WI is the only state in the Midwest other than MN where Dental Therapists are authorized to practice
- Current status: Dentistry Examining Board (DEB) concluded work on emergency rules (effective 7/26/24) and Medicaid is beginning on ForwardHealth provisions and enrollment/billing

How We're Getting Ready: Learning from the Pros!



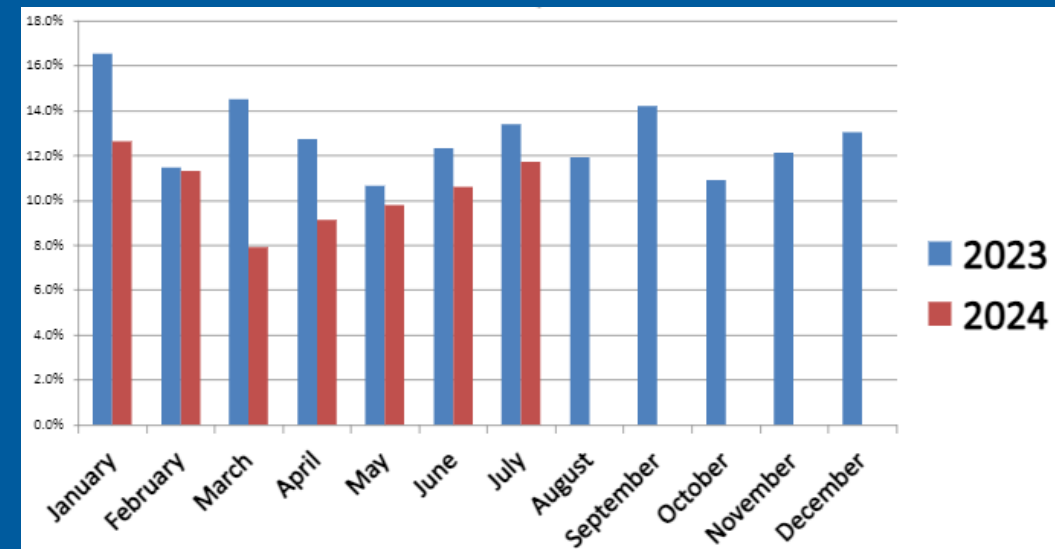
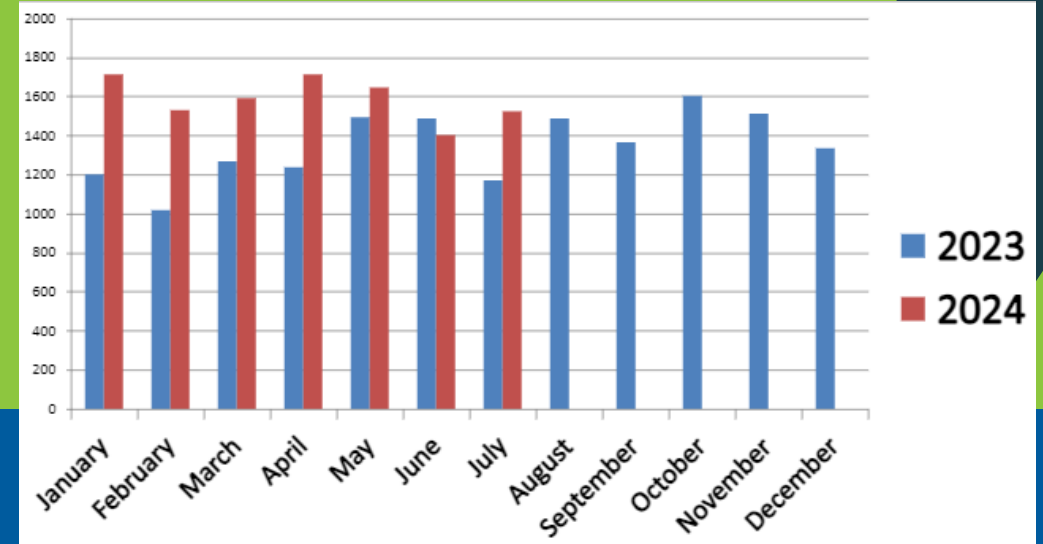
Janelle Jehn CADT, Advanced
Dental Therapist, Southside Dental
Clinical Director



Dr. Quinlan DDS, First Dentist to Hire a
Dental Therapist in an (FQHC) Federally
Qualified Health Center setting

Southside's Experience with Dental Therapists

- Dental Therapists have Increased:
 - Treatment plan completion rates of phase 1 treatment
 - Pediatric population
 - Access (~1,589 patients monthly)
 - Quality- Dental Sealants (89% Completion Rate)
 - Teamwork- Collaboration and Communication
 - Financial Benefits
 - "Working Smarter not Harder"
 - Provider/Patient Satisfaction



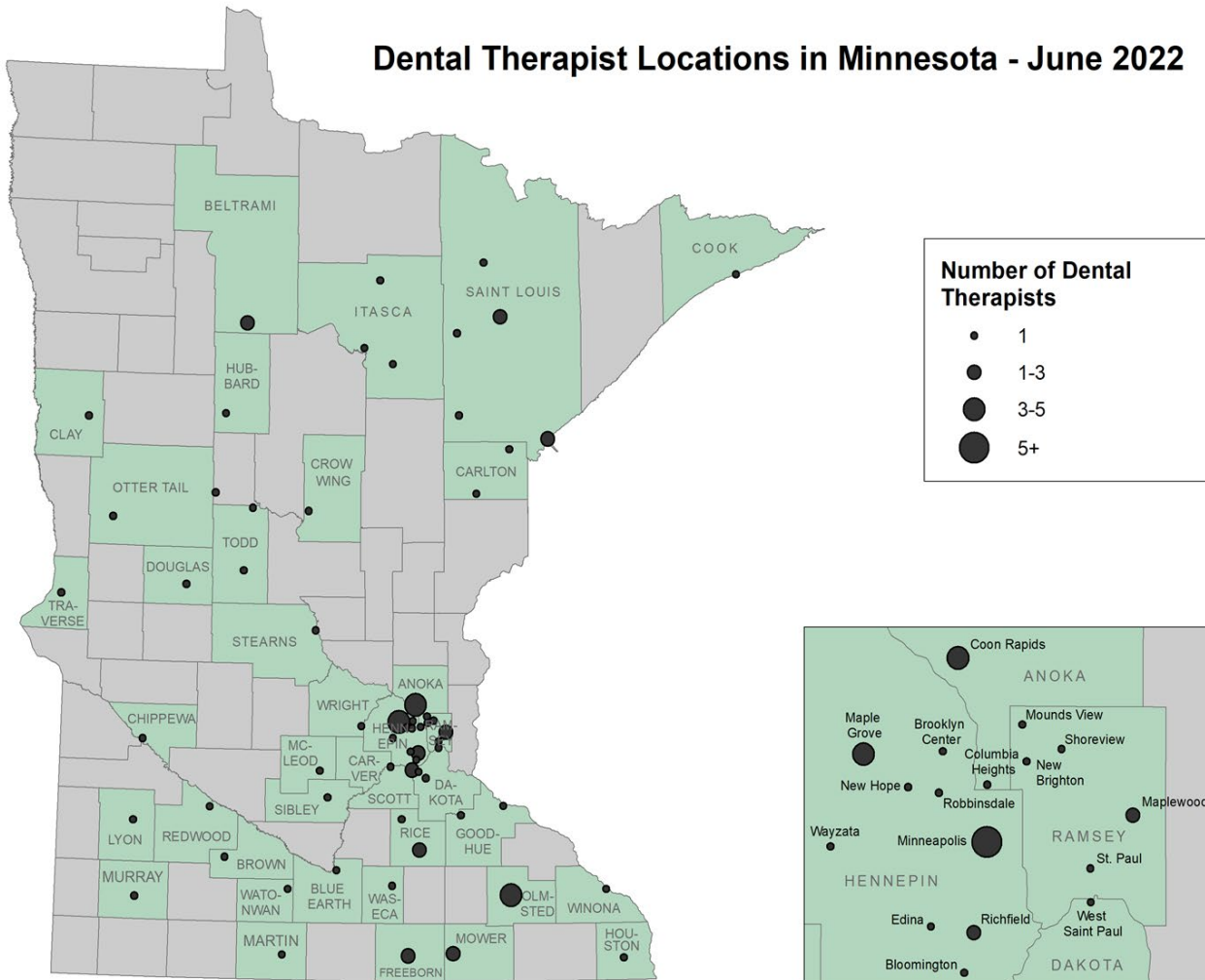
Considerations for Dental Therapy Implementation

- Buy-in and change management? Admin, leadership, collaborating Dentist, other members of the oral health team
- Understand the unique scope and skills of a Dental Therapist
- Consider adjustments needed re: scheduling, workflows, supervision, peer reviews, special approaches for dual-licensed providers, etc.
- Mentorship needs?
- Messaging to patients and colleagues? Who is this person and how do they fit in?

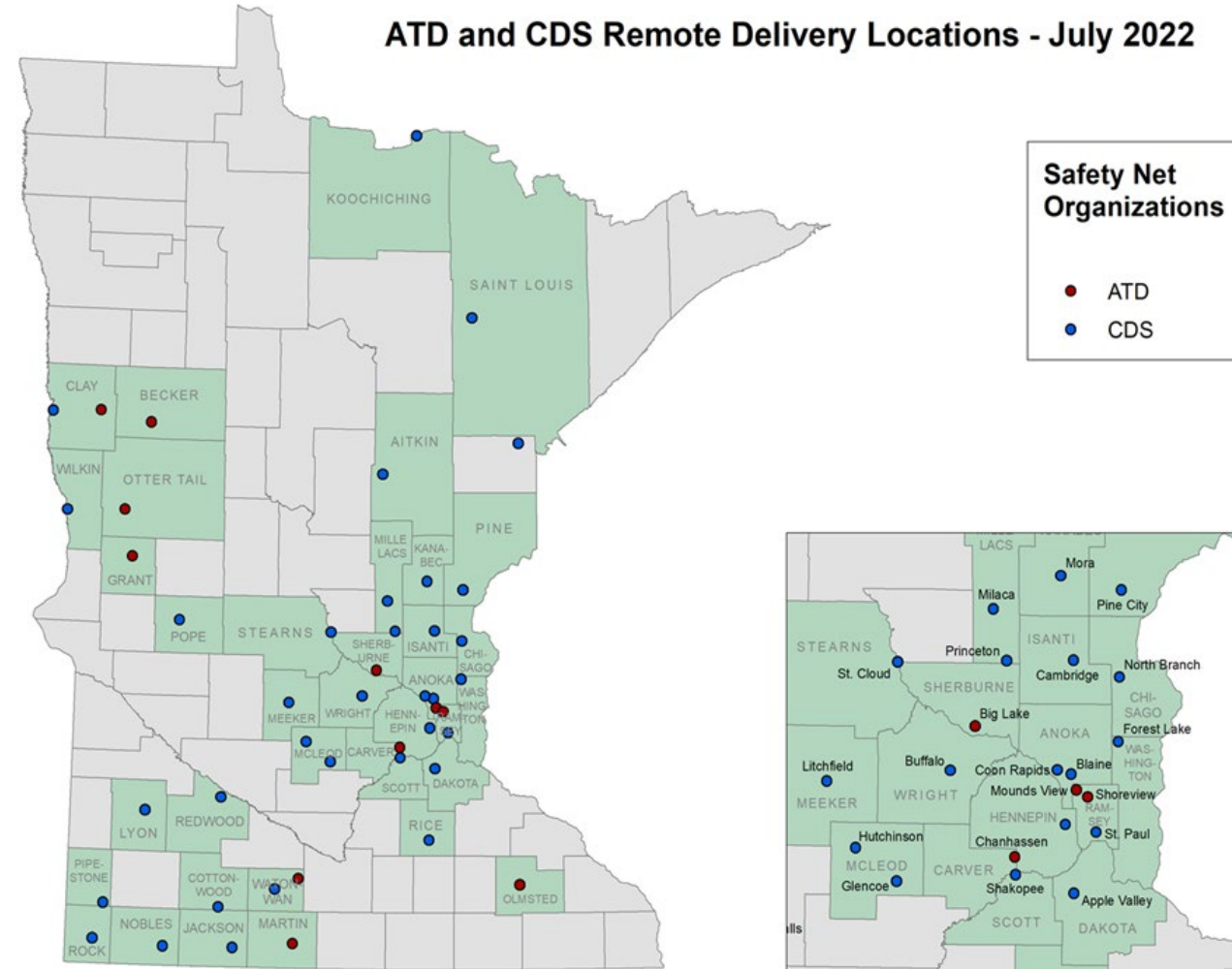
Today in MN

- 10+ years of Dental Therapy
- Currently 140 active Licensed DTs
- 3 institutions in MN that educate DTs
- MN: Dual Licensed Hygienist , Licensed Dental therapist and Certified Advanced Dental Therapist

Dental Therapist Locations in Minnesota - June 2022



ATD and CDS Remote Delivery Locations - July 2022



National Resources & Information from Other States

- Children's Health Alliance of Wisconsin is working on a resource library which will be available this summer
- One pagers, infographics
 - [Dental Therapy authorization and status by state](#)
 - [MI Dental Access](#) infographics
 - [National Partnership for Dental Therapy](#) fact sheets
 - [Dental Professionals Comparison chart \(wphca.org\)](#)
- Manuals and Toolkits
 - [2022 Dental Therapy Resource Guide \(NACHC\)](#)
 - [Dental Therapy Startup Guide for Tribal Leaders \(NIHB\)](#)
 - [Dental Therapy Employment Manual for Michigan Community Health Centers \(MPCA\)](#)
 - [Dental Therapy Toolkit: A Resource for Potential Employers \(MN\)](#)
 - [Dental Therapist Model Rule \(NPDT\)](#)
- Surveys & Reports
 - [Michigan Dental Therapy Report Summary \(MPCA\)](#)
 - [Catalanotto-In-Defense-of-dental-therapy-draft-prepub-c-opy.pdf \(floridiansfordentalaccess.org\)](#)
 - 10 year study, published in 2020:
https://www.chwsny.org/wpcontent/uploads/2020/09/CHWS_Contributions_of_DTs_ADTs_at_Apple_Tree_Dental_2020.pdf
 - Qualitative study: <https://oralhealthworkforce.org/wp-content/uploads/2022/05/OHWRC-Provider-and-Patient-Satisfaction-With-the-Dental-Therapy-Workforce-at-Apple-Tree-Dental-2022.pdf>
 - <https://www.appletreedental.org/watch-short-documentary-series-highlighting-dental-therapists-in-minnesota/> - Video re: rural practice thriving instead of closing by adding therapists to their team

Richelle Andrae

Associate Director of Government Relations

Wisconsin Primary Health Care Association

randrae@wphca.org

Let me know if you want to be added to coalition communications on Dental Therapy!