



## After the Fact | [Dental Care Gaps in America](#)

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### TRANSCRIPT

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**Christy Jo Fogarty:** Some areas, like this, we don't get to as often as we'd like. So I could probably do two weeks straight up here and still not see all the kids we'd like to see. But we see as much as we can.

**Dan LeDuc:** In this episode of "After The Fact," we're hitting the road. About 63 million people live in areas with a shortage of dental care—and that's our data point for this episode. 63 million is a lot of folks, nearly 1 in every 5 Americans.

I'm Dan LeDuc from The Pew Charitable Trusts, and we're joining Christy Jo Fogarty as she travels to rural Minnesota, not far from the North Dakota border, to try to reduce that number.

*[Music]*

**Dan LeDuc:** So where are we now?

**Christy Jo Fogarty:** This is the Clay County Family Service Center.

**Dan LeDuc:** Christy Jo is a new kind of dental provider, a dental therapist—and sometimes her workdays last 12 hours as she drives to set up a portable dental office and bring care to children who need it.

**Christy Jo Fogarty:** Morning.

**Dan LeDuc:** We're in Moorhead, Minnesota, and she is unpacking her equipment, screwing brackets together, and assembling a dental chair, lights, and, yes, even a drill.

**Christy Jo Fogarty:** It usually takes us about a half-hour to get everything set up.

*[Sounds of clinic]*

**Christy Jo Fogarty:** I can put my computer on this one, right?

I know our first one's an exam, so.



**Dan LeDuc:** That first appointment is with a 6-year-old girl, and we spoke with her mother.

**Dan LeDuc:** I just wanted to just talk for a minute, like, why you came here today.

**Sarah:** Actually, I got contacted through the school program. And they informed me that she needed a few fillings. And we had paid out of pocket for the first few. And it was just really, really expensive.

They said that they would be able to provide the other fillings for [patient]. It's the one thing that just is really costly even with the state assistance.

**Dan LeDuc:** If this wasn't here, what could you do?

**Sarah:** There really wouldn't be any other options other than paying out of pocket. You'd have to wait until it went pretty much as bad as possible, you know. And then you could go to Community Health, and they would yank it out. There was no saving it.

I think that people maybe don't really realize, I have a bachelor's degree. I'm a social worker.

And I mean and still, yet, I can't cover for dental insurance for my daughter.

*[Sounds of clinic]*

**Christy Jo Fogarty:** Any teeth that she's complained about? Any concerns you have?

**Sarah:** Well, I know that they had X-rays done. And she had—

**Patient:** I had five cavities.

**Sarah:** She had five cavities. And we paid out of pocket for two cavities to get filled.

**Patient:** Two on this side. And three on this side.

**Sarah:** And that was kind of the thing was that we'd been paying out of pocket.

**Christy Jo Fogarty:** Really expensive, yeah.

**Sarah:** And then I saw that, she's a Minnesota resident, she can come in here and have it done for free, so.



**Christy Jo Fogarty:** That's better than paying a lot of money out of pocket.

**Sarah:** Yeah. Yeah, it is.

**Patient:** I was in the ice show two days ago.

**Christy Jo Fogarty:** You were? What did you do in the ice show?

**Patient:** I fell down at the first one.

**Christy Jo Fogarty:** Come on over here, darling. I'm going to have you come sit right in my chair.

**Patient:** Yeah, because I lost seven teeth.

*[Sounds of equipment beeping]*

**Noel Jester [Licensed dental assistant]:** All right, sweetness. I know you've done this before.

Open a little bit. Now bite.

**Christy Jo Fogarty:** Perfect.

**Patient:** Like on the other side, it's like, but the filling's on the way back.

**Christy Jo Fogarty:** Yup. We'll do the back ones next.

So I'm just going to do her exam.

And then we'll get those two fillings done in the upper left. She will be numb when she leaves.

**Sarah:** Okay.

**Christy Jo Fogarty:** Okay, so lots of water. Just going to wash, wash, wash.

So, Mom, there's a cavity between these two teeth. And now that I have the cavity out of one and I can directly look at the other, that's kind of the start of a cavity.

*[Sounds of dental equipment]*



Best patient we've had all day.

She needs a bag.

Let's see what I got in here. Where's my pink toothbrushes? I had pink ones.

**Sarah:** What do you say?

**Patient:** Thank you.

**Christy Jo Fogarty:** So the number you called to set up this appointment, just give them a call. The treatment plan's already in the computer.

**Sarah:** Okay.

**Christy Jo Fogarty:** So the one cavity I saw in between your teeth we need to do. But we'll get them both done next time.

**Sarah:** Okay.

**Christy Jo Fogarty:** Okay. We'll see you guys next time.

**Sarah:** Thank you.

**Christy Jo Fogarty:** Make sure you start flossing, darling.

**Sarah:** Yeah.

**Dan LeDuc:** So how do folks even know you're here?

**Christy Jo Fogarty:** So a lot of them will have a child who is seen in our school program. So we might see their 7-year-old brother. And when mom or dad have contact with us, they realize that all the kids in the family can be seen.

**Dan LeDuc:** Right.

**Christy Jo Fogarty:** But we get an opportunity then to educate that parent. So the child that's in their car seat next to the 4-year-old now won't have to go through that same type of pain and suffering.



**Dan LeDuc:** Back to our data point: those 63 million Americans with limited access to dental care.

It's a serious issue, because dental health isn't just about your teeth. Without care, dental problems can affect a person's overall health, social development, their productivity—think about school kids with toothaches that go unaddressed and how well they can concentrate in class. Left untreated, cavities can quickly escalate to infections and create even more serious conditions.

When people don't have access to dental care, they often have to rely on emergency rooms. In 2012, more than 2 million Americans wound up in ERs for dental work at a cost of \$1.6 billion. Most of that was paid by taxpayers.

Minnesota decided to do something about that. In 2009, it passed legislation creating a new kind of dental provider who fits in between a dentist and dental hygienist. Dental therapists are kind of like a physician assistant in a medical office.

They train in classrooms alongside dentists. Because the scope of their practice makes up about a quarter of what a dentist can do, the training is shorter.

And at least half of their patients have to be on public assistance or live in an underserved area.

Christy Jo was the second person in Minnesota to receive one of those licenses. And she now sees about 4,000 children each year. Many of them have never been to a dentist before.

**Christy Jo Fogarty:** Unfortunately, every single day we see kids with what we call rampant decay. They have 20 teeth in their mouth, and they have 10 to 20 cavities. So unfortunately, I do spend a good deal of my day doing stainless steel crowns and extractions and fillings on very young, very small children.

There's also the days I work in the high schools. And I'm doing tons of educating with those kids and sometimes a great deal of restorative work on them as well.

I remember one of the very first patients that I saw as a dental therapist was a 2-year-old little boy.

And his mom brought him into the office. He had fallen and hit his two front teeth about a week earlier. But he'd been up for two nights in a row crying in pain.



And she had called a dozen dental offices, and no one would see him because she was on public assistance, and he was 2 years old. And she came in and was just about in tears. She was like, “I was just going to take him to the ER if you guys said no. I had no other options. No one would see him.”

So that's kind of crazy. I mean, he's just an average little 2-year-old boy. And the mom just wanted her son out of pain.

**Dan LeDuc:** Right.

**Christy Jo Fogarty:** And we were able to get his teeth out. And I had her come back a couple of weeks later.

And he came wheeling around the corner. And he saw me, and he stopped dead. And I thought, “Oh, here come the tears.” Like, I'm that mean lady.

And he came running up and grabbed my legs and hugged me. And his mom's like, “He just remembers you're the lady who took his pain away.” So you know, that access piece is just about parents wanting their kids to get care.

**Dan LeDuc:** Right, right. And it really comes down to sort of access.

**Christy Jo Fogarty:** Absolutely.

But I saw it everywhere. It was rural for sure.

But I saw it in the urban core as well. And those people kept falling through the cracks.

**Dan LeDuc:** So what can you do? When you are in a facility and you're seeing patients, what do you get to do with them?

**Christy Jo Fogarty:** So I can do any kind of filling, adult and children. I can do stainless steel crowns, adult and children. I can do extractions of baby teeth. I can also do extractions of adult teeth if they are already mobile due to gum disease.

**Dan LeDuc:** Okay. And you work under the supervision of a dentist.

**Christy Jo Fogarty:** We do.



**Dan LeDuc:** So how does that work?

**Christy Jo Fogarty:** It works through a collaborative management agreement. And that's really the key to how this legislation works in Minnesota, is that collaborative agreement lays everything out, what we're allowed to do. If a dentist is uncomfortable with their therapist doing this particular procedure, they can put it right into that agreement that that's something that they're not going to allow them to do. So it's really a teamwork.

**Dan LeDuc:** Sure.

**Christy Jo Fogarty:** I mean, they're absolutely responsible for us and supervise us. But you really sit down and have a conversation.

**Dan LeDuc:** You know, a lot of us are a little nervous going to the dentist's office no matter what, right? And then they walk in, and you're not a dentist. Does that matter to people?

**Christy Jo Fogarty:** I've had in my 6½ years of practice one parent say, "I'd really prefer my child see a dentist." And we accommodated that without any problem. But no. That example, the little boy I told you, his mom didn't care what letters came after my name. She cared that her child was getting out of pain and getting healthy.

**Dan LeDuc:** What happens if you're not here?

**Christy Jo Fogarty:** I mean, in just these three days, we'll probably see three dozen children. It would have been three dozen children who would have gone without care. And in the past several days, we've taken out probably a half-dozen infected teeth.

That would have been another six or seven kids who would have gone with continuing to have infection in their mouth with no way to have access to dental care. So, you know, for those patients, this is it.

*[Music]*

**Dan LeDuc:** Dental therapists must practice under the supervision of a dentist like Dr. Azar Hemmaty. She and Christy Jo work for the same Minneapolis-based nonprofit, Children's Dental Services.

At first she was hesitant about the idea of dental therapists.



**Dr. Azar Hemmaty:** I was. I was really a skeptic. I wasn't sure how to deal with it. And I think this is a part of human nature, that every new thing comes to our life, we always question it, and we are hesitant to accept it. And my question was, are they going to take over our job? Are they going to saturate the field? And also, if they have enough knowledge to do the same job we do.

**Dan LeDuc:** What happened to change your mind?

**Dr. Azar Hemmaty:** In my experience, all of the dental therapists I worked with had the background of being a hygienist and working as a hygienist for a few years. So they already had the knowledge of prevention and educating patients, and that provides their patient interaction and relationship, and they were very comfortable with that.

Since their scope of practice is smaller than the dentist, so they do this stuff more often. We all know experience goes a long way, and they get really, really good at it. I just looked at them as amazing providers that fill the gap of lack of dental treatment that they have for especially rural areas and Medicaid patients.

**Dan LeDuc:** So now dental therapists have been in place for a while in Minnesota. That gives you a track record to evaluate. What have you found?

**Dr. Azar Hemmaty:** Actually, there has been a good study on effective dental therapy in the private practice, and it shows if a private practice hires a dental therapist and just sees patients with private insurance, in a solo practice, their profit goes up 17 to 54 percent. And even if a dentist hires a dental therapist for the purpose of seeing Medicaid patients, it shows that the profit increases 6 percent overall.

**Dan LeDuc:** So there's actually a practical impact from a business point of view?

**Dr. Azar Hemmaty:** Absolutely.

**Dan LeDuc:** Dr. Hemmaty, thanks so much for your help today.

**Dr. Azar Hemmaty:** Absolutely.

**Dan LeDuc:** As of January 2018, 16 states allow or are considering authorizing this new type of provider. Christy Jo would like to see more people doing what she does.



**Christy Jo Fogarty:** I mean, especially the nice thing about dental therapists is, because it's built on a hygiene education for the most part, we already have that preventive piece in your practitioner.

And now you educate them to be able to do a limited scope of practice, but really, quite frankly, the most needed procedures that this population needs. But even if the state legislatures are unwilling to really consider dental therapy, in Minnesota we have collaborative practicing hygienists and assistants. So at least those practitioners can get out and do preventive care.

But really, it's just building on what you already have and just using the workforce you already have to expand further into those communities.

And you could take a dental hygienist from a very rural area, educate her to the level of a dental therapist, and she's most likely to go back to that community, he or she is.

**Dan LeDuc:** It must not be hard to get out of bed and go to work in the morning.

**Christy Jo Fogarty:** It's pretty easy to get out of bed. Yeah, genuinely, love, love my job. Every day I get up, and I love what I do. And I know that I make a difference.

*[Music]*

**Dan LeDuc:** After a long day in Moorhead, we saw a lot of kids go home smiling.

Our thanks to Children's Dental Services and its patients who allowed us join them for the day.

For more on dental therapists and Pew's research on this topic, including a couple of video interviews with Christy Jo, check out [pewtrusts.org/afterthefact](http://pewtrusts.org/afterthefact).

And as always, we'd love your feedback on how we're doing. Find us on Twitter at @PewTrusts, or leave us a review wherever you get your podcasts.

Thanks for listening. For The Pew Charitable Trusts, I'm Dan LeDuc, and this is "After the Fact."