



December 1, 2014

Dr. Sherin Tooks, Director  
Commission on Dental Accreditation  
211 E. Chicago Avenue, 19th Floor  
Chicago, IL 60611

Dear Dr. Tooks and Members of the Commission on Dental Accreditation:

On behalf of America's nearly 1,100 community colleges, the American Association of Community Colleges (AACC) writes to thank you for your efforts to develop Dental Therapy (DT) education standards and to offer comments on the Proposed Accreditation Standards for Dental Therapy Education.

As the educators of the majority of the nation's dental aides and dental hygienists, community colleges contribute significantly to ensuring the nation has an adequate supply of well-educated oral health care professionals. Community colleges are widely known for collaborating with local leaders, employers, and workforce development professionals to identify and develop programs that graduate quality oral health care providers to practice within their communities. Community colleges' experience, expertise, and infrastructure as well as affordability and accessibility uniquely position them to develop DT programs that ensure the availability of oral health care throughout America, including in rural communities that are particularly reliant on two-year institutions for their oral health workforce.

AACC applauds the Commission on Dental Accreditation (CODA) for drafting a DT standard that recognizes the value of the prior learning and competencies of dental professionals who choose to pursue a DT credential. In addition to putting DT education and employment within closer reach of current dental professionals, who in some communities struggle to secure employment with their current skill set, this approach aligns with higher education policymakers' calls to recognize students' competencies and prior learning to reduce redundancy and cost. This also promotes lifelong learning and college completion.

Likewise, AACC appreciates and supports the Standard 2-1 latitude that makes it possible for colleges across sectors to develop DT programs. This program flexibility will permit an array of higher education institutions to address community needs and ensure that rural and disadvantaged communities can 'grow their own' oral health professionals, which data demonstrate is a necessary and effective means of ensuring access to care. In Alaska and internationally, dental therapists who provide safe, high quality and culturally competent care are trained within the timeframe in which an Associate Degree is earned.

Additionally, AACC urges CODA to consider the work and recommendations of two expert groups that have thoroughly examined DT education. The first, the American Association of Public Health Dentistry (AAPHD), has with a panel of dental education leaders, developed a model DT curriculum that supports creating Associate Degree DT programs. The second group, the Community Catalyst, has with a panel composed of representatives from the nation's three existing DT programs and DT practice as well as

U.S. and Canada educational standards experts, made the following recommendations:

- Educate DTs for practice under the supervision of a dentist and to work collaboratively as part of a dental care team.
- Deliver DT curricula through at least two calendar years of full-time instruction or its equivalent at the postsecondary level, and award an Associate's degree to graduates. Deliver dual DT and Dental Hygiene curricula through at least three years of full-time instruction or its equivalent.
- DT education program graduates must be able to competently provide care within a scope of practice that includes assessing patients' oral health needs, providing preventive care and treatment for basic oral health problems and recognizing and managing complications, while adhering to all recognized community and professional standards.
- DT education program leaders must be qualified to administer the program, but do not need to be dentists. However, if a program is not dentist-led it must employ a dental director—a licensed dentist who is continually involved in the program.

Given that data clearly demonstrate that two-year DT program graduates provide quality oral care and that the deliberations of two expert panels resulted in a recommendation of a two-year educational delivery timeframe, AACC urges CODA to amend Standard 2-1 to read, "The curriculum must include at least two academic years."

Finally, as community colleges offer oral health professions programs and meet workforce needs nationwide and are interested in expanding their role to include educating DTs, AACC urges CODA to adopt national accreditation standards. With over 15 states exploring dental therapists as a model to improve access to dental care and many academic institutions interested in hosting programs, AACC urges the adoption of national DT education standards as well as a national DT program accreditation process to ensure the high-quality of DT education in every state in the nation. National standards and processes will facilitate the establishment of these educational programs by the states.

Thank you for consideration of our comments.

Sincerely,

Roxanne Fulcher  
Director, Health Professions Policy