Assessing Public Perception of Dentists as Vaccinators

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Background

In April 2025, Colorado law expanded the scope of practice of dentists to include the administration of vaccines related to oral and respiratory health to patients ages 6 and older. Information about public perception of dentists as vaccinators remains limited.

Objectives

To improve the understanding of public perception of dental providers as vaccinators against childhood diseases, specifically influenza & human papillomavirus (HPV), and to understand barriers and facilitators to public acceptance of dental vaccinators.

Methods

We used convenience sampling to recruit English-speaking adults at public gatherings and requested voluntary participation in a survey consisting of questions adapted from the University of North Carolina National Parents Survey[1] and the Adolescent Vaccination in Pharmacies Survey[2]. The study was approved by the Colorado Multiple Institutional Review Board.

Results

Participants included 89 individuals (mean age, 41; 64% women, 34% men, 2% nonbinary), of whom 70.8% identified as White, 15.7% as Latinx, 2.2% as American Indian, 1.1% as Asian, 1.1% as Black, and 7.7% as multiracial (Table 1). Sixty-three percent of participants held a bachelor's degree or higher, 13% held a high school diploma or GED, and the remaining 24% held an associate's degree or had completed some college. Twenty-five percent of participants were covered through public insurance.

Most participants agreed that providing HPV and influenza vaccines at dental offices increases opportunities for children to receive healthcare (78.7%), and that children vaccinated by their dentist would still visit their physician regularly (69.7%) (Figure 1).

Most participants also agreed that vaccination in a dental office is as safe as vaccination in a medical office (77.5%) and dental personnel can effectively advise parents about the benefits and risks of vaccination (71.9%).

Table 1: Demographics

Survey Question and Response	n=89
Gender Identity	
Woman	57 (64.0%)
Man	30 (33.7%)
Nonbinary	2 (2.2%)
Age	
18-24	4 (4.5%)
25-34	35 (39.3%)
35-44	22 (24.7%)
45-54	8 (9.0%)
55-64	10 (11.2%)
65	10 (11.2%)
Self-Identified Race or Ethnicity	
White	63 (70.8%)
Latinx	14 (15.7%
American Indian	2 (2.2%)
Asian	1 (1.1%)
Black	1 (1.1%)
White & Asian	1 (1.1%)
White & Latinx	2 (2.2%)
White & American Indian	2 (2.2%)
Native Hawaiian & Latinx	1 (1.1%)
Other	1 (1.1%)
Did not respond	1 (1.1%)
Education Level	
High school diploma or GED	11 (12.4%)
Some college	12 (13.5%)
Associate's degree	10 (11.2%)
Bachelor's degree	30 (33.7%)
Master's degree	19 (21.3%)
Doctoral degree	7 (7.9%)
Insurance Coverage	
Public (eg, Medicare or Medicaid)	23 (25.8%)
Private	56 (62.9%)
I do not have health insurance	6 (6.7%)
I don't know	1 (1.1%)
No response	3 (3.4%)
Income	
Less than $10,000	9 (10.1%)
$10,000-$50,000	8 (9.0%)
$50,000-$75,000	18 (20.2%)
$75,000-$100,000	18 (20.2%)
$100,000-$150,000	13 (14.6%)
More than $150,000	22 (24.7%)
No response	1 (1.1%)

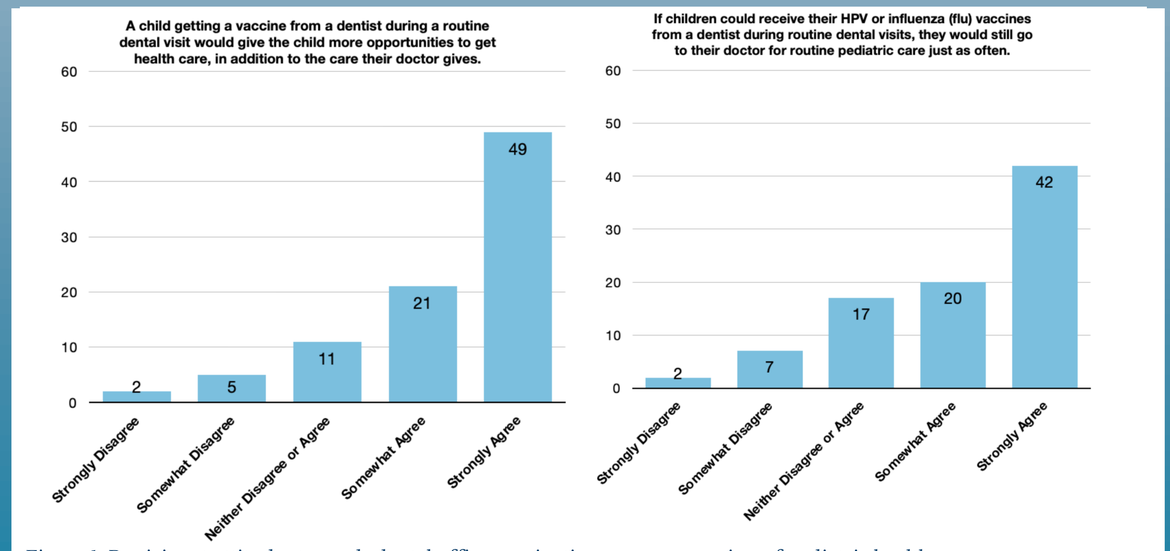

Figure 1. Participant attitudes towards dental office vaccinations as an expansion of pediatric healthcare.

Conclusion

These findings suggest the public is largely comfortable with dentists as vaccinators and views dental settings as safe and appropriate venues for childhood vaccination. Furthermore, they suggest that vaccine administration within dental practices provides an additional point of access to preventive care for children, rather than a competing intervention that undermines the role of the primary care provider. As Colorado prepares to expand dental scope of practice to include immunizations, these results can inform future educational and implementation strategies.

References

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