The Institute of Medicine

The U.S. Oral Health Workshop in the Coming Decade: A Workshop

February 9-11, 2009

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American Dental Hygienists’ Association
Presentation Overview:

Dental Hygienists and the Oral Health Workforce

- Current Status of Profession
- Challenges in Oral Health Care Delivery
- Opportunities in Health Care Delivery
“Current workforce and enrollment trends indicate a strong demand for dental hygienists that will likely continue into the foreseeable future. Dental hygienists will increasingly augment the productivity of the dental team and extend the accessibility of oral health care.”

ADEA Institute for Public Policy and Advocacy, Dental Education At-A-Glance, 2004
Current Status - Dental Hygiene Education

Programs:
- 312 Entry-level (AS, AAS, BS)
  - Entry-level program in each state – range from 1-22/state
  - Approximately 6,000 graduates per year in the U.S.
- 59 Degree completion (BS)
- 18 Master of Science (MS)

Issues:
- Overcrowded curricula
  1. Difficulty integrating evolving technologies
  2. Inclusion of emerging knowledge and integration with other health care disciplines
  3. Promotion of the professional roles and practice settings of the dental hygienist
- Faculty shortages
- Defining entry-level of the future
- Defining advanced practice
Current Status – Dental Hygiene Licensure

To Obtain Licensure:
- All states, aside from AL, require graduation from an accredited program
- All states require successful completion of written national dental hygiene board exam
- Some states require passage of jurisprudence exam

To Maintain Licensure:
- Annual/bi-annual licensure process
- 49 states require dental hygienists to complete continuing education

Professional Regulation:
- Generally overseen by state boards of dentistry
  - CA – Dental hygiene committee has oversight of RDH licensure/regulation
  - Additional information about RDH representation on state boards of dentistry:
    www.adha.org
Current Status - Demographics

- 152,000 licensed dental hygienists in U.S
  - 130,000 active practitioners
  - 25% hold licenses in more than one state
- Predominantly female profession (99%)
- Mean years in profession - 18.3 years
- Mean age 44/Median 45
- 91.5% Caucasian

Resource: ADHA Master File Survey of Dental Hygienists’ in the U.S. 2007
Current Status – Employment

Snapshot of Licensed Hygienists:
• 92% employed in private practice
• Most practice more than 31 hours per week
• 30% reported working in 2 or more sites
• 26% work with specialty dentist

Clinical Employment Settings:
• Private dental office
• Community/public health clinics
• School-based clinics
• Hospitals
• Prisons
• Nursing Homes

Other Employment Settings:
• Higher Education
• Research
• Administration/Management
• Public Health
• Corporate

Resource: ADHA Master File Survey of Dental Hygienists’ in the U.S. 2007
Challenge – *Patient Access to Oral Health Services*

- **Practice act restrictions**
  - Supervision
    - Direct, indirect, public health
  - **Settings**
    - Dental office
    - Community settings
  - **Scope/services**
    - Lack of uniformity among states
    - Different services allowed in different settings

- **Clinical Services**
  - Preventive
  - Restorative
  - Periodontal
Opportunities

1. Growth of the profession
2. Market Forces
3. Optimization of existing workforce
4. Advanced Practice
opportunities – growth of dental hygiene profession

u.s. dept. of labor, bureau of labor statistics: dental hygienists

projections data from the national employment matrix

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<td>dental hygienists (soc: 29-2021)</td>
<td>167,000</td>
<td>217,000</td>
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http://www.bls.gov/oco/ocos097.htm#projections_data
retrieved 1.24.09
last updated 12.8.07

Projections data from the National Employment Matrix

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<th>Occupational Title</th>
<th>2006 employment</th>
<th>Projected 2016 employment</th>
<th>Change, 2006-2016</th>
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<td>Number</td>
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<td>Percent</td>
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<td>Dentists, general (SOC: 29-1021)</td>
<td>136,000</td>
<td>149,000</td>
<td>13,000</td>
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http://www.bls.gov/oco/ocos072.htm#oes_links
Retrieved 1.24.09
Last updated 12.8.07
Opportunities – Market Forces

Direct Access:
ADHA defines direct access as the ability of the dental hygienist to initiate patient care without a dentist being present or having previously examined the patient.
Direct Access 1995
5 States

[Map showing 5 states: Colorado, Idaho, New Mexico, California, Washington]
Direct Access 2000

9 States
Direct Access 2009
29 States
Direct Access and Medicaid Reimbursement

Gray states – Direct access and direct reimbursement states
Red States – Direct access states
Opportunity – Optimize Existing Dental Hygiene Workforce

**Standardization of Practice**
- Enabling dental hygienists to practice to full extent of education
- Facilitate greater provider mobility

**Settings**
- Increase settings to create new entry points into oral health care delivery system

**Supervision ➡ Collaboration**
- Shift focus from supervision to increased collaboration among oral health and medical professionals
Opportunity – Advanced Dental Hygiene Practitioner

• ADHP model based on:
  – Landmark reports documenting oral health disparities
  – International oral health models
  – U.S. nursing and medical mid-level providers
  – Feedback from broad base of health care stakeholders
  – Building on strengths of existing workforce
Why ADHP?

More than a clinician!

- Primary provider of educational, preventive, diagnostic, therapeutic, and minimally invasive restorative services
- Provide care to wide range of patient populations
- Understand and effectively function within health care delivery system
- Evaluate and synthesize data for improved patient care outcomes
- Utilize and/or conduct research to make evidence-based decisions
ADHA Contacts and Resources

ADHP Competencies

ADHA Master File
http://www.adha.org/research/index.html

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ADHA Staff Directory:
http://www.adha.org/contactus/index.html