



## **American Dental Hygienists' Association Educational Standards Position Paper 2011**

The American Dental Hygienists' Association (ADHA) represents the professional interests of dental hygienists in the United States. There are currently over 150,000 licensed dental hygienists in the U.S.<sup>1</sup> ADHA has defined dental hygienists as licensed, preventive oral health professionals who have graduated from accredited dental hygiene programs in institutions of higher education. They provide educational, clinical, research, administrative, and therapeutic services supporting total health through the promotion of optimal oral health.

### **Position of the American Dental Hygienists' Association**

It is the position of the ADHA that the minimum educational preparation necessary for dental hygiene licensure and practice includes graduation from an accredited dental hygiene program of at least two academic years of full-time instruction in an institution of higher education, as well as successful completion of both the National Board Dental Hygiene Examination and a regional/state clinical examination. The ADHA opposes reduction of both educational standards and requirements for licensure of dental hygienists.<sup>2</sup>

### **Accreditation**

Accreditation is a formal, voluntary non-governmental process that establishes a minimum set of national standards that promote and assure quality in educational institutions and programs and serves as a mechanism to protect the public.<sup>3</sup> Accreditation Standards for Dental Hygiene Education Programs were mutually developed in 1947 by ADHA and the American Dental Association's Council on Dental Education.<sup>4</sup> In 1975, the Council's accreditation authority was transferred to the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs, which became the Commission on Dental Accreditation (ADA CODA) in 1979.<sup>5</sup>

The ADA CODA currently accredits dental hygiene education programs. CODA's mission statement reads "The Commission on Dental Accreditation serves the public by establishing, maintaining and applying standards that ensure the quality and continuous improvement of dental and dental-related education and reflect the evolving practice of dentistry. The scope of the Commission on Dental Accreditation encompasses dental, advanced dental, and allied dental education programs."<sup>6</sup>

The accreditation *Standards* have been developed to protect the public welfare, serve as a guide for dental hygiene program development, serve as a stimulus for the improvement of established programs, and provide criteria for the evaluation of new and established programs.<sup>7</sup> The accreditation standards address many areas, such as institutional effectiveness, student admissions, curriculum management and content, faculty, facilities, and health and safety provisions.

There are no current or planned guidelines for the accreditation of new and emerging allied dental disciplines by the Commission on Dental Accreditation (CODA). ADHA proposes to

uphold each state's statutory requirements regarding program approval. This will be maintained as the established process until CODA or another accreditation agency establishes accreditation standards for new oral health professionals.

## **Examination and Licensure**

Licensed health professions typically require graduation from an accredited program as a prerequisite for licensure examination because accreditation is an important element of the licensure process. Whereas accreditation evaluates educational programs, licensure evaluates individual competence. Accreditation and licensure should focus on the same outcome, such as competency assessment and evaluation, yet the purpose of accreditation and licensure should remain separate-programmatic assessment versus individual assessment.<sup>8</sup> As of 1951, all states have licensure requirements for dental hygienists.<sup>9</sup> ADHA supports graduation from an accredited dental hygiene program as a requirement for dental hygiene licensure.

In order to be eligible for licensure, after graduation from an accredited dental hygiene program, dental hygienists must pass a regional and/or state clinical licensure examination as well as the written National Board Dental Hygiene Examination administered by the American Dental Association Joint Commission on National Dental Examinations (JCNDE). The purpose of the national examination is to assist state boards in determining qualifications of dental hygiene licensure applicants by assessing their ability to understand important information from basic biomedical, dental, and dental hygiene sciences, as well as their ability to apply such information in problem-solving situations.<sup>10</sup>

This combination of requirements, graduation from an accredited dental hygiene program, successful completion of the written National Board Dental Hygiene Examination and a regional/state clinical examination, assures the public that dental hygienists are qualified to provide safe, reliable, and appropriate care.

## **Oral Health and Total Health: The Needs of the Public**

Oral health is an integral component of overall total health. The first Surgeon General's Report on Oral Health was published in May 2000. The main message of the report is that oral health is essential to the general health and well-being of all Americans and can be achieved by all Americans.<sup>11</sup> Although links between periodontal (gum) disease and diabetes have long been noted, research is pointing to associations between chronic oral infections and heart and lung diseases, stroke, and low-birth-weight, premature births.<sup>12</sup>

These associations are particularly important because often the signs and symptoms of systemic diseases, such as diabetes, first appear in the mouth. As noted in the Surgeon General's Report "If any of these associations prove to be causal, major changes in care delivery and in the training of health professionals will be needed." Oral health and its relationship to total health underscore the need for quality education for dental hygienists.

## **Access to Care**

Access to preventive and therapeutic dental hygiene care can be increased by maximizing the services that dental hygienists are educated to provide, expanding dental hygiene practice settings, and removing restrictive supervision requirements. Disparities in access to oral health care services can be found today among various population groups according to socioeconomic levels, race and ethnicity, age and gender. Research has repeatedly demonstrated that oral disease rates and oral health needs are highest in low-income and special-needs populations, such as the elderly or disabled.

As regulatory and legislative changes occur that allow dental hygienists to provide services in more settings with less restrictive supervision, it is imperative that high educational standards remain in place.

## Future Trends

The dental hygiene body of knowledge is expanding due to increased research and technology. Technological advances are also expanding the way students are educated, services are provided to the public, and how data are collected and disseminated. It is important for health care practitioners to keep abreast of changes within their professions. The ADHA advocates continuing education for all dental hygienists to expand scientific knowledge and enhance practice modalities.<sup>13</sup> It is through the educational foundation from an accredited dental hygiene program that dental hygienists can expand their knowledge and skills to meet the future health care needs of the public.

## Conclusion

To assure the health, safety and welfare of the public, ADHA asserts that graduation from an accredited dental hygiene program, successful completion of the written National Dental Hygiene Examination, and state or regional clinical examinations are the minimum requirements for entry into the profession of dental hygiene. As the health care delivery climate changes, including mounting scientific evidence associating periodontal (gum) disease and systemic diseases, increased demand for access to oral health services, and ongoing technological advances, it is the position of ADHA that dental hygiene education standards not be reduced, but rather, enhanced to meet the future health care needs of the public.

## References

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