American Dental Hygienists' Association

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Facts about the Dental Hygiene Workforce in the United States

Dental Hygienists are Primary Providers of Oral Health Care Services

The dental hygienist is the member of the oral health care team focused on preventing oral disease and identifying and treating oral disease while it is still manageable. Dental hygienists are primary care oral health professionals who administer a range of oral health services including prophylaxis, sealants, fluoride treatments, oral cancer screenings, oral health education, and in many states dental hygienists play an active role in placing restorations.[1]

Dental hygienists are licensed health care providers in each of the 50 states and the District of Columbia. To become licensed as a dental hygienist, an individual must graduate from one of the nation's over 330 accredited dental hygiene education programs and successfully complete both a national written examination and state or regional clinical examination. The average entry-level dental hygiene education program is 84 credits, or about three academic years, in duration.[2] Approximately 6,700 dental hygienists graduate annually from entry level programs that offer a certificate, or an associate's or bachelor's degree. There are currently 19 Master's degree dental hygiene education programs in 13 states. In all 50 states and the District of Columbia, dental hygienists are required to undertake continuing education as part of the licensure renewal process to maintain and demonstrate continued professional competence.[3]

Dental hygienists work in a host of settings to deliver clinical care and work under varying levels of supervision, depending on the state practice act. States are increasingly recognizing the importance of increasing direct access to dental hygiene services. In 1995, five states allowed direct access. Currently, 42 states have policies that allow dental hygienists to work in community-based settings (such as public health clinics, schools, and nursing homes) to provide preventive oral health services without the presence or direct supervision of a dentist.[4] These states recognize that dental hygienists are primary care providers who are an essential entry point to the health care system.

Dental Hygienists' Impact on Access to Care

The dental hygiene profession with its continuing growth offers a cadre of competent and licensed providers who can deliver comprehensive primary care services in an increasing array of settings. Direct access to dental hygiene services is especially critical for vulnerable populations like children, the elderly, and the geographically isolated who often struggle to overcome transportation, lack of insurance coverage, and other barriers to oral health care. Today, 18 states (Arizona, California, Colorado, Connecticut, Maine, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, Oregon, Rhode Island, Vermont, Washington and Wisconsin) recognize and reimburse dental hygienists as Medicaid providers.[5]

HRSA's National Center for Health Workforce Analysis developed the Dental Hygiene Professional Practice Index (DHPPI) to document the dental hygiene profession across the 50 states and assess the impact of dental hygienists on access to care for underserved

populations.[6] The findings of the study suggest that expanding the professional practice environment of dental hygienists improves access to oral health services, utilization of oral health services and oral health outcomes. Indeed, the study noted that "more can be done to increase the impact of these professionals [dental hygienists] on improved access and quality of care and reduced costs of care. More can be done to align DH [dental hygiene] scope of practice with demonstrated DH clinical skills and competencies."[7]

Dental hygienists throughout the country have demonstrated their ability to reach patients in a variety of settings, thus drawing those who are currently disenfranchised from the oral health care system into the pipeline for care. In South Carolina, a school-based program brings dental hygienists directly to low-income students in 467 schools in 46 school districts. Importantly, the program has 20 restorative partners, dentists who agree to see referred children in their private offices, thus promoting the receipt of comprehensive services. Data from the state has demonstrated that in the first five years the program was effectively in place; sealant use for Medicaid children increased while the incidence of untreated cavities and treatment urgency rates decreased for that population. The 2007-2008 Needs Assessment showed that there were no disparities between black and white third grade children for sealant use in South Carolina.

A program in Michigan, Smiles on Wheels, run by three dental hygienists, applied more than 1,360 sealants to children in schools in a one-year period. The same program also brings care directly to patients living in nursing homes who are not able to travel for dental care.[10] For more than a decade, California has recognized "Registered Dental Hygienists in Alternative Practice" who provide unsupervised services in homes, schools, residential facilities and in Dental Health Professional Shortage Areas. A study of RDHAPs in California found that "alternative care delivery models such as RDHAP are *essential* to improving oral health and reducing health disparities."[11] These are just a few examples of innovative models and programs that maximize utilization of the experience, education and expertise of dental hygienists, many more can be found throughout the country.

Oral Health is Vital to Total Health and Most Dental Disease is Preventable

Research is continually emerging that demonstrates the link between oral health and total health. The Centers for Disease Control has noted the relationship between periodontal disease and health problems like diabetes, heart disease, and strokes.[12] The tragic death of 12-year-old Deamonte Driver who died in 2007 as a result of complications from a brain infection that was brought about by an abscessed tooth was an unfortunate demonstration of the impact of untreated oral disease. In 2012, Kyle Willis, a 24-year-old father died from a tooth infection because he couldn't afford the antibiotics he needed, offering a sobering reminder of the importance of oral health and the serious-even fatal consequences- that people without access to dental care suffer. Lack of access to dental care forces too many Americans to enter hospital emergency rooms seeking treatment for preventable dental conditions, which emergency rooms are typically ill-equipped to handle.

Most oral diseases are completely avoidable with proper preventive care; however, in spite of this proven prevention capacity, oral disease rates among children and adults continue to climb.[13, 14] Preventing oral disease can positively impact total health and is also cost effective. Research indicates that low-income children who have their first preventive dental visit by age one incur dental related costs that are approximately 42 percent lower ($262 before age one, $449 between ages two and three) over a five year period than children who receive their first preventive between the ages of two and three.[15] Preventive care can diminish the need for more costly restorative and emergency care, saving valuable health care dollars in the long-run.

Evolution of the Dental Hygiene Profession
As our population ages and lives longer, demand for oral health care services is anticipated to grow beyond what the population of U.S. dentists is able to accommodate.[16] Dental hygiene is one of the fastest growing professions in the country, with a projected growth of 28 percent from 2012-2025.[17] The dental hygiene workforce is currently more than 185,000 members strong and will remain robust in coming years.[18] In contrast, "the supply of dentists is inadequate."[19]

A 2014 issue brief produced by the National Governor's Association, "The Role of Dental Hygienists in Providing Access to Oral Health Care," discusses state efforts to address barriers to access, particularly in underserved and vulnerable populations. Many states are deliberating expansion of the oral health care workforce utilizing dental hygienists. Education standards for dental hygiene are based on national accreditation standards, although the laws and regulations affecting dental hygienists vary widely among states.[20]

In recognition of increasing patient need and workforce realities, the American Dental Hygienists' Association (ADHA) and others have called for new types of oral health care practitioners. The ADHA supports oral health care workforce models that culminate in:

- Graduation from an accredited institution
- Professional licensure
- Direct access to patient care[21]

Direct access is the ability of a dental hygienist to initiate treatment based on their assessment of a patient's needs without the specific authorization of a dentist, treat the patient without the presence of a dentist, and maintain a provider-patient relationship.

Dental Therapy as a Workforce Opportunity for Dental Hygienists
Several states are considering a variety of proposals which would facilitate licensed dental hygienists pursing additional education to administer an advanced clinical scope of services, including restorative care, commonly called dental therapists. Arizona, Maine, Michigan, Minnesota, New Mexico, and Vermont, as well as tribal lands in Alaska, Idaho, Montana and Washington, have moved forward to address their access to care challenges and now recognize new oral health workforce models. There are also pilots underway in Oregon. Maine allows dental hygiene therapists (DHT) with direct supervision and they will be dually licensed. In Vermont a dually licensed dental therapist will provide oral health care services under the general supervision of a dentist within the parameters of a written collaborative agreement. These models are designed to extend the reach of the existing oral health care system to underserved populations.

Why Does a Dental Hygiene-based Workforce Model Make Sense?

- The workforce is educated, licensed, prepared and available.
- The educational infrastructure is in place.
- Dental hygienists currently work in a variety of settings to increase access.

The public will benefit from a practitioner who can provide both preventive and restorative services.

On Feb. 6, 2015, the Commission on Dental Accreditation (CODA) adopted the Accreditation Standards for Dental Therapy Education Programs. CODA is the single accrediting body in the United States that accredits all dental schools and dental education programs. Highlights include the requirement for education programs to include at least three years of academic study and that programs may grant credit for coursework completed prior to entry. A specific academic degree is not identified. These nationally adopted standards are important as they allow for educational institutions the flexibility to work with the specific needs of the state.

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