POSITION STATEMENT

Update on Dental Hygiene Workforce Solutions

The American Dental Hygienists' Association (ADHA®), recognizes that workforce challenges across oral health care are real and persistent. New research confirms what dental hygienists have reported for years: the profession is not suffering from a shortage of qualified people. It is suffering from a systemic failure to keep them.

The ADA Health Policy Institute (HPI), in its April 2026 analysis of the dental hygiene workforce shortage, confirmed that only 60% of dentists report having adequate hygiene staffing and that 91% of those actively recruiting rate it as very or extremely challenging. The same report acknowledges that this dynamic has persisted unchanged for three years despite record enrollment in dental hygiene programs. The ADA's own data show that new graduates are replacing those exiting the field, not expanding it, meaning the pipeline alone cannot solve the problem.

The 2022 Dental Workforce Shortages: Data to Navigate Today's Labor Market report, produced jointly by ADA HPI, ADHA and other oral health care organizations, identified the chronic, non-pandemic drivers of hygienist departure: negative workplace culture, insufficient compensation, lack of growth opportunity, inadequate benefits, feeling overworked, and communication failures in the practice environment. These are retention failures, not pipeline failures.

The recently published GoTu 2026 State of Work Report, the largest ongoing study of the U.S. dental workforce, developed in partnership with ADHA and reflecting responses from nearly 8,000 dental professionals across all 50 states, makes the urgency undeniable. Three years of data now confirm the following:

- 59% of dental professionals received no raise in the past two years. 74.7% receive no bonus. 44.7% have no benefits at all. Better compensation has ranked as the top desired improvement for three consecutive years, by a 20-point margin over the next item.
- Burnout affects 54.1% of all dental professionals and 60.6% of dental hygienists specifically. The leading causes are workload (65.7%) and toxic office culture (62.4%). These are structural, organizational conditions that cannot be resolved at the individual level.
- 64% of dental professionals report that their longest tenure at any single practice is five years or less. Office-switching is accelerating, not stabilizing.
- 62% of dental hygienists report that greater clinical autonomy would increase their likelihood of staying in the profession. Clinical autonomy is a retention tool that is structurally underutilized.
- 82.8% of respondents plan to remain in dentistry for at least the next decade. The commitment to the profession is intact. What is eroding is the willingness to remain in specific workplaces that do not offer fair pay, reasonable culture, and professional respect.

Taken together, these three data sources — two produced in direct partnership with ADHA — build an unambiguous case: the dental hygiene workforce shortage is a retention crisis, not a supply crisis.

ADHA has reviewed the workforce solutions proposed in recent ADA HPI analysis and by other dental organizations. These proposals include allowing foreign-trained dentists to practice as dental hygienists, expanding the scope of dental assistants to perform hygiene-adjacent procedures, and accelerating alternative licensure pathways. Several states have moved to implement such models.

ADHA does not support these approaches as solutions to the dental hygiene workforce shortage. Substituting alternative personnel for licensed dental hygienists does not address why hygienists leave. It bypasses the evidence in favor of short-term labor replacement, and in doing so, it risks patient safety, undermines professional standards, and further demoralizes a workforce that is already signaling distress. Replacing professionals who leave because of poor conditions with less-trained workers under the same conditions is not a solution. It is a continuation of the identified problem.

ADHA notes with concern that these proposals have been advanced even as the ADA's own HPI research, co-produced with ADHA, documents precisely why hygienists are leaving and what would bring them back. Workforce policy that ignores jointly produced evidence is not a data-driven approach. ADHA calls on the ADA, dental employers, and policymakers to follow the data.

ADHA maintains that the most effective, ethical, and durable solution to the dental hygiene workforce shortage is to address the conditions that cause hygienists to leave and to build a profession that trained, licensed dental hygienists actively choose to remain in. The ADHA supports the following evidence-based priorities:

- Fair, responsive, and transparent compensation that reflects the education, licensure, and clinical responsibility dental hygienists carry. Wages must be assessed against current market data and adjusted accordingly.

- Competitive benefits, including health insurance, paid leave, and continuing education funding, that are standard in comparable health care roles and currently absent for nearly half the dental hygiene workforce.

- Positive, accountable workplace culture. Poor communication, bullying, and toxic leadership are among the top drivers of departure. Culture is not a soft issue. It is a retention variable with measurable consequences.

- Professional autonomy and full utilization of scope of practice. Nearly two-thirds of hygienists report that expanded clinical autonomy would increase their likelihood of staying in the profession. Policies that restrict hygienists from practicing at the full extent of their training are a structural barrier to both retention and patient access.

- Licensure portability through the Dentist and Dental Hygienist (DDH) Compact. Among hygienists familiar with the Compact, 89.6% support it, and more than half report high likelihood of practicing in another state if it were in effect. The Compact is a direct, evidence-supported mechanism for expanding workforce access in underserved markets using professionals who are already trained, already licensed, and already committed to the profession.

- Targeted pipeline growth through the Hygienist Inspired Chairside Recruitment Program, now active in nine pilot states, developed in partnership with the Delta Dental Foundation. Recruitment must be paired with retention reform to be effective.

- Professional development, mentorship, and career pathways that give dental hygienists meaningful reasons to grow within the profession rather than exit it.

ADHA continues to engage directly with dental organizations and other stakeholders in ongoing collaborative discussions about workforce solutions. We actively seek out and build partnerships grounded in shared evidence and shared commitment to patient safety and professional integrity.

The solutions to the dental hygiene workforce shortage are not unknown. They have been documented, validated, and published repeatedly in research this profession helped produce. What remains is implementation at the practice level, where hygienists decide whether to stay or go. The dental hygiene workforce is committed to dentistry. What they are asking for, consistently and across years of data, are workplaces that make staying sustainable. Meeting that ask is the right thing to do and the most effective workforce strategy available.

This statement supersedes the December 2, 2024 ADHA Position Statement on Dental Hygiene Workforce Shortage.

Key sources: ADA HPI, "We Have a Major Dental Hygienist Shortage" (April 2026); ADA HPI, "State of the U.S. Dental Economy Q1 2026" (April 2026); ADA HPI/ADHA, "Dental Workforce Shortages: Data to Navigate Today's Labor Market" (2022); GoTu/ADHA, "State of Work Report, 3rd Edition" (April 2026); ADHA, "Workforce Growth Initiatives" (April 2026).