

NYSDHEA Update: February 28, 2012

Prepared by: Maureen Archer (event coordinator)  
Maria-Elena Bilello(sec/treasurer)  
Susan Nilsen-Kupsch (president)

Topic: “**Dental Hygiene at the Crossroads of Change**”

**Introduction:** “**Dental Hygiene at the Crossroads of Change**” is an environmental scan commissioned by the American Dental Hygienists’ Association and prepared by an organization called Signature I, LLC. This is a consulting firm which researches emerging trends for a profession and offers strategic advice for the advancement of the profession. In this report the authors, Ms. Marsha Rhea and Mr. Craig Bettles identified “change drivers” for the Dental Hygiene Profession.

What follows is a an overview of the 30 page report and we are encouraging all the members of NYSDHEA to read the report in its entirety and reflect how as educators we can be a driving force in the profession as well as modify curriculum for the education to meet the future skills necessary to be successful in the profession of Dental Hygiene.

According to the environmental scan, “ *The dental hygiene profession is coming to a crossroads of change that may require difficult personal and collective decisions to either seize new roles and leadership opportunities or stay with a familiar yet possibly declining direction*” (pg1).

What does this mean?

The projected outlook for the need for oral preventive services is great. Yet, at this conference, we heard the same concerns being expressed as we have in NYS ,that recent graduates are reporting difficulty finding employment suggesting the profession has become oversaturated.

So let’s briefly review what this environmental scan reports with regard to the education of dental hygienists. Enrollment in dental hygiene programs has grown 20% in the last decade. Approximately 80% of the dental hygienists’ entering the workforce has an Associate degree and 20 % have a bachelor’s degree. (p18) The majority of the enrollment growth has come from graduates in the **for-profit** schools. 60% of for profit schools have started to offer a dental hygiene major. Many of these for profit schools have opened in urban areas that already contain 1 or more dental hygiene programs at **not for-profit** colleges and universities creating competition in urban areas for RDH employment. **“About 1/3 of dental hygienist (34.1%) who reported difficulty in finding employment in 2007 cited overproduction of dental hygienist in their area as a contributing factor to their inability to find work.”**

So why does there appear to be a “disconnect” from government reports of the great unfilled need for dental hygienist and the perception of the urban dental hygiene workforce? It is because we as educators have traditionally educated Associate degree students to be employed in a private practice setting in non rural areas and in the present economy this need is probably becoming saturated.

So do we still need dental hygienists? The answer is a resounding YES!

According to the US statistic’s, about 1 in 6 Americans which translate to about 49 million people live in an area without adequate dental care. (pg5). In 2014, the Patient Protection and Affordable Care Act (**PPACA**) aka “Obamacare” will extend health care access to 94% of Americans. In the healthcare reform, there is going to be an emphasis on early prevention strategies in medicine. Oral health care knowledge is going to be emphasized as an early prevention strategy and the future healthcare providers including physicians in primary and pediatric practices as well as nurses and physician’s assistant will have education which includes knowledge of the prevention of early childhood caries. It is also assumed that as the PPACA is implemented, delivery of care will likely be provided in health centers; community centers and school based clinics especially in underserved communities. (pg 9)

Additional statistics<sup>7</sup> regarding unmet oral health care needs are on the DHASNY website under \_\_\_\_\_  
 The environmental scan indicates that dental health care providers will be embedded in this new system of delivery of care.

What are the change drivers for the DH profession?  
 The environmental scan identified the following change drivers:

<u>Change Driver</u>	<u>Summary</u>	<u>ADHA Impact</u>
<b>Future Opportunities for Dental Hygienists</b>	New opportunities for dental hygienists will emerge in community centers, health care organizations and retail locations, but they must work hard to secure these opportunities.	ADHA will need to take a leadership role in guiding practitioners to new, growing fields of practice and ensuring they have the skills to succeed.
<b>Expanding Access &amp; Ensuring Equity in Oral Health Care</b>	Expanding access to oral health care will be a defining issue for DHs looking to improve the health of the nation and create new opportunities for practice.	ADHA can be the leader in promoting the expansion of quality oral health care, and in doing so, ensure future opportunities for their members.
<b>Harmonization of Practice</b>	Public and private payers will look to harmonize standards and scope of practice to improve quality of and access to oral health care.	ADHA will need to fight to standardize and expand dental hygiene scope of practice.
<b>Growth of For-Profit Schools and Corporate Education</b>	For-profit and corporate education programs will continue to grow creating fierce competition for jobs in some markets.	ADHA will need to work with for-profit schools to improve standards, gain control over accreditation and grow ADHA membership.
<b>Technology Advances in Oral Health</b>	New advances in science and technology will radically alter oral health care.	ADHA must be ready to support members as they work to develop and learn how to use new technology to improve oral health care.
<b>Aging Workforce</b>	The largest and most influential generation will be retiring over the next decade and swelling the ranks of older patients with high demands for complex oral health care.	Baby boomers will leave the workforce with a wealth of experience challenging ADHA to develop the next generation of leaders.

What is NYSDHE association's role in this evolution of change?

In order to meet the preventive oral health care needs of the future and to encourage the delivery of preventive oral health care in underserved areas of the United States, legislative change will be necessary. The report identifies the legislative changes that are needed, as well as the rationale why the government is presently willing to see the "practice act" for Dental hygienists be expanded to meet the needs of the underserved in rural areas. These findings are discussed in detail in the report under the title "Harmonization of Practice" (pg13) as well as on the DHASNY website.

Change in how dental hygienists are practicing are already occurring, and in several states dental hygienists have a certification or permit to practice under special circumstances such as teledentistry (skype) or unsupervised practice. These changes support the ADHA concept of the Advanced Dental Hygiene practitioners (ADHP).

**In NYS, the Collaborative Practice Legislation, if passed, will create a definition of the practice of dental hygiene that provides greater flexibility; and to create the category of registered dental hygienist, collaborative practice, which authorizes dental hygienists to practice without supervision but within a collaborative practice agreement with a licensed dentist.** Read more on this issue on the DHASNY website: our [backgrounder](#) and [position paper](#) and why it works [factsheet](#), as well as the [legislation](#).

Additional changes we are seeing in the delivery of oral health care is the emergence of the Dental therapist. W.K.Kellogg Foundation has promoted the dental therapist model as a way to address oral health care shortages. Presently, Dental therapists are practicing in Alaska and Minnesota and similar programs are being developed in Kansas, New Mexico, Ohio, Vermont and Washington.

If the legislative changes occur then the education of the Dental hygienist would need to be modified to meet the additional skills of a professional in a collaborative practice setting. Marsha Rhea identified some of the skills needed in future DH curriculum as: business management skills (budget /accounting) and public health (organization/program goals). Ms. Rhea also stated that potential entrants into the future of the profession would need to have strong "soft skills". "Soft skills" is a sociological term relating to a person's "EQ". Soft skills are personal attributes that enhance an individual's interactions, job performance and career prospects. Soft Skills are *behavioral* competencies. Also known as *Interpersonal Skills*, or *people skills*, they include proficiencies such as communication skills, conflict resolution and negotiation, personal effectiveness, creative problem solving, strategic thinking, team building, influencing skills and selling skills.

This is an exciting time to be in education and to help shape the future of our profession. So in summary, I urge all of you to go the DHASNY website and to read the entire environmental scan prepared by ADHA.