# Dental Assisting Education Programs, 2013-14

<table>
<thead>
<tr>
<th>Category</th>
<th>CODA Accredited</th>
<th>First-Year Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>School of Health Sciences</td>
<td>6</td>
<td>123</td>
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<tr>
<td>Dental School</td>
<td>2</td>
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<tr>
<td>Separate Dental Department</td>
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<tr>
<td>Other University or 4-Year College</td>
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<td>309</td>
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<tr>
<td>Community or Junior College</td>
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<tr>
<td>Technical College/Institute</td>
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<tr>
<td>Vocational School/Career College</td>
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<td>1,025</td>
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<tr>
<td>Other</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>273</strong></td>
<td><strong>7,397</strong></td>
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</table>

Source: American Dental Association, Health Policy Institute, 2013-14 *Survey of Dental Assisting Education Programs*

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# Dental Hygiene Education Programs, 2013-14

<table>
<thead>
<tr>
<th>School Type</th>
<th>CODA Accredited</th>
<th>First-Year Enrollment</th>
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<tbody>
<tr>
<td>School of Health Sciences</td>
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<td>Dental School</td>
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<td>Separate Dental Department</td>
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<td>Other University or 4-Year College</td>
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<td>Community or Junior College</td>
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<td>Technical College/Institute</td>
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<td>Vocational School/Career College</td>
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<td>Other</td>
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<td>Total</td>
<td>334</td>
<td>8,287</td>
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</table>

Source: American Dental Association, Health Policy Institute, 2013-14 *Survey of Dental Hygiene Education Programs*

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# Dental Laboratory Technology Programs, 2013-14

<table>
<thead>
<tr>
<th>Program</th>
<th>CODA Accredited</th>
<th>First-Year Enrollment</th>
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</thead>
<tbody>
<tr>
<td>School of Health Sciences</td>
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<tr>
<td>Dental School</td>
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<td>Separate Dental Department</td>
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<tr>
<td>Other University of 4-Year College</td>
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<td>Community or Junior College</td>
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<td>Technical College/Institute</td>
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<td>Vocational School/Career College</td>
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</table>

Source: American Dental Association, Health Policy Institute, 2013-14 *Survey of Dental Laboratory Technology Education Programs*

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## Institutions Awarding Degrees in Allied Dental Education Programs, 2013–14

<table>
<thead>
<tr>
<th></th>
<th>Dental Assisting</th>
<th>Dental Hygiene</th>
<th>Dental Lab. Tech</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma</td>
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<tr>
<td>Certificate</td>
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<td>Associate Degree</td>
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<tr>
<td>Baccalaureate Degree</td>
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<tr>
<td>Bacc. in Dental Hygiene</td>
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<td>34</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>273</strong></td>
<td><strong>334</strong></td>
<td><strong>19</strong></td>
</tr>
</tbody>
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Source: American Dental Association, Health Policy Institute, *Surveys of Dental Hygiene Education Programs, Surveys of Dental Assisting Education Programs, and Surveys of Dental Laboratory Technology Education Programs.*

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Revised Numbers as of February 2015 CODA Meeting

- **273** CODA-approved Dental Assisting Programs
- **334** CODA-approved Dental Hygiene Programs
- **19** CODA-approved Dental Laboratory Technology Programs
DA and DLT Programs Without CODA Approval

• There are approximately* 360 dental assisting programs in the U.S. that are about one academic year in length and located in post-secondary educational institutions that are accredited by the U.S. Department of Education. Numerous other types dental assisting programs exist throughout the nation.

• There are approximately* 20 DLT programs that are not accredited by CODA but are housed in institutions accredited by some other recognized agency.

*based on non-scientific information provided by others
First-Year Enrollment in Accredited Allied Dental Education Programs, 1970–2013

Source: American Dental Association, Survey Center, Surveys of Allied Dental Education
Top Five Jobs

1. **Dentist**
   - Your dentist isn't just concerned with your teeth. He or she might also notice signs of undiagnosed diabetes, oral cancer and heart disease during a dental exam. A comfortable median salary of $146,340 and good work-life balance have helped this integral health care job secure the top spot on our best jobs list once again, and the BLS expects 20,090 new dental jobs through the year 2022.

2. **Nurse Practitioner**
   - Nurse practitioners have an array of capabilities, coupled with the fact they can work independently of physicians when treating patients. The BLS predicts 37,100 new positions for these professionals between 2012 and 2022.

3. **Software Developer**
   - You can blame a software developer for the obsession you have with the Flappy Bird app or your dependency on your Samsung Galaxy phone. These professionals usually fall into two camps: those that are the application developers, who design computer software and databases, and those that are the systems-focused developers who build operating systems, such as Linux or iOS. Growth for both types should bode well: The Labor Department predicts there will be nearly 140,000 brand new positions created before 2022.

4. **Physician**
   - Physicians are the top of the health care food chain – it's their responsibility to diagnose and treat patients, and instruct on proper diet, hygiene and disease prevention. Like other jobs in this industry, physicians will see abundant job growth. The BLS forecasts 123,300 new job openings for physicians from 2012 to 2022.

5. **Dental Hygienist**
   - Dental hygienists don't just clean teeth, they also educate patients on proper oral hygiene. And something important to note: They make yearly salaries of about $71,110, although many work part time. Expect 33.5 percent employment growth for this field up to 2022.
Future Occupational Outlook

Dental Assistants:

• Employment expected to increase much faster than average
• Job prospects are excellent
• Employment is expected to grow 25% from 2012-2022
• Population growth, greater retention of natural teeth
• Ongoing research linking oral health to general health will continue to fuel demand for preventative dental care
• Lower costs of prosthetics

Future Occupational Outlook

Dental Hygienists:

- Competition for jobs likely in some areas
- Employment is expected to grow 33% from 2012–2022
- Improved oral health of population
- Greater retention of natural teeth
- Increased preventive care
- Ongoing research indicating a link between oral health and general health will spur demand for preventive services
- ACA should expand population of patients with insurance

Future Occupational Outlook

Dental Laboratory Technicians:

- Employment opportunities should be favorable
- Employment is expected to grow 7% from 2012–2022
- Fewer dentures
- Increased emphasis in esthetics
- Lower costs of prosthetics

Preparing the Future Allied Dental Professions Workforce

Anticipating and preparing for change:

• Growth of the U.S. population
• Population diversity
• Current workforce
• Oral health care demands and access to care
• New workforce models


Source: U.S. Census Bureau, 2008
Dental and Allied Graduates, 1990–2013

Percent of Dentists Employing Allied Dental Personnel: 2013

- Lab Technician: 3.8%
- Dental Hygienist: 69.3%
- Dental Assistant: 86.5%

Source: American Dental Association, Health Policy Institute, 2014 Survey of Dental Practice.
New Workforce Models in Allied Dental Education

- Advanced Dental Hygiene Practitioner (ADHP)
- Dental Health Aide Therapist (DHAT)
- Community Dental Health Coordinator (CDHC)
- Oral Health Practitioner (OHP)
- Registered Dental Hygienists in Alternative Practice (RDHAP)
- Pediatric Oral Health Educator (POHE)
- Advanced Dental Therapist, Dental Therapist (ADT/DT)
- Oral Preventive Assistant (OPA)
- Dental Hygiene Therapist (DHT)
Actions Surrounding Development of New Workforce Models

• PEW providing resources for policy development
• Community Catalyst providing resources in several states
• HRSA funding studies and program development
• CODA approved Dental Therapy Standards in February 2015 (implementation pending)
• Additional states exploring new workforce models
New Workforce Providers
Minnesota

2009 legislation approved

- Dental Therapists (DT) and Advanced Dental Therapist (ADT)
- Preventive and restorative scope
- Early Impact Study released 2/2014
- 43 licensed DT’s and 9 certified ADT’s
- Scope of practice, supervision and educational requirements differ with the ADT/DT
- One model is dental hygiene based
New Workforce Providers
Maine

• Legislation approved in 2014
• Hygiene-based therapist (dually licensed)
• Preventive and restorative scope
• Direct supervision by a licensed dentist and a written practice agreement is required
• Program development initiated
New Workforce Models
Community Dental Health Coordinator

- ADA introduced in 2006
- 34 graduates as of Fall 2014 serving in 26 communities in Arizona, California, Montana, Minnesota, Oklahoma, Texas, Pennsylvania, Wisconsin
- Performs clinical preventive services and community based outreach duties
- Curriculum about one year with brief internship

Source: American Dental Association
New Workforce Models
Oral Preventive Assistant

• Introduced by the ADA in 2006
• Duties will vary from state to state
• Build upon dental assistant scope
  - Data collection
  - Preventive Services for all types of patients
  - Application of preventive agents
  - Facilitation of legal and regulatory compliance (e.g., HIPAA)

Source: American Dental Hygienists’ Association
Some Of The States Considering New Workforce Models

- Oregon
- Michigan
- Connecticut
- Hawaii
- Kansas
- New Mexico
- North Dakota
- Ohio
- Washington State
- Vermont
- New Hampshire
- Pennsylvania
- Missouri
- Oklahoma
What ADEA Believes

The American Dental Education Association believes that with appropriate education and preparation, oral health professionals in emerging workforce models can provide quality care and make meaningful contributions to expanding the capacity of the oral health workforce, thereby increasing access to oral health care for all.
ADEA Guiding Principles for the Education of Oral Health Professionals in Emerging Workforce Models

**Principle 1**
Educational programs for oral health professionals in emerging workforce models should be based on clearly defined goals and desired educational outcomes. These programs should be competency-based, providing learning experiences to ensure that students attain the values, attitudes, knowledge, skills and experiences needed to provide quality care in a collaborative, interprofessional environment.

**Principle 2**
Educational programs for oral health professionals in emerging workforce models should have appropriate processes to ensure program quality and assessment of graduates’ competencies.

**Principle 3**
Educational programs for oral health professionals in emerging workforce models should ensure that students attain the skills necessary to engage individuals from diverse populations in decisions about their oral health.

**Principle 4**
Educational programs for oral health professionals in emerging workforce models should be evaluated continuously to determine their success in meeting their defined goals and educational outcomes.
A Single Standard of Quality

• Demographic shifts in society have major implications for the future composition of the oral health workforce. Professionals in the workforce of the future should possess values, attitudes, knowledge and skills that enable them to competently meet changing societal needs.

• A single standard of quality should apply when the same service is provided by different members of the oral health team.

• The creation of new workforce models will require modification to the educational preparation of existing oral health team members to support the successful integration of emerging models.

Source: American Dental Education Association
Oral Health Care Demands and Access to Care Issues

• Oral health disparities within the population
• Unserved and underserved populations
• Declining dentist to population ratio
• Increasing number of designated shortage areas
• Increasing number of reports of shortages of dentists
Results of Increased Employment of Allied Dental Professionals

• Increases in dental workforce productivity
• Changes in levels of supervision and independent decision making
• Increases in formal education competencies, foundation knowledge, critical thinking
• Over-crowding of the curriculum
• Wide variations among states regarding scopes of practice, supervision, educational requirements, and certification/licensure
Case for Change in Allied Dental Education

• Driving Forces
  - Population growth
  - Oral health disparities among the population
  - Unserved and underserved communities
  - Concern with adequacy of the dental workforce ability to meet demands of the expanding population and to improve access to and availability of care
  - Allied dental professionals contribute to the efficiency, productive capacity and flexibility of the dental team through roles that complement and supplement those of the dentist or substitute for those of the dentist
Aspects of the Challenge

• Educational requirements for the scopes of practice, related responsibilities, and levels of supervision:
  - Competencies and skill sets
  - Foundation knowledge and objectives
  - Curricular structure and experiential learning
  - Educational methodologies
  - Length of education/training
  - Educational recognition (diploma, certificate, degree)
Aspects of the Challenge

- Anticipating workforce needs by type of allied dental professional:
  - to maintain current workforce ratios of dental to allied dental professionals
  - to meet emerging requirements for and the effective employment of allied dental professionals with new roles and responsibilities
Aspects of the Challenge

• Anticipating and preparing for infrastructure needs
  - Program expansions and additional programs or revisions to accommodate workforce needs
  - Additional faculty and faculty development to meet current and emerging needs
Aspects of the Challenge

To achieve change through design and transition, rather than by turmoil and imposition.