The Benefits of Dental Hygiene-based Oral Health Provider Models

In recognition of the significant oral health access crisis in the United States, the American Dental Hygienists’ Association (ADHA) has taken a proactive approach in advocating for the increased utilization of the dental hygiene workforce to extend care to those who are underserved. Dental hygienists are formally educated and licensed by each state and are poised to help prevent oral health diseases.

Currently, 35 states allow dental hygienists to initiate patient care in a setting outside of the private dental office without the presence of a dentist. These policies enable dental hygienists to practice in community settings and reach a variety of patient populations.

In 2004, ADHA became the first national oral health organization to develop and promote a new oral health workforce model with the establishment of the Advanced Dental Hygiene Practitioner (ADHP) concept. The ADHP envisioned providing diagnostic, preventative, restorative, and therapeutic services directly to the public.

Since 2004, a number of other oral health provider models have been proposed. Many have been developed based on the existing dental hygiene workforce. ADHA policies highlight the association’s flexibility in considering various dental hygiene-based models as well as ADHA’s commitment to the development of providers who are appropriately educated and personally committed to deliver safe, quality oral healthcare to those in need.

ADHA supports oral healthcare workforce models that culminate in:

- Graduation from an accredited institution
- Professional Licensure
- Direct access to patient care

Mid-level Oral Health Practitioner:

A licensed dental hygienist who has graduated from an accredited dental hygiene program and who provides primary oral healthcare directly to patients to promote and restore oral health through assessment, diagnosis, treatment, evaluation, and referral services. The Mid-level Oral Health Practitioner has met the educational requirements to provide services within an expanded scope of care and practices under regulations set forth by the appropriate licensing agency.

ADHA is committed to advocating in support of new dental hygiene-based models for oral health care for many reasons:

1. The dental hygiene workforce is ready and available; there are currently 150,000+ licensed dental hygienists in the United States.
2. The educational infrastructure is developed; there are 335 entry-level dental hygiene programs
3. Patients will benefit from providers with a broad range of skills sets which include preventative and limited restorative services.
Hygiene-based Workforce Models

The practice of dental therapy, which is understood to be the provision of a number of basic restorative services by a mid-level provider, has been recognized in a number of countries for decades. However, the first “dental therapists” in the United States began practicing in 2003 exclusively at Alaska Native American health facilities under the auspices of the Indian Health Service. In 2009, Minnesota authorized state licensure for a Bachelors educated dental therapist and a Master level advanced dental therapist. Dental hygienists with the appropriate undergraduate preparation are eligible to complete a Masters level program at Normandale Community College/Metropolitan State University and hold concurrent licensure as a dental hygienist and advanced dental therapist. The first graduates of the Metropolitan State University/Normandale Community College program were licensed in June 2011.

Why Dental Hygiene-Based?

• The workforce is educated, licensed, prepared and available
• The educational infrastructure is in place
• Dental hygienists currently work in alternative settings to increase access
• Patients will benefit from a practitioner who can provide both preventive and restorative services

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