Dental Hygiene: The Transforming Profession

Ann Battrell, MSDH
Executive Director
American Dental Hygienists’ Association
Overview

I. “Transforming Dental Hygiene Education: Proud Past, Unlimited Future” Symposium

II. ADHA Strategic Plan Changes Direction

III. Direct Access States in 2014

IV. Registered Dental Hygienists in Community-Based Prevention Practices

• WIC Programs
• Head Start Programs
“Transforming Dental Hygiene Education: Proud Past, Unlimited Future”
"Transforming Dental Hygiene Education: Proud Past, Unlimited Future"

National Influences

- The oral and general health needs of the U.S. population are growing, and *health care practice and education must evolve to meet them.*

- Inclusion of dental benefits in government facilitated programs (SCHIP, Medicare)

- Efforts are being undertaken to *create an integrated health care delivery system.*

- Health care stakeholders must work cooperatively to *identify and remove barriers* that restrict the public’s access to oral health care.
Symposium Outcomes
Next Steps

ADHA Strategic Plan Changes Direction:

- Core Ideology
- Vision Statement
- Goals
ADHA Strategic Plan
Changes Direction

**Core Ideology:** Lead the transformation of the dental hygiene profession to improve the publics’ oral and overall health.

**Vision Statement:** Dental Hygienists are integrated into the health care delivery system as essential primary care providers to expand access to oral health care.

**Goals:** Education – Alliances – Advocacy
ADHA Core Ideology

Lead the transformation of the dental hygiene profession to improve the public’s oral and overall health.
ADHA Strategic Plan Changes Direction

**2015 ADHA Strategic Plan**

**EDUCATION**
Goal: Dental hygiene professionals will be prepared for the evolving scope of professional practice and settings.

**ALLIANCES**
Goal: ADHA is better positioning the profession to be viewed as an integrated part of the healthcare system through strategic partnerships.

**ADVOCACY**
Goal: The profession of dental hygiene will advance at the state and federal level.
“As demand for oral health services rises—in part due to changing demographics and expanded access to dental insurance—states can consider doing more to allow dental hygienists to fulfill these needs by freeing them to practice to the full extent of their education and training.”

- National Governor’s Association (NGA) 2014 Report
Knowing is not enough; we must apply.

Willing is not enough; we must do.”

Goethe
States with Limited Access to Preventive Oral Health Care

- Alabama
- Georgia
- Indiana
- Mississippi
- Wyoming

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* Dental hygienists can apply sealants in all states. Chart describes parameters of application.
New Hampshire WIC Pay for Prevention Oral Health Project

The Pay for Prevention Project funds the delivery of preventive oral health services by a RDH to these underserved pregnant woman and children at three WIC sites throughout the southern part of the state. These services include:

- the application of fluoride varnish and dental sealants;
- oral health screenings;
- parent education; and
- interim therapeutic restorations (ITR)
New Hampshire WIC Pay for Prevention Oral Health Project
“As an RDH for the NH WIC Pay For Prevention Program my role is to provide oral health instruction and education as well as clinical preventative services such as sealants and fluoride treatments. Our target population is children 0-5 and their pregnant mothers. We have a unique opportunity to be able to reach out to children early on — before decay develops. Many young mothers and fathers are eager for their children to be screened for decay. They welcome guidance on oral health since they don't have easy access to it.” - Mary Parker, RDH
New Hampshire Department of Health and Human Services, Oral Health Program

Children participating in WIC Nutrition Programs would benefit from early intervention provided by public health dental hygienists.

Favorable outcomes:

- The decay rate was lower than anticipated in the population of low income children based on a literature review.
- The ability to easily implement dental clinics at WIC clinic sites.
- Positive attitudes towards oral health screening and education from WIC participating families as well as WIC staff.
- This presents an opportunity for WIC and oral health programs to promote consistent nutrition and oral health messages, and to provide educational materials to promote good nutrition and oral health.
Kim Herremans developed collaboration among community agencies to support advocacy, health literacy and prevention for improved oral health. She established an early preventive dental health education and dental services programs for WIC staff and clients in Hillsborough County with local community health centers.

Additionally, Kim developed and coordinated the first school based sealant program with the support of community organizations in Hillsborough County School District.

Kim Herremans
Executive Director of the Greater Tampa Bay Oral Health Coalition
The American Dental Hygienists’ Association is recognized as an important National Center on Health – Oral Health Project (NCH – OHP) partner.
What is the Role of a Head Start Dental Hygienist Liaison?

Dental hygienist liaisons (DHLs) in every state are serving in a volunteer role to:

- **Provide a communication link** between NCH and statewide oral health activities and programs

- **Collaborate** with the state partners including State Dental Directors, Head Start (HS) State Collaboration Directors to address access to care issues

- **Assist in increasing preventive and educational services** to Head Start statewide

- **Share resources** with HS and other partners to deliver consistent messages on oral health
Head Start DHL: Kansas
Head Start Programs receive regular communication on oral health.

Some examples:

- Sharing the Brush-Up newsletter offered by the Office of Head Start’s National Center on Health.
- Share local, state or national information regarding emerging oral health issues. Example: Center for Disease Control and Prevention (CDC) water fluoridation adjustment. Kathy worked with the Kansas Bureau of Oral Health to create a set of talking points for parents and HS programs. Similarly, an electronic copy of the “National Consensus Statement on Oral Health Care During Pregnancy” was shared.

- DHLs serve as the dental professional on health advisory councils at local HS programs.
- DHLs provide direct parent education by doing Parent Night presentations at local HS programs.
Head Start DHL: Kansas

Head Start Programs receive assistance with improving access to oral health services. DHLs serve as a link to local dental clinics as well as connecting Extended Care Permit (ECP) hygienists to programs to provide place-based dental services.

Example:
A Head Start program, located in an urban community with a number of private dental offices that provide services for low income children, has a new health specialist who requested assistance with a small percentage of students who are not able to access dental services.

Kathy provided a workshop for staff to increase their awareness of the importance of oral health as well as provided ideas for integrating oral health educational activities into the preschool curriculum. The staff’s increased knowledge and confidence will help them to influence parents to engage in making and keeping dental appointments. (continued on next slide)
Kathy then connected with a safety net clinic in the region that has outreach preventive services. They were willing to provide support for dental services for those who have not been able to access them.

Kathy contacted a local dentist who was willing to come to the program to provide dental exams. The outreach program at the safety net clinic provided equipment and supplies for the exams as well as an ECP hygienist to provide preventive services. They assisted the nurse with case management to connect families of children identified with untreated decay to a dental clinic.
Jane Casper, RDH, MA, Maryland Head Start DHL has:

- Worked with the Maryland Head Start Association,
- The Maryland Department of Education,
- The Maryland Academy of Pediatric Dentistry,
- The University of Maryland School Dental School, and;
- Sat on HS health advisory committees.

“I have provided oral health education to teachers, teaching assistants, health coordinators and family service workers. It’s important for them to be educated in why oral health is important if we want them to educate the students and parents.”