

# The Advanced Dental Hygiene Practitioner (ADHP) and Access to Oral Health Care

## Access to Oral Health Care in the United States

The access to care crisis that Americans face in obtaining quality health care services is not limited to medical care. Although oral health is integral to overall health, millions of Americans are not currently able to access oral health care services they need to maintain a healthy mouth and body.

Tooth decay, while almost completely preventable, is the nation's most common chronic disease among children—five times more common than asthma.<sup>1</sup> Children, the elderly, and the working poor are disproportionately affected by the access to oral health care crisis in the US.<sup>2</sup>

In 2000, the Surgeon General issued a landmark report, *Oral Health in America*, which identified the “silent epidemic” of oral health diseases and called on oral health stakeholders to improve the nation's oral health.

## Creating Solutions to the Access to Care Crisis

Dental hygienists play an important role on the oral health care team—preventing oral disease and treating it while it is still manageable which can save critical health care dollars in the long-run.

As one of the fastest growing occupations in the country,<sup>3</sup> dental hygiene is outpacing the growth of the dental profession. An estimated 6,000 dentists retire annually while only 4,000 dental school graduates enter the workforce each year.<sup>4</sup> These workforce realities come at a time when an estimated 108 million Americans lack dental insurance and over 2,000 Dental Health Professional Shortage Areas (DHPSAs) have been identified by the Health Resources and Services Administration.

State dental and dental hygiene associations in a number of states have worked to develop local solutions that maximize the existing oral health care workforce to facilitate greater access to care. Collaborative practice agreements (MN, NM), limited access permits (OR), and public health endorsements (NV, ME) are among some of the state efforts to facilitate direct access to preventive care administered by a dental hygienist.

ADHA is working to establish the **Advanced Dental Hygiene Practitioner (ADHP)** as a mid-level oral health care provider that will leverage the existing dental hygiene workforce to have an even greater impact on the delivery of care to those in need.

## Why the Advanced Dental Hygiene Practitioner? Why Now?

Mid-level health care providers have proven effective and successful in a number of medical fields. As a mid-level oral health provider, the ADHP will serve in a capacity similar to that of the nurse practitioner in medicine. The ADHP will add a new member to the oral health care team and provide an additional point of entry into the oral health care system for those currently disenfranchised from the system.

A recent survey conducted by the National Association of Community Health Centers found that restorative and preventive services were the top two needed oral health services as identified by the Federally Qualified Health Centers (FQHCs) surveyed.<sup>5</sup> The report also noted that “dentists remain in short supply and almost half of the rural (Community Health Center grantees have had vacant dentist positions for 7 or more months.

ADHPs will be educated and licensed to provide both preventive and limited restorative services to meet identified patient needs. ADHPs will bring an increasing numbers of patients into the oral health care pipeline and make necessary referrals to dentists and other medical professionals, serving to strengthen the crucial link between the oral health, medical, and community networks.

The concept of mid-level providers in oral health is not new. Currently, more than 40 countries, including Canada, New Zealand, Australia, and the United Kingdom, allow mid-level practitioners to practice in oral health.

## ADHP Education and Outreach

The ADHP will be a licensed dental hygienist educated at the Master's degree level, the general academic standard for mid-level providers. In addition to the full range of dental hygiene clinical services, ADHPs will administer minimally invasive restorative services and will also have limited prescriptive authority. ADHPs will be educated in health promotion and disease prevention, provision of primary care, case and practice management, quality assurance, and ethics, which will provide a comprehensive approach to the delivery of oral healthcare services.

ADHPs will provide care in a variety of public health settings—schools, clinics, and long-term care facilities among others—to a diverse patient population. The ADHP model is a meaningful and substantive response to the call of the U.S. Surgeon General to increase access to oral health care services for the nation's underserved.



1. *Oral Health in America: A Report of the Surgeon General*, US Surgeon General, 2000.

2. *Ibid.*

3. *Occupational Outlook Handbook*, US Bureau of Labor Statistics, 2008-2009 Edition.

4. *Recruitment and Retention of a Quality Workforce in Rural Areas*, National Rural Health Association, November 2006.

5. *Health Centers' Role in Addressing the Oral Health Needs of the Medically Underserved*, National Association of Community Health Centers, August 2007.

## National Recognition of the Need for the Advanced Dental Hygiene Practitioner

### National Rural Health Association

*"It is time to find a new way to deliver oral health care services; it is time to test the ADHP concept." January 2006*

### American Public Health Association's Oral Health Section

*"The ADHP, a role comparable to the nurse practitioner, presents a timely and appropriate way to explore new approaches to oral health care delivery..." March 2006*

### National Rural Education Association

*"NREA is excited about the prospect of an Advanced Dental Hygiene Practitioner." February 2006*

## National Media Outlets Address the Need for Change in the Oral Health Care Delivery System

### The Washington Post

*"At the heart of this issue is a lack of understanding of the importance and implications of good oral health care...every day there are children who can't pay attention in school and who can't fall asleep at night because they have problems with their teeth." July 13, 2007*

### The New York Times

*"American children are dying because of a lack of access to health care... There are nine million children who lack health care in the U.S. and millions more who are eligible for coverage but fall through the cracks for one reason or another." June 12, 2007*

*"...the percentage of Americans with untreated cavities began rising this decade, reversing a half-century trend of improvement in dental health." October 11, 2007*

*"In a nation where a person's smile is considered a sign of general well-being and an important factor in landing a job, dental care is becoming ever more unequal..." December 28, 2004*

## ADHP Timeline

### 2004

ADHA House of Delegates adopts policy to pursue the ADHP.

### 2005

ADHA seeks funding to pilot test the ADHP.

Congress approves language **encouraging the HRSA to "explore development of an advanced dental hygiene practitioner"** as part of the report accompanying the FY 2006 HHS funding bill (Public Law 109-149).

ADHA convenes an advisory committee of 14 national organizations dedicated to increasing access to oral health services to provide input on the ADHP concept.

### 2006

ADHA stages Lobby Day where over 170 dental hygienists and dental hygiene students from across the United States travel to Washington DC to meet with legislators about the need for the ADHP.

### 2007

ADHA's president testifies before the House Appropriations Health Subcommittee about funding for oral health programs, including ADHP.

ADHA members conduct visits with members of Congress in state and district offices, encouraging pilot project funding.

### 2008

ADHA and its members continue efforts to secure funding for an ADHP pilot.

Eastern Washington University in Spokane, Washington begins planning for an ADHP Masters education program.

ADHP educational competencies are finalized by ADHA's Board of Trustees in March.

Minnesota passes legislation establishing the Oral Health Practitioner whose scope of would provide educational, preventive, therapeutic, diagnostic, and restorative oral health services, akin to the ADHP.

### 2009

Congress passes SCHIP reauthorization legislation including dental benefits and a provision directing the GAO to study the *"feasibility and appropriateness of using qualified mid-level providers."*

IOM convenes a workshop on the sufficiency of the dental workforce in the future where ADHP and other non-dentist providers are highlighted.

Minnesota passes first law in the country to allow for students educated under the ADHP model to become licensed to practice. First ADHP Master's program slated to begin at Metropolitan State University in fall 2009.



ADHA Director of Governmental Affairs  
Megan Fitzpatrick  
[meganf@adha.net](mailto:meganf@adha.net) 312-440-8942  
ADHA Washington Counsel  
Karen Sealander  
[ksealander@mwe.com](mailto:ksealander@mwe.com)