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Careers in Public Health
for the Dental Hygienist

Chapter 2

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Learning Objectives
Lesson 2.1: Careers for Hygienists
and Practice Settings

1. List and explain public health career options for dental hygienists.
2. Discuss public health careers as a means of addressing the problem of access to oral health care.
3. Compare and contrast various alternative oral health careers in alternative practice settings.
4. Discuss levels of supervision and reimbursement regulatory changes in alternative practice settings.

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Learning Objectives
Lesson 2.1: Careers for Hygienists
and Practice Settings(Cont.)

5. Identify and describe various careers to do with alternative workforce models, as well as define educational requirements for each.
6. Discuss the concept of interprofessional collaborative practice (ICP) in public health practice and provide examples.

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Community Oral Health Practice as a Career

- Dr. Alfred Fones is credited with initiating the profession of dental hygiene and establishing the public health career for dental hygienists.
 - In 1906, he trained the first dental hygienist, Irene Newman.
 - In 1913, he started the Fones School of Dental Hygiene in Bridgeport, CT.

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Community Oral Health Practice as a Career (Cont.)

- The first dental hygienists were trained to work in the community providing education and preventive services in their role as advocates for dental public health.
 - Public health careers for dental hygienists now run the gamut from high-level administrative posts to providing oral hygiene care for elderly residents in nursing homes and providing dental education for school-age children.
 - In the public health field, some dental hygienists have an associate's degree or certificate, a bachelor's degree, a master's degree, or a doctorate degree.

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Community Oral Health Practice as a Career (Cont.)

- A career in community oral health practice offers a variety of rewarding experiences to make a difference in the oral health of all people and provide job satisfaction for dental hygienists.
- In public health, the community is your patient.

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Future Trends for Dental Hygienists in Public Health

- Potential of the dental hygienist to address the access to oral health care problem
- Alternative practice settings
- Supervision and reimbursement regulatory changes
- Alternative workforce models

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Public Health Issues

BOOK 2-5 Public Health Issues Advocated for by the ADHA

- Inclusion of oral health content in existing programs to prevent disease, promote health, and solve health problems among underserved groups such as low-income, military, pregnant women, elderly, and persons who are developmentally, physically, mentally, or medically challenged
- Development of community-based, comprehensive oral health programs
- Community health fairs/clinics
- School-based or school-linked dental services and fluoride varnish programs for children at high risk for dental caries and untreated decay
- Incorporation of oral health in all aspects of coordinated school health programs
- Adequate funding for prevention and treatment programs designed to improve oral health among underserved members of the population
- Use of dental hygienists in community health programming
- A national health program that guarantees financial support for primary preventive and therapeutic oral health services

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Public Health Issues (Cont.)

- ADHA report: *Dental Hygiene at the Crossroads of Change: Environmental Scan 2011-2021*
 - Dental hygienists will be in demand and have ample opportunities to improve the oral health of the population.
 - Advances in teledentistry will make it easier to supervise dental hygienists who provide care in an off-site clinic or community center.

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Alternative Practice Settings

- Public health settings are categorized as alternative practice settings.
 - Examples include community-based clinics, mobile vans, school-based oral health programs, hospitals, long-term care facilities, and homes of homebound individuals.
 - Dental services offered in private practice do not reflect the need for services for those without the means or capability of accessing care.
 - Dental hygienists can provide preventive services in these settings, reaching large numbers of people who might not otherwise receive care.

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Alternative Practice Settings (Cont.)

- Primary prevention is more effective and less costly and involves less technology than secondary or tertiary prevention.
 - Fluoride varnish or sealant programs, nutritional counseling, dental health education to community groups, and oral hygiene services and instruction are at the primary level.

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Alternative Practice Settings (Cont.)

- Primary prevention services often do not require a dentist.
 - With less restrictive supervision, dental hygienists can perform functions at this level and reach underserved populations.

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Supervision and Reimbursement Regulatory Changes

- Regulatory changes
- Because of the need for services in places such as schools, nursing homes, and migrant health centers, dental hygienists are initiating oral health programs in alternative settings.
 - They are also filling positions beyond those connected with public health agencies.
 - To create such positions, dental hygiene regulatory changes are underway.

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Supervision and Reimbursement Regulatory Changes (Cont.)

- ADHA's advocacy efforts are based on its 2001 *Access to Care Position Paper*.
 - Dental hygienists who are graduates from an accredited dental hygiene program can be fully used in all public and private settings to deliver preventive and therapeutic oral health care safely and effectively.
 - "Licensed dental hygienists, by virtue of their comprehensive education and clinical preparation, are well prepared to deliver preventive oral healthcare services to the public, safely and effectively, independent of dental supervision."

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Supervision and Reimbursement Regulatory Changes (Cont.)

Supervision Level	Description
Direct	The dentist stands in the presence, witnesses the patient as performs the work itself, performed, and checks to offer.
Indirect	The dentist stands in the presence, generally authorizes the work to be performed, oversees the operating, either before or after work is performed, and is available for consultation during the period work.
General	The dentist stands in authority the work to be completed, either before and after work is performed, and is available for consultation during the period work.
None-Remote	The dental hygienist may provide services as may be determined separately without specific authorization, referred to as unsupervised practice.

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Supervision and Reimbursement
Regulatory Changes (Cont.)

- Many factors must be considered in determining the necessity of regulatory changes.
 - The ratio of dentists to people
 - The number of dentists and dental hygienists in the state
 - The number of low-income adults and children who need dental care
- These factors contribute to defining dental health professional shortage areas.

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Supervision and Reimbursement
Regulatory Changes (Cont.)

- Inadequate access to health care caused by professional shortages and geographic and financial barriers prevents people from attaining improved health status and improved quality of life.
 - The dental profession, in realizing the need for reaching these underserved populations, is initiating preventive programs conducted by dental hygienists in many states.

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Supervision and Reimbursement
Regulatory Changes (Cont.)

- Some dental hygienists initially volunteer to provide services in alternative settings.
 - More have found creative ways to be reimbursed for working in these settings.
 - With less restrictive supervision and an increased number of dental hygienists seeking public health careers, changes are being made in restrictive regulations that prevent dental hygienists from receiving direct reimbursement from third-party payers.

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Alternative Workforce Models:
Midlevel Provider

- In the medical field, a *midlevel provider* is a term for a clinical medical professional who provides patient care under the supervision of a physician.
 - These professionals have advanced medical training but not on the level of a physician.
- It has been reported that physician assistants and nurse practitioners provide a majority of physician services for a much lower cost than the physician.

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Alternative Workforce Models:
Midlevel Provider (Cont.)

- This concept, applied to dentistry, also addresses the problems of access to oral health care for underserved populations.
 - Various models of workforce delivery are being developed to serve populations that cannot easily access dental services because of problems of:
 - Geographic location
 - Poor financial resources
 - Lack of dental insurance
 - Lack of understanding about disease prevention measures

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Alternative Workforce Models:
Dental Therapist

- More than 50 countries worldwide have developed dental therapist programs to meet the dental needs of the people in their countries.
 - Although the services provided vary, most include basic restorative procedures, emergency treatment, and preventive measures.

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**Alternative Workforce Models:
Dental Therapist (Cont.)**

- Dental health aide therapists (DHATs) in Alaska complete 2 years of training and work under general supervision of dentists.
 - DHATs provide preventive procedures, emergency care, and basic restorative procedures.
 - DHATs provide services to the most isolated rural regions of Alaska, where little to no care was provided previously.

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**Alternative Workforce Models:
Dental Therapist (Cont.)**

- Providers similar to the DHAT are now legally allowed to practice in Minnesota and Maine and 15 other states are pursuing comparable models.
 - 2011: Minnesota began to license dental therapists (DTs) and advanced dental therapists (ADTs).

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**Alternative Workforce Models:
Dental Therapist (Cont.)**

- Newest dental therapist is the dental hygiene therapist (DHT).
 - 2013: Licensed as a dental hygiene therapist and as a dental hygienist

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Advanced Dental Hygiene Practitioner (ADHP)

- In June 2004, the American Dental Hygienists' Association (ADHA) House of Delegates approved creation of the ADHP credential.
 - This credential will allow dental hygienists to provide diagnostic, preventive, restorative, and therapeutic services directly to the public.
 - Because dental hygienists with this credential do not have to be supervised by a dentist, the door will open for them to work in school systems and nursing homes and with underserved populations throughout the country.

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Midlevel Oral Health Practitioner

- In 2015, ADHA proposed a midlevel oral health practitioner, defined as 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."

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Community Dental Health Coordinator (CDHC)

- In 2006, the ADA proposed the development of the CDHC credential to support the existing dental workforce in reaching out to underserved communities.
 - CDHCs will work under supervision of dentists to promote oral health for communities and to assist patients in navigating through the healthcare system to establish a dental home.

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Interprofessional Collaborative Practice (ICP)

- When multiple health workers have different professional backgrounds work together with patients, families, carers, and communities to deliver the highest quality of care
- Can enable the integration of oral health into overall health at the level of the healthcare industry

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Interprofessional Collaborative Practice (ICP) (Cont.)

DEFINING PRINCIPLES
Essentials of Interprofessional Collaborative Practice

- Interprofessional teams do not necessarily mean consensus with the system itself to develop a consensus-driven approach that will support the overall health of the community.
- It is a commitment to working with other professionals and a commitment to the shared goal of improving the health and well-being of the community. Interprofessional teams do not mean that all professionals are working with each other in a consensus-driven approach.
- It is a shared responsibility and a shared vision of the health of the community. Interprofessional teams do not mean that all professionals are working with each other in a consensus-driven approach.
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Interprofessional Collaborative Practice (ICP) (Cont.)

- **Bright Futures Project**
 - National health promotion initiative launched by HRSA's Maternal and Child Health Bureau
 - Online program
 - Provides comprehensive health information and resources

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Learning Objectives
Lesson 2.2 : ADHA and the Hygienist

- 7. Discuss the disconnect between oral health care and overall health care; discuss the future of ICP in oral health care.
- 8. Identify and describe specific careers categorized by the American Dental Hygienists' Association's (ADHA) designated roles of the dental hygienist; describe the relation of public health to the ADHA's designated roles of the dental hygienist.

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Disconnect of Oral Health Care and Overall Health Care

- Oral health care is still treated as separate and distinct from broader health care in terms of financing, education, sites of care, and workforce.
- Integration of oral health and primary care practice
 - Initiative of HRSA
 - Addresses the need for ICP with the medical profession and includes a draft set of oral health core clinical competencies

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Disconnect of Oral Health Care and Overall Health Care (Cont.)

- Even though there is an increasing recognition of the relationship between oral health and overall health, AAPHD has described a disconnect between oral health care and health care.
 - Called for support of initiatives that recognize the value and integration of oral health, which now is relegated to dental homes

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Future of ICP in Oral Health Care

- Comprehensive application of ICP to the delivery of oral health care is being promoted to address the detachment of oral health care and health care.
- 2011: American Association of Dental Education and Association of Schools of Public Health, and four other stakeholders: Core Competencies for Interprofessional Collaborative Practice

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Future of ICP in Oral Health Care (Cont.)

- 2013: Over 100 health stakeholders at conference with ADHA: *Transforming Dental Hygiene Education: Proud Past, Unlimited Future*
 - Increase access to oral health care
 - Continue emphasizing the oral-systemic link
 - Use an ICP approach to oral healthcare delivery
 - Make changes in dental hygiene curriculum relative to ICP
 - Adopt innovative collaboration models

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Future of ICP in Oral Health Care (Cont.)

- Anticipated that the expected growth of ICP will result in improved oral health care
 - Bring about changes in the educational and practice delivery systems for oral health care practitioners

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Careers in Public Health

- Dental hygienists in public health positions use a variety of skills in implementing community oral health programs that have positive effects on their communities.
 - The ADHA has designated five dental hygiene roles, with public health being a component of each.
 - Clinician
 - Educator
 - Advocate
 - Researcher
 - Administrator/Manager

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Careers in Public Health (Cont.)

Professional Roles of the Dental Hygienist

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Clinician

- Public health dental hygienists provide evidence-based clinical services to targeted populations, including assessment of oral health conditions and delivery of periodontal and preventive care.
- Often, the population:
 - Has had limited access to dental care.
 - Has been excluded from dental benefits under employer insurance.
 - Is described as having lower socioeconomic status.

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Clinician (Cont.)

- Clinicians must use evidence-based preventive strategies for populations that are at high risk for dental caries.
 - Topical and systemic fluorides, including fluoride varnish, and dental sealants are recognized as effective interventions.
 - Federal and state agencies have established clinical dental hygiene positions.

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Clinician (Cont.)

- Public health clinicians may see many types of patients during a given week, providing care to infants, children, and adults.
 - A dental hygienist may place varnish on infants' teeth during a nutrition clinic.
 - The same hygienist may provide periodontal treatment to pregnant women coming to the health department for prenatal care visits.
 - Another part of the clinician's job may be to visit a nursing home to provide clinical care to bedridden residents.

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Clinician (Cont.)

- Clinicians in public health learn to be flexible with their dental environment.
 - Clinical facilities may be in local health departments, stationary school dental trailers, or mobile dental vans.
 - Some states have school-based dental programs with dental teams using portable dental equipment.
 - Clinical dental hygiene positions are available in many community settings, including hospitals, senior homes, and prison facilities.
 - Federal and state agencies have established clinical dental hygiene positions.
 - Clinical care programs in communities may be supported by nonprofit volunteer or religious organizations.

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Clinician (Cont.)

- Public health dental hygienists may participate in the ongoing assessment of the prevalence of dental disease.
 - A dental hygienist may coordinate the supplies, portable equipment, and infection control protocol to be used by the screening team.
 - A clinician may communicate with school personnel and parents to create the screening schedules.
 - With any screening program, there must be a follow-up and referral component.

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Clinician (Cont.)

- Oral health education would be a component of a clinical role, just as it is in private practice.
 - In some instances, the audience would be a group instead of individual instruction.
 - This could require additional preparation by the dental hygienist, knowledge of instructional objectives, and familiarity with the target audience.

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Educator

- A dental hygienist in a faculty role may focus his or her career on teaching community dental health or public health courses to dental hygiene students.
 - This educator role can familiarize students with new dental hygiene workforce models and encourage service learning in a dental hygiene curriculum.
 - Service learning experiences for students improve education, promote civic engagement, and benefit society.

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Educator (Cont.)

- Another educator role in public health is an oral health educator in the community.
 - Health education is the process in which the client is encouraged to become responsible for personal oral health and is informed of scientifically based methods for preventing dental diseases.
 - Community oral health educators must reinforce the relationship of oral health to total health.

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Educator (Cont.)

- Oral health educators can network with other health professionals to share information about a common population.
 - Networking means that health data, resources for educational materials, and general community information are exchanged among dental, medical, and social services professionals.
 - Effective networking of dental hygienists with other health professionals increases the awareness and importance of the relationship of oral health to general health.

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Educator (Cont.)

- Public health programs have built on the success of commercial marketing techniques by means of social marketing to promote the adoption of a behavior to improve health.
 - Dental hygienists can use social marketing concepts to:
 - Develop a public awareness campaign
 - Create educational materials
 - Improve dental services

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Educator (Cont.)

- An effective oral health educator researches the target population to identify the community's needs and concerns about dental health.
 - A dental hygienist must understand the community to develop and implement culturally appropriate oral health education programs.

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Educator (Cont.)

- Oral health educators may work statewide on preventive programs or may work with the county or community level.
 - Examples include:
 - A smokeless tobacco intervention program
 - Promotion of dental sealants for schoolchildren
 - Education about prevention of early childhood caries for daycare providers
 - Denture care classes for nursing home staff
 - Promotion of mouth guards for athletes in a school district

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Educator (Cont.)

- February (National Children's Dental Health Month) and October (Dental Hygiene Month) provide excellent opportunities for oral health educational activities.
- Health fairs can provide information on numerous dental topics.
- The ADA in partnership with Crest has promoted the Give Kids a Smile! program during February.

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Educator (Cont.)

- Successful oral health education programs are planned to target a specific dental need identified in a population.
 - Oral health educators in the community need organizational skills, current scientific knowledge, excellent communication skills, creativity, and flexibility to meet the challenges of community health improvement.

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Educator (Cont.)

- Corporate educator
 - Employed by industry to educate oral health professionals on the science and appropriate use of their oral health products
 - Educational requirements vary
 - Professional experiences vary

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Advocate

- With the community considered to be a "patient," public health dental hygienists assess the dental needs and concerns of the population.
 - After exploring the available dental resources, dental hygienists also identify any health disparities with access to health care.

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Advocate (Cont.)

- Dental hygienists can be leaders for consumers and can be asked to be vocal advocates for oral health.
 - Dental hygienists who serve on state dental boards are evaluating skills of recent graduates, thus protecting the public and acting as consumer advocates.
 - Membership in the ADHA guarantees a platform to be an advocate for dental hygiene.
 - A request for expert testimony on dental issues might come from state legislature bodies or boards of health.
 - A public health dental hygienist may also provide technical assistance to nondental community groups interested in oral health issues.

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Advocate (Cont.)

- Advocate dental hygienists could participate in legislative activity to change dental hygiene supervision laws.
 - This is a task of dental hygienists in the role of change agent.
 - New dental hygiene workforce models are emerging that are direct results of changing supervisory laws.

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Researcher

- Dental hygienists employed in the research arena work in settings that vary from state health departments to universities to private industry.
 - In a state health department dental program, the epidemiology of dental diseases is a likely area of interest.
 - Research positions are available at many university and dental school settings.
 - Dental product companies have ongoing research to scientifically determine the effectiveness of new methods and products to prevent and treat oral diseases.

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Administrator/Manager

- The expanded coordination needed for community-wide oral health programs creates the need for dental hygienists to be administrators.
 - In this role, hygienists are initiators who develop, organize, and manage oral health programs to meet the needs of targeted groups of people.
 - If the oral health program is implemented for a large population or within a large geographic area, supervision of other professional and technical staff may be required.

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Summary

- The public health career options offer many challenges and opportunities for dental hygienists to become actively involved in providing optimal oral health for the community.
- Public health career options and public health positions for dental hygienists are available in a variety of settings.
- Within the primary setting of your dental hygiene career, you may choose to develop public health skills working as a clinician, educator, advocate, researcher, or administrator.

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Questions?

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