ARE DENTAL HYGIENISTS PREPARED TO WORK IN THE CHANGING PUBLIC HEALTH ENVIRONMENT?

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SORT SCORE

A	B	C	NA

SORT, Strength of Recommendation Taxonomy

LEVEL OF EVIDENCE

1	2	3

See page A8 for complete details regarding SORT and LEVEL OF EVIDENCE grading system

ABSTRACT

Health care reform, the changing public health environment, and a lack of clarity about what defines a 'public health professional' create challenges as well as opportunities for dental hygienists who wish to pursue positions or careers in public health.

Background

Although many studies have been conducted about dental hygienists in clinical practice, there are few describing dental hygienists working in public health positions, particularly in non-clinical roles, or how well their education and other resources prepared them for these roles. Competency statements and the *10 Essential Public Health Services to Promote Oral Health in the U.S.* provide a public health framework to assess what skills will be required for future opportunities that may emerge for dental hygienists.

Methods

Published literature, recent unpublished survey data, selected professional health care reform documents, competency statements, accreditation standards, and the *10 Essential Public Health Services to Promote Oral Health in the U.S.* were analyzed. Competencies in public health/dental public health provide an overview of skills needed by dental hygienists who will be seeking public health positions. Health reform statements describe the need for more leadership and workforce models in public health, while the 10 Essential Services can serve as a framework for career preparation/transition.

Conclusions

The literature does not provide a comprehensive historical review or current profile of dental hygienists who work in various public health positions or their various roles, especially non-clinical roles. More research is needed regarding current positions, degree and experience requirements, and role responsibilities. Additionally, the credentials and public health background of the faculty teaching community/public health courses in dental hygiene programs requires exploration. Follow-up studies of dental hygiene program graduates could help determine how well courses prepare students for public health activities or careers and what resources aid in transitioning from clinical to public health positions. Dental hygienists need more information about education, continuing education and employment opportunities related to pursuing a career in public health.

Key words: Public health, dental hygienist,, competencies, careers, future opportunities

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INTRODUCTION

Many studies have been conducted regarding dental hygienists in clinical practice, but few have researched dental hygienists working in public health settings or positions, particularly in non-clinical roles. With increasing job competition in the private sector, changes in the U.S. health care/dental care systems, and new

paradigms in the public health sector, are dental hygienists positioned to make significant contributions in public health roles? This article will 1) review what is known about dental hygienists in the public health workforce and where there are gaps; 2) analyze published standards, competencies and other guidelines from national groups to determine what skills are needed in the changing public health environment, 3) review current avenues for gaining public health knowledge and experience, 4) use a public health framework for suggesting ways that dental hygienists can apply public health competencies, especially in non-clinical roles; and 5) suggest considerations for future research and education.

LITERATURE REVIEW

The terms 'public health' and 'community health' often are used interchangeably by the dental and dental hygiene professions. Yet public health really is a broader concept and a broader profession that is now structured around the core functions of assessment, policy development and assurance as recommended by a 1988 Institute of Medicine report.[1] Community health uses public health concepts to assess and address problems in a particular community, and focuses more closely on health practices and health care. The *10 Essential Public Health Services* document developed in 1994[2] provides the population health framework for many public health national standards and accreditation programs; they do not focus on the provision of individual health care. The Association of State and Territorial Dental Directors (ASTDD) adapted the *10 Essential Public Health Services* in 1997 to create a Dental Public Health version, *10 Essential Public Health Services to Promote Oral Health in the U.S.* (see **Figure 1**), to use as the framework for the *ASTDD Guidelines for State and Territorial Dental Programs*, making slight revisions in 2010.[3] The American Association for Community Dental Programs created *Model Framework for Community Oral Health Programs*[4] in 2006 for local health agencies based on the *10 Essential Public Health Services*.

Provision of oral health care outside private practice settings such as in schools, correctional facilities, long-term-care facilities, community health centers or other community-based programs, has traditionally been referred to as practicing in public health settings, or more recently as alternative practice settings, even though they are not connected with public health agencies. States also have used the term public health in regulatory changes for dental hygienists practicing in alternative settings. The Commission on Dental Accreditation's (CODA) 2013 document entitled *Accreditation Standards for Dental Hygiene Education Programs*,[5] however, refers to concepts and courses in community health, while the American Dental Education Association (ADEA)/American Dental Hygienists' Association (ADHA) document called *Competencies for Entry into the Profession of Dental Hygiene*[6] refers to community involvement. When mentioning career paths, most dental hygiene organizations refer to careers in public health, not community health. In 2010 the ADHA Council on Public Health developed *Career Opportunities in Public Health*[7] that highlights non-private practice potential career paths for dental hygienists and students. The document includes positions categorized under the five professional dental hygiene roles (see **Figure 2**). Of the three textbooks designed for dental hygienists that primarily address public health issues, two include 'Dental Public Health' in the title and the other, 'Community Oral Health Practice.'

Inconsistent or interchangeable use of these terms has created long-standing debate about who is considered a 'public health professional.' Should someone who has no formal public health education and who practices clinically in an alternative practice setting be considered part of the public health workforce? Until there are clearer definitions around credentials, work settings, or the skills needed to perform specific scopes of work, confusion and disagreement still will exist and interfere with high quality evaluation studies or other public health research pertaining to the public health workforce. While the *Career Opportunities in Public Health* resource

Figure 1. 10 essential public health services to promote oral health in the U.S. ASTDD Guidelines, 2013.[3]

Assessment

1. Assess oral health status and implement an oral health surveillance system.
2. Analyze determinants of oral health and respond tohealth hazards in the community.
3. Assess public perceptions about oral health issues and educate/empower people to achieve and maintain optimal oral health.

Policy Development

4. Mobilize community partners to leverage resources and advocate for/act on oral health issues.
5. Develop and implement policies and systematic plans that support state and community oral health efforts.

Assurance

6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices.
7. Reduce barriers to care and assure use of personal and population based oral health services.
8. Assure an adequate and competent public and private oral health workforce.
9. Evaluate effectiveness, accessibility and quality of personal and population based oral health promotion activities and oral health services.
10. Conduct and review research for new insights and innovative solutions to oral health problems.