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TO: ADHA Constituent Presidents
ADHA State Educators Network
ADHA State Legislative Chairs

FROM: Ann Lynch, ADHA Director of Governmental Affairs
Pamela J. Steinbach, RN, MS, ADHA Director Education & Research

SUBJECT: Community Dental Health Coordinator

As directed by the ADHA Strategic Plan, we continue to work to advance the profession of dental hygiene at the state and federal level. This includes increasing organized dental hygiene's involvement in the development of new workforce models. One of the models being discussed is the ADA preferred model, Community Dental Health Coordinator.

The CDHC model does not conform to ADHA policy on workforce models.

State associations, educational institutions and/or dental hygiene program directors are encouraged to contact ADHA for further information and understanding if CDHC programs and/or legislation are being discussed in your state. Please consider ADHA a resource for you.

What about the Community Dental Health Coordinator (CDHC)?

The CDHC is a pilot program that the ADA launched in 2006 investing more than \$7M. As of fall 2013 the CDHC project had 34 graduates. Today, the ADA is marketing its program to colleges and universities across the country.

The 18 months of CDHC training focuses on community outreach, coordination of care, educational and social interventions in the community, and prevention. With more than 1,800 hours of instruction, CDHCs are trained to:

- Work under a dentist's supervision in clinics, schools, and other public health settings with people of similar ethnic and cultural backgrounds
- Collect information to assist dentists in triaging patients

- Address social, environmental, and health literacy issues
- Provide dental health education and help people develop goals to enhance their oral health
- Coordinate care in accordance with a dentist's instructions
- Help patients navigate the complexities of the health care system
- Provide limited clinical services, including:
 - Screenings
 - Fluoride treatments
 - Placements of sealants
 - Placement of temporary fillings (on the instruction of a dentist)
 - Simple teeth cleanings

ADHA has prepared this memo to provide further clarity and guidance to states as new workforce models are discussed across the country. A quick review of ADHA policy is provided to guide you in your deliberations. This information has been prepared for your use. Please disseminate as you deem appropriate.

Why Dental Hygiene-based?

The ADHA is committed to advocating in support of new dental hygiene-based models for oral health care delivery. Dental hygienists are educated, prepared and an available asset to the workforce. The educational infrastructure is in place, with 335 dental hygiene programs presently educating students across the country. Dental hygienists are currently working in a variety of settings, and the public will benefit from a practitioner who can provide both preventive and restorative services.

Creating a New Provider

The ADHA has defined a Mid-level Oral Health Practitioner as follows:

A licensed dental hygienist who has graduated from an accredited dental hygiene program and who provides primary oral health care 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.

As the national association representing the interests of more than 185,000 dental hygienists across the country, the ADHA is often asked to evaluate or provide guidance on proposed models and pending legislation. There is not one single definition for all mid-level dental providers, because each state that has pursued a mid-level practitioner has created its own variation based on the needs, composition of the workforce and demographics of that respective state.

The ADHA supports workforce models that culminate in:

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

Direct access allows a dental hygienist the right to initiate treatment based on his or her assessment of a patient's needs without the specific authorization of a dentist; to treat the patient without the presence of a dentist; and to maintain a provider-patient relationship.

cc: ADHA Board of Trustees