

**South Carolina Board of Dentistry Task Force
to Study Dental Hygiene Workforce Issues**

On Tuesday, July 23, 2024, a task force (hereinafter “TF”) created by the South Carolina Board of Dentistry held a public meeting to gather information from the dental community and the public about the current state of the practice of dental hygiene in the state, and in particular, workforce issues. This meeting was chaired by Sherie Williams Barbare, RDH and Dental Hygiene Representative for the Board. Other Board attendees were Becky Marchi, RDH, Dental Hygiene Representative for the Board, Dr. Britt Reagin, DMD, First Congressional District, for the Board, and Dr. Julie Mikell, DMD, Second Congressional District Representative for the Board.

At the public hearing, the following people spoke either through being on the agenda or in public comment:

- Dr. Gregory Orsimarsi, II, DMD
- Dr. Jeff McCarty, Dean of Healthcare, Midlands Technical College
- Alicia Johnson, RDH, Program Director, Dental Hygiene, Florence-Darlington Technical College
- Dr. Candice B. Lewis, Dean, School of Health Sciences, Greenville Technical College
- Dr. Traci Willimon RDH, Dental Hygiene Academic Program Director, Greenville Technical College
- Michelle Meeker, RDH, Program Director & Chair Dental Sciences, Horry-Georgetown Technical College
- Kimberly Schneider, RDH, MS, Program Director, Dental Hygiene, Midlands Technical College
- Dr. Jonna Moreschi, DMD, Department Chair, Dental Health Professions, York Technical College
- Melissa Copeland, CDA, RDH, MHA, Dental Services Department Head, Program Coordinator, Dental Hygiene & Dental Assisting, Trident Technical College
- Donna Palmer, Department Head, Health Professions Department, Tri-County Technical College
- Martha Macaluso, RDH, Professor of Dental Hygiene, Greenville Technical College
- Tammi Byrd, RDH
- Amy Natoli, RDH
- Brenda McC Carson, RDH
- Michelle Ashley, RDA, RDH, Dental Assisting Academic Program Director, Greenville Technical College

Dr. Orsimarsi spoke first. Dr. Orsimarsi had spoken at the most recent full Board meeting on this issue and the TF Committee let him speak first regarding his concerns as a practicing dentist in the Charleston area. Dr. Orsimarsi addressed the TF about concerns he had seen or heard related to the difficulty dentists had with hiring hygienists. Using data received from the Board and other sources, he stated that there is a 1.17-to- 1 ratio for hygienists to dentists in Alabama. He noted the increase in the number of dentists licensed in South Carolina was high compared to the number of hygienists licensed in South Carolina over the past five years.

Dr. Orsimarsi stated that he began to look at other states to explore alternatives and found that the Alabama Board of Dentistry has its own dental hygiene program for those seeking to become a dental hygienist.¹ Under the ADHP, a dental assistant who has been practicing for two or more years chair-side can apply for and attend an accelerated program for hygiene and then sit for the ADEX national clinical exam. Upon passing the exam, one can work in Alabama as a dental hygienist. He stated based on information he received from the Alabama Board, the pass rate on the ADEX clinical exam was 100%.² Dr. Orsimarsi stated he was not specifically asking that South Carolina consider a program exactly like Alabama's as an answer to South Carolina's dental hygiene shortage; however, he believed a possible hybrid of that and what South Carolina currently does is something that should be studied and considered. He said that he understands the South Carolina technical colleges all have a one-to-three-year waitlist for the dental hygiene programs after you have been accepted, so he believes we currently have a willing workforce, but that there needs to be a way to get that workforce trained, licensed, and in the state.

Dr. McCarty, Dean of Healthcare, Midlands Technical College addressed the TF members and others attending the meeting sharing his experience with the Midlands Technical College dental hygiene program and his experiences with looking at establishing a third dental hygiene program in the state of Wyoming from whence he came. Wyoming is more sparsely populated than South Carolina, and the Wyoming Dental Association found that many of the hygienists that graduated in Wyoming left the state. When examining the data and looking at establishing a third dental hygiene program in Wyoming, they found that there was not actually a supply issue there. The problem was a retention issue. Graduates were leaving Wyoming because they could make \$15 more an hour in the state of Colorado right after they graduated from the Wyoming dental hygiene programs. In South Carolina, when looking at the issue, he believes that South Carolina may have a retention issue over a supply issue. He is not sure that adding a supply of graduates will help, especially since the data seems to show South Carolina, like Wyoming, has a retention issue more than a supply issue.

Alicia Johnson, RDH, Program Director of Dental Hygiene at Florence-Darlington Technical College spoke to the TF. Florence-Darlington Technical College admits 15 students each Fall into the dental hygiene program. They have fifteen (15) chairs in their clinic, three full-time faculty members, a part-time dentist on contract, one adjunct and an assisting instructor. Expanding their programs require significant resources and they have not been allowed to increase tuition so, while costs associated with the program have continued to increase, the income has not, leading to more financial struggles for the programs and making it impossible to expand. She added that Florence-Darlington Technical College does not have a waitlist. They developed a weighted entry form, and students are scored based on their GPA, their previous collegiate history, whether or not they have worked in a dental office at all or as a dental assistant; they then take these things into consideration when accepting candidates to the program. The hope is that those admitted will graduate into the dental hygiene community. Ms. Johnson inquired about licensing compacts as a potential method to bring more hygienists into the state.

¹ Referenced throughout as the Alabama Dental Hygiene Program or ADHP.

² The pass rate of the actual program itself is not 100%, as many people end up not completing or are unable to complete the program successfully. This information is reflected on Alabama's licensee lookup.

Dr. Candice B. Lewis, the Dean, School of Health Sciences at Greenville Technical College, and Dr. Traci Willimon, RDH, the Dental Hygiene Academic Program Director at Greenville Technical College, both spoke.

Dr. Lewis understands the need for an increased workforce, specifically for dental hygienists, and since 2023, they have increased their program size by 20%, adding four new students. They have the largest dental hygiene program in the state. They have a weighted admittance system, and this year they had a 100% graduation rate and 100% job placement rate. They are looking at increasing their class size to 28 for Fall 2025, but conceded it takes time to expand the program and get those students in place for many reasons, including the CODA faculty-student ratio requirements.

Dr. Traci Willimon followed Dr. Lewis. This year Greenville Technical College had 19 graduates from a cohort of 20 in the Spring. They are on track to graduate 19 hygiene students from a cohort of 24 in Spring 2025. Greenville Technical College has been working to expand their programs. Ms. Willimon has been in touch with other programs in the state, and it looks like South Carolina technical colleges are on track to increase enrollment in dental hygiene programs by 34% from 2023 to 2025 if plans are approved and implemented across the state. Tri-County Technical College is in the process of developing a dental hygiene program with room for 24 students, which would increase enrollment in the state by 56%.³

Dr. Willimon stated that schools need additional data to make sure they are meeting the needs of the state. They need to know things like how many hygienists would meet the needs of the state, what should the goal be for the educational settings to meet these needs, and how long would an increase in program enrollments be necessary. At the educator's summit held by the South Carolina Dental Association about hygiene labor shortages in 2023, there were extensive discussions on why hygienists leave the profession. Identifying the reasons hygienists leave the profession and implementing changes is crucial to fixing the workforce shortages. Dr. Willimon reported that many hygienists have shared their dissatisfaction about discussions for implementing an alternative licensing plan in South Carolina, and it is likely hygienists would leave South Carolina if such a plan were put in place. She notes this would create an even larger labor shortage in dental hygiene. Dr. Willimon stated that it does not matter how many students the programs graduate if the state's dental practices do not provide adequate work-life balance, safe and positive working conditions, and generous compensation. Dr. Willimon believes there is a need for additional data to address this issue, including how many hygienists are leaving the profession and why they are leaving.

Regarding alternate licensing, it is Ms. Willimon's understanding that the Alabama Dental Hygiene Program has not met the needs of the state of Alabama nor has it promoted the standards of care

³ Donna Palmer spoke about that program later in the meeting.

in that state. Greenville Technical College wants to be part of the solution to fixing the dental hygiene labor shortage in South Carolina and elevating the profession.

Michelle Meeker, RDH, the Program Director & Chair Dental Sciences for Horry-Georgetown Technical College spoke. Ms. Meeker has been in her role with Horry-Georgetown Technical College for six years. She thanked the Board for forming this TF to study this issue. Horry-Georgetown Technical College assists 20 dental assisting students and 20 dental hygiene students in their program every year. That is their maximum enrollment. They have 21 chairs in their dental clinic. They currently graduate between 15-20 dental hygiene students each year with 2021 being the last year they graduated a class of 20. For Fall 2025, Horry-Georgetown Technical College is pursuing a 15% increase in their program, moving the number of students in their hygiene program from 20 to 30, pending CODA approval.

Ms. Meeker believes that considering and adopting an alternative licensing program for hygienists, such as the ADHP suggested by Dr. Orsimarsi, would be detrimental to the level of quality of dental hygiene in South Carolina. She believes it would undermine the high educational standards that South Carolina currently requires. She does not believe changing the educational standards for licensure is a viable or reasonable option, but she appreciates that there are discussions about how we can expand the workforce. Ms. Meeker noted that in the accredited programs, students complete 90 preclinical hours, 654 patient hours in the clinic, for a total of 744 clinical hours as compared to the 180 hours mentioned for hygienists completing the ADHP. She noted the difference is profound, and she believes it will be a huge challenge for dentists to train those hygienists who do not go through a CODA program, in their offices, especially if they are already understaffed.

Kimberly Schneider, RDH, MS, the Program Director of Dental Hygiene at Midlands Technical College, spoke. She stated that MTC does not have a waitlist and has not had one for the last two or three years. They use a weighted admission process. They take the top 20 students out of 40-50 applications annually. Many of their students have healthcare backgrounds, with some having already going through a dental assisting program before applying to the dental hygiene program. In 2024, they graduated 16 students, and they anticipate graduating 21 students in 2024. They went up to 24 students for the next class to help shortage.

Ms. Schneider expressed concerns about how an Alabama-type of program would work in South Carolina. She noted Alabama hygienists make an average of \$26.56 an hour. Arkansas has the lowest cost of living in the country, and their hygienists average \$10 more an hour. She worries an ADHP-style program will take the profession back many years to a time when the average pay was insufficient for a hygienist to live on. She noted that just five years ago new hygiene graduates in South Carolina had a difficult time finding jobs and that they often needed to part-time hygiene jobs due to the glut of hygienists in the State.

Dr. Jonna Moreschi, DMD, Department Chair of Dental Health Professions, York Technical College (YTT) spoke. Dr. Moreschi has been at YTT since 1997. Currently, they have cohorts of 20 dental hygiene and 20 dental assisting students. In the future, they are looking to increase that to 26 students each; however, that is depending on availability of funds and facility resources. CODA, the accrediting body for dental hygiene programs ultimately has the say about whether a

hygiene program can expand. Additionally, the bachelor's degree for teaching requirement has made it hard to fill faculty spots. She also believes that Dr. McCarty was correct that SC has a retention problem versus a supply problem. YTT, which is on the boarder, finds that 90% of its graduates go to NC to work.

Melissa Copeland, CDA, RDH, MHA, the Dental Services Department Head and Program Coordinator of Dental Hygiene & Dental Assisting at Trident Technical College, spoke. She stated that in previous years, they accepted 24 students. They graduated 24 in 2024, and they will graduate 16 students next year. They have been working with CODA on hiring additional instructors, and they will increase the number of students admitted next year to 30. The problem at Trident is that they only have 18 chairs, which requires them to get creative with scheduling the students' instruction. They had a couple of faculty members leave due to pay, which meant they had to hire replacement staff plus an extra staff member in preparation for the increase in students. Trident has raised the salaries to help with hiring. They have received grants and have a community partner who reached out to help cover funding for additional equipment needed to take on more students. In the past they have not done much with private practices outside of pediatric practice, but they have done a few clinics in which they send faculty out. Trident is the only school that does not do weighted acceptance; they have a waitlist.

Donna Palmer, Department Head of the Health Professions Department of Tri-County Technical College spoke. Unfortunately, due to audio issues, much of what she said was inaudible. Ms. Palmer has been at TCTC for 22 years. Due to the demand in dental hygiene, TCTC began looking at adding a dental hygiene program. The current plan is to begin accepting hygiene students in 2028. They are currently looking at admitting 24 students, but since they are building the program right now, they may be able to add more. BlueCross BlueShield and Delta Dental have given them some grant money for their program.

Public Comment ranged from discussions on a dental hygiene licensing compact to an ADA study that shows health insurance and toxic work environments are the two big reasons hygienists leave. Several public members had firsthand experience with ADHP and shared their thoughts. One educator asked how this will impact the already existing dental assistant shortage if SC were to move forward with a program like ADHP (where assistants would move to hygiene).

In public comments, Dr. Orsimarsi added that he thinks even if we retain all of the hygiene graduates and of the hygienists, then there will be drastic shifts in the hygiene model in South Carolina that will be controlled by private equity that will not be good for anyone.

Alabama Dental Hygiene Program

The Alabama Dental Hygiene Program (ADHP)⁴ cannot be ignored by this TF because it is *part of* the conversation that led to the development of this TF and it was addressed during the TF meeting. While the Board created the TF to discuss all issues related to the dental hygiene shortage issues, some dentists and dental hygienists became rightfully concerned that the timing of the TF gave the appearance that the Board was considering adopting the ADHP. This was unfortunate but an understandable perception.

⁴ The purpose of discussing the ADHP in this report is not to disparage it but objectively to examine it.

In its infancy, the ADHP was a preceptor-only program. In 1959, the legislature gave the Alabama Board authority to issue training permits to qualified dentists in accordance with a dental hygiene training program established by the Board. A hygienist did not have to be a graduate of an accredited school of dental hygiene. The preceptor-only program ended in 1960. For the next 10 years, Alabama worked on refining the current ADHP.⁵

The current ADHP program is not a preceptor-only program, though there remains a significant receptor component to it. There is now also a didactic portion to the program. That being said, however, a student in the ADHP must be employed full-time (minimum 30 hours, or 3-1/2 days, per week) by a certified dentist who has been qualified by the Alabama Board as an ADHP instructor. The hygiene candidate must have worked twenty-four months full-time as a chairside dental assistant before entering the ADHP. There are 8 academic or didactic lectures in addition to working 30 hours a week. The sponsoring dentist is responsible for grading the student. The instructing dentist also grades the student's final exam as well.

The ADHP is an accelerated certification program. Since its initial inception, and its revisions to the ADHP, no other state has adopted this program, as every other state requires their dental hygienists to graduate from a CODA-approved program. Thus, these certified hygienists are prohibited from practicing in other states; they can practice in Alabama only without returning to school to complete a CODA-approved program. Also, hygienists who complete this program are unable to apply their didactic or clinical experience to obtain a college education or degree, though there the Alabama Board of Dentistry's website recently has stated that ACE will give these students 17 semester credit hours beginning with the 2023-2024 class.

Currently, Alabama only has three (3) CODA-approved dental hygiene programs. The ADHP is less expensive than graduating from a CODA-approved program and can be obtained in less time.

Statistics related to Dental Hygienists in South Carolina and Alabama

Again, because an ADHP-style plan was discussed as something the South Carolina Board should consider exploring, it is important to look at the current state of dental hygiene Alabama and South Carolina statistically.

Population wise, Alabama and South Carolina are very similar: As of July 1, 2023, South Carolina had a population of 5,373,555, and Alabama had a population of 5,028,092.

Currently, Alabama has more than 4,586 hygienists holding an active status, with approximately 3,588 trained through the ADHP. Statistically, approximately 78% of their actively licensed (but

⁵ In 1954, the first accredited dental hygiene program was created at UAB. UAB eventually closed its hygiene program and today only offers a dental assisting program. Alabama currently only has three CODA-approved dental hygiene programs. Graduates from these programs receive associate's degrees, take the NBDHE, and are eligible to become licensed in other states.

not practicing) dental hygienists go through the ADHP, while only 22% are educated through one of the three dental hygiene programs.

In 2023, South Carolina had 4,412 dental hygienists licensed with the Board. All of these dental hygienists are required by law to graduate from a CODA-approved program. The trend related to the number of licensed dental hygienists in South Carolina has increased over the years, while generally holding steady during the COVID years. South Carolina, likewise, has added almost 1,000 general dentists in the last four years.

Year	Licensed Hygienists	Licensed General Dentists
2023	4412	3744
2022	4491	3819
2021	4216	3565
2020	4220	2861
2019	4042	2688
2018	4059	2692
2017	3848	2514
2016	3840	3132

According to the United States Bureau of Labor Statistics – State Occupational Employment and Wage Statistics as of May 2023, Alabama has 3,070 employed hygienists. Based on the number of licensed or certified hygienists, 67% of Alabama’s hygienists are employed. Likewise, using the same source of information, 70% of the currently-licensed South Carolina hygienists are employed.

When it comes to salaries, the average salary for a dental hygienist in Alabama is \$54,460. In South Carolina, the average salary for a dental hygienist is \$76,950. For comparison:

Area name	Employment(1)	Hourly mean wage	Annual mean wage(2)	Hourly 10th percentile wage	Hourly 25th percentile wage	Hourly 75th percentile wage	Hourly 90th percentile wage
Alabama(0100000)	3070	26.18	54460	21.94	23.49	28.66	29.77
South Carolina(4500000)	3100	37.00	76950	30.10	34.65	39.01	44.67

While some have attributed the Alabama dental hygiene salaries to the lower standard of living in Alabama, Arkansas has the lowest standard of living in the United States and still outpaces South Carolina.

Arkansas(0500000)	1830	37.52	78040	24.22	31.24	40.40	45.35
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Even though the average salary for a dental hygienist in South Carolina is \$76,950, based upon 2023 data, South Carolina remains in the bottom 10% in annual salary for dental hygienists in the United States. Following Alabama, Kentucky remains the second lowest state related to annual salaries at \$62,120, while West Virginia is the only other state below \$70,000.

While some have argued that the ADHP is a way by which more rural areas of the state can be treated due to a shortage of all dental providers, recently studies from Alabama show that the rural areas are still suffering from a shortage of dental health care. Additionally, availability of dental care in rural areas of states is not just a South Carolina or an Alabama problem. It has a multitude of causes that any dental board alone is unable to adequately address or solve.⁶

OTHER ISSUES AFFECTING DENTAL HYGIENE WORK FORCE ISSUES

Recent and more comprehensive studies have looked at the issues before the dental workforce issues. One of the most comprehensive studies is entitled Dental Workforce Shortages: Data to Navigate Today's Labor Market⁷

That reports attempted to address several important questions:⁸

1. What's Behind the Shortage? Greater Outflows, Slower Inflows

Greater outflows: Due to a multi-year partnership between the ADA and ADHA, we know that fewer than half of dental hygienists who left employment early in the COVID-19 pandemic returned to the workforce in 2021. Further, an estimated 3.75% of dental hygienists voluntarily left the workforce in 2021, including 1.6% who permanently left due to retirement or a career change. The most common reasons cited for not returning to work – aside from “waiting until the COVID-19 pandemic is under control” – included concerns about workplace safety and insufficient childcare.

Slower inflows: Enrollment in dental hygiene and dental assisting programs declined from pre-pandemic levels in 2021-22, with a downward trend in accredited dental assisting programs that started prior to the pandemic. There was about a 7% drop in first-year enrollment in dental hygiene programs nationwide in the 2020-21 academic year, which was the first cohort to enroll since the start of the pandemic. That drop is due in part to more programs not enrolling first year classes that year because of the pandemic. There was about a 4% drop in the number of graduates in 2020 compared to 2019. The most recent data indicate that both first-year enrollment and graduates are rebounding in dental hygiene. However, enrollment declines in dental assisting seem to be part of a long-term downward trend, as is the number of accredited dental assisting programs in operation.

⁶ At 41.6 dentists per 100,000 residents, Alabama has the nation's second-lowest ratio of dentists per population, only ahead of Arkansas. The national average is about 60 dentists per 100,000 residents. According to the report, some patients wait up to a year for oral surgeries while Alabama's dentists struggle to stay in business. Of those affected by Alabama's shortage of dental care, children, people with disabilities, and rural residents are hit the hardest. Forty-nine out of 67 counties have a shortage of all dental professionals. In 2023, the former executive director of the Alabama Dental Association stated that “at least five counties in Alabama do not have a dentist serving the area.”

⁷ https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/dental_workforce_shortages_labor_market.pdf?rev=e6025d77df184e6c95dc7cefde4adee3&hash=225FCBBCCB67174AAFC760FE2287322D

⁸ These sections are directly quoted from Dental Workforce Shortages: Data to Navigate Today's Labor Market

That being said, in South Carolina, enrollment numbers are rebounding.⁹ As demonstrated by those who spoke at the TF Meeting on July 23, 2024, technical colleges are doing even more to increase those numbers. South Carolina’s statistics for new RDH licensees is as follows:¹⁰

Year	# of DH Licensees Issued
2000	60
2001	94
2002	71
2003	54
2004	73
2005	69
2006	86
2007	87
2008	95
2009	78
2010	94
2011	81
2012	88
2013	96
2014	110
2015	114
2016	90
2017	108
2018	95
2019	152
2020	143
2021	168
2022	178
2023	191
2024 YTD (as of 10/21/2024)	169

While not all of the dental hygienists are remaining in South Carolina, South Carolina is adding approximately 3.5% to 4% new¹¹ hygienists per year since roughly 2019. Moreover, as noted above, the dental hygiene programs in this state are continuing to respond to the shortage by producing more and more graduates, although that takes time, effort, and money.

2. What the Research Tells Us¹²
 - a. Approximately one-third of the dental assistant (33.7%) and dental hygienist (31.4%) workforce indicate they expect to retire in five years or less.¹³

⁹ It would be logical to assume that if an ADHP were adopted, many schools offering dental hygiene degrees would drop these programs because they would be unable to compete with the cheaper tuition and the 8-month turnaround time of a program like the ADHP. Thus, it is unrealistic to say that an ADHP-type program would add to these numbers. At best, they would replace these numbers; at worst, they would reduce these numbers.

¹⁰ These numbers may not be related to only those who have graduated, but these numbers show new licensees entering South Carolina’s dental hygiene workforce. That being said, a recent report by Board Member Becky Marchi revealed that in April 2024, our technical colleges were graduating up to 114 dental hygienists. Her report is attached herein.

¹¹ New meaning never been licensed in this State.

¹² Directly quoted from https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/dental_workforce_shortages_labor_market.pdf?rev=e6025d77df184e6c95dc7cefde4adee3&hash=225FCBBCCB67174AAFC760FE2287322D

¹³ Retention rates are also an issue in Alabama. Because the ADHP has been discussed frequently in the context of the TF, it is worth noting that the ADHP does not necessarily produce greater retention rates. A limited randomized review of those who graduate through the ADHP demonstrate a retention rate of as low

- b. The majority of dental assistants and dental hygienists are satisfied in their current job.
- c. Roughly half of dental assistants and dental hygienists indicate they have received a raise within the past year. The majority of wage increases are in the 1-3% range.
- d. The majority of dental assistants and dental hygienists indicated that they receive dental benefits, paid holidays, paid vacation, and retirement savings from their employers. Health insurance, paid sick time, paid leave, and continuing education or professional development funds are rare overall. These benefits matter for recruitment and retention.
- e. Factors associated with retention include work-life balance, positive workplace culture, and ability to help patients.
- f. Factors associated with attrition include negative workplace culture, insufficient pay, lack of growth opportunity, inadequate benefits, and feeling overworked.

3. Executive Summary Findings of the ADA¹⁴

Dental practices need to remain competitive as employers when it comes to employee benefits. Paid vacation and paid holidays are now the norm in dentistry. The majority of dental practice employees are also offered retirement savings options and paid sick time. However, in order to recruit and retain a robust workforce, dental employers need to offer health insurance and paid leave. Within dentistry, these benefits are much more common in public health and dental service organization (DSO) work settings.

Responsive compensation is a must. Wages need to be assessed annually. Ideally, raises should incorporate performance measurement, which may help dental team members feel more connected to practice goals and offer a sense of professional fulfillment.

Workplace culture cannot be overlooked. Among employees who are satisfied in their roles, positive workplace culture, work-life balance, and ability to treat patients are the most commonly cited contributing factors. Poor communication in dental practices is one of the top risks to retention. Traditional dental practices are small businesses that typically lack a dedicated human resources team to evaluate and improve upon these aspects of the work environment.

Consolidated dental practices have an edge when it comes to employee benefits. Dental service organizations and group practices are better positioned to offer employee benefits. However, there are lower levels of overall workplace satisfaction among dental assistants and dental hygienists

as 3.85% based upon a review of 162 ADHP graduates, with only 6 of those maintaining an active status with the Board.

¹⁴ Directly quoted from https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/dental_workforce_shortages_labor_market.pdf?rev=e6025d77df184e6c95dc7cefde4adee3&hash=225FCBBCCB67174AAFC760FE2287322D

working in these practices, likely driven by differences in other aspects of the workplace. This merits further research.

Shoring up the workforce pipeline will require long-term changes. The number of new dental hygienists and dental assistants graduating from allied education programs may not be enough to compensate for the losses of team members who permanently left the profession during the pandemic. There may be another wave of retirements in the next few years that will put additional pressure on the workforce pipeline. Innovations are necessary to shore up the pipeline for long-term sustainability of the dental workforce.

South Carolina Board of Dentistry: Its Mission & Its Authority

The purpose of the South Carolina State Board of Dentistry is to protect the public welfare and safety of South Carolina's residents through the statutory powers delegated to it. These include: (1) determining the eligibility of applicants for examination and licensure; (2) examining applicants for licensure including, but not limited to: (a) prescribing the subjects, character, and manner of licensing examinations; (b) preparing, administering, and grading the examination or assisting in the selection of a contractor for the preparation, administration, or grading of the examination; (3) establishing criteria for issuing, renewing, and reactivating the authorizations to practice of qualified applicants, including the issuance of active or permanent, temporary, limited, and inactive licenses, or other categories as may be created; (4) adopting a code of professional ethics appropriate to the profession or occupation which it licenses or regulates; (5) evaluating and approving continuing education course hours and programs; (6) conducting hearings on alleged violations of this article and regulations promulgated under this article; (7) resolving consumer complaints, where appropriate and possible; (8) disciplining persons licensed under this article in a manner provided for in this article; (9) promulgating regulations

The Board has additional, or more specific, authority under the South Carolina Dental Practice Act, but that authority does not extend to labor or workforce issues. Simply put, while the Board can inquire about potential causes of workforce issues, it is wholly outside the jurisdiction of the Board to change laws regarding workforce issues. Additionally, the Board cannot submit proposed legislation, and to the extent the Board can propose regulations, those regulations must be consistent with the statutes governing the Board. The Board cannot draft regulations that contradict statutes or legislative mandates contained within Title 40, Chapter 1.¹⁵

South Carolina law requires dental hygienists to establish, prior to licensure, satisfactory evidence of graduation from a school of dental hygiene accredited by the Commission on Dental Accreditation. See S.C. Code 40-15-140(a). Moreover, the Board has previously promulgated Regulation 39-2, which has further enshrined in South Carolina law the requirement that dental hygienists graduate from a school of dental hygiene approved by the Commission on Accreditation of Dental and Dental Auxiliary Education Programs of the American Dental Association. This regulation affirms the basic requirement of graduating from a CODA-approved program while further outlining other related requirements or elements of proof of graduation.

¹⁵ The discussion of the Board's authority to address workforce issues should not be construed as a desire by the Board to eliminate the requirement of graduation from a CODA-approved college.

Conclusion

We appreciate the opportunity to examine these issues. The issue of any workforce shortage is complicated and multi-faceted.¹⁶ This Task Force appreciated the input received from all who chose to participate and provide information to it. Healthcare-related shortages have been occurring across the country in many other practice areas as well and impacting the nursing profession, the medical profession, and the dental profession. We applaud the schools for undertaking the efforts identified above in expanding the number of graduates into the dental hygiene profession. We are encouraged that they continue those efforts in the coming years, as the potential is there to increase dental hygiene graduates by 10-12%. With only 70% of licensed dental hygienists currently practicing, we would encourage the dental profession to find ways, consistent with the research established by others, to attempt to reintroduce those hygienists back into the profession.

Several educators who spoke at the TF meeting discussed the requirements that full-time and part-time faculty of a dental hygiene program must possess a baccalaureate or higher degree. All part-time clinical and dental science laboratory faculty appointed prior to July 1, 2022, are exempt from the degree requirement; however, others are not grandfathered under this exemption and South Carolina's hygiene programs have noted that this rule, at times, has created difficulties in hiring otherwise qualified instructors as the programs are attempting to increase enrollment and expand their programs. We are aware CODA is reexamining the "Accreditation Standards for Dental Hygiene Education Programs Standard 3-6, related to the faculty degree requirement" and would encourage CODA to expand this rule for highly qualified candidates for instructors and not bar them from programs solely because of the lack of a bachelor's degree.

Respectfully Submitted,

Sherie W Barbare, RDH
Committee Chair

¹⁶ The Task Force was simply unable to look at other means or methods to increase retention, expand dental care access to more rural areas, reimbursement rates, or what other steps other states have taken to address their hygiene shortage due to the sheer complexities of these issues.

Dental Hygiene Schools Report

April 2024

School	1 st year students	2 nd year students	Approximate Yearly Grads	Accepted Yearly	DHNB	Clinical Exam
Florence Darlington TC	10	10	10	10	April	April
Greenville TC	20	19	19-24	24	April	April
Horry Georgetown TC	19	18	18-20	20	March	April
Midlands TC	22 (2 repeating)	16	15-20	20	March	April
Trident TC	30	17	20 (with increased enrollment expect more)	Just increased from 24 to 30	March/ April	April
York TC	13	0 (due to facility renovation)	20	20	March	April

CE N2O and Infiltration Anesthesia Courses

School	CE N2O	CE IA
Florence Darlington TC	Not offered as CEU	Not offered as CEU
Greenville TC	4 times per year	Not offered as CEU
Horry Georgetown TC	1 time a year	Not offered as CEU
Midlands TC	Not offered as CEU	2-3 times per year
Trident TC	2 times per year	Not offered as CEU
York TC	Not Offered- due to faculty shortage	Not Offered- due to faculty shortage

All programs offer to current students during their course of study.

Reported New Graduate Starting Salaries

School	New Graduates Starting Salaries
Florence Darlington TC	\$28/hr-\$30/hr; several received \$40/hr from NC dentists
Greenville TC	\$30/hr-\$42/hr some with sign on bonus, up to 6 weeks vacation and \$12,00 tuition reimbursement
Horry Georgetown TC	\$34/hr-\$43/hr
Midlands TC	\$40/hr-\$42/hr full time with health insurance and retirement. Some offering \$5000-\$20,000 sign on bonus
Trident TC	\$38/hr-\$40/hr with corporate offices paying more
York TC	\$30/hr-\$40/hr

Comments on RDH Salaries

- Huge need for RDH's in the area and market is very competitive. Increase in population in the area and there are numerous dental offices with many being corporate owned.
- Many graduates are going to North Carolina to work and receiving higher salaries.
- These highly educated graduates are finally getting paid an appropriate wage to live on and receiving necessary health benefits.
- There has been a real shortage since the COVID era. It is the basic economics between supply and demand.
- Our area seems to have an extreme shortage. Corporate type offices seem to be paying more which is hurting private practices.
- There is a major shortage of Dental Assistants and RDH's. Corporate offices are aggressively recruiting students early.

How to Remedy the Shortage

We do not have the faculty, space or funding to increase the number of students we graduate. We were just notified our program is too costly to run. The state does not allow us to increase tuition and the funding we receive does not pay for our program in full. Some programs must produce some a certain amount of revenue.

Find ways to retain those in the profession that are already trained. Increase what faculty is being paid to increase the number going into education. Current faculty pay is not competitive with what is being paid in the community. Resulting in an ability to accept more students.

Need more educators in the pipeline; possible incentives from state entities to encourage RDH's to return to college for advanced degree. More educators/faculty is the only viable way to increase enrollment since CODA mandates faculty/student ratios.

Recognize and address why hygienists are leaving the profession. Treat them kindly. Pay them what they are worth and offer benefits. Let them determine how much time they need for each patient. Increasing class size will not make a significant difference. Will graduating 25 vs 20 really even make a dent? Then in 10 years we are back to a glut of graduates who cannot find jobs.

Without more space/facilities and faculty there isn't a lot we can do. It took 2 years to increase enrollment from 24-30 students due to CODA and to get enough faculty.

We have plenty of students who would like to be hygienists but due to CODA Standard 3-6 which states clinical instructors must have a bachelor's degree we don't have enough faculty.

SC Actively Licensed Registered Dental Hygienists

Age	RDH	RDH with IA
20-29	256	191
30-39	463	636
40-49	435	698
50-59	472	503
60-69	290	210
70-79	39	33
80-89	2	0
90-99	0	1
Total	1957	2272

Total Actively Licensed Dental Hygienist = 4531 *Disclaimer – It is possible that the system does not have birthdates for every licensed person especially if they were licensed before a new system was put in place in 2004.

The number of active licensees is ever changing as new licenses are issued.

Yes there are 70-99 year olds with active licenses, some who still practice. Active license means they still renew.

The board staff does not have a way to track whether they are actively practicing or just renewing.