

Oral Health Workforce Research Center (OHWRC)

- A cooperative agreement between the Center for Health Workforce Studies (CHWS) and the Health Research and Services Administration (HRSA)
- Established in 2014 as a partnership between CHWS and the University of California, San Francisco
- Supports workforce research aimed at expanding access to oral health services for vulnerable populations
 - An available, competent, and well distributed workforce is required to meet unmet need for oral health services
 - The work of the OHWRC is designed to inform workforce planning for the delivery of oral health services

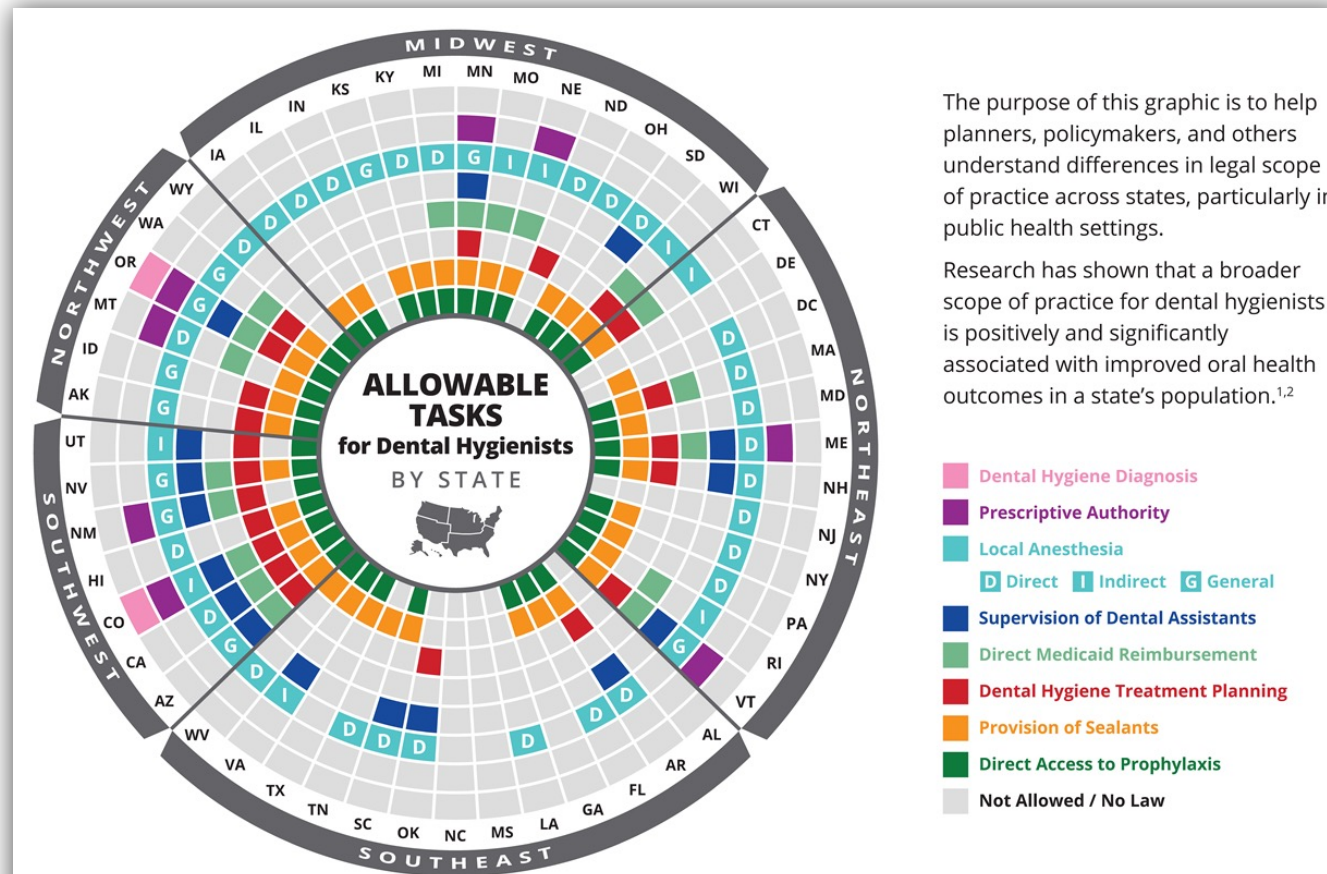
Health Workforce Technical Assistance Center (HWTAC)

- A cooperative agreement established in 2013 between CHWS and HRSA
- Mission: To support health workforce planning through technical assistance that informs strategies for health workforce data collection, analysis, and dissemination
- Resources include:
 - Research Alert System (featuring the latest HWRC research)
 - Research Library (containing 425 reports and articles)
 - Video Library (containing 100 webinars and videos)
 - State Health Workforce Data Collection Inventory (including information on US health workforce data collection activities and examples of survey instruments)
- Visit us at healthworkforceTA.org

Schuyler Center For Analysis and Advocacy

- Statewide, nonprofit, policy analysis and advocacy organization working to shape policies to improve health, welfare and human services for all New Yorkers, especially children and families experiencing poverty and impacted by inequity.
- *Future Oral Health Workforce: Oral Health Equity Through Workforce Design*
 - Explore topics with broad audiences
 - Learn from those experiencing unmet oral health needs
 - Organize & synthesize ideas
 - Report by the end of the year with recommendations
- More information: scaany.org or sign up for emails: oralhealth@scaany.org

Variation in Dental Hygiene Scope of Practice by State



The purpose of this graphic is to help planners, policymakers, and others understand differences in legal scope of practice across states, particularly in public health settings.

Research has shown that a broader scope of practice for dental hygienists is positively and significantly associated with improved oral health outcomes in a state's population.^{1,2}

- Dental Hygiene Diagnosis
- Prescriptive Authority
- Local Anesthesia
 - D Direct
 - I Indirect
 - G General
- Supervision of Dental Assistants
- Direct Medicaid Reimbursement
- Dental Hygiene Treatment Planning
- Provision of Sealants
- Direct Access to Prophylaxis
- Not Allowed / No Law

- Our most recent oral health webinar discussed the state-to-state variability in dental hygiene (DH) scope of practice (SOP) and the impacts of DH SOP on access to care.
- This webinar explores best practices for community-based DH services in Oregon and Minnesota—both states that support a broad SOP for hygienists.

Sources: 1. Langelier M, Baker B, Continnelli T. *Development of a New Dental Hygiene Professional Practice Index by State*. 2016. Rensselaer, NY: Oral Health Workforce Research Center, Center for Health Workforce Studies, School of Public Health, SUNY Albany; November 2016. 2. Langelier M, Continnelli T, Moore J, Baker B, Surdu S. Expanded Scopes of Practice for Dental Hygienists Associated With Improved Oral Health Outcomes for Adults. *Health Affairs*. 2016;35(12):2207-2215.

http://www.oralhealthworkforce.org/wp-content/uploads/2017/03/OHWRC_Dental_Hygiene_Scope_of_Practice_2016.pdf

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This graphic describes the highest level of practice available to a dental hygienist in a state, including dental hygiene therapy. The graphic is for informational purposes only and scope of practice is subject to change. Contact the applicable dental board or your attorney for specific legal advice.



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