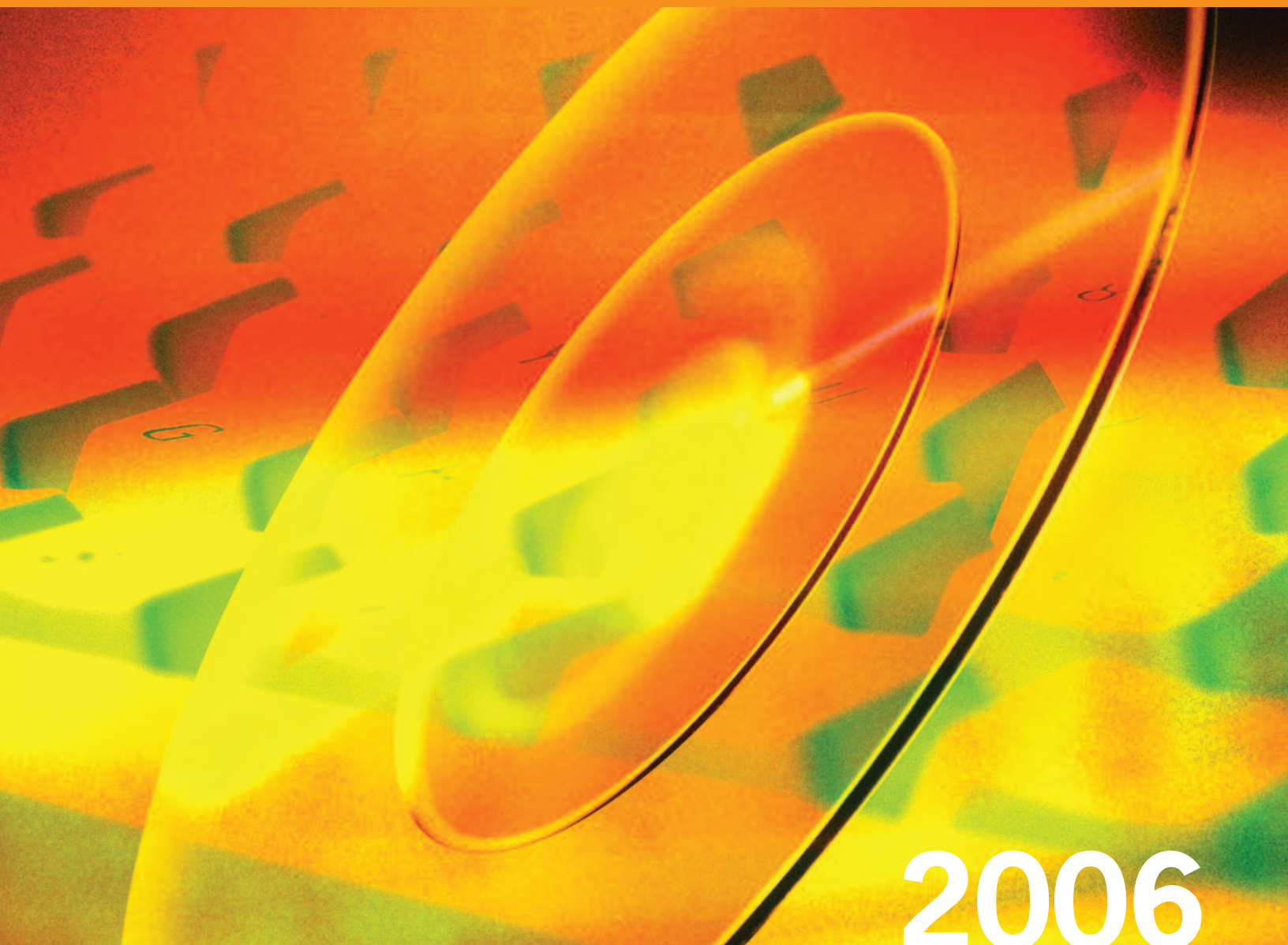
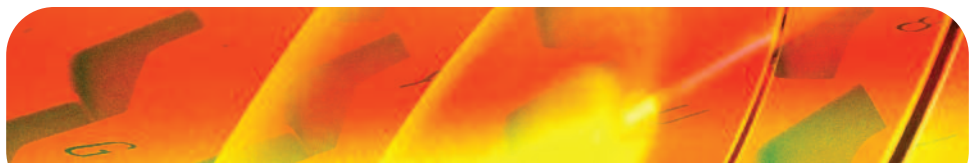


# Dental Hygiene Education Program Director Survey

## *Executive Summary*



2006

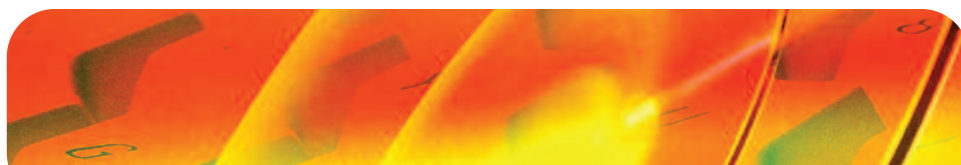


This study was conducted by the Center for Health Workforce Studies at the School of Public Health, University at Albany (the Center) for the American Dental Hygienists' Association. The report was prepared on behalf of ADHA by the Center. Research for this report was funded in part by a grant from the Dental Trade Alliance Foundation.

Dental Hygiene Education Program Director Survey, 2006: Executive Summary  
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## Preface

In the summer and fall of 2006, the Center for Health Workforce Studies at the School of Public Health, University at Albany (the Center), funded by the American Dental Hygienists' Association (ADHA), conducted a survey of dental hygiene education program directors to learn about their employment, programs, students, and insights about the dental hygiene profession. This report summarizes the survey responses and presents a variety of information about this important group of dental hygiene stakeholders.

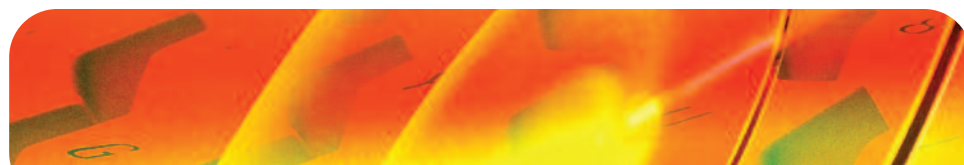
A longer technical report is available that includes a discussion of the responses to all the questions on the survey. It also provides a complete transcription of all the open-ended comments and "other" responses to questions throughout the survey.

This report was prepared by Margaret Langelier and Paul Wing of the Center staff, with assistance from Tracey Continelli. The authors are indebted to the dental hygiene program directors who took the time to complete the survey about their backgrounds and professional work. The survey design and execution was facilitated by Gaetano J. Forte, the survey manager for the Center. The authors acknowledge the contributions of McKenzie Smith, Director of Research at ADHA, and Colleen Schmidt, Director of Education at ADHA, to both the design of survey questionnaire and the content of the report. The contributions of a formal advisory committee are also gratefully acknowledged. Responsibility for the accuracy of the report rests solely with the authors.

The Center was established in 1996 to collect, analyze, and present data about health care workers to inform provider, professional, government, and education organizations; policy makers; and the public. Today, the Center is a national leader in the field of health workforce studies. It supports and improves health workforce planning and access to quality health care through its collection, tracking, analysis, interpretation, and dissemination of information about health professionals at the national, state, and local levels. Additional information about the Center can be found on its Web site: <http://chws.albany.edu>.

The American Dental Hygienists' Association (ADHA) was formed in 1923 to develop communication and mutual cooperation among dental hygienists. Today, ADHA is the largest national organization representing the professional interests of approximately 150,000 registered dental hygienists (RDHs) in the United States. Additional information about the ADHA can be found on its Web site: <http://adha.org>.

Questions about this report or the Center can be directed to Ms. Langelier or Dr. Wing at 518-402-0250. Questions about the larger Dental Hygiene Master File Study can be directed to McKenzie Smith at 312-440-8900.



## Master File Project Advisory Committee

A panel of experts, the Master File Project Advisory Committee (MPAC), has provided valuable guidance and support for this survey, and for the larger study of which it is a part. A list of those involved on the Committee is provided below. The MPAC has actively participated in all aspects of this study since its inception in 2006, including survey design, report review, and tactical and strategic guidance. Their contributions are gratefully acknowledged.

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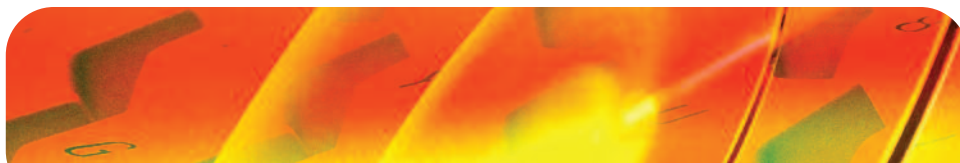
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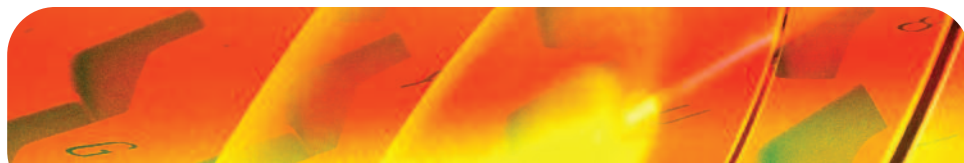
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## Executive Summary

In 2000, *Oral Health in America: A Report of the Surgeon General* [USDHHS, 2000] signaled a new federal initiative to improve oral health outcomes in the U.S. The report documented a wide range of issues and conditions requiring attention and called for a coordinated effort to improve both access and outcomes in oral health. Preventive services and consumer education, two of the strong suits of dental hygienists, were highlighted as keys to a successful oral health strategy for the nation.

Now, seven years after the publication of the surgeon general's report, interest in oral health remains high on the agendas of national and state planners and policy makers. The report continues to serve as a call to action for those concerned about oral health in the United States.

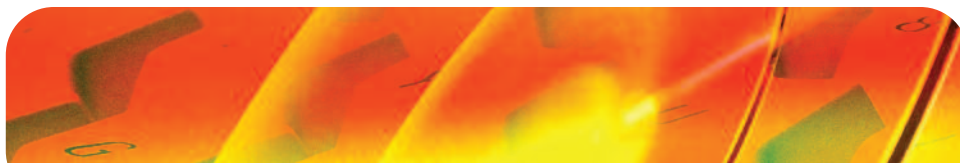
The American Dental Hygienists' Association (ADHA) has addressed many of the same issues in a variety of its own initiatives and policy statements [e.g., ADHA, 2004]. Although these initiatives have addressed a variety of important issues related to the dental hygiene profession, they have not included a comprehensive effort to gather information and insights about practicing dental hygienists, dental hygiene education programs, and dental hygiene students.

To fill this gap, ADHA funded a Dental Hygiene Workforce Study by the Center for Health Workforce Studies, University at Albany, School of Public Health (the Center) to gather information and insights about many aspects of the dental hygiene profession. One of the first projects in the study was a survey of dental hygiene education program directors, which was conducted in the summer and fall of 2006. This report summarizes the responses of this survey.

### The Survey

In 2006, there were 287 accredited programs providing dental hygiene education in the U.S. [ADA, 2007]. The numbers and locations of the programs are shown in Figure 1. A majority (240) of the programs awarded an associate degree; there were also a number of certificate, bachelor's degree, bachelor's degree completion, and master's degree programs. A survey questionnaire (see appendix in full technical report) was sent to each of the 315 program directors who were identified within the 287 institutions.

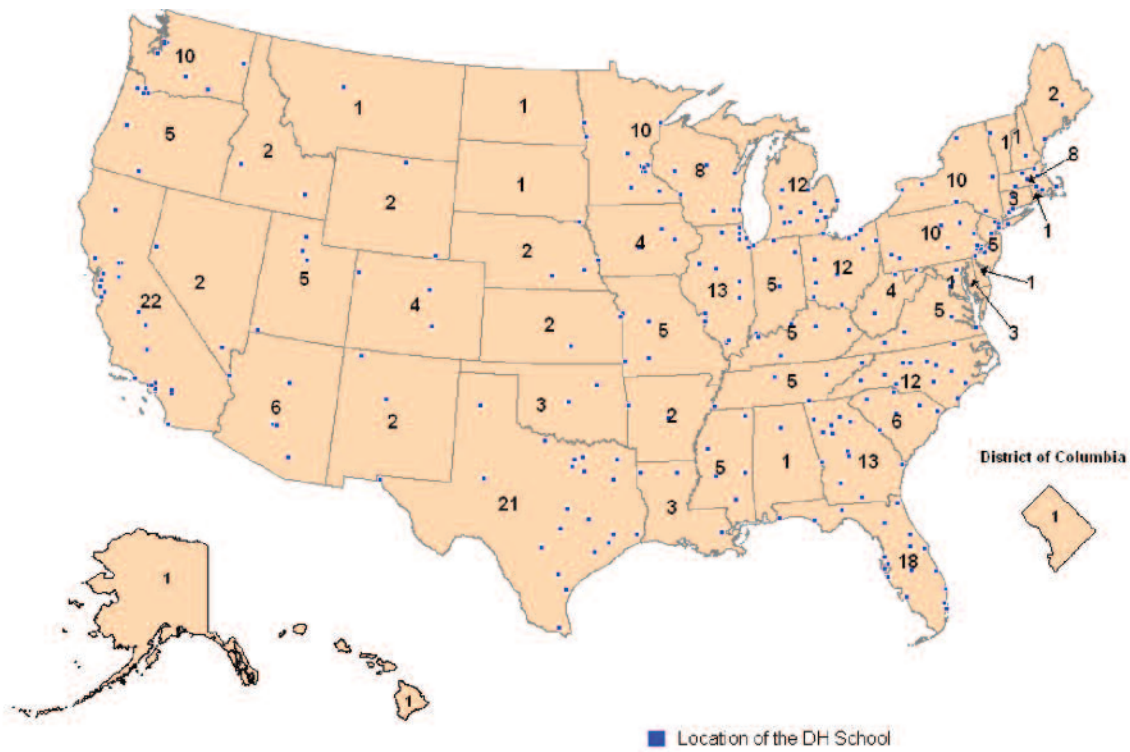
Ultimately, 18 of the institutions providing dental hygiene degrees at multiple levels chose to have a single director complete the survey for all programs. As a result of this selection by institutional staff, the number of programs surveyed was reduced from the original 315 to 297 (315 minus 18 combined responses). The total number of responses received from the survey solicitation was 203 responses (from program directors in 192 programs) resulting in a 68% response rate. The responding programs were geographically representative of all dental hygiene education programs in the U.S.



## Survey Findings Related to Key Dental Hygiene Issues

This summary highlights survey responses relevant to critical dental hygiene issues identified in the 2005 report, Focus on Advancing the Profession [ADHA, 2005]. Each of the key issues from this report is introduced briefly below, followed by one or more bullet points summarizing the relevant survey responses. The notation in parentheses provided in each bullet point identifies the corresponding survey question. The survey and additional details can be found in an appendix in the full technical report.

**Figure 1. Numbers and Locations of Dental Hygiene Education Programs, 2006**



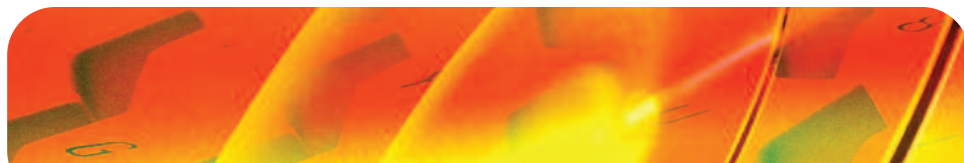
Note: Numbers in states are numbers of DH Schools

Source: Center for Health Workforce Studies, University at Albany

### Degree Elevation

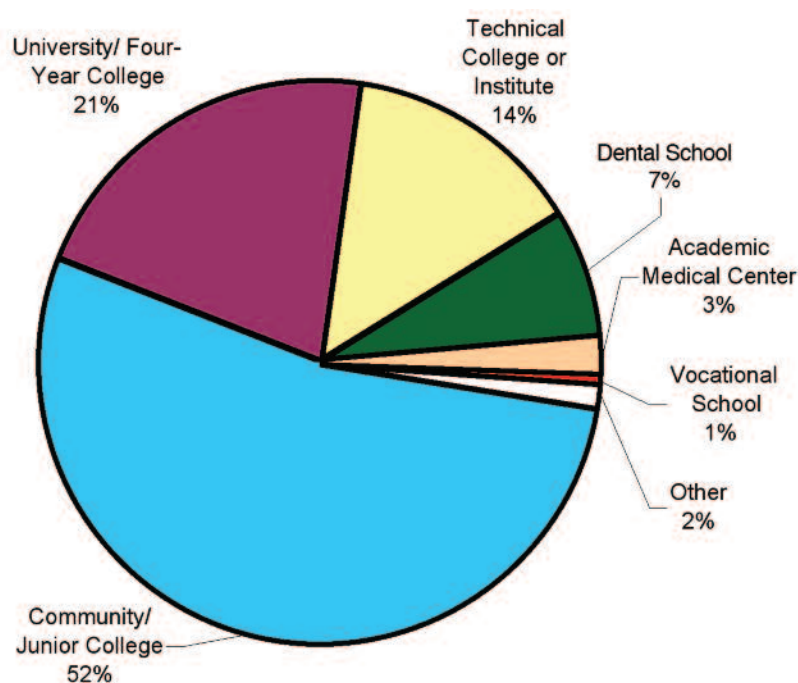
ADHA has had a policy statement since 1986 regarding advancing the educational preparation necessary for entering the dental hygiene profession. The policy “declares [the] intent to establish the baccalaureate degree as the minimum entry level for dental hygiene practice in the future.” Several questions in the program director survey are relevant to this policy.

- Figure 2 shows that 52% of dental hygiene education programs are located in public community colleges (most of which cannot offer bachelor’s degrees) [Question C.1].



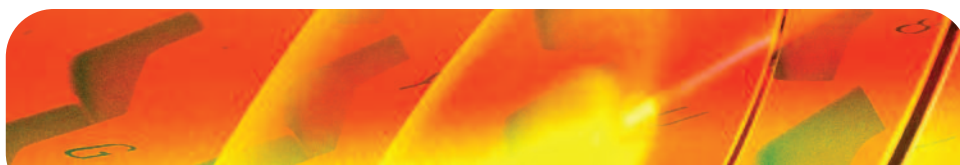
- Sixty percent of dental hygiene education programs did not have articulation agreements with other colleges in late 2006 that would permit their students to transfer for bachelor's degree completion with academic credits [Question C.5].
- The issue of advancing entry level education for the dental hygiene profession to the bachelor's degree level generated a variety of responses [Question H.1]. Fifty-seven percent felt advancing entry level education to the bachelor's was either very important (34%) or imperative (23%). Twenty-two percent felt that this initiative was somewhat important and 21% felt it was not important.

**Figure 2. Type of Sponsor Institution of Dental Hygiene Education Programs, 2006**



Source: DH Education Program Directors, 2006, Question C.1.

- Not surprisingly, program directors at institutions offering an associate degree as their highest award were significantly less likely to perceive advancement of entry level education to the bachelor's level as very important or imperative [Question H.1 and C.1].
- Education programs offering at least a bachelor's degree were more likely to report that most new graduates were able to obtain dental hygiene employment after graduation (95%) than education programs that offered only an associate degree (78%) [Questions G.6 and C.3].

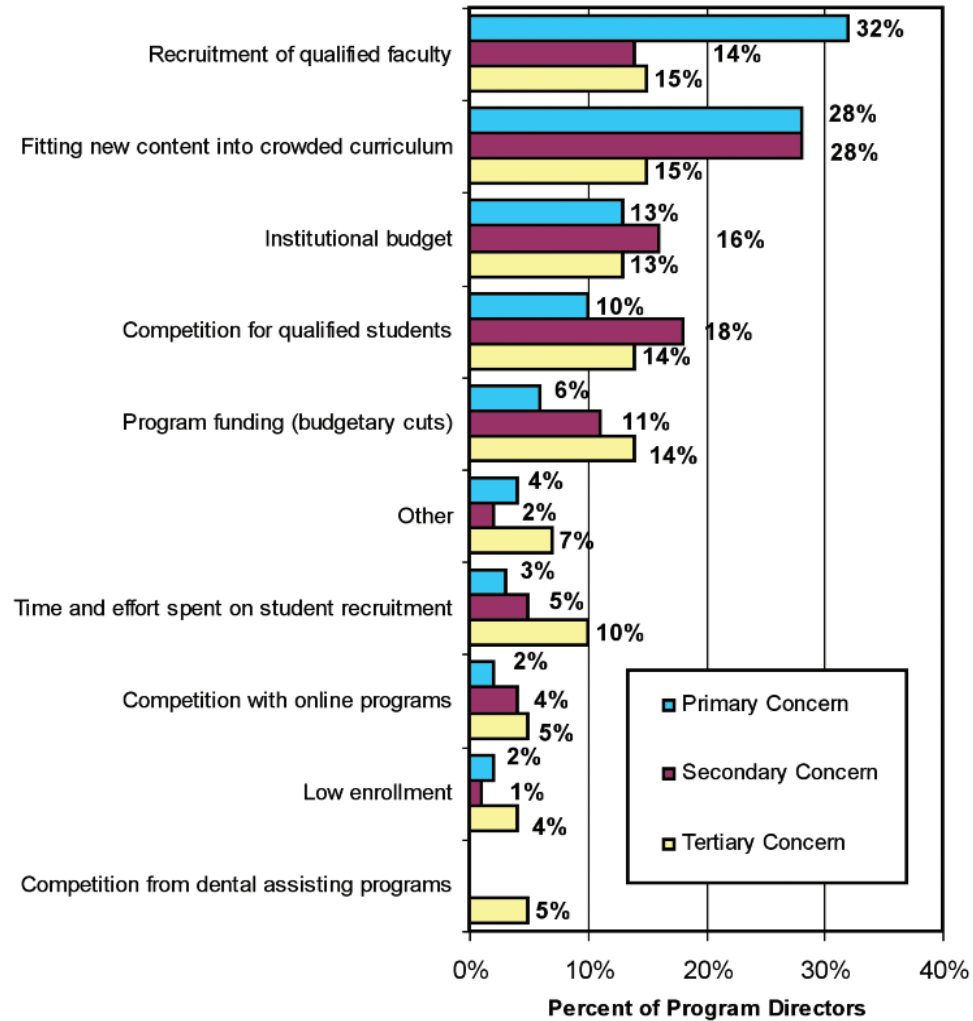


## Faculty Recruitment and Retention

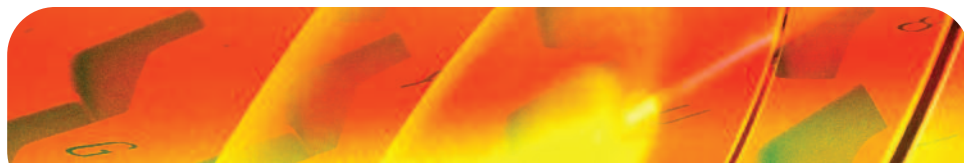
Faculty recruitment and retention is a continuing issue in dental hygiene education programs as it is in many allied health professions.

- Twenty-two percent (n = 45) of program directors indicated there were faculty vacancies in their education program [Question D.14]. In nine of those programs there were two vacancies and in five programs there were three vacancies.
- Figure 3 shows that 32% of program directors identified recruitment of qualified faculty as a primary concern “in the near future” [Question C.34]. An additional 14% of program directors chose this as a secondary concern and 15% of respondents chose this as a tertiary concern.

**Figure 3. Primary, Secondary, and Tertiary Issues for the Future by Percent of Program Directors with the Concerns, 2006**

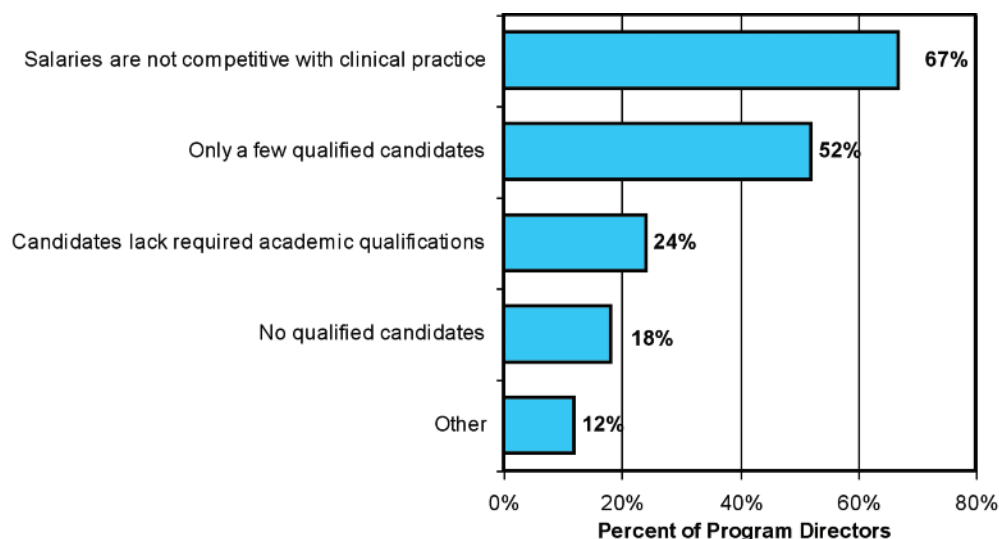


Source: DH Education Program Directors, 2006, Question C.34.



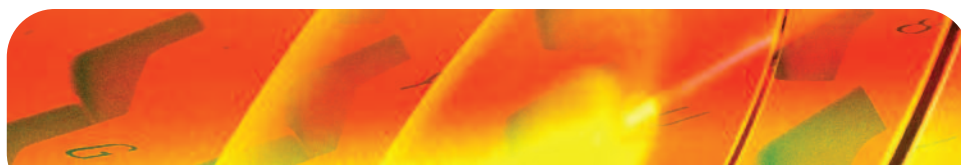
- Program directors were asked to assess the current level of difficulty in recruiting faculty [Question D.13]. Two-thirds of program directors described recruitment of faculty as either very difficult (22%) or somewhat difficult (44%). Twenty-six percent of program directors found recruitment of faculty somewhat easy, and 8% indicated that recruitment was easy.
- The mean age of program directors was 51 [Question A.1]. Almost half (47%) of dental hygiene faculty were age 50 or older, which supports the projection of a future faculty shortage due to the numbers of faculty expected to retire [Nunn PJ, et al., 2004] in the coming decade [Question D.9]. This is a concern in other allied health professions as well.
- Half of the program directors in master’s degree programs indicated that more than three-quarters of their current graduate students were interested in teaching dental hygiene on completion of their graduate education [Question I.2]. Another 29% of responding program directors indicated that all of their current graduate students were interested in teaching dental hygiene upon completion of their program.
- Figure 4 shows the percentages of program directors citing different reasons for faculty vacancies [Question 14.b]. The most frequently cited reason (67% of respondents) was that academic salaries were not competitive with salaries from clinical practice. The second most frequently cited reason for faculty vacancies (52% of respondents) was that there were only a few qualified candidates available. A full description of “other” responses can be found in the appendix section of the full technical report.

**Figure 4. Reasons for Current Vacancies in Faculty Positions For DH Education Programs, 2006**



Source: DH Education Program Director Survey, 2006, Question D.14b.

Note: Total exceeds 100% because respondents were permitted to select more than one response option.



## Cultural Diversity of Dental Hygiene Professionals

Cultural diversity is a continuing issue for most health professions and their associated education programs. Many find it difficult to recruit enough minorities to achieve parity with the population at large.

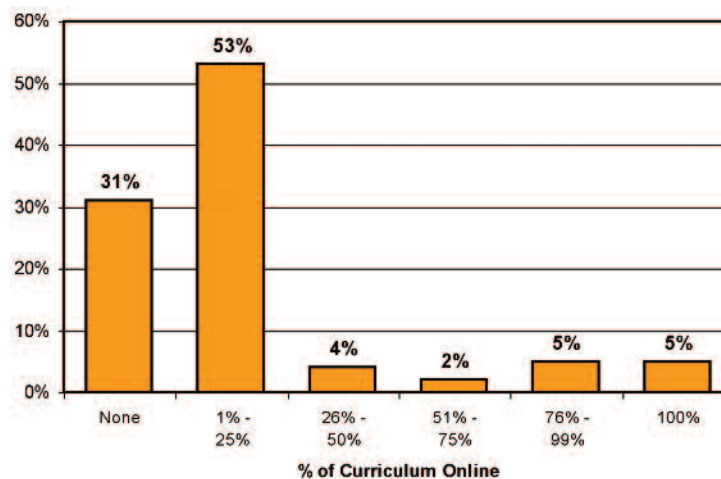
- Eighty-nine percent of program directors indicated that 0% - 5% of the students enrolled in their programs were male [Question E.1], compared to 97.1% female for the profession overall. An additional 10% indicated that 6% - 10% of enrolled students were male. Twenty-one percent indicated that the percentage of male students had increased over the past few years.
- The percent of students who were non-Hispanic White (79%) was lower than the percent of practicing dental hygienists in this racial/ethnic category (89%) but higher than the percent of the population in this category in 2006 (74%) [Question E.2].

## New Technologies in the Delivery of Dental Hygiene Curricula

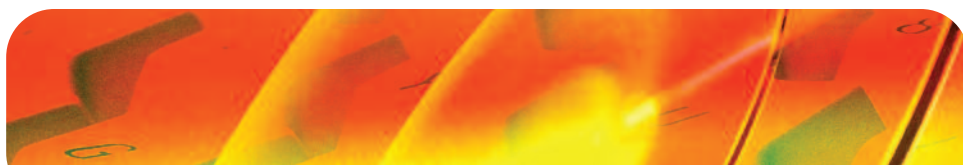
New technologies are often identified as ways of improving the efficiency and effectiveness of both the practice of dental hygiene and the delivery of dental hygiene education.

- Thirty-six percent of dental hygiene education programs offered opportunities for distance learning as part of their curriculum in 2006 [Question C.14]. Figure 5 shows that, while 31% of dental hygiene programs offered no courses online, more than half (53%) offered up to 25% of their required coursework online [Question C.14b], and 5% offered 100% of their curriculum online.

**Figure 5. Percent of Programs Offering Different Percentages of DH Curriculum Online, 2006**



Source: DH Education Program Director Survey, 2006, Question C.14b.

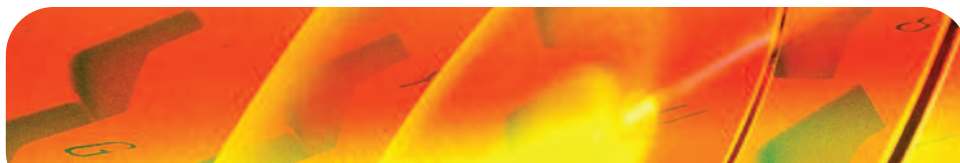


- As might be expected, when a skill widely used by a dental hygienist in general clinical practice was taught, similar percentages of didactic and clinical education were reported [Question C.15]. Chemotherapeutics and intraoral photography were examples of such skills. However, when a subject or skill more pertinent to a specialized practice was taught, clinical education was provided in a smaller proportion of programs than didactic education. Lasers and periodontal endoscopy were examples of such topics.
- Fitting new content into an already crowded curriculum was a close second to concerns about recruitment of qualified faculty among issues reported by program directors [Question C.34].

## Student Recruitment and Admissions

Several survey questions revealed insights relevant to the issue of recruiting and retaining dental hygiene students.

- Program directors reported a large pool of applicants, resulting in generally high application rates and generally low acceptance rates [Question E.9].
- As might be expected, the survey responses indicated that most attrition was attributed to students dismissed for poor academic performance [Question E.14a].
- Changes in the nature of the students were mentioned by many program directors in the narrative section of the survey questionnaire [Question J.1]. They remarked about the challenges of educating a multicultural workforce, including the need for more remediation in English and verbal skills. Many mentioned the higher technical skills of current students, while also mentioning concerns about students' lower study, language, and communication skills. Students were described as more nontraditional, seeking online and flexible programming. The full set of comments is available in an appendix of the full report.
- Although the program directors noted that current students are more technologically proficient and computer literate, several also indicated that students are not as well prepared as in the past [Question J.1]. Several also noted that more of today's students experience additional challenges such as English as a second language, familial responsibilities, and financial concerns. These conditions create additional demands on the education program that extend beyond the classroom and the basic curriculum.

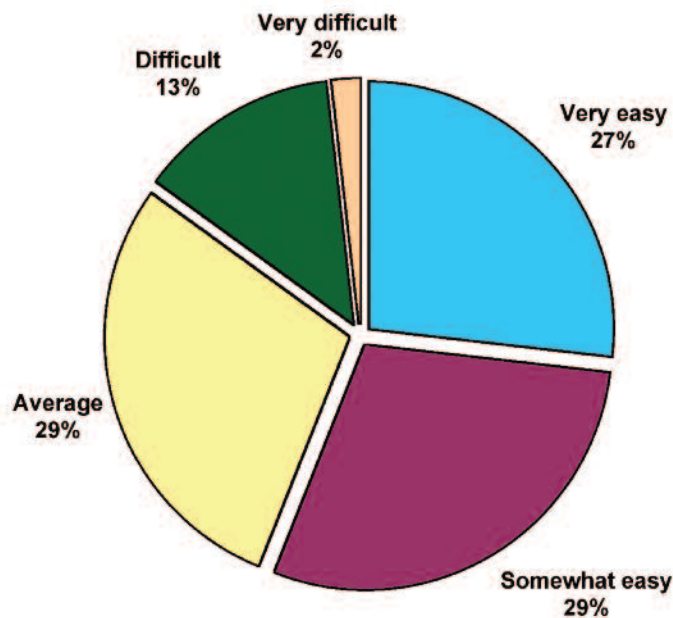


## Employment Opportunities for New Graduates

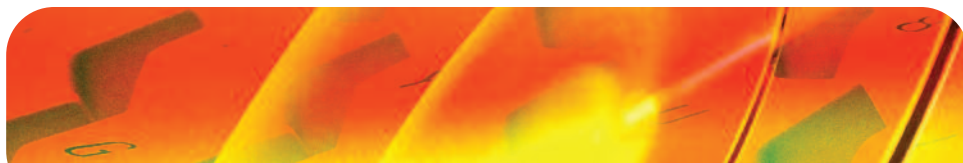
The job market for new graduates is a topic of continuing concern for most health professions. This section focuses on program directors' impressions of the job markets for their graduates.

- Figure 6 shows that 56% of program directors indicated that it was either very easy (27%) or somewhat easy (29%) for graduating dental hygiene students to find employment after graduation [Question G.1]. Another 29% of program directors indicated average difficulty for graduates in their job searches. Fewer program directors indicated that it was either difficult (13%) or very difficult (2%) for graduates to find jobs.
- Figure 7 shows that 55% of program directors felt there were many more jobs in their geographic area than graduates (6%), somewhat more jobs (20%), or about as many jobs (29%) as graduates from their programs [Question G.3]. Forty-two percent felt there were fewer jobs than graduates.
- Program director assessment of job markets for dental hygienists varied by state and region (Table 1). The percentage of respondent dental hygiene education program directors indicating there were fewer jobs than dental hygiene graduates from their programs were located in the West North Central and East North Central census divisions and in the West South Central division. These areas of the country had the greatest numbers of dental hygiene education programs.

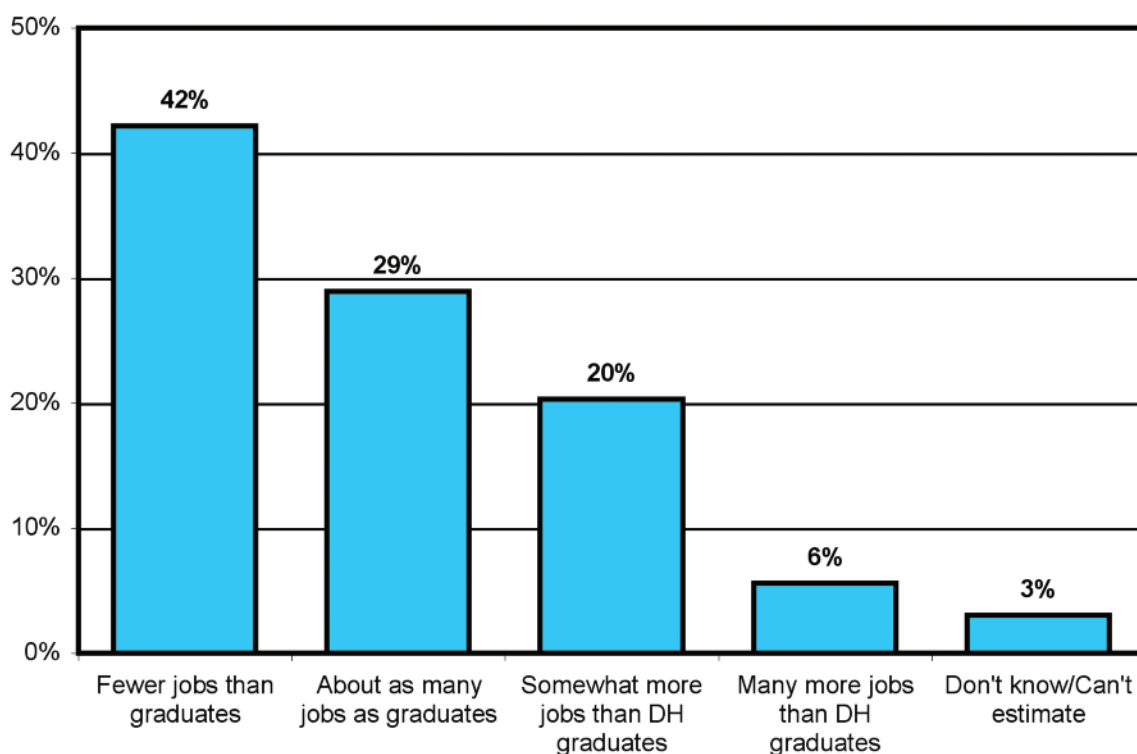
**Figure 6. Perceived Difficulty in Finding Jobs for Dental Hygiene Program Graduates, 2006**



Source: DH Education Program Director Survey, 2006, Question G.1.



**Figure 7. DH Program Directors' Assessments of Employment Markets in Their Geographic Areas, 2006**

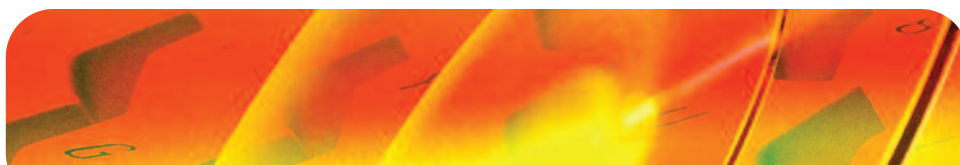


Source: DH Education Program Director Survey, 2006, Question G.3.

**Table 1. Percent of Education Program Directors Reporting Fewer DH Jobs than DH Graduates by Census Division, 2006**

Census Division	Percent	Total Number
Northeast	0%	10
Middle Atlantic	0%	15
East North Central	64%	39
West North Central	74%	19
South Atlantic	45%	42
East South Central	33%	9
West South Central	57%	24
Mountain	36%	16
Pacific	21%	24

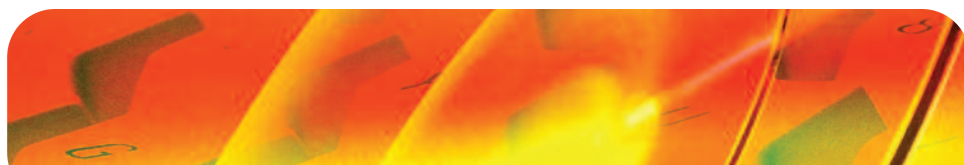
Source: DH Education Program Director Survey, 2006, Question G.3.  
U.S. Census Bureau, 2006



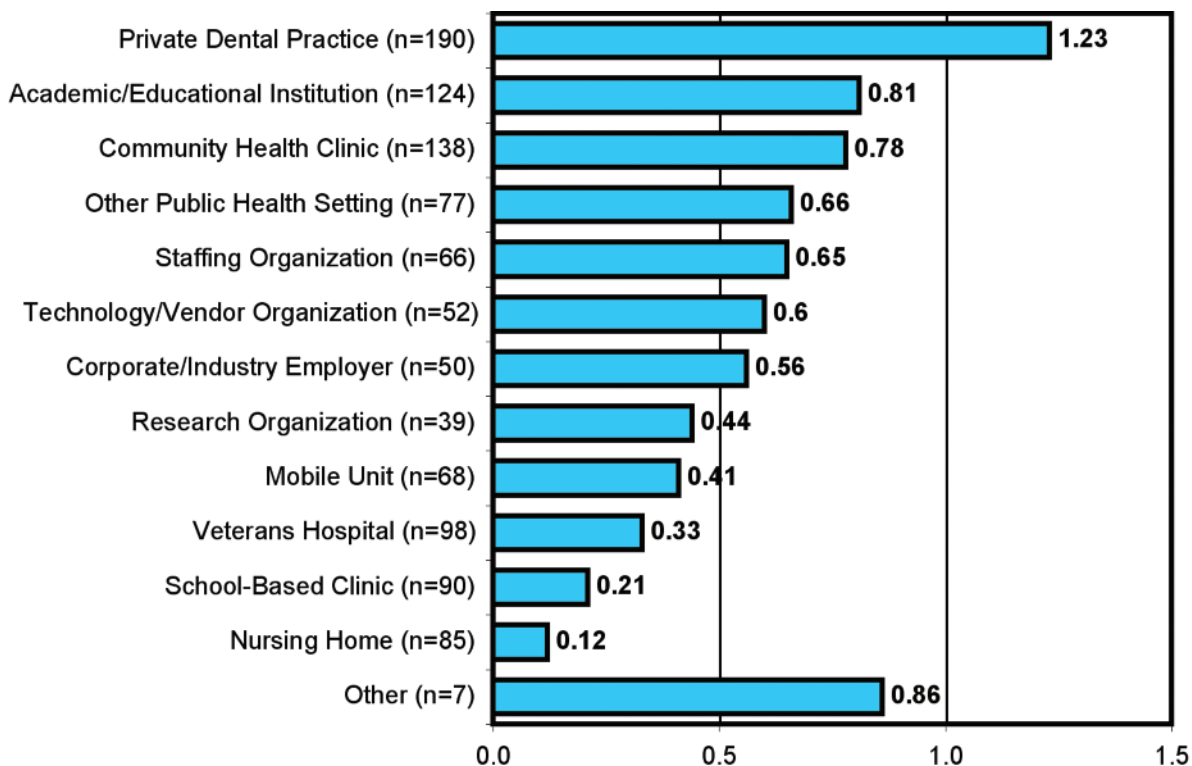
- Most program directors indicated that either all graduates obtained employment after graduation from the dental hygiene education program (53%) or that most graduates obtained employment (27%) [Question G.6]. Smaller percentages of program directors indicated that some (10%) or most (6%) graduates had trouble finding employment after graduation.
- Program directors indicated that the most jobs for new graduates were in private dental practices [Figure 8]. After private dental practices, the most job opportunities were reported in academic settings, community health clinics, and other public health settings.
- Several program directors noted in the narrative comments [Question J.1] that, even as their graduates were facing increasing difficulties finding satisfactory jobs, new dental hygiene education programs were opening within 100 miles of their program. It cannot be determined from this survey the extent to which these statements were driven by *general* lack of jobs, lack of *satisfactory* jobs, or both.

## State Dental Hygiene Job Market Index

To help understand differences in the state level job markets for dental hygienists, a State Dental Hygiene Job Market Index was developed that consolidated the responses to four of the survey questions related to the job market [Questions G.1, G.3, G.6, and G.7]. The sum of the response scores to these four questions was computed for each program, using a scale that assigned higher scores for better job markets. For example, for Question G.1 a score of 5 was assigned to responses of 'Very Easy' for graduates to find employment after graduation, and a score of 1 was assigned to 'Very Difficult.' The resulting sum was then divided by 17, the maximum possible sum attainable from the four questions, to create a score for each responding program. Missing responses to any questions and any 'Don't know/Can't estimate' responses were omitted from the calculations. The average of the scores for all programs in each state was then computed as the Job Market Index for the respective state.

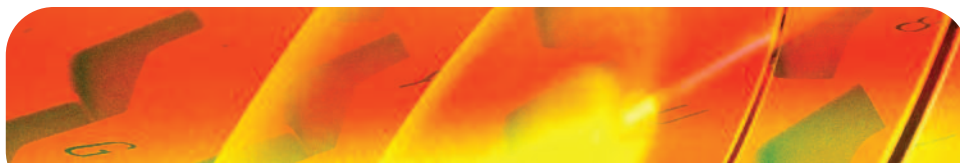


**Figure 8. Average Ranking of Employment Opportunities for DH Graduates by Setting, 2006 (0=No Jobs, 1=Some Jobs, 2=Many Jobs)**



Source: DH Education Program Director Survey, 2006, Question G.4.

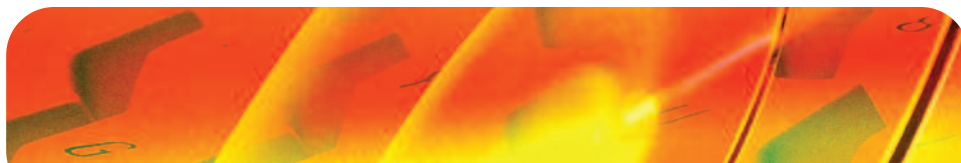
The results of these State Job Market Index calculations are presented in rank order from best job market to the worst job market in Table 2, with four states excluded because no programs in those states responded to the four questions. A rating of the Index scores from 'Excellent' to 'Poor' (with arbitrary break points) is included in the table to help readers understand and interpret the results. Table 2 also includes four different statistics describing the oral health workforce and the dental hygiene education system in each state.



**Table 2. State Statistics Related to Local Job Markets for Dental Hygienists**

State	State Job Market Index	DH 2006/ 100K Pop	DH Grads / 100 DHs	DH 2006 / DDS 2004	DH Grads / M Pop	Job Market Rating	State
CT	1.000	76.6	3.8	1.0	29.4	Excellent	CT
DC	1.000	9.6	17.9	0.1	17.2		DC
AL	0.941	79.1	0.7	1.9	5.9		AL
DE	0.941	57.1	4.7	1.3	26.9		DE
NY	0.929	43.5	4.0	0.6	17.5		NY
KS	0.882	58.2	4.1	1.2	23.9	Good	KS
NJ	0.882	48.1	2.9	0.6	14.1		NJ
NM	0.882	41.4	3.6	0.9	14.8		NM
CA	0.854	38.4	3.5	0.5	13.3		CA
MO	0.853	36.4	4.7	0.8	17.1		MO
CO	0.853	60.2	2.0	1.0	12.0		CO
NV	0.853	41.8	3.6	1.0	14.8		NV
PA	0.826	54.4	3.5	0.9	19.0		PA
ME	0.824	84.1	5.8	1.7	48.4		ME
MT	0.824	53.1	2.4	1.0	12.7		MT
KY	0.804	43.2	8.4	0.8	36.4	KY	
ID	0.800	68.9	6.5	1.3	45.0	Average	ID
AZ	0.796	44.2	5.8	1.0	25.5		AZ
AR	0.794	38.4	4.1	0.9	15.7		AR
FL	0.783	66.1	3.2	1.3	21.3		FL
MA	0.768	77.6	3.6	0.9	28.0		MA
AK	0.765	72.7	2.5	1.0	17.9		AK
TN	0.765	23.5	9.2	0.5	21.7		TN
OR	0.735	68.8	3.0	1.1	20.5		OR
VA	0.735	47.1	4.0	0.8	18.7		VA
WA	0.735	65.8	3.7	1.0	24.2		WA
WV	0.706	42.3	12.6	0.9	53.3		WV
GA	0.686	55.1	4.6	1.3	25.4		Below Average
WY	0.676	65.0	12.8	1.2	83.5	WY	
MS	0.647	37.9	8.1	1.0	30.6	MS	
NH	0.647	82.4	2.8	1.4	22.8	NH	
VT	0.647	114.6	2.9	2.0	33.7	VT	
LA	0.647	37.5	5.1	0.8	19.1	LA	
TX	0.630	36.8	4.7	0.8	17.4	TX	
OH	0.625	54.5	4.1	1.0	22.1	OH	
IN	0.624	55.9	4.5	1.2	25.2	IN	
WI	0.610	43.6	6.1	0.8	26.8	WI	
MI	0.591	86.6	4.1	1.4	35.3	Poor	MI
IA	0.588	48.9	6.4	0.9	31.2		IA
ND	0.588	71.6	5.7	1.4	40.9		ND
OK	0.588	42.2	4.0	0.9	16.8		OK
IL	0.569	47.4	5.0	0.7	23.5		IL
MN	0.555	75.9	5.2	1.3	39.3		MN
SC	0.549	54.0	7.3	1.2	39.3		SC
NC	0.515	59.2	4.1	1.4	24.2		NC
UT	0.515	50.1	7.3	0.8	36.5		UT
NE	0.353	49.5	4.2	0.8	20.9		NE
HI	-	77.7	1.8	1.0	14.0	No Response	HI
MD	-	40.2	3.7	0.5	15.0		MD
RI	-	61.7	5.0	1.2	30.9		RI
SD	-	60.6	10.1	1.3	61.4		SD
<b>U.S.</b>	<b>0.731-</b>	<b>51.5</b>	<b>4.23</b>	<b>0.88</b>	<b>21.77</b>	<b>-</b>	<b>U.S.</b>

Sources: Job Market Index: Constructed from 2006 DH Education Program Director Survey responses.  
Practitioner ratios: Table A-3 in full report.



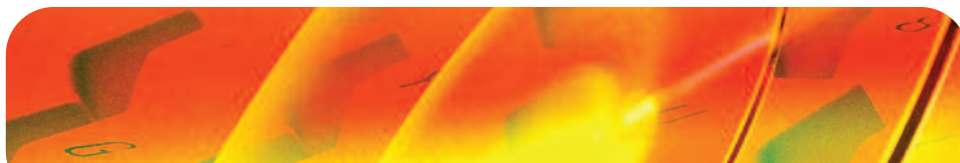
Spearman rank-order correlation coefficients for the Index versus the four workforce measures are presented in Table 3. The statistically significant negative relationships between the Job Market Index and the two measure related to Dental Hygiene Graduates suggest, not surprisingly, that states that produce more new dental hygienists tend to have worse job markets. These patterns and relationships will be explored more fully when the responses to the questions related to the dental hygiene job market in the dental hygiene practitioner survey are analyzed.

**Table 3. Spearman Correlations Between the Job Market Index and Selected Workforce Statistics for States**

Statistic	DH '06/ 100K Pop	DH '06/ DDS '04	DH Grads/ 100 DH	DH Grads/ M Pop
<b>Spearman Correlation Coefficient</b>	-0.097	-0.130	-0.320	-0.438
<b>p-Value</b>	0.517	0.384	0.028	0.009

## Accreditation

- Ninety-eight percent of dental hygiene education programs were accredited by the Commission on Dental Accreditation (CODA) [Question C.6]. Thirty-six percent of the institutions housing dental hygiene education programs were accredited by the North Central Association of Colleges and Schools and another 33% were accredited by the Southern Association of Colleges and Schools [Question C.7].
- Program directors were almost evenly divided on their opinions about the importance of creating an accrediting agency independent of CODA [Question H.3]. Twenty-six percent felt it was imperative, 27% felt it was very important, 23% felt it was somewhat important, and 24% felt it was not important.



## Advanced Dental Hygiene Practitioner

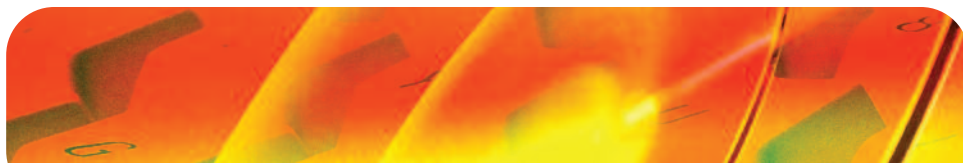
The ADHA policy report, *Focus on Advancing the Profession* [ADHA, 2005] points out the importance of developing “multiple levels of clinical dental hygiene practitioners with representative titles and appropriate levels of education and degrees.”

- Seventy-four percent of program directors felt it was either very important (42%) or imperative (32%) to create a curriculum for an advanced dental hygiene practitioner (ADHP) [Question H.2]. Another 22% felt this initiative was somewhat important, while 4% of program directors felt this initiative was not important.
- Forty-seven percent of the all responding education programs offered elective courses to students and 12% offered specialization tracks [Question C.24]. As might be expected, bachelor’s and master’s level degree programs were more likely than associate degree programs to offer both elective courses and specialization tracks.
- Forty-three percent of graduate dental hygiene program directors indicated that between 1% and 25% of their current graduate students were interested in advanced or extended clinical practice [Question H.3]. Thirty-six percent of program directors responded that they did not know the intent of their current graduate students regarding advanced clinical practice.

## Doctoral Degree Programs in Dental Hygiene

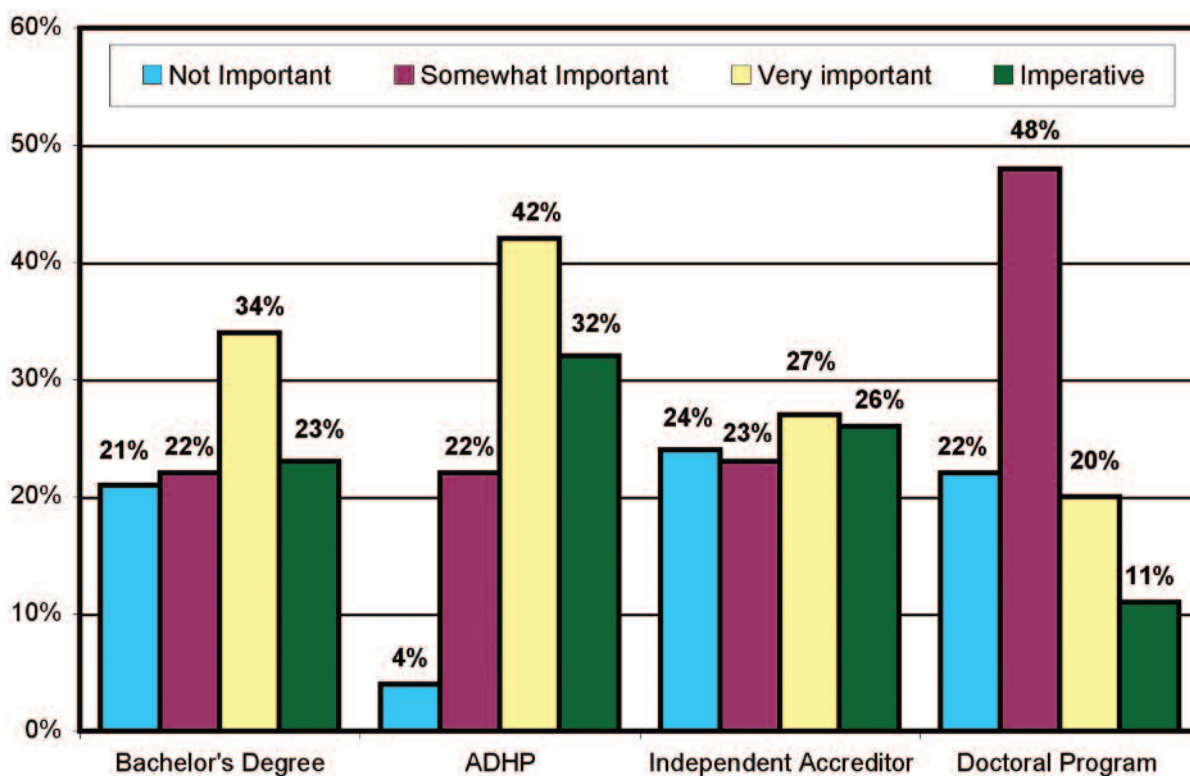
Doctoral programs in dental hygiene are important sources of new faculty for graduate programs that can advance the status of the profession. Most respondents from dental hygiene graduate programs reported small enrollments.

- Twenty-nine percent of these programs had one to three students enrolled and 36% had between four and six students. Only 3 of 22 directors of graduate programs reported as many as 10 students in a class, which may have included some part-time students.
- Thirty-six percent of program directors indicated that between 1% and 25% of their current graduate students were interested in pursuing doctoral education at completion of their current educational program. Twenty-one percent indicated that none of their current graduate students was interested in doctoral education, while 29% indicated that they did not know the plans of their students regarding doctoral education.

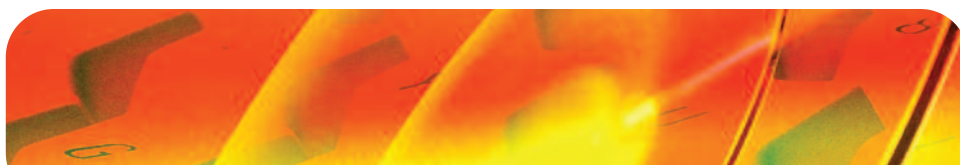


- Figure 9 shows that program directors felt less strongly about the importance of developing a doctoral program in dental hygiene than about the other three issues included in the survey [Question H.4]. Seventy percent of respondents felt that establishing a doctoral program in dental hygiene was either not important (22%) or somewhat important (48%). Thirty-one percent felt it was either very important (20%) or imperative (11%) to establish a doctoral program in dental hygiene.

**Figure 9. Professional Opinions of DH Education Program Directors about Selected Dental Hygiene Policy Initiatives, 2006**



Source: DH Education Program Director Survey, 2006, Questions H.1, H.2, H.3, H.4.



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