

May 1, 2023

Dr. Sherin Tooks, Senior Director
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, IL 60611

Sent via email only

Dear Dr. Tooks,

The following letter is the formal response from 19 state dental associations (two additional associations have signed on since our January 16, 2023 letter was submitted) to your letter dated March 20, 2023.

The undersigned states applaud CODA's decision to form an Ad Hoc Committee to further review faculty to student ratios within the Accreditation Standards. We would appreciate further clarity on the scope of work of this Ad Hoc Committee and, more specifically, whether the following points from our January 16, 2023 letter have been included in this scope:

- *Establish an ad hoc group to draft a clear rationale for setting faculty to student ratios for all CODA Accreditation Standards for which faculty to student ratios exist. This ad hoc group should, at a minimum, consider the following factors:*
 - *Should there be variation in the faculty to student ratios in the Accreditation Standards based upon the complexity of procedures in which students are being trained?*
 - *Should there be variation in the faculty to student ratios in the Accreditation Standards based upon technology used for training students?*
 - *At what ratio is ensuring appropriate technical instruction and evaluation compromised?*
 - *Are there any factors within the control of educational programs that warrant variance in the faculty to student ratios?*
- *Solicit robust feedback from the broader dental community on establishing rationale for setting faculty to student ratios for Accreditation Standards that include faculty to student ratios. ASCDE and other organizations will gladly assist CODA in this stakeholdering effort.*
- *Ensure that faculty to student ratios in CODA's Accreditation Standards that utilize faculty to student ratios are consistent with whatever rationale is finalized by the Commission.*

Furthermore, we also request information on the composition of the Ad Hoc Committee and the extent to which the work, deliberation, and development of a report will be transparent to stakeholders.

During its discussion of our January 16, 2023 letter, the Commission requested the following:

Specifically, the Commission requests data from each of the 17 State Dental Associations related to: 1) an analysis of all factors other than faculty to student ratios that have been reviewed and addressed by each state related to workforce shortages and all related data; and 2) analysis of the impact that a change in faculty to student ratios would have on addressing shortages in dental assisting and dental hygiene workforce members in the state, and all related data. Please provide this information in one (1) comprehensive report, separated by state, no later than May 1, 2023, and submit the information to my office through email at tookss@ada.org.

Leadership from the undersigned state dental associations met to discuss the Commission's request and sincerely questions the relevance of this extensive request for select, state-by-state workforce data for several reasons:

- First, statements from Commission members during its Winter 2023 meeting and from you during the Winter 2023 meeting and in previous statements indicate that the Commission does not believe it has a role in or obligation to address workforce shortages. How does requesting extensive workforce data from state dental associations petitioning the commission to modify Accreditation Standards comport with the Commission's position that said data is not germane to its work? The undersigned states respectfully request an explanation as to how this data request furthers the work of the Ad Hoc Committee or the Commission more broadly.
- Second, assuming that the Commission does articulate how and why such a data request is germane to its work, why is the request for data limited exclusively to states that signed the January 16, 2023 letter? What rationale can the Commission provide for limiting its interest in data to this arbitrary data set and not national data?
- Third, with the request articulated in the March 20, 2023 letter, the Commission has established a behavior of requesting extensive data without clearly defined rationale. This behavior is having a chilling effect on the ability of the undersigned state dental associations to collect the requested data from allied health programs that follow CODA's Accreditation Standards as it potentially portends that even more extensive data may be requested by the Commission without a clear rationale. Because of this chilling effect, the undersigned state dental associations will keep information shared in this response high level and anonymous.

Without further clarification from the Commission, the undersigned state dental associations will limit our response to the Commission to this letter.

1) an analysis of all factors other than faculty to student ratios that have been reviewed and addressed by each state related to workforce shortages and all related data

Our nation is facing a severe shortage of dental hygienists and assistants; this shortage has been exacerbated by the COVID-19 pandemic. Currently, 95%ⁱ of dentists seeking to hire a hygienist and 87%ⁱⁱ of dentists seeking to hire an assistant find the hiring process to be extremely or very challenging. A 2020 study by the

American Dental Hygienists' Association (ADHA) found that the pandemic resulted in a voluntary contraction of the U.S. dental hygiene workforce by an estimated 3.75%, or approximately 7,500 dental hygienistsⁱⁱⁱ which is approximately equal to the number of dental hygiene graduates in one calendar between 2014-2019^{iv}. Furthermore, an October 2022 study by the American Dental Association (ADA), ADHA, and the Dental Assisting National Board found one-third of the hygienists and assistant workforce indicated they expect to retire in five years or less^v. The severe shortage of hygienists and assistants is having a negative impact on access to care, with patients having to wait months to receive preventive dental care in both private practice and public health settings.

Looking forward into the next decade, data show that the dental allied health shortage will get worse without drastic action. According to U.S. Bureau of Labor Statistics (BLS), the number of dental hygiene and dental assisting jobs will grow faster than average between 2021-2031 (9%^{vi} and 8%^{vii} respectively) compared to dentist that will grow as fast as average (6%^{viii}). The following table shows the BLS data for the number of annual job openings for each profession compared to the number of 2019 graduates from accredited programs according to the American Dental Education Association (ADEA).

Profession	BLS Annual Job Openings (2021-2031)	Number of Graduates from Accredited Programs (2019)	Percentage of Annual Graduates from Accredited Programs to Annual Openings ^{ix}
General Dentistry*	5,100 ^x	6,350 ^{xi}	125.0%
Dental Hygiene	16,300 ^{xii}	7,311 ^{xiii}	44.9%
Dental Assisting	56,400 ^{xiv}	4,688 ^{xv}	8.3%

**The BLS data are unclear on whether dental specialties are included in its “dentistry” dataset. For the purpose of this analysis, we assume that all annual job openings are for general dentistry.*

Across the country, each of the undersigned states is taking action to increase the dental hygiene and dental assistant workforces. Collectively, these approaches include the following broad components, though not every approach is being considered in every state:

- Advocating for state, federal, and private funding to expand training capacity at existing dental hygiene and assisting programs.
- Advocating for state, federal, and private funding to create new dental hygiene and assisting programs.
- Developing public information campaigns, with an emphasis on historically underrepresented groups, to increase awareness about career opportunities in dental assisting and dental hygiene.
- Advocating for adjustments in scope of practice for allied health professions to facilitate career laddering and long-term workforce retention. Examples of this work include establishing expanded function dental assistants.

- Advocating for adjustments in state credentialing and laws that simplify or reduce barriers to becoming a dental hygienist or assistant.
- Developing training materials that aid dental offices in on-the-job training for dental assistants, where permitted by law.
- Advocating increased licensure or credential reciprocity for dental assistants and dental hygienists that move to another state or jurisdiction.
- Advocating for the establishment of the Dentist and Dental Hygienist Compact.
- Supporting dental offices in providing employee benefits that aid in recruitment and retention of dental hygienists and assistants.

2) analysis of the impact that a change in faculty to student ratios would have on addressing shortages in dental assisting and dental hygiene workforce members in the state, and all related data.

Community and technical colleges across the country cite dental hygiene and dental assisting education programs as amongst their most expensive programs to operate. A major driver of the costs of these programs is the costs of faculty, especially when Accreditation Standards require a low faculty to student ratio like 1 to 5 for dental hygiene. Adjusting the dental hygiene ratio to match the ratio of dental assisting would create a theoretical 20% increase in the national training capacity of dental hygienists without requiring the employment of additional faculty.

In preparing this response to the Commission's information request, it has come to our attention that at some point after 2004 the faculty to student ratio for dental hygiene was adjusted from 1 to 6 to 1 to 5. Although we are not sure of the exact time or rationale for this adjustment, we do know that multiple dental hygiene education facilities were designed in configurations that are multiples of 6 instead of multiples of 5. These configurations would allow these programs to add chair capacity within their existing floorplans.

Fundamentally, we believe that dental hygiene and dental assisting programs should have increased flexibility in determining the appropriate size of their programs, which is consistent with the Accreditation Standards for undergraduate dental education. In our conversations with several dental assisting programs that have opted to continue operations without accreditation we believe increased flexibility is a driving factor for this decision.

While we believe that adjusting or eliminating faculty to student ratios in dental allied health education will not, by itself, eliminate the current workforce shortages, we do believe these changes will be a catalyst in expanding workforce in alignment with CODA's articulated Mission, Vision, and Values of collegiality, consistency, integrity, quality, and transparency.

Additional Request for Information

The undersigned state dental associations request additional information from the Commission as it relates to the Dental Hygiene Accreditation Standards Section 3-6. At what date was the faculty to student ratio in Section 3-6 adjusted from 1 to 6 to 1 to 5? In addition, what rationale was provided at the time that this adjustment was

made and what public comments were submitted in support and in opposition to the adjustment? We respectfully request that all material related to this request be shared with the undersigned states as well as the newly created Ad Hoc Committee.

Thank you for your consideration.

Respectfully,

Alaska Dental Society
California Dental Association
Colorado Dental Association
Connecticut State Dental Association
Idaho State Dental Association
Illinois State Dental Society
Minnesota Dental Association
Missouri Dental Association
Montana Dental Association
Nebraska Dental Association
New Jersey Dental Association
New Mexico Dental Association
North Dakota Dental Association
Oregon Dental Association
Rhode Island Dental Association
Tennessee Dental Association
Virginia Dental Association
Washington State Dental Association
Wisconsin Dental Association

- c: Commission on Dental Accreditation
ADA Council on Dental Practice
ADA Council on Dental Education and Licensure
Dr. George R. Shepley, president, American Dental Association
Dr. Raymond A. Cohlma, executive director, American Dental Association
American Society of Constituent Dental Executives

ⁱ Economic Outlook and Emerging Issues in Dentistry - State Dashboard. Retrieved 11.7.2022. <https://www.ada.org/resources/research/health-policy-institute/economic-outlook-and-emerging-issues/eoid-tableau-dashboar>

ⁱⁱ Economic Outlook and Emerging Issues in Dentistry - State Dashboard. Retrieved 11.7.2022. <https://www.ada.org/resources/research/health-policy-institute/economic-outlook-and-emerging-issues/eoid-tableau-dashboar>

ⁱⁱⁱ Durelian, JoAnn R et al. "Employment Patterns of Dental Hygienists in the United States During the COVID-19 Pandemic", *The Journal of Dental Hygiene* vol 95, no. 1 (February 2021). https://www.adha.org/pri_docs/Feb-2021_JDH_EmployPatterns_DH_COVID.pdf.

^{iv} American Dental Education Association – Trends in Dental Education 2020-2021. Retrieved 4.17.23. <https://www.adea.org/WorkArea/DownloadAsset.aspx?id=43750>

^v Dental Workforce Shortages: Data to Navigate Today's Labor Market. Retrieved 11.15.2022. 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

^{vi} U.S. Bureau of Labor Statistics- Dental Hygienists. Retrieved 4.17.2023. <https://www.bls.gov/ooh/healthcare/dental-hygienists.htm>

^{vii} U.S. Bureau of Labor Statistics- Dental Assistants. Retrieved 4.17.2023. <https://www.bls.gov/ooh/healthcare/dental-assistants.htm>

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- viii U.S. Bureau of Labor Statistics- Dentists. Retrieved 4.17.2023. <https://www.bls.gov/ooh/healthcare/dentists.htm>
- ix The percentage of annual graduates from accredited programs to annual openings was calculated by dividing the number of graduates from accredited programs by BLS annual job openings.
- x U.S. Bureau of Labor Statistics- Dentists. Retrieved 4.17.2023. <https://www.bls.gov/ooh/healthcare/dentists.htm>
- xi American Dental Education Association – Trends in Dental Education 2020-2021. Retrieved 4.17.23. <https://www.adea.org/WorkArea/DownloadAsset.aspx?id=43750>
- xii U.S. Bureau of Labor Statistics- Dental Hygienists. Retrieved 4.17.2023. <https://www.bls.gov/ooh/healthcare/dental-hygienists.htm>
- xiii American Dental Education Association – Trends in Dental Education 2020-2021. Retrieved 4.17.23. <https://www.adea.org/WorkArea/DownloadAsset.aspx?id=43750>
- xiv U.S. Bureau of Labor Statistics- Dental Assistants. Retrieved 4.17.2023. <https://www.bls.gov/ooh/healthcare/dental-assistants.htm>
- xv American Dental Education Association – Trends in Dental Education 2020-2021. Retrieved 4.17.23. <https://www.adea.org/WorkArea/DownloadAsset.aspx?id=43750>

January 16, 2023

Dr. Sanjay Mallya, Chair
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, IL 60611

Sent via email only

Dear Dr. Mallya,

Prior to its August 2022 meeting, the Review Committee on Dental Hygiene Education to the Commission on Dental Accreditation (Hygiene Committee) and the Review Committee on Dental Assisting Education to the Commission on Dental Accreditation (Assisting Committee) received and reviewed two letters from several state dental associations. The letters recommended that the Commission on Dental Accreditation (CODA) modify Sections 3-4 and 3-8 in the Accreditation Standards for Dental Assisting Education Programs and Sections 3-6 and 3-7 in the Accreditation Standards for Dental Hygiene Education Programs.

In summary, these letters asked CODA to reconsider the faculty to student ratios and the explicit requirement for a baccalaureate degree for certain program faculty as opposed to more exact qualifications in both Accreditation Standards. Ultimately, both committees decided to take no action on the recommendations presented and these decisions were approved by CODA on consent without discussion.

CODA did make brief written commentary about the discussions of the respective committees available electronically as the committee meetings are not open to the public. The following excerpts are pulled from the committees' reports to CODA.

From the "Report of the DA RC, Page 300, Subpage 4, CODA Summer 2022":

Related to the requested revisions to faculty to student ratios (Standard 3-8), the DA RC noted that teaching ratios have a long-standing history within the CODA Accreditation Standards for allied dental education programs. The ratios are in place to ensure appropriate instruction and supervision of students as a critical component to the quality of education and skill development, as well as to ensure protection of the student.

From the "Report of the DH RC, Page 400, Subpages 4-5, CODA Summer 2022":

Related to the requested revisions to faculty to student ratios (Standard 3-5), the DH RC noted that teaching ratios have a long-standing history within the CODA Accreditation Standards for allied dental education programs. The ratios are in place to ensure appropriate instruction and supervision of students as a critical component to the quality of education and skill development, as well as to ensure protection of the student and patient. Further, several disciplines within CODA's

purview have standards related to teaching ratios, including advanced dental education programs in oral and maxillofacial surgery and orthodontics and dentofacial orthopedics. Following discussion, the DH RC believed there should be no change to the Standards related to faculty to student ratios.

On November 30, 2022, CODA chair Dr. Sanjay Mallya, CODA vice chair Dr. Maxine Feinberg, and CODA director Dr. Sherin Tooks met virtually with the American Society of Constituent Dental Executives (ASCDE) to discuss CODA's work and to answer questions posed by ASCDE members. ASCDE appreciated CODA leadership participating in the virtual meeting and providing useful background material.

During the November 30 meeting, there was significant discussion surrounding CODA's methodology or rationale for specifically setting the faculty to student ratios used in its various Accreditation Standards. This was of particular interest since some ASCDE members, in researching faculty to student ratios in various accreditation standards, have found that CODA is the only health care profession accrediting body that utilizes explicit faculty to student ratios.

CODA leadership was unable to articulate any specific methodology or rationale for determining the faculty to student ratios for dental therapy (1 to 6), dental hygiene (1 to 5), or dental assisting (1 to 6) other than their "long-standing history" in the Accreditation Standards. When specifically asked what rationale can executive directors share with questioning members on why dental therapy (with a scope that includes surgical, irreversible procedures) has a higher ratio than dental hygiene, Dr. Tooks responded that there is no rationale that can be shared.

The totality of written and verbal comments provided by CODA to the state dental associations in 2022 on faculty to student ratios indicate that CODA has no consistent methodology or oversight for establishing faculty to student ratios. It is clear that CODA believes that faculty to student ratios are necessary, but there is no apparent criteria for why 1 to 5 or 1 to 6 is appropriate for dental auxiliary education and a ratio of 1 to 4, 1 to 7, or some other ratio is inappropriate. Furthermore, CODA cannot articulate what facets of dental hygiene education necessitate a lower faculty to student ratio than dental therapy or dental assisting.

The undersigned states are writing to request CODA take the following actions:

- Immediately make the faculty to student ratio in the Dental Hygiene Accreditation Standards (Section 3-6) the same as the faculty to student ratios in the Dental Therapy Accreditation Standards (Section 3-5) and the Dental Assisting Accreditation Standards (Section 3-8). The result of this change would be that the Accreditation Standards for all three auxiliary professions would be identical with a faculty to student ratio of 1 to 6.
- Establish an ad hoc group to draft a clear rationale for setting faculty to student ratios for all CODA Accreditation Standards for which faculty to student ratios exist. This ad hoc group should, at a minimum, consider the following factors:

- Should there be variation in the faculty to student ratios in the Accreditation Standards based upon the complexity of procedures in which students are being trained?
- Should there be variation in the faculty to student ratios in the Accreditation Standards based upon technology used for training students?
- At what ratio is ensuring appropriate technical instruction and evaluation compromised?
- Are there any factors within the control of educational programs that warrant variance in the faculty to student ratios?
- Solicit robust feedback from the broader dental community on establishing rationale for setting faculty to student ratios for Accreditation Standards that include faculty to student ratios. ASCDE and other organizations will gladly assist CODA in this stakeholdering effort.
- Ensure that faculty to student ratios in CODA's Accreditation Standards that utilize faculty to student ratios are consistent with whatever rationale is finalized by the Commission.

Community and technical colleges across the country cite dental hygiene and dental assisting education programs as amongst the most expensive programs to operate. A major driver of the costs of these programs is the costs of faculty, especially when Accreditation Standards require a low faculty to student ratio like 1 to 5. Without clear rationale for why these exact ratios are required beyond “long-standing history”, many are left wondering whether patients and public are best served by CODA Accreditation Standards or should alternatives be considered?

Our nation is facing a severe shortage of dental hygienists and assistants; this shortage has been exacerbated by the COVID-19 pandemic. Currently, 95%ⁱ of dentists seeking to hire a hygienist and 87%ⁱⁱ of dentists seeking to hire an assistant find the hiring process to be extremely or very challenging. A 2020 study by the American Dental Hygienists' Association (ADHA) found that the pandemic resulted in a voluntary contraction of the U.S. dental hygiene workforce by an estimated 3.75%, or approximately 7,500 dental hygienistsⁱⁱⁱ. Furthermore, an October 2022 study by the American Dental Association (ADA), ADHA, and the Dental Assisting National Board found one-third of the hygienists and assistant workforce indicated they expect to retire in five years or less^{iv}. The severe shortage of hygienists and assistants is having a negative impact on access to care, with patients having to wait months to receive preventive dental care in both private practice and public health settings. This shortage and the need to make impactful, timely changes cannot be overstated.

Across the country, we are taking a multifaceted approach to increase the dental hygiene and assisting workforce. Our aforementioned recommendations are an important complement to our current strategy. While we believe our request will not, by itself, eliminate the current workforce shortages, we do believe these changes will be a catalyst in expanding workforce in alignment with CODA's articulated Mission, Vision, and Values of collegiality, consistency, integrity, quality, and transparency.

Thank you for your consideration.

Respectfully,

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Rhode Island Dental Association
Tennessee Dental Association
Virginia Dental Association
Washington State Dental Association
Wisconsin Dental Association

c: Dr. Sherin Tooks, director, Commission on Dental Accreditation
ADA Council on Dental Practice
ADA Council on Dental Education and Licensure
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^{iv} Dental Workforce Shortages: Data to Navigate Today's Labor Market. Retrieved 11.15.2022. https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/dental_workforce_shortages_labor_market.pdf?rev=e6025d77df184e6c95dc7cefde4adee3&hash=225FCBCCB67174AAFC760FE2287322D