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Senate Bill 16 Testimony
Senate Health, Human Services and Medicaid Committee
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Chairman Burke and members of the committee, my name is Kimberly Moore and I am President of the Ohio Dental Hygienists' Association (ODHA). I appreciate the opportunity to provide written comments on behalf of ODHA and to share some perspective on Senate Bill 16 and the goal that it seeks to accomplish. At the present time the Association is considered an interested party as the profession is not technically addressed in the bill; however, our regulatory board falls under the regulatory structure of Senate Bill 16 and we would like to be added to the bill. Our position would move to proponent if a simple amendment is added to include dental hygienists.

The Ohio Dental Hygienists' Association supports the efforts behind the bill and is actually in the process of meeting the requirements in the bill. The Commission on Dental Accreditation (CODA), the body that oversees curriculum and guidelines for schools to follow to teach the next generation of dental hygienists has included cultural competency in its manual of current accreditation standards for dental hygiene education programs. Below is the language from item 2-15 from the CODA standards manual:

> "**2-15 Graduates must be competent in interpersonal and communication skills to effectively interact with diverse population groups and other members of the health care team.**
>
> **Intent:**
> *Dental hygienists should be able to effectively communicate with individuals, groups and other health care providers. The ability to communicate verbally and in written form is basic to the safe and effective provision of oral health services for diverse populations. Dental Hygienists should recognize the cultural influences impacting the delivery of health services to individuals and communities (i.e. health status, health services and health beliefs).*

Examples of evidence to demonstrate compliance may include:

- student projects demonstrating the ability to communicate effectively with a variety of individuals, groups and health care providers.
- examples of individual and community-based oral health projects implemented by students during the previous academic year
- evaluation mechanisms designed to monitor knowledge and performance"

Additionally, our national partner organization, the American Dental Hygienists' Association, has recently issued a white paper on the future of dental hygiene education and practice. The paper entitled, "*Transforming Dental Hygiene Education and the profession for the 21st Century*" states,

"The CODA Standards are the guidelines and requirements for accredited dental hygiene educational programs. The current CODA Standards include some essential content areas that provide key foundations for future dental hygiene practice. Examples of these content areas include health promotion, disease prevention, clinical practice and community service. With changes in societal needs, advances in technology, new research highlighting the oral-systemic link and the growing complexity of the health care delivery system, current educational standards and curricular content will need augmentation.[2] **Curricula may need to expand beyond a primary focus on clinical expertise to include a broader focus on primary care, public health service delivery, population wellness, cultural and linguistic awareness, and health literacy (emphasis added).**

Specifically, more focus on disease prevention and health promotion related to the oral- systemic link, the role of inflammation, and the use of new technology to determine risk levels would enhance current guidelines. Additional curriculum time could be made available for physical, head, neck, and oral cavity assessment and diagnosis through the use of chair- side diagnostics, salivary testing, nanotechnology, genomic mapping, telehealth, and other state-of-the-art methodologies.[7, 8]" (p. 5-6)

The report further states:

"A myriad of societal factors and new research support the need for dental hygiene's growth and expansion. Demographic trends indicate that the U.S. population is changing, with an increase in underserved patients and demographic groups that are underrepresented in both patient and practitioner populations. Many of the underserved populations will present with complex health care needs including complications that far exceed oral concerns. **Behavioral, financial, cultural and medical issues will have to be addressed, as they often cannot be separated from oral health needs. All of these trends will be instrumental in defining future dental hygiene roles, as meeting societal needs will require oral health care providers from more backgrounds, in more roles, and in more settings than just the traditional private practice dental office (emphasis added).**" (p. 8)

We believe that we will be able to meet the initial licensure requirement and the continuing education requirement can be accomplished and actually is a positive

development for our profession as we look to better serve the unmet needs of people in our community.

We have spoken with Senator Tavares' office on a previous version of Senate Bill 16 and it is my understanding that she is supportive of adding dental hygienists to the requirements of the bill, especially since the Ohio State Dental Board is already going to be charged with implementing the bill upon passage. The Ohio Dental Hygienists' Association requests that a friendly amendment be added to the bill to add this regulatory requirement to our initial licensees and our license renewing in-career professionals.

Thank you for the opportunity to share these perspectives.

7. Davies K. The $1,000 Genome. New York, NY. Free Press. 2010.

8. Glick M. The Oral-Systemic Health Connection: A Guide To Patient Care. Chicago, IL. Quintessence Publishing Co, Inc. 2014.