



Report from the 2010 ADEA Invitational Allied Dental Education Summit June 10-11, 2010

OVERVIEW

The 2010 ADEA Invitational Allied Dental Education Summit was held on June 10 – 11, 2010. Summit invitees¹ included allied dental educators, representatives from dental associations and organizations, invited panelists, corporate partners, and members of the ADEA Board of Directors and staff.

Two goals were established for the Summit:

1. To identify competencies related to addressing the oral health care needs of underserved populations that should be included in the educational preparation of new oral health care workforce positions.
2. To provide the allied dental education perspective on a set of ADEA principles to guide the development of educational programs to prepare new oral health care professionals for the U.S. dental workforce.

As a foundation for the discussions, during the first day of the Summit presenters reviewed the:

- new oral health care professional workforce models;
- demographics and differing oral health needs of economically, geographically, and culturally isolated or underserved groups; and the
- ways in which the various new oral health care professional workforce models are educating students to provide care to underserved populations.

Building upon these presentations and their own professional experiences, Summit participants identified key “educational domains” to guide the education of allied dental health professionals in providing care to underserved populations. There was agreement among participants that these domains were applicable across all allied dental professional positions, though the specific competencies within each domain will vary based on the specific workforce position.

The draft list of educational domains will be forwarded to the ADEA Council of Allied Dental Program Directors Task Force on Collaboration, Innovation and Differentiation (CID) for further development. It is hoped that the work of the CID will result in a list of domain descriptions that can be used as a resource by allied dental education programs. A summary of the suggested domains is included later in this report.

¹ List of 2010 ADEA Invitational Allied Dental Education Summit attendees can be found in Appendix A

The following report reflects the views of participants at the 2010 ADEA Invitational Allied Dental Education Summit and is not the official position of ADEA.

The second day of the Summit focused on the review of the *Draft ADEA Guiding Principles for the Educational Preparation of New Oral Health Professionals*. The Guiding Principles were developed by the ADEA Task Force on the Education of New Oral Health Professions, a Board-appointed Task Force containing representation from each of the Association's seven Councils along with five additional ADEA Presidential appointees. The composition of the Task Force was balanced in terms of dental and allied dental representation, as well as geographic representation.

Following a presentation of the Guiding Principles by the Task Force Chair, Summit participants provided input into proposed refinements of the document. Overall, there was a very high level of support for the Guiding Principles. Many of the suggested revisions were editorial in nature and intended to further clarify the intent of specific statements. There were a number of substantive content suggestions as well, which will be shared with the Task Force for discussion and potential incorporation into a future draft of the document. A summary of proposed changes is included in this report.

During the concluding session, Summit participants expressed their appreciation for being included in the session and their excitement about the positive outcomes of the meeting. Participants also noted the unique role the American Dental Education Association plays in serving as "the village commons" in which stakeholders with diverse points of view on critical issues facing dental education can come together to exchange information and ideas and, when possible, find common ground. Having achieved its goals and concluded its business, the 2010 ADEA Invitation Allied Dental Education Summit adjourned.

EDUCATING STUDENTS TO CARE FOR THE UNDERSERVED

The 2010 ADEA Invitational Allied Dental Education Summit opened with welcoming remarks from Susan J. Crim, RDH, M.Ed., Ph.D., ADEA Vice President for Allied Dental Program Directors. She was joined in her opening by ADEA President Sandra C. Andrieu, M.Ed., Ph.D., who thanked attendees on behalf of the Association for their participation in this important effort for dental education, and by ADEA Executive Director Richard W. Valachovic, D.M.D., M.P.H., who provided a brief overview of how the Summit aligns with the ongoing discussions throughout ADEA about the education of new oral health care workforce models.

Following the opening remarks, Ms. Monette McKinnon, Director of Legislative Policy Development, ADEA Center for Public Policy and Advocacy, provided a brief overview of the new oral health care professional workforce models. The goal of this presentation was to help ensure that all attendees had a basic understanding of the new workforce models as a foundation for the Summit discussions. Her presentation quickly reviewed the history, scope, evolution, and education of the five emerging models: the Advanced Dental Hygiene Practitioner, the Community Dental Health Coordinators, the Alaskan Native Tribal Health Consortium Dental Health Aide Therapist, and the Minnesota Dental Therapist and Advanced Dental Therapist models.

As all of the new oral health care workforce models intend, in part, to address issues of access to care for underserved populations, it is important that a common understanding be developed about "who are the underserved" and the demographics and differing oral health needs of economically, geographically, and culturally isolated or underserved groups. While emphasizing the expectation of a single standard of care for all patients, understanding the differing needs and health-seeking behaviors of underserved populations is critical for effectively educating students to provide care to these populations.

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Participants heard from an expert panel comprised of:

- Janet A. Yellowitz, D.M.D., M.P.H., Secretary and Past President, Special Care Dentistry, on the needs of “The Young, the Old and the Vulnerable”
- Bob Russell, D.D.S., M.P.H., Director of the Oral Health Bureau, Iowa Department of Public Health on the needs of the Economically Underserved
- Guadalupe Pacheco, Jr., M.S.W., Special Assistant to the Deputy Assistant Secretary for Minority Health, U.S. Department of Health and Human Services, Office of Minority Health on the needs of the Culturally Underserved

Building upon the panel presentation, representatives from each of the organizations that have developed a new oral health professional model shared how their model educates students to care for the underserved. Presenters provided information about didactic and clinical competencies related to providing care to underserved populations, as well as the community-based fieldwork students undertake as part of the educational programs. Presenters included:

- Advanced Dental Hygiene Practitioner (ADHP): Ann Battrell, RDH, M.S.D.H.
- Dental Health Aide Therapist (DHAT): Mary E. Williard, D.D.S.
- Community Dental Health Coordinator (CDHC): Gary S. Davis, D.D.S.
- Dental Therapist (Metropolitan): Colleen M. Brickle, RDH, Ed.D.
- Dental Therapist (University of Minnesota): Christine M. Blue, M.S.

Copies of the presenters' handouts were distributed at the retreat and can be accessed on the ADEA website (<http://web.adea.org/AlliedDentalSummit>)

During the afternoon session, Summit participants worked in small and large groups to identify the educational domains and experiences students should have to effectively prepare them to meet the diverse oral health needs of underserved populations. There was agreement among participants that these domains were applicable across all allied dental professionals, though the specific competencies within each domain may vary based on the specific workforce position as well as the level and type of supervision deemed necessary.

The proposed domains for the education of allied dental professionals to care for the underserved included:

- *Cultural Competency:* ability to interact effectively and respectfully with people of different cultures; understanding of culture and its impact on health and health-seeking behavior; understanding the “culture of poverty” in addition to race/ethnicity/culture/age; communication skills; building trusting relationships; celebrating diversity and the commonality among all; importance of diverse student body; importance of community-based experiences that expose students to meaningful interactions with people from diverse cultures; motivational interviewing skills
- *Navigating and Managing the System:* understanding of relevant laws and financing systems; understanding of advocacy and ability to promote change through the legislative process; ability to serve as a patient advocate and help patients navigate the oral health care system; ability of provider to navigate the system and access resources on the patient's behalf

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- *Interdisciplinary Collaboration*: awareness and understanding of the roles and scope of practice of members of the interdisciplinary healthcare team, including “non-direct healthcare providers” such as social workers and nutritionists; ability to work collaboratively with these other providers; ability to appropriately refer to other providers; utilization of interprofessional education approaches to strengthen ties among providers (case conferences, joint outreach)
- *Systems Thinking*: understanding of population-based health; understanding of the social determinants of health; understanding of approaches to promoting behavioral change; changing the “structure and mindset” of the oral health care system to reach people currently outside of the system
- *Communication*: language access; cultural competency; building trust and rapport; listening skills; motivational interviewing; ability to communicate in verbal, non-verbal and written vehicles
- *Use of Technology*: competent in use of appropriate technologies for patient care, use of appropriate technologies to drive patient-behavior; use of electronic medical records; ensuring technology is appropriate for patient
- *Practice Management / Financial Sustainability*: understanding of billing / Medicaid reimbursement processes; running an efficient practice; building a sustainable financial model to support the work
- *Professionalism*: understanding of social responsibility; integrity; respect for diverse populations; understanding of heightened sense of responsibility when working with underserved populations; understanding of HIPAA and privacy issues
- *Research*: ability to read and understand scientific literature; ability to understand and contribute to outcome-based assessments; understanding of evidence-based practice; need to evaluate workforce models
- *Prevention* (specific to underserved populations): preventive measures in oral health promotion; understanding of health-seeking behaviors of underserved populations; understanding of how and where to engage underserved populations in prevention efforts
- *Clinical Competencies* (specific to underserved populations): specific knowledge to meet the most common clinical needs of specific underserved populations; ability to triage; ability to “know normal” and refer appropriately

Summit participants also noted the importance of students engaging in multiple fieldwork experiences with diverse patient populations, not just a “one-time” community outreach event. Participants recommended that these didactic, clinical and fieldwork experiences be integrated into the educational process from the very beginning, rather than as a single “add-on” course at the end of the educational program.

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The group acknowledged that there was overlap in many of these domains, and that some of these domains are not specific to working with underserved populations. As such, it was recommended that the list be refined, combined, and prioritized.

Once fully developed and adopted, the domains will be used by allied dental education programs to guide the educational preparation of allied dental professionals, including new oral healthcare professional models. The group recommended that the proposed list of educational domains be forwarded to the ADEA Council of Allied Dental Program Directors Task Force on Collaboration, Innovation and Differentiation (CID) for further development. It is anticipated that the work of the CID will result in a list of domain descriptions that can be used as a resource by allied dental education programs. A summary of the suggested domains is included later in this report.

GUIDING PRINCIPLES FOR THE EDUCATIONAL PREPARATION OF NEW ORAL HEALTH PROFESSIONALS

On the second day of the Summit with the allied dental educator participants, Susan Crim and James J. Koelbl, D.D.S., M.S., M.J., Chair, ADEA Task Force on the Education of New Oral Health Professionals presented the *draft ADEA Guiding Principles on the Education of New Oral Health Professionals* for review and discussion by the group. Working in small and large groups, Summit participants had the opportunity to provide feedback on the draft document to help refine and strengthen the Principles. Overall, the feedback was extremely positive. Participants felt that the Guiding Principles provide useful information for institutions, organizations, and policy makers that are planning, designing, and educating new workforce models. Both representatives from the new dental therapy educational programs in Minnesota noted how helpful the document would have been as they began the development of their own programs.

Many of the suggested changes were editorial in nature and intended to clarify or refine specific aspects of the document. Others were more substantive, such as the suggested inclusion of new principles or background information that participants felt would strengthen the document. The key suggestions are listed below. Specific recommendations on wording were captured and will be shared with the Task Force.

Summary of Key Suggestions from Summit Participants to Strengthen the Guiding Principles:

- Before new oral health workforce models are developed, consideration should be given to strategies for maximizing the utilization of existing oral health team members.
- Care should be taken to ensure the document does not unintentionally endorse the creation of new oral health professionals educated solely for the purpose of caring for underserved populations.
- Consider applying the guiding principles to the education of all oral health professionals, not just new workforce models.
- Incorporate a broader description of “inter-professional collaboration” to include other professionals both within and beyond the healthcare team.

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- Incorporate additional language in the section on national accreditation that references faculty credentials, approved educational settings, and appropriate curriculum resources in order to ensure the quality of educational programs.
- Change the title of the document to clarify that the use of the term “new oral health professionals” refers to new workforce *models*, not “recent graduates.”
- Convert the appendix of the Task Force report into an “ADEA White Paper” on the development of educational programs for new oral health professionals for use by policy makers and other laypersons as they consider new workforce models.
- Add a cover note that will be used when the document is distributed that clearly explains the purpose, expected use and intended audience of the guiding principles.

These suggestions will be shared with the ADEA Task Force for discussion and action. ADEA will continue to seek feedback on the draft Guiding Principles, sharing the document at the ADEA Institute for Policy and Advocacy Meeting in September 2010, the ADEA Fall Meetings in October 2010, and the ADEA Deans’ Conference in November 2010. The final draft of the document will be posted on the ADEA website in December 2010 along with a call for input from the full ADEA membership. The final document will go to the ADEA Board of Directors in January 2011 as a proposed resolution for consideration by the ADEA House of Delegates in March 2011.

CONCLUSION

The Summit was declared a success by attendees. Participants expressed their appreciation for being invited and their excitement about the positive outcomes of the meeting. Participants also noted the unique role the American Dental Education Association plays in serving as “the village commons” in which stakeholders with diverse points of view on critical issues facing dental education can come together to exchange information and ideas and, when possible, find common ground. Having achieved its goals and concluded its business, the 2010 ADEA Invitational Allied Dental Education Summit adjourned.

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APPENDIX A

2010 ADEA INVITATIONAL ALLIED DENTAL EDUCATION SUMMIT PARTICIPANT LIST

Allied Dental Educators

Phebe Blitz, RDH, M.S.
Mesa Community College

Christine Blue, RDH, M.S.D.H.
University of Minnesota School of Dentistry

Colleen Brickle, RDH, RF, Ed.D.
Normandale Community College

Diane Brunson, RDH, M.P.H.
University of Colorado Denver School of Dental Medicine

Ethel Campbell, RDH, CDA, M.S.
University of North Carolina at Chapel Hill School of Dentistry

Susan Duley, RDH, M.S., Ed.D., LPC
Clayton State University

Donna Estes
Texas State Technical College

Jill Fernandez-Wilson, RDH, M.P.H.
New York University College of Dentistry

Donna Grant-Mills, D.D.S, M.Ed., RDH
Howard University

Tami J. Grzesikowski RDH, M.Ed.
St. Petersburg College

Deborah Horlak, RDH, M.A.
Arthur A. Dugoni School of Dentistry

Joyce Hudson, RDH, M.S.
Ivy Tech Community College
(invited, unable to attend)

Donna Kotyk, RDH, M.A., CDA
Salish Kootenai College

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Susan Kass, M.Ed., Ed.D, RDH
Miami-Dade College

Patricia Nunn, RDH, M.S.
Texas Woman's University

Lisa Rowley, RDH, M.S.
Pacific University School of Dental Health Science

Phyllis Spragge, RDH, M.A.
Foothill College

Organizational Representatives

Alaskan Native Tribal Health Consortium
Mary Williard, D.D.S., Clinical Site Director

American Dental Assistants Association
Angela Swatts, President
(invited, unable to attend)

American Dental Association
Gary S. Davis, D.D.S.

American Dental Hygienists Association
Ann Battrell, RDH, M.S.D.H., Executive Director

Association of State and Territorial Dental Directors
Kathy Geurink, RDH, M.A.

Dental Health Foundation
Wynne Grossman, Executive Director

Institute for Oral Health
Mary Young, Director

Panelists

Guadalupe Pacheco, Jr., M.S.W.
Special Assistant to the Deputy Assistant Secretary for Minority Health
U.S. Department of Health and Human Services, Office of Minority Health

Bob Russell, D.D.S., M.P.H.
Director, Oral Health Bureau
Iowa Department of Public Health

Janet Yellowitz, D.M.D., M.P.H.
Director, Geriatric Dentistry, Division of Health Services Research
University of Maryland Dental School

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Corporate Partners

Stuart Beecher
GlaxoSmithKline

Debbie Fleming
Colgate-Palmolive Co.

Kent Fletcher
Sunstar Americas, Inc.

Desi Nuckolls
The Proctor & Gamble Company

Elizabeth Roberts
Johnson & Johnson Healthcare Products, Division of McNEIL-PPC, Inc.
(invited, unable to attend)

American Dental Education Association Leaders and Staff

Dr. Sandra Andrieu, ADEA President

Dr. Eugene Anderson, Associate Executive Director
ADEA Center for Educational Policy & Research

Jack Bresch, Associate Executive Director
ADEA Center for Public Policy & Advocacy

Dr. Susan J. Crim, ADEA Vice President for Allied Dental Program Directors

Dr. Linda Hanlon, Special Liaison to the Council of Allied Dental Program Directors

Dr. Jim Koelbl, Chair
ADEA Task Force on the Education of New Oral Health Professionals

Monette McKinnon, Director of Legislative Policy Development
ADEA Center for Public Policy and Advocacy

Joshua Mintz, Managing Partner
Cavanaugh, Hagan, Pierson & Mintz

Dr. Ron Rupp, Senior Director
External Relations and Institutional Advancement

Dr. Richard Valachovic, Executive Director
American Dental Education Association

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