

Supply of California Dental Hygienists and Assistants Is Stable, Despite Earlier Shortages

By Jon Roth, MROD, CAE

Wew studies, commissioned by the California Dental Association Foundation, indicate that the supply of dental hygienists and dental assistants has stabilized, despite a significant shortage that occurred in the late 1990s.

The studies were conducted by the University of California Los Angeles Center

for Health Policy Research and University of California Berkeley's Nicholas C. Petris Center for Health Care Markets and Consumer Welfare, two of the leading health policy centers in the state.

Results from these studies indicate that while a small number of private practice dentists still encounter difficulty hiring qualified staff, the profession is rebound-

ing from earlier shortages. Findings also demonstrated that there was indeed a shortage in both dental hygiene and assisting groups around the year 1999. The labor shortage for dental hygienists was alleviated by 2002, while the labor shortage for dental assistants was alleviated in 2001.

Dentists' perceptions of shortage, however, have remained rather high with 72 percent of dentists without openings and 89 percent of dentists with openings perceiving that a shortage exists. Most dentists in California believe there is still a shortage of dental hygienists and assistants, but these perceptions are most likely due to their past experience, not current labor market conditions.

Researchers at the UCLA Center for Health Policy Research examined delays in hiring allied dental personnel and other staffing issues through a survey of approximately 13,600

general dentists throughout California in 2003. They found that:

- Only half of California dentists employed hygienists.
- Only 11 percent of dentists experienced delays in hiring qualified hygienists and only 20 percent had similar delays in hiring assistants.
- Experiences of shortage were more frequent in the greater San Francisco Bay Area, the Sacramento Area, and Southern California counties other than Los Angeles.
- The perception of a shortage of dental hygienists and assistants was wide-

spread, even among dentists without openings, and those with openings but no shortage experience.

The UC Berkeley research team analyzed shortages from the perspective of labor economics, using longitudinal data from 1997-2005. They found that:

- An increased demand for dental services between 1997 and 2004 also was accompanied by an increase in demand for hygienists and assistants, as would be expected.

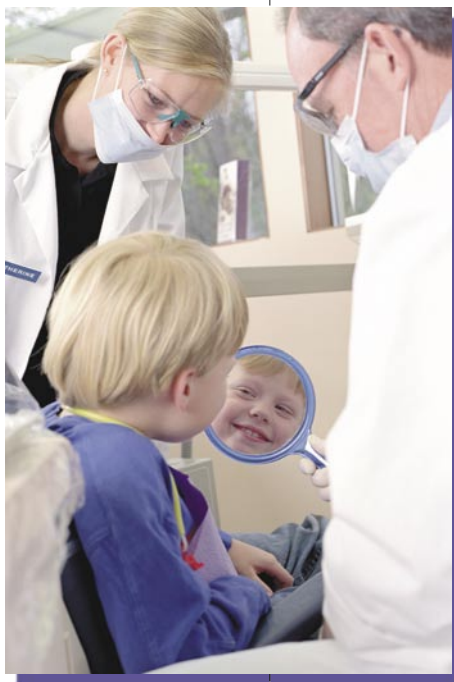
- Between 1999 and 2002, the average wages of hygienists rose 48 percent and 28 percent for assistants, a key indicator of shortage in that timeframe.

- Since 2002, however, wages have stabilized for hygienists and even returned to pre-1997 levels for assistants indicating that the labor shortage is alleviated.

The joint findings are a starting point for further investigation of allied dental health personnel supply and demand, as well as forecasting the provision of care into the future. These studies mark the beginning of a series of inquiries by the CDA into the complex linkages between oral health demands in California and the workforce capacity to effectively deliver the provisions of care today and in the future.

In addition to this study, the CDA is working with the Center for the Health Professions at the University of San Francisco to investigate contributing factors in decisions of dental hygienists to enter, remain, and exit the workforce at various intervals in their career. Additional projects through UC Berkeley also are being pursued, which will develop forecasting models for future workforce capacity and demands on the dental profession given the evolving demographic and socioeconomic changes in California's population.

To receive a free copy of the CDA Foundation workforce studies, visit www.cdafoundation.org/study.





No Changes in Wisdom Teeth Recommendations

Third-molar research receiving recent media attention advances dentistry's message on the importance of good oral health, and leaves practice recommendations unchanged regarding wisdom teeth, according to a statement by the American Dental Association.

While the research suggests that individuals who keep their wisdom teeth might be more likely to develop periodontal disease in that area of the mouth, it is premature to speculate that gum disease in these instances might lead to other health problems, according to the ADA press statement. (The ADA statement and

information about wisdom teeth and other oral health topics are available in the "Your Oral Health" content area of www.ada.org.)

Research announced by the American Association of Oral and Maxillofacial Surgeons at a press conference in Boston last fall received coverage in the *Washington Post*, *Atlanta Journal-Constitution* and from Scripps Howard News Service, *Newsday*, WebMD online, and smaller media outlets. The research called into question whether young adults who keep their wisdom teeth might be at risk for future health problems such as heart disease, diabetes and, for women, preterm birth.

"Although intriguing, the issue needs more study and, therefore, the ADA agrees with the AAOMS that no changes in practice recommendations regarding wisdom teeth are needed at this time," according to the ADA. "This research does serve to raise awareness of the importance of maintaining good oral health."

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— ADA

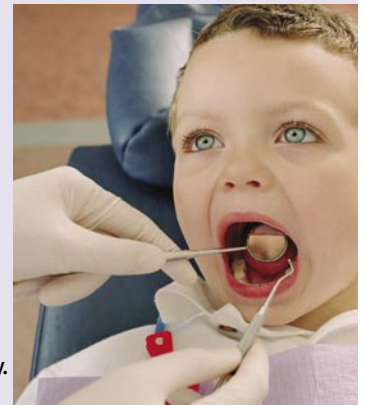
Partial Pulpotomy Is Preferred for Immature Permanent Teeth

When performing a pulpotomy on an immature permanent tooth, it's important to use a technique that preserves as much vital pulp as possible so continued physiologic dentin deposition and complete root formation can take place, said Julie Russo, DMD, in an issue of *Today's FDA*, journal of the Florida Dental Association. A partial pulpotomy falls somewhere between pulp capping and a complete pulpotomy, with only the outer layer of damaged tissue removed. "Recent studies have shown partial pulpotomies have high success rates in cariously exposed teeth, and in teeth that have crown fractures," Russo said.

Among the indications for a permanent tooth partial pulpotomy:

- No history of spontaneous pain,
- Acute minor pain that subsides with analgesics,
- No discomfort to percussion, no vestibular swelling, and no mobility,
- Periodontal attachment normal on radiographic examination,
- Pulp exposed during caries removal,
- Tissue appearing vital, and
- Bleeding from pulp excision site stopping within two minutes with irrigation.

A partial pulpotomy is preferred for immature permanent teeth, Russo said because it preserves the cell-rich coronal pulp tissue, which has a better healing potential and can help the tooth develop normally.





Accurate Records, It's a Good Thing

When it comes to patient records, dentists oftentimes say that making improvements is at the top of their "To-Do" lists. However, many of them keep putting it off.

This can be a mistake, wrote Lee Johnston in an issue of the *West Michigan District Dental Society's Bulletin*.

"Improving records costs money and takes time," said Johnston, president of the society's subsidiary WDA Professional Services, Inc., but "the quality of your records can be important in peer-review cases, lawsuits, and even disagreements with your local lab."

Johnston advised dentists to have patients fill out medical history forms every two or three years, unless state law requires differently. Patients often tell dentists that nothing has changed in their medical profile even though they may be taking a new prescription drug. However, if filling out a form, it may be easier for them to remember this fact.

Accurately completed, signed, and maintained patient records can mean the difference between winning and losing in a malpractice suit. In addition, Johnson added that good dental records could keep a lawsuit from even reaching court.

"Take time to review your medical history and related forms now," Johnson said. "It could save you problems later."

Clinical Trial Agreement Reached for Oral Cancer Detection Drug

Zila Inc. announced that it has reached an agreement with the U.S. Food and Drug Administration on the design and size of its new Phase III clinical trial for OraTest, an oral cancer detection drug.

The agreement, reached under the FDA's Special Protocol Assessment process, permits Zila to begin its new Phase III clinical trial. The special protocol assessment is a process that allows for official FDA evaluation of a Phase III clinical trial protocol and provides trial sponsors with



a binding, written agreement that the study design, including size, is acceptable to the FDA.

The special protocol assessment process is intended to finalize the design and size of a clinical trial with respect to a drug's primary efficacy endpoint. A significant component of the new OraTest Phase III clinical trial is the classification of severe dysplasia as a "true positive" finding in the study (in addition to carcinoma in situ and cancer). This and certain other elements of the new clinical trial protocol will permit enrollment of fewer patients and fewer visits than originally anticipated.

Take-up Rate High for Dental Benefit Plans

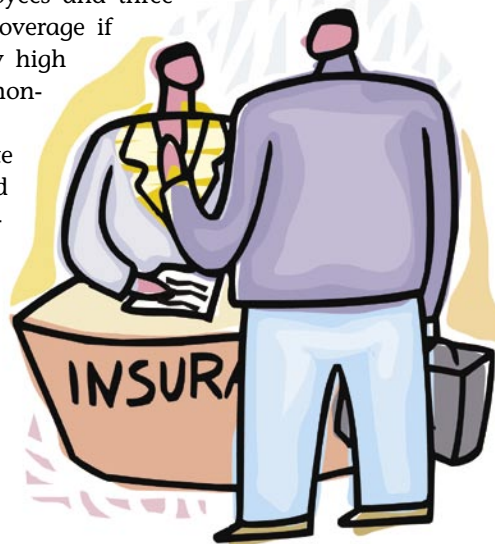
When employers offer dental benefit plans, nearly eight in 10 workers participate, regardless of income, occupation, residence, or employment status.

In March 2005, the dental insurance take-up rate for all workers was 78 percent, according to a report from the U.S. Department of Labor's Bureau of Labor Statistics. The take-up rate is an estimate of the percentage of workers with access to a plan participating in the plan.

Less than half the nation's workers, 46 percent, have on-the-job access to dental benefit plans, and only 36 percent participate in such plans, says the BLS national compensation survey of employee benefits. However, the take-up rate is uniformly high among union and nonunion, white- and blue-collar occupations and full- and part-time employees, though it dips to a 62 percent low for part-time workers.

Some 92 percent of labor union employees and three-in-four nonunion workers opt for dental coverage if offered. The participation rate is uniformly high across the country and in metropolitan and non-metropolitan areas.

Seventy percent of workers in private industry had access to employer-sponsored medical care plans, and 53 percent participated in medical care plans in March 2005. The BLS data set provides comprehensive measures of occupational earnings, compensation cost trends and details of benefit provisions. The report on employee benefits in private industry is posted online at the Bureau of Labor Statistics website, www.bls.gov.



Mission of Mercy Scheduled for New Orleans



The dental associations of Kansas, Texas and Virginia, along with the Open Door Dental Clinic of Alamance County in North Carolina, have joined forces to manage the dental care portion of what may be the biggest-ever dental and medical health fair in history held in New Orleans.

The ADA Foundation has provided a \$50,000 grant for the project, and there have been donations of supplies and equipment from a number of donors to support the project.

Potentially the largest, free medical and dental clinic, organizers expect to treat more than 10,000 people with a variety of health care services. Organizers hope to fill 125 dental chairs each day (an estimated 6,000 patients) during the event held Feb. 6-11. Patients include the uninsured, underinsured, Medicaid enrollees, and citizens who temporarily come to New Orleans to help rebuild the area and may be in need of care.

The participating dental associations and the Open Door Dental Clinic of Alamance already conduct Mission of Mercy dental clinics in their respective home states.

“A few months ago, there was an outpouring of volunteers who wanted to help out but could find nowhere to go after the hurricane, said Terry Dickinson, DDS, executive director of the Virginia Dental Association, in a press release. “Through the Mission of Mercy, this is a chance to help.”

In December, organizers put out a call for dentists, dental hygienists, assistants, lab technicians, and office staff to participate. “Come for one day, come for all the days, get in the heart of where it all happened and help some folks; give them a little extra boost,” Dickinson said. “All volunteers have to do is get here.”

Organizers estimated to need the services of at least 100 dentists and support staff per day. Dickinson said senior dental students from Virginia Commonwealth University School of Dentistry would attend, adding that students can get a glimpse of how important it is to give back to the profession and helping volunteers to serve as mentors “and to see what a great future the profession has.”

Volunteers Needed for Online Directory

With a goal to assemble the largest health care provider network benefiting those with mental disabilities in North America, Special Olympics recently unveiled the online Healthy Athletes Provider Directory.

The database allows health care providers to voluntarily identify themselves as willing to be contacted about treating those with mental disabilities. To sign up, providers simply go to www.specialolympics.org/providerdirectory and input a minimum of information. Individuals will be able to search the database when it is available later this year.



Upcoming Meetings

2006

March 15-18	Academy of Laser Dentistry's 13th Annual Conference and Exhibition, Tucson, www.source2006.org .
March 26-April 1	United States Dental Tennis Association Spring Meeting, St. Petersburg, Fla., www.dentaltennis.org .
April 27-30	CDA Spring Session, Anaheim, (866) CDA-MEMBER (232-6362).
May 16-20	American Academy of Cosmetic Dentistry 22nd Annual Scientific Session, San Diego, (800) 543-9220.
May 22-27	Academy of Prosthodontics 88th Annual Scientific Session, San Francisco, www.academyprosthodontics.org .
Sept. 15-17	CDA Fall Session, San Francisco, (866) CDA-MEMBER (232-6362).
Oct. 16-19	ADA Annual Session, Las Vegas, (312) 440-2500.
Dec. 3-6	International Workshop of the International Cleft Lip and Palate Foundation, Chennai, India, (91) 44-24331696.

To have an event included on this list of nonprofit association meetings, please send the information to Upcoming Meetings, *CDA Journal*, 1201 K St., 16th Floor, Sacramento, CA 95814 or fax the information to (916) 554-5962.