Health Workforce Policy Brief

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The Dental Assistant Workforce in the U.S., 2015

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I. Introduction

Dental assistants (DAs) are important members of the oral health workforce team performing both clinical and administrative duties under the supervision of a dentist. In addition to directly assisting the dentist with oral examinations and dental procedures, DAs perform a number of independent tasks including preparing patients for treatment, arranging and sterilizing instruments, and educating patients about general and post-operative oral health care. DAs also act in administrative capacities including scheduling appointments, maintaining patient records, and billing for treatment services. Requirements for entry to dental assisting range from on-the-job training to formal accredited education programs culminating in an associate degree. Allowable tasks vary by state and in some instances are decided by supervising dentists. Many states recognize Expanded Function Dental Assistants (EFDAs) who typically complete additional training and competency testing and are allowed to perform more complex clinical tasks.

The Oral Health Workforce Center (OHWRC) at the Center for Health Workforce Studies (CHWS), University at Albany School of Public Health conducted a study of Das in the U.S. to better understand this workforce, including their demographic, educational and practice characteristics, their regulation by states, and their contributions to patient care with emphasis on whether expanded roles for DAs affect access to oral health services and population oral health outcomes.

II. Methods

Researchers employed a mixed methods approach to study the dental assisting workforce. The study included analyses of:

- Demographic, educational, and occupational characteristics of DAs in the United States,
- Variation in state statute and regulation governing the qualifications and permissible tasks for entry-level and expanded function DAs,
- State-level trends towards standardization of dental assisting education and practice, and
- Peer-reviewed literature about the contributions of DAs, especially EFDAs, to quality and efficiency in oral health service delivery.

Conclusions & Policy Implications

1) Dental assisting is characterized by multiple education and training pathways into entry-level positions. The lack of state-to-state standardization creates significant variation in educational opportunities, clinical training, and roles; this can limit career mobility for dental assistants across states.

2) There are more Blacks and Hispanics (underrepresented minorities) in the dental assisting workforce as compared to dentists and dental hygienists.

3) Increasingly, states recognize DAs at many levels of practice which can serve as a career ladder for DAs who, with additional training can become EFDAs.

4) Research finds that oral health providers' use of EFDAs supports better access to cost-effective clinical services to the underserved.

Data for this analysis were drawn from a variety of sources, including the U.S. Census Bureau's American Community Survey, the American Dental Association, the Commission on Dental Accreditation, and the Bureau of Labor Statistics. Statutes and regulations governing dental assisting in each state were reviewed, with particular attention to training and qualifications as well as scope of practice. In addition, information from the National Dental Assisting Board and the American Association of Dental Assistants was used to corroborate findings from the state level review of dental assisting law and regulation. Peer reviewed literature from a variety of both oral health and public health journals were also used for this project.

III. Findings

DAs are relatively young, mostly female and more racially and ethnically diverse than dentists and dental hygienists. While most work in private dental practices, there is increasing evidence of DAs, particularly EFDAs, working in safety net settings where they are helping to expand access to oral health services for underserved populations. DAs play key roles in assisting dentists and in some instances dental hygienists in the provision of oral health services and may in fact contribute to improved cultural competence in oral health. There is great variation across the 50 states related to required education, training and certification, titles, and legally allowed functions for DAs and EFDAs. Further, there are limited data sources available to fully understand key characteristics of dental assistants.

Table 1. Racial/Ethnic Distribution of Dental Assistants, 2009-2013

Race/Ethnicity	Number	Percent
American Indian or Alaskan Native (non-Hispanic)	2,484	0.7%
Asian or Pacific Islander (non-Hispanic)	18,131	5.4%
Black (non-Hispanic)	22,261	6.7%
Hispanic	71,146	21.3%
White (non-Hispanic)	214,030	64.0%
Other (includes two or more races) (non-Hispanic)	6,371	1.9%
Total	334,423	100.0%

Source: U.S. Bureau of the Census, American Community Survey, 2009-2013.
Note: Data from respondents reporting an age of less than 18 years (0.4% of dental assistants) were excluded from the analysis.

Table 2. Work Settings of Dental Assistants, 2009-2013

Institutional Setting	Number	Percent
Private, for-profit	309,880	92.7%
Private, non-profit	10,063	3.0%
Local government	3,140	0.9%
State government	4,210	1.3%
Federal government	6,567	2.0%
Self-employed	110	<0.1%
Working without pay in family business	453	0.1%
Total	334,423	100.0%

Source: U.S. Bureau of the Census, American Community Survey, 2009-2013.
Note: Data from respondents reporting an age of less than 18 years (0.4% of dental assistants) were excluded from the analysis.

IV. Conclusions

DAs play important roles in assisting dentists and others in the provision of oral health services. There is significant variation however, in the required education and training to enter the workforce as a DA, in the titles used to describe the workforce, and in the legally allowed functions. Data about the supply and distribution, the demographic, educational, and practice characteristics of DAs are limited. An examination of titles and functions for DAs by states presents an interesting and variable picture of the workforce. Continued efforts to study the dental assisting workforce is important for many reasons, including obtaining a better understanding of roles, functions, and contributions to improving access to oral health care and population health.

V. Policy Implications

Concerns about the distribution of the dental workforce and lack of access to oral health care for underserved communities have led policy-makers to focus on workforce strategies that will increase access to care. Dental assistants play important roles on dental teams by improving clinical efficiency, increasing dentists' capacity to serve patients, and better enable access to services in communities, especially for underserved populations. Safety-net organizations, public oral health programs, and private dental practices treating the underserved use Das who are members of oral health teams that improve access to oral health care. More research is needed to better understand how Das contribute to effective oral health team-based care.

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