OHWRC
Oral Health Workforce Research Center

RESEARCH BRIEF
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The Dental Assistant Workforce in the United States, 2015

Background

Dental assistants are valued 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, dental assistants 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. Dental assistants 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 differ by state and in some instances are decided by employing dentists. Many states recognize Expanded Function Dental Assistants (EFDAs) who typically complete extra training and competency testing.

The Oral Health Workforce Center at the Center for Health Workforce Studies, University at Albany School of Public Health conducted a study of the dental assistant workforce to catalogue the variation in regulation of dental assistants by state, to identify sources of data about the characteristics of dental assistants in the United States, and to examine literature describing the contributions of dental assistants to patient care with special emphasis on how expanded roles for dental assistants are affecting both access to oral health services and population oral health outcomes. Project activities included an assessment of scope of practice to illustrate the state by state differences in regulatory structures governing dental assisting, required supervision of dental assistants, allowable dental assisting tasks, and recognition of extended functions for dental assistants.

Data and Methods

This study used a variety of secondary sources to complete the following objectives:

- To describe the current demographic, educational, and occupational characteristics of the dental assistant workforce in the United States
- To catalogue variation in state statute and regulation governing the qualifications for entry-level dental assistants and to enumerate the requirements to perform both basic and extended function dental assisting tasks
- To identify similarities across states in governance of dental assisting that suggest a trend toward standardization in dental assisting education and practice
- To review existing peer reviewed literature about the contributions of dental assistants, especially EFDAs, to quality and efficiency in oral health service delivery

The secondary sources used for this study included the U.S. Census Bureau's American Community Survey, the American Dental Association, the Commission on Dental Accreditation, and the Bureau of Labor Statistics. Original statutes and regulations governing the dental professions in each state were reviewed to describe variations by state for dental assisting 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 law and regulation. Peer reviewed literature from a variety of both oral health and public health journals were also used for this project.

Limitations

Data about the supply and distribution and the demographic, educational, and practice characteristics of dental assistants were limited and at times, inconsistent across data sources. No single reliable source of data was available to describe key characteristics of dental assistants. As an example, it was challenging to estimate the current number of dental assistants in the United States as 1 data source reported the number of jobs for dental assistants while another reported the number of people who self-reported working as dental assistants.

Findings

The dental assistant workforce is predominantly young and female with a higher percentage of underrepresented minorities (URMs) than dentists and dental hygienists. Most dental assistants work in private dental practices on a full-time basis.

The dental assistant workforce is mainly female (95%) with an average age of 35 years. More than 20% of dental assistants in the United States identify as Hispanic while just 6.8% of dental hygienists and 6.1% of dentists identify as Hispanic. Approximately 93% of dental assistants work in private dental practices for an average of 34 hours per week. Demand for dental assistants has been steady over the last 20 years.

In the majority of states there are opportunities for dental assistants to work as EFDAs.

Many states now regulate dental assistants at several levels of practice using a tiered approach to allowable tasks and supervision requirements. This approach to regulation effectively creates opportunities for advancement for dental assistants who wish to further their careers. Many states now restrict extended functions to dental assistants who have completed formal advanced didactic and clinical training or who have acquired significant clinical experience. Expanded functions permitted to appropriately trained individuals include coronal polishing, sealant and/or fluoride applications, and topical anesthetic application as well as expanded restorative and orthodontic functions.

There is considerable variation in state regulatory frameworks that recognize the dental assistant workforce.

Dental assistants are either explicitly or implicitly recognized in state's dental practice acts or administrative rules in all states. Some states provide regulatory guidelines describing tasks that a dental assistant may provide based on education and proof of competency and required levels of dentist supervision. Other states allow dentists employing dental assistants to determine what functions they may perform under appropriate supervision. Over the last decade, dental assistant requirements for entry have been more specifically defined in state laws and regulations.

Requirements for dental assistants, including education and training pathways, titles used, and tasks permitted, vary by state.

The variation in qualifications, range of allowable services, and job titles for dental assistants and EFDAs across states is noteworthy. Over 40 different job titles were identified for dental assistants and EFDAs across the United States. Classifications of allowable duties and tasks under these titles vary by state with some having as many as 5 levels and job titles for dental assistants. Titles in 1 state may be equivalent to different titles in another. For example, in 1 state, a Certified Dental Assistant (CDA) or a Registered Dental Assistant (RDA) might be allowed to perform the same tasks as an EFDA, while in another state, a CDA or an RDA would be required to obtain further training to also use the credential of an EFDA.

Studies of the clinical contributions of EFDAs suggest that when used appropriately, EFDAs contribute to increased efficiency and capacity in both private practice and public health settings.

The impact of dental assistants on service provision has been evaluated in a few relatively recent studies. An early study in private practice dentist offices in Washington found that utilization of expanded function dental auxiliaries was related to increases in both the complexity of delegated tasks and the comfort of the dentist delegating tasks. The findings from a study of EFDAs in Colorado concluded that dentists in the study were able to increase patient caseload by using EFDAs. Research suggests that the increased scope of practice for dental assistants is beneficial to patients in private and public health settings, particularly for those most likely to utilize public health clinics and Medicaid benefits.

Discussion

Dental assistants play key roles in assisting dentists and others in the provision of oral health services. However, there remains variability across the 50 states in the required education and training to enter the workforce as a dental assistant, in the titles used to describe the workforce, and in the legally allowed functions. Further, there are limited data available to fully understand key characteristics of dental assistants in the United States.

Increasingly, policymakers and oral health stakeholders recognize the opportunity to utilize dental assistants in both private and public health practice to maximize service capacity to meet ever growing demand for oral health services. Recognition of the important roles of dental assistants on the oral health team have led to increased attention to creating more consistent roles for dental assistants and for creating opportunities for them to contribute to increased access to oral health services.

Recent research suggests that dental assistants, especially EFDAs, contribute to improved clinical efficiency and increased access to oral health services. Still, more research is needed to better understand how dental assistants contribute to effective oral health team-based care.

For the full report, visit www.oralhealthworkforce.org.

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The mission of OHWRC is to provide accurate and policy-relevant research on the impact of the oral health workforce on oral health outcomes. The research conducted by OHWRC informs strategies designed to increase access to oral health services for vulnerable populations. OHWRC is based at the Center for Health Workforce Studies at the School of Public Health, University at Albany, State University of New York (SUNY), and is the only research center uniquely focused on the oral health workforce.

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