Challenges to Accessing Oral Health Care in CA

More than 56 million people in the United States live in areas with shortages in dentists. Access to dental care is primarily limited for; low income families, residents of rural areas, patients with disabilities, uninsured, communities of color, and older adults. In California, an abundance of dentists exists, however, there is an uneven distribution throughout the counties, leaving many Californians without the ability to receive dental care. Currently, California has 486 Dental Health Professional Shortage Areas. In addition, only about one-third of CA dentists accept patients with public insurance. Midlevel dental providers would increase the number of points of access to dental care. The Registered Dental Hygienists in Alternative Practice (RDHAP) is the midlevel dental provider authorized to practice in the state of California.

Registered Dental Hygienists in Alternative Practice (RDHAP)

History

The scope of practice of a dental hygienist in CA originally is limited to providing dental hygiene care, health education, counseling, and health screenings. To further expand workforce development and to facilitate access to healthcare, the RDHAP model was approved in 1996. In 2003, the first RDHAP was licensed. As of 2019, there are 665 RDHAPs licensed in the state that can practice unsupervised, own their business and can provide preventive dental services.

Training, Scope of Practice, and Impact

A Registered Dental Hygienist can qualify to become RDHAP if she/he; practiced for over 2,000 hours, completed a bachelor’s degree, and fulfilled an additional 150 hours of educational requirements. This training program includes; (a) medical and dental emergencies, (b) oral health sciences, (c) working with the elderly, patients with special needs, and medically compromised patients, (e) Medi-Cal and Denti-Cal reimbursement, and (f) business administration. RDHAP can provide those preventative services; cleaning, fluoride varnish, and sealants, apply temporary dental procedures to stop the process of tooth decay, oral diseases and oral cancer screening, case management, and referrals for their patients for traditional dental care when needed. This model aims to deliver dental services, with a collaborative agreement with the dentist, in a range of settings that are convenient for patients, who regularly have no other source of dental care. These settings are defined as; nursing homes, hospitals, residences of the homebound, residential care facilities, and public health settings. They can also establish their stand-alone practice at a Designated Dental Health Professional Shortage Areas.

For success stories please visit: www.latimes.com, “She’s Like Mary Poppins”.

Challenges

RDHAPs face different challenges that are related to; not all dentists accept treating their referred patients, limitation to where they open their practice, managing business, and the lack of awareness about their practice from oral health professionals, insurance companies, and the community at large.

Conclusion

Allowing midlevel dental providers, that can offer services outside the dental office, would increase the points of access to dental care for all populations, especially those who are disparately affected by oral diseases due to the lack of access to regular dental care. More studies are needed to further explore this model and suggest ways for improvement.

For more information about the RDHAP, please visit www.cdha.org/rdhap

This work was funded by DentaQuest Partnership for Oral Health Advancement
This illustrative map shows the location of some of the 665 RDHAPs licensed throughout California in 2019.

As shown, there is an uneven distribution of their service location throughout the state, with the Central California having the least presence of active RDHAP.

For more information about the RDHAP, please visit cdha.org/rdhap

Special thanks to Strategic Concepts in Organizing and Policy Education (SCOPE) for their contribution in developing these documents.