

Abstract

Experiences of the Kansas Extended Care Permit Oral Hygienists

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APHA 2016 Annual Meeting & Expo (Oct. 29 - Nov. 2, 2016)

Background Low-income, rural and racial/ethnic minority populations experience disproportionate oral health disparities. To improve access to basic oral health services for underserved populations, 37 states have expanded the role of dental hygienists. In Kansas, legislative changes have allowed Registered Dental Hygienists (RDHs) to complete additional training and practice requirements that enable them to work as three levels of Extended Care Permit (ECP) providers (ECP-I, ECP-II and ECP-III). The goal of this research was to document the experiences of the ECP workforce in Kansas. **Methods** We conducted a secondary analysis of 2014 data collected through an internet survey of hygienists holding an ECP. The 32-item instrument developed for this study included demographics, employment specifics, populations served, and barriers to practice. Descriptive statistics were generated. **Results** Of the 176 ECPs in the state, 41% responded; 33 working as an ECP-I, 37 as an ECP-II and 17 as an ECP-III; 80% worked at least part-time in school settings, 33% in senior housing and 19% in skilled nursing facilities. The most consistent barriers to providing care were the inability to direct bill insurance companies or Medicaid (52%), financial viability (42%) and physical requirements (42%). Additional statistical analysis will be forthcoming. **Discussion** The costs associated with purchasing equipment and supplies is high for ECP RDHs; this, coupled with the lack of ability to direct bill for their services, may be a factor in the limited number of ECP-III hygienists. This level also that has the greatest potential for impacting health disparities for target populations.

Provision of health care to the public

