**Introduction**: Enrollment in the Dental Hygiene Program has been mandated by Cabrillo College Administration to change from one cohort/class every year to one cohort/class every two years. The faculty and staff of the Dental Hygiene Program are not in agreement with that decision. See rationale below.

Dental Hygiene is a two (2) year program. For example the cohort that entered in 2014 graduates in May 2016. DH has two cohorts running simultaneously.

1. The DH applicants who were informed in spring 2014 that they are in the class entering in 2015, have now been told they will enter in 2016. This is not in concert with what is in the Cabrillo College Catalog.
2. The mission of Cabrillo College is CTE. The vast majority of students in the dental hygiene program are women and typically 35 to 50% are minority women. Upon graduation and successful completion of their clinical and written licensing exams, these graduates are employed upon graduation and can earn a significant income.
3. The dental hygiene program is an expensive program
   a. National accreditation standards are set by the Commission on Dental Accreditation (CODA)
   b. Teacher/student ratio is mandated: in lab courses 1 to 10 and in clinical courses 1 to 5
      i. Obviously this is a much higher ratio than in an English or History or Math class with one instructor to dozens of students
   c. CODA mandates the number of hours of clinical practice. Each clinic requires three (3) clinical faculty members to maintain the one to five ratio.
   d. Health care is mandated to be electronic and DH has moved to digital radiographs and electronic health records – all added into the curriculum without additional teaching time/units; all adding to the cost of doing business.
4. With the decision to reduce enrollment in the DH program, we must submit a “Change Report” to CODA. In addition this change will apparently also require a report to the college accrediting body. Clearly this change is significant enough to require justification to two accrediting bodies.
5. The DH program chair and faculty have worked to bring in additional dollars.
   a. We made changes that resulted in giving up nineteen (19) teaching units for this academic year 2014-2015.
   b. DH hosted one regional clinical licensing exam in summer 2013 and two regional clinical licensing exams in summer 2014. We have schedule two of these exams in summer 2015.
   c. Liaison with Dientes Community Clinic: the DH students will now rotate through Dientes’ new pediatric clinic. This will result in reducing our tus by 2.4 teaching units.
   d. We have begun offering post-graduate continuing education courses each year to the dental and dental hygiene professionals.
   e. DH lost a full time faculty member to the Health Science department that was blessed to have Rebecca Arnesty – our loss (financially and educationally) and Health Science’s gain.
f. Our instructional assistant position went to a 50% contract from 100%, from 40 hours per week to 20 hours.
   i. This is a loss as we have 42 hours of labs and clinics in fall and 32 hours of labs and clinics in spring.

4. College enrollment is down and money must be saved. DH is taking about 43% of the hit.
   a. This is huge as this year we have already given up over 19 teaching units in an effort to maintain the program with two cohorts.

5. Future of the dental hygiene profession:
   a. Teledentistry, just signed by Governor Brown
   b. BA/BS pilot programs just signed by Governor Brown AB 850. DH is not offered at CSU or UC, so it is a logical program for the bachelor’s degree.

6. Impact on students:
   a. Small and large motor skills, ergonomics, infection control protocols, electronic health records, patient health issues all result in a myriad of skills to successfully and safely treat a patient
   b. Mentoring between the two cohorts is vital. The first year students observe and help in second year clinics to see all the 500 components of patient treatment put together in an intricate dance.
   c. First year students will no longer have the opportunity to observe second year students treating patients in our clinic, learning about processes, procedure and time management skills. These skills cannot be observed in private practice to the level of a beginning student. First years will not be able to work with a second year student on a periodontally involved patient.
   d. Second year students will not be able to go into first year clinic to administer anesthesia and will have more difficulty in fulfilling their requirements for anesthesia. This may result in weaker students and failing students.

7. Impact on patients
   a. Periodontally involved patients will not be able to return to the clinic for nearly eighteen (18) months as the cohort builds skills to be safe and competent to treat the more involved patient.
   b. The relationship between oral health and total body health is substantiated in the research. **I am aware of two surgeons who will not do a knee transplant until the patient’s dentist has verified the oral health is optimal.**

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