

2-14-2025

Mike Baumgartner
Executive Director of the Coordinating Commission for Postsecondary Education

Dear Commissioners,

I am writing to express my opposition to the proposed dental hygiene program at Southeast Community College in Lincoln, Nebraska.

This proposal is shallow on research and statistics to support a new dental hygiene program in Lincoln, Ne. The UNMC College of Dentistry dental hygiene program is located just three miles away from the SCC proposed program. Nowhere in the country is there such close proximity to another dental hygiene program in a town the size of Lincoln, let alone a larger metropolitan area. This proposal is unnecessary duplication and expense.


As a dental hygiene educator for 38 years at UNMC College of Dentistry, I worked with new graduates trying to seek full-time work. Up until 2020, when the Covid pandemic hit, new dental hygiene graduates had to piece together two to three part-time jobs to get full-time work, and that was with no benefits. All businesses, professions, and education are still recovering from the effects of the Covid pandemic. Dentistry and dental hygiene is no exception since the exposure to aerosols is extremely high, making the dental office a very vulnerable place to work. The need and the demand for hygienists is cyclic. If this proposal were to become reality, three to four years will have elapsed, and the perceived need is moot. This year's graduating class of the three dental hygiene programs that supply Nebraska's dental hygiene workforce (UNMC, CCC, IWCC) will fill the dental hygiene vacancies in the area with 59 new graduates. The proposal ultimately will graduate an additional 38 students in the Lincoln area, overwhelming the job market for dental hygienists in the southeast region of the state.

The patient population in Lincoln, Ne also needs to be addressed. The College of Dentistry would not survive if they only saw patients from the Lincoln area. We rely on a wide rural area from which to attract patients, plus we send our students to other major and minor sites outside the College of Dentistry to see the diverse patients they need to satisfy accreditation standards.

Also, there is a nationwide shortage of qualified dental and dental hygiene faculty. Nebraska is no exception. The proposed curriculum would not suffice CODA standards.

The lack of transparency for this proposal is glaring. The state dental hygiene programs, the dental hygiene community and professional association were unaware of this proposal until the day before the scheduled hearing in February. The last time a new dental hygiene program was proposed by SCC in 2006, there was a delegated task force represented by several institutions that did a comprehensive study regarding the need for a new dental hygiene program in Lincoln. I suggest that if a new dental hygiene program proposal is considered, that it have the research, current professional surveys and other background information available to justify whether a new program is necessary.

Sincerely,



Darlene Carritt, RDH, BSDH

2-14-25

Mike Baumgartner
Executive Director of the Coordinating Commission for Postsecondary Education

Dear Commissioners,

This letter is written to voice opposition to Southeast Community College's proposal to create a dental hygiene program in Lincoln, Ne, 3 miles from University of Nebraska Medical Center's dental hygiene program.

I was a member of the Task Force to study this question 20 years ago (2006). Dr. David Brown, Executive Associate Dean for the College of Dentistry, representatives from Southeast Community College, Varner Hall and myself were deeply involved in a feasibility study regarding the proposal to open a second dental hygiene program in Lincoln. This feasibility study was subsequently submitted to the Coordinating Commission for Postsecondary Education in 2006. This is not the first attempt at this endeavor. If you read the 2006 document submitted to the CCPE, but change the date, the data is still relevant. Nebraska demographics have only changed slightly. Addition of a fourth program to the eastern part of the state (UNMC, CCC, IWCC and SCC) is unnecessary. While the current three schools are filling their classes, there is not a glut of applicants. Currently, qualified SCC applicants who apply to UNMC are accepted.

Recruitment of qualified faculty is a problem nationwide at all dental and dental hygiene programs.

Currently, our patient pool is inadequate to provide enough patients for 7 ½ days of clinic weekly. Students cannot learn without a patient in the chair. The opening of a second dental hygiene program (SCC) as well as Bluestem (FQHC) in Lincoln only further dilutes the patient pool. As it is, students must rotate all over the State to major and minor activity sites to receive the quantity, quality and diversity of patients required by the Commission on Dental Accreditation.

These were glaring inadequacies to SCC's dental hygiene program proposal:

1. Insufficient patient pool
2. Lack of qualified educators
3. CODA curriculum inadequacies
4. Inadequate budget to run and maintain a program

Nebraska has been there, done that, regarding this issue. If one reads the 2006 Report of the Joint Taskforce on Dental Hygiene submitted to the CCPE, all of these issues and more were addressed.

The 2025 classes of graduating dental hygiene students (UNMC-24, CCC-15, IWCC-20) will fill the current need voiced by the NDA. Current statistics indicate from all three schools that new graduates are staying in Nebraska and practicing in the Lincoln/Omaha area.

Sincerely,



Gwen L. Hlava, RDH, MS

UNMC Dental Hygiene Emeritas Professor

Coordinating Commission For Postsecondary Education
PO Box 95005
Lincoln, Ne 68509-5005

February 14, 2025

Members of the Coordinating Commission for Postsecondary Education,

I am writing this letter of opposition to the proposal of a new program Southeast Community College Dental Hygiene, AAS.

I have been in Dental Hygiene Education for over 20 years, and I have many concerns with the proposal that has been submitted for approval.

First, the proposal as written omits or does not specify which courses include content that is required by the Commission on Dental Accreditation (CODA) or the depth that it is taught.

These omissions include the following CODA required content areas: CODA Standard 2-8

- General Education- Psychology
- Biomedical Sciences- Chemistry, Biochemistry, Microbiology, Immunology, General Pathology, Nutrition
- Dental Sciences- Tooth Morphology, Oral Embryology and Histology, Periodontology, Pain Management
- Dental Hygiene Sciences: Oral Health Education/Preventive Counseling, Health Promotion, Patient Management, Provisions of Services for Management of Patients with Special Needs, Community Dental/Oral Health, Medical and Dental Emergencies, Basic Life Support, Legal and Ethical Aspects of Dental Hygiene Practice, Infection Control Management, Provisions of Oral Health Care Services to Patients with Bloodborne Infectious Diseases

The proposed credit hours of this proposed program are:

- 17 hours General Education Core
- 48.5 Program Core
- 66.5 credit hour total

Compare this to Central Community College's AAS in Dental Hygiene

- 21 hours Prerequisite
- 60 hours Program
- 81 credit hour total

Southeast Community College's proposed program is 14.5 credit hours less than Central Community College AAS Dental Hygiene with much of the credit hour shortfall being in the Program Core. We must ask what topics are not being adequately taught. I have serious doubts that the proposed program will meet CODA Standard in these areas.

Secondly, it appears that the proposed program as written will not have adequate faculty resources according to CODA Standards. CODA Standard 3-5 states: "The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public.

1. In preclinical and clinical sessions, the ratio must not exceed one (1) faculty to five (5) students.

2. In radiography laboratory sessions, the ratio must not exceed one (1) faculty to five (5) students.
3. In other dental sciences laboratory sessions, the ratio must not exceed one (1) faculty to 10 students.

With 2 full time faculty hired for 18 to 20 students year one it would appear that laboratory sessions would be adequately covered.

However, CODA Standard 3-2 states:

“The dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program.

Intent: To allow sufficient time to fulfill administrative responsibilities, program administrative hours should represent the majority of hours, and teaching contact hours should be limited.”

Since “the majority of” the dental hygiene program administrator’s teaching contact time should be limited, this means 1 full time faculty member and 1 program administrator is not enough faculty to meet current CODA student to faculty ratios. This doesn’t even take into consideration of clinical student to faculty ratios of 1 to five students.

Third, it appears that the proposed program will use local dental offices for its clinical sites as the proposal does not include a clear statement as to whether there will be a clinic with live patients overseen by dental hygiene faculty at Southeast Community College. This means that the program will rely on dentist or dental hygienist at these offices for student supervision.

CODA Standard 3-6 states: “All faculty of a dental hygiene program who teach in a didactic course must possess a baccalaureate or higher degree. All faculty whose teaching is limited to a clinical and dental science laboratory course must possess an associate or higher degree.

All dental hygiene program faculty members must have:

- a) current knowledge of the specific subjects they are teaching.
- b) documented background in current educational methodology concepts consistent with teaching assignments.
- c) faculty who are dental hygienists or dentists must be graduates of programs accredited by the Commission on Dental Accreditation. A dentist who was appointed as a faculty prior to July 1, 2022 is exempt from the graduation requirement.
- d) evidence of faculty calibration for clinical evaluation.

Intent:

Faculty should have background in current education theory and practice, concepts relative to the specific subjects they are teaching, clinical practice experience and, if applicable, distance education techniques and delivery. These criteria apply to dentists and dental hygienists who supervise students’ clinical procedures should have qualifications which comply with the state dental or dental hygiene practice act. Individuals who teach and supervise dental hygiene students in clinical enrichment experiences should have qualifications comparable to faculty who teach in the dental hygiene clinic and are familiar with the program’s objectives, content, instructional methods and evaluation procedures.”

This requires the program to ensure that all faculty including adjunct non-paid faculty must meet the qualifications and the program must document evidence that all faculty have current knowledge of the areas they teach, documented background in current educational methodology concepts consistent with teaching assignments and more importantly are calibrated with all other faculty on the evaluation of students at these clinical rotation sites. With “over twenty-five dentists in the SCC 15 county service area” as potential adjunct faculty members it will be very difficult to manage calibration sessions for all these sites. Students must receive equal consistent evaluation and learning at multiple sites with multiple faculty will make the clinical education these students receive very different amongst students.

Lastly, if the proposed program is only using off campus sites for clinical live patient education, these sites will fall under the CODA category of Major Sites. Major sites as defined by CODA are sites where: “Students/Residents required to complete an experience at this site to meet a program requirements or accreditation standards, and competency assessments or comparable summative assessments performed at the site.”

Major sites must be site visited by CODA and must meet CODA Standards.

COMMISSION ON DENTAL ACCREDITATION GUIDELINES FOR REPORTING AND APPROVAL OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS provides guidelines for reporting off campus sites used by the educational program page 9 states: “Commission approval required prior to implementation of the educational activity site. Approval of the major activity sites required prior to recruiting students/residents for the site and initiating use of the site .” “The Commission must ensure that the necessary education as defined by the standards is available, and appropriate resources (adequate faculty and staff, availability of patient experiences, and distance learning provisions) are provided to all students/residents enrolled in an accredited program. Generally, only programs without reporting requirements will be approved to initiate educational experiences at major activity sites.”

“Expansion of a developing dental hygiene program and/or current or developing dental assisting program will only be considered after the program has demonstrated success by graduating the first class, measured outcomes of the academic program, and received approval without reporting requirements.” p10.

The proposed program has many deficiencies that need to be addressed and while Southeast Community College has an excellent Dental Assisting Program, Dental Hygiene education is very different. As described in the proposal this new program will have a very difficult time passing CODA Accreditation. The proposal appears to be not well thought out in the interest of educating its potential students and not adequately funded to provide a quality dental hygiene education for those it wishes to enroll. For the reasons above I oppose the approval of Southeast Community College-Dental Hygiene AAS.

Thank you,

Todd Junge BSRDH, PHRDH



February 14, 2025

Coordinating Commission for Postsecondary Education
PO Box 95005
Lincoln, Ne 68509-5005

ATTN: Mike Baumgartner Ph.D - Executive Director

Dr. Kathleen Fimple

Following review of the *Proposal for a New Associates Degree Dental Hygiene Instructional Program* submitted by Southeast Community College I would like to express my **opposition** to the proposal. While I respect Southeast Community College's commitment to providing education and training opportunities, I believe that the proposed program as presented reveals several areas of concerns which include the following:

1. Deficient proposed curriculum for CODA compliance
2. Incomplete and Non-compliant CODA clinical experience plan
3. Insufficient financial plan for initiation and maintenance of program
4. Deficient plan for adequate faculty resources
5. Inadequate Clinical Facilities

If SCC still wants to pursue this proposal I recommend that another Task Force, similar to the one in 2006, be established with all of the interested parties, and that a comprehensive, in-depth study of need and state-wide opportunity take place.

Thank you for your attention to this matter. I trust that the Coordinating Commission for Postsecondary Education will give this proposal careful consideration.

Sincerely,

A handwritten signature in blue ink that reads "Julie A. Marshall".

Julie Marshall, RDH, BS, DDS, MS
Interim Chairperson Department of Dental Hygiene
Director Advanced Standing Dental Program
Associate Professor

Subject: Opposition to the Proposed SCC Dental Hygiene Program

Nebraska's Coordinating Commission for Postsecondary Education,

I am writing to formally express my opposition to establishing a new dental hygiene program at Southeast Community College (SCC) in Lincoln, Nebraska, as the current proposal stands.

Main concerns about this proposal are as follows:

- **Non-Compliant Clinical Experience Plan** – The proposal suggests placing students in local dental clinics for clinical experience. However, CODA requires properly calibrated faculty to supervise clinical training. The lack of structured oversight could result in non-compliance, jeopardizing the program's accreditation.
- **Inadequate Clinical Facilities** – The proposed plan to share a skills lab, operatory lab, and clinic with the dental assisting program raises concerns about insufficient hands-on training and clinical chair time due to limited operatories.
- **Deficient Curriculum** – The proposed curriculum lacks essential coursework, including periodontology, community health, and ethics, which CODA requires and cannot be omitted. An associate degree in dental hygiene requires an average of 84 credits per the American Dental Hygienists' Association. This program is well under that requirement with only 66.5.
- **Shortage of Qualified Educators** – UNMC has been without a permanent dental hygiene program director since July 2024, and faculty recruitment remains a challenge for maintaining a high-quality program with proper student-to-faculty ratios. This is a concern as SCC plans to enroll 48 additional students over the next three years.
- **Limited Patient Pool** – The influx of additional students in Lincoln will further strain the availability of patients needed for clinical training. Students are already facing challenges in securing patients to meet competency requirements.
- **There is no mention of the program at Iowa Western Community College** that has an enrollment capacity of 20 per year that does their clinical portion at Creighton Dental School in Omaha. This program had doubled their enrollment at one time, but it was not sustainable. With the addition of the 20 to the 39 already graduating from UNMC and CCC, this puts the numbers at 59 graduates per year. Also, per the DHHS licensure website there are currently 1,624 dental hygienists licensed in Nebraska as opposed to the listed 1,270.
- **Current CODA data on Allied Dental Education Programs** (since Winter 2020) shows significant increases in enrollment for dental hygiene. CODA acted on 88 program enrollment increase requests (85 permanent and 3 temporary), which resulted in 844

additional dental hygiene students (800 permanent and 44 temporary). CODA granted accreditation to 22 new dental hygiene programs resulting in an additional 422 students (first year projected enrollment)

- “The Dental Workforce Shortages: Data to Navigate Today’s Labor Market” was done post Covid, https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/dental_workforce_shortages_labor_market.pdf (pages 21-28) indicates that post Covid, the main reason dental hygienists voluntarily left the workforce was due to negative workplace culture. Unfortunately, that is something that needs to be addressed to utilize the existing workforce that is still able and capable of providing dental hygiene care.

While I acknowledge the workforce shortage and advocate for solutions such as reducing barriers for current hygienists and improving license portability, I have several serious concerns with the current SCC proposal. Perhaps a taskforce to look at other viable options or solutions and possibly doing another workforce study. However, I feel this program is not ready to be implemented as it will not meet accreditation standards.

Thank you for your attention to this important matter. I welcome any further discussion.

Deb Schardt, RDH, PHRDH, EFRDH, CDHC, EMT
5644 Road U
Carleton, NE 68326
debschardt@icloud.com