Development and Implementation of the Indian Health Service Expanded Function Dental Assistant-1 (EFDA-1) Occupation

December 2025

Natalia V. Oster, PhD, MPH; Grace A. Guenther, MPA; Paula M. Kett, PhD, MPH, RN; Samantha W. Pollack, MHS; Susan M. Skillman, MS
University of Washington Center for Health Workforce Studies

KEY FINDINGS

The Expanded Function Dental Assistant-1 (EFDA-1), also called the perio EFDA, is an expanded role for dental assistants working in Indian Health Service (IHS) facilities following completion of an IHS-directed training program. Based on key informant interviews and literature reviews, this report describes the perio EFDA role, insights about its implementation, and comparative details in Washington's dental workforce and related career pathways. Following are major study findings:

- Employing perio EFDAs helped to increase patient access to routine preventive services and allowed dentists, dental hygienists, and dental therapists (where employed) to deliver more services at the top of their scope of practice.
- Clinic motivations to employ perio EFDAs included mitigating dental hygienist shortages, reducing costs and increasing clinic efficiency, and providing staff development opportunities for dental assistants.
- Increasing the number of perio EFDA training opportunities will require identifying additional host IHS dental clinics, and addressing the ongoing shortage of qualified course instructors.
- The success of perio EFDA training often depends on identifying motivated dental assistants interested in higher pay, professional growth, and a desire to contribute more meaningfully to tribal and community oral health needs.
- Potential additional training settings for perio EFDAs include co-locating with dentist or dental assistant education and training programs.
- In general, dentists were supportive of incorporating perio EFDAs into their practices, while some dental hygienists were more hesitant when it caused their workloads to be disproportionately comprised of the most complex cases.
- Dentists and other clinic staff may benefit from training on how to work effectively with perio EFDAs, although such training is not available at present.
- Curriculum and course plan revisions are reportedly underway in some locations to help address reported concerns with perio EFDA student confidence.
- Demand for dental hygienists and dental assistants in Washington remains high. In addition to expanding education programs, exploring the use of additional dental workforce roles may help address the state's workforce gaps.

CONTENTS

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INTRODUCTION

Project Background and Objectives

This study by the University of Washington Center for Health Workforce Studies (UW CHWS), with funding from the Washington State Dental Association (WSDA), aims to describe the Expanded Function Dental Assistant-1 (EFDA-1) occupation model within the Indian Health Service (IHS), U.S. Department of Health and Human Services. This report outlines the history, implementation, training, and scope of practice associated with the EFDA-1 role, and shares insights from IHS sites where the model has been adopted. Our report draws on a literature review and key informant interviews to describe the IHS EFDA-1 role and experiences with implementation. In IHS literature and throughout our key informant interviews, EFDA-1s are commonly referred to as "perio EFDAs."[1,2] Given this, we have adopted the perio EFDA nomenclature for consistency and clarity throughout the report. To provide context regarding how the perio EFDA role compares with currently licensed oral health occupations in the state, this report also summarizes prior UW CHWS studies describing the occupations, and supply and demand trends, among Washington's dental workforce.

Approach

Literature review. To better understand the role of perio EFDAs within the IHS, we reviewed current literature, technical documentation, and a variety of online resources, including IHS Continuing Dental Education course materials, perio EFDA program fact sheets, scope of practice guidelines, and historical reports which outline the development of the perio EFDA model.

Key informant interviews. We identified potential key informants with knowledge of, and/or experience with, the IHS EFDA roles from our reviews of relevant documents and websites and recommendations from knowledgeable individuals. After attempting to contact and invite approximately 50 candidates, we conducted interviews with 10 key informants with experience in developing, administering, or practicing in settings that utilize the perio EFDA role. Interviewees represented a range of roles, including current and former IHS or IHS-affiliated dental clinic directors, practicing perio EFDAs, dental educators, and IHS administrators.

We developed a semi-structured interview guide with open-ended questions exploring interviewees' professional background, current role, and experience with perio EFDAs in the IHS. The guide examined interviewees' understanding of dental workforce models involving perio EFDAs, including the rationale for the role, the gaps it aimed to fill, its evolution, and challenges and facilitators in implementation. Conversations further addressed where the perio EFDA model has been implemented, how its functions vary across clinical settings, how it differs from other IHS dental assistant models, and measurable outcomes such as cost savings, improved access to care, and success in filling vacancies.

We conducted interviews with a range of clinics serving tribal communities. While some clinics provide care exclusively to tribal members, others extend services to non-tribal patients under specific conditions.

Interviews were conducted via Zoom by at least two research team members and lasted 45 to 60 minutes. After conducting the interviews, we analyzed the responses to identify patterns and recurring themes.

Relevant prior UW CHWS studies. UW CHWS recently conducted several research studies describing Washington's oral health workforce. Through the Washington Oral Health Workforce Tracking Program (WOHW) we examined the supply of and demand for dental occupations in the state by analyzing available secondary data and conducting workforce surveys.[3] Relevant comparative information from those analyses is summarized in this report.

PERIO EFDAS IN THE INDIAN HEALTH SERVICE (IHS)

History of EFDAs in the IHS

The IHS has developed dental workforce strategies aimed at improving access to oral health care for American Indian and Alaska Native (AI/AN) communities in the U.S.[2,4] The EFDA role, introduced in 1961, was the first alternative dental workforce model developed by the IHS, created to support dentists and dental hygienists by expanding the training and role of dental assistants to enable them to provide basic periodontal care and prophylactic services.[1,4] The perio EFDA role has evolved over time and is now broadly integrated within IHS tribal programs. Perio EFDAs work in all IHS settings but are commonly found in rural areas and other settings with limited access to dental care.[1]

Larger IHS tribal dental programs and IHS dental clinics in urban areas typically can employ dental hygienists to deliver preventive and periodontal services. However, many smaller and remote clinics may be limited in their ability to employ dental hygienists.[1,5] In 2015, IHS employed over 400 dental hygienists, with more than two-thirds serving in the highest-volume IHS-funded dental clinics.[1] Perio EFDAs are used to help extend a clinic's preventive care capacity, particularly in clinics with less access to dental hygienists. Perio EFDAs perform routine cleanings and other basic preventive procedures, which helps to reduce the workload of dental hygienists and expand patient access to dental services.

IHS Perio EFDA Scope of Practice

The IHS outlines the scope of services that perio EFDAs may provide, which include:[2]

- relating the community periodontal index, a periodontal screening performed by a dentist or dental hygienist, to assess the need for periodontal therapy;
- detecting diseased tissue and the presence of supra- and sub-gingival calculus;
- performing an ultrasonic scaling of teeth using ultrasonic equipment (such as a Cavitron), to remove all visible plaque and calculus;
- providing oral hygiene education to patients, including recommending toothpastes, mouth rinses, and other oral hygiene aids; and
- identifying patients at risk for further periodontal breakdown and ensuring those patients receive follow-up care from a dentist or dental hygienist.

Perio EFDAs' scope of practice does not include diagnosing periodontal disease, hand scaling and root planing, or any type of periodontal surgery.[2] For patients with periodontitis, a periodontal workup must be done by the dentist or dental hygienist before the perio EFDA does a debridement using an ultrasonic scaler. Finally, a perio EFDA can provide services under the indirect supervision of a dentist or dental hygienist (they must physically be in the facility) and they may not provide services under general supervision (i.e., when no dentist or dental hygienist is in the facility).[2]

IHS Perio EFDA Education and Training

Between 2012 and 2017 (the most recent data available), the IHS trained 251 dental assistants to become perio EFDAs through 37 different courses.[2] Training of perio EFDAs involves completing online prerequisites, a formal one-week in-person training, and further clinical training at the perio EFDA's home clinic. Specifically, basic perio EFDA training includes the following components and steps:[1,2,4]

- **Complete online prerequisites**: To become a perio EFDA, dental assistants complete two online modules on oral hygiene instruction and antimicrobials and must successfully pass the associated tests before attending the in-person class.
- **Supervisor nomination**: Enrollment in the in-person class requires a nomination from the dental assistant's supervisor.
- **Complete a one-week in-person class** (see **Box 1** for detailed objectives). This includes:
    - Seminars in periodontics, dental hygiene, and ultrasonic instrumentation
    - Typodont exercises
    - Structured progression to supervised practice on peers and clinic patients
- **Fulfill clinical requirements**: Within six months of completing the in-person class, trainees must successfully complete 20 ultrasonic cleanings under the observation of a licensed dentist at their home clinic. Each cleaning is evaluated using IHS grading criteria, with emphasis on the effective removal of both visible and potentially subgingival calculus.
- **Submit paperwork**: After successfully passing the 20 home-clinic cleanings, the supervising dentist submits the required paperwork to the IHS training administrator via email and copies the course instructor. After these steps, the dental assistant may be designated as a perio EFDA.

Box 1. Perio EFDA Course Learning Objectives

The learning objectives for the one-week perio EFDA course include:[1]

1. Relate Community Periodontal Index (CPI) scores to a need for periodontal treatment.
2. Detect disease, supra- and sub-gingival calculus.
3. Accurately code for periodontal and hygiene procedures with IHS/American Dental Association coding.
4. Remove visible calculus through ultrasonic scaling of teeth.
5. Recommend effective toothpastes, mouth rinses and oral hygiene aids to patients.
6. Motivate patients to improve plaque removal and periodontal health.
7. Identify patients at risk for periodontal breakdown.

Earlier references indicated IHS provided training for both "basic" and "advanced" level perio EFDA roles, with advanced perio EFDA certification allowing the EFDA to use hand instruments to remove visible plaque and calculus.[1] However, no recent courses have been offered for advanced perio EFDA training, with course descriptions of perio EFDAs now indicating that hand scaling is no longer a part of the periodontal EFDA curriculum.

"Restorative EFDA" is an additional EFDA role for which IHS training is currently available.[6] While not a focus of this report, restorative EFDAs are dental assistants trained in the placement and finishing of composite, glass ionomer, and amalgam restorative materials in IHS, tribal, and IHS-funded urban dental programs.[7] Recent IHS course descriptions indicate the curriculum was revised in October 2024 to replace the previous restorative EFDA courses of restorative basic, advanced, and composite-only.

Interview Findings: Perio EFDA Training

Findings from interviews with key informants and written documentation describing and commenting on the IHS perio EFDA training process and outcomes are described below.

Availability of training opportunities. Interviewees were generally positive about the training perio EFDAs receive, though several noted that EFDA courses are first-come, first-served, and securing a spot can be challenging. After identifying a dental assistant who is interested in EFDA training, a clinic director noted, "you have to know what you're looking for [in terms of identifying a class], then grab a training slot." A waitlist for the IHS perio EFDA training course is available, but demand often exceeds capacity, making access to training highly competitive.

Clinic perspectives on hosting perio EFDA training. A clinic director who plans to host an EFDA training class explained in an interview that the clinic will need to commit significant resources to meet class needs, which they are willing to do in order to take advantage of the training resource. The clinic will allocate time and space and will reduce patient appointments in order to host an in-person 32-hour course led by an instructor sent by IHS. The interviewee cited that the current shortage of qualified teachers can be a barrier to offering these courses. In-person classes typically accommodate six to eight dental assistants. Host sites usually occupy up to two-thirds of the training slots, which is an incentive to host, while other clinics provide the remaining students.

Selection of dental assistants for perio EFDA training. Several clinic directors noted that the success of perio EFDA training often depends on the personality and motivation of the dental assistant receiving the training. One dentist emphasized that trainees must be self-motivated and proactive, seeking out opportunities to grow professionally. Because access to EFDA training is limited, several clinic directors indicated they directly select candidates to recommend for training, while others stated they request applications from dental assistants in their clinic and choose participants based on those submissions.

One clinic director described his process for identifying dental assistants to recommend for perio EFDA training:

> *[As is the case for] any healthcare person, you have some that are better than others… and because they're working under your license, you make determinations about who is going to provide those services. So there were some [EFDAs] that probably did not quite meet the quality, and then…patients need to be re-treated, or, you know, the dentist needs to come in and provide additional follow-up… You do your due diligence as dental director, you had to be very careful working with the clinic manager [to determine] who is going to be provided that training.*

Recertification of perio EFDAs. Several interviewees noted that each perio EFDA is expected to complete five dental cleanings annually, including hygiene and calculus removal, under dentist supervision. Paperwork and recertification are tracked internally at the clinic level, with no submissions to IHS. While recertification is encouraged, it is not mandated or monitored. Of note, the high turnover in IHS dental clinics can lead to requirements being overlooked if new staff are unfamiliar with EFDA roles. Several interviewees noted that clearer guidance is needed to ensure that training and recertification take place.

Motivations for dental assistants to pursue perio EFDA training. Interviewees said dental assistants are motivated to pursue perio EFDA training for both personal and community service reasons. For many, the opportunity to earn a higher salary is an incentive. Perio EFDA programs were designed to meet the needs of tribal communities, often located in rural communities where dental hygienist shortages are common. In these settings, perio EFDAs help fill gaps in preventive care. An interviewee who provides perio EFDA training noted that students often express gratitude for the chance to expand their skills and contribute more meaningfully to their communities. One interviewee observed that while perio EFDAs receive rewards for their work, they often do not receive commensurate recognition or financial compensation for their contributions to clinic service, which is typically attributed to the dentists.

Perspectives on where to train perio EFDAs. Interviewees offered mixed suggestions about the most appropriate settings for perio EFDA training. One suggested that if in-clinic training were not used, integrating perio EFDA training into dental schools could be effective because it could provide dentists with experience working with perio EFDAs. The interviewee also suggested adding EFDA training to dental assistant training programs could be effective, but suggested integration with dental hygiene education would likely not be as successful because of some negative perceptions of the EFDA role among dental hygienists. Another instructor suggested that a dedicated EFDA training school and simulation area would be ideal but emphasized that IHS clinics already function well as training locations. Because tribal students can train within their own clinics or other tribal clinics, the interviewee said the current training experience is relevant for these students because it creates a training environment that mirrors the realities of their clinical practice.

Preparing dental teams to work with perio EFDAs. IHS and tribal clinic leaders are generally aware of perio EFDA roles because they must sponsor the dental assistants to attend perio EFDA training, which typically involves paying for their travel and related expenses. However, several interviewees noted that dentists and other clinic staff may also need training to learn how to work effectively with perio EFDAs. Structured training for clinic dentists and staff to clarify perio EFDAs' scope, training, and implementation is not currently offered. Several interviewees suggested that options such as in-person or video training in best practices for employing perio EFDAs in clinic teams could be useful.

The need for additional perio EFDA training. Several interviewees suggested that additional perio EFDA training, beyond the five-day course, may benefit the EFDAs, clinics, and patients. One trainer noted that some perio EFDAs leave the current five day course feeling inadequately prepared because the training compresses too much information into too little time, with too few opportunities for practice. To address this, one interviewee shared that an expanded IHS program is being developed in some locations. The proposed course, still in early planning, may include one week of in person instruction followed by 16 weeks of hands-on training at the trainee's home clinic, focused on instrumentation, moisture control, and other core skills. Course enrollees would be required to have at least one year of dental assisting experience. The 16 week hybrid model perio EFDA course would combine didactic learning through a learning management system with interactive workbooks and applied dental exercises.

Interview Findings: Perio EFDAs in IHS Clinics

We found that clinics are motivated to integrate perio EFDAs into their teams for several reasons, including to reduce costs, increase clinical efficiency, expand patient access to care, address dental hygienist shortages, and support staff development.

Costs and clinic efficiency. According to IHS, EFDAs represent a cost-effective workforce model because they can help a clinic provide high quality basic periodontal services and reduce referrals at salaries that are approximately 40–50% lower than those of dental hygienists in IHS dental programs.[1] Perio EFDAs may further reduce costs by improving clinical efficiency.[1] During the interviews for this study, a former IHS dental clinic director emphasized this point, noting that "Efficiency was the main driver for having EFDAs." He explained that patients with advanced periodontal disease require visits every few months and "Perio EFDAs helped alleviate some of the backlog with the more basic disease states of patients."

Patient access to care. Perio EFDAs may help clinics better meet patient needs by increasing staffing flexibility and expanding scheduling options. One IHS clinic director noted that "Access to EFDAs allow patients to get their cleaning at the same time as ortho [orthodontic appointments], rather than scheduling a second, additional cleaning appointment."

Several current and former IHS dental clinic directors noted that perio EFDAs often work with children because pediatric cleanings fall within their scope of practice, as children's cleanings are usually less complex and rarely involve periodontal disease. In clinics where perio EFDAs' work is primarily focused on pediatric patients, they may also manage uncomplicated adult cases when appropriate, improving the dental team's ability to treat more patients.

Team reactions to the introduction of the EFDA model. According to our interviewees, while dentists are typically supportive of incorporating perio EFDAs into their practices, dental hygienists have varied reactions to the introduction of perio EFDAs. Some noted that dental hygienists supported the model, particularly given the ongoing shortage of hygienists. The IHS dental clinic communities were described as tight-knit, with staff working together to support one another. Others acknowledged that while some dental hygienists may not support the EFDA model, those in public health settings tended to recognize its necessity. Some interviewees expressed concern that when perio EFDAs are employed, dental hygienists might lose access to the "easier" cases. Perio EFDAs often take on more routine pediatric cases, allowing dental hygienists to focus on patients, typically adults, with greater treatment needs. While focusing on complex patients allows dental hygienists to spend more time practicing at the top of their license, it can also make their work more challenging because IHS clinic populations often include patients with complicated dental needs and health histories.

Effect on dental hygienist shortages. According to the IHS, the most recent available data (2017) indicated that 409 dental hygienists were employed across IHS and tribal dental programs.[5] This equates to roughly one hygienist per 3,978 IHS users.[5] By comparison, IHS recommends at least one full-time equivalent dental hygienist per 3,200 users.[5,8] Public health standards suggest one hygienist per 1,300 visits, or about one per 2,684 users.[5,9] Based on these benchmarks, the IHS currently operates at 67–80% of the recommended hygienist capacity.[5] Furthermore, IHS notes that "a vast majority of smaller dental programs (which comprise most of the IHS) employ only part-time, intermittent dental hygienists," a factor not reflected in the above staffing ratios.[5]

In responding to this workforce gap, a 2017 IHS Division of Oral Health report states "…training periodontal expanded function dental assistants helps fill that void, where these staff can provide routine preventive services such as dental sealants, fluoride applications, and prophylactic cleanings as well as provide periodontal services including oral health education, gross debridements (general ultrasonic cleanings), and isolated scaling of visible calculus supra- and subgingivally."[5]

During this study's interviews, several clinic directors highlighted the role of perio EFDAs in alleviating the effects of ongoing dental hygienist shortages. Clinics described delegating basic teeth cleaning to perio EFDAs, especially when not all patients require a dental hygienist's expertise. One clinic director explained, "Sometimes hygienists' schedules are blocked for an hour to see a patient with only two teeth" whereas this is a task that could be undertaken by a perio EFDA.

Other interviewees described additional ways in which perio EFDAs support hygienists. A clinic director said: "Before I [the dentist] get in to do the exam, the EFDA removes the supragingival calculus so I can see the teeth better to do my examination. Then, we have them see the hygienist. And that makes the hygienist's job easier, because then they're focused more on the subgingival aspects of the periodontal disease, and I'm sure they appreciate having less work to do when they see that patient."

Another IHS dental clinic director, whose clinic had previously employed perio EFDAs and was interested in working with them again said:

> *The difference between a hygienist and expanded functions assistant [perio EFDA] is the [dental hygienists'] ability to do deeper scaling in root planing in particular, and so it'd be nice to have our hygienists basically take care of… the more advanced cases, and [have the perio EFDA focus on] folks that just need routine cleanings, maybe don't have a lot of calculus, just going through and making sure things are okay, kind of minor things. It'd be nice to have an assistant to help out with that. We're in a situation where we have one hygienist between myself and another dental therapist… You want at least a couple of hygienists taking care of the recall and periodontal needs for your patients…so we're a little bit inverted as far as that ratio goes, and the way that looks like for our patients is that it's really hard to get in with our hygienist. Like, she's not really able to meet the needs of the community. [Working with an EFDA] would take some of the load off of her [the dental hygienist] for the easy stuff to get her working more at the top of her license.*

Impact on staff development. Several IHS dental clinic directors noted that a key motivation in training and integrating perio EFDAs is to provide staff development opportunities. One clinic director explained that his goal is to enable the full dental team to practice at the top of their scope. When dental assistants express interest in EFDA training, he said as a manager he views this as an opportunity to promote upward mobility. Investing in this pathway, he noted, "helps with morale and helps retain your more skilled assistants."

Another IHS dental director whose clinic currently employs several perio EFDAs noted, "We're always trying to help train up people. And tribal members really love tribal members giving health services to them." Later in the same interview, a perio EFDA interviewee added that investing in upskilling dental assistants is both practical and necessary, "because it's hard to find a hygienist who can work in these small rural communities."

Prior Assessments of the Perio EFDA Provider Model

Prior evaluations of the IHS perio EFDA model indicate that dental programs with perio EFDAs on staff demonstrate greater utilization of procedures within the perio EFDA scope of practice, including dental sealants, topical fluoride applications, prophylaxis cleanings, and periodontal gross debridements, compared to dental programs without perio EFDAs.[2,5] Dental programs employing perio EFDAs also generally provided more dental services, as measured by total services and services per patient visit, although results varied by site.[2] Additionally, in dental programs with perio EFDAs, hygienists and dentists performed more advanced periodontal procedures, likely because perio EFDAs were able to handle more basic tasks. However, little or no improvement was observed in the proportion of children aged 2–15 receiving sealants, children ages 1–15 receiving at least one topical fluoride application, or in overall patient visits, relative value units, and services per patient.[2]

DENTAL WORKFORCE IN WASHINGTON STATE

Who Currently Provides Dental Care in Washington

Perio EFDAs are not currently licensed by Washington State and as a result are not authorized to work outside of tribal and IHS settings. Of the oral health occupations licensed in Washington State, only dental assistants, expanded function dental auxiliaries (also called EFDAs, although a different occupation than expanded function dental assistants), dental hygienists, dental therapists, and dentists perform periodontal duties. **Table 1** compares the scope of practice associated with dental occupations in Washington and perio EFDAs. The following summary of the supply, demand and career pathways of oral health occupations in Washington, largely drawn from findings of the UW CHWS' Washington Oral Health Workforce (WOHW) Tracking Program,[3] provides context for understanding how the scope and role of perio EFDAs compare with the state's currently licensed dental workforce.

Dental assistants in Washington can perform tasks including coronal polishing, applying topical varnishes and sealants, removal of sutures and periodontal dressings, and primary prevention (e.g., oral hygiene instruction, applying topical fluorides). Expanded functional dental auxiliaries (as licensed by Washington), in addition to the duties of a dental assistant, can place interim restorations (under supervision).[10] Dental hygienists have an expanded periodontal scope of practice in Washington that allows them to perform scaling and root planing, remove of stains and deposits from teeth, apply topical preventive and prophylactic agents, polish and smooth restorations, and apply topical anesthetics and microbials. Perio EFDAs have been added to **Table 1** for comparison with dental occupations currently licensed to provide care in Washington.

Table 1. Scope of practice associated with Washington State licensure for dentists, dental therapists, dental hygienists, expanded function dental auxiliaries, and dental assistants compared with Indian Health Service (IHS) expanded function dental assistants (perio EFDAs)

	Procedures	Dentists	Dental Therapists	Dental Hygienists	Expanded Function Dental Auxiliaries	Dental Assistants	IHS Perio EFDAs
Diagnostic	Taking medical and dental history	•	•	•	•	•	•
	Dental screening and assessment	•	•	•	•	•	•
	Dental charting and oral inspection	•	•	•	•	•	•
	Vital signs	•	•	•	•	•	•
	Assess for sealants	•	•	•	•		
Clinical support	X-rays	•	•	•	•	•	•
Primary prevention	Oral hygiene instruction	•	•	•	•	•	•
	Dietary counseling	•	•	•	•	•	•
	Topical fluorides	•	•	•	•	•	•
	Dental sealants	•	•	•	•	•	•
Removal of deposits from teeth	Coronal polishing	•	•	•	•	•	•
	Dental prophylaxis (scaling)	•	•	•			•
	Nonsurgical therapeutic periodontal procedures	•	•	•			•
Preventive anti-microbial therapy	Apply antimicrobials	•	•	•			•
Cavity treatment	Placement of temporary restorations	•	•	•	•	•	
	Pack and carve restorations (amalgam or resin)	•	•	•	•		
	Extractions	•	•				
	Prefabricated crowns	•	•				
	Pulpotomy	•					
	Pulp capping	•	•				
	Root canal therapy	•					
Other services	Impressions for models and guards	•	•	•	•	•	•
	Impressions for crowns	•			•		•
	Other oral surgery	•					
	Placement of orthodontic appliances	•					
	Orthodontic adjustment	•					
	Check for loose bands, wires	•		•	•	•	
	Periodontal dressings	•	•	•	•	•	
	Other periodontal surgery	•					

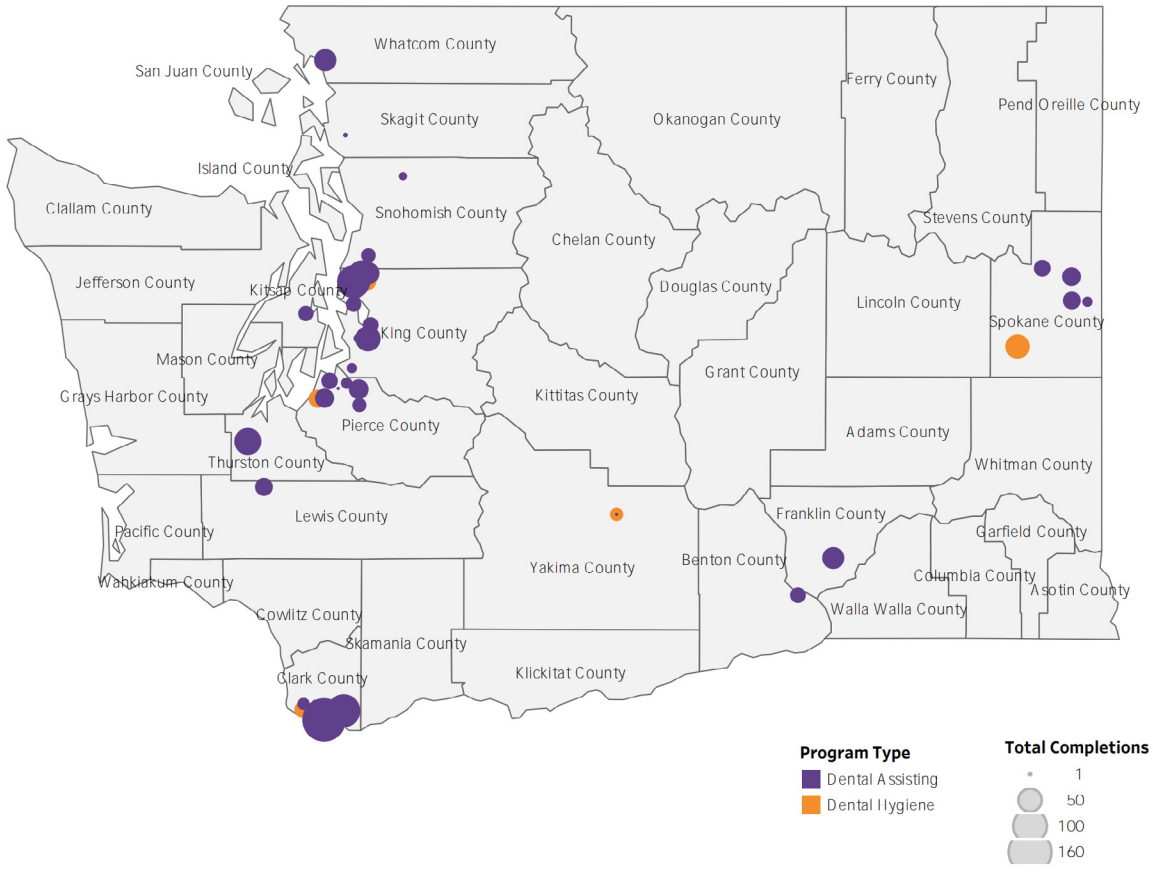
Dental Assistant and Dental Hygienist Education in Washington State

Dental assistant. There are multiple routes to become a dental assistant in Washington state, including community and technical colleges, private career school programs, apprenticeship programs, career/technical education (CTE) programs, and on-the-job training. Programs at community and technical colleges range from certificates (nine or more months to complete) to associate's degrees. Private career school dental assistant programs range from four weeks to one year. In Washington, there are two dental assistant apprenticeship programs and seven CTE programs, and during the 2023-2024 academic year, there were 27 programs at private career schools and 17 at community and technical colleges.[11]

Dental hygienist. Dental hygiene training in Washington state is achieved through either an associates degree or bachelor's degree program. During the 2023-2024 academic year, there were nine dental hygiene programs with at least one completion in Washington state (**Figure 1**). Six of Washington's nine programs conferred bachelor's degrees (about 67%), compared with an estimated 15% of dental hygiene programs nationally in 2024-2025 that conferred bachelor's degrees.[12,13]

Figure 1 shows the locations of dental assisting and dental hygiene education and training programs in Washington that receive federal funding, and does not include apprenticeships and on-the-job training programs.

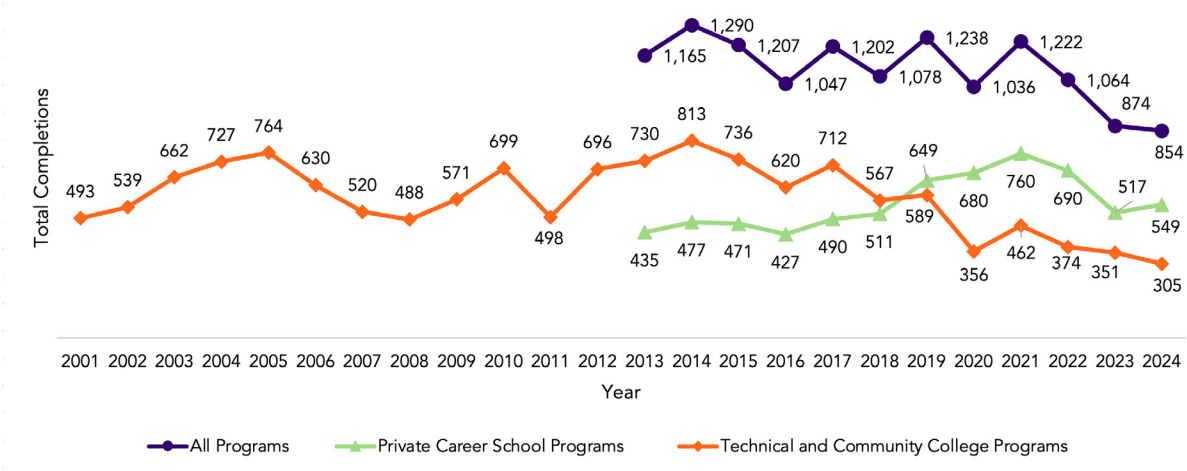
Figure 1. Locations of Dental Assisting and Dental Hygiene Education and Training Programs in Washington, 2024



Source: Data on institution counts and degree completions by oral health occupation are from the U.S. Department of Education's national database, Integrated Postsecondary Education Data System (IPEDS). IPEDS may not capture completions from programs that do not receive federal funding, or individuals who may have entered the profession through on-the-job training or apprenticeship arrangements.

Dental assisting program completions have decreased over time in Washington, from a high of 1,290 in 2014 to 1,222 in 2021 and further to 854 in 2024 (**Figure 2**). Due to a lack of relevant data, however, these numbers do not include individuals who completed on-the-job training or apprenticeship to become a dental assistant.

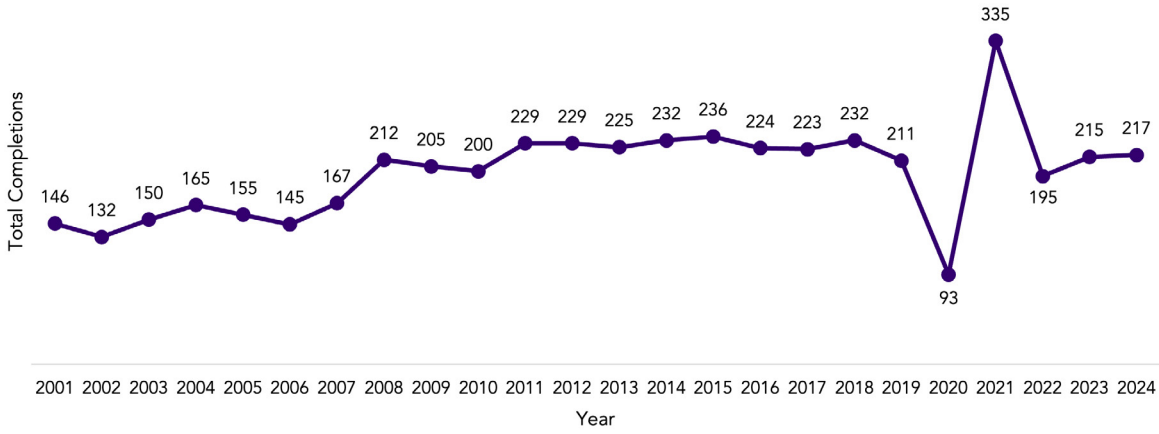
Figure 2. Dental Assisting Program Completions in Washington State, 2001-2024



Source: Data on institution counts and degree completions by oral health occupation are from the U.S. Department of Education's national database, Integrated Postsecondary Education Data System (IPEDS). IPEDS may not capture completions from programs that do not receive federal funding, or individuals who may have entered the profession through on-the-job training or apprenticeship arrangements. Completion counts for "private career school programs" are from data compiled by the Washington Workforce Training and Education Coordinating Board from the Web-based Data and Reporting System (WBDRS), are only available for analysis beginning in 2013.

Dental hygiene program completions have slowly been increasing since 2001 from 146 to 217 in 2024 (**Figure 3**).

Figure 3. Dental Hygiene Program Completions in Washington State, 2001-2024



Source: Data on institution counts and degree completions by oral health occupation are from the U.S. Department of Education's national database, Integrated Postsecondary Education Data System (IPEDS). IPEDS may not capture completions from programs that do not receive federal funding.

Demand for Dental Assistants and Dental Hygienists

Nationally, the U.S. Health Resources and Services Administration's National Center for Health Workforce Analysis (NCHWA) has projected less than 1% growth in dental hygienist supply between 2022 and 2037, compared with a 6% increase in demand, resulting in a national shortfall across this time period of more than 11,000 dental hygienists.[14] Comparable national projections from NCHWA are not available for dental assistants, but the U.S. Bureau of Labor Statistics projects a 6% growth in employment of dental assistants from 2024 to 2034, faster than the average for other occupations.[15]

Between 2022 and 2024, the number of dental assistants in Washington increased by 3.6% (from 16,250 to 16,831 with in-state addresses) and dental hygienists increased by 2.3% (from 6,004 to 6,143 with in-state addresses).[16] In spite of this growth, the supply of the two occupations has not kept up with demand in the state, as indicated by responses since 2016 to the Washington State Health Workforce Sentinel Network. Employer respondents to Sentinel Network surveys have consistently cited exceptionally long vacancies and need for dental assistants and hygienists in dental offices and clinics, and in community health centers (including Federally Qualified Health Centers and clinics providing care for free or on a sliding scale) in Washington state (**Figure 4**).[17,18]

Figure 4. Occupations with Exceptionally Long Vacancies from Sentinel Network Respondents, 2019-2025[18]

Top occupations with exceptionally long vacancies*

Rank	Spring 2019	Fall 2019	Spring 2020	Fall 2020	Spring 2021	Fall 2021	Spring 2022	Fall 2022	Spring 2023	Fall 2023	Spring 2024	Spring 2025
1	Dental hygienist	Dental assistant	Dental hygienist	Dental assistant Dental hygienist	Dental assistant Dental hygienist	Dental assistant	Dental hygienist	Dental hygienist	Dental hygienist	Dental assistant	Dental hygienist	Dental hygienist
2	Dental assistant	Dental hygienist	Dental assistant	No additional occupations reported	Dentist	Dental hygienist	Dental assistant	Dental assistant	Dental assistant	Dental hygienist	Dental assistant	Dental assistant
3	Dentist	Dentist	Dentist Office personnel		Office personnel Medicaid navigator	Dentist	Office personnel	Office personnel	Office personnel	Dentist	Dentist	Office personnel
4	Office personnel	Multiple occupations cited at the same frequency	Multiple occupations cited at the same frequency		No additional occupations reported	Office personnel	Dentist	Dentist	Dentist	Multiple occupations cited at the same frequency	Office personnel	Dentist

← Most cited

*Occupations cited by the same number of responses share the same rank number.

Sentinel Network respondents reported a shortage of both dental assistants and hygienists across Washington state, noting that education programs are not keeping up with the growing demand for these occupations. According to respondents, this shortage was exacerbated by the COVID-19 pandemic, during which many dental hygienists retired, leaving positions that have been difficult to fill. In addition, some respondents commented that wages for dental assistants and hygienists have not kept pace with the rising demand for dental health workers.

FINDINGS SUMMARY AND CONCLUSIONS

The Expanded Function Dental Assistant-1 (EFDA-1), also called the perio EFDA, is an expanded role for dental assistants working in Indian Health Service (IHS) facilities following completion of an IHS-directed training program. Perio EFDAs' scope of practice expands on dental assistants' scope to include ultrasonic scaling, among other tasks, under the indirect supervision of a dentist or dental hygienist. This report describes the history of the perio EFDA role, shares insights about its implementation from IHS administrators and sites where the model has been adopted, and provides a summary of Washington's dental workforce and related career pathways.

Overall, the study found:

- Key informants, in general, indicated that training and employing perio EFDAs helped to increase patient access to routine preventive services and allowed dentists, dental hygienists, and dental therapists (where employed) to deliver more services at the top of their scope of practice.
- The literature and interview findings indicate that dental hygienist shortages, prevalent in tribal and IHS clinics, may be mitigated to some extent by employing perio EFDAs.
- Cost reduction and increased clinic efficiency were cited as the primary reasons for clinics to support training and employment of perio EFDAs.
- Clinic informants also reported that training and integrating perio EFDAs into their practice provided staff development opportunities for dental assistants, which supports workforce retention.
- Previous evaluations of IHS alternative dental models, including perio EFDAs, found that clinics employing these models increased the number of services provided, including greater use of services per patient.
- Training courses for perio EFDAs were generally viewed positively by tribal and IHS dental clinic leaders, although availability is limited and waitlists are common. Post-training recertification of perio EFDAs is not enforced by IHS, leading some interviewees to recommend clearer guidance and oversight of recertification.
- Interviewees reported that securing a perio EFDA training spot can be challenging. Increasing the number of training opportunities will require identifying additional IHS dental clinics with the capacity to host trainings and address the ongoing shortage of qualified course instructors.
- The success of perio EFDA training, according to interviewees, often depends on identifying candidate dental assistants who are self-motivated and eager for professional growth.
- Motivations for dental assistants to pursue perio EFDA certification include the potential for higher pay, professional growth, and a desire to contribute more meaningfully to tribal and community oral health needs.
- Interviewees suggested a range of potential training settings for perio EFDAs, including continuing the current in-clinic approach or co-occurring with dentist or dental assistant education and training.
- While dentists are typically supportive of incorporating perio EFDAs into their practices, dental hygienists expressed more mixed reactions to their introduction; supporting perio EFDA use when it allows a clinic to care for their clients more efficiently, and hesitating when employing perio EFDAs shifts a perceived disproportionate share of the most complex cases to the dental hygienist.
- Several interviewees noted that dentists and other clinic staff may benefit from training on how to work effectively with perio EFDAs, although such training is not available at present.

- Because the current IHS training is very compressed, some interviewees suggested additional perio EFDA training may be beneficial to increase students' confidence in their preparation. Revisions to the curriculum and course plan are currently being developed in some locations.

Given the high demand for dental hygienists and dental assistants in Washington state, exploring the use of the perio EFDA model outside of the IHS system, or otherwise adopting perio EFDA roles, may help address dental access gaps. Our study findings suggest, however, that additional study may be needed to determine the feasibility of adding perio EFDAs to Washington's general oral health workforce, including assessing the acceptability of the role among the public and the dental workforce, and identifying options for delivering the necessary training for both perio EFDAs and their supervisors. In addition, ongoing data collection and analysis to track the state's dental workforce and access to oral health care are needed to inform ongoing policy and practice decisions.

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Authors

Natalia V. Oster, PhD, MPH, Research Scientist, Center for Health Workforce Studies, University of Washington
Grace A. Guenther, MPA, Research Scientist, Center for Health Workforce Studies, University of Washington
Paula M. Kett, PhD, MPH, RN, Deputy Director, Center for Health Workforce Studies, University of Washington
Samantha W. Pollack, MHS, Research Scientist, Center for Health Workforce Studies, University of Washington
Susan M. Skillman, MS, Senior Deputy Director, Center for Health Workforce Studies, University of Washington

Funding

This study was conducted by the UW CHWS through a contract with the Washington State Dental Association.

Acknowledgments

The authors also gratefully acknowledge Nhu Nguyen for her assistance with meeting and interview scheduling and manuscript production, and we appreciate the time spent by key informants participating in interviews and providing feedback on components of the report.

Suggested Citation

Oster NV, Guenther GA, Kett PM, Pollack SW, Skillman SM. *Development and Implementation of the Indian Health Service Expanded Function Dental Assistant-1 (EFDA-1) Occupation.* Center for Health Workforce Studies, University of Washington, December 2025.

University of Washington • School of Medicine
Box 354982 • Seattle WA 98195-4982
phone: (206) 685-0402 • fax: (206) 616-4768
https://familymedicine.uw.edu/chws/