

STATE STRATEGIES TO
**SUPPORT THE DENTAL
CARE WORKFORCE**
IN HEALTH CENTERS

AUGUST 2024

STATE POLICIES & STRATEGIES TO STRENGTHEN AND EXPAND THE DENTAL WORKFORCE IN HEALTH CENTERS

A GUIDE



NATIONAL ASSOCIATION OF
Community Health Centers®

CareQuest 
Institute for Oral Health®

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INTRODUCTION

HEALTH CENTERS ADDRESS ORAL HEALTH DISPARITIES

While gains have been made over the last two decades, oral health disparities persist among Americans from racially and ethnically minoritized populations and those with lower household incomes (see Oral Health Facts).^{1,2,3} A major contributor to these disparities is the shortage of accessible dental providers.^{4,5,6}

As of June 2024, there were more than 6,860 communities across the United States federally designated as dental health professional shortage areas (DHPSAs).⁷ The largest number of shortages are in rural and low-income communities. Shortages also exist for publicly insured populations. Less than half of all dentists participate in state Medicaid programs making it challenging for people covered by these programs to find care.⁸

Health centers, located in America's underserved communities, are community driven healthcare organizations based in the community-oriented primary care model. These organizations are committed to improving health by caring for the whole person. They accomplish this through the integration of oral health, behavioral health, and primary care services. With over two-thirds of the 32.5 million people receiving care in health centers being from diverse racial and ethnic groups, health centers are in the perfect position to address oral health disparities.

All health centers must provide preventive dental services and 82 percent provide comprehensive dental care to their communities.⁹ A total of 1,359 federally qualified health centers reported a shortage of dental professional in the summer of 2024.⁹ Expanding access to dental care in health centers requires state-initiated strategies to train, secure, and maximize members of their dental care teams.

WHO IS THIS GUIDE FOR?

We encourage health center leadership, board members, and advocates to consider the actions offered in this guide to inform your own tactics to leverage available resources for a more robust dental workforce in your community.

ORAL HEALTH DISPARITIES IN AMERICA: THE FACTS

Black and Hispanic children (age 2-5) experience significantly higher rates of tooth decay than White children (28% and 33% compared to 18%).

Untreated tooth decay is nearly three times higher among children (age 2-5) from low-income households (17%) than among those from higher income households (6%).

Among working age adults (age 20-64), Black Americans have nearly twice the rate of untreated dental caries than White Americans (40% versus 21%).

Among older adults (age 65 or older), complete tooth loss is three times higher among those with lower incomes (34%) than those with higher incomes (11%).

SOURCE: [HTTPS://STACKS.CDC.GOV/VIEW/CDC/82756/CDC_82756_DS1.PDF](https://stacks.cdc.gov/view/CDC/82756/CDC_82756_DS1.PDF)

1 Oral Health in America: A report of the Surgeon General (2000) <https://www.nidcr.nih.gov/sites/default/files/2017-10/hck1ocv%40www.surgeon.fullrpt.pdf>

2 Oral Health in America: Advances and Challenges (2021) <https://www.nidcr.nih.gov/sites/default/files/2021-12/Oral-Health-in-America-Advances-and-Challenges.pdf>

3 https://stacks.cdc.gov/view/cdc/82756/cdc_82756_DS1.pdf

4 https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpigraphic_0820_1.pdf

5 <https://www.annualreviews.org/content/journals/10.1146/annurev-publhealth-040119-094318>

6 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7125002/>

7 <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

8 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10009318/pdf/10.1177_10775587221108751.pdf

9 <https://www.nachc.org/wp-content/uploads/2023/04/2024-Dental-Therapy-Resource-Guide.pdf>

THE DENTAL WORKFORCE IN HEALTH CENTERS

Health center dental teams vary and can consist of a range of dental professionals including dentists, dental therapists, dental hygienists, and dental assistants. Each dental profession has unique requirements that define their contributions to care including regulation (state licensing/certification), education, and scope of practice. (Additional details can be found in the appendix.)

There are many complex factors contributing to the current shortage of dental professionals nationally:

- Cost of education and limited community-based training opportunities.¹⁰
- Variations in occupational regulation within and across states.¹¹
- Inconsistencies in reimbursement for adult dental services (see side bar).

Each of these factors impact the dental workforce pipeline and the sustainability of services in traditionally underserved communities.

The Cost of Education

The cost of education is a barrier for dental professions, and it impacts practice decisions post-graduation. Dentists have the highest educational debt of all health professions, with an average of nearly \$300,000 in student loans.¹² The estimated average educational cost for dental therapy may range from \$84,000 to \$138,000¹³ and dental hygiene costs approximately \$22,692 for an associate degree or \$36,382 for a bachelor's degree.¹⁴ Depending on the type of dental assisting training completed, the cost of training may range from \$1,000 to several thousand dollars.¹⁵ Strategies to address the burden of educational costs are critical in making these occupations accessible, especially for those with lower incomes.

Community-based Training

Studies show that students are more likely to work where they train. Unlike medical and nursing students, dental and dental hygiene students have historically completed their clinical training at clinics located within universities or colleges. Community-based dental training has increased over the last decade with recognition of its importance among dental educators. Regardless of the recent increase, dental professional education is still mainly provided within

institutional clinics and not in community settings. This means most students are not exposed to different practice settings prior to graduation. Expanding community-based training in health centers is critical to provide students with more experiences and raise awareness for the rewarding opportunities that exist for traditionally underserved patients.

REIMBURSEMENT IS CRITICAL TO SUSTAINABLE DENTAL CARE IN UNDERSERVED COMMUNITIES

Federally Qualified Health Centers (FQHCs) are vital for uninsured, underinsured, and Medicaid beneficiaries as they are required by Section 330 grants to offer services to all, regardless of insurance or ability to pay.

Congress created the Prospective Payment System (PPS) and Alternative Payment Methodology (APM) to ensure that FQHCs are appropriately reimbursed for the care they provide.

Although only twenty-four (24) state Medicaid programs currently offer adult dental benefits, FQHCs are required by federal law to provide, at minimum, limited preventative dental services to all patients they serve.

It is critical for federal and state governments to invest in Medicaid coverage for dental care.

10 <https://pubmed.ncbi.nlm.nih.gov/28765452/>

11 <https://onlinelibrary.wiley.com/doi/10.1111/jphd.12155>

12 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10503048/>

13 https://www.leg.state.nv.us/App/NELIS/REL/80th2019/ExhibitDocument/OpenExhibitDocument?exhibitId=44283&fileDownloadName=0530SB366f_vanl.pdf

14 https://www.adea.org/godental/future_dental_hygienists/program_costs.aspx

STATE POLICIES AND STRATEGIES FOR DENTAL WORKFORCE DEVELOPMENT: A GUIDE FOR HEALTH CENTERS

State policy can significantly impact dental workforce development through strategies designed to train, secure, and maximize the dental workforce in health centers.



TRAIN

State policies and strategies can expand health center-based training to strengthen workforce pathways and connect students to meaningful careers. As an example, state workforce plans submitted to the Federal Department of Labor may prioritize dental professions and enable the use of Workforce Investment and Opportunities Act (WIOA) for related health center based education and employment costs.



SECURE

State policies and programs can enable workforce incentives that help health centers recruit and retain mission-oriented professionals. This includes state appropriations for scholarships, loan repayment, and policies promoting innovative incentive program development.



MAXIMIZE

State policies can encourage dental workforce innovations and authorize dental professionals to practice at the fullest extent of their training to extend capacity within health centers. This includes state authorization of expanded or advanced practice for dental assistants and dental hygienists, as well as the adoption of dental therapists.

Health centers should be aware of state policies and strategies that exist and identify related opportunities for funding. Or health centers can advocate for similar policies within their state. In this guide you will find a description of state policies and strategies that can support the growth of programs to Train, Secure, and Maximize opportunities for the dental workforce in health centers, including practical recommendations for health centers to “Take Action.” Eleven “Shining Star” case examples, presented at the end of the guide, illustrate how health centers across the nation have used a variety of the state policies and strategies featured in this guide to improve access to high quality dental care for underserved patients.



TRAIN

Studies indicate that state investments in dental schools have lagged behind increasing demand, exacerbating the gap in dental care outcomes, particularly for underserved communities. Also, the increasing cost of education and associated indebtedness is a noted challenge for dental professionals directly impacting their practice choices. To combat these trends, states must increase their investments to educate and train dental professionals and offer incentives to practitioners who elect to work in dental health professional shortage areas (DHPsAs) and other under-resourced communities.

Health centers are uniquely positioned to partner with states by serving as training centers for aspiring and newly licensed dental professionals. By establishing health center training pipelines, states can ensure their investments in growing the oral health workforce can simultaneously address the systemic inequities in oral health. The following section explores selected state policies and strategies to train the dental workforce in health centers.

STATE POLICIES ENABLING ON-THE-JOB TRAINING

Dental assistant training requirements vary substantially across states. In some states, there are no education or training requirements outlined in state policy for entry-level dental assisting roles. In these instances, it is generally the responsibility of the supervising dentist to ensure that dental assistants are properly trained to provide delegated services. In other states, completion of a nationally-accredited dental assisting program (such as a Dental Assisting Program that is [accredited by the Commission on Dental Accreditation](#), CODA) is required.

TAKE ACTION

Understand your state's dental assisting requirements by exploring the [Dental Assisting National Board resources](#). State dental assistant levels and titles vary substantially across states.

- If your state enables employer-based on-the-job training, an individual could be hired as staff and trained to be a dental assistant at your health center.
- If your state requires completion of a CODA-accredited or other formal education program, [find a training program in your area](#). From there, you can begin to develop relationships with program staff, serve as a clinical rotation site, and begin recruiting graduates for employment at your health center.

STATE FUNDING FOR ON-THE-JOB TRAINING

Health centers are positioned to provide on-the-job training for various health care roles. Many states enable training for dental assistants (including expanded function roles) to occur outside the traditional academic setting. States may also provide funding to incentivize employers (including health centers) to provide training and prepare individuals for gainful employment. This funding is generally provided through a state's labor/workforce agency as it correlates to federal pass-through funding associated with the Workforce Innovation and Opportunity Act.

TAKE ACTION

Visit your state's [labor](#) or [workforce](#) agency websites to identify the training funds that may be available. Here are some quick tips:

- Be sure to access information and resources designated as “for employers.” The funding and resources provided to employers vary by state, but employers will be able to access direct contact information for someone in your state or local office from these websites. From there, you can find the state specific resources available to support dental worker training.
- Even if a state does not permit employer-based training, free training may be available to individuals seeking a high-demand dental occupation. Health centers should identify free training opportunities and encourage current staff and or community members to pursue them. On the job training programs can help health centers “grow-their-own” dental workforce.

STATE FUNDING FOR CLINICAL TRAINING PARTNERSHIP

Clinical experience is an important component of training for all levels of dental care staff. Health centers can serve as sites for clinical rotations for dentists, dental therapists, and dental hygienists or for the entire clinical training of dental hygienists and dental assistants). Serving as a clinical training partner enables health center exposure to trainees and may boost recruitment efforts by attracting students to health center employment opportunities post-graduation. However, participating in clinical training may take staff time away from clinical services, thereby reducing health center productivity, service delivery, and ultimately negatively impacting health center revenue. In most instances, participating in clinical training is a mission-driven effort; neither health center staff nor the health center receive compensation for these activities.

States can establish incentives to support health center participation in clinical training. Incentives may be directed to the clinical preceptor (the health center staff member involved in clinical training) or health center. For preceptors, these strategies may include state income tax credits or grants (stipends) which can help offset the costs health centers absorb as a clinical training site in terms of reduced health center productivity and service delivery. State funds can be legislatively appropriated for training partnerships, a health center could apply through an executive agency (like the state primary care association), or a health center can contract directly with a state agency to receive funding.

STATE POLICY SPOTLIGHTS

Tax Credit for Preceptors: Alabama’s legislature developed the Alabama Preceptor Tax Incentive Program in 2023, which enables preceptors (including dentists) to access up to \$6,000 in income tax credit for their participation as a preceptor for Alabama dental students (if they do not otherwise receive compensation for the precepting).

Grants for Preceptors: Arizona’s legislature established a preceptor grant program to provide preceptors up to \$1,000 per calendar year to host a preceptorship for dental students that is at least four weeks in duration.

TAKE ACTION

Identify the incentives for dental workforce clinical training in your state. Here are some quick tips:

- The American Dental Education Association’s inventory of [State and Federal Loan Forgiveness Programs](#) includes many of the incentives developed for the dental workforce. Your [state’s dental board](#) would also be an in-state resource for existing strategies.
- If your state does not have a current strategy to support clinical training (funding for employers, tax credits for preceptors, or grant programs for preceptors), work with your state primary care association to explore opportunities with the state legislature to advocate for new programs and appropriations for these activities, or with executive branch partners to leverage existing discretionary funds.

STATE FUNDED SCHOLARSHIPS

Scholarship programs offset the substantial educational costs that may otherwise discourage prospective students from pursuing a career in the dental field. To address the cost of post-secondary education as a barrier, some states have developed state-supported scholarship programs that are either specific to dental students (such as the [Mississippi Rural Dentists Scholarship Program](#)) or dental students may be included in a broader health professions scholarship initiative (such as the [Arkansas Health Education Grant](#)). State scholarships are generally supported by a legislative appropriation or through discretionary funds provided to an executive branch agency. These scholarships may be structured to apply only to students who commit to state service in a health professional shortage area, such as the [Wisconsin Health Services Scholarship Program](#).

TAKE ACTION

Understand whether your state has developed a scholarship program to support students in the dental workforce pipeline by contacting your [state's higher education agency](#) or [state dental board](#). Here are some quick tips:

- If your state has an established program, find out whether practicing in underserved communities is a service requirement. If it is not, work with your primary care association to support the inclusion of this requirement to further build the health center workforce.
- Reach out to educational institutions to build relationships. Offer to serve as clinical rotation sites, develop a recruitment pipeline of scholarship recipients to fulfill their service requirements, and promote job opportunities for scholarship recipients after the training obligation period.
- Inform staff of scholarship opportunities to encourage professional development.

STATE SUPPORT FOR APPRENTICESHIPS

Apprenticeships are formal programs that provide paid on-the-job training to workers. Employers (such as health centers) generally host apprenticeships as a mechanism to provide training toward a high-demand career. Technical assistance is available to support apprenticeship program sponsors (employers) through program development, implementation, and reporting. Depending on a state's [approach to the apprenticeship system](#), this technical assistance may be available at the state level (for states with State Apprenticeship Agencies) or federal level (for states utilizing the Office of Apprenticeship approach). Regardless of a state's approach to the apprenticeship system, [local workforce development boards](#) can provide technical assistance and direction to employers interested in apprenticeship participation. In the dental workforce, only [dental assistants](#) are currently approved for registered apprenticeship programming.

TAKE ACTION

Learn more about the [national benefits of apprenticeships](#) and [what is required to build an apprenticeship program](#). Explore whether your [state further incentivizes employer participation in apprenticeships](#) through tax credits, tuition support, or another strategy. Here are some quick tips:

- If your health center is interested in developing an apprenticeship program but the development process seems too cumbersome, collaborate with other local health centers, partner with your state primary care association for unified strategy, or reach out to the [appropriate contacts in your state for guidance](#).
- Contact your [local workforce development board](#) to learn more about apprenticeships and discuss next steps.

STATE FUNDED TECHNICAL ASSISTANCE FOR TRAINING

Many health centers are interested in supporting clinical training (either through hosting clinical rotations or starting a new training program at their health center). However, they may require technical assistance to support program planning, budgeting, staffing, marketing, and licensing for accreditation-related activities. States may provide funding to support technical assistance made available to prospective training hosts. This funding could be appropriated directly to an existing technical assistance-focused organization or a new organization with a dedicated mission to support employer-based training in healthcare.

TAKE ACTION

Understand what resources may already be available to health centers to explore the feasibility of health center-based training development or expansion by reaching out to your [state primary care association](#) or local [Area Health Education Center](#).

Explore and monitor the Health Resources and Services Administration's [website](#) (Bureau of Health Workforce, Office of Rural Health Policy, and Maternal and Child Health Bureau) for funding opportunities.



SECURE

Recruiting and retaining dental professionals is a requirement for successful dental service delivery programs in health centers. Some state strategies specifically target dental workforce development in health centers, specifically. Health centers should identify opportunities currently available within their state and/or explore opportunities to advocate for strategies that have been successful elsewhere.

STATE FUNDING TO INCENTIVIZE THE HEALTH CENTER DENTAL WORKFORCE

Educational debt disincentivizes dental professionals from serving in low-income communities. Health centers struggle to offer compensation packages that are competitive with the private market or larger health systems. As a counterbalance, many states have passed policies and appropriated funds to increase the overall take-home pay of practitioners working in underserved areas. Policy and funding strategies can include: 1) reducing overall debt or tax burden (i.e., loan repayment or tax credits), or 2) increasing overall income through provider grants or stipends. To benefit from these state policies, health professionals generally need to meet certain criteria such as:

- Working in a designated health professional shortage area
- Serving a certain percentage of low-income patients
- Working in certain healthcare settings
- Practicing under certain specialties
- Having completed or planning to complete a service obligation

Such incentives help ensure greater security for dental providers at health centers and expand access to high quality oral health services for patients.

In lieu of a formal state program established by statute, some states have alternative strategies that support workforce development in underserved areas with flexibility for employers. In these instances, a state may fund a program through an agency's discretionary funding or have policies that facilitate and enable the use of state funds.

STATE POLICY SPOTLIGHTS

Loan Repayment: The Maryland Dent-Care Loan Assistance Repayment Program provides loan repayment assistance for dental hygienists and dentists. Recipients must have a patient panel that is comprised of at least 30% Medicaid patients and agree to a three-year service commitment.

Tax Credits: New Mexico has a Rural Health Care Practitioner Tax Credit Program that provides dentists and dental hygienists with a state income tax credit (of \$5,000 and \$3,000 respectively) for service in a rural, underserved area.

Provider Grants/Stipends: The Texas Department of Agriculture developed the Rural Communities Health Care Investment Program which awards \$10,000 to eligible providers (including dentists) who work for 12-months in a medically underserved area.

TAKE ACTION

Explore whether [provider incentive strategies](#) have already been developed by your state legislature to support recruitment and retention of dental providers in health centers. Here are some quick tips:

- Develop a recruitment plan that includes the provider incentives you can leverage. Create marketing materials for this opportunity (e.g., add language about this opportunity in your “benefits package” for job descriptions, in flyers for career fairs, etc.).
- Develop a relationship with the major health insurers or managed care entities in your state to explore opportunities for the use of excess funds to support health center workforce development.

STATE FUNDING TO ADDRESS HOUSING COSTS

Inflation and housing costs can hamper the ability of students and practitioners to commit to clinical rotations at health centers. This may be a particular challenge for health centers in populous, high-cost communities or those working in remote areas with a smaller housing market. To address this challenge, some states have developed policies that provide housing funds to students or practitioners serving at health centers.

TAKE ACTION

Understand whether your state offers any type of housing or re-location support to dental workforce employers in underserved areas by contacting your state dental board, state office of oral health, or local Area Health Education Network. Here are some quick tips:

- Rural areas may benefit from [federal level](#) or [state agriculture department](#) funds for individuals and families.
- Housing or relocation benefits should be included as a part of your marketing strategy to recruit dental professionals.



MAXIMIZE

State regulatory policy (through the [state legislature or state dental board](#)) defines what services an occupation may perform and under what training, certification, or licensing requirements. Scope of practice provisions outlined in state statute or administrative code, define the full scope of services each licensed dental professional can provide under specified conditions. Apart from dentistry, there are variations across states in the scope of practice for dental professionals.

Understanding your state’s current policies related to dental professional regulation will help health centers ensure they can maximize the contributions of their existing workforce or identify opportunities to advocate for policy changes that enable them to do so. For example:

- Regulatory and/or policy barriers to licensure or certification for dental health professionals can be refined to ensure a more seamless transition into the dental workforce.
- Onerous administrative and/or regulatory requirements can be reduced to expand access to entry- and mid-level dental professions, such as dental assistants, dental hygienists, and dental therapists.
- Standardizing dental provider credentialing and establishing dental licensure compacts can create more consistency among training program standards, enhance quality assurance for dental care provided, and expand the use of teledentistry.

Legislators can appreciate that partnering with health centers to revise standards would empower states to improve training requirements in ways that meet the oral health needs of underserved communities and ensure that the next generation of dental professionals are prepared to bridge the care gap.

STATE POLICY FOR EXPANDED FUNCTION DENTAL ASSISTING

Dental Assisting is an occupational category that may include various levels of training and practice. For example, the “Dental Assistant” role generally serves as the entry-level role that can provide the most basic level of dental assisting services. Many states, however, have developed more advanced roles for dental assisting such as the Expanded Function Dental Assistant which requires a greater degree of training and enables a broader scope of dental assisting services (such as radiography, coronal scaling, restorative services, coronal polishing, sealants, and monitoring the use of nitrous oxide or other types of sedation).

TAKE ACTION

Learn what dental assisting roles exist within your state's regulation by visiting the [latest State Career Ladder Templates](#) resource prepared by the Dental Assisting National Board. Review the education, training, and credential requirements to understand how your health center might prepare dental assistants to provide more advanced roles. Here is a quick tip:

- Health centers can support career growth for dental assistants by providing training (if allowable at the health center), supporting employees by covering the cost of training and related examinations, and / or providing supervised experiences.

STATE POLICY FOR REGISTERED DENTAL HYGIENISTS IN ALTERNATIVE PRACTICE

In addition to the traditional dental hygiene role, some states developed advanced levels that enable dental hygienists to practice in expanded functions within certain settings if qualifications are met. This could include treatment planning without dentist supervision or under a collaborative practice permit. In other states, dental hygienists can administer local anesthesia, administer nitrous oxide, or perform minor restorative services. Many states have a "Public Health Dental Hygienist" role that enables dental hygienists to initiate and provide treatment without the specific authorization of a dentist. Public health dental hygienist roles may require a dental hygienist to hold a collaborative agreement with a dentist. These roles generally require dental hygienists to have a minimum amount of experience and may only be permissible in certain settings (such as long-term care, health centers, schools, or correctional facilities) or to serve certain populations (such as children, elderly, or individuals with disabilities).

TAKE ACTION

Explore what dental hygiene roles and services are permitted in your state by visiting the American Dental Hygiene Association's [scope of practice resources](#). To learn more specifically about public health dental hygiene roles under direct access, [review your state's regulations](#). Here is a quick tip:

- Work with oral health program staff to develop staffing plans that ensure your treatment team can work at the top of their licenses to serve your community (this may include leveraging public health dental hygienist roles on mobile vans, in school-based settings, or at a non-dental clinical sites).

STATE POLICY AUTHORIZING DENTAL THERAPISTS

Some states have developed roles for new dental workforce members in response to dentist shortages, including dental therapists. Dental therapists are dental care professionals trained to perform basic dental treatment and preventive services. This role was first adopted in Alaska in 2005 and has expanded into formal roles statewide within at least [12 states today](#). In some states, [dental therapists](#) must be a licensed dental hygienist prior to completing a dental therapy program and becoming licensed as a dental therapist.

TAKE ACTION

Understand whether your state recognizes the role of dental therapists by visiting the Oral Health Workforce Research Center [resources](#).

- If your state does recognize this role in state laws and regulations, consider how these practitioners might be integrated into your health center by exploring NACHC's [Dental Therapy Resource Guide](#). This guide will help you compare scopes of practice across dental care team members and learn how other health centers have integrated dental therapists.
- If your state does not currently recognize dental therapists, consider working with your state PCA to learn about the opportunity for health centers or coalition-building to advocacy for and adopt [dental therapist model legislation](#) in your state.

CONCLUSION

Health centers can play an essential role in reducing oral health disparities in underserved communities. Unfortunately, many health centers report being impacted by dental workforce shortages and don't feel equipped to provide adequate dental care for the communities they serve.

Several factors play a role in the shortage of dental professionals at health centers. A lack of health-center based training opportunities, costs associated with education, and other disincentives must be addressed to solve the dental workforce shortage and enhance the capacity of health centers to provide underserved communities with quality dental care.

States have an important role in defining and developing the dental workforce. State regulatory policies define educational requirements for licensure and outline the scope of practice for dental professions. Variations in regulatory policies across states translate into variations in the way health centers can train, hire, and deploy certain dental professionals. Health centers must understand their state's regulatory environment to ensure they are maximizing training opportunities, funding, incentives, and workforce contributions. Otherwise, health centers must advocate for policy changes that will enable them to do so.

States also have policies and appropriations that can directly support dental workforce development for health centers, including training grants to employers, scholarships for students, loan repayment programs for practicing professionals, and state income tax credits. Some states offer funding support for workforce housing or policies that encourage commercial insurers to partner with health centers for incentives.

The following table presents a summary of eleven organizations that are "shining star" examples of leveraging state policies and strategies to grow and strengthen their dental workforce. These are just a few of many organizations doing outstanding work in this space.

State policies are always changing, and workforce development innovations are constantly being developed, we encourage health centers and primary care associations to build on the information presented in this guide, establish networks for shared learning on your state's policies and strategies, and take strides to actively grow and strengthen the dental care workforce in your communities.

SHINING STAR EXAMPLES

STRATEGY/POLICY	PROGRAM TITLE	ORGANIZATION	LOCATION	STATE POLICY/STRATEGY
 TRAIN	Federally Registered Apprenticeships for Health Center Dental Assistant Training	Michigan Primary Care Association	Michigan	Office of Apprenticeship support for development of USDOL Registered Apprenticeship
 TRAIN	State-Supported Scholarships for Dental Assistant Training	Family Health Center of Marshfield, Inc.	Wisconsin	State appropriation to support dental assisting tuition
 TRAIN	Adapting a State Funding Model to Provide Technical Assistance for the Development of Dental Residencies	Wisconsin Collaborative for Rural Graduate Medical Education	Wisconsin	State appropriation to support Graduate Medical Education and Allied Health Professions Training
 TRAIN	Workforce development funding to support employer-based training	HealthInc, Inc.	Indiana	Prioritization of dental workforce in state workforce plan
 TRAIN	Leveraging State Regulatory Policies to Train Dental Assistants in Health Centers	Penobscot Community Health Center, Inc.	Maine	State regulatory policy related to on-the-job training of dental assistants
 TRAIN	State Funding to Support Dental and other Health Professions Student Clinical Rotations at Health Centers	Ohio Association of Community Health Centers	Ohio	State funding to support health professions students in clinical rotations at community health centers
 SECURE	Housing Stipends for Rural Dental Student Rotations in Health Centers	Horizon Health	South Dakota	State appropriation of tobacco tax funding to support clinical rotations in health centers
 SECURE	Partnering with the Medicaid Managed Care Organizations to Recruit, Retain and Expand the Dental Workforce	Health Center Association of Nebraska	Nebraska	Funding from Medicaid Managed Care Organizations for flexible health center workforce development
 MAXIMIZE	Training and Deploying Expanded Function Dental Assistants to Enhance Impact	Shawnee Health Service and Development Corporation	Illinois	State regulatory policy outlines scope of practice for expanded function dental assistants
 MAXIMIZE	Growing Experienced Dental Hygienists into Dental Therapists by Leveraging State Policies for Pilot Projects and Occupational Regulation	Virginia Garcia Memorial Health Center	Oregon	State regulatory policy enabling dental therapy
 MAXIMIZE	Registered Dental Hygienists in Alternative Practice Improve Comprehensive Dental Treatment and Extend Dental Care	Ravenswood Family Health Network	California	State regulatory policy provisions for expanded function dental hygiene in community-based settings

APPENDIX: SUMMARY OF DENTAL PROFESSIONALS

PROFESSION	REGULATION	EDUCATION	SCOPE OF PRACTICE
Dentists	Requires a state license to practice.	Bachelor's degree and four years of graduate training in a Doctor of Dental Surgery or Doctor of Medicine in Dentistry program.	Consistent across states
		Optional post-graduate residency training in dental specialty areas (i.e., pediatric dentistry).	Full scope of dental care services (preventive, restorative, and oral surgery)
Dental Therapists	Requires a state license to practice.	Typically, two years of dedicated training in a Commission on Dental Accreditation (CODA)-accredited program.	Varies across states
			Supervision – States require varying levels of professional supervision and/or collaboration with a licensed dentist.
			Services - Restorative services (dental fillings) and basic oral surgery (extractions)
			Note - Currently authorized in 12 states.
Dental Hygienists	Requires a state license to practice.	Graduate from an accredited dental hygiene program (either associate or bachelor's degree)	Varies across states
			Supervision – States require varying levels of professional supervision and/or collaboration with a licensed dentist.
			Services - Dental radiographs (x-rays), dental cleaning (prophylaxis), non-surgical periodontal care (scaling and root-planing), fluoride treatments, patient education, and counseling.
			Note - Some states offer an expanded or advanced scope of practice. These services include but are not limited to dental local anesthesia, nitrous oxide, silver diamine fluoride, and some restorative services. Typically, dental hygienists are required to complete additional education and training to qualify for expanded scopes of practice.
Dental Assistants	Varies by state; Some states require professional license/certification, others license/certify specific services	Varies from on-the-job training to formalized education requirements. Formal dental assisting education programs are typically offered by career and technical education programs or post-secondary (community colleges or universities) institutions and vary in length from a few months to one year.	Varies across states
			Supervision - Direct supervision required for most services
			Services - Assisting dentists with dental service delivery for patients, dental impressions, sterilization procedures, patient instructions, in addition to other services.
			Note - Some states offer expanded functions to qualifying dental assistants, including placement of dental restorations (dental fillings), dental cleanings (coronal polishing), and other services as specified.