

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

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STRENGTHEN AND EXPAND THE DENTAL WORKFORCE IN HEALTH CENTERS

A POLICY AND STRATEGY BRIEF



NATIONAL ASSOCIATION OF
Community Health Centers®

CareQuest 
Institute for Oral Health®

Federally Qualified Health Centers (FQHCs)¹ are the leading primary and preventive healthcare providers for underserved communities in the United States. Recognizing oral health as integral to overall health, health centers serving 35.5 million patients in over 15,000 sites across the U.S. are well positioned to address the extreme oral health disparities that exist.² With the current shortage of dental health professionals, however, the only way to expand access to oral health services is to activate policy that expands the dental health workforce.

There are many complex factors contributing to the current shortage of dental professionals in more than 6,800 communities nationally:

- Cost of education and limited community based training opportunities
- Variations in occupational regulation within and across states
- Inconsistencies in reimbursement for adult dental services

Each factor impacts the dental workforce pipeline and the sustainability of services in traditionally underserved communities. With limited access to dental care, low-income communities and communities of color suffer from disproportionately poorer oral health. The number one chronic disease among American children is dental caries (tooth decay), and the rates of caries and prevalence of untreated disease are significantly higher among American Indian and Alaskan Native, Asian,

Black, and Hispanic children than their White counterparts.^{3,4} Disparities among adults are seen with untreated caries, gum disease, and other dental diseases.^{3,4,5} To be clear, a major contributor is the shortage of accessible dental providers.^{6,7}

To improve oral health outcomes for historically marginalized communities, state governments must actively address the oral healthcare gap across the United States. Specifically, states must foster more collaborative partnerships with community health centers to expand access to critical oral health services.

Expanding access requires increasing the number of dental providers serving underserved communities and having each provider working at the top of their training. This policy brief outlines policy strategies that states can adopt to expand the dental workforce in community health centers in three areas:

1 In this policy brief, the terms "Federally qualified health center (FQHC)," "community health center," and "health center" are used interchangeably and refer to a recipient of a Health Resources and Services Administration grant under the Public Health Service Act § 330, as well as health centers that meet all the requirements to receive a § 330 grant but are not currently HRSA grantees, so-called FQHC "lookalikes."

2 National Association of Community Health Centers. (May 2024). Community Health Center Chartbook 2024. Retrieved from <https://www.nachc.org/resource/community-health-center-chartbook/>.

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

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

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

6 Bailit, H.; et al. (November 2005). U.S. State-Supported Dental Schools: Financial

Projections and Implications. *Journal of Dental Education*, Volume 72, Number

2 Supplement. Retrieved from: <https://deepblue.lib.umich.edu/bitstream/handle/2027.42/153587/jddj002203372008722suppltb04487x.pdf?sequence=1>.

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



TRAIN the dental workforce for practice in health centers

States can invest in educating and training the next generation of dental professionals. State investments in dental schools has lagged far behind the increasing demand for dental healthcare, exacerbating the gap in oral health, particularly for underserved communities.⁸ Also, the increasing cost of education and associated indebtedness is a noted challenge for dental professions directly impacting their practice choices.⁹ To combat these trends, states must increase their investments to educate and train dental professionals and offer incentives to new practitioners who provide care in dental health professional shortage areas (DHPSAs).¹⁰ Health centers are uniquely positioned to partner with states by serving as training centers for aspiring and newly licensed dental professionals. By establishing training pathways to health centers, states can ensure their investments in growing the oral health workforce can simultaneously address the systemic inequities in oral health.



SECURE the dental workforce within health centers through recruitment and retention initiatives

Recruiting and retaining dental professionals is essential for the successful delivery of dental health services. Health centers often face significant challenges in retaining dental providers, which leaves their patients with limited dental health options. To address this issue, states can partner with health centers and / or primary care associations to offer incentives and resources to ensure dental providers are able to continue serving health center patients. For example, states should consider providing tax credits and/or grants to dental providers who work in rural and/or medically underserved areas. Additionally, states should explore loan repayment opportunities for dental providers serving health centers as well. Providing these incentives will ensure greater financial security for dental providers serving at health centers and expand access to high quality oral health services for patients in need.



MAXIMIZE the reach of dental services within state occupational regulation and related policies

Having every dental provider working at the top of their training is another way to expand access. States can remove regulatory and/or policy barriers to licensure and scope of practice for dental health professionals to ensure each member of the dental care team is working at the top of their training. When dental assistants, dental hygienists, and dental therapists are practicing their full scope, dentists can focus on the more complex dental needs and access to dental care is expanded. Having primary care association and health center input helps to ensure the desired end results are accomplished.

This Policy & Strategy Brief offers several “Shining Star” examples of health centers, primary care associations, and a state organization who are champions the dental health workforce in underserved communities with policy and innovation. Each “Shining Star” provides a model that states could replicate. State governments are encouraged to use the domains of TRAIN, SECURE, and MAXIMIZE to address their dental health workforce needs.

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