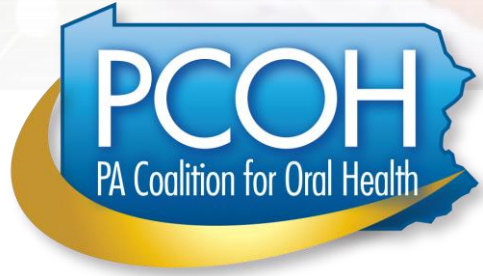




Access to Oral Health Workforce Report Part I EXECUTIVE SUMMARY



Pennsylvania Coalition for Oral Health

www.paoralhealth.org

[ACCESS THE FULL REPORT HERE](#)

Access to Oral Health Workforce Report Part I

EXECUTIVE SUMMARY

KEY TAKEAWAYS

ATTRITION

The Pennsylvania dental workforce has decreased 10% since 2015, with faster attrition during the COVID-19 pandemic & within rural areas.

PIPELINE CONNECTIONS

The presence of workforce training programs and density of licensed and certified dental providers are linked at the county-level.

COMMUNITY IMPACT

\$6.3M per year loss in tax revenue [payroll] and a loss of \$74M in rural labor income is due to dental workforce attrition.

LIMITING CAPACITY

Dental hygienists and assistants with certifications are not being utilized to the fullest scope of practice and not effectively distributed.

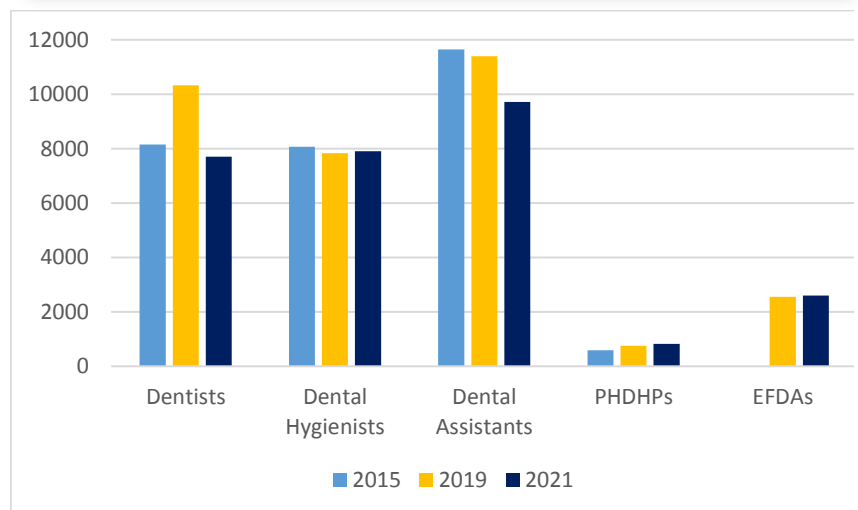
LOWER PAY

Pennsylvania ranks near the bottom nationally for the annual salaries of licensed dental care providers.

REPORT SUMMARY

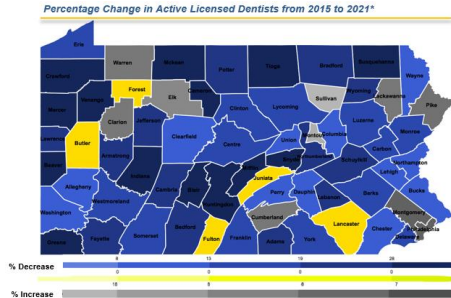
Labor shortages are affecting the dental industry, mainly due to the various pressures brought about by the COVID-19 pandemic. These national issues are palpable in Pennsylvania, resulting in enhanced attrition of workforce. This report found that COVID-19 and related financial and emotional impacts significantly affected the dental care workforce. Rural communities and Medicaid provider networks were affected disproportionately. As a result, Pennsylvanians have seen significant decreases in access to oral health care providers.

Total number of licensed and certified dental providers in Pennsylvania



KEY TAKEAWAYS RUNDOWN

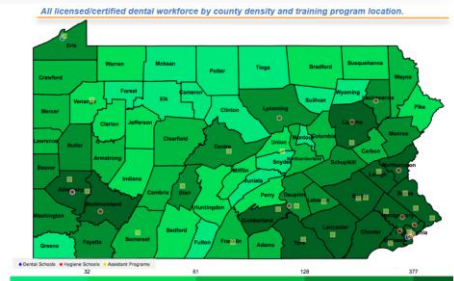
ATTRITION



COVID-19 has exacerbated dental workforce reductions, with rural areas experiencing the most significant impact. Over the seven-year period studied, rural counties observed a 14.2% decrease in licensed dentists compared to 3.5% in urban counties. Dental hygienists are in short supply creating an average dentist:dental hygienist ratio of 1:1, below the recommended 1:2 ratio. From 2019 to the end of 2020, Pennsylvania lost 1,680 dental assistants, close to 15% of the workforce. Pennsylvania achieved its lowest recorded U.S. Bureau of Labor Statistics ranking for dental assistant location quotient in 2021, #51 of 53 states and territories.

PIPELINE CONNECTIONS

Comparing the density of dental workforce with training and education sites demonstrated a statistically significant connection to location of training and available workforce. There is statistical significance between training programs (dental, dental hygiene, and dental assistant programs) and the overall density of dental care workers within a county.



COMMUNITY IMPACT

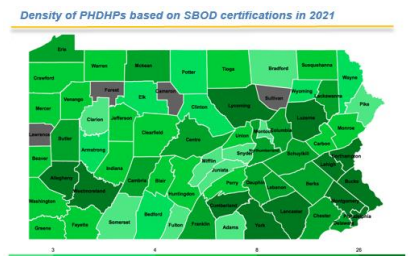
\$73M
lost labor income for rural PA counties

\$6.3M
lost annual tax revenue

Dental care sites produce economic development that creates jobs and accrue labor income that is spent in local communities. Labor income is a vital aspect to economies, especially for rural counties. Pennsylvania lost 216 rural dentists from 2015 to 2021. This corresponds to a loss of approximately \$73M in labor income for rural counties and affects 1,000+ jobs. Additionally, the state lost approximately \$6.3M in annual tax revenue from dental workforce attrition through our 7-year study period.

LIMITING CAPACITY

Considerable research has concluded that direct-access and expanded dental providers improve the value and volume of dental care. Direct-access dental hygienists (PHDHPs) and expanded function dental assistants (EFDAs) are disproportionately located in PA's urban areas. PHDHPs are primarily situated in traditional practice settings where they cannot provide a higher level of care to their skill set. Only 10.5% of dental hygienists are certified PHDHPs and 26.8% of dental assistants are EFDAs.



LOWER PAY

44 of 53
ranking for dental hygienist annual salary in PA

41 of 50
ranking for dentist annual salary in PA

Pennsylvania ranks near the bottom for the annual salaries of licensed dental care providers, ranking 44/53 for dental hygienists and 41/50 for dentists compared to other states and territories. In comparison to the six bordering states, PA is often at or near the bottom for annual clinical dental care workers pay.

ADDITIONAL FINDINGS

Medicaid Impacts: Medicaid is a fundamental component of states' economies because of its prominent role in coverage, care, and its design as a federal-state partnership. Medicaid stability and expansion have been associated with workforce stability and development. From 2019 to the end of 2020, there was a 13.5% decrease in provider participation and a 6.6% increase in enrolled participants. In 2020, we evaluated meaningful participation for those providers billing more than \$10,000 annually. Final analysis documented 1,924 of the 2,189 dentists (1,071 general dentists) participating met the \$10,000 threshold.

Provider Support and Well-being: Within Pennsylvania's dental safety net, recruitment and retention of dental assistants and hygienists have been problematic since 2020. A recent poll during the Pennsylvania Association of Community Health Centers' May 2022 Dental Operational Excellence Conference found that FQHC attendees (n=24) from 18 health centers reported more difficulty with recruitment than in the past for dental assistants (87%), dental hygienists (76%), and dentists (63%). Additional polling also exposed significant burnout as the group scored an average of "3" in response to the single-item burnout measure from the MBI Emotional Exhaustion Subscale, signifying the presence of professional burnout.

Rural Disparities: In 2021, most of Pennsylvania's dental workforce practices within urban areas (only 17.2% are located in rural areas). This is a decrease from 19.0% in 2015. In evaluating the rural workforce, a significant reduction in dentists per 100,000 population (45.5 in 2016 and 39.0 in 2021) and a slight increase for dental hygienists (58.5 in 2016 and 59.6 in 2021) were found. Many of the dentists who currently work in rural communities are aging, thus expediting a decrease in rural oral health access.

Variability in Reported Numbers of Providers: Assessing the adequacy and activity of the dental care workforce has a long tradition of different methodologies and ideologies used to determine the total number of providers. This can be complicated by states offering different types, categories, and designation of licensure, a wide range of employment opportunities that may not include clinical care, and a heightened ability for dental professionals to work outside of the traditional 40-hour work week. Released reports and assessments evaluating the total number of dentists (12 since 2005) and dental hygienists (7 since 2005) in Pennsylvania are variable in final numbers depending on the organization/agency and what keywords or definitions were utilized. It is necessary to develop a better understanding of how organizations are counting the total number of providers and enhance interdisciplinary communication to improve workforce studies and planning.

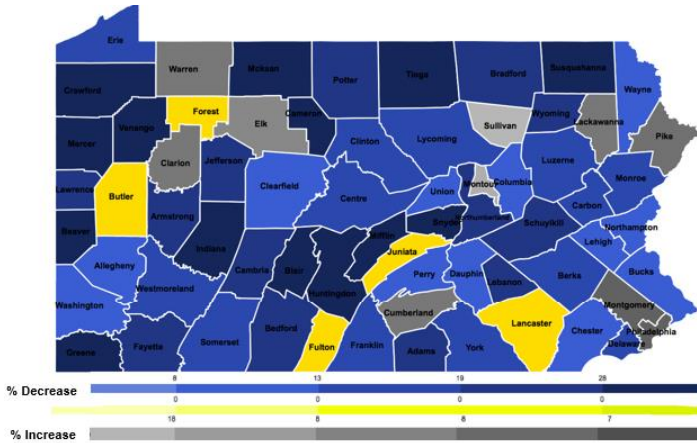
COVID-19 Relief Funding: Several mechanisms were put forth by the federal government to help offset revenue losses and maintain employment for healthcare providers through the pandemic that includes: the Paycheck Protection Program (PPP), the EIDL small business loan program, and ARPA COVID-19 relief funding.

- Pennsylvania businesses received a total of \$9.1B with an average of \$30,002 in PPP loans, while dental businesses received a total of \$468M with an average of \$90,562. These loans assisted with payroll for 39,806 dentistry employees or an average of 7.7 employees for the 5,164 dental business that received loan assistance through all phases of the program.
- The total amount of all EIDL loans provided to Pennsylvania businesses was \$3.46B with the mean average of each loan at \$51,118 per loan. The total amount for dental care delivery businesses was \$96M with a mean average of \$99,848 per loan.
- Most dentists and dental businesses that applied received \$500 in round one ARPA funds. The average for registered dental businesses was \$4,275 for 94 awards, compared to \$155,430 per 2,065 healthcare-related awardees for all of PA.

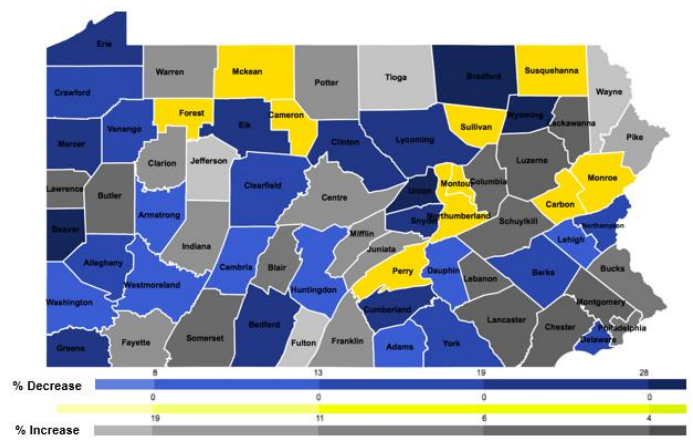
ADDITIONAL FACTS, FIGURES, & MAPS

The figures below highlight the county-level decreases (blue) in dentists and dental hygienists that occurred over the seven-year review period. More information on county-level workforce changes are available within [the full report](#) and the [supplemental regional assessment](#) publication.

Percentage Change in Licensed Dentists 2015-2021

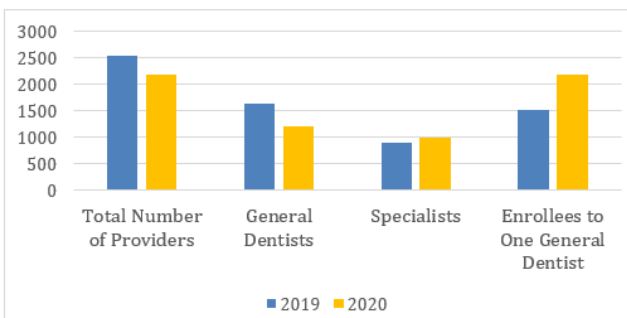


Percentage Change in Licensed Dental Hygienists 2015-2021



Medicaid provides economic stability and it is correlated with the density of providers at the county level. Difficulty with its administration or dissatisfaction with a Medicaid program can result in furthering health disparities and negative oral health outcomes. An analysis of Medicaid provider levels and total money paid to dental care providers is completed within the full workforce report.

Year-to-Year Comparison of Participating Medicaid Providers



13.5%
decrease in
Medicaid
participation

6.6%
increase in
Medicaid
enrollees

Estimated Pennsylvania Medicaid Spending on Dental Services

Year	Total Spend	Total MCO Paid to Providers	Services	Total FFS* Paid to Providers	Services
2015	\$238,483,238	\$219,122,421	5,716,135	\$19,360,817	494,637
2017	\$247,466,920	\$231,609,586	6,464,426	\$15,857,334	446,687
2020	\$185,303,200	\$182,697,800	5,015,116	\$2,605,400	65,097



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