

# Access to Oral Health Workforce Report Part II EXECUTIVE SUMMARY

Pennsylvania Coalition for Oral Health  
[www.paoralhealth.org](http://www.paoralhealth.org)

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# Access to Oral Health Workforce Report Part II

## EXECUTIVE SUMMARY

### KEY TAKEAWAYS

#### UNDERUTILIZATION

*Almost half of direct access and expanded function practitioners are not currently practicing to the level of their training or scope of practice, which is impacting access to care and workforce satisfaction.*

#### RURAL CHALLENGES

*Rural counties have seen more attrition, the highest levels of dissatisfaction, maldistribution of advanced or direct practitioners, more specialists locating in urban centers, an insignificant pipeline, and the largest percentage of workforce retiring within the next 6 years.*

#### LIMITED CAPACITY

*Secret shopper data determined that 39.6% of dental care sites have a new patient appointment available within 30 days. Previous Pennsylvania-based research reported 76.5%, in 2018.*

#### QUALITY OF LIFE

*A lack of work-life balance was a major contributor to dissatisfaction reports. Pennsylvania's female dentists and younger practitioners were more likely to work less hours per week.*

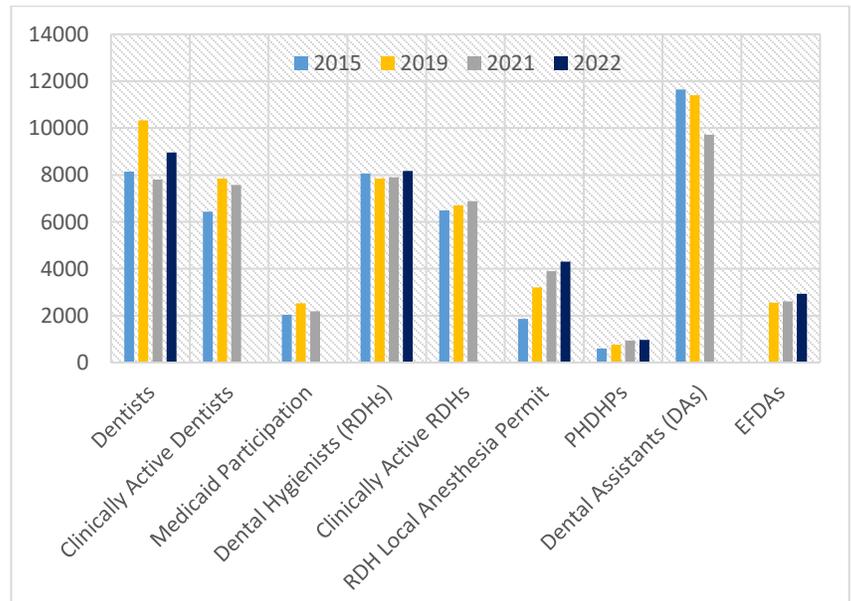
#### ALARMING DISPARITIES

*In 2021, 40.2% of dentists report accepting individuals with intellectual and developmental disabilities (IDD). In 2022, secret shoppers reported the most difficulty in obtaining a dental appointment for IDD populations.*

### REPORT SUMMARY

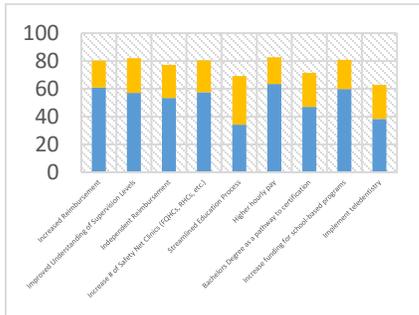
Pennsylvania (PA) continues to struggle with a return to pre-pandemic dental workforce levels. PA dentists are working less hours per week than the previous decade and maldistributed to urban areas. The commonwealth has seen consistent increases in local anesthesia permits for dental hygienists, public health dental hygiene practitioner (PHDHP), and expanded function dental assistant (EFDA) certification. However, many Dental Health Care Workers (DHCW) are not being utilized to the top of their license, which is negatively impacting access to care.

Total number of licensed and certified dental providers in Pennsylvania



# REVIEW OF FINDINGS

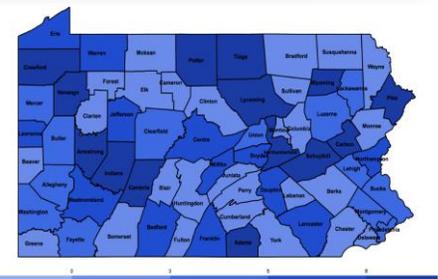
## UNDERUTILIZATION



58.5% of PA PHDHP survey respondents agreed (41.9% strongly agree) that they work below the standard scope of practice and could have more responsibilities. PHDHPs are disproportionately located in urban areas and working in private practice where they can not practice to the top of their certification. The majority of clinically active RDHs have a local anesthesia permit (LAP) in Pennsylvania. Approximately 15% of LAP holders reported that they do not apply this education because the supervising dentist does not see a value to the practice. Even though there are improvements to revenue, personal finances, and satisfaction, only 26.8% of PA dental assistants are Expanded Function Dental Assistants (EFDA).

## RURAL CHALLENGES

Pennsylvania's rural counties have smaller clinically active dentist ratios per population (40.8) compared to 56.7 in urban counties (national average = 61). Dental practitioners located in rural counties reported the highest level of career dissatisfaction. PHDHPs are predominantly (72.3%) in urban areas. The number of PHDHPs decreased 6.3% in rural areas from pre-pandemic levels. PA dental schools produced approximately 7 new graduates that are in rural counties annually since 2015. There are quality rural oral health initiatives active today, but they are under-funded to meet scale.



## LIMITED CAPACITY

**55 days**

Average wait for a new patient dental appointment

**99 days**

Average wait to have treatment for a cavity

Evaluation of secret shopper sites determined that 15.5% of practices were currently not accepting any new patients. The average wait to a new patient dental appointment is 54.6 ±2.9 days and a range of 0-730 days. If a cavity is found, the treatment visit would take an additional 35.6 ±2.0 days and a range of 1-377 days. The average total wait time for treatment of a cavity in Pennsylvania is 98.6 ±14.4 days, or over 3 months.

## QUALITY OF LIFE

Burnout levels are high and affecting a significant portion of providers. Dentists reported that the *ability to connect with patients* and *autonomy in decision making* were main sources of satisfaction. However, high-volume business operations, increased demand, and staffing shortages impacted the ability of dentists to achieve those two primary goals. Administrative tasks and insurance policy changes were reported as major sources of dissatisfaction. A growing need of the workforce is more time for self and work/life balance. This may be why there is a decrease in hours worked and an increase in retirements.

Anticipated Dental Practice	Number	Percent
Less than 3 years	1,261	16.7%
3 to less than 6 years	1,326	17.6%
6 to less than 11 years	1,504	20.0%
11 to less than 16 years	1,012	13.4%
16+ years	2,426	32.2%
Total	7,529	100.0%

## ALARMING DISPARITIES

**24%**

Of Pennsylvania dental care sites do not see individuals with IDD

**26%**

Of Pennsylvania dental care sites that see IDD populations only offer a diagnostic appointment

Seventy-five of the 307 (24.1%) secret shopper sites called seeking a dental appointment for persons with IDD reported that they do not see patients with IDD: 15 stated they did provide care to IDD patients with no additional information, 11 sites provided a list of up to 3 referral sites; and 49 sites provided a suggested referral to a pediatric specialist. In addition, 80 of 307 sites (26.1%) stated that if additional restorative treatment was needed it would require a specialist referral. Four percent charge a \$150 - \$200 behavior management fee often not covered by insurance and required prior to appointment.

# RECOMMENDATIONS



## ***Training and Education***

- Improve the percentage of dental school enrollees that are Pennsylvania residents
- Increase training locations in rural counties
- Improve the number and data transparency of graduate programs and residencies
- Galvanize around equitable non-traditional dental training programs that utilize technology and community-based care delivery



## ***Certifications and Scope of Practice***

- Improve the overall distribution of non-dentist clinicians who hold advanced certifications and/or permits
- Utilize all current personnel to the top of their license and determine better financial models to ensure sustainability
- Advance and fund new integrated care delivery and payment models to expand the reach of the oral health workforce
- Increase the number of care teams that treat individuals with disabilities and maintain pathways of financial and technical support that will sustain the practice



## ***Competitive Pay and Ability to Advance***

- Develop new revenue and reimbursement structures that improve the average income of DHCWs similar to surrounding states
- Develop new benefit design and payment models that align with the current post-COVID environment and increased labor and operational costs
- Improve DHCW opportunities for upward mobility, professional development, and income earned
- Address further delineation of dental hygiene degrees; to align with other healthcare professions



## ***Rural Interventions***

- Improve incentives by utilizing new reimbursement models and loan management support
- Utilize telehealth and mobile/portable clinics to alleviate access to care issues
- Review rural colleges, universities, and degree programs to remain competitive and relevant
- Discover opportunities to create oral health businesses in rural counties



## ***Loan Repayment Programs (LRP)***

- Increase the number of dentists and dental hygienists receiving LRP awards and improve the distribution of awards to rural counties



## ***Burnout and Satisfaction***

- Improve investment in research, evaluation, and support of DHCWs' well-being and professional satisfaction



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