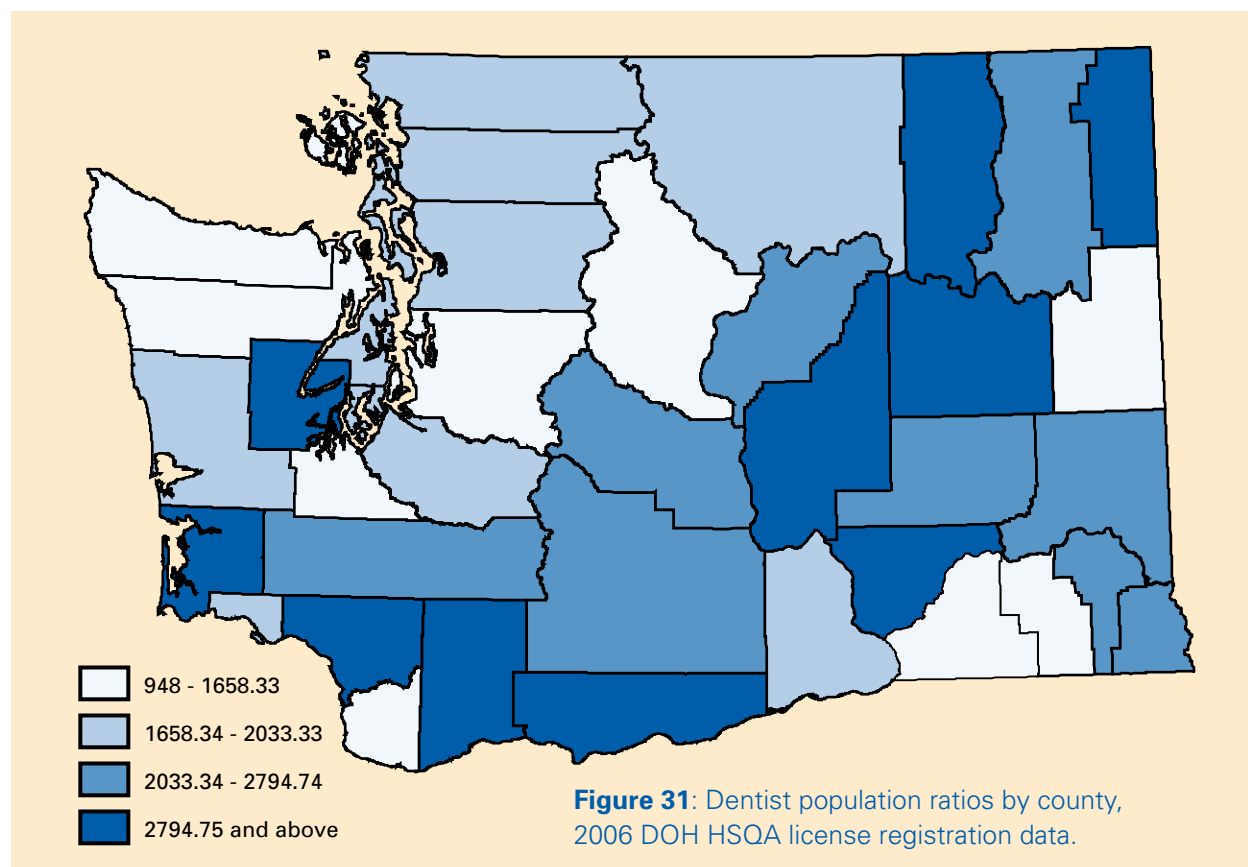


Dental Workforce

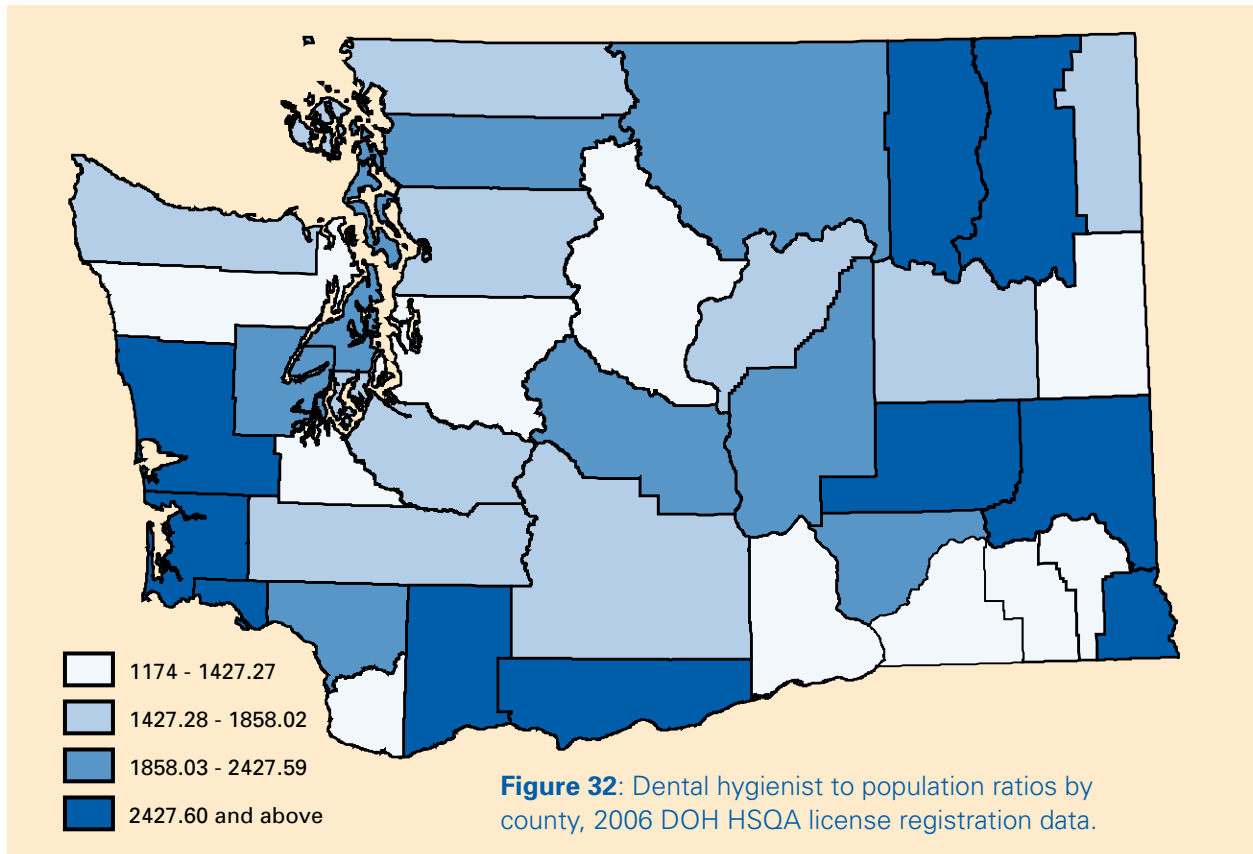
Dental workforce capacity

The oral health care workforce is critical to meet society's need for high quality dental care in the United States. Health policies that intend to expand access to services, improve quality, or constrain costs must account for issues of supply, distribution, preparation, and utilization of the workforce. Nevertheless, estimating workforce numbers is a complex endeavor. Different methodologies lead to different estimates. This document presents a summary of state and federal estimates for Washington in a chronological manner.

The DOH Office of Health Professions Quality Assurance (HPQA) is responsible for licensing and regulating nearly 300,000 health care providers, including dentists and dental hygienists in the state. HPQA data show that in November 2006, there were 5,648 dentists and 4,913 dental hygienists licensed in Washington. Of these, 4,473 dentists and 4,271 dental hygienists practiced in the state (i.e., had an address in Washington). Dentist-to-population ratios ranged from one dentist per 948 people in urban King County to one dentist per 12,300 people in rural Pend Oreille County. The maps below depict HPQA's license registration data from November 2006.



Note: Address reported during license registration might not be the actual location of practice.

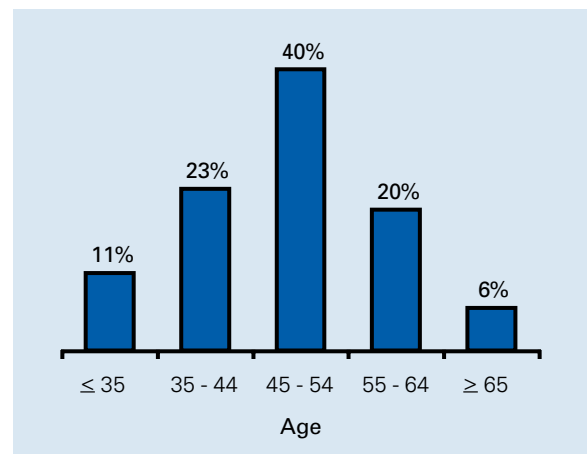


Note: Address reported during license registration might not be the actual location of practice.

The federal Health Resources and Services Administration (HRSA) published state dental workforce profiles that included: all dental professionals in the state, including those without a state address, those not practicing, and dental students and residents. It is important to notice that these numbers tended to be an overestimate of the dental workforce in several states, including Washington. The study concluded that: [44]

- Washington ranked seventh in the nation for dentists per capita (76.6 dentists per 100,000 v. the national rate of 63.6 per 100,000). Washington also had a higher than average rate for dental hygienists and dental assistants.
- The number of dentists grew 56 percent from 1991 to 2000, while the state's population grew 18 percent. The result was a 32 percent increase in dentists per capita compared to a 16 percent increase for this period nationwide.

Figure 33: Age distribution of all private practice dentists, 2001 Dental Workforce Survey (For all private practice dentists, N=1,708).



The Washington State Dental Association (WSDA) and the University of Washington (UW) –Center for Health Workforce Studies (CHWS) surveyed all active licensed dentists in 2001, showing that: [45]

- Out of the 4,805 active licenses, only 3,913 dentists were actually practicing in the state. The number decreased to 3,647 when dental residents, inactive dentists and old dentists close to retirement were excluded.
- Out of these, 84 percent (3,085) worked full-time (average 37.5 hours per week) as general dentists, and 16 percent as specialists.
- About 66 percent of dentists surveyed were older than 45 years.
- The rate was 53 dentists for 100,000 people.
- About 50 percent of full-time general dentists planned to retire by 2013. In the state’s rural areas, this rate reached 57 percent.
- The largest relative shortages of dentists were in rural areas, where only 13 percent of full-time general dentists and 20 percent of part-time general practice dentists were located.

The DOH Primary Care Office (PCO) represents the needs of the underserved populations and the providers who serve them. This advocacy and support work is focused on health care planning and technical assistance. Primary care includes medical, dental, and mental health services. According to the PCO, Washington’s statewide ratio of population to primary care dental full-time equivalent (FTE) was 1,918 to 1 in 1998. While this is considerably better than the federal standard for dental shortages (5,000 to 1), providers’ geographic distribution remained a key concern. A seventh of the state’s health service areas fell short of the federal standard. [46]

Also in 1998, the UW–CHWS calculated the gap between supply and effective demand for dental services at 162 dentists and 58 hygienists in the areas that fell short of the federal standard. Nearly twice this number of additional providers would be needed in these areas to meet the HP2010 goal of 83 percent of the population making one annual dental visit. [47] The distribution of dental FTEs mirrors the distribution of FTEs for primary medical care. The highest ratios (3,530 to 1) are found in urban fringe areas, and the lowest ratios (1,675 to 1) are found in urban core areas. Small, isolated rural areas (2,947 to 1) and large towns (2,467 to 1) have lower staffing levels than urban areas. [46]

New dental workforce legislation

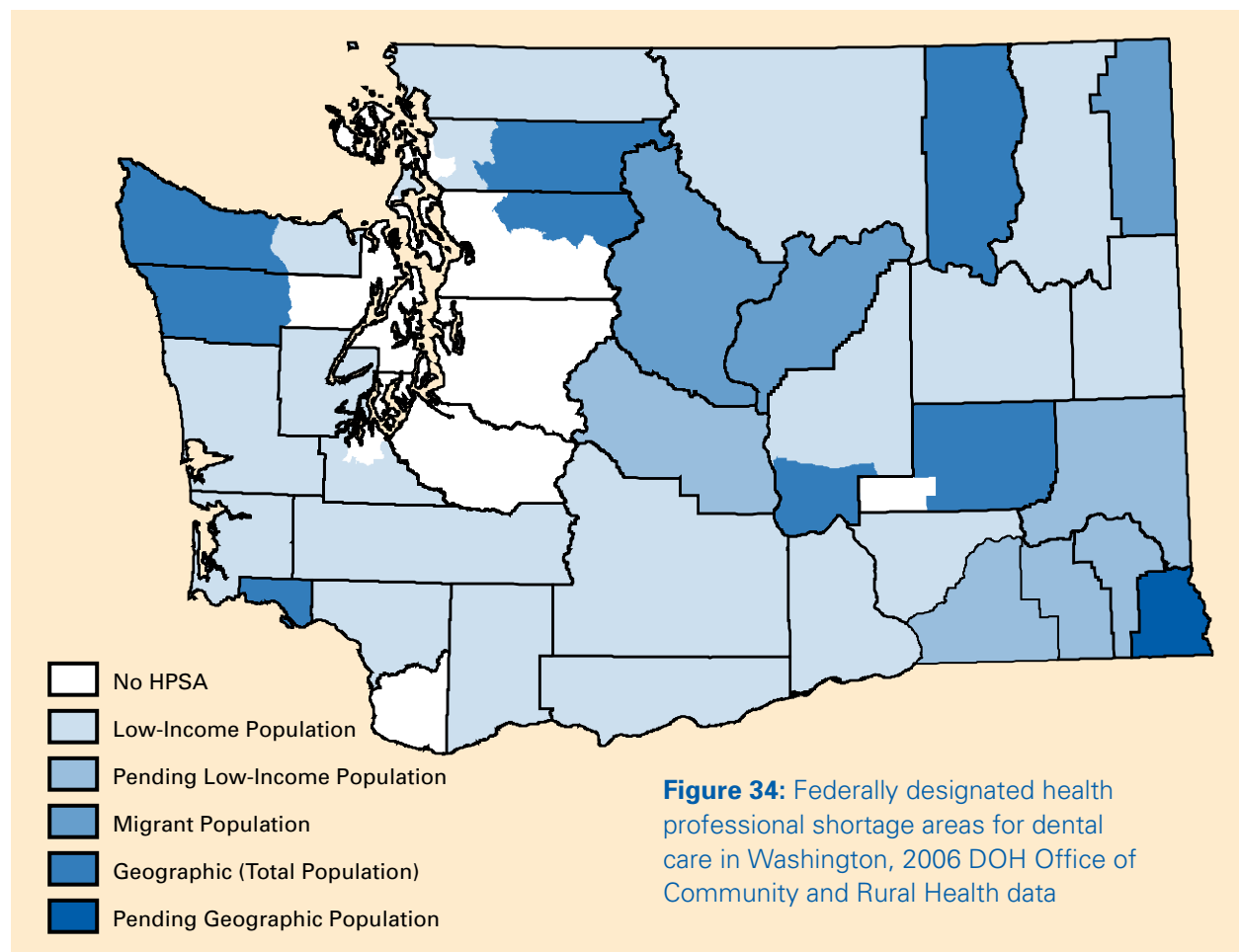
The 2007 state legislative session resulted in some important policy changes in the regulation of dental providers. Substitute House Bill (SHB) 1099 requires registration of dental assistants (an estimated group of 10,000 individuals) in Washington State. This same legislation also creates a new category of dental provider called “expanded function dental auxiliaries (“EFDA”). Both of these providers are to work under the supervision of a dentist licensed in Washington State. A review of the impact of these newly created professional categories will be undertaken by DOH by November 15, 2012.

SHB1298 relates to dental hygienist employed by health care facilities and in contractual agreements with schools and local health jurisdictions in the sealant programs. Dental hygienists may work in certain health care facilities, that will now include senior centers, to perform authorized dental hygiene operations and services with off-site supervision by a dentist licensed in Washington State. SHB1298 also allows dental hygienists providing sealants and fluoride varnish in schools to also remove deposits and stains from teeth surfaces. For all these activities, dental hygienists are required by the legislation to collect patient data on age, treatments rendered, insurance coverage, if any, and patient referral to dentists; such data will be forwarded to the State Department of Health quarterly. A report based on the data received will be provided to the Legislature in December 2008.

For more information on these newly enacted bills, refer to [HYPERLINK “http://www.doh.wa.gov/cfh/Oral_Health/legislative.htm”](http://www.doh.wa.gov/cfh/Oral_Health/legislative.htm) http://www.doh.wa.gov/cfh/Oral_Health/legislative.htm.

Dental Health Professional Shortage Areas (dental HPSAs)

A Health Professional Shortage Area (HPSA) designation is needed for initial eligibility for certain state and federal programs. The DOH Office of Community and Rural Health (OCRH) collaborates with local partners and health jurisdictions to gather provider data for analysis. The shortage area requirements are quite complex. An area can have a county or partial-county designation. Qualifications are typically met if the population to provider ratio exceeds the required threshold and if care is not available or are beyond capacity in the surrounding areas. If an area meets these general requirements, OCRH prepares and submits a designation request for review by the Shortage Designation Bureau. These designations are voluntary and renewed every four years. In December 2006, there were 37 (one new request and 36 approved or pending renewal) dental HPSA designations in Washington.



Dental educational institutions

Washington State has one dental school, eight dental hygiene programs, and seven dental assisting programs.

Dental school

The UW School of Dentistry was established in 1945. In addition to the Doctor of Dental Surgery (DDS) degree, the school offers Master of Science and DDS/PhD programs. The school enrolls 55 dental students a year, and its clinics, with 230 dental chairs, provide 66,000 patient visits a year. The school is also involved with several community service activities, including:

- Dental Education in Care of Persons with Disabilities (DECOD), which treats persons with severe disabilities and prepares dental professionals to meet their special oral health needs. DECOD provides more than 3,500 dental visits per year.
- The Pipeline Community-based Dental Education Program, which is designed to increase access to dental care for underserved populations and to increase recruitment and retention of disadvantaged and underrepresented minority students into dentistry.
- The Community-based Clinical Training Program, through which fourth-year dental students provide care in more than 15 community-based clinics statewide.
- The Oral Health Collaborative, which creates and delivers models for oral health education and prevention that involve local partners and can be replicated and sustained at the community level to improve the oral health of underserved children statewide.
- The Regional Initiatives in Dental Education (RIDE) program, a strategic partnership aimed at increasing the dental workforce and meeting oral health needs in the northwest region. RIDE will create regional training sites in areas lacking dental schools by partnering with regional universities, dentists, dental associations, community health centers, and others.

A pioneer initiative of the UW Schools of Dentistry and Medicine has been the creation and implementation of an oral health curriculum for medical students. Children are more likely to have medical than dental insurance, and oral diseases can be almost totally avoided by simple preventive measures. Therefore, physicians are in a unique position to influence oral health outcomes in vulnerable populations. This can be accomplished through the performance by physicians of oral health screening examinations, preventive interventions, patient counseling, and dental referral and collaboration. [48]

For more information about the UW School of Dentistry, visit its website at <http://www.dental.washington.edu/>.

Yakima Valley Farm Workers' dental residencies

The Yakima Valley Farm Workers Clinic and the University of Washington have created and currently operate two dental residency programs: one in General Dentistry and another in Pediatric Dentistry.

The Northwest Dental Residency is an Advanced Education in General Dentistry (AEGD) residency that started in 2006 with five residents placed in dental clinics in Spokane, Yakima, and Toppenish. The residency teaches comprehensive dentistry with an emphasis on practicing in rural communities, public health, cultural competency, and multidisciplinary health issues. The program enhances residents' ability to provide treatment using dental auxiliaries (hygienists and assistants) in an expanded-duty capacity. Residents are also exposed to mobile dental clinics that provide emergent and urgent dental care to underserved communities in the state. A new state law offers the residents an alternative path for dental licensure instead of the regional dental board examination to obtain a license in Washington State. Expansion is planned for the coming years. For more information, see <http://www.aegdnorthwest.org/>.

The Pediatric Dentistry Residency is based at the View Crest Pediatric Dentistry clinic and Children's Village, where dental services are provided for children with special health care needs. For more information, visit their website at: www.yvfwc.com.

Dental hygiene programs

Washington State has eight dental hygiene programs offering either baccalaureate or associate degrees. Together these schools graduate 247 professionals a year. The programs have clinics that offer oral hygiene services to their communities and the clinical activities of the students are supervised by faculty of dentists. Overall, they have dentists on staff to supervise the clinical activities of the students in training. The following websites provide more information about each dental hygiene program:

Undergraduate education

Clark College

www.clark.edu/academic_programs/technical/heoc/dental/

Eastern Washington University

www.csmt/ewu.edu.csmt/dnhy/dnhydept.htm

Lake Washington Technical College

www.lwtc.ctc.edu

Pierce College

www.pierce.ctc.edu/denthyg

Shoreline Community College

<http://elmo.shore.ctc.edu/dental/>

Yakima Valley Community College

www.yvcc.cc.wa.us/academics/workforceed/dental%20hygiene/

Columbia Basin College

www.cbc2.org/careers/dental/

Seattle Central Community College

<http://www.seattlecentral.org/>

Dental assisting programs

Washington has eight schools of dental assisting:

Apollo College

http://www.apollocollege.edu/dental_asst.asp

Bates Technical College

<http://www.bates.ctc.edu/page.asp?view=151>

Bellingham Technical College

<http://www.btc.ctc.edu/CourseDocs/Programs/pDentalAssisting.asp>

Clover Park Technical College

<http://www.cptc.edu/wrl.asp?iSRN=11034&t=wrl>

Degree completion programs

University of Washington

<http://depts.washington.edu/dhyg/>

Eastern Washington University

www.csmt.ewu.edu/csmt/dnhy/expndgree.htm

Lake Washington Technical College

<http://lwtchost.ctc.edu/programs2/dental/dental/index.htm>

Renton Technical College

<http://www.rtc.edu/Programs/TrainingPrograms/DentalAssistant>

Seattle Vocational Institute

http://sviweb.sccd.ctc.edu/p_ah_dent-as.htm

South Puget Sound Community College

http://www.spscc.ctc.edu/programs_of_study/dentalassist_ata_degree.html

Dental workforce diversity

One cause of oral health disparities is lack of access to oral health services among under-represented racial and ethnic groups. Increasing the number of dental professionals from these groups is an integral part of national efforts to improve access to care. [33]

HP2010 calls for increased diversity in the dental workforce. Suggested targets include: one percent for Alaska Natives, four percent for Asians, 13 percent for African Americans, and 12 percent for Latinos. Nationally, a 1997 survey conducted by the American Dental Association [49] showed that only 1.9 percent of active dentists in the United States identified themselves as black/African American, who comprise 12.1 percent of the U.S. population. About 2.7 percent of U.S. dentists are Hispanic/Latino, compared to 10.9 percent of the population. No state data are currently available on the diversity of the practicing dental workforce.

The low number of ethnic and racial minorities in dental school is a national issue. The UW School of Dentistry has taken several innovative approaches to increase its number of minority students over the years.

- In 1999-2000, a federal HRSA study indicated that in Washington: [44]
 - The majority of dental school graduates (65 percent), dental hygienist graduates (91 percent), and dental assistant graduates (79 percent) were non-Hispanic white.
 - Ten percent of the dentists in practice in 2000 were women, and 34 percent of the dental school graduates in 1999-2000 were women.
 - Nationally, 96 percent of dental hygienists and 99 percent of dental assistants were women.
- In 2006, 42 percent of dental school enrollees were women, and 71 percent of the enrollees were non-Hispanic white.

Table 15: University of Washington School of Dentistry enrollees by selected demographic characteristics, 2002-04 American Dental Education Association Reports and 2005-06 University of Washington School of Dentistry.

Total dental school enrollees	2002	2003	2004	2005	2006
Race and ethnicity					
White	35	37	40	36	39
African American	1	2	1	1	1
Native American/Alaska Native	0	0	0	0	1
Asian/Pacific Islander	9	15	10	14	12
Hispanic	1	1	4	5	1
Other †	10	0	0	0	1
Gender					
Male	32	34	35	35	32
Female	23	21	20	21	23
Residence status					
In-state	40	40	47	49	46
Out of State	15	15	8	7	9

† Categories "Other" and "Not reported" combined into "Other."