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Insights



Oral Health in Rural Pennsylvania

Rural populations struggle to access quality health care and oral health care is no exception. A lack of access to oral health services is a critical issue facing rural Pennsylvanians and can be linked to negative health implications.

Significant areas of rural Pennsylvania lack dentists, and as a result, it is often difficult for rural residents to access dental care.

There is significant geographic maldistribution of the dental workforce since most dentists practice in urban or suburban areas. According to 2022 federal shortage designations, Pennsylvania has 163 dental Health Professional Shortage Areas (dental-HPSA), which document the maldistribution of the dental workforce and serious disparities in access to care for low-income and rural populations. These designations indicate that only 36 percent of the oral health care needs in the state are met (Health Resources and Services Administration, 2022). Pennsylvania would need a total of 337 new providers to meet all needs in the designated shortage areas (Health Resources and Services Administration, 2022). At the current rate of new dentist graduates choosing to work in dental HPSAs, it would take fourteen years to meet this need (PCOH Workforce, 2023).

Pennsylvania adopted a 10-year *2020-2030 State Oral Health Plan* (Pennsylvania Department of Health, 2020), which focuses on three priorities: access and education, workforce, and building a state infrastructure. The plan is designed to improve oral health for all Pennsylvanians over the next decade and will address rural disparities.

Access to Care Options

It is not uncommon for rural residents to travel across counties and wait months to see a dental provider. In rural areas, current wait times for an appointment can be as long as 730 days (PCOH Workforce, 2023). The integration of oral health into medical settings is quickly becoming a feasible option to increase access to care in rural areas, so that medical providers can complete oral health risk assessments and apply fluoride varnish to patients in the primary care setting.

Individuals in rural areas may also rely on mobile dental programs and teledentistry to connect with a dental provider. It is important for mobile programs to be connected to brick-and-mortar facilities so that residents can seek care in case of an emergency or need for complex restorative dentistry. Rural broadband access is an important component of a successful teledentistry program.

Pennsylvania's safety net system for oral health care consists of care at Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), and free and charitable clinics. In 2020, nearly 90 percent of FQHC sites were providing

dental services in just over half of Pennsylvania's sixty-seven counties. RHCs serve the state's forty-eight rural counties with county-wide dental professional shortage designations. Sixteen of the state's sixty-six RHCs offer some type of oral health education, oral health services, and/or a dental referral system. Of the fifty-three free and charitable clinics in the state, approximately twelve sites offer dental services (PA Free Clinics, 2023).

Pennsylvania has three full-time dental schools, which can serve as additional safety net options for dental treatment. However, these schools are located in Pittsburgh or Philadelphia, the most urban cities in the state and may not treat rural residents. Some preventive services can be provided at no- or low-cost at the state's thirteen dental hygiene programs.

Pennsylvania utilizes a predominately managed care model for the state's Medicaid program. Managed Care Organizations (MCO) are contracted through the Pennsylvania Department of Human Services (DHS) to serve member needs and are required to meet network adequacy requirements. With just 23 percent of general dentists accepting any form of Medicaid, demand for services in rural areas greatly exceeds supply. For individuals who are uninsured, underinsured or not eligible for Medicaid coverage, access can be even more difficult.

Workforce

Pennsylvania has a range of dental providers in its licensed and certified workforce. In 2021, Pennsylvania had more

than 10,000 licensed dentists and 9,000 licensed dental hygienists (Pennsylvania Department of State, 2020). In addition to this traditional workforce, the Pennsylvania State Board of Dentistry has certified more than 2,000 expanded function dental assistants (EFDAs) who have restorative services in their scope of practice, and nearly 900 certified public health dental hygiene practitioners (PHDHPs) who provide preventive treatment and education services without supervision in public health settings (Pennsylvania Department of State, 2020). However, as with dentists, these providers are inequitably distributed across Pennsylvania and do not meet the oral health needs of rural populations.

Rural counties are home to only thirty-one dentists per 100,000 residents, compared to sixty-one dentists per 100,000 residents in urban areas (ADA Health Policy Institute, 2021). Sixty-three Pennsylvania counties contained a dental-HPSA designation; the rural counties of Cameron, Fulton, Juniata, and Potter have only twenty dentists per 100,000 residents.

The state also provides loan forgiveness programs for dental providers, many of whom apply from rural practice sites. The Pennsylvania Department of Health (DOH) provides loan repayment opportunities as an incentive to recruit and retain primary care practitioners interested

in serving in federally designated areas of underservice. The state loan repayment program will reimburse dentists up to \$80,000 in exchange for two years of full-time practice in an area that is designated as underserved. While this financial assistance may seem substantial, it only covers a fraction of a dentist student's debt and often is not enough incentive to keep a dentist in a rural area following their loan repayment commitment. This leads to a high rate of provider turnover and causes instability for patients who are already vulnerable.

Oral Health Infrastructure

Oral health infrastructure in Pennsylvania includes several components, such as school-based programming, community water fluoridation efforts, and state surveillance.

Dental Services for School-Aged Children

Pennsylvania has codified dental services for children. Through 28 PA Code (regulations) 23.3(a), "Dental examinations shall be required on original entry into school and in grades three and seven" (Commonwealth of Pennsylvania, 1982). Schools have two options for fulfilling this requirement: the mandated dental program or the dental hygiene services program (Pennsylvania Department of

Health, 2002). The mandated dental program requires the completion of dental examinations by a dentist licensed within the Commonwealth of Pennsylvania. School districts must ensure that these examinations are completed by a dentist and that examinations in the mandated grades are provided free-of-charge to students.

The dental hygiene services program utilizes a Certified School Dental Hygienist (CSDH). This program requires that a dental hygienist must have at a minimum, a bachelor's degree, and either have an Educational Specialist Certificate issued by the Pennsylvania Department of Education (PDE) or be working towards acquiring this certificate. This individual is an employee of the school district and is responsible for writing and maintaining the district's dental program (Pennsylvania Department of Health, 2002). The program addresses the unique needs of individual school districts.

Community Water Fluoridation

Community water fluoridation can be a cost-effective public health measure. Nearly 1.5 million Pennsylvania residents (11 percent of the state's population) do not have access to community water systems (Pennsylvania Department of Environmental Protection, 2020) which is

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exacerbated by geographic location. Only 64 percent of Pennsylvanians are served by a public water system that is fluoridated (Pennsylvania Department of Health Plan, 2020-2030). For rural communities that rely heavily on wells and private water systems, the rate is significantly lower. For these families, the combined impact of fewer providers and reduced access to services can be detrimental to oral health.

State Surveillance

Data indicators in Pennsylvania continue to be tracked. Through the *2020-2030 State Oral Health Plan*, the state tracks twenty-two measurable outcomes each year to address gaps in care. Rural disparities

will remain a focus and rural populations will be prioritized as new policies are developed and programs are implemented.

Recommendations

A lack of access to oral health services is a critical issue facing rural Pennsylvanians and can be linked to several negative health implications. A multifaceted approach is imperative to improving rural oral health. The distribution of the dental workforce is one barrier to oral health access. Building the rural oral health infrastructure through programs that include the promotion of dental careers to high school students as well as tuition assistance and loan forgiveness will lead to an increase in the

number of rural dental providers in the future. To improve oral health literacy and build value in oral health, the integration of medical and dental services should be expanded and include innovative models of care, including the utilization of PHDHPs and teledentistry. Finally, to prevent dental disease in rural communities, it is vital to maintain and grow the number of rural water systems that provide optimally fluoridated water to their rural residents.

For more information, contact the PA Coalition for Oral Health at paoralhealth.org or 724-972-7242.

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