

Key Facts:

- ◆ Over **47 million people** live in designated dental health professional shortage areasⁱ – an increase of 43 percent since 2011ⁱⁱ
- ◆ Nearly **300 HRSA health center grantees** expanded oral health services in FY 2014ⁱⁱⁱ
- ◆ HRSA's Community-Based Dental Partnership Program provided direct **dental services to more than 6,000 people** living with HIV /AIDS in 2013^{iv}
- ◆ More than **1,300 National Health Service Corps dentists and registered dental hygienists** work in health professional shortage areas^v
- ◆ HRSA Oral Health Training (OHT) programs trained **more than 2,500 oral health students** and nearly **500 primary care dental residents** in academic year 2013-2014^{vi}
- ◆ **Sixty-two percent** of OHT program-supported students, residents, and fellows received clinical training in medically underserved communities in academic year 2013-2014^{vii}
- ◆ **More than \$1.2 million in scholarships for disadvantaged students** was dispersed to dental and dental hygiene students in FY 2013^{viii}

HRSA Oral Health

Across the Agency

For the underserved and uninsured, the Health Resources and Services Administration (HRSA) is a safety net, delivering high quality health care for millions who lack access to primary care. HRSA oral health programs are dispersed across the agency and span the spectrum from clinical care to workforce development. HRSA programs provide funding to health centers, States, academic institutions and other entities to train, recruit and retain health professionals including dentists and dental hygienists in efforts to increase access to quality oral health care.

As HRSA's programs have evolved over the decades, so too has the understanding that good oral health is essential to good overall health. The 2000 *Oral Health in America: Report of the Surgeon General* (SG) is a landmark report intended "to alert Americans to the full meaning of oral health and its importance to general health and well-being."

In 2010, HRSA commissioned the National Academy of Sciences to produce two Institute of Medicine (IOM) reports that build upon the SG report and serve as new benchmarks on the nation's oral health status and oral health care. The two reports, *Advancing Oral Health* and *Improving Access to Oral Health for Vulnerable and Underserved Populations*, were published in 2011 with recommendations for HRSA and the U.S. Department of Health and Human Services to "improve access to oral health care, reduce oral health disparities, and improve oral health."

In response to the IOM reports, HRSA has tailored programs and activities that address many of the recommendations:

- ◆ Working across the agency, HRSA developed an essential set of oral health core clinical competencies for non-dental providers in efforts to improve access for early detection and preventive interventions leading to improved health.
- ◆ HRSA created the *Perinatal and Infant Oral Health Quality Improvement initiative* to target pregnant women and infants at high risk for dental diseases through community-based approaches for integrating oral health care into statewide health care systems.
- ◆ HRSA provides support to the *National Maternal and Child Oral Health Resource Center* to assist professionals in developing effective strategies to promote oral health services for the maternal and child health population.
- ◆ HRSA provides scholarships and loans for disadvantaged students to promote diversity among health professions students and practitioners to assure that qualified students are not denied a health professions career due to lack of financial resources.

Additional key HRSA programs are ensuring that quality dental care is available for those who need it most. This is especially true for people living with HIV/AIDS (PLWHA); mothers, children and youth, including those with special health care needs; and those who receive care through the Health Center program. Examples include:

- ◆ The *Ryan White HIV/AIDS Program* provides related care and services to more than 500,000 people every year,

Across the Agency *(continued)*

including dental programs to address the unique health issues faced by PLWHA. Oral health care is especially critical for HIV patients, since dental professionals can play a role in early diagnosis of HIV infection. Special HRSA programs include nearly **\$9 million for the dental reimbursement program** that defrays costs for educational institutions that provide oral health care to PLWHA, and **\$3.6 million for the community-based dental partnership program** that provide hands-on learning opportunities for future oral health professionals to learn about providing quality dental care to people with HIV.^{ix}

- ◆ The **Title V Maternal and Child Health Services Block Grant to States** improves the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs, and their families. Oral health is one of 15 Title V national performance priority areas that states can track to demonstrate improvement in the percent of women who had a dental visit during pregnancy and the percent of children who had a preventive dental visit in the last year.^x

The IOM recommendations also addressed increasing dental provider participation to expand the dental safety net.

- ◆ HRSA's National Health Service Corps program **offers loan repayments and scholarships for health care professionals, including dentists and dental hygienists** that practice in Health Professional Shortage Areas (HPSAs). Currently, more than 1,300 dentists and registered dental hygienists are working in HPSAs^{xi}, with 352 receiving loan repayment in FY14.^{xii}
- ◆ HRSA's State Oral Health Workforce Improvement Program (SOHWI) **provides grants to states to help develop and implement innovative programs to address the dental workforce** needs of designated Dental Health Professional Shortage Areas. In academic year 2013-2014, 20 State grantees hired two new dental officers, 16 new dentists or hygienists, three fluoridation specialists, one statistician, one epidemiologist and 12 staff members in state dental offices.^{xiii}

An overarching theme of the IOM reports and other recent publications is a "focus on promoting oral health prevention, integrating oral health into overall health, and increasing access to oral health care for all Americans, including those who are not currently receiving the care they need." HRSA promotes oral health and primary care practice integration through the development of innovative funding across the agency to improve access to care and health. ◆

HRSA-Supported Publications

- ◆ **Integration of Oral Health and Primary Care Practice Report**
<http://www.hrsa.gov/publichealth/clinical/oralhealth/primarycare/integrationoforalhealth.pdf>
- ◆ **Considerations for Oral Health Integration in Primary Care Practice for Children**
<http://www.hrsa.gov/publichealth/clinical/oralhealth/primarycare/oralhealthprimarycare.pdf>
- ◆ **Oral Health Care During Pregnancy: A National Consensus Statement**
<http://www.mchoralhealth.org/PDFs/OralHealthPregnancyConsensus.pdf>
- ◆ **Bright Futures in Practice: Oral Health—Pocket Guide (2nd ed.)**
<http://www.mchoralhealth.org/pocket.html>
- ◆ **National Center for Health Workforce Analysis Dentists and Dental Hygienist Workforce Report**
<http://bhwh.hrsa.gov/healthworkforce/supplydemand/dentistry/nationalstatelevelprojectionsdentists.pdf>
- ◆ **The Role of Dental Hygienists in Providing Access to Oral Health Care**
<http://www.nga.org/files/live/sites/NGA/files/pdf/2014/1401DentalHealthCare.pdf>
- ◆ **Rural Oral Health Toolkit**
<https://www.raconline.org/communityhealth/oral-health>
- ◆ **National Conference of State Legislatures Oral Health Primer**
<http://www.ncsl.org/documents/health/OraHtk13.pdf>
- ◆ **National Academy for State Health Policy Oral Health Primer**
<http://www.nashp.org/enhancing-oral-health-access-through-safety-net-partnerships-a-primer-and-resource-guide-for-medicaid-agencies/>

Integrating Oral Health and Primary Care

In 2012, HRSA developed the **Integrating Oral Health and Primary Care Practice (IOHPCP) initiative** to expand the oral health clinical competency of primary care clinicians. The initiative was founded on three inter-related components:

- 1) Develop oral health domains and associated core clinical competencies;
- 2) Employ a systems approach to **identify and prioritize the elements that impact the adoption of oral health competencies** by primary care clinicians; and
- 3) Characterize the foundation for **successful implementation strategies** that translate into primary care practice.



As part of the IOHPCP initiative, HRSA invited a diverse cross section of individuals from the public and private sectors to participate alongside HRSA staff in facilitated discussions. HRSA synthesized recommendations to support core competency adoption by primary care clinicians and to promote the integration of oral and primary care practice.

The IOHPCP report and its recommendations serve as guiding principles and provide a framework for the design of a competency-based, interprofessional practice model to integrate oral health and primary care. The full report is available at

<http://www.hrsa.gov/publichealth/clinical/oralhealth/primarycare/integrationoforalhealth.pdf>.

In 2013, HRSA's IOHPCP initiative also provided pilot project funding through a cooperative agreement with the National Network for Oral Health Access to evaluate oral health integration implementation strategies at three health centers across the country. The pilot project participants' experiences informed the development of a **user's guide** for implementing the IOHPCP oral health core competencies. This guide provides a framework for health centers and other interested entities to integrate oral health and primary care practice through the implementation of a core set of oral health clinical competencies by non-dental clinicians.

The IOHPCP implementation strategies identified may also be applicable to populations and settings beyond the safety net or wherever a need is recognized. ♦

Additional Resources

- ♦ **Bright Futures –Guidelines for Health Supervision of Infants, Children, and Adolescents**
<https://brightfutures.aap.org/>
- ♦ **Healthy People 2020 Oral Health Leading Health Indicator**
<http://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Oral-Health>
- ♦ **National Maternal & Child Oral Health Resource Center**
<http://www.mchoralhealth.org/>
- ♦ **National Center for Interprofessional Practice and Education**
<https://nexusipe.org/>
- ♦ **Oral Health and HIV– The Ryan White HIV/AIDS Program**
http://hab.hrsa.gov/abouthab/files/oral_health_fact_sheet.pdf

Questions? Contact your Project Officer or

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The HRSA Health Center Program

HRSA’s primary health care program mission is to “*improve the health of the Nation’s underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services.*”

HRSA’s health centers serve 1 in 14 people living in the U.S.^{xiv} and are an essential primary care provider for America’s most vulnerable populations. Nearly half of all health centers serve rural populations.

Eighty-nine percent of HRSA’s health center grantees provide preventive dental services^{xv} either on-site or by paid referral. In addition, 296 health center grantees proposed to initiate or expand oral health services as part of the ACA Expanded Services projects.^{xvi} The Health Center Program increased the number of dental visits by nearly 900,000 in just one year (2013 to 2014).^{xvii}

HRSA’s Health Center Program achieved a substantial increase in the number of

patients and dental visits overall from 2007 through 2014 (Figure 1).

The program continues to be committed to increasing access to quality primary health care services, including oral health, for the underserved. ♦

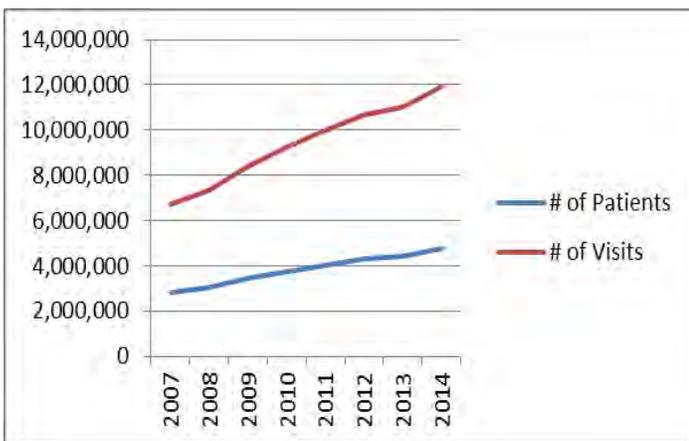


Figure 1. HRSA Health Center Program dental data from 2007-2014

Source: HRSA Uniform Data System (UDS)

Key Facts:

- ♦ **Nearly 12 Million dental visits** were provided by HRSA health centers in 2014, an increase of 29 percent since 2010
- ♦ **More than 1,150 health centers** provided preventive dental services directly or via contract in 2014
- ♦ **More than 3,700 FTE dentists** and nearly **1,700 FTE dental hygienists** are working in health centers



Sources

- ⁱ https://ersrs.hrsa.gov/ReportServer?/HGDW_Reports/BCD_HPSA/BCD_HPSA_SCR50_Qtr_Smry_HTML&rc:Toolbar=false accessed 6/17/2015
- ⁱⁱ Institute of Medicine and National Research Council. *Improving access to oral health care for vulnerable and underserved patients*. Washington, DC: The National Academies Press, 2011
- ⁱⁱⁱ Health Resources and Services Administration (HRSA). HRSA Electronic Handbooks
- ^{iv} HAB Dental services report
- ^v NHSC 2014 Field Strength
- ^{vi} <http://www.hrsa.gov/about/budget/budgetjustification2016.pdf>
- ^{vii} HRSA Performance Measures Report, Academic Year 2013-2014
- ^{viii} HRSA Performance Measures Report, Academic Year 2013-2014
- ^{ix} <http://www.hrsa.gov/about/budget/budgetjustification2015.pdf>; FY2014 enacted
- ^x <http://mchb.hrsa.gov/programs/titlevgrants/blockgrantguidance.pdf> accessed 6/23/2015
- ^{xi} NHSC 2014 Field Strength
- ^{xii} HRSA BMISS Fiscal Year 2014
- ^{xiii} HRSA Bureau of Health Workforce Performance Measures, Academic Year 2013-2014
- ^{xiv} Uniform Data System, 2014; US Census National Population Estimate, 2014
- ^{xv} HRSA FY 2016 Annual Performance Report
- ^{xvi} Health Resources and Services Administration (HRSA). HRSA Electronic Handbooks 2014.
- ^{xvii} <http://bphc.hrsa.gov/uds/datacenter.aspx>, Table 5- Staffing and Utilization, accessed August 2015