Every year, Health Resources and Services Administration (HRSA) programs serve tens of millions of people, providing health care to people who are geographically isolated, and economically or medically vulnerable. HRSA programs are also ensuring that quality dental care is available for those who need it most. This is especially true for people living with HIV/AIDS (PLWH); 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** which provides related care and services to more than 500,000 people every year, including dental programs to address the unique health issues faced by PLWH. Oral health care is especially critical for HIV patients, since dental professionals can play a role in early diagnosis of HIV infection. In FY16, HRSA programs included around $9 million for the Dental Reimbursement Program that defrays costs for educational institutions that provide oral health care to PLWH, and $3.2 million for the **Community-Based Dental Partnership Program** that provides hands-on learning opportunities for future oral health professionals to learn about PLWH.

- 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.

- HRSA’s National Health Service Corps (NHSC) program offers loan repayments and scholarships for health care professionals, including dentists and dental hygienists that practice in Health Professional Shortage Areas. In FY16, 52 dental student scholarships were awarded and 795 dentists and registered dental hygienists received loan repayment.

- HRSA’s State Oral Health Workforce Improvement Program 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 2015-2016, 10 State grantees hired two new dental officers, 3 new dentists or hygienists, one epidemiologist and 2 administrative staff members in state dental offices.

- 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. More than $2 million in scholarships for disadvantaged students was dispersed to dental and dental hygiene students in FY15.

- 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.

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**KEY FACTS**

- Around 51 million people live in designated dental health professional shortage areas.
- 420 HRSA health center grantees expanded oral health services in FY16.
- HRSA’s Community-Based Dental Partnership Program provided direct dental services to more than 5,000 people living with HIV/AIDS in 2015.
- More than 1,500 National Health Service Corps dentists and registered dental hygienists work in health professional shortage areas.
- HRSA Oral Health Training (OHT) programs trained more than 3,800 oral health students and nearly 400 primary care dental residents in academic year 2015-2016.
- Sixty percent of OHT program-supported students, residents, and fellows received clinical training in medically underserved communities in academic year 2015-2016.
- HRSA has expanded the Students to Service Loan Repayment Program to dental students pursuing a DDS or DMD degree.
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.

The HRSA Health Center Program

HRSA's health centers serve 1 in 13 people living in the U.S. and are an essential primary care provider for America's medically underserved and vulnerable populations. Nearly half of all health centers serve rural populations.

Ninety percent of HRSA's health center grantees provide preventive dental services either on-site or by paid referral. The Health Center Program increased the number of dental visits by more than 1,224,000 in just one year (2014 to 2015).

HRSA’s Health Center Program achieved a substantial increase in the number of patients and dental visits overall from 2007 through 2015 (Figure 1). In addition, 420 health center grantees received additional funding to expand oral health services as part of the FY16 Oral Health Service Expansion awards.

Figure 1. HRSA Health Center Program dental data from 2007-2015
Source: HRSA Uniform Data System (UDS)

KEY FACTS

- Over 13 Million dental visits were provided by HRSA health centers in 2015, an increase of 43 percent since 2010.
- More than 1,200 health centers provided preventive dental services directly or via contract in 2015.
- Greater than 4,100 FTE dentists and 1,900 FTE dental hygienists are working in health centers.
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 that 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.

Over the past 3 years, several HRSA programs across the agency have incorporated oral health integration focus areas in funding opportunities to promote oral health integration and primary care education and practice.

Sources

1 Designated Health Professional Shortage Areas Statistics, as of 12/31/2016
2 Health Resources and Services Administration (HRSA). HRSA Electronic Handbooks
3 HAB Dental Services Report
4 NHSC 2016 Field Strength
5 HRSA Performance Measures Report, Academic Year 2015-2016
6 HRSA Performance Measures Report, Academic Year 2015-2016
7 HHS awards $2.3 billion in grants to help Americans access HIV/AIDS care and medications; FY2016 enacted
8 National Performance Measure Distribution, accessed December 2016
9 HRSA BMISS Fiscal Year 2016
10 HRSA Performance Measures Report, Academic Year 2015-2016
11 HRSA Performance Measures Report, Academic Year 2015-2016
13 HRSA FY 2016 Annual Performance Report
14 2015 Health Center Data, Table 5- Staffing and Utilization, accessed December 2016
15 HRSA Invests in State Expansions of Oral Health Workforce, Oral Health Care for Pregnant Women and Infants

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HRSA-Supported Publications

- Considerations for Oral Health Integration in Primary Care Practice for Children
- Health Center Program Fact Sheet—America's Primary Care Safety Net Working to Address Oral Health
- Integration of Oral Health and Primary Care Practice Report
- National Academy for State Health Policy Oral Health Primer
- National and State-Level Projections of Dentists and Dental Hygienists in the U.S., 2012-2025
- National Conference of State Legislatures Oral Health Primer
- Oral Health Care During Pregnancy: A National Consensus Statement
- Rural Oral Health Toolkit

Additional Resources

- Bright Futures—Guidelines for Health Supervision of Infants, Children, and Adolescents
- Healthy People 2020 Oral Health Leading Health Indicator
- National Maternal & Child Oral Health Resource Center
- Oral Health Workforce Research Center

Webinars

- Before You Say Awww...Integrating Oral Health and Behavioral Health in Primary Care Settings
  - Webinar Slideshow Presentation: Before You Say Awww...
  - Integrating Oral Health and Primary Care Training

For additional information, visit HRSA Oral Health webpage.

Questions?

Contact your Project Officer

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