

Dentist Vacancies in Federally Funded Health Centers

Background

Federally funded health centers (HCs) are the backbone of the nation's formal safety net, with over 5,000 health care delivery sites. The Federal government is expanding the capacity of HCs to provide care to rural and urban underserved populations.

Methods

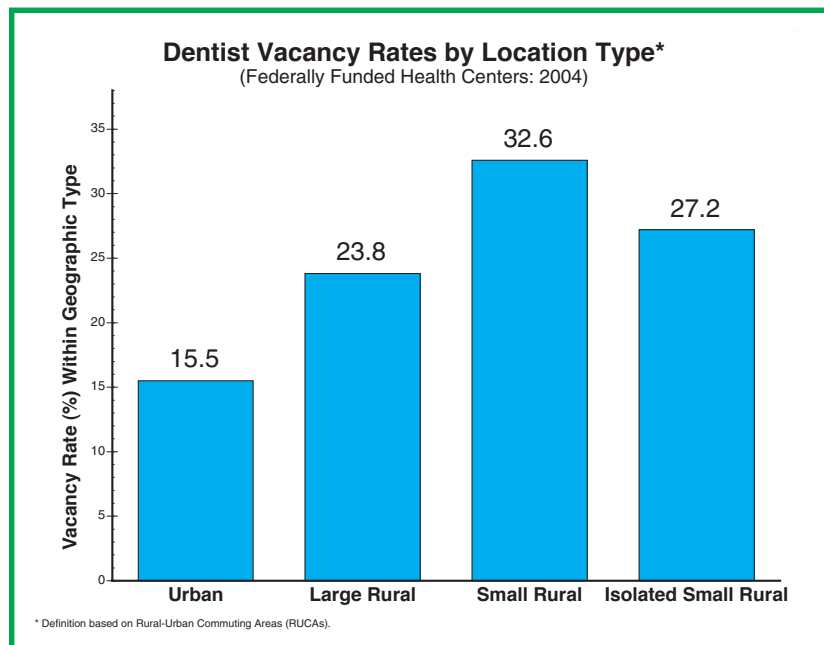
During 2004, all of the nation's HCs were surveyed regarding their workforce circumstances and issues. The questionnaire included questions on the supply of specific types of health care providers, provider vacancy rates, reasons for difficulty recruiting providers, and providers currently working off Federal and State service obligations. The response rate was 79% of the 846 HC grantees that met the survey inclusion criteria (98% of the rural HCs responded). Response data were linked to the Bureau of Primary Health Care's (BPHC's) Uniform Data Set on the HCs and other community data. Weights were created to make the findings nationally representative. Full-time equivalent (FTE) vacancies are defined as positions for which there are current and active recruitment activities.

Selected Survey Findings Regarding Dentists

The HCs had 1,491 FTE dentists practicing in them (78.0% urban and 22.0% rural). For comparison, there were 6,561 physician, 3,429 registered nurse (RN), 2,103 nurse practitioner (NP), 1,095 physician assistant (PA), 439 pharmacist, and 383 certified nurse midwife (CNM) FTEs.

Key findings include the following:

- The overall HC dentist vacancy rate was 18.3%, with 35.9% of the HC grantees currently recruiting. The overall HC vacancy rate for RNs was 10.4%.
- The dentist vacancy rates are higher in rural areas—15.5% for urban, 23.8% for large rural, 32.6% for small rural, and 27.2% for isolated small areas (see graph).
- There were 310 *current* vacancies for which dentists were being actively recruited (compared to 806 physician, 379 RN, 195 NP, 80 PA, and 17 CNM FTE vacancies).



■ At the time of the survey, 29% of the dentist vacancies had been vacant for longer than six months.

■ Dentist vacancies were open more than six months for 20% of the urban HCs, 49% of the large rural, 50% of the small rural, and 45% of the isolated small HCs.

WWAMI Rural Health Research Center

Department of Family Medicine

University of Washington

Box 354982

Seattle, WA 98195-4982

wwamirhc@fammed.washington.edu

Telephone 206-685-0402

Fax 206-616-4768

www.fammed.washington.edu/wwamirhc

The WWAMI RHRC is funded by the Health Resources and Services Administration's Office of Rural Health Policy.

- The dentist vacancy rate in isolated small places in Persistent Poverty Counties is 35%.
- Dentist vacancy rates vary dramatically across the nation's states (e.g., 8% in Washington and 34% in Mississippi).
- Overall, 26.0% of the HCs' dentist FTEs are filled by dentists *currently* fulfilling National Health Service Corps (NHSC) scholarship and loan and State loan service obligations (19.0% NHSC and 7.0% State loan). This amounts to 403 dentist FTEs. The overall percentage of dentists currently fulfilling obligations by location type are: 24.6% urban, 34.5% large rural, 36.9% small rural, and 37.4% isolated small rural areas.

Core funding for this study was provided to the rural health research centers at the University of Washington and South Carolina by HRSA's Office of Rural Health Policy (ORHP). The National Association of Community Health Centers' (NACHCs') study participation was funded by HRSA's Bureau of Primary Health Care (BPHC). In addition, ORHP, BPHC, and HRSA's Bureau of Health Professions each collaborated on the study and provided in-kind support.

For questions about this study and results, contact Gary Hart, PhD, at the WWAMI Rural Health Research Center.

Policy Implications: HCs face many challenges in providing care for the nation's underserved populations as their role is being expanded. It is clear that the HCs employ substantial numbers of dentists and that there are significant numbers of vacancies, with especially high vacancy rates within the nation's more rural areas and urban persistent poverty areas. This may underestimate the shortages because HCs may eventually stop recruiting when they are unable to fill positions. As the HCs expand their capacity to care for the nation's underserved, the need for a well-trained cadre of dentists and health care providers will increase. The HCs are already heavily dependent on dentists *currently* fulfilling NHSC and state loan program service obligations and are vulnerable to reductions in those programs. Actions must be taken to ensure an adequate supply of dentists who are willing to practice within HCs at salaries that the HCs can provide. While there is a wide array of policy options available, action is needed to facilitate the current and expanded role of the HCs in order to provide oral health care for the nation's underserved.



Rural
Oregon
Coast