

The Crisis in Rural Dentistry

Issues

Rural populations have fewer dentists, lower dental care utilization, and higher rates of dental caries and permanent tooth loss than urban populations.¹⁻⁵ Reports from the Surgeon General⁴ and the Institute of Medicine⁶ call for more dentists in rural locations. Federal and state programs have focused on expanding rural dentist supply to increase dental access and improve oral health, but efforts may need to intensify to meet the needs of rural communities.

Evidence

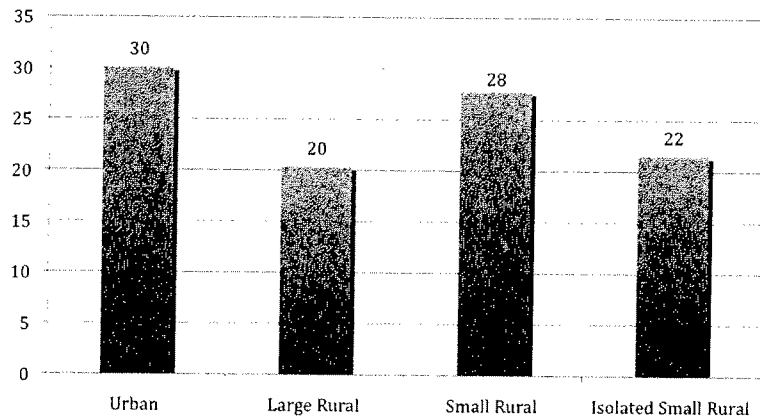
- Of the 2,050 U.S. rural counties, 1,221 (60%) are designated dental health professional shortage areas (HPSAs).⁶
- In 2008, there were 22 “generalist” (general practice, pediatric, or public health) dentists per 100,000 persons in rural areas compared with 30 in urban areas, nationally.⁷
- Nationally, rural areas had a higher percentage of generalist dentists aged 56 or older than urban areas (42% vs. 38%). This percentage was 44% in remote rural locations.⁷
- In 2004, dentists working at rural federally-qualified community health centers (CHCs) were in high demand and short supply. Almost half of rural CHCs had vacant dentist positions for over 7 months.⁸

Potential Solutions

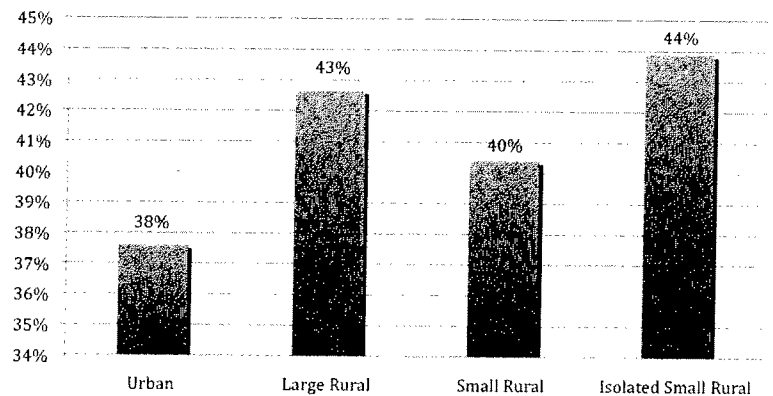
The following strategies could be used to bolster the rural oral health care workforce:

- Admit dental students likely to choose rural careers, such as those from rural locations.
- Focus dental school expansion on the shortage of rural providers.
- Support rural programs and divisions within dental schools and their roles in teaching and mentoring students (e.g., training programs in rural general practice and pediatric dentistry).
- Provide rural experiences during dental education, such as rural training tracks.
- Increase opportunities for dental students and residents interested in rural careers to acquire the broad skill set needed for rural practice.
- Support loan repayment programs for dental students who enter rural practice.
- Enhance the ability of rural communities to recruit and retain dentists through locally-driven community, economic, and leadership development efforts.

**National Supply of Generalist Dentists
(Per 100,000 People), 2008**



**Percent of Generalist Dentists
Aged 56 and Older, 2008**



References

1. Wall TP, Brown LJ. The urban and rural distribution of dentists, 2000. *J Am Dent Assoc.* 2007 Jul;138(7):1003-1011.
2. Vargas CM, Dye BA, Hayes KL. Oral health status of rural adults in the United States. *J Am Dent Assoc.* 2002 Dec;133(12):1672-1681.
3. Vargas CM, Dye BA, Hayes K. Oral health care utilization by US rural residents, National Health Interview Survey 1999. *J Public Health Dent.* 2003 Summer;63(3):150-157.
4. Department of Health and Human Services. *Oral health in America: a report of the Surgeon General.* Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health; 2000.
5. Eberhardt MS, Ingram DD, Makuc DM, et al. *Urban and rural health chartbook. Health, United States, 2001.* Hyattsville, MD: National Center for Health Statistics; 2001.
6. Committee on the Future of Rural Health Care, Board on Healthcare Services. *Quality through collaboration: the future of rural health.* Washington, DC: Institute of Medicine of the National Academies; 2004. Accessible at: <http://www.iom.edu/?id=29734>.
7. WWAMI Rural Health Research Center, University of Washington. In progress.
8. Rosenblatt RA, Andrilla CHA, Curtin T, Hart LG. Shortages of medical personnel at community health centers: implications for planned expansion. *JAMA.* 2006 Mar 1;295(9):1042-1049.