How Evidence-based is US Dental Workforce Policy for Rural Communities?

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Introduction

- Dental workforce shortages in rural communities are endemic, despite research on best practices to enhance the rural workforce [1-2]
- This study examines evidence-based workforce strategies in the US and the alignment of policy and infrastructure to enable their success

Methods

- Literature search identified 10 global strategies to enhance the rural dental workforce [3-5]
- Classified each strategy as retention-, recruitment-, or redesign-focused and graded each as low, medium, or high evidence (few, mixed, or strong studies/outcomes, respectively) based on prevalence and effectiveness in the US
- Highlighted any policies (federal, state, or local) to assess whether implementation aligned with the evidence base

Results

- Recruitment approaches such as loan repayment programs (LRP) and pipeline programs are shown to have some effectiveness in the short-term but lack long term retention, while unexplored avenues such as J-1 visas for dental professionals may have some promise
- Exposure to rural lifestyle – either through upbringing, rural dental programs, or rural externships – may have positive long-term impacts on rural workforce retention
- There is extensive research and support for introducing new mid-level providers and expanding scope of practice as well as utilizing systems outside of traditional office practice

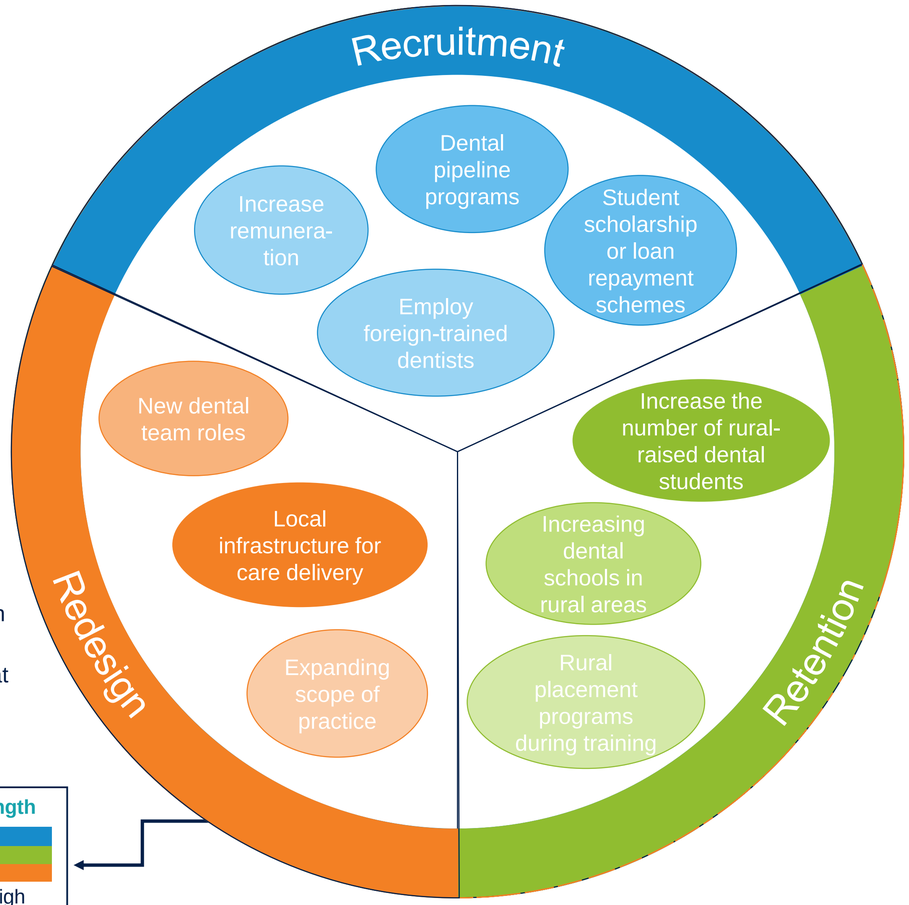
Key Findings

Recruitment

- Available evidence on LRPs supported on the state and federal levels shows some effectiveness in recruiting providers to these areas, but long-term retention has proven difficult.
- Pipeline programs have been shown to have a positive impact on rural/underserved communities
- Utilizing J-1 visas for foreign-trained medical professionals has shown some effectiveness, but is not used in the dental field
- Some state-based initiatives to increase dentists' salary through increased Medicaid reimbursement, but there is minimal evidence to support this strategy

Redesign

- There is some evidence supporting the utilization the entire dental team (community dental health coordinators, dental therapists, and dental hygienists) to the full scope of their training
- Incorporating preventive oral health services into primary care is widely supported but state and federal policy can better align with the evidence
- Mobile clinics, school-based dental programs, and Rural Health Clinics in particular, are integral to provide access to care that would otherwise be nonexistent



Retention

- High level of evidence supporting increasing the number of dental students with rural upbringings improves retention
- 66 dental programs in US (9 opened in the last 10 years, 2 in the last 5 years), but most are in urban centers of rural states with rural externships. Long-term impacts have not been adequately assessed
- Federal funding available for externships to underserved communities, lack of dental services to serve as training sites in rural communities may be a limitation and extensive research on this strategy is limited

Discussion

- The strongest evidence to inform recruitment/retention efforts was found in efforts that combined multiple approaches into a pipeline program with an explicitly rural focus
- Addressing personal and professional factors such as enjoying rural lifestyle and sense of integration in the community are important for retention
- Structural approaches to changing the model of care delivery are largely absent in practice but have been extensively studied and found to be beneficial to improve rural dental access
- Limitations: restricting to reviewing literature and documents only where they were available. Lack of evidence does not indicate lack of efficacy, only that researchers can't find strong studies

References

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