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Department of Health
and Human Services

Maine People Living
Safe, Healthy and Productive Lives

John E. Baldacci, Governor

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May 28, 2009

John Elias Baldacci, Governor
#1 State House Station
Augusta, ME 04333-0001

Dear Governor Baldacci:

I am pleased to forward to you a report prepared by the members of the Collaborative Dental Recruitment Initiative Working Group. On the groups's behalf, I would also like to relay to you their wish to express support for the Report of the Governor's Task Force on Expanding Access to Oral Health Care for Maine People, completed in December 2008.

The Collaborative Dental Recruitment Initiative is funded by a grant to the Oral Health Program and the Office of Rural Health and Primary Care in the Maine DHHS from the Health Resources and Services Administration (HRSA), Bureau of Health Professions of the U.S. Department of Health and Human Services. This project is also supported with matching funds from the Maine Health Access Foundation (MeHAF). In August 2006 you provided a letter supporting this application. The Recruitment Initiative is one of three components funded by the grant, all intended to support oral health workforce development.

Like The Governor's Task Force, the Working Group has been examining workforce issues and has developed a number of its own recommendations for addressing the shortages of dental professionals in Maine and expanding access to oral health services. Following are the priority recommendations from the group.

Priority 1. Increase MaineCare reimbursement rates so that they are consistent with the 75th percentile of rates for dentists in New England.

Priority 2. Support the development and establishment of a School of Dental Medicine by the University of New England.

Priority 3. Increase funding for loans and scholarships for pursuing a career in the dental professions.

These priority recommendations and the other recommendations from the Working Group are discussed in greater detail in the enclosed *Interim Report*.

John Elias Baldacci, Governor
May 28, 2009
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While there appears to be general agreement about the strategies that are necessary to address dental professional workforce shortages and expand access to oral health care, the obvious challenge for Maine at this point is the lack of resources to carry out these recommendations. Nonetheless, the report and its recommendations will provide helpful guidance to us in responding to the opportunities for expanding access to oral health services that may present themselves in the future.

The Collaborative Dental Recruitment Initiative Working Group is appreciative of your recognition of the need to establish the Task Force. At your convenience they would welcome an opportunity to discuss their efforts with you, and how all concerned parties might work together to assure access to oral health care for all Maine people. If you would like more information, please contact me.

Sincerely,



Brenda M. Harvey
Commissioner

BMH/klv

Enclosure: Collaborative Dental Recruitment Initiative Working Group, *Interim Report*, Feb. 23, 2009

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Collaborative Dental Recruitment Initiative Working Group

Interim Report

February 23, 2009

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Interim Report of the Collaborative Dental Recruitment Initiative

OVERVIEW

Maine Oral Health Workforce Initiatives Project – Collaborative Dental Recruitment Initiative

The Collaborative Dental Recruitment Initiative is funded by a grant to the Maine Department of Health and Human Services from the Health Resources and Services Administration (HRSA), Bureau of Health Professions of the U.S. Department of Health and Human Services (HRSA Grant No: T12HP07719). This project is also supported with matching funds from the Maine Health Access Foundation (MeHAF). (MeHAF Grant No: 2006FI-0009.)

The following is a summary of the project from the Bureau of Health Professions grant abstract for Maine:

The Maine Oral Health Workforce Initiatives Project consists of three coordinated but distinct strategies that complement work currently occurring within the state while increasing the breadth and depth of that work. The purpose of the Project is to develop initiatives that will address oral health workforce issues in our state, with a focus on strategies to improve access to dental services and accessibility of the oral health workforce for underserved geographic areas and populations. In Maine, a largely rural state, a significant proportion of the population has difficulty in accessing needed dental services, and the distribution of dental professionals, particularly dentists, is a matter of increasing concern.

The first strategy [the Collaborative Dental Recruitment Initiative strategy] aims to coordinate current and develop new recruitment and retention activities....

1. The Collaborative Dental Recruitment Initiative describes a three-year plan to develop a model for a collaborative and coordinated recruitment and retention function or system for dental professionals in Maine. Year One will be largely devoted to planning, the second year will include initial implementation of the model and of collaborative marketing activities, and the third year will include additional implementation, evaluation & sustainability planning.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions. (n.d.). *Grants to States to Support Oral Health Workforce Activities > 2007 Grantee Abstracts*. [Online]. Available: <http://bhpr.hrsa.gov/medicinedentistry/07abstracts/oralhealth.htm> [2008, September 29].

This is an Interim Report of the Collaborative Dental Recruitment Initiative Working Group's efforts during the first two years of the three year project to collaborate on recruitment and retention efforts for dental health professionals in Maine. During the first year time was spent largely on planning by a group that met monthly, researching various models for recruitment and retention, connecting with other groups with similar interests and establishing priorities for recommendations. One significant product was a Statement of Commitment that sets out the goals for the group and the principles that guide its work, such as enhanced rational collaboration and elimination of ineffective competition. The Statement of Commitment is included as Appendix B in this report.

During the second year of the project, the group broke into smaller committees according to various points on the recruitment and retention continuum: primary and secondary school students, college students, and dental school students and dentists. These small groups focused on further development of strategies that were specific to their target audiences. These efforts are discussed below under *Process and Future Efforts*. As the project moves into its final year, the focus will shift toward implementation, including a focus on evaluation of effectiveness of the various strategies.

Very early on it became clear that many of the factors that affected recruitment and retention of dental professionals in Maine fell outside project's objective to promote collaboration amongst interested stakeholders around recruitment and retention. The major factors the group identified as being outside their purview included such issues as changing MaineCare reimbursement rates, securing more slots for Maine students to attend dental school and the expansion of state and federal student loan programs. However, given the significance of these factors on the recruitment and retention of dental professionals in Maine, the group felt that not only could they not be ignored, but that they should be the priority recommendations that were put forward from the group.

At the beginning of the second year of the project, Governor John E. Baldacci issued an Executive Order establishing a Task Force on Expanding Access to Oral Health Care. This Task Force not only provided a forum to which the Working Group could present its recommendations, but it could also address those same issues as part of its own report.

The priority recommendations of the Collaborative Dental Recruitment Initiative Working Group, discussed in more detail below, are as follows:

- Increase MaineCare reimbursement rates so that they are consistent with the 75th percentile of rates for dentists in New England;
- Support the development and establishment of a dental school by the University of New England; and
- Increase funding for loan and scholarships for Maine residents pursuing careers in dental professions.

PRIORITY RECOMMENDATIONS

The Collaborative Dental Recruitment Initiative Working Group (“Working Group”) developed a number of recommendations that range from educating and informing primary and secondary school students about dental careers to identifying strategies that will encourage Maine dentists near or at retirement age to continue practicing in some capacity. While these will be discussed later in this report, there are several recommendations that the group has identified as top priorities.

The following recommendations are priorities because they either address problems that have contributed significantly to Maine’s dental provider shortage and must be addressed if Maine is to have any reasonable chance of closing the gap and expanding access, or they also provide Maine tremendous opportunities to educate and train Maine students. Educating and training Maine students is an essential element to improving access to Maine’s oral health workforce for underserved geographic areas and populations in the state. These priorities are highlighted below:

Priority 1. Increase MaineCare reimbursement rates so that they are consistent with the 75th percentile of rates for dentists in New England.

The Working Group remains committed to its purpose to work collaboratively to recruit and retain a qualified dental workforce. However, notwithstanding this commitment, it recognizes and believes that the State of Maine must address financial barriers, such as but not limited to the costs of providing dental care. Raising MaineCare reimbursement rates may help address some of the root causes behind the severe shortage and maldistribution of oral health care professionals in the State.

Priority 2. Support the development and establishment of a dental school by the University of New England.

The University of New England has been involved in preliminary planning and an exploratory process for establishing a dental school in Maine. While the establishment of a dental school in Maine should contribute significantly to the access that Maine students have to a dental education, given the demand for oral health providers and dental education spots nationally, there are steps that UNE and Maine should take to ensure this access for Maine students. These steps include:

- Designating a certain number of slots for Maine students. In addition, providing financial assistance to these Maine students might also help expand the number of students who would consider applying.
- The development of a fast track or combined degree program with undergraduate programs in Maine. This would help direct Maine students into the dental program and could also help offset some of the total cost of their education.
- The development of a dental preparatory program that would make Maine students more competitive in their applications to any dental school. There are various models that exist across the country, such as summer or year-long programs, or master's degree programs in dental science. UNE is encouraged to investigate these other models and develop a program that best meets the needs of Maine students.

Priority 3. Increase funding for loan and scholarships for pursuing a career in the dental professions.

The cost of a dental career education is a significant barrier for many Maine students who might be considering one of these professions. The provision of loan forgiveness or scholarships is the best approach to mitigating that barrier. This strategy may also be used as a way to help someone establish a practice or work in an underserved geographic area or serve a population that has limited access. The Finance Authority of Maine (FAME) has provided a limited amount of funding for dental students via the Maine Dental Education Loan Repayment Program with an allocation from the Fund for a Healthy Maine (Maine's tobacco settlement fund). This funding should be expanded and FAME should have the flexibility to design and administer a program that best facilitates Maine students' access to this program and addresses the access needs in underserved areas or by underserved populations. Other funding sources for loans and scholarships, including both federal and private funds, should be expanded and further developed.

ADDITIONAL RECOMMENDATIONS

In addition to the Priority Recommendations listed above, the Working Group offers a number of other recommendations designed to address workforce shortages. Some of these may overlap with the priority recommendations listed above.

Additional Recommendations of the Collaborative Dental Recruitment Initiative

1. Create a supportive pipeline for Maine high school students to pursue careers in dentistry.

- Bring the Department of Education into discussions to determine best approaches to promote awareness of health careers to college bound students in Maine's public high schools.
- Convene Maine college leaders to discuss developing a pipeline for Maine students into dental schools.

2. Develop dental training programs in Maine or for Maine students such as:

- Support development of a dental school.
- Facilitate expansion/establishment of dental residency programs.
- Provide access to dental schools for Maine students using strategies that have been successful in other states.

3. Identify approaches that promote leadership and keep a focus on oral health and workforce issues amongst Maine's policy makers, the health community and interested stakeholders

- Establish a formal body or a means to promote leadership and maintain a continued focus on oral health workforce issues.
- Work with other healthcare workforce efforts such as the New England Rural Health RoundTable or Maine's Health Workforce Forum.

4. Recruit dental professionals to work in limited access areas

- Provide financial incentives.
- Support collaborative recruitment and retention strategies.

5. Expand education/workforce partnerships

- Provide incentives to develop business strategies that increase access.
- Establish local oral health or health care workforce economic opportunity zones to provide incentives for partnerships between educational programs, businesses and health providers that will generate job growth through trainings and entrepreneurship.

POLICY INITIATIVES DURING GRANT PERIOD

During the first two years of the project there have been a number of policy initiatives in Maine that could change the landscape and have a significant impact on Maine's dental professional workforce and the work to be completed by the Working Group. These policy initiatives are summarized below.

Governor Established a Task Force to Look at Access to Oral Health Care

In his Executive Order establishing the Task Force on Expanding Access to Oral Health Care for Maine People, Governor John E. Baldacci acknowledged that "there is a severe shortage and maldistribution of oral health care professionals in the State of Maine." One of the purposes of the Task Force was to: "develop and recommend short-term and long-term solutions to expand the oral health care provider workforce." The Task Force submitted its report on December 1, 2008 to the Governor, the Joint Standing Committee on Business, Research and Economic Development and the Joint Standing Committee on Health and Human Services.

Source: Me. Exec. Order No. 06 FY 08/09 (September 14, 2007). An Order Establishing the Governor's Task Force on Expanding Access to Oral Health Care for Maine People.

Commissioner of Professional and Financial Regulation Issued a Sunrise Review Report

In 2007 during the First Regular Session of the 123rd Maine Legislature several pieces of legislation were introduced that dealt with changing the scope of practice of different dental professionals. In response to these proposals the Legislature passed LD 1129, *Resolve, Directing the Commissioner of Professional and Financial Regulation to Conduct a Sunrise Review of Oral Health Care Issues*. (Resolves 2007, ch. 85) This legislation required the Department of Professional and Financial Regulation to conduct an assessment of the various proposals and report back to the Joint Standing Committee on Business, Research and Economic Development by February 15, 2008. According to their report:

Pursuant to 5 MRSA §1215(3), 'sunrise review' must be undertaken whenever proposed legislation would license or otherwise regulate an occupation or profession that is not currently regulated in order to determine whether such regulation is necessary to protect the health, safety and welfare of the public. (Maine Department of Professional and Financial Regulation [MEDPFR], 2008. p. 1)

The major recommendations of this report that relate to oral health workforce development are discussed below.

Source: Maine Department of Professional and Financial Regulation. (2008). Report of the Commissioner of Professional and Financial Regulation to the Joint Standing Committee on Business, Research and Economic Development Sunrise Review of Oral Health Care Issues, (Submitted Pursuant to Resolves 2007, Ch. 85). Augusta, ME: Commissioner of Professional and Financial Regulation.

Legislation Passed Related to Oral Health Workforce

Several pieces of legislation regarding the oral health workforce were considered and passed by the Maine Legislature in 2008. Following is a summary of each of those bills.

An Act to Increase Access to Dental Care – This legislation provides a total income tax credit of up to \$15,000 annually for 5 years for up to five dentists establishing a new practice or joining a practice in an underserved area. Underserved areas are defined as designated by the federal government as dental health professional shortage areas. The Oral Health Program of the Maine Center for Disease Control and Prevention will certify up to 5 dentists a year for 2009 and 2010 for the credit. A report on the impact of the law is due to the Legislature in March 2011. The law will sunset (be repealed) in December 2015 unless action is taken by the Legislature to extend the program.

Source: P.L. 2007, ch. 690 § 5219-BB.

An Act to Provide a State Income Tax Deduction to Dentists for Military Pensions (Passed but not funded) – This bill provides an income tax credit for military pensions for dentists who practice at least 20 hours a week and serve people who are covered under MaineCare. The bill includes no provisions for monitoring these requirements.

Source: P.L. 2007, ch. 689, § 5122.

An Act Regarding the Sunrise Review of Oral Health Care Issues – This legislation proposed changes in Maine law based on the recommendations of the *Sunrise Review of Oral Health Care Issues* (MEDPFR, 2008) report and establishes the position of independent practice dental hygienist. The law defines independent practice dental hygienist as:

An independent practice dental hygienist licensed by the board pursuant to this subchapter may practice without supervision by a dentist to the extent permitted by this subchapter. Any licensee of the board may be the proprietor of a place where independent practice dental hygiene is performed and may purchase, own or lease equipment necessary for the performance of independent practice dental hygiene.” (P.L. 2007, ch. 6205, § 1094-I)

Other major provisions of the bill spell out the educational requirements, amount of experience necessary to practice and the scope of practice for an independent practice dental hygienist.

Source: P.L. 2007, ch. 6205.

RECOMMENDATIONS REGARDING WORKFORCE FROM PREVIOUS REPORTS

During the past decade a number of reports have been issued by the State and related groups that discuss the lack of access to dental care for many populations and regions of the state and the shortage of dental health professionals. Following is a list of the major reports and the recommendations from those reports that attempt to address workforce issues. The recommendations from these previous reports are presented as part of this report to help illustrate that policymakers have been attempting to address dental workforce shortage issues for a number of years and that the recommendations to resolve those shortages have been consistent throughout the various reports.

FAME Dental Residency Feasibility Study

The purpose of this 1999 report of the Finance Authority of Maine (FAME) was to conduct an initial study of the feasibility of establishing a dental residency program in Maine. The report concluded the following:

- Maine should create an accredited Advanced Education in General Dentistry (AEGD) program, which can function to increase access to underserved populations in Maine and serve as a vehicle to attract dentists to Maine. However,
 - it must be sufficiently funded to attract applicants;
 - it will require an administrative home that can meet the demands of the accreditation process;
 - it will require competitive recruiting efforts as well as incentives to participate, such as relatively high stipends, scheduled vacation time and adequate training facilities and support staff.
- Maine should create a strong loan forgiveness program for return service in underserved areas after completion of the residency, in order to induce graduates to remain in-state.
- The Legislature should appropriate \$25,000 to FAME to contract a formal feasibility study for establishing an accredited AEGD program in Maine.

Source: Finance Authority of Maine. (1999). *Dental Residency Feasibility Study*. Augusta, ME: FAME, p. 10.

Maine Department of Human Service Report Regarding Access to Oral Health Care in Maine

Reporting to the Maine Legislature in January of 2001, the purpose of the report submitted by then Commissioner Concannon was to review access to oral health care by Maine's uninsured and those covered by Medicaid (now MaineCare). The following recommendations from this report relate specifically to recruitment and retention of dental professionals:

4. The State should improve access to public and private dental insurance for all Maine residents.
 - The Maine Medicaid Dental Program's reimbursement schedule should be increased to reflect a meaningful level of payment in terms of the costs of providing care. This is crucial in order to increase provider participation as well as to prevent further deterioration of the provider base. Once increased, fees should be maintained with regular adjustments to account for inflation. Provider incentives should be considered. Continued and ongoing attention should be paid to further reducing and streamlining administrative procedures and paperwork that have often been recognized as barriers to provider participation....
6. The State should support changes that maximize the effectiveness of all dental professionals, such as expansion of public health supervision status of dental hygienists and their practice settings, and reimbursement for their services. Hygienists are educated and licensed to provide preventive dental services.... Expansion of the role of dental hygienists, their training and functions should be seriously explored....

9. The State should support the growth of the dental professional workforce in general and with particular attention to safety net providers:

- The State should undertake planning for a dental residency program as part of a comprehensive approach to increase dental professionals and access to dental care in Maine.
- The State should support expanded funding for state loan forgiveness and repayment programs for all dental professionals.
- The State should work with stakeholders, including dental professional associations and the Board of Dental Examiners, to facilitate recruitment of new dental professionals to the State. Support for changes in reciprocity and licensure policies, for policy changes at the national level that would support the building of an oral health infrastructure, and working to eliminate restrictions and requirements that make employment of foreign-born but U.S. trained dentists problematic for community dental programs would all improve access to oral health services in Maine.

Source: Maine Department of Human Services. (2001). *The Status of Access to Oral Health Care in Maine*. Augusta, ME: Maine Department of Human Services, pp. 7-8.

Department of Labor Health Care Occupations Report

The *2006 Healthcare Occupations Report* prepared by the Maine Department of Labor provides data about healthcare occupations in Maine. Such data generally includes numbers and ages of practitioners, educational and licensing requirements for the profession, a description of the occupation, location of practitioners in Maine, wages and the national characteristics of the profession. The report also includes some analysis about supply issues related to specific professions. In the overall recommendations of the report, dentists and dental hygienists are identified as key occupations, which means that they will be a focus of future reports. As an overall approach to address the workforce shortages indicated in the report, its recommendations include, among others: improved collaboration with other organizations, an increase in emphasis on skills, exploring career ladders and improved educational data.

Source: Kruk, M. (2006). *2006 Healthcare Occupations Report*. Augusta, ME: Maine Department of Labor, Labor Market Information Services, pp. 6-7.

Oral Health Improvement Plan

The *Maine Oral Health Improvement Plan* was issued by the Maine Dental Access Coalition in 2007. It offers several recommendations regarding the shortage of dental professionals in Maine within an overall objective to expand the dental workforce in Maine: “Expand the capacity and ability of the dental workforce to provide access to cost-effective, high quality oral health services for all Mainers.” (Maine Dental Access Coalition. (2007). *Maine Oral Health Improvement Plan*. Augusta, ME: Maine Dental Access Coalition, p. 18.)

The Plan also spells out three different goals related to workforce development:

“Goal 11. *Redefine and Expand Roles of Dental and Medical Professionals*

Increase effectiveness of the dental workforce by redefining and expanding the roles of dental and medical professionals, within and according to their respective scopes of practice.” (p. 19.)

“Goal 12. *Recruit and Retain Dental Professionals*

Recruit and retain an adequate number of qualified dental professionals to meet the oral health needs of the people of Maine.” (p. 20.)

“Goal 13. *Expand Breadth and Diversity of Education Available to Oral Health Professionals*

Promote educational opportunities and experiences to enable oral health professionals to expand services to the at-risk and under-served populations of all age groups, including older adults and elders as well as children.” (p. 21.)

Source: Maine Dental Access Coalition. (2007). *Maine Oral Health Improvement Plan*. Augusta, ME: Maine Dental Access Coalition. This document can be retrieved at:
http://www.mainedentalaccess.org/MEOralHealth_Plan07.pdf

Maine’s 2008-2009 State Health Plan

The purpose of *Maine’s 2008-2009 State Health Plan* is to help provide a direction for the state as it works toward becoming the healthiest state in the nation. One section of the plan focuses on oral health care and regarding the dental workforce states: “Expand the Dental Workforce: Expand the capacity and ability of the dental workforce to provide access to cost-effective, high quality oral health services.” To accomplish this goal the plan refers to the Governor’s Task Force on Expanding Access to Oral Health Care for Maine People mentioned above.

Source: The Governor’s Office of Health Policy and Finance with The Advisory Council on Health Systems Development. (2008). *Maine’s 2008-2009 State Health Plan*, Augusta, ME: The Governor’s Office of Health Policy and Finance with The Advisory Council on Health Systems Development. p. 49.

BEST PRACTICES IN RECRUITMENT AND RETENTION OF DENTAL PROFESSIONALS

During the past year the Working Group has gathered information about what recruitment and retention strategies are most effective. The Association of State and Territorial Dental Directors (ASTDD) provides a good summary of best practices for recruitment and retention of dental professionals. The Best Practice Approach Report, *Access to Oral Health Care Services: Workforce Development*, presents a number of strategies that states may consider as they attempt to address their dental professional workforce shortages. They cover expanding access to dentists; expanding access to other dental professionals, including expanding their scope of practice; and the use of other health care professionals to provide oral health services.

These strategies are summarized and presented in Appendix C as examples of the types of efforts that have been considered by the Working Group and strategies that Maine may consider in the future as it attempts to address its dental workforce shortages.

Evaluation

ASTDD also recognizes that there is little if no research regarding the effectiveness of different workforce development strategies and therefore also provides some criteria to evaluate specific strategies that are under consideration or development in a state. These evaluation strategies are also listed in Appendix C. During the final year of the project the Working Group will develop evaluation methods to determine the effectiveness of the various strategies that are being implemented.

EXAMPLES OF MAINE STRATEGIES TO ADDRESS DENTAL PROFESSIONAL WORKFORCE SHORTAGES

As the number of reports listed above illustrates, the dental professional workforce shortage and lack of access to oral health care for many Maine people in all regions of the state has been an issue of concern to Maine policymakers and interested stakeholders for a number of years. At the same time that they were raising awareness about the issue, many of these interested stakeholders were also actively addressing the workforce shortage through a variety of different strategies. The following is a list of some of the efforts that are currently being undertaken in Maine to positively impact the shortage of dental professionals. This should not be considered a complete list of activities, but does cover a range of current strategies. This range of strategies suggests that there will not be one solution to addressing Maine's workforce shortages but that these shortages will need to be approached on a number of different fronts. As ASTDD suggests in its Best Practice Approach Report, as these and other programs go forward in future years, it will be important to accurately evaluate their effectiveness in increasing the number of dental professionals in the state and the actual impact on expanding access to oral health care to Maine's underserved populations and geographic regions.

Strategies to Address Dental Professional Workforce Shortages

University of New England proposed dental school – As discussed above, the University of New England has been involved in preliminary planning and an exploratory process for establishing a dental school in Maine.

Acadia Health Education Coalition – The Acadia Health Education Coalition focuses efforts on promoting health careers, including dental professions, to Maine's primary and secondary school students. Approaches include a web portal that allows students to explore various health careers, a health careers summer camp and presentations about health occupations at schools across the state. As the result of another initiative of the HRSA grant to Maine, efforts are being undertaken that will ensure that young people across the state are exposed to dental careers and offered a path into higher education and training in a dental profession.

Activities of the Maine Dental Association – The Maine Dental Association has been increasingly active in its efforts to recruit dentists and dental students to Maine and encourage Maine high school students to consider a career in dentistry. Their efforts include visiting a number of dental schools each year with their "lobster lunch" program to promote Maine to dental students who might consider moving to Maine to establish a practice; inviting dental students to attend the Maine Dental Association annual meeting free of charge and with a \$200 stipend to offset travel expenses for early registrants; and meeting with the state guidance counselor association and working with local dental societies to meet with high school guidance counselors to promote careers in dentistry. The MDA is also in the process of establishing a foundation that will provide scholarships for dental students.

Independent Practice Dental Hygienist – As discussed above, in 2008 the Maine Legislature passed legislation establishing a new type of practitioner in the state, the independent practice dental hygienist, who may practice without the direct supervision of a dentist.

Expanded Function Dental Assistants – In January 2009, York County Community College graduated its first class of Expanded Function Dental Assistants. Working under the direction of a dentist, these positions contribute to the efficiency of a dental office, increasing the number of patients that can be treated.

Governor’s Task Force on Expanding Access to Oral Health Care for Maine People – With a report submitted on December 1, 2008, major recommendations from this task force related to workforce development recognize the need to expand student loan opportunities for dental professionals, expand training opportunities for dental professionals and promote leadership and a continued focus on oral health and workforce issues.

Dalhousie University – Dalhousie University Dental School in Nova Scotia, Canada works cooperatively with Maine’s colleges to encourage and assist the applications of Maine students to their program.

Reduced tuition for dental students at the University of Connecticut School of Dental Medicine – Maine students can get a tuition break at the University of Connecticut’s School of Dental Medicine, the only public dental school in New England, under the New England Board of Higher Education’s Regional Student Program. This program allows students in any New England state to receive a reduction in tuition from another state’s school for any program that is not available in their home state. Maine students may qualify for reduced (in-state) tuition after successful completion of the first year of dental school.

Participation in the Maine Health Workforce Forum and the New England Rural Health RoundTable – Individuals and organizations in Maine who are working to address dental professional workforce shortages have been active participants in other efforts in the state and New England that are focusing on health workforce shortages generally.

PROCESS AND FUTURE EFFORTS

During the first two years of the Maine Oral Health Workforce Initiatives Project, the group’s efforts included identifying best practices in recruitment and retention in Maine and across the country, building relationships among interested stakeholders, developing recommendations to address the dental professional workforce shortage in Maine, and identifying strategies that could be implemented by group members. This was accomplished through a series of monthly meetings, research and small group work between meetings of the full group. As provided below in Appendix B (*Statement of Commitment of the Collaborative Dental Recruitment Initiative Working Group*), the working group developed a set of principles to guide their efforts. Recommendations from the group were provided to the Governor’s Task Force discussed above.

In year three of the project it is expected that the focus will move from planning to implementation of identified strategies. Much of the work of the initiative will continue in the smaller groups, each of which has a focus on a different population or point in the continuum or pipeline (primary and

secondary school students, college students, dental school students and dentists). Efforts will also be made to determine ways to evaluate the effectiveness of the different strategies that are being undertaken.

Some of the specific initiatives under consideration or activities of the Working Group or its members include:

- Identifying ways to move forward the recommendations of the Governor's Task on Expanding Access to Oral Health Care for Maine People and the recommendations of this report (listed above under *Priority Recommendations and Additional Recommendations*)
- Supporting and expanding the efforts listed above under *Strategies to Address Dental Professional Workforce Shortages*
- Reaching out to the Department of Education to bring them into discussions to determine the best approaches to promote awareness of health careers to college-bound students in Maine's public high schools
- Convening health advisors in Maine's colleges to discuss how best to support them and health career students to improve the pipeline for getting Maine students into dental schools
- Identifying strategies to close the gap in programming to promote health careers to high school students in southern and central Maine similar to the programs offered by Acadia Health Education Coalition in the northern part of the state
- Identifying strategies (similar to SEARCH through the National Health Service Corps) to support students, residents and externs in their training experiences in Maine and find ways to channel these students into employment opportunities in Maine
- Exploring the feasibility of establishing a dental therapist position in Maine
- Promoting opportunities for dental professionals who may be approaching retirement age
- Establishing forums for continued coordination and focus on workforce issues after the termination of this grant and the end of this project.

CONCLUSION

From a review of the reports that have been done over the past decade it is clear that Maine's health community has been well aware of the limited access to oral health care for many Maine people and that a significant contributing factor to that limited access has been due to a shortage or maldistribution of dental health professionals in the state and the number of dental health professionals that accept MaineCare patients. Some progress is being made, as is evidenced by the number of different policy initiatives undertaken within the past several years and the programs or efforts listed above under *Strategies to Address Dental Professional Workforce Shortage*. However, the fact that this report is coming out almost simultaneously with the report being issued by the Governor's Task Force on Expanding Access to Oral Health Care for Maine People, and that both reports contain many

recommendations similar to those that have been included in these earlier studies might indicate that not enough has been accomplished to address the lack of access to oral health care that many Maine people continue to experience. As reported in the *2006 Healthcare Occupations Report* cited in this report, Maine's current shortage of dental health providers will only be exacerbated in the coming years as Maine's currently practicing dentists and dental hygienists retire. The Department of Labor report states that "over 30% of all Dentists in Maine are over the age of 60, and over 68% are over the age of 50. Clearly, impending retirements will have a significant impact on the supply of Dentists." (Kruk, 2006, p.4)

There appears to be general agreement about the strategies that are necessary to address the dental professional workforce shortages and expand access to oral health care. The challenge for Maine's policymakers and interested stakeholders at this point is to move forward on implementation with the recommendations included in both this report and that of the Governor's Task Force. Given the current economic situation being faced by the state and the nation, it may be challenging to locate the resources that will be needed to carry out some of the recommendations, so a multi-pronged approach might be necessary by identifying those strategies that can be implemented now with little or no new state resources and those that will require funding, which might be addressed in the future.

With a renewed interest in providing universal access to health care at the national level, as well as Maine's own efforts to become the healthiest state and expand access to health care, there is a growing awareness of the need to address medical and dental workforce shortages. Additionally, while many sectors of our economy may be shrinking, the health workforce sector represents a fast growing industry with a high demand or need for many professions and high paying jobs. An investment in educating and training the people of Maine to serve in these health workforce jobs might not only expand access to health care but would also provide good jobs for Maine people and a much needed economic stimulus for our state. As they consider health, educational and economic policies and programs, Maine policy makers need to be aware of the health workforce shortages faced by our state and the impact these shortages have on the health of Maine people today and in the future.

REFERENCES

Association of State and Territorial Dental Directors. (2006). *Access to Oral Health Care Services: Workforce Development*. New Bern, NC: ASTDD.

Finance Authority of Maine. (1999). *Dental Residency Feasibility Study*. Augusta, ME: FAME.

Kruk, M. (2006). *2006 Healthcare Occupations Report*. Augusta, ME: Maine Department of Labor, Labor Market Information Services.

Maine Dental Access Coalition. (2007). *Maine Oral Health Improvement Plan*. Augusta, ME: Maine Dental Access Coalition.

Maine Department of Human Services. (2001). *The Status of Access to Oral Health Care in Maine*. Augusta, ME: Maine Department of Human Services.

Maine Department of Professional and Financial Regulation. (2008). *Report of the Commissioner of Professional and Financial Regulation to the Joint Standing Committee on Business, Research and*

Economic Development Sunrise Review of Oral Health Care Issues, (Submitted Pursuant to Resolves 2007, Ch. 85). Augusta, ME: Commissioner of Professional and Financial Regulation.

Me. Exec. Order No. 06 FY 08/09 (September 14, 2007). *An Order Establishing the Governor's Task Force on Expanding Access to Oral Health Care for Maine People*.

P.L. 2007, ch. 689, § 5122.

P.L. 2007, ch. 690 § 5219-BB.

P.L. 2007, ch. 6205.

The Governor's Office of Health Policy and Finance with The Advisory Council on Health Systems Development. (2008). *Maine's 2008-2009 State Health Plan*, Augusta, ME: The Governor's Office of Health Policy and Finance with The Advisory Council on Health Systems Development.

U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Bureau of Health Professions. (n.d.). *Grants to States to Support Oral Health Workforce Activities > 2007 Grantee Abstracts*. [Online]. Available: <http://bhpr.hrsa.gov/medicine-dentistry/07abstracts/oralhealth.htm> [2008, September 29].

APPENDIX A. COLLABORATIVE DENTAL RECRUITMENT INITIATIVE WORKING GROUP MEMBERS

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APPENDIX B. STATEMENT OF COMMITMENT OF THE COLLABORATIVE DENTAL RECRUITMENT INITIATIVE WORKING GROUP

WHEREAS, oral health is an integral part of physical health and oral health status impacts our ability to communicate, our economic productivity and our ability to function at home, work or school; and

WHEREAS, access to oral health care services and programs should be available to all Maine people; and

WHEREAS, there is a severe shortage and maldistribution of oral health care professionals in the State of Maine; and

WHEREAS, Maine's most vulnerable citizens do not have equal opportunity to access oral health care.

We therefore agree to work toward the following goals:

1. Increased awareness of all dental workforce needs – private as well as public;
2. Collaborative recruitment and retention strategies based on successful practices that avoid competition and duplication and that are evaluated for effectiveness;
3. An expanded, well trained, well educated, well tested dental workforce;
4. Marketing and recruitment efforts effective enough to provide: a more equitable distribution of the dental workforce across all regions of the state; the availability of sufficiently qualified applicants to prevent long term vacancies when openings occur; and an adequate support system to cover short term unexpected gaps in the dental workforce so that interruptions in service or coverage can be avoided.

The principles guiding these goals include:

1. Enhanced rational collaboration and elimination of ineffective competition
2. Collaboration and coordination of efforts serving all interests, better meeting the needs of the State of Maine and Maine people

HOWEVER, notwithstanding our commitment to this collaborative effort around recruitment and retention of oral health care professionals, we fully recognize and believe that the State of Maine must make it a priority to address the financial barriers, such as but not limited to the costs of professional education, of providing dental care, and reimbursement through the MaineCare program that have contributed to and may be some of the root causes behind the severe shortage and maldistribution of oral health care professionals in the State.

Approved, January 9, 2008, Collaborative Dental Recruitment Initiative Working Group

**APPENDIX C. ASSOCIATION OF STATE AND TERRITORIAL DENTAL DIRECTORS,
BEST PRACTICES APPROACH REPORT, *ACCESS TO ORAL HEALTH CARE SERVICES;
WORKFORCE DEVELOPMENT***

Strategies Regarding Dentists

Dental public health approaches aimed at addressing access to care issues should incorporate strategies that increase the number, distribution and availability of dentists for all populations. These strategies may include:

- a. Increase the number of dentists by:
 - i. Establishing new dental schools
 - ii. Partnering with established institutions to create satellite campus sites in states and regions that currently do not have dental schools
 - iii. Recruiting doctoral students to become pediatric dentists and expanding the number and distribution of pediatric dentists
- b. Increase the availability of dentists in underserved regions by:
 - i. Encouraging low income and minority students and students from rural regions to choose dental careers by:
 - Developing programs that introduce high school students to the dental profession
 - Funding scholarship programs to cover the high cost of dental school tuition
 - Implementing state school tuition reimbursement
 - Expanding loan forgiveness programs
 - ii. Enhancing recruitment of dentists practicing in underserved regions through:
 - Establishing collaborative efforts of State Dental Directors, Primary Care Associations (PCAs) and Primary Care Organizations (PCOs)
 - Working to assure that all underserved areas within states that qualify are designated by HRSA as dental Health Professional Shortage Areas (dental HPSAs)
 - iii. Expanding the opportunities for dentists to practice in underserved regions by increasing the number and distribution of dental safety-net facilities; this may be accomplished by:
 - Developing dental clinics in non-traditional sites such as storefronts and community and migrant health centers
 - Mobilizing dental vans and portable dental clinics for the provision of services in areas where clinics would be impractical services in community; and the expansion of services provided by dental and dental hygiene schools to the underserved
 - iv. Offering incentive and training programs to dental providers who serve rural and urban underserved populations in their offices, and who work in safety-net sites; incentives may be scaled according to the number served and the period of time services are provided, and may include:
 - State tax credits
 - Travel/lodging discounts
 - Loan forgiveness
 - Awards, media promotion and other recognition of the provider (e.g., corporate-sponsored bonuses such as golf or skybox memberships)
 - v. Exploring innovative ways to involve dentists in providing services in safety net facilities; such services may include:

- Providing practice management training
 - Providing clinical skills and techniques training
 - Donation of dental equipment, computers, and billing/utilization software
- c. Developing training and education programs that increase cultural awareness, sensitivity, and competency among dental providers by:
- i. Expanding dental school programs to expose students to diverse populations
 - ii. Partnering with state dental associations to develop and administer continuing education programs on cultural competency and issues related to special populations.

Reprinted with Permission: Association of State and Territorial Dental Directories. (2006). Access to Oral Health Care Services: Workforce Development. New Bern, NC: ASTDD, pp. 4-5.

Strategies Involving Auxiliary Dental Personnel

Dental public health approaches aimed at addressing access to care issues should incorporate strategies to increase the availability of and expand the scope of practice of dental auxiliary personnel; these strategies may include:

- a. Increase the number of dental hygienists by:
 - i. Establishing new dental hygiene schools
 - ii. Partnering with established institutions to create satellite campus sites in states and regions that currently do not have dental hygiene schools
- b. Increase the availability of dental auxiliary personnel in underserved regions by:
 - i. Encouraging low income and minority students and students from rural regions to choose a career in dental hygiene by:
 - Developing programs that introduce high school students to the dental hygiene profession
 - Funding scholarship programs to cover the high cost of dental hygiene school tuition
 - Implementing state school tuition reimbursement
 - Expanding loan forgiveness programs
 - ii. Offering incentive and training programs to dental hygienists who work in safety-net sites; incentives may be scaled according to the number served and the period of time services are provided, and may include:
 - State tax credits
 - Loan forgiveness
- c. Expanding the traditional role and scope of practice of dental auxiliary personnel in targeted underserved rural and inner-city areas and in safety net settings by:
 - i. Reducing the supervision requirements of dental hygienists in school-based dental programs, public health, safety-net settings, and underserved rural and inner-city areas
 - ii. Expanding the scope of services permitted by state dental practice acts
 - iii. Exploring the supervision of dental hygienists by physicians
- d. Developing training and education programs that increase cultural competency and sensitivity among dental auxiliary personnel by:
 - i. Expanding dental hygiene school programs to expose students to diverse populations

- ii. Partnering with state dental and dental hygiene associations to develop and administer continuing education programs on cultural competency and issues related to special populations.

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Strategies Involving Other Health Professionals

Dental public health approaches aimed at addressing access to care issues should incorporate strategies to integrate education and prevention with services provided by non-dental providers; these strategies may include:

- a. Establishing a broader spectrum of non-dental providers who can:
 - i. Increase access to oral health education and prevention services utilizing the medical model of care (while the surgical model of care is limited to dentists for the treatment of oral diseases).
 - ii. The non-dental providers may include: physicians, nurse practitioners, physician assistants, school nurses, nutritionists, childcare and outreach workers, and others.

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Methods to Evaluate Workforce Development Efforts

1. Impact/Effectiveness
 - o Net gain in services for target populations or communities
 - o Achieving program targets in outreach and service delivery for the target populations
2. Efficiency
 - o Monitoring/tracking of unit cost for each child enrolled in the program and/or service provided through the program
 - o Maintains a cost-benefit or cost-efficiency analysis for the program or service
3. Demonstrated Sustainability
 - o The program or service has a consistent funding source without time limitation (e.g., a 2-year grant), and/or has a plan for fund-raising or long-term funding
 - o The program or service has a policy or legislation in place to support implementation
4. Collaboration/Integration
 - o Integration, collaboration and/or coordination with key stakeholders
 - o Public/private partnerships to leverage resources
5. Objectives/Rationale
 - o Linking of program goals/objectives to national goals/objectives (e.g., Healthy People 2010 or Surgeon General's Report on Oral Health)
 - o Linking of program goals/objectives to state oral health goals/objectives (e.g., state oral health improvement plan, state policy agenda, or health agency's priorities)

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