

MONTANA ORAL HEALTH WORKFORCE ASSESSMENT 2024



**DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES**

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EXECUTIVE SUMMARY

The Montana Oral Health Program within the Montana Department of Public Health and Human Services (DPHHS) was awarded funding from the Health Resources and Services Administration (HRSA) through a grant to support oral health workforce activities from September 2, 2022, to August 31, 2026. An objective of this grant is to develop an oral health workforce assessment that will provide valuable information to key decision-makers involved in discussions about the oral health workforce.

Montana's stakeholders have expressed significant concerns regarding access to dental care for historically marginalized populations, challenges within the Medicaid system, limited availability of qualified workforce members, barriers in oral health education, and the recruitment of dental staff to rural and frontier parts of the state.

This report summarizes Montana dentist and dental hygienist survey results alongside state and national workforce data sources to shed light on barriers to oral healthcare in Montana as they relate to the workforce. It identifies challenges, accompanied by stakeholder recommendations aimed at propelling both the workforce and oral health in Montana forward.



KEY FINDINGS

UNDERSTANDING THE WORKFORCE

- Montana authorizes the practice of dental health aides (DHA) and dental health aide therapists (DHATs) within tribal health, Indian Health Services and Urban Indian Health Centers. However, performing dental extractions or invasive procedures to teeth and gums is prohibited. Although authorized by law, the functions of a DHAT in Montana do not align with what is nationally recognized as dental therapy.
- Dental hygienists provide care under general supervision with the intent and knowledge of the supervising dentist, which does not require the dentist to be on the premises. Dental hygienists practicing with a limited access permit (LAP) may practice under public health supervision in specific public health settings.

SUPPLY AND DEMAND

- In 2023, 1,055 dental hygienists held a professional license; 914 of those license holders had a Montana address on file.
- In 2022, Montana Occupational Employment Statistics estimated 1,420 dental assistants to be working in Montana.
- Dentist survey respondents reported employing an average of 2.5 dental hygienists yet reported needing an average of 3.1 dental hygienists. Similarly, dentists reported a need for more dental assistants, with an average of 3.9 currently employed and a need for 4.2. Results indicate dental clinics across Montana are understaffed.
- The American Dental Association Health Policy Institute estimates there are 640 active dentists in the State or 56.5 dentists per 100,000 population. This is below the national average of 60.4 per 100,000 population, ranking Montana 30th in the nation.

RECRUITMENT AND RETENTION

- Employers in North Eastern, Western, and South Central Montana report more difficulty recruiting dental hygienists compared to Eastern and North Central Montana.
- Dentists in North Central Montana reported 7-9% lower hourly pay for dental hygienists compared to those in Western, South Central, and Eastern Montana.
- Benefits are important to dental hygienists; 87% rated them as either extremely or very important.
- On average, dentists who participate in the National Health Service Corp within rural Montana intend to continue in rural practice for 18.6 years.

EDUCATIONAL PIPELINE

- 72% of Montana dental hygienists reported they obtained their high school diploma or GED in Montana.
- Many of Montana's current dental hygienists reported starting their career as a dental assistant.

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- 49% of Montana dentist survey respondents reported graduating from high school in Montana; 34% were trained through either the University of Washington School of Dentistry, Oregon Health and Science University School of Dentistry, or the University of Minnesota School of Dentistry.
- Many dentists, 50%, decide to become a dentist before going to college.
- Career interest among high school students is low; 5% of students in healthcare pipeline programs report an interest in pursuing a dental career.
- 15-25% of Carroll College Pre-Dental Pathway students matriculate to dental school.
- 42.2% of WICHE Dental Exchange Program graduates are estimated to be working in Montana.
- 44.6% of Minnesota Dental Exchange Program graduates are estimated to be working in Montana.
- Great Falls College Dental Hygienist Program estimates 89% of their 2022 graduates are employed in Montana.
- Salish Kootenai College Dental Assisting Program staff reported 100% of graduates work in Montana.
- Both the Great Falls College and Salish Kootenai College Dental Assisting Programs have experienced a decline in enrollment in recent years.

UNDERSERVED POPULATIONS

- Barriers to care for historically underserved populations include financial constraints, geographical limitations, healthcare system complexities, and specific population challenges.
- In 2022, 77.5% of general and pediatric dentists served Medicaid-enrolled Montanans; 13% of dentists accounted for 63% of Medicaid services billed.
- Just 36% of Montana dentist survey respondents reported they are accepting new adult Medicaid patients and 56% reported they are accepting new child Medicaid patients.
- In 2023, 103 hygienists held a LAP, which is 9.8% of all dental hygiene license holders.
- HRSA estimates 33.5 dentists are needed to meet the needs of Montana's underserved communities. Missoula, Cascade, Ravalli, and Gallatin counties have the greatest needs.
- Workforce needs reported by Montana's Indian Health Services and Tribal Health Clinics in the fall of 2023 included 11 dentists, 4 dental hygienists, and 17 dental assistants.
- In 2022, 4,264 nontraumatic dental care visits were made to an emergency room in Montana.

INNOVATIVE INITIATIVES

- 22% of dentists surveyed report they utilize teledentistry.
- Montana promotes the use of primary care medical providers who are trained in preventive oral healthcare such as risk assessment, referral to dental care, and fluoride varnish application.

INTRODUCTION

The key objectives of the oral health workforce assessment include:

1. Gathering Expert Input: Engaging Montana's oral health stakeholders to identify information necessary to inform decision-making in their respective roles.
2. Collecting Data: Gathering and reviewing information sources named by stakeholders including quantitative and qualitative survey data.
3. Presenting Insights: Compiling data and key findings into a comprehensive written report.

PROJECT SUMMARY

In March 2023, the Montana Oral Health Program hosted an introductory meeting facilitated by Yarrow, LLC. The session introduced WIM Tracking, LLC as the agency directing the workforce assessment. The meeting involved 22 stakeholders and covered workforce-related topics such as understanding the workforce, supply and demand, recruitment and retention, educational pipeline, barriers, underserved populations, and innovative initiatives.

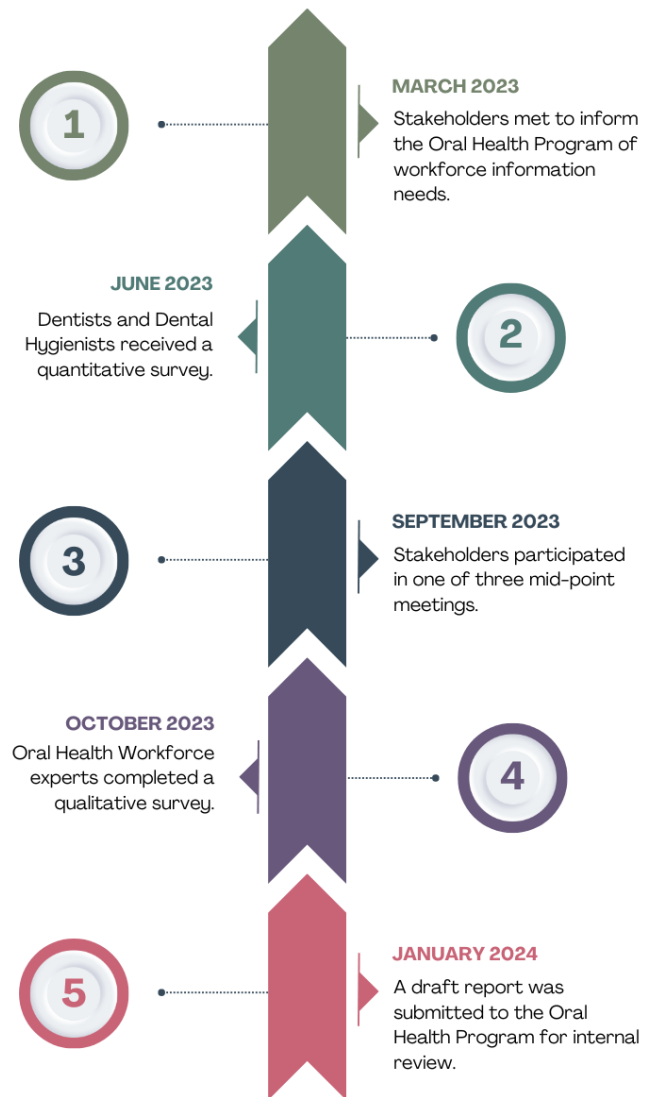
The group utilized four breakout rooms, each focusing on specific themes and led by stakeholders:

- Rural (Led by Katie Glueckert, Area Health Education Center Montana)
- Tribal (Led by Jason Smith, Native American Development Corporation)
- Urban (Led by Kelsey Gummer, Montana Health Care Foundation)
- Special Healthcare Needs (Led by Mackenzie Jones, Montana Disability and Health Program)

During these sessions, stakeholders raised workforce-related queries and suggested potential data sources (referenced in Appendix A), categorized by topic.

Following the introductory meeting, two quantitative surveys were developed to address stakeholder queries regarding the dentist and dental hygienist workforce. These surveys were distributed among

Figure 1 Project Timeline



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provider contact lists of the Montana Dental Association and Montana Dental Hygienists' Association. The dentist survey was distributed to 636 dentists; the survey results represent 180 dentists who identified themselves as currently providing direct patient care (paid or volunteer) as a dentist in Montana. The dental hygienist survey was distributed to 738 dental hygienists; the survey results represent 231 dental hygienists who identified themselves as currently providing direct patient care (paid or volunteer) as a dental hygienist in Montana. See Appendix E for the quantitative survey methodology.

Additionally, an online qualitative survey sought stakeholder perspectives on the workforce topics discussed during the March stakeholder meeting. All stakeholders were encouraged to recommend other oral health community members to participate. This survey received 38 electronic responses. Prior to the survey launch, it was critiqued by:

- Susan Skillman, University of Washington Center for Health Workforce Studies
- Katie Glueckert, Area Health Education Center Montana
- Webb Brown, Executive Director, Montana Dental Association
- Raney Hatten, RDH, Montana Dental Hygienists' Association Trustee
- Dr. Jason Tanguay DDS, Mint Dental Studio, Montana Dental Association Alternate Delegate

In September 2023, three mid-point stakeholder meetings occurred, presenting an overview of workforce related questions and related sources derived from the initial meeting. These meetings provided an opportunity for participants to expand on these questions and identify additional sources yet to be explored.

The report is divided into seven sections. Each section heading represents the workforce topic discussed during the initial stakeholder meeting. The questions posed by stakeholders are bulleted below each heading. Section seven provides an overview of opportunity and recommendation themes presented by stakeholders from the qualitative survey responses.

SECTION 1: UNDERSTANDING THE WORKFORCE



STAKEHOLDER QUESTIONS

- What is the current scope of practice of a dental health aide?
- Where does tribal law currently stand with dental therapy?
- What are the levels of supervision between a dentist and dental hygienist?

The oral healthcare landscape in Montana comprises dentists, dental hygienists, and dental assistants as primary members. Among dental professionals, dentists stand as the most extensively educated to perform the broadest range of services. They are also the predominant employers within Montana's

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oral healthcare workforce. Table 1 provides a scope of practice overview for each member of the oral health workforce. Dentists play pivotal roles as supervisors to dental hygienists and assistants, overseeing dental care through both direct and general supervisory capacities.

- Direct supervision includes the provision of allowable functions by dental assistants with the intent and knowledge of the dentist and while the supervising dentist is on the premises.
- General supervision covers the provision of allowable dental services by certified dental assistants to a patient of record, with the intent and knowledge of the dentist licensed and residing in the state of Montana. The supervising dentist need not be on the premises [1].
- Dental hygienists provide care under general supervision or public health supervision.

For dental hygienists with a limited access permit (LAP) operating under public health supervision, the dental hygienist must provide the public health facility a disclaimer indicating preventive services to be rendered do not preclude or take the place of a comprehensive exam by a licensed dentist. They must provide patients with a referral to a licensed Montana dentist once each calendar year or as needed. The patient’s dental records are the responsibility of the public health facility where the services are provided, however, the dental hygienist must adequately maintain the records [2].

While dental health aides (DHA) and dental health aide therapists (DHAT) are permitted to provide care within tribal health, Indian Health Services and Urban Indian Health Centers in the state, their integration remains limited. Although authorized by law, the role of a DHAT in Montana does not align with what is nationally recognized in dental therapy. Montana policy prohibits DHATs from performing dental extractions or invasive procedures, such as dental fillings.

Table 1 Scope of Practice of Oral Healthcare Providers in Montana

Provider Type	Education	Scope of Practice
Dentist Licensed by Montana Board of Dentistry	8 - 10 years; Bachelor’s degree, 4 years; Dental School, 4 years; dental specialists required to complete at least 2 years in a specialty residency Source: Administrative Rules of Montana 24.138.502 and 24.138.505	<ul style="list-style-type: none"> • Furnishing, supplying, constructing, reproducing, repairing, or adjusting a prosthetic denture, bridge, appliance, or other structure • Diagnosing, prescribing for, or treating disease, pain, deformity, deficiency, injury, or physical condition of human teeth, jaws, or adjacent structures • Extracting teeth, treating malpositions of teeth or of the jaw • Giving interpretations or readings of dental x-rays • Administering anesthetic for a dental operation Source: Montana Code Annotated 37-4-101

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Provider Type	Education	Scope of Practice
Dental Hygienist Licensed by Montana Board of Dentistry	3-4 years; Prerequisite coursework, 1-2 years; Dental Hygiene school, 2 years <small>Source: Administrative Rules of Montana 24.138.506 and 24.138.503</small>	Under General Supervision <ul style="list-style-type: none"> Dental prophylaxis and non-surgical periodontal treatment Polishing coronal surfaces and amalgam restorations Placing sealants, placing, and removing rubber dams and matrices Applying topical fluoride and anesthetic agents Exposure of dental x-rays Taking impressions Removing sutures and dressings Administering local anesthesia Prescribing preventive agents and topical anesthetics Under Direct Supervision <ul style="list-style-type: none"> Administering or dispensing any drugs, with the prior authorization of the supervising dentist <small>Source: Montana Code Annotated 37-4-401 and Administrative Rules of Montana 24.138.407</small>
Dental Hygienist with Limited Access Permit Licensed by Montana Board of Dentistry	5 – 6 years; Prerequisite coursework, 1-2 years; Dental Hygiene school, 2 years; continuing education credits and practice hours required for last 2 – 3 years prior to application for permit <small>Source: Administrative Rules of Montana 24.138.509</small>	Public Health Supervision <ul style="list-style-type: none"> All tasks listed above for dental hygienists Conducting patient medical screenings Providing dental hygiene preventive services to a patient without prior authorization unless the patient has certain medical conditions Prescribing preventive agents and topical anesthetics <small>Source: Administrative Rules of Montana 24.138.425 and Montana Code Annotated 37-4-405</small>
Dental Assistant Not licensed in Montana	1 - 2 years; Dental Assistant program --or-- On the job training by a licensed dentist	Under Direct Supervision ⁱ <ul style="list-style-type: none"> Polishing coronal surfaces and amalgam restorations Placing sealants, placing, and removing rubber dams, matrices, and temporary restorations Applying topical fluoride and anesthetic agents Making radiographic exposures Taking impressions

ⁱ Certified Dental Assistants may work under general supervision of a licensed dentist, however, are prohibited from performing certain tasks.

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Provider Type	Education	Scope of Practice
	<p>Source: Administrative Rules of Montana 24.138.406 and Montana Code Annotated 37-4-408</p>	<ul style="list-style-type: none"> Removing sutures and dressings <p>Source: Administrative Rules of Montana 24.138.406</p>
<p>Dental Health Aide</p> <p>Authorized to operate in Tribal Health, IHS, or Urban Indian Health Centers in Montana by federal law, Indian Health Care Improvement Act.</p>	<p>Training depends on the level of certification of the dental health aide (DHA) and expanded function dental health aide (EFDHA). [3]</p>	<p>Community Health Aide Program (CHAP) Models</p> <p>Functions vary by state and may include:</p> <ul style="list-style-type: none"> DHA I: oral health education, fluoride varnish, care coordination DHA II: DHA I duties, dental assisting, and light planing EFDHA I: dental cleanings above the gum line, restorative services EFDHA II: more complex restorative services Restorative services are not allowed in Montana <p>Source: Alaska Community Health Aide Programⁱ</p>
<p>Dental Health Aide Therapy (Dental Therapist, DHAT)</p> <p>Authorized with restrictions to operate in Tribal Health, IHS, or Urban Indian Health Centers in Montana.ⁱⁱ</p>	<p>3 years; Dental Therapy School, 3 years</p>	<p>Community Health Aide Program (CHAP) Models</p> <p>Functions vary by state and may include:</p> <ul style="list-style-type: none"> DHA and EFDHA duties Diagnosis and treatment of caries Uncomplicated extractions Applying local anesthetic Primary teeth pulpotomies (not allowed in Montana) <p>Source: Tribal Community Health Provider Programⁱⁱⁱ</p>

ⁱ Alaska Community Health Aide Program <https://akchap.org/dental-health-aide/about/>

ⁱⁱ In 2019, HB599 authorized the use of DHATs within Tribal Health, IHS, or Urban Indian Health Centers, however, the law placed restrictions on restorative functions, therefore the scope of a DHAT in Montana does not equate to what is nationally known as a DHAT.

ⁱⁱⁱ Tribal Community Health Provider Program <https://www.tchpp.org/about-dhas>

SECTION 2: SUPPLY AND DEMAND

STAKEHOLDER QUESTIONS

- What is the ideal number of dental hygienists and assistants for a practice?
- How many dental hygienists and assistants are working in Montana?
- How does Montana's dentists per 100,000 population compare to the national average?

2

SUPPLY AND DEMAND OF DENTAL HYGIENISTS AND ASSISTANTS

Table 2 shows dental hygienist licensure trends within Montana from 2014 to 2023. There has been a 24% increase in the number of license holders over the last five years (2019 to 2023) and a 12% increase in the number of license holders with a Montana address. In 2023, 1,055 dental hygienists held a professional license, and 914 of those license holders had a Montana address on file.

Table 2 Number of Montana Dental Hygienist License Holders, 2014-2023

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Number of Dental Hygienists	794	801	800	827	788	850	905	965	1017	1055
Number of Dental Hygienists with MT Address	661	672	677	716	759	814	860	827	872	914

Source: Montana Oral Health Program Summary of Department of Labor and Industry Licensing Data

In 2022, the U.S. Bureau of Labor Statistic's Occupational Employment and Wage Statistics report estimated 1,420 dental assistants were working in Montana. According to these estimates, the dental assistant workforce has increased by 25.6% between 2012 and 2022.

Table 3 Dental Assistant Workforce Estimates (2012-2022)

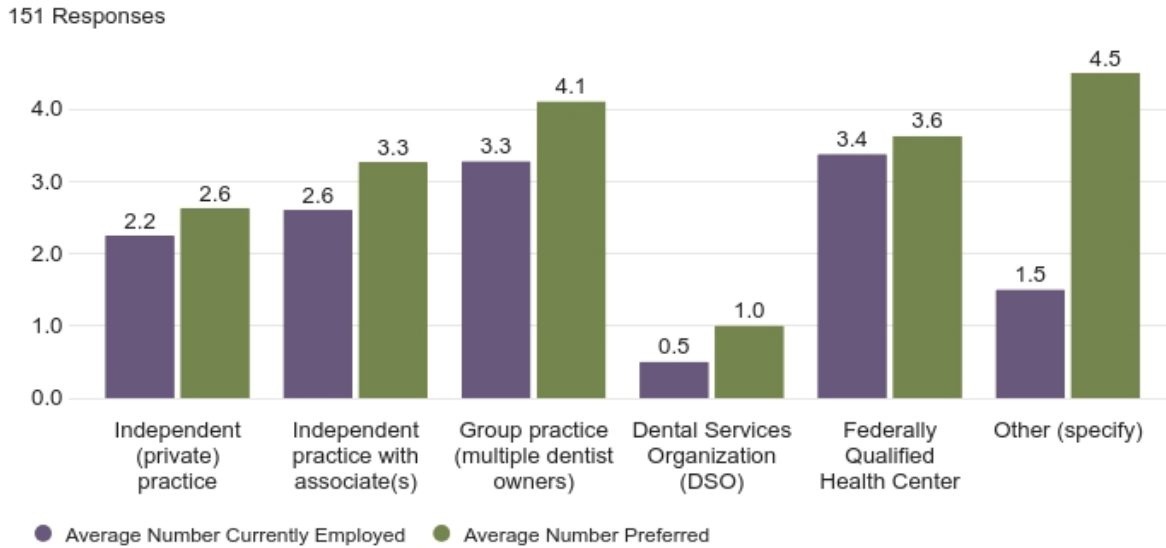
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimated Number of Dental Assistants Employed in MT	1130	1140	1150	1180	1350	1340	1310	1360	1420	1380	1420

Source: Bureau of Labor Statistics Occupational Employment and Wage Statistics Estimates

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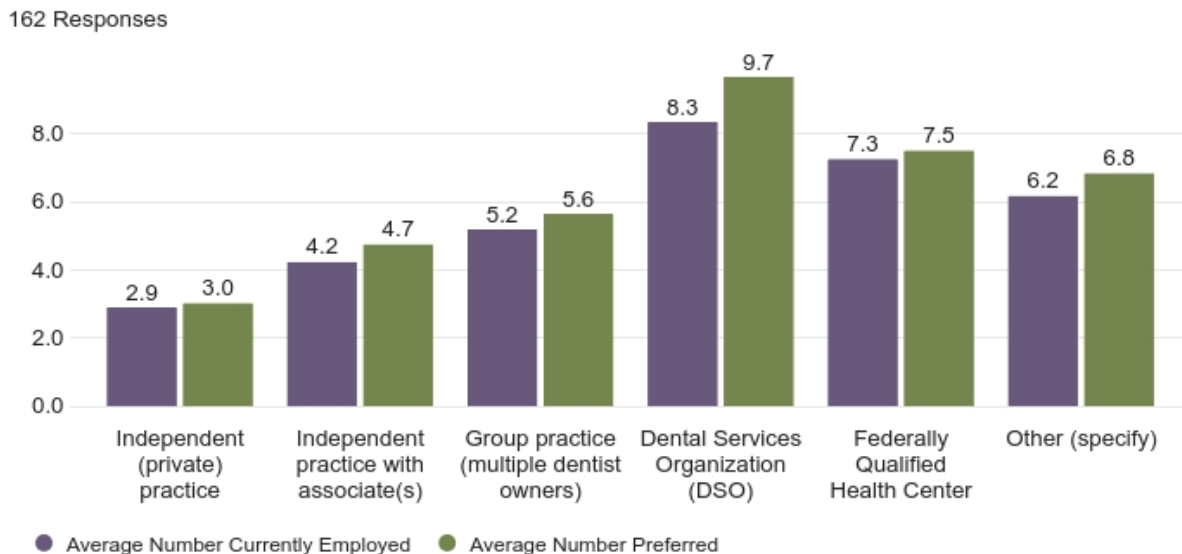
Figure 2 and Figure 3 show the current and preferred number of employees reported by dentists in the Oral Health Program Survey of Dentists. [5].

Figure 2 Number of Dental Hygienists by Practice Type



Source: Montana Oral Health Program Survey of Dentists, 2023. The Other category represents one statewide mobile dental clinic and two individual dentists with multiple locations.

Figure 3 Number of Dental Assistants by Practice Type



Source: Montana Oral Health Program Survey of Dentists, 2023. The Other category represents one statewide mobile dental clinic and two individual dentists with multiple locations.

SUPPLY AND DEMAND OF DENTISTS

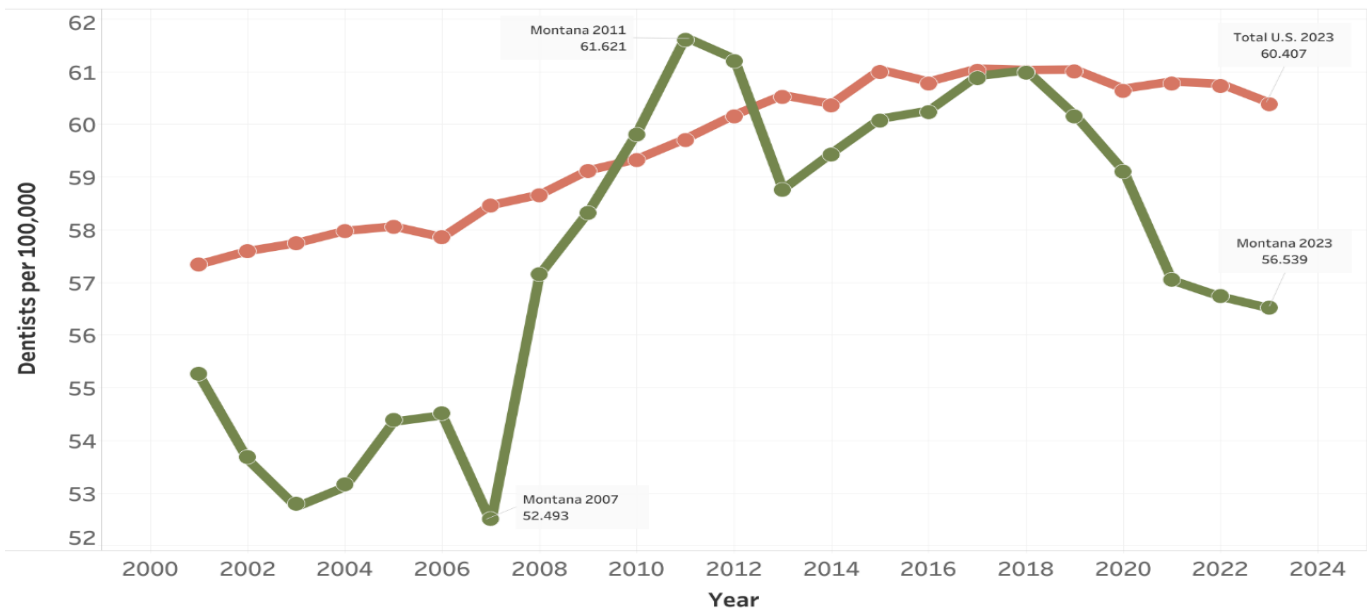
The American Dental Association’s Health Policy Institute (ADA HPI) estimates that in 2023, Montana had 56.5 dentists per 100,000 population. This is below the national average of 60.4 per 100,000, ranking Montana 30th in the nation. Figure 4 shows a downward trend for dentists per 100,000 population since 2018. Table 4 provides ADA HPI estimates of the number of actively practicing dentists in Montana.

Table 4 Supply of Dentists in Montana (2014-2023)

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Number of Dentists	608	620	628	642	648	644	641	631	637	640

Source: American Dental Association, Health Policy Institute Analysis of ADA Masterfile

Figure 4 Dentists Per 100,000 Population (2000-2023)



Source: American Dental Association Health Policy Institute

SECTION 3: RECRUITMENT AND RETENTION



STAKEHOLDER QUESTIONS

- Do FQHCs and independent practices have different hiring issues?
- Does dental hygienist and assistant pay vary by region?
- Do dental hygienist benefits affect recruitment and retention?
- Does access to housing affect recruitment and retention?
- How long does an NHSC participating dentist plan to stay in rural Montana after recruitment?

RECRUITMENT AND RETENTION OF DENTAL HYGIENISTS AND ASSISTANTS

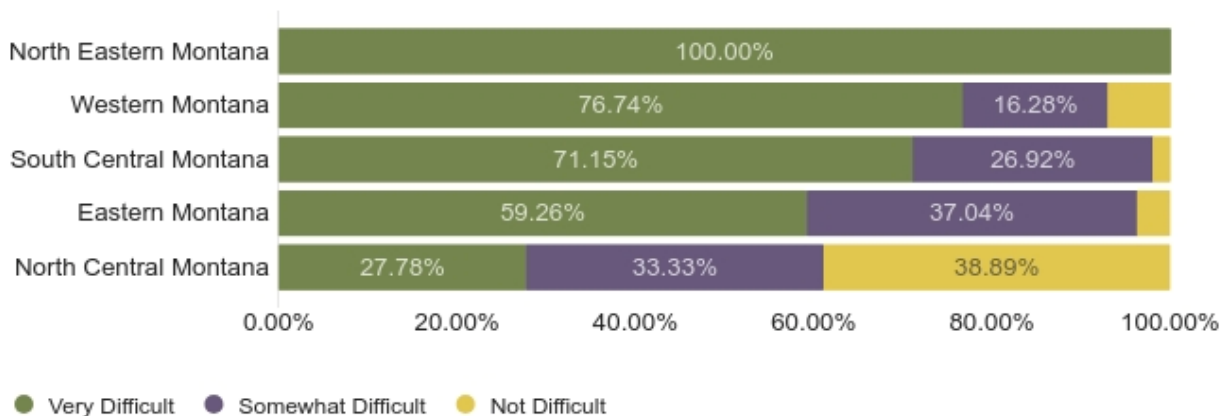
In October 2023, dentists nationwide reported the following to the ADA’s HPI [6]:

- 1) 77.2% reported it is extremely challenging to recruit dental hygienists.
- 2) 55.8% reported it is extremely challenging to recruit dental assistants.

How does this compare to Montana? Across the state, 66.2% of dentists reported the recruitment of dental hygienists very difficult. However, this varies by region. Every North Eastern Montana dentist that responded to the recruitment question reported the difficulty in recruiting dental hygienists to be very difficult. Western and South Central Montana dentists also reported a significant degree of difficulty recruiting dental hygienists; 76.7% of Western Montana dentists and 71.2% of South Central Montana dentists reported it being very difficult to recruit dental hygienists versus 59.3% in Eastern Montana and 27.8% in North Central Montana. See Appendix C for a map of the Montana regions as defined by the Montana Office of Rural Health.

Figure 5 Montana Dentist's Perception of Difficulty in Recruiting Dental Hygienists

145 Responses



Source: Montana Oral Health Program Survey of Dentists, 2023

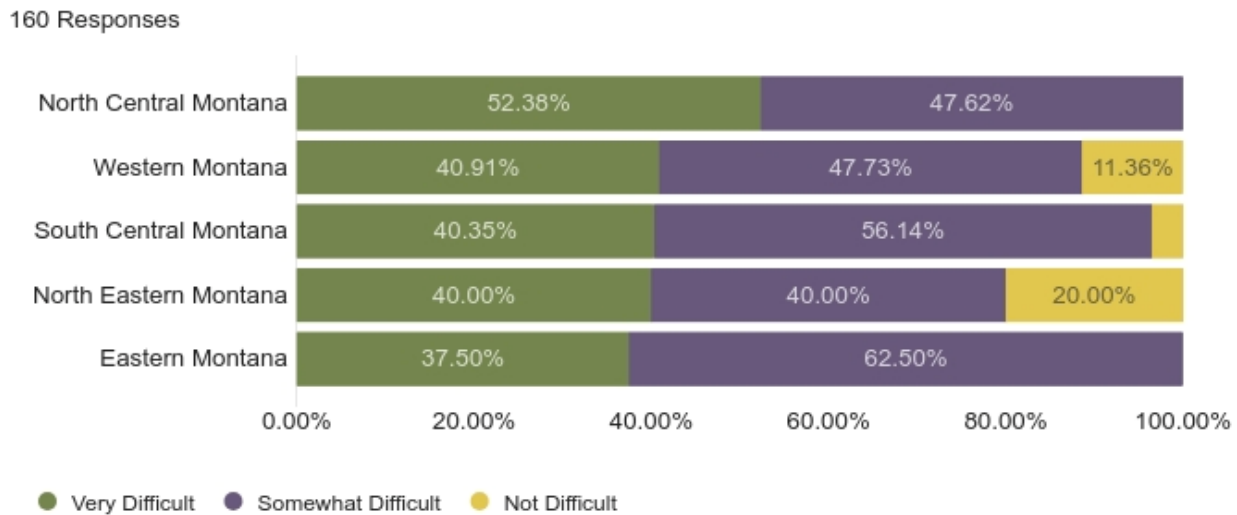
Responses: North Eastern 4, Western 43, South Central 52, Eastern 27, North Central 18, Other 1ⁱ

ⁱ One dentist selected “Other” for city of primary practice. This response is not represented in figures analyzing data through regional breakdowns; however, it is included in statewide analyses.

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Overall, 41.3% of Montana dentists reported the recruitment of dental assistants to be very difficult. The variance across regions is not as evident as with dental hygienists, however, dentists in the North Central region did report the most difficulty (52.4%) compared to Western (40.9%), South Central (40.4%), North Eastern (40.0%), and Eastern (37.5%).

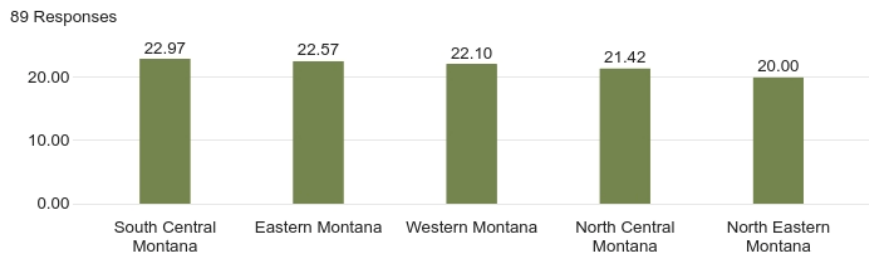
Figure 6 Montana Dentist's Perception of the Difficulty in Recruiting Dental Assistants



Source: Montana Oral Health Program Survey of Dentists, 2023
 Responses: North Central 21, Western 44, South Central 57, North Eastern 5, Eastern 32, Other 1

Hourly rates reported by dentists average \$44 per hour for dental hygienists and \$22 per hour for dental assistants. By region, hourly rates appear consistent, however, dentists in North Central Montana reported the lowest average for dental hygienist pay, \$40.50, which is 7-9% lower than hourly rates reported by dentists in Western, South Central, and Eastern regionsⁱ. The North Central region is home to the only dental hygiene school

Figure 7 Average Dental Assistant Hourly Rate Reported by Dentists by Region



Source: Montana Oral Health Program Survey of Dentists, 2023
 Responses: South Central 30, Eastern 21, Western 20, North Central 12, North Eastern 5, Other 1

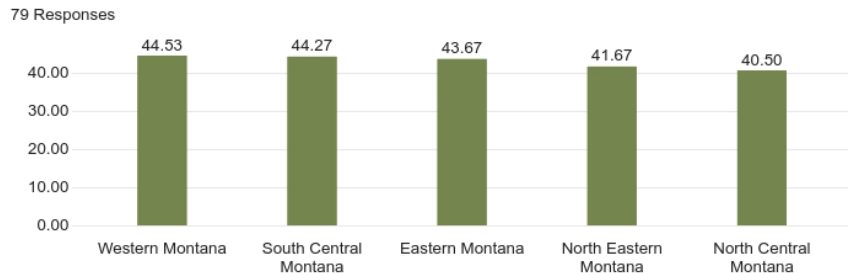
ⁱ The regional breakdown used is outlined in Appendix C.

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in the state where the job market is more competitive. Dentists in North Eastern Montana reported the lowest average hourly rate for dental assistants.

Income reported by dental hygienists demonstrates a similar picture across the state. For hygienists working 31-40 hours per week in private practice, average annual pay ranges from \$72,500 in Western Montana to \$60,000 in North Eastern Montana. Annual pay varies by about \$3,400 between Western Montana (\$72,500) where 76% of dentists reported it being extremely difficult to recruit dental hygienists, and North Central Montana (\$69,100) where the recruitment of dental hygienists is reported as less challenging (27.8%ⁱ). Overall, 63% of dental hygienists reported they are very satisfied (12%) to satisfied (51%) with their income.

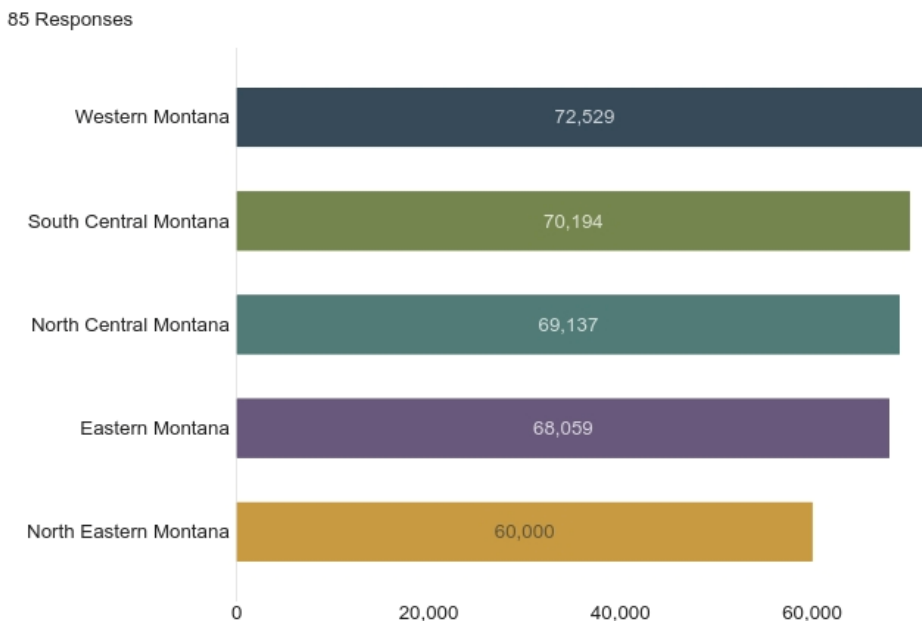
Figure 8 Average Dental Hygienist Hourly Rate Reported by Dentists by Region



Source: Montana Oral Health Program Survey of Dentists, 2023

Responses: Western 19, South Central 26, Eastern 18, North Central 12, North Eastern 3, Other 1

Figure 9 Average Annual Dental Hygienist Income Reported by Dental Hygienists



Source: Montana Oral Health Program Survey of Dental Hygienists, 2023

Responses: Western 17, South Central 41, Eastern 17, North Central 9, North Eastern 1

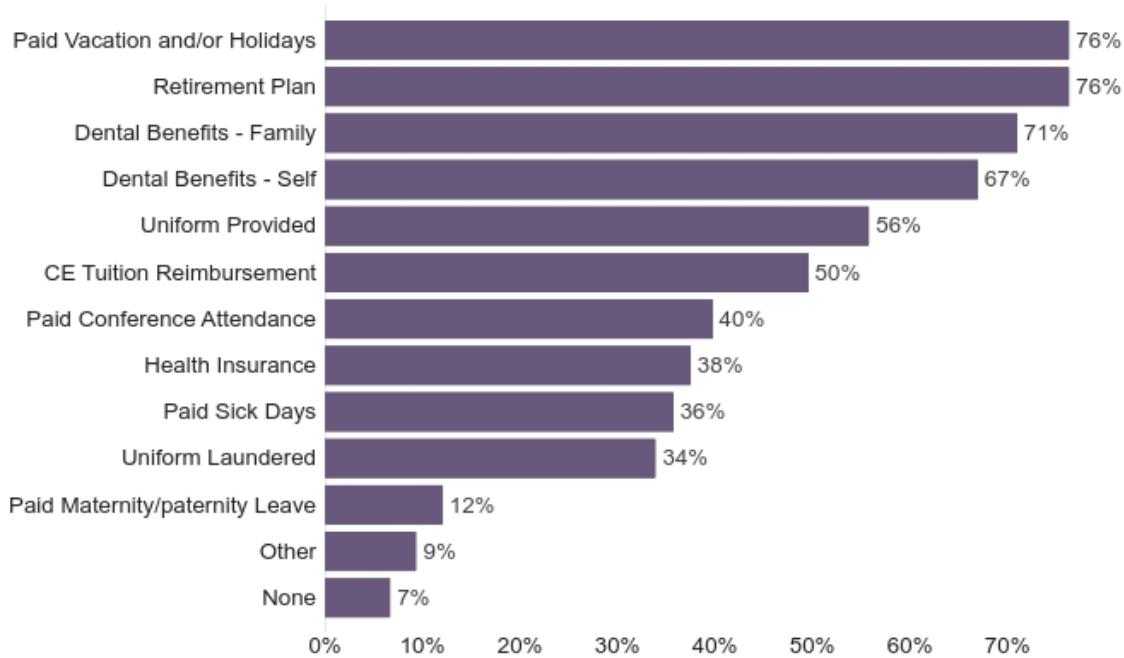
ⁱ 27.8% of dentists in North Central Montana reported the recruitment of dental hygienists as extremely challenging.

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Benefits are important to dental hygienists. In 2023, 87% rated benefits as either extremely important or very important. Paid vacation and/or holidays, retirement plans, and dental benefits are the most widely reported benefits.

Figure 10 Benefits Dental Hygienists Currently Receive from Employer

224 Responses



Source: Montana Oral Health Program Survey of Dental Hygienists, 2023

BARRIERS

Dental clinics in Montana face recruitment and retention challenges encompassing geographical, workforce availability and training, quality of life concerns, professional practice, and educational pathways. The following barriers have been identified by Montana’s oral health stakeholdersⁱ.

- Frontier areas have limited amenities such as shopping and entertainment, making it more challenging to recruit and retain qualified candidates.
- Dental clinics in rural Montana may not be able to offer competitive packages compared to clinics in urban areas.
- All Montana locations experience challenges related to wages, training capacity, and patient populations.

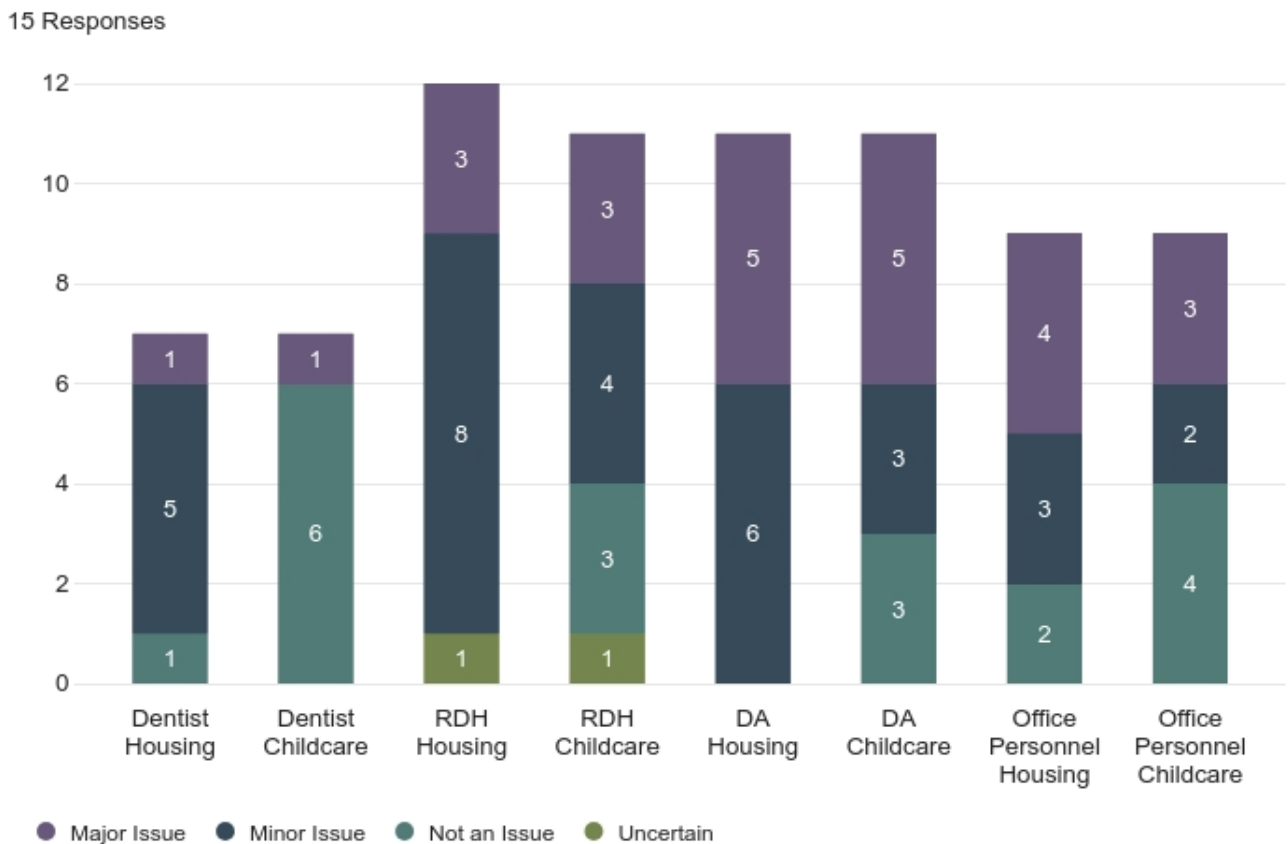
ⁱ 2023 Oral Health Program Qualitative Survey of Montana Stakeholders

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- The recruitment for dental professionals is time consuming; training dental assistants takes up to six months and suitability may only become clear post-hiring.
- Obtaining required certification such as general and radiology certifications for dental assistants and anesthetic injections for dental hygienists can be challenging.
- Housing and childcare costs are an important factor in career choice for office staff and dental assistants.

Sixteen oral health employers completed the qualitative surveyⁱ. Each was asked to indicate if a worker's lack of access to housing and childcare were recruitment issues when hiring. Figure 11 shows the responses for each worker (dentist, dental hygienist (RDH), dental assistant (DA), and office personnel) and potential issue (housing, childcare), and the number of responses by employers identifying the potential issue as a major issue, minor issue, not an issue, or uncertain.

Figure 11 Employers Indicating if a Worker's Lack of Access to Housing and Lack of Access to Childcare is a Recruitment Issue



Montana Oral Health Program Qualitative Survey of Stakeholders, 2023

ⁱ 2023 Oral Health Program Qualitative Survey of Montana Stakeholders

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Lack of access to housing appears to be more of an issue for recruitment of oral health workers, whereas lack of access to childcare is not an issue for the recruitment of dentists, less of an issue for recruiting office personnel and is more of an issue for the recruitment of dental hygienists and dental assistants. Overall, access to housing appears to be more of an issue than access to childcare.

These same employers overwhelmingly reported that the employer's lack of access to qualified candidates to fill dental hygienist and dental assistant positions was a major issue; 9 of 12 employers reported lack of qualified dental hygienist candidates and 9 of 11 employers reported lack of qualified dental assistant candidates.

NATIONAL HEALTH SERVICE CORPS

The National Health Service Corps (NHSC) is a program that aids primary care medical, dental, and behavioral health providers by offering scholarships and loan repayment initiatives. The program is designed to expand access to high-quality healthcare in areas facing critical shortages of healthcare professionals.

The Montana Primary Care Office offers technical assistance for sites seeking to become NHSC placement sites, and when appropriate, identifying sites eligible for NHSC placement in high-need communities. NHSC participating dentists are surveyed annually and at the end of their contract term through the “End of Year and End of Contract Questionnaire”. Rural dentists who completed this questionnaire between January 2012 and September 2023, reported an average intention to continue practicing in rural areas for approximately 18.6 years. Among respondents, 69% were practicing in Federally Qualified Health Centers (FQHCs) or Community and Migrant Health facilities, 17% in Indian Health Service (IHS) or Tribal Sites, 2% in other office-based clinics or practices, 2% in Rural Health Clinics, 2% in Another Practice Type, and 8% did not specify their practice location. The results exclude respondents who indicated they are not currently situated in ruralⁱ areas.



ⁱ The NHSC End of Year and End of Contract Questionnaire allows the participant to self-identify as working in a rural area when responding to the questionnaire.

SECTION 4: EDUCATIONAL PIPELINE

STAKEHOLDER QUESTIONS

- Where do dentists and dental hygienists originate?
- How many dental hygienists started their career as an assistant?
- Are current pipeline training programs successful?
- What opportunities are available to enhance the quality and accessibility of education to serve patients with disabilities and/or special healthcare needs?



4

ORIGIN OF PROVIDERS

Based on 2023 survey responses, 72%, of dental hygienists providing direct patient care (paid or volunteer) in Montana obtained their high school diploma or GED in Montana, however, 59% completed their dental hygiene education outside of Montana. A significant portion, 44%, of dental hygienists reported starting their dental career as a dental assistant.ⁱ

Among dentist respondents providing direct patient care in Montana (paid or volunteer), 49% completed high school and 40% completed undergraduate education in Montana. Just over one third of the dentists (34%) reported they trained through the University of Washington School of Dentistry, Oregon Health and Science University School of Dentistry, and the University of Minnesota School of Dentistry (Table 5).ⁱⁱ

Since 2016, first year dental school enrollees with a Montana residence total 110 dental students across 23 schools. The University of Colorado School of Dental Medicine, University of Utah School of Dentistry, and Midwestern University College of Dental Medicine are the top three schools chosen by Montana residents over the past eight years. Figure 12 demonstrates that during this time, the greatest number of enrollments was 19 in 2020 [7].

Table 5 Dental School Enrollment by Montana Residents and by School 2016-2023

State	Name of Institution	Number of Enrollees	Percent of Enrollees
CO	University of Colorado School of Dental Medicine	18	16%
UT	University of Utah School of Dentistry	16	15%
AZ	Midwestern University College of Dental Medicine	13	12%
MN	University of Minnesota School of Dentistry	11	10%
OR	Oregon Health & Science University School of Dentistry	10	9%

ⁱ Montana Oral Health Program Survey of Dental Hygienists, 2023

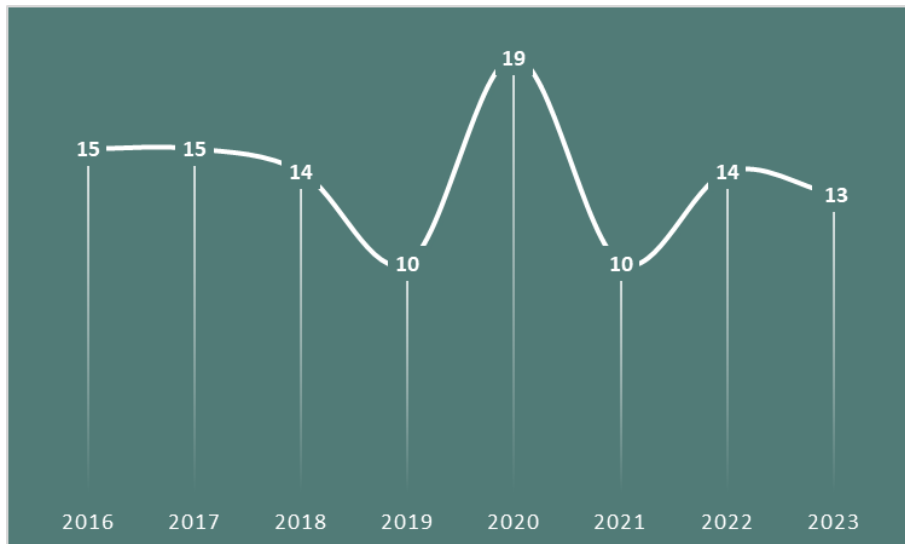
ⁱⁱ Montana Oral Health Program Survey of Dentists, 2023

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State	Name of Institution	Number of Enrollees	Percent of Enrollees
NE	Creighton University School of Dentistry	8	7%
UT	Roseman University of Health Sciences College of Dental Medicine	6	5%
FL	Lake Erie College of Osteopathic Medicine School of Dental Med.	4	4%
MI	University of Michigan School of Dentistry	4	4%
AZ	A.T. Still University Arizona School of Dentistry & Oral Health	3	3%
CA	Western University of Health Sciences College of Dental Medicine	3	3%
ME	University of New England College of Dental Medicine	2	2%
WI	Marquette University School of Dentistry	2	2%
CA	Herman Ostrow School of Dentistry of USC	1	1%
CA	Loma Linda University School of Dentistry	1	1%
IA	The University of Iowa College of Dentistry & Dental Clinics	1	1%
MA	Tufts University School of Dental Medicine	1	1%
MO	A.T. Still University Missouri School of Dentistry & Oral Health	1	1%
NC	University of N. Carolina at Chapel Hill Adams School of Dentistry	1	1%
NE	University of Nebraska Medical Center College of Dentistry	1	1%
NY	University at Buffalo School of Dental Medicine	1	1%
TN	Lincoln Memorial	1	1%
WA	University of Washington School of Dentistry	1	1%

Source: ADEA Trends in Dental Education 2016-23

Figure 12 Number of Dental School Enrollments by Montana Residents 2016-2023



Source: American Dental Education Association Trends in Dental Education 2016-2023

PIPELINE PROGRAMS

In 2022, 87.5% of all dental applicants from Montana were accepted into a dental program. This was the highest rate of acceptance for any U.S. State. However, Montana applicants represented only 0.1% of all dental school applicants nationwide. According to the American Dental Education Association (ADEA) survey data, 50% of dentists decide to become a dentist before going to college. For the others, 24% decide during the first 1 to 2 years of undergraduate education, 15% decide during years 3 –4 of undergraduate education, and 11% decide after graduating from college. Dental students rank proximity to family and friends as the top reason for choosing a specific dental school, followed by cost of attendance, academic reputation, location, and culture at the school [7].

HIGH SCHOOL

Montana HOSA is a Montana Career and Technical Organization developing and motivating high school students who have an interest in a career as a healthcare professional. The program currently has 25 participating schools and 600 high school members. Nationally, the career interest of HOSA students pursuing dental education is 5%, less than the interest in medicine, nursing, and physical therapy. HOSA provides competitive events designed to motivate the students and improve their knowledge and skills. In 2022, of the 331 Montana HOSA student competitors, 11 (3.3%) registered for the competitive event in dental science [8].

UNDERGRADUATE

Carroll College operates an undergraduate pre-dental program where students declare their intention to complete the Pre-Dental Pathway. All students of good academic standing are accepted. As of June 2023, the program had 20 students declared to the program. The program estimates that 50% of the students that declare the pathway complete the program, and 3-5 (15%-25%) students matriculate into dental school compared to 15-20 students who follow the medical pathway.

EXCHANGE PROGRAMS

The Office of the Commissioner of Higher Education (OCHE) oversees Professional Student Exchange Programs (PSEP) aimed toward providing Montana resident students with affordable access to out-of-state healthcare programs not offered in Montana. Two of the five programs that Montana participates in offer dental education: WICHE Professional Student Exchange Program and Minnesota Dental Program. Table 6 concludes that 99 alumni from either program were reported to be practicing in Montana in 2023.

Table 6 WICHE and Minnesota Dental Programs Enrollment and Graduates to Date

	WICHE Dental Program	Minnesota Dental Program
Enrollment (2023)	15 students	4 students
Graduates to Date	175 students	56 students
Graduates Working in MT	74 graduates (42.2% of graduates)	25 graduates (44.6% of graduates)

Source: Office of the Commissioner of Higher Education

DENTAL HYGIENE PROGRAM

Montana is home to one Commission on Dental Accreditation (CODA) accredited dental hygiene program, the Great Falls College Dental Hygienist Program. The program increased enrollment two years ago and in May 2023 the first class with the increased size of 22 students graduated. The program is currently awaiting approval from the Commission on Dental Accreditation to increase the enrollment of students by 10 every other year. Of the approximately 50 students that apply to the program annually, 25 are accepted. With the proposed increase, the program would accept 35 students every other year and 25 the opposite year. This program has a high success rate of graduates practicing in Montana. [9]

- 2020 Graduates: 17/18 (94%) employed in dental hygiene; 14/18 (78%) employed in Montana
- 2021 Graduates: 17/18 (94%) employed in dental hygiene; 17/18 (94%) employed in Montana
- 2022 Graduates: 18/18 (100%) employed in dental hygiene; 16/18 (89%) employed in Montana

DENTAL ASSISTING PROGRAMS

GREAT FALLS COLLEGE DENTAL ASSISTING PROGRAM

The Great Falls College Dental Assisting Program has experienced a notable decrease in the number of applicants over the past four years. The program received nine applicants each year from 2020 to 2023, accepting 3-9 students each year. Of the three students currently in the program, one is expected to complete the program.

Completion rates range from 50 to 100%. Of those that graduate, 70 to 100% complete their Certified Dental Assistant (CDA) certification. In 2022, 5 (100%) summer graduates passed their Dental Assisting National Board (DANB) exam and currently work as CDAs. Graduates of this program earn an oral radiology certification and take their DANB exam within two months of graduating. In the past five years, 100% of the program’s graduates found dental assisting positions in Montana.

The program believes a barrier to student enrollment and completion is the travel requirement of attending labs. Currently hybrid students who attend web-based lectures synchronously with on-campus students travel twice per month to complete lab hours in Great Falls. The program has

requested permission from the Commission on Dental Accreditation to add a satellite lab in Bozeman. If successful, the program will consider adding more satellite locations. [10]

SALISH KOOTENAI COLLEGE DENTAL ASSISTING PROGRAM

The Salish Kootenai College Dental Assisting Program offers two tracks, a Certificate of Completion track which qualifies the graduate to take the DANB, and an Endorsement track which does not qualify them to take the DANB. The program was recently approved to reduce the Endorsement track from 23 credits to 12 credits. This was in response to requests from dentists citing a shortage of assistants in the state. Approximately 75% of students graduate with a certificate of completion. The program states that 100% of graduates work in Montana. [11]

Enrollment in the Salish Kootenai College Certificate of Completion Program has declined from 12 students (5 graduates) in 2019 to four students (1 graduating) in 2022-2023. Reducing the required credits in the Endorsement track improved enrollment to 10 students in the 2023-2024 school year.

PATIENTS WITH DISABILITIES AND/OR SPECIAL HEALTHCARE NEEDS

The lack of training and support for people with disabilities and/or special healthcare needs can lead to inequality in receiving dental services. Stakeholders identified the following ways the education of oral health workers can be enhanced to address equity issues.

- Increase training opportunities for dental assistants, focusing on addressing the needs of patients with disabilities.
- Provide continuing education for dental office staff, focusing on cultural competency, American Disability Act compliance, effective communication, and respecting patient autonomy.
- Support the University of Washington Regional Initiatives in Dental Education (RIDE) program's expansion to Montana, which includes training in the care of patients with special healthcare needs.
- Offer continuing education classes tailored to serving underserved populations and alternative settings.

See Section 7: Stakeholder Input & Recommendations for an extended list of stakeholder perspectives regarding opportunities to improve oral health education in Montana.

SECTION 5: UNDERSERVED POPULATIONS



STAKEHOLDER QUESTIONS

- What barriers exist for providers to accept underserved patients?
- How is the need for Medicaid providers defined?
- How many dentists serve Medicaid patients?
- What is the need for dental support professions in AI/AN health?
- How many patients visit the ER for a dental emergency each year?

BARRIERS TO ORAL HEALTHCARE

Montana’s historically underserved populationsⁱ face barriers to dental care which include financial constraints, geographical limitations, healthcare system complexities, and specific population challengesⁱⁱ. Addressing these barriers would require comprehensive solutions involving policy changes, improved infrastructure, education, and outreach programs tailored to specific community needs.

The following stakeholder perspectives are based on their individual knowledge, experience and opinion and may not reflect circumstances everywhere in Montana.

Stakeholder Perspectives - Financial and Medicaid-Related Barriers:

- Montana’s Medicaid reimbursement rate creates limitations on capacity to serve enrollees.
- Medicaid dental benefit yearly limits for adults may not allow providers to address significant oral health needs in a timely manner, allowing dental disease to continue.
- The Medicaid system is difficult to navigate for under-resourced Montanans.

Stakeholder Perspectives - Specific Population Barriers:

- Many Veterans lack dental care coverage unless they qualify for Medicaid, creating financial barriers.
- Farm laborers are often uninsured with distance and financial barriers.
- College students face challenges due to lack of dental insurance and limited experience navigating the healthcare system.
- American Indians seeking dental care outside of the Indian Health Service dental clinics receive less coverage from Medicaid if eligible.
- Elderly Montanans experience access issues related to mobility and transportation.
- Patients with special health care needs can have physical barriers and may require specialty care, which may not be available in rural or frontier areas.

ⁱ American Indian/Alaska Native, College Students, Elderly, Migrant Farm Workers, Patients with Disabilities, Patients with Special Healthcare Needs, Place-bound, Rural or Frontier, Urban Poor, Uninsured or Underinsured, Veterans

ⁱⁱ 2023 Oral Health Program Qualitative Survey of Montana Stakeholders

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- Pediatric patients who have Medicaid coverage and age out of pediatric practices have a difficult time finding a dentist accepting new Medicaid patients.
- Patients in rural and frontier areas experience travel barriers such as the distance to a dental clinic and transportation difficulties.

MONTANA MEDICAID WORKFORCE

Looking specifically at oral healthcare access for Montana's Medicaid members, stakeholders are concerned about the barriers highlighted in the previous section. In December 2022, Montana Medicaid reported a substantial enrollment of 319,789 individuals, roughly 29% of the entire population [12]. According to the Health Policy Institute, it is estimated that only 1 in 3 dentists serve Medicaid patients nationally [13]. Montana's Medicaid data shows that Montana exceeds this average, with a participation rate of 2 in 3 dentists [14].

To maintain Montana's Health Professional Shortage Area (HPSA) designations, the Montana Primary Care Office collaborates with an epidemiologist from Montana DPHHS to extract claims data from Montana Medicaid following guidelines set forth by the Health Workforce Technical Assistance Centerⁱ. This dataset was analyzed for this report, specifically focusing on the dentist participation within Medicaid or Children's Health Insurance Program (CHIP) in 2022. This analysis considers the unique National Provider Identifier (NPI) linked to at least one Medicaid service billed with any procedure code (D0100-D9999). In 2022, 420 dentists billed Medicaid for services under these codes. Comparatively, the Health Policy Institute estimated Montana to have 637 active dentists in 2022 [15], estimating that 66% of Montana's dentists serve Medicaid patients.

To review the participation by general and pediatric dentists, a summary of services billed using CDT codes for oral evaluation (D0120-D0180) and prophylaxis (D1110-D1120) was created. Among these claims, 410 dentists, representing 77.5% of all general and pediatric dentists, were identifiedⁱⁱ. Of these 410 dentists, 42% billed between 101 to 500 services, with an average of 270 services billed per dentist. A noteworthy 13% of providers accounted for 63% of the services billed.

ⁱ Health Workforce Technical Assistance Center: <https://www.healthworkforceta.org/>

ⁱⁱ In 2022, the Health Policy Institute estimated nationwide that 83% of all dentists work in general or pediatric dentistry, providing an estimated 529 general and pediatric dentists practicing in Montana.

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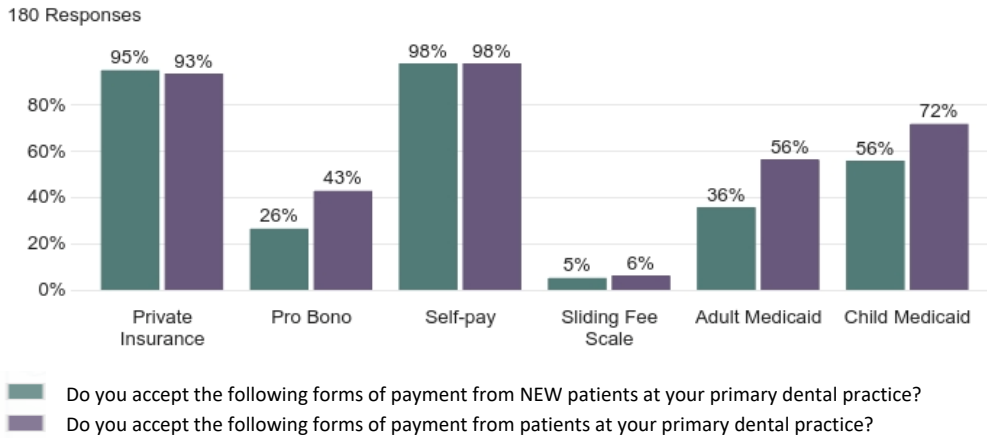
Table 7 Medicaid Services Billed by Dentists in 2022

Range of Oral Evaluation and Prophylaxis Services Billed	# of Unique NPIs	Percent of Unique NPIs
1 Service Billed	4	1%
2 - 50 Services Billed	82	20%
51 - 100 Services Billed	46	11%
101 - 500 Services Billed	171	42%
501 - 1000 Services Billed	54	13%
1001 - 5000 Services Billed	49	12%
5000 + Services Billed	4	1%

Source: Montana Medicaid, 2022

In the 2023 dentist survey, 98% of Montana dentists reported they are accepting new patients. However, only 36% reported accepting new adult Medicaid patients and 56% accepting new child Medicaid patients (Figure 13).

Figure 13 Payment Types Accepted by Dentists for Current and New Patients



Source: Montana Oral Health Program Survey of Dentists, 2023

DENTAL HYGIENE LIMITED ACCESS PERMITS

In 2004, the limited access permit (LAP) was introduced in Montana with the expectation that hygienists would bring preventive oral health services to Montanans with low resources or barriers to dental care. In 2023, 103 hygienists held a LAP, which is 9.8% of all dental hygiene license holders [16]. Over half (58%) of hygienists with a limited access endorsement who responded to the workforce survey reported they actively provided dental care with the permit within the last year. Of those not holding a LAP, 84% reported they do not plan to obtain a LAP in 1 to 3 years citing the followingⁱ:

ⁱ Montana Oral Health Program Survey of Dental Hygienist, 2023

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- 62% satisfied in current role
- 18% uncertain as to how an endorsement would benefit career
- 10% other reasons (nearing retirement, lack of time, need more experience)
- 5% lack of opportunities to utilize
- 3% lack of reimbursement
- 2% lack of funding

DENTAL HEALTH PROFESSIONAL SHORTAGE AREAS (DHPSAS)

The U.S. Department of Health and Human Services provides an overview of workforce needs to serve the Medicaid population through Health Professional Shortage Areas (HPSAs). Dental HPSAs (DHPSAs) are scored on a point system and provide the number of providers needed to meet the needs of the population identified within the HPSA. The scores consider the population-to-dentist ratio, percent of the county below 100% of the federal poverty level, water fluoridation status, and travel time to the nearest source of care outside of the designation. Federal shortage designations document areas of greatest need to meet the needs of a facility, the area's population, or a specific population within an area (i.e. low income, Native American, Medicaid eligible, Migrant Farmworker).

Table 8 Montana Dental HPSAs by Service Area and Type

Dental HPSA Service Area	Type	Count
Indian Health Service, Tribal Health, and Urban Indian Health	Facility, Auto-HPSA	28
Federally Qualified Health Center & Look-alike	Facility, Auto-HPSA	15
Rural Health Clinic	Facility, Auto-HPSA	37
Correctional Facility	Facility	1
Geographic	County Level	10
Population (Low Income, Medicaid Eligible, Native American)	County Level	28
Total		119

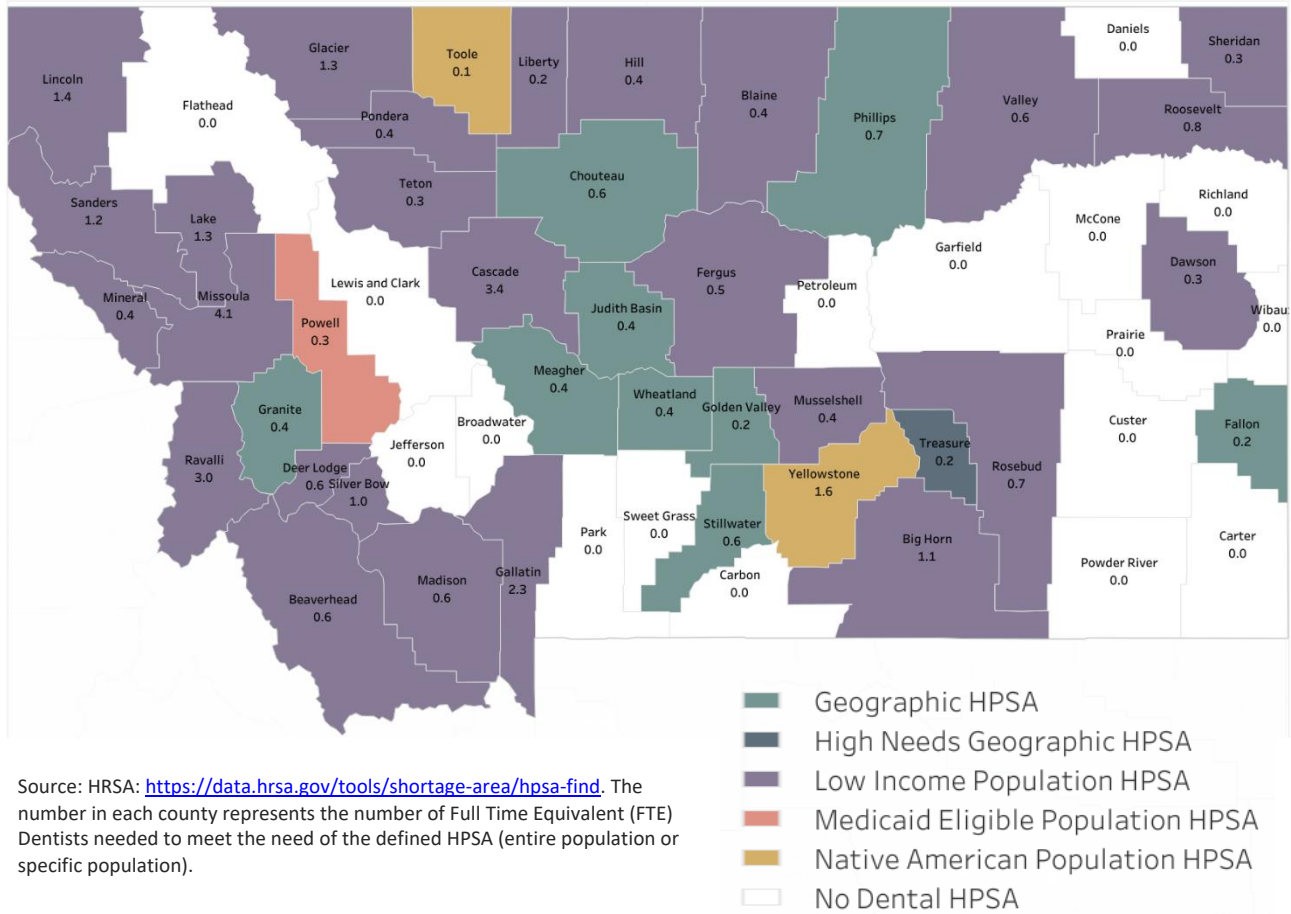
Table 8 breaks down the different types of DHPSAs in Montana. Of the 119 DHPSAs, 38 represent county or service area shortages, 10 of which are geographic meaning they demonstrate the need for oral health services for the entire geographic area and 28 demonstrate the need for oral health services to serve low income, Native American, or Medicaid eligible populations. The remaining 81 DHPSAs represent a need for specific facilities such as FQHCs and Indian Health Services.

Regarding the 38 county or service area DHPSAs, HRSA estimates 33.5 dentists are needed to meet the needs of all the areas identified in the DHPSAs. The highest needs are in Missoula County (4.1 dentists needed), Cascade County (3.4 dentists needed), Ravalli County (3 dentists needed), and Bozeman

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Service Area (2.3 dentists needed). These designations are all Low-Income Population HPSAs, meaning the shortage identified is specific to the needs of the low-income population within those service areas. Twenty-eight of the rural DHPSAs indicate less than 1 dentist is needed, which suggests the need is not great enough to sustain an additional dentist full-time.

Figure 14 Map of Montana's County Level Dental HPSAs and Dentist Needed



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INDIAN HEALTH SERVICE, TRIBAL, AND URBAN INDIAN HEALTH DHPSAS

In November 2023, current workforce needs within Montana's Indian Health Services (IHS) and Tribal Health Clinics included 11 dentists, 4 dental hygienists, and 17 dental assistants (Table 9) [17]. IHS, tribally run, and Urban Indian Health Clinics are automatically designated by HRSA's Shortage Designation Branch as a DHPSA, known as an Auto-DHPSA, based on statute or through regulation. Montana has 28 Auto-DHPSAs, spanning 14 counties in this category. Designations in Cascade and Blaine counties show the greatest need. See Appendix D for a complete list of these HPSAs sorted by score.

Table 9 Indian Health Service and Tribal Health Oral Health Workforce Needs

Indian or Tribal Health Service Area	Dentist Vacancies	Dental Hygienist Vacancies	Dental Assistant Vacancies
Blackfeet	1	1	7
Crow	2	1	5
Lame Deer	2	0	0
Fort Peck	3	1	0
Fort Belknap	1	0	4
Rocky Boy	1	1	0
Little Shell	0	0	1
Flathead	1	0	0
Total	11	4	17

Source: Billings Area Indian Health Service

EMERGENCY ROOM UTILIZATION

Montanans who do not have a dental home and are faced with an oral health problem may seek help from a hospital emergency room, which often provide only palliative care for dental problems but are often not able to address the cause of the problem. The Montana Hospital Discharge System tracks the utilization of Montana emergency rooms for nontraumatic dental visits. Table 10 shows that in 2022, there were 4,264 dental visits to an emergency room in Montana.

Table 10 Montana Emergency Room Utilization for Dental Emergencies (2019 – 2022)

Year	Total Number of Nontraumatic Dental ED Visits	Total ED Visits	Percent of ED Visits that are Nontraumatic Dental
2019	4,937	298,330	1.7%
2020	4,067	266,356	1.5%
2021	4,303	297,276	1.4%
2022	4,264	305,761	1.4%

Source: Montana Hospital Discharge System

SECTION 6: INNOVATIVE INITIATIVES

STAKEHOLDER QUESTIONS

- Which workforce members participate in school-based outreach?
- Is teledentistry utilized in MT?
- Are medical providers prepared to address dental issues?

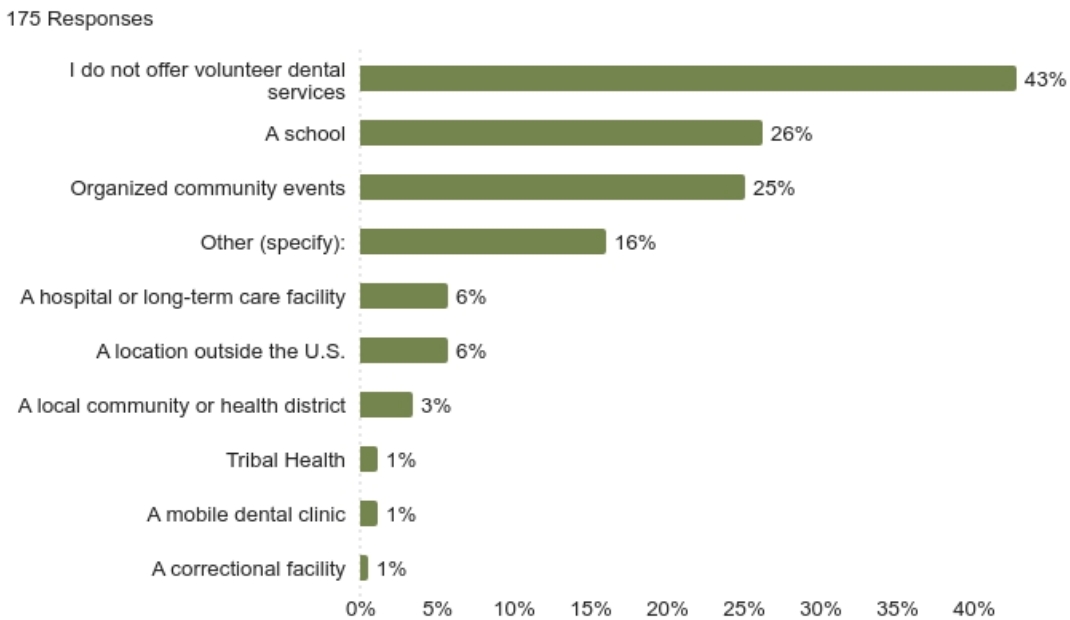
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COMMUNITY VOLUNTEER OUTREACH

Figure 15 outlines the various ways dentists reported volunteer services; 57% of dentists provide volunteer oral health services. Volunteering within school-based outreach is the most common form of volunteer services performed by dentists. Forty-six dentists, or 26%, provide volunteer oral health services within schoolsⁱ.

Figure 16 shows reported dental hygienist volunteer services; 18% of dental hygienists responded they provide volunteer oral health services. Ten dental hygienists, or 4%, reported volunteering in schools and 25, or 11%, volunteer at community eventsⁱⁱ.

Figure 15 Dentists Providing Volunteer Oral Health Services

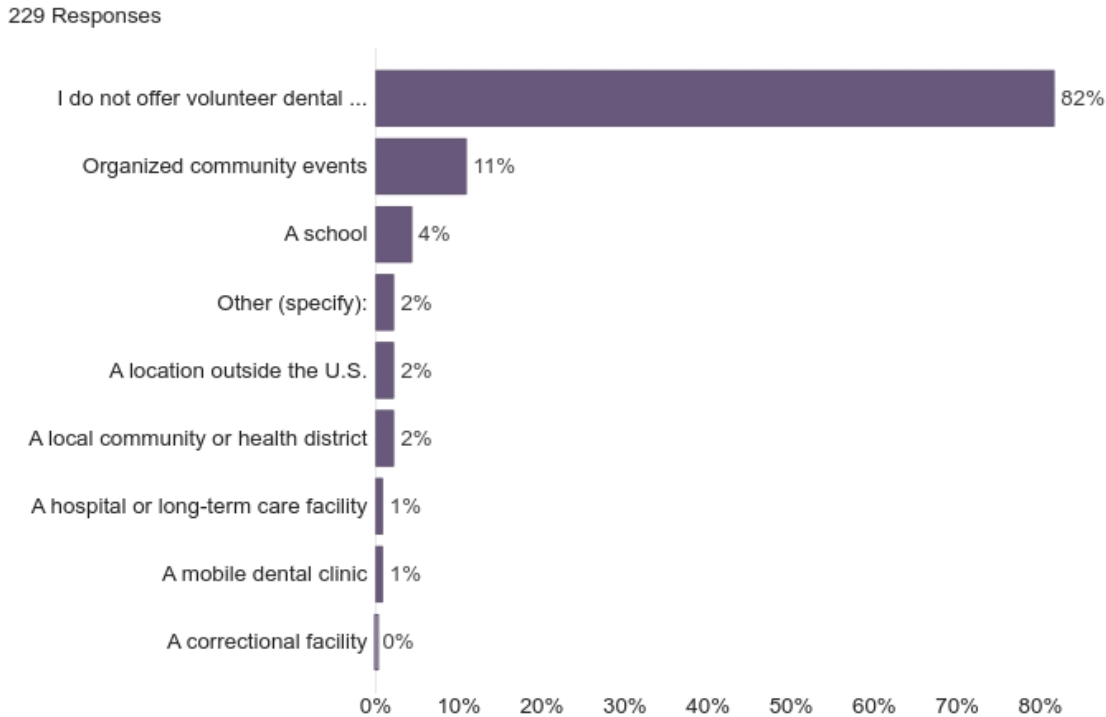


Source: Montana Oral Health Program Survey of Dentists, 2023

ⁱ Montana Oral Health Program Survey of Dentists, 2023

ⁱⁱ Montana Oral Health Program Survey of Dental Hygienists, 2023

Figure 16 Dental Hygienists Providing Volunteer Oral Health Services



Source: Montana Oral Health Program Survey of Dental Hygienists, 2023

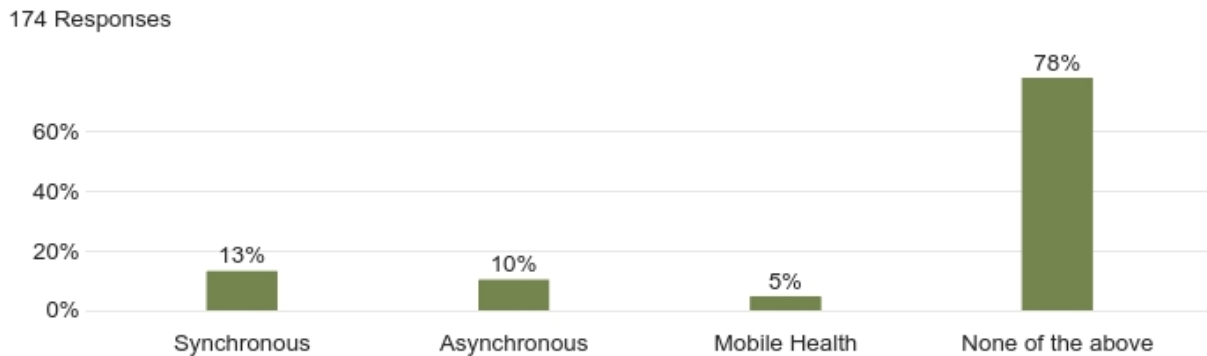
TELEDENTISTRY

Montana does not have specific statutes or rules on teledentistry. Rather, teledentistry is simply another method of service delivery. Licensees are held to the same state and federal laws and standards of care they are held to for the practice of dentistry regardless of physical location. To engage in teledentistry for a patient located in Montana, a person needs to hold a Montana license [16].

In the 2023 survey, 22% of Montana’s dentists reported utilizing teledentistry. Those utilizing teledentistry are engaged in synchronous (13%), asynchronous (10%), and mobile health (5%). Prior to the COVID-19 Public Health Emergency, Medicaid only covered synchronous teledentistry. Medicaid began reimbursing for asynchronous teledentistry during the COVID-19 response.

- Synchronous: Real time interaction between patient and provider.
- Asynchronous: Collecting patient information and later forwarding via electronic means to the provider for evaluation.
- Mobile Health: Health care and public health practice and education supported by mobile communication devices such as cell phone, table computer, and personal digital assistants (PDAs).

Figure 17 Dentists Utilizing Teledentistry within a Primary Practice Location



Source: Montana Oral Health Program Survey of Dentists, 2023

UTILIZING MEDICAL PROVIDERS

The Rocky Mountain Network of Oral Health (RoMoNOH) is leading the charge in medical-dental integration within maternal and child health safety net medical services in Montana. The five-year project (2019-2024) includes the development, implementation, and evaluation of three strategies:

1. Enhance integration of oral health care within maternal and child health safety net services.
2. Increase primary care providers' and support service providers' knowledge and skills to help them deliver optimal oral health care.
3. Enhance awareness and knowledge of preventive oral health practices among parents and other caregivers to increase adoption of these practices, including use of oral health care.

Montana originally had 3 FQHCs participating, but an additional 5 sites joined the project. Among other support systems, these sites have access to 5 eLearning modules developed to train primary care providers on delivery of preventive oral health care. The modules include:

- Module 1: Introduction | Interprofessional Collaborative Practice
- Module 2: Caries Risk Assessment | Oral Evaluation | Preventive Interventions
- Module 3: Communication and Education | Patient Engagement
- Module 4: Interprofessional Collaborative Practice | Dental Referral
- Module 5: Perinatal Oral Health

The RoMoNOH collaborative is active in Arizona, Colorado, Montana, and Wyoming. Across the program, over 250 primary care providers received training on preventive oral health care (risk assessments, referrals for care, and fluoride varnish applications) and the key components of integrating oral health care into primary care from September 2020 to February 2023. The percentage of infants and children from birth to age 40 months who received preventive oral health services increased from 32.7% (September 2020 through February 2021 reporting period) to 78.5% (September 2022 through February 2023 reporting period) [18].

The following medical providers can apply and bill for fluoride varnish in Montana:

- Physicians
- Nurse practitioners
- Physician assistants
- Nurses*
- Medical Assistants*
- Midwives

*Can apply fluoride varnish if physician delegates the task and codes directly.

SECTION 7: STAKEHOLDER INPUT & RECOMMENDATIONS

The Montana Oral Health Program's Qualitative Survey was completed by individuals representing dentists in private practiceⁱ, healthcare associations, dental training programs, federally qualified health centers, Indian Health Services, public health departments, educational facilities, and school-based clinics. The following section highlights opportunities and recommendations presented by these stakeholders. Stakeholder perspectives are based on their knowledge, experiences and opinions and may not reflect circumstances everywhere in Montana.

RECRUITMENT AND RETENTION

Challenges:

- Montana's frontier and rural geography makes recruitment and retention of qualified dental staff challenging.
- Dental offices and clinics spend a significant amount of time recruiting licensed providers and training auxiliary staff.
- Lack of distance learning to obtain certifications for auxiliary staff hinders the ability for staff to work at the top of their scope.
- Cost of living expenses, lack of benefits, and working conditions are contributing factors in retention of qualified candidates.
- Lack of unified scope of practice policies in the state impact access to care.
- There is a lack of supported oral health career pipeline programs for Montana high school students to explore dental careers.

ⁱ Dentists who participated see patients in the following counties: Silver Bow, Powell, Missoula, Madison, Lincoln, Lewis and Clark, Lake, Jefferson, Glacier, Gallatin, Flathead, Deer Lodge, Daniels, Cascade, and Beaverhead.

Recommendations:

- Support policies that bring oral health services to underserved communities.
- Facilitate training and education activities that meet the workforce demands.
- Promote oral health careers among high school students in Montana communities.
- Continue to support and promote loan forgiveness programs for oral health careers.
- Advocate for adequate wages, benefits, and training for dental clinic staff.
- Promote existing dental assistant training programs and encourage dentist support.
- Establish ways for employers to measure and promote job satisfaction.

WORKFORCE SUPPLY

Challenges:

- Dental workforce shortages are impacting rural and urban communities in Montana.
- Access to dental care for Montanans with public or no dental insurance is impacted by existing workforce shortages, policy, and financial barriers.
- The maldistribution of dental providers and specialty dental care impacts access to dental care.
- Access to specialty dental services is not equitable.

Recommendations:

- Support the integration of oral health into the overall healthcare system to improve access to preventive care and oral health literacy.
- Join a national compact for licensing to facilitate the recruitment of dentists and hygienists from other states.
- Investigate and support training programs to address dental workforce needs.

BARRIERS FOR PERSONS HISTORICALLY UNDERSERVED

Challenges:

- Inadequate or no dental insurance coverage.
- Navigating enrollment in Medicaid.
- Travel and transportation costs related to getting to a dental clinic.
- Patients with special health care needs face physical barriers, require a greater level of support and specialty care.

Recommendations:

- Improve Medicaid fee-for-service reimbursement.
- Consider introducing mid-level dental providers.
- Test innovative workforce models and delivery systems to improve access to care.

PATIENTS WITH SPECIAL HEALTHCARE NEEDS

- Develop trainings to improve competency for dental providers to serve populations with special healthcare needs.
- Address physical barriers in parking, entrances, and adaptive tools to improve access.
- Allocate adequate time, improve communication, and test environmental modifications to effectively treat patients with special healthcare needs.
- Promote cross-collaboration with other healthcare professionals.

RECOMMENDATIONS FOR EDUCATION

- Optimize the utilization of existing dental assisting programs at Great Falls College and Salish Kootenai College.
- Provide continuing education for dental office staff, focusing on cultural competency, American Disability Act compliance, effective communication, and respecting patient autonomy.
- Engage students at a younger age through organizations like HOSA and on-campus events to encourage careers in oral health.
- Investigate opportunities for improving accessibility of dental career training for rural and frontier residents who cannot easily relocate.

OTHER RECOMMENDATIONS

- Advocate for increased state-level investment in Oral Health Workforce funding.
- Emphasize the need for preventive dental care, especially for high-needs patients, and encourage integration of dental care into overall healthcare.
- Encourage collaboration among oral health professionals to address workforce challenges.
- Advocate for community water fluoridation to reduce tooth decay.
- Improve education on the connection between overall health and oral health.

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Appendix A Questions and Sources Introduced by Stakeholders

Stakeholder Question	Source
Section 1: Understanding the Workforce	
What are the duties of a dental health aide?	<ul style="list-style-type: none"> • Tribal Health Boards
Where do Tribes currently stand with dental therapy?	<ul style="list-style-type: none"> • Tribal Health Boards
What are the levels of dentist to dental hygienist supervision?	<ul style="list-style-type: none"> • Montana Board of Dentistry, Administrative Rules of Montana
Section 2: Supply and Demand	
What is the ideal number of dental hygienists and assistants across practice types?	<ul style="list-style-type: none"> • Oral Health Program Survey of Dentists
How many dental hygienists and assistants are working in Montana?	<ul style="list-style-type: none"> • Oral Health Program Survey of Dentists • Occupational Employment Statistics
How does Montana’s dentists per 100,000 population compare to the national average?	<ul style="list-style-type: none"> • American Dental Association Health Policy Institute Supply of Dentists in the U.S.: 2001 - 2022
Section 3: Recruitment & Retention	
What hiring issues do dental clinics encounter?	<ul style="list-style-type: none"> • Oral Health Program Survey of Stakeholders
How long does an NHSC dentist plan to stay in rural Montana post recruitment?	<ul style="list-style-type: none"> • 3RNet/ PRISM
Does dental hygienist and assistant pay vary by region?	<ul style="list-style-type: none"> • Oral Health Program Survey of Dental Hygienists • Oral Health Program Survey of Dentists
Do benefits affect dental hygienist and assistant recruitment and retention?	<ul style="list-style-type: none"> • Oral Health Program Survey of Dental Hygienists • Oral Health Program Survey of Stakeholders
Does access to housing affect recruitment and retention?	<ul style="list-style-type: none"> • Great Falls College Dental Hygienist Program • University of Washington RIDE Program • Oral Health Program Survey of Stakeholders
Section 4: Educational Pipeline	
Where do dentists and dental hygienists originate?	<ul style="list-style-type: none"> • American Dental Education Association • Oral Health Program Survey of Dental Hygienists

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Stakeholder Question	Source
Are current pipeline training programs successful?	<ul style="list-style-type: none"> Carroll College Pre-dental Program Montana HOSA Office of the Commissioner on Higher Education (OCHE)
How many dental hygienists started their career as a dental assistant?	<ul style="list-style-type: none"> Oral Health Program Survey of Dental Hygienists
What opportunities are available to enhance the quality and accessibility of education to serve patients with disabilities and/or special healthcare needs?	<ul style="list-style-type: none"> Oral Health Program Survey of Stakeholders
Section 5: Topic: Underserved Populations	
What barriers exist for providers to accept underserved patients?	<ul style="list-style-type: none"> Oral Health Program Survey of Stakeholders
How do we define the need for Medicaid providers?	<ul style="list-style-type: none"> Montana Medicaid Montana Primary Care Office
How many dentists serve Medicaid patients?	<ul style="list-style-type: none"> Oral Health Program Survey of Dentists Montana Medicaid American Dental Association Health Policy Institute
How many patients visit the ER for a dental emergency each year?	<ul style="list-style-type: none"> Montana Hospital Discharge Data System
What is the need for dental support professions in AI/AN health?	<ul style="list-style-type: none"> American Indian/Alaska Native Job Boards
Section 6: Topic: Innovative Initiatives	
Which members of the workforce participate in school-based outreach?	<ul style="list-style-type: none"> Oral Health Program Survey of Dentists Oral Health Program Survey of Dental Hygienists
Is teledentistry utilized in MT?	<ul style="list-style-type: none"> Administrative Rules of Montana Oral Health Program Survey of Dentists
Are medical providers prepared to address dental issues?	<ul style="list-style-type: none"> RoMoNOH

The following questions were asked by stakeholders; however, insight was not received.

- What barriers do Tribal Colleges have to offering pre-dental, hygiene, and assisting programs?
- Are there enough preceptors and rotations available in rural locations?
- How does a dental hygiene program plan to increase capacity?
- Do dental programs try to have a certain percentage of AI/AN students enrolled?
- What are the challenges for AI/AN students accessing pre-dental programs?
- What medical providers are trained in oral health procedures and what programs train them?

Appendix B Stakeholder Participant Organizations

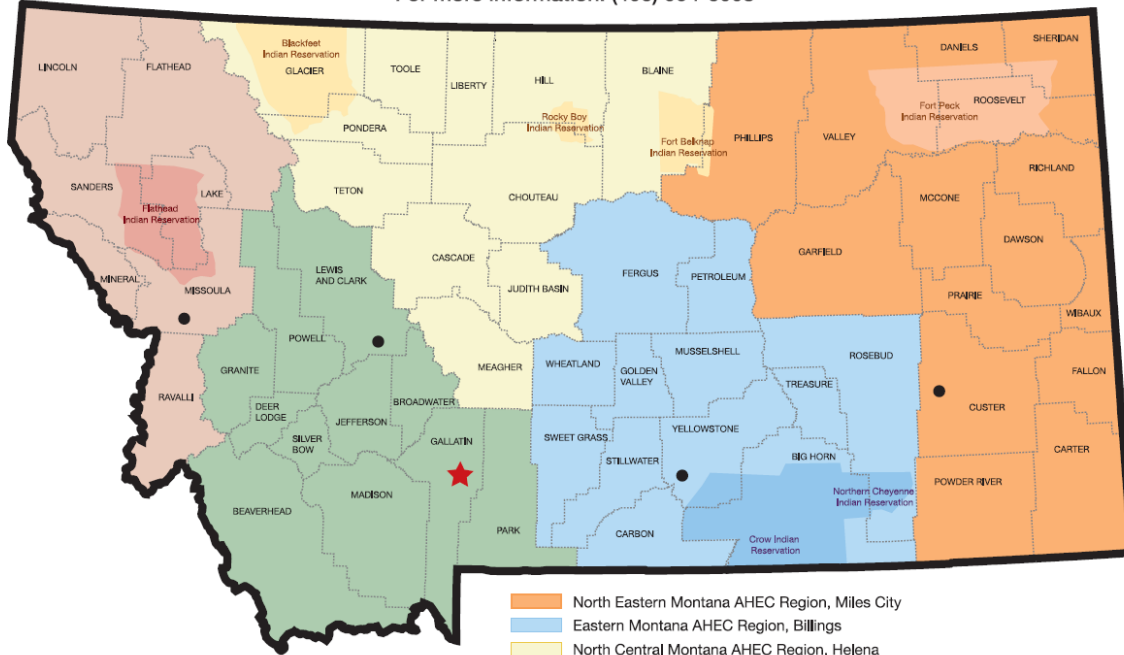
The Montana Oral Health Program extends appreciation to the following organizations for their participation as key informants. The perspectives expressed within the report do not necessarily reflect the opinions and beliefs of these organizations:

- 3 Rivers Pediatric Dentistry
- 3RNET
- Aaniih Nakoda College
- American Academy of Pediatric Dentistry
- American Academy of Pediatrics Montana Chapter
- Carroll College Predental Program
- Children's Special Health Services
- Hogan Family Medicine
- Miltko Family Dentistry
- Mint Dental Studio
- MT Dental Association
- MT Dental Hygienists' Association
- MT Department of Labor and Industry
- MT Disability and Health Program
- MT Healthcare Foundation
- MT HOSA Future Health Professionals
- MT Hospital Discharge Data System
- MT Medicaid Dental and Transportation
- MT Medical Association
- MT Office of Rural Health and Area Health Education Center
- MT Primary Care Association
- MT State University College of Nursing
- MT State University Great Falls Dental Assisting Program
- MT State University Great Falls Dental Hygiene Program
- MT University System's Office of the Commissioner of Higher Education
- MT DPHHS Children's Special Health Services
- MT DPHHS Epidemiology and Scientific Support Bureau
- MT DPHHS Primary Care Office
- MT DPHHS Public Health and Safety Division
- Native American Development Corporation
- Office of the Commissioner of Higher Education
- One Health
- Pediatric Dentistry and Orthodontics
- Rocky Mountain Network of Oral Health
- Salish Kootenai College Dental Assistant Program
- Smiles Across Montana
- Sprout Oral Health
- Summit Dental
- The Brace Place
- University of Washington Center for Health Workforce Studies
- University of Washington School of Dentistry
- Westside Family Dental
- WWAMI Medical Education Program

Appendix C Area Health Education Center Montana Regional Breakdown

Montana AHEC Regions

For more information: (406) 994-6003



AHEC (Area Health Education Center) Mission:
To enhance access to quality health care, particularly primary and preventive care, by improving the supply and distribution of health care professionals through community/academic educational partnerships

11/17/14

- North Eastern Montana AHEC Region, Miles City
- Eastern Montana AHEC Region, Billings
- North Central Montana AHEC Region, Helena
- South Central Montana AHEC Region, Helena
- Western Montana AHEC Region, Missoula
- ★ Montana AHEC Program Office at MSU in Bozeman
- Regional Offices



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Appendix D IHS, Tribal Health, and Urban Indian Health DHPA Scores

DHPA Name	County	Score ⁱ	Rural Status
Helena Indian Alliance	Lewis and Clark	18	Rural
Crow Health Location	Big Horn	19	Rural
Billings Urban Indian Health And Wellness Center	Yellowstone	19	Non-Rural
North American Indian Alliance	Silver Bow	20	Rural
Babb Health Location (School)	Glacier	21	Rural
Southern Peigan Diabetes Project	Glacier	21	Rural
St. Ignatius Health Center	Lake	21	Rural
Salish Kootenai College Health Center	Lake	21	Rural
Crow/Northern Cheyenne Hospital	Big Horn	22	Rural
Lodge Grass Health Center	Big Horn	22	Rural
Pryor Health Station	Big Horn	22	Rural
Rocky Boy Health Center	Chouteau	22	Rural
Blackfeet Community Hospital	Glacier	22	Rural
Polson Health Center	Lake	22	Rural
Flathead Tribal Clinic	Lake	22	Rural
Elmo Health Center	Lake	22	Rural
Arlee Health Center	Lake	22	Rural
Ronan Health Center	Lake	22	Rural
All Nations Health Center	Missoula	22	Non-Rural
Heart Butte Health Station	Pondera	22	Rural
Chief Redstone Clinic	Roosevelt	22	Rural
Verne E Gibbs Clinic	Roosevelt	22	Rural
Lame Deer Health Center	Rosebud	22	Rural
Hot Springs	Sanders	22	Rural
Little Shell Health Location	Cascade	23	Non-Rural
Eagle Child Health Station	Blaine	24	Rural
Fort Belknap Hospital (Harlem Hospital)	Blaine	24	Rural
Indian Family Health Clinic	Cascade	24	Non-Rural

Source: HPSA Find <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

ⁱ The higher the HPSA score, the greater the workforce need.

Appendix E Quantitative Survey Methodology

Purpose

The 2023 Dentist and Dental Hygienist quantitative workforce surveys aimed to assess the health workforce in Montana and inform the 2023 Oral Health Workforce Assessment.

Survey Development

The survey tools were adapted from a workforce survey utilized by the Idaho Oral Health Program in 2021. Prior to finalization, the surveys were reviewed and critiqued by the Montana Oral Health Program, the Montana Dental Association, and the Montana Dental Hygienists' Association to ensure relevance and comprehensiveness. The final survey was developed in Qualtrics.

Distribution and Sampling

The surveys were distributed electronically to a convenience sample of provider members of the Montana Dental Association and Montana Dental Hygienists' Association. Participation was voluntary, and responses were anonymous to protect participant confidentiality.

- **Dentist Survey:** The dentist survey was distributed to 636 dentists; the survey results represent 180 dentists who identified themselves as currently providing direct patient (paid or volunteer) care as a dentist in Montana.
- **Dental Hygienist Survey:** The dental hygienist survey was distributed to 738 dental hygienists; the survey results represent 231 dental hygienists who identified themselves as currently providing direct patient care (paid or volunteer) as a dental hygienist in Montana.

Data Analysis

Survey logic was utilized in both surveys and not all questions required a response. Survey data was analyzed using Qualtrics, utilizing custom-built reports to filter and interpret the results. Each dataset includes responses from either dentists or dental hygienists who identified themselves as currently providing direct patient care (paid or volunteer) within their respective authorities in Montana.

- **Dentist Survey:** Data supporting practice characteristics of Montana's dentists represents responses from 180 dentists who identified themselves as currently providing direct patient care (paid or volunteer) as a dentist in Montanaⁱ.
 - **Respondent Demographics:**
 - 75% Male, 25% Female
 - 11% Under Age 35, 40% Age 36-45, 28% Age 46-55, 10% Age 56-65, 9% Age 65+
 - 53% Independent (Private Practice), 20% Independent Practice with Associates, 19% Group Practice (Multiple Dentist Owners), 3% Federally Qualified Health Center, 2% Dental Service Organization (DSO), 2% Other, 1% Correctional Facility

ⁱ 15 responses from providers identifying themselves as not currently providing direct patient care (paid or volunteer) as a dentist in Montana were excluded from the dentist survey analysis.

- Dental Hygienist Survey: Data supporting the practice characteristics of Montana’s dental hygienists represents responses from 231 dental hygienists. These dental hygienists identified themselves as currently providing direct patient care (paid or volunteer) as a dentist in Montanaⁱ.
 - Respondent Demographics:
 - 100% Female
 - 31% Under Age 35, 32% Age 36-44, 17% Age 45-54, 13% Age 55-64, 7% Age 65+
 - 61% General Practice (Private Practice), 20% General Practice (Multiple Dentist Owners), 7% Federally Qualified Health Center, 2% Tribal Health, 2% Dental Services Organizations, 2% Veterans Affairs, 6% Other

Additional Distribution

During the initial analysis of the dentist dataset, it was identified that the results did not include any responses from dentists with a primary dental practice in North Eastern Montana. Recognizing the importance of including this region in the assessment, additional data collection steps were taken to ensure representation.

Dental clinics in North Eastern Montana were contacted by phone to request dentists to complete the survey through the original electronic platform. As a result of these efforts, 8 out of 29 dentists from North Eastern Montana completed the survey, enhancing the comprehensiveness of the data.

ⁱ 45 responses from providers identifying themselves as not currently providing direct patient care as a dental hygienist (paid or volunteer) in Montana were excluded from the dental hygienist survey analysis.

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Project Contacts

Montana Oral Health Program
Tonette Hollingsworth, MS
MontanaOralHealth@MT.Gov

WIM Tracking LLC
Jena Smith, CEO
info@wimtracking.com