

# HEALTHY SMILES INITIATIVE

Improving Dental Access Across Tennessee



October 2021

## Statement of Need

Oral health services in Tennessee, particularly among high-risk and underserved populations, are severely deficient. Oral health problems can be medically dangerous, but also have important social and economic consequences. Among low- and middle-income Tennesseans, 40% say life is less satisfying due to dental conditions, and 16% say the appearance of their mouth and teeth affects their ability to get a job.<sup>1</sup> Nationally, more than \$45 billion is lost in U.S. productivity due to untreated dental disease.<sup>2</sup>

There is inadequate funding for current safety net services, as well as an inadequate dental workforce to meet the demand even if funding were sufficient. Among adults in Tennessee, 9.9% are uninsured<sup>3</sup> and 7.6% are on Medicaid<sup>4</sup> (with no dental benefits except for adult members with intellectual and developmental disabilities, or adult pregnant members), which represents over 1.2 million people with no access to dental coverage.

Tennessee ranks 45<sup>th</sup> in the nation for the ratio of population to dentists. Nationally, there are approximately 60 dentists per 100,000 population, compared with 46/100K in Tennessee (commonly as low as 20/100K in some parts of Appalachia).<sup>5</sup> It is estimated that the state would need over 700 additional dentists to meet the current standard.

Tennessee has six counties without a dentist, and a 2021 Health Resources and Service Administration data shows 89 counties were partially or fully designated as Dental Health Professional Shortage Areas (HPSA).<sup>6</sup> Over 2.3 million Tennesseans, nearly 1/3 of the population, live in a Dental HPSA.

In addition to the current shortage of dentists, the American Dental Association's most recent report, *Supply of Dentists Working in the U.S.: 2001-2020*, states that among the 200,000 dentists currently working in the United States, approximately 40% will be of retirement age in 2030.<sup>7</sup> At this rate, almost 1300 of Tennessee's 3,247 current dentists will retire in the next 10 years. Furthermore, the COVID-19 pandemic has accelerated the pace

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<sup>1</sup> <https://bettertennessee.com/report-card-dental-health-in-tennessee/>

<sup>2</sup> Centers for Medicare and Medicaid Services. 2018 National Health Expenditure Data. NHE Tables; Table 12: [https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistoricalexternal icon](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistoricalexternal%20icon)

<sup>3</sup> Impact of TennCare Report 2020 – The University of Tennessee Knoxville, Boyd Center for Business and Economic Research [https://haslam.utk.edu/sites/default/files/tncare20\\_0.pdf](https://haslam.utk.edu/sites/default/files/tncare20_0.pdf)

<sup>4</sup> TennCare Enrollment Data, December 2020

[https://www.tn.gov/content/dam/tn/tenncare/documents2/fte\\_202012.pdf](https://www.tn.gov/content/dam/tn/tenncare/documents2/fte_202012.pdf)

<sup>5</sup> <https://www.americashealthrankings.org/learn/reports/2021-health-of-women-and-children/state-summaries-tennessee>

<sup>6</sup> <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

<sup>7</sup> <https://www.ada.org/en/science-research/health-policy-institute/dental-statistics/workforce>

of retirements and created an even more emergent need. Current recruitment and retention services are insufficient to keep new graduates in-state or encourage others to practice in areas with high-risk populations. Dental school debt is approximately \$300,000 per graduate,<sup>8</sup> and minority and rural populations are under-represented in schools. Increasingly, as dentists retire from practice, many communities may be left with no dental provider.

Rural and minority communities are particularly vulnerable to dental shortages due to many contributing factors such as geographic location, poor health literacy, low income, lack of insurance, lack of transportation, workforce shortages, and diversity in the workforce. Rural populations also have a higher percentage of older adults and those with higher incidences of chronic disease that contribute to oral disease, compounding the need for more comprehensive care among these high-risk populations. In the absence of the type of care that health departments and other safety net clinics can provide, thousands delay care until disease is severe and thus must seek care in an emergency department, at a substantially higher cost to the patient and hospital.

These issues are partially addressed by several programs across the state – in piecemeal fashion – such as health departments, Federally Qualified Health Centers (FQHCs), safety net clinics, and non-profit groups. These clinical environments serve low-income individuals who typically do not have dental coverage. Via recurring appropriation from the Tennessee General Assembly, the Tennessee Department of Health now provides funding to 30 of these dental safety net clinics. The number of unduplicated dental safety net uninsured adult patients over the last four years is: FY18 - 14,352 patients; FY19 - 18,928 patients; FY20 - 13,271 patients; FY21 - 27,395 patients.<sup>9</sup> The number of patients seen declined in FY20 due to the COVID-19 pandemic and then increased in FY21 over baseline due to additional funding and the addition of clinical sites. Regardless, only a portion of the need can be met due to the lack of available workforce.

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<sup>8</sup> <https://educationdata.org/average-dental-school-debt>

<sup>9</sup> [https://www.tn.gov/content/dam/tn/health/program-areas/reports\\_and\\_publications/Safety\\_Net\\_Report\\_FY20.pdf](https://www.tn.gov/content/dam/tn/health/program-areas/reports_and_publications/Safety_Net_Report_FY20.pdf)

## Dental Workgroup

Governor Bill Lee requested that the Tennessee Department of Health (TDH) convene a working group of stakeholders, with Commissioner Piercey as chair, to develop a comprehensive public-private partnership to broaden access to high-quality, low-cost dental care to Tennesseans. Organizations participating in the working group include TDH, TennCare, dental schools, non-TDH safety net dental clinics, private sector dentists, non-profit groups, and dental payors.

The goals of this working group were to develop initial recommendations for addressing the urgent need for increased access to dental care in Tennessee, particularly among rural and other underserved populations. Given the urgent need to increase dental providers in underserved areas and increase services immediately, initial discussions first focused on increasing dental school class sizes to bolster the pipeline of new dentists in the state, and better staffing of TDH clinics and safety net clinics to expand services and access for uninsured populations. Of note, none of these proposals will require legislative changes for implementation.

2021 Commissioner-Appointed Dental Work Group		
Name	Title	Organization & Notes
Dr. Rhonda Switzer-Nadasdi	Chief Executive Officer	Inter Faith Dental
Dr. James Ragain	Dean, College of Dentistry	UT Health Science Center College of Dentistry
Dr. Jerry G. McKinney	Assistant Professor, General Dentistry	UT Health Science Center College of Dentistry
Dr. Cherae Farmer-Dixon	Dean and Professor of Dentistry	Meharry Medical College of Dentistry
Dr. Julie Gray	Associate Dean of Community Based Education	Meharry Medical College of Dentistry
Bambi Snapp	Executive Director	TN Dental Hygienists' Association
Angie Haynes, BSDH, MS	Assistant Professor, Dept of Periodontology	TN Dental Hygienists' Association
Dr. Jeannie Beauchamp	President	Tennessee Dental Association
Dr. Phil Wenk	President & CEO	Delta Dental
Dr. Phillip Kemp	CEO & Founder	Hope Smiles
Steven Brady	Regional Vice President	DentaQuest
Dr. Chris Moore	Dentist	Moore Dental
Dr. Victor Wu	Chief Medical Officer	TennCare
Dr. James Gillcrist	Dental Director	TennCare
Stephen Smith	Deputy Commissioner	TennCare
Grant Mullins	Office of General Counsel	TDH
John Webb	Deputy Commissioner	TDH
Dr. Lisa Piercey	Commissioner	TDH
Dr. Morgan McDonald	Deputy Commissioner	TDH
Dr. Tim Jones	Chief Medical Officer	TDH
Valerie Nagoshiner	Chief of Staff	TDH

# Proposal

## Working Group Proposal, Budget Summary

The table below provides a five-year summary of funding for the major components of this proposal. Additional detail is provided in the expanded budget in Appendix A .

<b>Proposal</b>	<b>Amount (\$)</b>
Expanded Dental Training	50,588,700
Dental Student Externship Rotation Expansion	16,051,300
Smile On 65+	15,000,000
Prosthodontic Grant Program	5,000,000
Workforce Recruitment and Retention	5,000,000
Dental Student Host Site Support	1,800,000
Capital Improvements	750,000
Community Dental Health Coordinator Training	180,000
<b>Total Five-Year Request</b>	<b><u>\$ 94,370,000</u></b>

## Expansion of Access to Dental Training

Dental school capacity to enroll and train residents of Tennessee is essential to meet the need for dental care across the state. This portion of the proposal was developed by the University of Tennessee Health Science Center College of Dentistry (UTCOD) and Meharry Medical College Dental School (MDS). Recruiting health professions students from rural and underserved communities is an evidence based strategy to recruit those health professionals to work long term in local communities. Similarly, Tennessee dental schools report that most of their dental students want to return to their local Tennessee community to practice following graduation. However, limited dental school enrollment in the state has restricted residents of Tennessee from training in Tennessee and, therefore, staying to practice in Tennessee. Recently, only one out of every 18 qualified dental school applicants have been admitted to UTCOD and MDS due to enrollment limitations. The Healthy Smiles Initiative would increase dental school enrollment by expanding class size at both UTCOD and MDS. The class size at UTCOD is currently 100 and will increase to 130. Class size at MDS is currently 72 and will increase to 85. It is currently mandated that 30 slots in the UTCOD are reserved for students from Arkansas. However, all additional student enrollment in this proposal will be preferentially filled with applicants from Tennessee.

Class size expansions will be implemented stepwise over 5 years, as reflected in the proposed budget attached. Implementation will require adding faculty, administrative support, and training equipment to the educational facilities.

### **Dental Student Externship Rotation Expansion**

Health professions students who train in rural and underserved areas are more likely to ultimately practice there following graduation.<sup>10</sup> Providing training in the most needed areas of the state is therefore a keystone of this proposal. The state has multiple public health departments that are equipped for standard dental practice but have no dentist. Additional regions of the state have medium to large FQHCs and charitable care clinics equipped with dental operatories. This initiative would place dental residents, students, and faculty in underserved locations where they can provide care for underserved populations.

Expanded training in dental schools and externships will focus specifically on attracting students committed to working long-term in high need areas of the state. This will include recruiting students from underserved areas in Tennessee who would be interested in returning to their home communities, with which they are already familiar. “Externship” training for dental students and placement of residents in these settings will also provide immediate services as well as on-the-ground experience in treating these populations for students and residents, with the expectation that many of them will subsequently practice in those areas.

### **Smile On 65+ Program Expansion**

The Smile On 60+ program provides statewide oral health care and case management services for older adults, in addition to addressing social determinants of health, and establishes a pipeline of skilled geriatric care dentists and teams. The program funds charitable clinics and FQHCs and has served approximately 10,000 older adults over the course of its three year, \$12.5M pilot, which expires this year. The Healthy Smiles Initiative would continue the program for an additional five years, change the age to adults 65+ to better align with the Denture Program and other existing safety net services, and expand the program by \$3 million annually to serve additional clients.

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<sup>10</sup> <https://onlinelibrary.wiley.com/doi/abs/10.1111/jrh.12244>

### **Prosthodontic Grant Program**

Championed by the late State Representative Charles Sargent, state funds supported some of the cost of dentures for working-age Tennesseans (18-64yo) seen in charitable care clinics. The program, administered by the Smile 180 Foundation, has helped 2300 Tennesseans with significant oral health challenges to improve their quality of life, including gaining employment through the transformative power of a healthy smile. Funding ended in 2020, and this proposal would extent the program with \$1 million annually for the duration of the proposal.

### **Provider Recruitment and Retention**

Dental students finish their training with an average of \$300,000 in debt. Without assistance in repaying extensive loans, graduates are frequently unable to even consider working in underserved areas because of lower income potential. Similar to federal and state programs which provide education loan repayment for providers working in underserved areas, we propose that the State of Tennessee substantially relieve student debt for dental providers who work in health department dental clinics or safety net clinics. Preference will be given to in-state graduates. Both Tennessee dental schools are committed to providing clinical support for newly placed dentists as needed and collaborating with the Department of Health to identify underserved areas and establish mentoring relationships with other practitioners and specialists in those regions.

This Healthy Smiles Initiative would provide educational loan repayment for dental providers using the following payment approach: Dentists (up to \$100,000/year for three years); Hygienists (\$25,000/year for two years); and Assistants (\$10,000/year for two years) with a budget of \$1 million per year. The loan repayment would be immediately offered to address vacancies in health department dental clinics and then would be expanded to other safety net dental clinics. The dental professionals receiving loan repayment would provide care in areas of high need and support training of additional dental students.

### **Advanced Training**

Currently, because of lack of staffing and a high demand for basic services, many dentists are providing services below the level of their training. Expanded Function Dental

Assistance (EFDA) training provides dental assistants advanced training to enable Dental Assistants to provide a higher level of service under supervision of a dentist, in order to expand the number of patients that can be seen for a variety of services. This training is currently available through Tennessee dental schools on a limited basis. This proposal includes funding for dental schools to increase enrollment for dental assistants practicing in rural and safety net settings.

### **Capital Improvements**

Proposed funding adds additional exam chairs to existing clinics. Many TDH facilities currently have only one or two exam chairs. This dramatically limits efficiency in these sites. With appropriate staff support, a single dentist can use 3-4 rooms concurrently to provide care to far more patients than is currently possible. The funding proposed here would augment additional federal funding requested by TDH. As capital projects, it is expected that these changes would begin to have a demonstrable effect on services after two years.

### **Tennessee Department of Health**

The Department of Health has made major investments in building 46 well-equipped dental operatories in 45 counties. Currently, only 30 of these facilities are operational, and many are staffed only 1-2 days per week. Eight (40%) dentist positions and 15 (50%) other clinical staff positions in TDH clinics are vacant. This is largely due to non-competitive salaries and lack of incentives for recruitment and retention. Prior to the pandemic, TDH dental clinics performed approximately 30,000 visits per year, primarily for relatively simple procedures (e.g., extractions, basic restorative care, urgent palliative care, etc.).

The initiatives described in the previous subsections will each improve the efficiency and capacity of TDH dental services statewide. Expansion of the workforce and addition of clinic space in existing sites are expected to have particularly large impacts. Currently, TDH clinics provide approximately 30,000 patient visits per year. Through this proposal, patient volume is projected to grow by 30% over the first two years, and once clinical space is added, productivity will increase more substantially (up to 50%) in years three and four, with a goal of at least 75,000 visits per year at the end of this 5-year project.

## **Community Dental Health Coordinators**

Community Dental Health Coordinators (CDHC) are generally dental hygienists or dental assistants with additional CDHC training. CDHCs are a vital link between a community and the healthcare system. They are often from the local community and are a trusted educational resource. They understand how to navigate the healthcare system and can help connect people to safety net clinics, even removing barriers to access like transportation and helping motivate people to seek help and change behaviors.

Additionally, if a CDHC is a registered dental hygienist, s/he can gather information such as health history, chief complaint, and symptoms, and make appropriate and timely referrals. The budget for this program is estimated at \$180,000 for tuition/training scholarships and oversight of this group.

## **Additional Safety Net Impacts**

In FY 2021, the Health Care Safety Net Fund provided approximately \$1.8 million in funding to 30 Community and Faith-Based organizations to support oral health services for uninsured adults ages 19-64, and approximately 42,000 dental encounters were provided. Many of the programs described in this proposal, including loan repayment assistance, and increasing the number of dentists in the state, would help increase the capacity of safety-net organizations in meeting the needs in high-risk populations.

## **Collaborative Oversight of Dental Initiatives**

To ensure ongoing alignment of the diverse programming recommended in this report, this dental working group recommends a regular convening of an advisory committee. This committee would reflect a similar composition to the initial dental working group and would assist with ongoing planning and engagement of the private sector in the placement of dental professionals.

## Summary

This Healthy Smiles Initiative is the initial product of a group of diverse stakeholders committed to improving and expanding dental care access in Tennessee. It is wide sweeping and comprehensive in addressing service and pipeline needs. However, conversations and planning will continue as complementary solutions arise. The need for dental care is urgent and essential to improving the overall health and quality of life of Tennesseans. This plan addresses the crisis of unmet dental health needs at a variety of levels. It begins with targeting the earliest stages of recruiting students into dental professions, training them to practice in underserved communities, and providing recruiting and retention incentives for service in high need populations. In addition to increasing the pipeline of dentists to serve in these areas, current safety-net services will be expanded. This includes advanced training for dental assistants and providing dentures in charitable care clinics. TDH clinics will increase staff and available facilities, serve as training sites for students, and increase ongoing capacity to see more patients. This plan will dramatically improve the long-term dental health landscape for generations to come. We are excited to be part of such a historic investment in the health of our population.

## Appendix A – Healthy Smiles Initiative Budget

	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	Five -Year Total
<b>Total Dental Workgroup Request</b>	<b>\$ 11,868,000</b>	<b>\$ 16,000,000</b>	<b>\$ 18,057,800</b>	<b>\$ 24,222,100</b>	<b>\$ 24,222,100</b>	<b>\$ 94,370,000</b>
<b>Tennessee Department of Health</b>	<b>\$ 5,180,000</b>	<b>\$ 5,000,000</b>	<b>\$ 5,250,000</b>	<b>\$ 6,540,000</b>	<b>\$ 6,540,000</b>	<b>\$ 28,510,000</b>
Prosthodontic Grant Program	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,000,000
Smile On 65+	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	15,000,000
Dental Loan Repayment Program	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,000,000
Capital Improvement - Expanded Capacity	-	-	250,000	250,000	250,000	750,000
Clinic Incentive Payments	-	-	-	300,000	300,000	600,000
Housing and Transportation Costs	-	-	-	90,000	90,000	180,000
Community Dental Training	180,000	-	-	-	-	180,000
Additional Dental Training Staff	-	-	-	900,000	900,000	1,800,000
<b>University of Tennessee College of Dentistry</b>	<b>\$ 4,729,200</b>	<b>\$ 8,491,000</b>	<b>\$ 9,978,800</b>	<b>\$ 14,853,100</b>	<b>\$ 14,853,100</b>	<b>\$ 52,905,200</b>
Salary Market Adjustments	1,924,400	1,980,000	2,091,000	2,210,000	2,210,000	10,415,400
New Dental Faculty @ Primary Campuses	801,400	1,452,600	2,754,800	5,609,900	5,609,900	16,228,600
New Sciences Faculty @ Primary Campuses	1,910,800	5,244,800	4,242,300	6,408,600	6,408,600	24,215,100
Administrative Staff and Support	142,600	258,600	490,400	998,600	998,600	2,888,800
Equipment Replacement	-	425,000	425,000	425,000	425,000	1,700,000
New Remote Clinic Faculty	-	-	150,000	150,000	150,000	450,000
New Remote Clinic Staff	-	-	211,200	211,200	211,200	633,600
Remote Clinic Recurring Operational Costs	-	-	361,200	361,200	361,200	1,083,600
Clinic Operations	-	-	902,900	1,838,600	1,838,600	4,580,100
Contingency	430,000	-	-	-	-	430,000
LESS: Tuition	(480,000)	(870,000)	(1,650,000)	(3,360,000)	(3,360,000)	(9,720,000)
<b>Meharry Medical College Dental School</b>	<b>\$ 1,958,800</b>	<b>\$ 2,509,000</b>	<b>\$ 2,829,000</b>	<b>\$ 2,829,000</b>	<b>\$ 2,829,000</b>	<b>\$ 12,954,800</b>
Salary Market Adjustments	-	300,000	300,000	300,000	300,000	1,200,000
New Dental Faculty @ Primary Campuses	744,000	1,332,000	1,332,000	1,332,000	1,332,000	6,072,000
New Sciences Faculty @ Primary Campuses	446,400	892,800	892,800	892,800	892,800	4,017,600
Administrative Staff and Support	111,600	167,400	167,400	167,400	167,400	781,200
Equipment Replacement	-	220,000	220,000	220,000	220,000	880,000
Maury Co. HD - Remote Clinic Faculty/Resident	254,200	254,200	254,200	254,200	254,200	1,271,000
Montgomery Co. HD - Remote Clinic Faculty/Resident	254,200	254,200	254,200	254,200	254,200	1,271,000
Wilson Co. HD - Remote Clinic Faculty/Resident	254,200	254,200	254,200	254,200	254,200	1,271,000
Grundy Co. HD - Remote Clinic Faculty/Resident	254,200	254,200	254,200	254,200	254,200	1,271,000
EFDA Faculty	-	-	320,000	320,000	320,000	960,000
Contingency	430,000	-	-	-	-	430,000
LESS: Tuition	(790,000)	(1,420,000)	(1,420,000)	(1,420,000)	(1,420,000)	(6,470,000)



**Steven J. Brady, MBA**  
Regional Vice President, Southeast  
Client Engagement  
DentaQuest



**Angie Haynes, RDH**  
Assistant Professor, Department of  
Periodontology  
Tennessee Dental Hygienists' Association



**Cherae Farmer-Dixon, DDS, MSPH,  
MBA, FACD, FICD**  
Dean, School of Dentistry  
Meharry Medical College



**Timothy Jones, MD**  
Chief Medical Officer  
Tennessee Department of Health



**James Gillcrist, D.D.S**  
Chief Dental Officer  
TN Division of TennCare



**Morgan F. McDonald, MD, FAAP, FACP**  
Deputy Commissioner for Population  
Health  
Tennessee Department of Health



**Julie A. Gray, DDS, MA**  
Associate Dean of Community Based  
Collaboration  
Associate Professor, Department of  
Restorative Dentistry  
Course Director Expanded Function  
Dental Assistant Program In Restorative  
Function  
Meharry Medical College, School of  
Dentistry



**Jerry G. McKinney, D.D.S., F.I.C.D.**  
Assistant Professor, Director EFDA  
Program General Practice Dentistry  
The University of Tennessee Health  
Science Center



**Dr. R Chris Moore**

Moore Dental Office, PLLC



**Bambi Snapp, RDH**

Executive Director

Tennessee Dental Hygienists' Association



**Grant C. Mullins**

General Counsel

Tennessee Department of Health



**Stephen Smith**

Deputy Commissioner

TN Division of TennCare



**Valerie Nagoshiner**

Chief of Staff

Tennessee Department of Health

**Dr. Rhonda Switzer-Nadasdi**

Chief Executive Officer

Inter Faith Dental




**Lisa Piercey, MD, MBA, FAAP**

Commissioner

Tennessee Department of Health



**John Webb**

Deputy Commissioner for Operations

TN Department of Health



**James C. Ragain, Jr., DDS, MS, PhD,**

**FICD, FACD, FPFA**

Professor and Dean, College of Dentistry

The University of Tennessee Health

Science Center



**Dr. Phil Wenk**

President & CEO

Delta Dental



**Victor Yung-Tao Wu, MD MPH**

Chief Medical Officer

TN Division of TennCare