Health Center Dental Employment Frequently Asked Questions

Are you considering post-grad employment in a Health Center located in a dental Health Professional Shortage Area (HPSA)?

1. What is a Health Center?

Health Centers are community-based and patient-directed organizations that serve populations with limited access to health care, such as low-income populations, the uninsured, those with limited English proficiency, migrant and seasonal farm workers, individuals and families experiencing homelessness, and those living in public housing. Health Centers are located in (or serve) high need communities and are governed by a community board composed of a majority (51% or more) of Health Center patients who represent the population served. Health Centers provide comprehensive primary health care services as well as supportive services with fees adjusted based on ability to pay. They also have to meet certain performance and accountability requirements.

In 2016, 1,029 out of 1,367 Health Centers (75%) across the country offered on-site dental services. They employed 4,474 dentists and 2,200 dental hygienists (FTE) and provided dental care to more than 5 million patients with about 14 million visits. During the same timeframe, Health Centers provided medical care to more than 21 million patients. For more information, read the “Health Center Fundamentals” Chapter of the National Network for Oral Health Access’ Operations Manual for Health Center Oral Health Programs at http://www.nnoha.org/resources/operations-manual/ or visit http://bphc.hrsa.gov/about/index.html.

2. What is a dental Health Professional Shortage Area (HPSA)?

HRSA develops shortage designation criteria. HPSAs may be designated as having a shortage of primary medical care, dental or mental health providers. They may be urban or rural areas, population groups or medical or other public facilities. In 2017, there were 5,866 Dental HPSAs with 44.6 million people living in them. It would take 10,802 practitioners to meet their need for dental providers (based on a population to practitioner ratio of 5,000:1). For more information visit: https://bhw.hrsa.gov/shortage-designation/hpsas.

3. Why should I consider a Health Center career?

- Providers who believe in social justice and have a desire to provide quality oral health care services to dentally underserved communities and vulnerable populations will be able to put these beliefs into practice. Working in a Health Center provides a broad perspective of the oral health needs of a given community.

- Access to scholarship and loan repayment programs—many Health Centers qualify for national or state health professions loan repayment programs. For more information visit: https://www.nhsc.hrsa.gov/.
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3. Why should I consider a Health Center career (cont’d)?

- Work in an interdisciplinary environment where oral health is part of an overall approach to addressing patient health. Most Health Center dental clinics are co-located with primary care clinics and other disciplines such as behavioral health, optometry and podiatry. Additionally, Health Centers also provide enabling services (non-clinical services that support the delivery of basic health services and facilitate access to comprehensive patient care as well as social services) with case managers, health workers and promoters, providing an integrated model of health care delivery that leads to improved health.

- Strong established Quality Assurance (QA) and Quality Improvement (QI) Programs. Health Centers are required to have QA/QI committees, which coordinate quality of care activities. Dentists usually participate in peer review activities and many dental programs track quality measures. Additionally, Health Center providers receive malpractice coverage through the Federal Torts Claim Act (FTCA) at no cost. For more information on the FTCA, visit http://bphc.hrsa.gov/ftca/index.html.

- Opportunities for collaboration and partnership with a wide variety of state and national partners such as Primary Care Associations (PCAs: http://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/ncapca/associations.html) and Primary Care Organizations (PCOs: https://bhw.hrsa.gov/shortage-designation/hpsas, The National Association of Community Health Centers (NACHC: www.nachc.org), The National Network for Oral Health Access (NNOHA: www.nnoha.org) and other agencies to advance policies and advocacy. At the local level, many dental programs collaborate with private practice dentists and organized dentistry, Head Start and WIC programs, as well as community-based organizations and other agencies to expand access to oral health care for vulnerable populations.

- Work with and advise students and residents. Health Centers often serve as externship sites for dental, dental hygiene and dental assisting students; and as post-graduate training sites for Advanced Education in General Dentistry (AEGD) and other residents. Health Center dentists can choose to be credentialed as faculty and work with students.

- Opportunities for professional growth. If desired, there are opportunities for training and mentorship in acquiring Health Center dental administration skills and becoming an effective Dental Director. There are also emerging opportunities to participate in Practice Based Research Networks (www.nationaldentalpbrn.org/) and other types of population-based research.

- Alternative to private practice. Health Centers are one option for those practitioners who prefer to work in a collaborative environment compared with the traditional solo private practice model of dentistry.

4. Should I be concerned about losing some of the skills and techniques I learned in dental school because patients in Health Centers may choose inexpensive treatment options, and I may not perform all procedures?

Health Center dental practice is varied; in the same way that the procedures performed in any dental practice will vary according to the demographics, income and insurance status, and disease characteristics of the patients served. Dentists at Health Centers generally acquire experience in routinely providing pediatric dentistry, perinatal oral health, oral surgery, restorative, risk management, and management of medically complex patients. These skills and techniques enhance a dentist’s skill set in developing a broad depth in primary health care. They become skilled and knowledgeable in different areas of dentistry compared to those practicing in a non-Health Center setting.
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5. What types of clinical procedures would I perform at a Health Center?

Health Center dental programs provide routine diagnostic, preventive, restorative and surgical dental care. Health Centers also offer more complex procedures, such as implants and specialty care. Moreover, Health Centers with residencies and teaching programs offer a wider range of more advanced procedures.

Most Health Centers provide care to a large number of children and adolescents. There are also opportunities to engage in integrated health care delivery and to provide care to special populations, such as the medically complex, special needs individuals, HIV positive individuals and the homeless.

The specific clinical procedures performed depend on the site and needs within the community. It is recommended that providers contact sites and programs of interest and ask specific questions regarding the scope of clinical dentistry performed.

6. What type of physical setting would I work in at a Health Center?

The majority of Health Centers have on-site dental clinics. Over the last 10 years many Health Centers have taken advantage of federal grants to update equipment. At the same time, some Health Center dental programs are located outside the traditional dental office setting. Care can be provided in the school-based setting, Head Start programs, primary care clinics, hospitals, elder care facilities and other locations using portable equipment or dental vans.

7. What is the average salary of a Health Center dentist?

NNOHA's 2013 Survey of Health Center Oral Health Providers revealed that salaries for new employee dentists ranged from $90,000s to $140,000 per year. Salary is influenced by a number of factors that include location, rural vs. urban setting, clinic location and supply of providers in the local area. Contract negotiations can also impact salary depending on what benefits are included or excluded. Benefits may include health insurance coverage, other insurance packages (life, disability), continuing education funding, and vacation/sick leave or personal time off. You can also view NNOHA’s Compensation Analysis Tool at [http://www.nnoha.org/resources/access-to-care/workforce/](http://www.nnoha.org/resources/access-to-care/workforce/), which allows for a side-by-side comparison of the value of working in a Health Center compared to independent contracting or self-employment.

In the above 2013 survey, 26.9% of the dentists indicated their salaries were within the range of $95,000 to $110,000 (not including benefits, which is typically about 20-30 percent of salary), and 33.3% of the dental hygienists stated their salaries were within the $50,000 to $60,000 range. To read the full report, visit: [http://www.nnoha.org/nnoha-content/uploads/2013/07/Survey-of-Health-Center-Oral-Health-Providers.pdf](http://www.nnoha.org/nnoha-content/uploads/2013/07/Survey-of-Health-Center-Oral-Health-Providers.pdf)
8. What do people say about working at a Health Center and/or serving in the National Health Service Corps (NHSC)?

“If you want to do more than just dentistry, a Health Center is the perfect place for a motivated person to make a wider difference than in one practice.”
– Wayne Cottam, DMD, MS
Associate Dean for Community Partnerships, Arizona School of Dentistry & Oral Health, AT Still University of Health Sciences
Former Dental Director of Health Centers and an urban Indian dental clinic in Utah

“You work closely with fellow dentists and medical providers. This is a very stimulating environment and makes the daily work load less of a repetitive, boring routine. You also see a much higher percentage of patients with serious dental needs beyond exams and hygiene. The needs of this patient population offer a wide variety of challenges. As a result, Health Center dentists learn to do many procedures that general dentists tend to refer to specialists.”
– Dan Watt, DDS
Formal Dental Director, Terry Reilly Health Services, Nampa, Idaho

“Having a National Health Service Corp background opens a dentist to a host of other career ventures including state public health departments, state Medicaid programs, federal Public Health Service careers, Indian Health Service, military, various federal governmental assignments (Centers for Medicare and Medicaid Services, Health Resources Services Administration, Centers for Disease Control and Prevention, etc.). The variety of functions for former clinical dentists can be quite diverse and yet, continues to touch the core of our public health goals to provide health care access to all regardless of ability to pay. The skill set and experience working with underserved, high needs populations provides a perspective and competency to lead large teams of providers to meet the national need to improve access to good oral health care.”
– Bob Russell, DDS, MPH
Public Health Dental Director, Iowa Department of Public Health
Former Dental Director of a Health Center in Michigan

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