



2024-2029 Rhode Island Dental Workforce Strategic Plan

July 2024



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Executive Summary

A robust and diverse dental workforce is critical for equitable access to dental services for all Rhode Islanders. Recognizing this challenge, the Rhode Island Oral Health Coalition (RIOHC), together with the Rhode Island Department of Health (RIDOH) Oral Health Program, sought to understand the State's workforce challenges and develop a strategic plan to address these concerns. With support from a Health Resources and Services Administration (HRSA) grant, we partnered with Health Resources in Action (HRiA), an organization dedicated to evidenced-based approaches to achieving health equity, to begin data collection and review and guide the planning process.

Along with our partners, we sought to engage all sectors of the dental industry, including professionals, support staff, educators, and payers. Data collection began during the 2023 Rhode Island Dental Mini-Residency, which was held in March 2023 in Warwick, Rhode Island and centered on the theme of Workforce. Focus groups identified areas of concern, and these qualitative data were shared with HRiA. HRiA collected additional data through October 2023 using both surveys of dental professionals and structured key informant interviews with leaders of dental organizations in the state. HRiA also collected administrative data from sources including RIDOH's Center for Professional Boards and Licensing.

RIOHC membership includes leaders of professional organizations such as the Rhode Island Dental Association (RIDA), the Rhode Island Dental Hygienists Association (RIDHA), and Rhode Island Dental Assistants Association (RIDAA), along with advocates and educators from the Rhode Island Health Center Association (RIHCA), and Community College of Rhode Island (CCRI). The broad membership joined together for two meetings in November 2023, at which time data were presented with the goal of engaging a broad base of stakeholders in the planning process. Workforce members agreed to participate in virtual meetings during December 2023 and January 2024 to develop priorities, goals, objectives, and strategies. Following each session, HRiA collected information from group discussion and shared with additional participants for input.

Together, stakeholders identified the following four priority areas: Recruitment; Retention; Workforce Education and Training; and Policy Development. For each priority area, we identified a goal statement and 2-4 specific objectives. Health equity was a cross-cutting goal. For each objective, we identified potential action steps and developed benchmark measures to document the efficacy of each such strategy. Specific priorities and goals include the following:

- **Priority 1, Recruitment:** Rhode Island's dental recruitment process attracts a diverse workforce and highlights the value and opportunities of being a dental professional in Rhode Island.
- **Priority 2, Retention:** Rhode Island cultivates essential supports to retain a healthy ratio of dental professionals per capita to consistently meet the needs of Rhode Island patients.
- **Priority 3, Workforce Education and Training:** Rhode Island's dental workforce has equitable access to education that equips them to provide high-quality care while fostering career advancement and long-term sustainability in the field.
- **Priority 4, Policy Development:** Rhode Island has equitable and innovative policies that attract, develop, and sustain a diverse dental workforce to improve the overall health of Rhode Islanders.

Each priority area will have a dedicated workgroup to identify concrete steps towards attaining each goal.

Background

Rhode Island faces significant challenges in its dental health professional workforce adversely impacting access to oral healthcare services for residents. With only 51.7 dentists per 100,000 residents in 2021, Rhode Island's dentist-to-population ratio is the lowest in New England and falls well below the national average of 60.8 per 100,000 residents.¹

Data from RIDOH's Center for Professional Boards and Licensing indicate that out of 667 actively licensed dentists, 524 practice with a Rhode Island address, and 447 are primary care dentists, including general dentists and pediatric dental specialists.² Moreover, 56% of actively practicing dentists are ages 50 and older, with the percentage of dentists older than age 60 increasing from 21% to 33% over the past 16 years.³ With no in-state dental school in Rhode Island, the dentist shortage is expected to become more critical in the coming years. The Rhode Island Department of Labor and Training (RIDLT) has projected that 226 additional dentists will be needed to serve the state's projected population in 2032 to replace the dentists leaving their positions for various reasons. These statistics underscore the urgent need for targeted efforts to address workforce shortages.

In addition to a shortage of dentists, the state also faces a shortage of dental hygienists, dental assistants, and dental laboratory technologists, essential members of the dental care team.⁴ Statewide shortages in these fields can contribute to reduced access to dental services. RIDLT projects that 620 additional hygienists will be needed to serve the population in 2032, due to transfers and retirements. RIDLT estimates 844 dental assistants will be needed by 2032.⁵ Approximately 377 dental assistants in the state are certified dental assistants, according to the Dental Assisting National Board (DANB).⁶ While there will be a decrease in the number of dental laboratory technologists over the ten year projection period, the need will still exist to replace over 150 technologists due to retirements, transfers and workforce exits.

Limited diversity among the oral health workforce is another significant barrier to providing effective care to historically underserved patients, especially racial and ethnic minority populations living in the state's "core" cities: those urban areas in which the physical, social, educational, and economic environments put the population at above average health risk when compared to other Rhode Island cities and towns. For example, only 5.6% of dentists practicing in Rhode Island are Hispanic/Latino(a) whereas 17-18% of residents identify as Hispanic/Latino(a). Increasing the diversity of dental professionals can impact communication and increase the likelihood of Medicaid participation.⁷

The factors above have resulted in a strain on the dental healthcare system and have made it increasingly difficult for individuals to access timely and high-quality oral healthcare services. The Rhode Island Dental Strategic Workforce Plan was developed to address dental health professionals workforce challenges and enhance access to care, reduce oral health disparities, and meet the oral health needs of Rhode Islanders.

¹ Health Policy Institute, American Dental Association. The dentist workforce. <https://www.ada.org/resources/research/health-policy-institute/dentist-workforce>

² Rhode Island Department of Health, Dental Provider Licensing Database, 2021.

³ Rhode Island Department of Health. Rhode Island Licensee Data Report, J RI Dental Assoc, Summer 2021, pp 17-19. [https://www.ridental.org/docs/staterirhodeislandlibraries/default-document-library/summer-2021-\(14\).pdf](https://www.ridental.org/docs/staterirhodeislandlibraries/default-document-library/summer-2021-(14).pdf)

⁴ RI Department of Labor and Training, Labor Market Information Unit. 2028 Occupational Projections by Education. Published November 2021. <https://dlt.ri.gov/labor-market-information/data-center/2028-industry-occupational-projections>

⁵ RI Department of Labor and Training, Labor Market Information Unit. 2028 Occupational Projections by Education. Published November 2021. <https://dlt.ri.gov/labor-market-information/data-center/2028-industry-occupational-projections>

⁶ Dental Assisting National Board, Inc. 2020 State Fact Booklet. Accessed January 23, 2022. <https://issuu.com/danbcertified/docs/2020-danbstatefactbooklet>

⁷ Executive Office of Health and Human Services. Health Workforce Data Dashboard. Accessed June 2024. <https://eohhs.ri.gov/health-workforce-dashboard>

Data reported in the background section is reflective of the time in which the data analysis occurred. Dental professional licensing data can differ depending on the time of data reporting and on the data source.

Strategic Planning Process

This strategic plan contains the results of a comprehensive planning process completed in collaboration with the Rhode Island Department of Health (RIDOH)'s Oral Health Program, the Oral Health Coalition and other oral health partners from July 2023 to March 2024. This process (as illustrated in Figure 1) included participation from a wide variety of internal and external stakeholders in the dental profession, including members of the Rhode Island Oral Health Coalition, RIDOH staff, and other partners, to identify and refine the focal areas around dental workforce development for the next five years.

FIGURE 1:
Rhode Island Dental Workforce Assessment and Strategic Planning Process Timeline 2023-2024



The factors contributing to the dental workforce shortage have not been fully researched and documented. There was a need to analyze the factors contributing to the challenges of recruiting and retaining staff for dental professions in the state.

Having a comprehensive assessment of both qualitative (interviews, surveys, etc.) and available quantitative data produced by not only dental experts but also contracted public health analytic experts was critical to engage stakeholders in steps for improvement.

The RIDOH Oral Health Program contracted with Health Resources in Action (HRiA), a public health and social change organization based in Boston, Massachusetts to facilitate an assessment and the development of a five-year strategic plan.

Gathering data is an important foundation for guiding and constructing a strategic plan. Data gathering for the assessment phase of the strategic plan began in August 2023 and included a document review, 10 virtual key informant interviews, and a 25-question survey on workforce perception with responses from 289 individuals across various roles in the dental profession. For the full findings from the assessment phase, see this presentation from November 2023.

Planning Participants

Recruitment for stakeholders by RIDOH and RIOHC with a vested interest in Rhode Island’s dental workforce began prior to the July kickoff.

A group of 25 individuals elected to participate in a series of virtual planning sessions. Planning participants included representation from RIDOH, RIOHC, RIDA, additional dental professionals, and community partners.

Key Findings Presentation and Prioritization Meeting

Data gathering for the assessment phase of the strategic plan began in March 2023 during the Rhode Island Dental Mini-Residency, which centered on the theme of Workforce. In August 2023, stakeholders performed a document review, 10 virtual key informant interviews, and a 25-question survey on workforce perception with responses from 289 individuals across various roles in the dental profession. For the full findings from the assessment phase, [see this presentation from November 2023](#).

In November 2023, HRiA presented the key findings from the assessment phase to planning participants. Among the key findings, four key themes surfaced that HRiA proposed as potential priority areas: recruitment; retention; workforce education and training; and policy development.

These four priority areas were the focus of a series of virtual planning sessions conducted to identify goals, objectives, success measures, and strategies to address the key issues in each priority area. Two important cross-cutting principles—health equity and data—have been integrated across the plan and are incorporated into each priority through related strategies.

Planning Sessions

The strategic planning sessions proceeded with a virtual Pre-Planning Session to orient all planning participants to the planning process, terminology, and timeline.

Following the Pre-Planning Session, four virtual planning sessions were held in December 2023 and January 2024. Planning sessions ranged in length from 1.5 to 2.5 hours and were structured in both small and large group formats. Throughout the series, HRiA staff facilitated the planning process by encouraging planning participants to co-create:

- Strategic plan components including goals, objectives, success measures, and strategies for each identified priority area
- Partners and resources to support the work outlined in the strategic plan

During and between sessions, planning participants also provided their feedback on the plan components drafted for all priority areas. In February, the draft strategic plan components were also sent to participants and stakeholders for virtual feedback after the conclusion of the planning sessions.

Participants were asked to develop the goals, objectives, and strategies taking **health equity** into consideration.

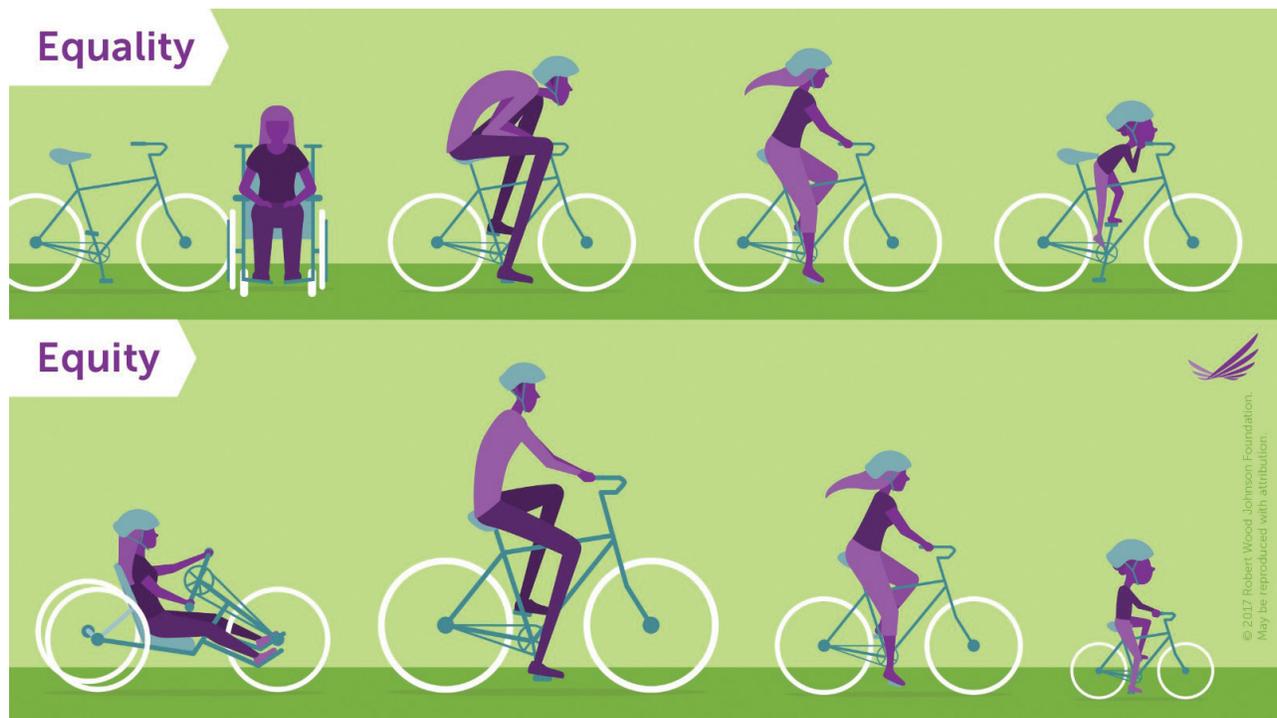
Health Equity

The American Dental Association (ADA) recognizes health equity as optimal health for all people. Oral health is an essential component of overall health. Every individual should enjoy a basic level of oral health that allows them to eat, work, learn, and live in a state of wellness that precludes any semblance of oral pain or dysfunction.⁸

Equity was intentionally embedded into the strategic plan by planning participants keeping the following questions in mind: Who are key groups who would be impacted and how will they be affected? How will the goals, objectives, and strategies be perceived by affected groups?

Participants were encouraged to consider the image below from the Robert Wood Johnson Foundation (Figure 2) to understand the difference between equality and equity. The top half of the image is a visual representation of equality, as all bike riders have bicycles of both equal size and type. The bottom half of the image represents an equitable approach in which the size and the type of bicycle have been adapted to suit the individual's unique needs. Similarly, participants were asked to adopt an approach of equity rather than equality as they developed components of the plan.

FIGURE 2:
The difference between equality and equity.



Source: Robert Wood Johnson Foundation, 2017.

⁸ ADA Health Equity Toolkit and Action Plan 2022-2025

The Strategic Plan

A strategic plan’s key elements include priority areas, goals, objectives, success measures, and strategies.

Priorities are key issues that provide a focus for planning. A **goal** is a broadly stated, non-measurable change in the priority area. It describes a desired result for the priority area. Objectives articulate goal-related outcomes in specific and measurable terms. **Objectives** are SMARTIE (specific, measurable, achievable, relevant, time-phased, inclusive, equitable) and state how much of what you hope to accomplish and by when. **Success measures** are measures of progress toward the objective. **Strategies** describe how an objective will be achieved. They are less specific than action steps but try to answer the question, “How can we get from where we are now to where we want to be?” The following pages outline the goals, objectives, success measures, strategies, partners, and resources for the four priority areas of the Rhode Island Dental Workforce Development Strategic Plan.

Strategic Plan Snapshot

Priority Area	Goal Statements	Objectives
Priority 1: Recruitment	Goal 1: Rhode Island’s dental recruitment process attracts a diverse workforce and highlights the value and opportunities of being a dental professional in Rhode Island.	1.1 Expand awareness of dental professions throughout the duration of this strategic plan to promote Rhode Island as a great state in which to live and work.
		1.2 Increase the number of new dental professionals in Rhode Island to align with the national average per capita by 2029.
		1.3 Increase the proportion of dental professionals to reflect the racial and ethnic demographics of the Rhode Island population by 2029.
		1.4 Expand opportunities and experiences for dental students and out-of-state professionals in Rhode Island by 2029.
Priority 2: Retention	Goal 2: Rhode Island cultivates essential supports to retain a healthy ratio of dental professionals per capita to consistently meet the needs of Rhode Island patients.	2.1 Increase satisfaction in salary and benefits among dental professionals as relates to livability in Rhode Island by 15% by June 2029.
		2.2 Increase the efficiency of administrative processes and protocols to reduce professional burnout by June 2029.
		2.3 Increase opportunities for professional engagement annually by two to foster inter-professional support by January 2029.
Priority 3: Workforce Education and Training	Goal 3: Rhode Island’s dental workforce has equitable access to education that equips them to provide high-quality care while fostering career advancement and long-term sustainability in the field.	3.1 By 2029, enhance partnerships with educational institutions to create new educational/degree programs that expand the training opportunities in critical dental workforce positions.
		3.2 Increase the attendance for Rhode Island offered continuing education for dental professionals.
		3.3 Increase training opportunities that support dental career ladder advancement.
		3.4 Increase enrollment and graduation rates in dental education programs.
Priority 4: Policy Development	Goal 4: Rhode Island has equitable and innovative policies that attract, develop, and sustain a diverse dental workforce to improve the overall health of Rhode Islanders.	4.1 By the end of 2025, use evidence-based science to inform and support at least three policy decisions that foster pathways and address barriers to dental professional licensing.
		4.2 Through 2029, increase the number of outreach activities to public officials about the importance of dental workforce to the overall health of Rhode Islanders.

Priority 1: Recruitment

Recruitment was a top theme that emerged from the assessment phase. Concerns about the age distribution of the dental workforce and the impact retirement will have on existing dental professional shortages demonstrated the need for both new and younger dental professionals. Additionally, demographic data revealed the gap between the racial and ethnic makeup of the dental workforce and the Rhode Island population.

Goal 1: Rhode Island's dental recruitment process attracts a diverse workforce and highlights the value and opportunities of being a dental professional in Rhode Island.

Objective 1.1: Expand awareness of dental professions throughout the duration of this strategic plan to promote Rhode Island as a great state in which to live and work.

Success Measures

- Number of campaigns or campaign media modes
- Number of campaign impressions/campaign reach
- Number of audiences (academic environments, high schools, colleges, etc.)

Strategies

- 1.1.1 Assess and plan for a communications campaign.
 - 1.1.2 Implement a multi-faceted, multi-pronged communications campaign to highlight the advantages of practicing dentistry in Rhode Island.
 - 1.1.3 Promote dental careers to middle and high school students and adult learners by working with educational institutions and community-based organizations.
 - 1.1.4 Evaluate the communications campaign.
-

Objective 1.2: Increase the number of new dental professionals in Rhode Island to align with the national average per capita by 2029.

Success Measures

- Number of oral health professionals, by role
- Number of oral health professionals, by age

Strategies

- 1.2.1 Assess the data to identify the number of dental professionals by role in Rhode Island.
- 1.2.2 Explore new avenues and opportunities for recruitment in addition to current recruitment strategies, among all age groups, with attention to dental professionals who are in the early stages of their career.
- 1.2.3 Explore financial incentives and create opportunities that encourage the expansion of the dental workforce, including recent graduates of dental schools and those re-entering or changing career paths (see 3.4.3).
- 1.2.4 Support high schools with dental pathway programs and Rhode Island schools with auxiliary training programs, such as Community College of Rhode Island (CCRI), to increase and streamline the pipeline of potential candidates.
- 1.2.5 Educate dental program students and professionals on loan repayment programs.

Objective 1.3: Increase the proportion of dental professionals to reflect the racial and ethnic demographics of the Rhode Island population by 2029.

Success Measures

- Number of dental professionals from underrepresented populations

Strategies

- 1.3.1 Collect and review the demographic data of dental professionals, including race, ethnicity, gender, age, and other factors as deemed appropriate.
 - 1.3.2 Assess and implement strategies used by dental training programs to recruit under-represented populations.
 - 1.3.3 Seek community-based organizations to help connect potential employment opportunities with members of their community.
 - 1.3.4 Identify and remove barriers that underrepresented populations face in accessing dental employment opportunities or education.
-

Objective 1.4: Expand opportunities and experiences for dental students and out-of-state professionals in Rhode Island by 2029.

Success Measures

- Number of out-of-state dental professionals that come to work in Rhode Island
- Number of externship and residency programs at hospitals and health centers
- Number of students doing externships and residency programs in Rhode Island

Strategies

- 1.4.1 Develop partnerships with dental schools, schools offering auxiliary programs, and alumni associations.
- 1.4.2 Outreach to potential dental professionals to participate in Rhode Island health programs.
- 1.4.3 Expand residency and training opportunities in Rhode Island.
- 1.4.4 Promote and expand dental externship programs with practicing dentists in Rhode Island for the dental schools in the New England area.

Priority 2: Retention

Retention was another key theme that emerged in strengthening the dental workforce. During the assessment phase, several respondents described burnout and its impact on retention as a challenge facing the dental workforce. To address this, planning participants adopted the approach of finding ways to decrease time spent on redundant administrative processes and to increase time spent with patients and building supportive relationships with colleagues. Other topics related to retention considered were improving pay and benefits; incentivizing retiring or retired specialists to provide part-time care in community settings and serve as mentors for entry-level dentists; and exploring more ways to retain Rhode Island dentists who are retiring or moving out of state.

Goal 2: Rhode Island cultivates essential supports to retain a healthy ratio of dental professionals per capita to consistently meet the needs of Rhode Island patients.

Objective 2.1: Increase satisfaction in salary and benefits among dental professionals as it relates to livability in Rhode Island by 15% by June 2029.

Success Measures

- Number of responses received at baseline and post survey
- Average pay/benefits compared to the national average for all dental professions

Strategies

- 2.1.1 Compare current rates of pay and benefit packages for dental professions to national and regional averages to establish a baseline, along with a survey of satisfaction in pay and benefits.
- 2.1.2 Encourage or promote dental professionals to explore specialties to create additional revenue (see Objective 3.3).
- 2.1.3 Promote and educate around dental practice participation in Medicaid to be comparable to other states in the region.
- 2.1.4 Explore three new opportunities to increase compensation and benefits that are competitive, fair, and equitable for dental professionals.
- 2.1.5 Monitor retention rates regularly.

Objective 2.2: Increase the efficiency of administrative processes and protocols to reduce professional burnout by June 2029.

Success Measures

- Amount of time required to complete each health record
- Number of measures required for reports
- Number of patient encounters
- Ratio of time spent with patients vs. completing health records
- Number of responses received at baseline and post survey

Strategies

- 2.2.1 Analyze the efficacy and efficiencies of existing processes and protocols for the improvement of oral healthcare, such as reviewing current administrative measures for consolidation or removal.
 - 2.2.2 Survey dental professionals to analyze the time it takes to complete current administrative measures to set a baseline.
 - 2.2.3 Advocate to credentialing and other administrative agencies to use forms and processes from the ADA designed to reduce administrative burden.
 - 2.2.4 Explore opportunities (e.g., incentives, training, funding) to increase digital record keeping for dental professionals.
 - 2.2.5 Promote opportunities to find grant funding or other resources for additional office support (e.g., staffing, equipment, technology, cross-training).
 - 2.2.6 Promote use of college students as scribes in dental offices to both reduce documentation time of dentists and increase exposure to dental careers.
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Objective 2.3: Increase opportunities for professional engagement annually by two to foster inter-professional support by January 2029.

Success Measures

- Number of opportunities for continuing education (CEs) specific for participation in networking, roundtables and other engagement activities

Strategies

- 2.3.1 Develop curriculum that addresses workforce burnout presented in a variety of formats for dental professionals as continuing education units (CEUs).
- 2.3.2 Host in-person bootcamps, seminars, or gatherings for networking and engagement to combine learning and fun (see also 4.3.2).
- 2.3.3 Create new or adapt existing messaging to emphasize that oral health is an integral part of healthcare, for a wide range of audiences, including health professionals and other sectors.

Priority 3: Workforce Education and Training

Workforce Education and Training is the third priority of the workforce development strategic plan. While the dental hygiene and assistant training programs were recognized as strengths of Rhode Island, a shortage of qualified candidates and other training options (such as a dental school or residency programs in Rhode Island) were seen as challenges. Participants considered the following topics for this priority area: promoting or creating career ladders for auxiliary roles, expanding training options, providing career development opportunities, and exploring the opening of a dental school and/or residency programs in Rhode Island.

Goal 3: Rhode Island’s dental workforce has equitable access to education that equips them to provide high-quality care while fostering career advancement and long-term sustainability in the field.

Objective 3.1: By 2029, enhance partnerships with educational institutions to create new educational/degree programs that expand the training opportunities in critical dental workforce positions.

Success Measures

- Number of new partnerships
- Number of expanded existing partnerships
- Number of new programs

Strategies

- 3.1.1 Create a list of categories of educational institutions (e.g., university by type, Career and Technical Education (CTE), high schools, community college, institutes of technology) to identify potential partners.
 - 3.1.2 Invite representatives from health programs from major universities to a meeting to share this strategic plan, share information about dental fields, and explore opportunities to better integrate oral health into overall health.
 - 3.1.3 Create list of educational/degree programs that would be targets for expansion (e.g., mid-level professionals for hygienists, expanded duties for assistants) (see also 3.3.1).
 - 3.1.4 Explore potential for four-year dental program at a university, which could potentially be supported by existing resources (e.g., medical school equipment and faculty).
 - 3.1.5 Reach out to existing dental schools in other states (as well as potential host institutions in Rhode Island) about creating satellite dental programs in Rhode Island.
-

Objective 3.2: Increase the attendance for Rhode Island offered continuing education for dental professionals.

Success Measures

- Number of attendees (by year)
- Number of Rhode Island-based CE offerings

Strategies

- 3.2.1 Create a multi-stakeholder committee/workgroup with representatives from state organizations that provide CE.
- 3.2.2 Promote local CEU opportunities for dental professionals.
- 3.2.3 Survey dental professionals to identify CE needs, including logistical needs, and report survey data out to committee/workgroup.

Objective 3.3: Increase training opportunities that support dental career ladder advancement.

Success Measures

- Number of Rhode Island training opportunities aimed at career advancement

Strategies

- 3.3.1 Identify evidence-based career ladder opportunities (e.g., public health hygienists, mid-level dental professional/hygiene, expanded functions for dental assistants) (see also 3.1.3).
 - 3.3.2 Identify any statutory or regulatory requirements needed to pursue added dental professional pathways or roles.
 - 3.3.3 Evaluate existing training opportunities and identify opportunities to build on current work.
 - 3.3.4 Explore cross-training within current dental professional roles. (e.g., assistant helping with scheduling, helping hygienists).
 - 3.3.5 Ensure training opportunities are available in underserved communities (ZIP codes that are more racially and ethnically diverse), including adding additional locations and hours to existing programs and providing childcare for those who need it.
 - 3.3.6 Partner with community health centers and/or private offices to provide training to staff.
 - 3.3.7 Identify and promote scholarships for students.
-

Objective 3.4: Increase enrollment and graduation rates in dental education programs.

Success Measures

- Number of newly enrolled students
- Graduation rates, stratified by demographics

Strategies

- 3.4.1 Establish baseline enrollment and graduation rates, stratified by demographics.
- 3.4.2 Explore on-the-job training through coordinated shadowing opportunities, particularly for people considering dental careers to gain exposure before enrolling (potentially partnering with high school CTE programs and dental education programs).
- 3.4.3 Expand loan repayment and scholarship opportunities (see also 1.2.3).
- 3.4.4 Provide tools and supports needed to program attendees (e.g., mentorship programs sponsored by professional associations, tutoring) and explore ways to make programs more accessible (e.g., night classes, online options).
- 3.4.5 Perform routine evaluation to detect challenges in reaching equitable graduation rates.

Priority 4: Policy Development

Policy development is the fourth and final priority of the workforce development strategic plan. In the assessment phase, reimbursement rates were a consistently named topic in questions about improving the workforce, as many expressed that low reimbursement rates had a causal relationship to other dental workforce challenges. Planning participants focused on the following three main areas: informing and supporting policy and regulation; outreach about the importance of oral health to overall health as a means of strengthening the workforce; and fostering collaboration among all health professionals.

Goal 4: Rhode Island has equitable and innovative policies that attract, develop, and sustain a diverse dental workforce to improve the overall health of Rhode Islanders.

Objective 4.1: By the end of 2025, use evidence-based and promising practices to inform and support at least three policy decisions that foster pathways and address barriers to dental professional licensing.

Success Measures

- Number of policy decisions supported by evidence-based science

Strategies

- 4.1.1 Establish a Commission or Task Force with diverse stakeholders by January 1, 2025.
 - 4.1.2 The Commission/Task Force identifies key issues that impact dental workforce development and identifies how policy changes can resolve those issues.
 - 4.1.3 The Commission/Task Force explores any policies that create barriers for practice of dentistry for underrepresented populations in Rhode Island.
 - 4.1.4 The Commission/Task Force produces a report by summer of 2025 that provides three to five state-supported policy recommendations impacting the dental workforce that address access to care.
 - 4.1.5 Prioritize which policies to address after establishing prioritization criteria and a prioritization process.
 - 4.1.6 Use Commission or Task Force report to inform evidence-based policies to address recommendations.
 - 4.1.7 Provide partners and stakeholders updates on progress of policies.
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Objective 4.2: Through 2029, increase the number of outreach activities to public officials about the importance of dental workforce to the overall health of Rhode Islanders.

Success Measures

- Number of outreach activities

Strategies

- 4.2.1 Develop potential advocacy and educational strategies.
- 4.2.2 Establish and disseminate targeted advocacy and educational materials to public officials.
- 4.2.3 Conduct outreach to public officials and stakeholders.

Next Steps for Implementation

The components included in this report represent the strategic framework for a data-informed strategic plan. HRiA recommends RIDOH develop a Year 1 Action Plan that includes prioritized strategies and specific action steps, identified lead responsible parties, and resources for each prioritized strategy.

The implementation plan should include monitoring and evaluation processes and procedures to ensure that successes and challenges are captured. Working groups for each priority area will be responsible for the annual process for implementing and updating the plan. A yearly progress report should illustrate performance, incorporate new data, identify environmental changes, and inform subsequent annual implementation planning.

To support the implementation process, HRiA facilitated two meetings with stakeholders and planning participants after the strategic planning sessions. The meetings provided an overview of action planning and guided participants through the next steps for implementation. During these sessions, HRiA led participants through an exercise to prioritize which strategies to implement in the first year of the strategic plan. Participants also determined which stakeholders could be engaged in the implementation of the action plan for each prioritized strategy.

Appendices

Appendix A: Acronyms Used in the Strategic Plan

AAOMS	American Association of Oral and Maxillofacial Surgeons
ADA	American Dental Association
CCRI	Community College of Rhode Island
CE	Continuing Education
CEU	Continuing Education Unit
CTC-RI	Care Transformation Collaborative of Rhode Island
CTE	Career and Technical Education
DANB	Dental Assisting National Board
DLT	Department of Labor and Training
DSO	Dental Service Organization
EPHS	East Providence High School
EOHHS	Executive Office of Health and Human Services
FQHC	Federally Qualified Health Center
HRiA	Health Resources in Action, Inc.
OHIC	Office of Health Insurance Commissioner
PSA	Public Service Announcement
RIDA	Rhode Island Dental Association
RIDE	Rhode Island Department of Education
RIDOH	Rhode Island Department of Health
RIHCA	Rhode Island Health Center Association
RIOMS	Rhode Island Chapter of the American Academy of Oral and Maxillofacial Surgery
RIOHC	Rhode Island Oral Health Coalition
SDOH	Social Determinants of Health
SMARTIE	Specific, Measurable, Achievable, Relevant, Time-Phased, Inclusive, Equitable

Appendix B: Strategic Planning Definitions

Term	Definition/Description
Priority	Key issues identified from an assessment that provide a focus for planning.
Goal	A goal is a broadly stated, non-measurable change in the priority area. It describes in broad terms a desired outcome of the planning initiative.
Objective	Objectives articulate goal-related outcomes in specific and measurable terms. Objectives state how much of what you hope to accomplish and by when. Objectives are SMARTIE (Specific, Measurable, Achievable, Relevant, Time-phased, Inclusive, Equitable).
Success Measures	Measure(s) of progress or completion of a goal or objective. These measures demonstrate if the goal or objective was successful in impacting the priority.
Strategies	A strategy is a statement of HOW an objective will be achieved. It is less specific than action steps but tries broadly to answer the question, "How can we get from where we are now to where we want to be?"





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