



## WISCONSIN ORAL HEALTH WORKFORCE DIVERSITY ACTION PLAN

### 1. EXECUTIVE SUMMARY

The Wisconsin Oral Health Workforce Diversity Summit was held on July 17, 2017 and included a multidisciplinary group of 51 leaders with statewide influence. The summit's goal was to brainstorm strategies for improving diversity in Wisconsin's oral health workforce. Shakti Butler, PhD, diversity and racial equity expert, presented on how to address diversity in the workforce and how to frame thinking to determine strategies. Group activities allowed participants to identify and vote on strategies they felt should be included in the plan. As a result, the Wisconsin Oral Health Workforce Diversity Action Plan was created.

### 2. INTRODUCTION

Diversity in the oral health workforce plays a critical role in improved health care access and patient outcomes. In order to enhance diversity in the oral health profession, concerted efforts must be made to address barriers which prevent underrepresented groups from entering the profession, advancing to levels of leadership and becoming educators.

According to Diversity Matters' Marketing Outreach Plan, Wisconsin is one of the nation's leading states for minority health disparities.<sup>i</sup> One of the many approaches to addressing this concern is increasing the diversity of the public health workforce. Evidence from the Health Resources and Services Administration (HRSA) showed that greater diversity in health professions will likely lead to improved public health by increasing access to care for underserved populations.<sup>i</sup> Furthermore, diversity in the oral health workforce plays a critical role in improved health care access and patient outcomes.

The Wisconsin Oral Health Program (OHP) received a HRSA Workforce Grant, part of which focused on increasing access to dental care for underserved populations. Among other things, the grant aims to address the workforce domain of Wisconsin's Roadmap to Improving Oral Health (Roadmap), which focuses on the development of oral health workforce roles that are primarily directed toward underserved populations. Addressing diversity in the oral health workforce focuses on Roadmap goals 4.1, to identify gaps in the oral health workforce and develop strategies to address them, and 4.4, to improve and increase recruitment and educational support for students interested in oral health professions.<sup>ii</sup>

## Figure A

### STRATEGIC AREA 4: WORKFORCE

**Goal 4.1:** Identify gaps in the oral health workforce and develop strategies to address them.

**Goal 4.2:** Increase interdisciplinary clinical and professional collaboration.

**Goal 4.3:** Promote lifelong learning related to oral health disciplines.

**Goal 4.4:** Improve and increase recruitment and educational support for students interested in oral health professions.

**Goal 4.5:** Promote the education and utilization of public health principles within the oral health community.

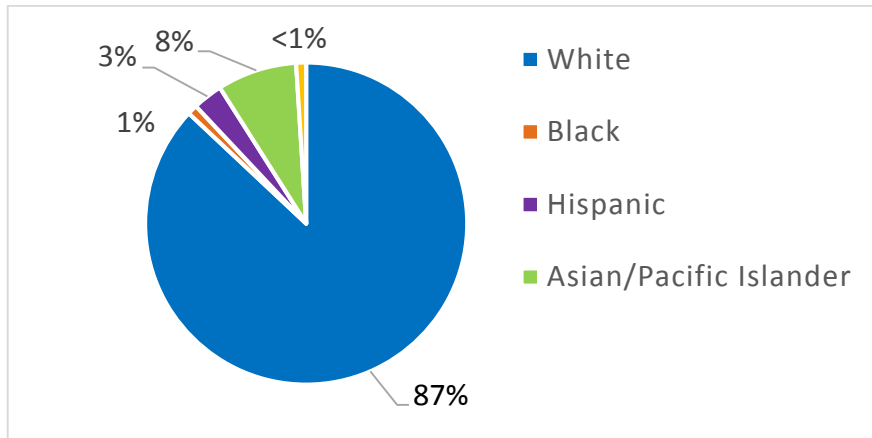
In partnership with OHP, Children's Health Alliance of Wisconsin (Alliance) hosted the 2017 Wisconsin Oral Health Workforce Diversity Summit to create a shared understanding of the state of diversity within the oral health workforce and to agree on innovative and effective strategies for enhancing diversity. The summit explored the assets and barriers to increasing diversity among Wisconsin oral health professionals and developed strategies to enhance diversity. The Alliance contracted with World Trust, a nonprofit social justice organization that provides deep learning, tools and resources for people interested in tackling unconscious bias and systemic racial inequality. Shakti Butler, PhD, founder and president of World Trust, facilitated the summit.

### 3. CAUSE FOR CONCERN IN WISCONSIN

As part of the needs assessment portion of the HRSA Workforce Grant, the OHP gathered available oral health professional data in Wisconsin from the Department of Safety and Professional Services. Wisconsin workforce data on oral health professional demographics are incomplete for gender, race and ethnicity, as these fields are optional on the licensure registration form.

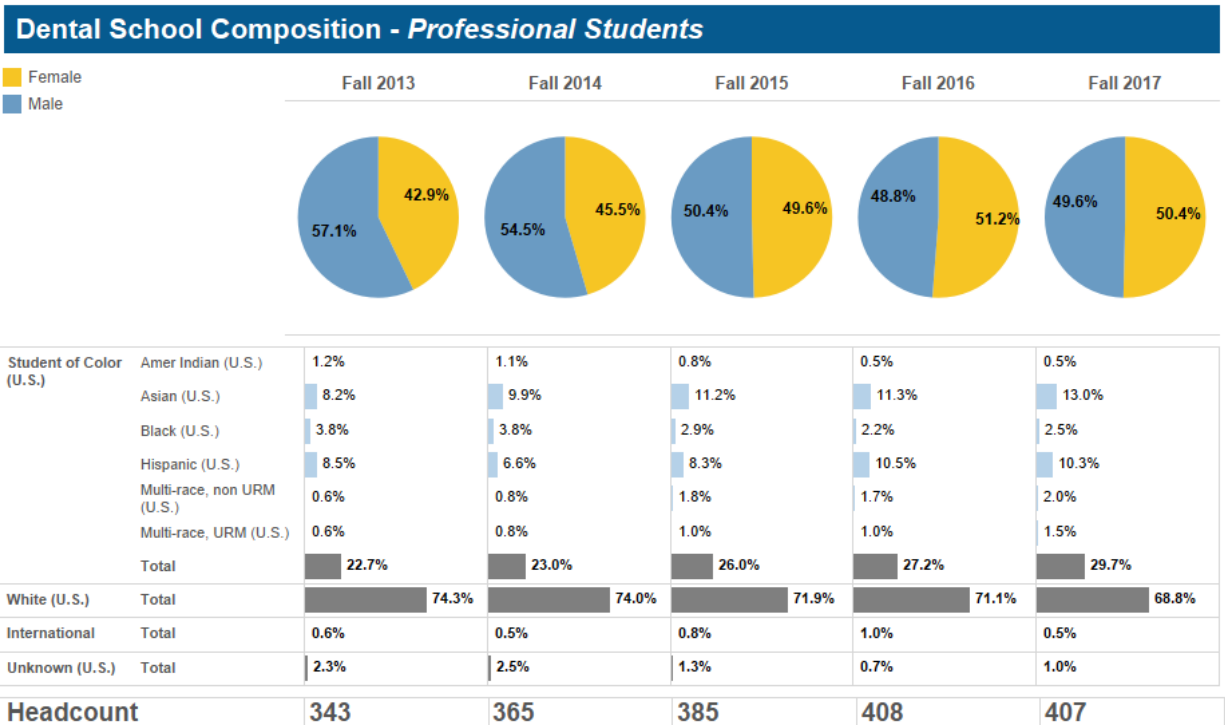
In Wisconsin, there are 4,281 dentists (Figure B) with current licenses and addresses in the state. Of the current dentists with a Wisconsin address, 46.5 percent are missing data on race and ethnicity. Of those dentists with data on race and ethnicity, approximately 87 percent identify as White, one percent as Black, three percent as Hispanic, eight percent as Asian or Pacific Islander, and less than one percent as American Indian or Alaska native.

**Figure B: Wisconsin dentists**



Wisconsin has one dental school, Marquette University School of Dentistry (MUSOD), which is located in Milwaukee. In 2017, there were 407 students enrolled at MUSOD. Of those students, 68.8 percent identify as white, 2.5 percent identify as black, 10.3 percent identify as Hispanic, 13 percent as Asian and less than one percent as American Indian (Figure C).

**Figure C: Marquette University School of Dentistry**

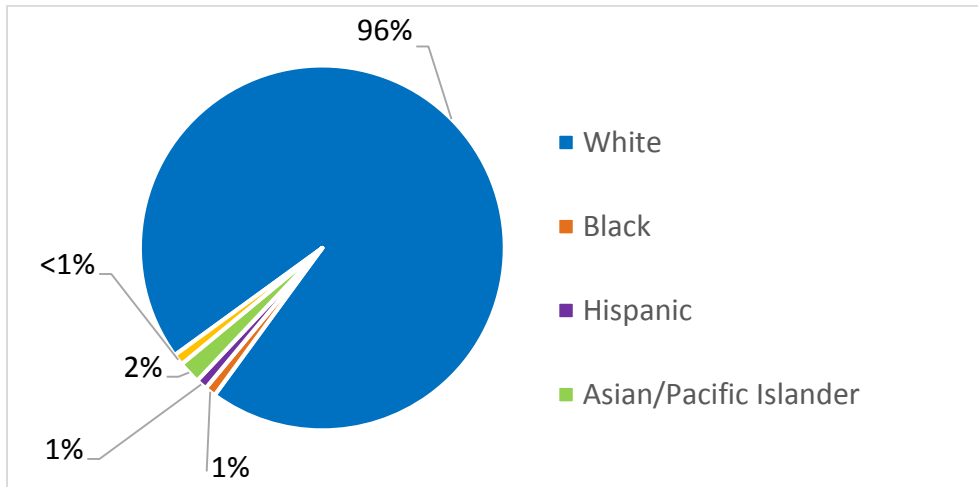


\*URPOC = underrepresented people of color; Non-URPOC = non-underrepresented people of color.

Data Source: Office of Institutional Research & Analysis  
Last updated: September 2017

There are 4,783 dental hygienists with current licenses and addresses in Wisconsin (Figure D). Approximately 29 percent are missing data on race and ethnicity. Among those reporting race and ethnicity, 96 percent identify as White, one percent as Black, one percent as Hispanic, two percent as Asian or Pacific Islander and less than one percent as American Indian or Alaska native.

**Figure D: Wisconsin dental hygienists**



#### 4. ENVIRONMENTAL SCAN

In preparation for the summit, an environmental scan was conducted, encompassing seven cohorts throughout Wisconsin: dentists, Marquette dental students, dental hygienists, dental hygiene students, dental assistant students, college students interested in health care, and high school students interested in health care. The purpose of the environmental scan was to engage racially and ethnically diverse individuals to learn what they have experienced. Those findings were used to both plan the summit and address the needs of an initiative to increase the racial and ethnic diversity of the oral health workforce in Wisconsin.

Outreach to identify responders was made to high school students, college students, Marquette University School of Dentistry (MUSOD) students, dental hygiene students, dental assistant students and dentists. To solicit responses from high school students, the Alliance reached out to the Health Careers Opportunity Program, North Central Area Health Education Center and South Central Area Health Education Center. The Alliance reached out to universities throughout the state to solicit responses from college students interested in health care careers. The Alliance reached out to numerous dental hygiene schools throughout the state to disseminate the survey amongst dental hygiene students. DHS-OHP received a list of active dentists and dental hygienists from the Department of Safety and Professional Services (DPS). DHS-OHP filtered the list of dentists and dental hygienists by ethnicity. DPS does not provide emails of active providers. DHS-OHP conducted google searches for a randomized sample and names of those who that are members of the Wisconsin Dental Association and Wisconsin Dental Hygienists Association were sent to a contact person to forward the survey the randomized sample.

Four groups provided responses (Figure E-H): dentists, dental hygienists, dental hygiene students and high school students. Responses from Marquette University School of Dentistry students, dental

assistant students and college students interested in health care were solicited but not received. The number of respondents was small, and the number of respondents who identified as people of color was even smaller, making it difficult to draw useful conclusions from the data.

Of the 31 total responses, 12 identified as African American, Latinx, Asian or Pacific Islander (API), or multi-racial. Of these, two professionals reported experiencing bias or discrimination, but mentioned gender and not race as the problem area. Two of the high school students of color said they believe their race could impact their pursuit of a career in the dental field. A common factor unrelated to race was the issue of physical health; among the professionals, health and physical pain were mentioned more than anything else as a deterrent to staying in the field long-term. The most frequently mentioned barriers to attending or getting into dental or hygiene school were money, followed by waiting lists for the dental hygiene students.

Figure E

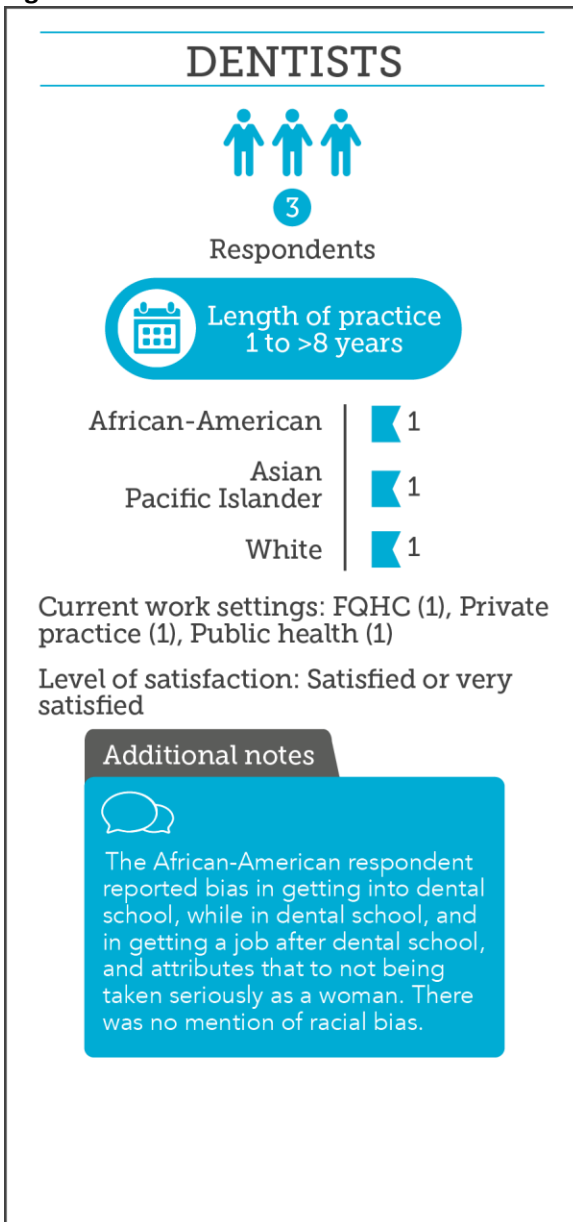


Figure F

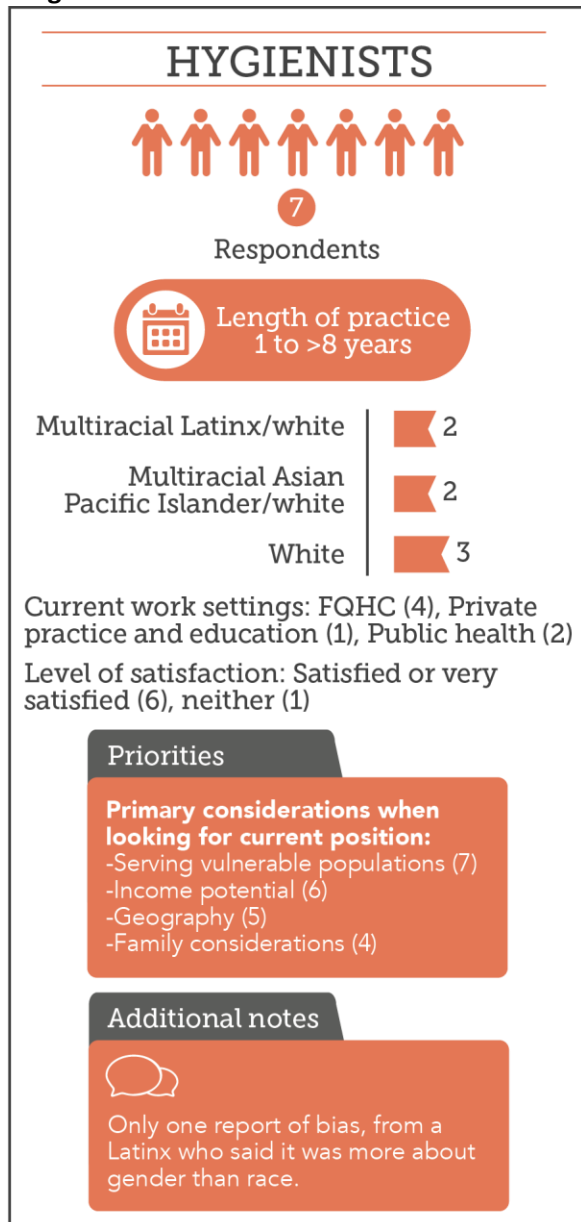


Figure G

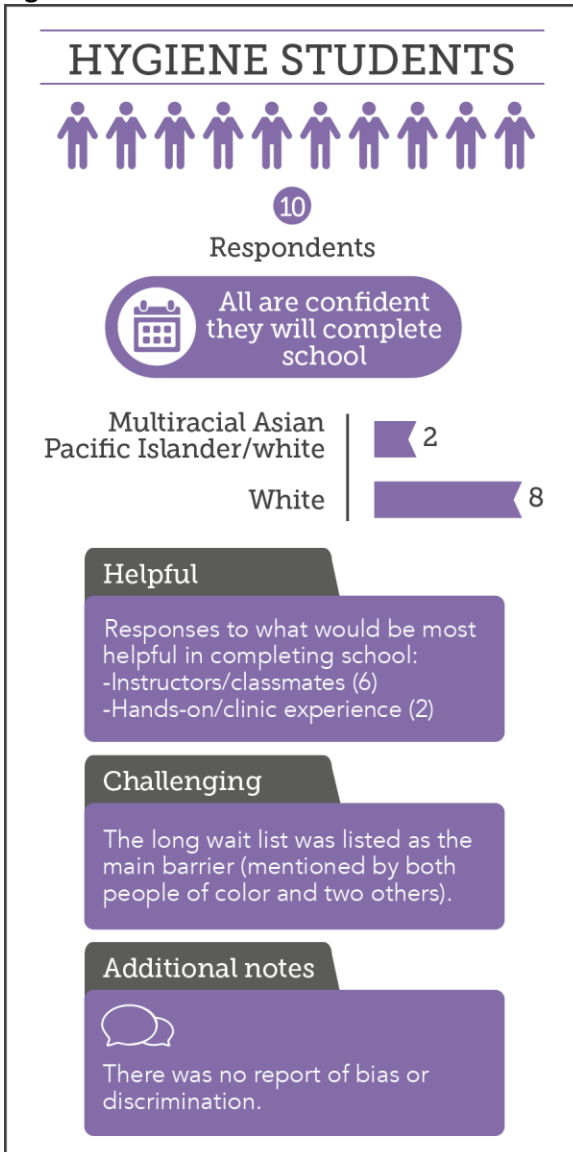
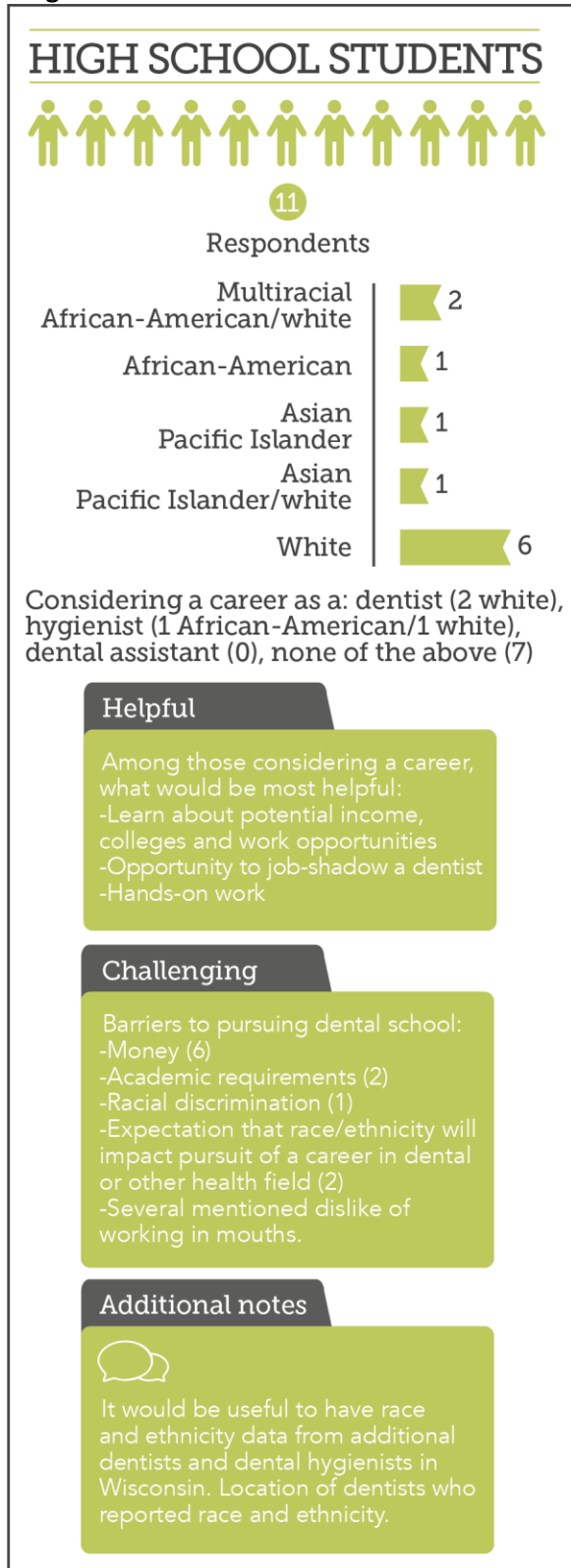


Figure H



## 5. SUMMIT

The Alliance and OHP convened a summit planning committee, comprised of a diverse group of twelve stakeholders. The summit planning committee included representatives from Children’s Health Alliance of Wisconsin, Midwest Center for Cultural Competence, World Trust, Wisconsin Dental Hygienists’ Association, Wisconsin Dental Association, Milwaukee Area Technical College, Marquette University School of Dentistry, University of Wisconsin School of Medicine and Public Health and the Wisconsin Department of Health Services’ Primary Care Program, Oral Health Program, and Maternal and Child Health Program. Between April and July 2017, monthly planning committee meetings were held. The planning committee identified stakeholders to invite, promoted the event, approved environmental scan questions and dissemination plans, and reviewed the pre and post survey questions distributed to attendees. Additionally, planning committee members participated in the summit.

Summit invitees included partners with experience in oral health, health career recruitment and education, workforce development, and diversity and inclusion. The multidisciplinary stakeholders provided their expertise on what is needed to create a comprehensive oral health workforce diversity action plan for Wisconsin.

The morning session of the summit provided attendees with a common framework and tools to engage in healthy conversations about diversity and inclusion. During this session, Dr. Butler educated attendees on strategic thinking and strategic questioning. Dr. Butler led attendees through an interactive session on how to apply strategic questioning to gather a breadth of information, in comparison to direct questioning, which gathers less information.

Strategic questioning offers both the questioner and the listener additional points of view and invites creative thinking about a topic.<sup>iii</sup>

Strategic questioning is the skill of asking the questions that will make a difference. It is a powerful tool for personal and social change. It is a tool for giving service to any issue as it helps people discover their own strategies and ideas for change. Strategic questioning involves a special type of question and a special type of listening. We can use strategic questioning to help friends, co-workers, political allies and adversaries to create their own solutions to any problem. Strategic questioning is a process that usually changes the listener as well as the person being questioned. A strategic question opens both of us to another point of view. It invites our ideas to shift and take into account of new information and new possibilities. It invokes that special creativity that can forge fresh strategies for resolving challenges.<sup>iv</sup>

In the second half of the morning session, Dr. Butler asked attendees to identify barriers to increasing diversity in the oral health workforce. This set the stage for the afternoon session, where attendees broke up into groups of five. Each group was asked to consider the barriers previously identified, and apply the strategic questioning framework to answer the following question: ***What strategies/solutions should be implemented to improve the racial and ethnic diversity of the oral health workforce?*** Attendees also acknowledged additional questions and identified strategies that would enhance the racial and ethnic diversity of the oral health workforce. Please see Appendix D for activity directions.

## 6. IDENTIFIED STRATEGIES

Summit attendees identified seven strategies for improving oral health workforce diversity.

### STRATEGY 1: DATA AND EVALUATION

#### Increase data collection and evaluation.

Data collection and evaluation is an important component of increasing diversity in Wisconsin’s oral health workforce. Data collection has been and remains to be a challenge, specifically when targeting ethnically and racially diverse individuals. The issue is threefold: what data to collect, how to collect the data and how to analyze the data.

An Institute of Medicine report titled “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care” explains that patients of color, who bear the brunt of poor oral health, receive a lower quality of care and are less likely to receive routine care than their white counterparts. One factor contributing to the quality of care received by these patients is the patient-provider relationship.<sup>v</sup>

In order to improve diversity in the oral health workforce, it is essential to know the demographics of existing workforce members. In Wisconsin, workforce data on dental professional demographics are incomplete for gender, race and ethnicity, as these fields are optional on the licensure registration form. Moreover, both quantitative and qualitative data will assist in understanding the current state of diversity. Experiences of racially and ethnically diverse individuals currently in the oral health workforce may disclose unknown barriers to increasing diversity in the oral health workforce.

Data collection and evaluation reveals successes and failures in increasing diversity, provides opportunities for improvement, advances the questions being asked, and can contribute to creating a problem solving framework. Additionally, data collection identifies the state of diversity in the oral health workforce geographically. Data allows programs and strategies to be improved, refined and adapted based on past and current data trends. Partners can utilize data to inform stakeholders at the federal, state and local levels.

Data and evaluation	
<b>Strategies</b>	<ul style="list-style-type: none"><li>• Create a task force to lead an initiative to improve data collection and evaluation</li><li>• Identify stakeholders from grass roots, grass middle and grass tops</li><li>• Use college campus data to focus recruiting efforts</li><li>• Gather additional data on the current workforce to develop a benchmark</li></ul>
<b>Questions</b>	<ul style="list-style-type: none"><li>• How can we collect better data?</li><li>• What is the quality of current data?</li><li>• What can we learn from current data?</li><li>• How do we impact data collection and evaluation through legislation?</li></ul>



## STRATEGY 2: EDUCATION/PIPELINE

### Increase education regarding oral health careers to Wisconsin's youth.

Minorities are large underrepresented in the oral health workforce. Research shows that health professionals who identify as a racial or ethnic minority are more likely to serve in areas of need.<sup>vi</sup> Moreover, patients who receive the poorest care are the least likely to find a provider who is willing and able to effectively address their needs. Nationwide, there is inadequate training of health professionals on cross-cultural issues.

Educating elementary, middle and high school students about oral health professions may spark interest at a young age. The educational goals for elementary school children are to introduce young audiences to the careers in the oral health profession and provide information on the next steps to find out more about these careers.<sup>vii</sup> It is essential for children to understand what dentists, dental hygienists and dental assistants do, what tools and equipment are used, and how to become a dentist, dental hygienist or dental assistant. The education provided to youth may also be offered to their parents. Educating all family members about oral health professions and the importance of routine dental treatment (through brochures sent home with students or inviting parents to attend the oral health profession education provided to students) may lead to increased support for pursuing an oral health profession.

Furthermore, incorporating oral health professions in career day activities throughout middle school and high school can ensure the field remains a feasible and attractive option. For high school students, it is important to provide information about student loan options, loan forgiveness programs and scholarship opportunities for those who pursue an oral health profession. Providing students with this information may ease the potential financial burden of pursuing a career in an oral health profession. Providing this information to schools with large minority populations ensures the intended audience is receiving the education.

Engaging local dentists, dental hygienists, dental assistants and oral health profession educators, in partnership with community organizations ensure that the education includes all oral health professions. Partnering with community organizations such as Boys and Girls Club and Area Health Education Centers (AHEC) may offer additional insight into the specific community, its needs, and how to effectively communicate with youth and their families. Additionally, the community organizations may have existing programs that can be modified to incorporate oral health professions.

In sum, the hope is to encourage individuals to pursue a career in an oral health profession through increased exposure to the professions.

Education and pipeline for oral health workforce	
<b>Strategies</b>	<ul style="list-style-type: none"><li>● Start introducing oral health careers in elementary school and continue through high school</li><li>● Reach out to parents</li><li>● Receive buy-in from school leadership<ul style="list-style-type: none"><li>○ Principals</li><li>○ School boards</li></ul></li><li>● Mentorship opportunities in oral health professions<ul style="list-style-type: none"><li>○ Academic success required</li></ul></li></ul>

	<ul style="list-style-type: none"> <li>○ Participating dentists and dental hygienists representing minority community</li> <li>○ Internships</li> <li>● Involve the community <ul style="list-style-type: none"> <li>○ Oral health internships in the community</li> <li>○ Community health workers educate on oral health professions</li> </ul> </li> <li>● Marketing with “familiar faces”</li> <li>● Involve community organizations <ul style="list-style-type: none"> <li>○ Boys and girls clubs, churches, community health workers, AHEC</li> </ul> </li> <li>● Address the financial component to dental professional education and opportunities for assistance</li> </ul>
<b>Questions</b>	<ul style="list-style-type: none"> <li>● How do we cultivate interest?</li> <li>● How do we interest students at a young age to pursue a career in oral health?</li> <li>● How do we ensure that the interested students have the proper tools to pursue an oral health profession and begin a successful career?</li> </ul>

**STRATEGY 3: MENTORSHIP**

**Increase mentorship opportunities in oral health careers.**

Mentoring is defined as a professional relationship in which an experienced person, the mentor, assists the mentee in developing specific skills and knowledge that will enhance the less-experienced person’s professional and personal growth.<sup>viii</sup> Mentorships contribute to the development of a better-trained and engaged workforce. Mentoring can provide opportunities for racial and ethnic minority students to gain exposure to oral health professions, increasing the likelihood that minority mentees will pursue a career in the dental field. There are a number of existing mentorship programs in Wisconsin that already include or can be modified to include oral health professions.

The Wisconsin Area Health Education Centers (AHEC) System is a health professions education and outreach agency funded by a federal grant and direct appropriation from the Wisconsin state legislature. Wisconsin AHEC works to improve the supply, distribution and quality of health care professionals in Wisconsin. AHEC programs are tailored for a range of ages, from elementary school to those pursuing a degree in higher education and are an excellent opportunity to educate program participants on oral health professions.<sup>ix</sup>

The following are established AHEC mentorship programs in Wisconsin:

1. Health Careers Summer Camps
  - a. Health Careers Camps are 5-day programs held around the state of Wisconsin. These camps allow high school students to experience the challenges, opportunities and rewards of health professions firsthand. The camp is a collaboration of Wisconsin AHEC regional offices, local colleges, technical schools and area health care practitioners. The camps are open to

any high school student living in the counties served by the regional AHEC center sponsoring the camp.

2. The Future Success Program
  - a. The Future Success Program is a pre-college program at University of Wisconsin-Milwaukee designed to prepare high school students for success in high school and college. The program ensures that students and their parents receive information and academic support services for college admission and completion. Students are provided with intense academic advising, tutoring, mentoring, career exploration, test-taking and study skills.
3. Community Health Internship Program (CHIP)
  - a. Students interested in a community health internship can participate in the statewide CHIP program. Each AHEC region has a CHIP program and they are all different, but the overall goal is to partner with local health departments to develop research projects and mentoring for health professions students. The eight-week program is for students who are interested in community or public health, and are Wisconsin residents or currently attending a college or university in Wisconsin.
4. Youth Health Service Corps (YHSC)
  - a. YHSC is a program for high school students interested in pursuing health care in their post-secondary education. It exposes students to health careers through training and volunteer projects that address a community's health care needs.
5. Connecting Professionals to Communities Partnership Programs
  - a. Milwaukee AHEC engages and supports community-based partners through Point of Service and Maintenance Enhancement funding. The program works to improve access to quality health care and decrease health disparities.
6. Wisconsin Express
  - a. Wisconsin Express gives health professions students a unique opportunity to become immersed in Wisconsin's diverse communities while exploring health care delivery and public health in medically underserved areas. This program also gives students the opportunity to learn with and from students in other disciplines. The week-long program typically includes presentations from community residents, participation in community activities, visits to community agencies and resources, interactions with local health care professionals, and interactive learning exercises or group projects.

It is imperative that the aforementioned programs include education on oral health professions. To increase the interest of racially and ethnically diverse students, the programs should target marketing efforts in Wisconsin high schools with diverse student populations, and racial and ethnic minority student groups at Wisconsin colleges.

An additional mentorship program is the Pierre Fauchard Academy Mentor Program, through Wisconsin Dental Association and Marquette University School of Dentistry. The Mentor Program pairs a dentist with a freshman and a junior dental student, and each participant is asked for a two year commitment.<sup>x</sup> The program, which has been in existence for more than 20 years, enables dental students and new dentists to obtain guidance and help with common concerns at the beginning of a dental career.

An additional strategy to increase the diversity in the oral health workforce is to increase the number of clinical rotations in areas of need and areas where there are high numbers of minority patients. This

strategy will allow students to experience working in those settings. Additionally, the clinical rotations can be marketed to minority students. Not only do the clinical rotations contribute to the development of a better-trained and engaged workforce, but they may also encourage minority students to join the oral health workforce.

Mentorship opportunities for children from diverse populations	
<b>Strategies</b>	<ul style="list-style-type: none"> <li>• Incorporate pre-dental education into elementary, middle and high school curriculum               <ul style="list-style-type: none"> <li>○ Utilize winter and spring break for pre-dental education</li> <li>○ Market the programs to schools with diverse student populations, and to racial and ethnic minority student groups in Wisconsin colleges</li> </ul> </li> <li>• Incentives               <ul style="list-style-type: none"> <li>○ Loan forgiveness for mentors</li> <li>○ Continuing education credit for providing job shadow opportunities</li> <li>○ Tax incentives for preceptors</li> </ul> </li> </ul>
<b>Questions</b>	<ul style="list-style-type: none"> <li>• What barriers are there to oral health profession mentorships?</li> <li>• Who is going to fund this? Who can fund this?</li> <li>• What will be included in pre-dental education curriculum?</li> </ul>

#### **STRATEGY 4: DIVERSITY AND EDUCATION**

##### **Educate oral health profession students and current oral health workforce members on working with minorities, and increase cross-cultural training.**

Ensuring that all future and current workforce members are trained on working with diverse populations may improve access to care, workforce members' willingness to work with diverse populations and improve care delivered between cross-cultural providers and patients.<sup>xi</sup>

Commencing diversity education in schools ensures that those entering the oral health workforce are informed of the challenges in working with patients from diverse backgrounds, and how to provide these patients with culturally-competent care. This can be accomplished by incorporating diversity education and best practices of working with minorities into oral health education curriculum, and by increasing the number of clinical rotations in Health Professional Shortage Areas (HPSAs) and areas with high numbers of minority patients. Including loan forgiveness opportunities and qualification requirements for providers who work in HPSAs in the curriculum may ease any potential financial burdens. Moreover, admission offices for oral health education programs can benefit from education about the importance of having a diverse oral health workforce and best practices for ensuring a diverse student body.

Additional strategies to increase diversity education include diversity focused continuing education courses and educating hiring staff and office staff. Requiring current workforce members to take a diversity focused continuing education course can ensure that current workforce members are receiving diversity education. The continuing education course and education provided to hiring staff and office

staff should include general diversity information, why it is important to hire providers with a similar background to the patient population, and best practices for working with minorities for optimal patient outcomes.

Increase diversity education	
<b>Strategies</b>	<ul style="list-style-type: none"> <li>• Target diversity messages for intended audience</li> <li>• Train workforce and human resources on hiring diverse workers</li> <li>• Cultural change vs. education programs</li> <li>• Increase opportunities to engage with diverse groups</li> <li>• Learn more about diverse populations (i.e., interests, community norms etc.)</li> </ul>
<b>Questions</b>	<ul style="list-style-type: none"> <li>• How do we develop strategies with the broad nature of the topic of diversity?</li> <li>• Who does diversity benefit and when?</li> <li>• How will increasing diversity education increase access to oral health care?</li> </ul>

## STRATEGY 5: ACCESS

### Increase access to dental care.

Health disparities in Wisconsin are prevalent and often caused by lack of access to care.<sup>xii</sup> Access to dental care is limited for underserved populations and Wisconsin residents who are on Medicaid. Access is a longstanding problem and was identified as a barrier to diversity in the oral health workforce. Lack of access to care includes difficulty getting to a dental office, prioritizing dental care among other health issues, financial barriers and navigating government assistance programs.<sup>xiii</sup> Furthermore, children who have had negative dental experiences are deterred from seeking a profession in oral health. Improving access to dental care will hopefully increase positive dental experiences, the number of people who receive preventive and restorative care regularly, and the number of people interested in seeking a profession in oral health.

Increase access to dental care for diverse populations	
<b>Strategies</b>	<ul style="list-style-type: none"> <li>• Public marketing that is culturally relevant</li> <li>• Exposure to positive dental experiences</li> <li>• Increase the number of school-based sealant programs in schools with a high number of diverse students <ul style="list-style-type: none"> <li>○ Relationship building with parents, students, schools and providers</li> <li>○ This will market available dental services to students in schools and their families, who may not be aware of available services</li> </ul> </li> <li>• Utilize community organizations and mentorship programs as education opportunities to promote dental care for youth and adults</li> </ul>

	<ul style="list-style-type: none"> <li>• Increase number of available dentists in underserved areas where diverse populations reside</li> <li>• Utilize social media to market existing dental services to diverse populations</li> <li>• Educate the public about the importance of oral health and the connection to overall health</li> </ul>
<b>Questions</b>	<ul style="list-style-type: none"> <li>• How do we ensure that the education is culturally relevant?</li> <li>• How do we increase access to oral health education?</li> <li>• How do we collaborate among different sources of education?</li> <li>• How do we address adverse childhood dental experiences?</li> <li>• How do we increase the number of non-traumatic dental visits?</li> <li>• How do we successfully utilize social media to promote oral health?</li> <li>• How do we ensure that statewide programming is relevant to each community served?</li> </ul>

**STRATEGY 6: COMMUNITY HEALTH WORKERS**

**Utilize Community Health Workers to provide oral health education and promote collaboration among oral health professions.**

A Community Health Worker (CHW) is a “frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.”<sup>xiv</sup> This trusting relationship enables the worker to serve as a liaison between community members and health and social services. CHWs facilitate access to services and improve the quality and cultural competence of service delivery. CHWs also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, social support and advocacy. CHWs are not only familiar with the communities where they work, they also have shared experiences with those they serve. The commonalities between the community members and the CHW make the CHW more approachable in comparison to a medical provider.

Milwaukee AHEC’s [Community Health Worker Training Program](#), which began in 2010, is a 100-hour training program where participants learn concepts and principles of basic public health care, including health promotion and maintenance, chronic disease prevention, and self-care management at the community level. Participants engage in experiential learning tasks through volunteering and group activities, participate in self-study, group projects, presentations and employment planning and coaching. There is no degree or certification for community health workers in Wisconsin. By ensuring that oral health is included in the CHW training, CHWs can help community members learn about the importance of oral health, where to access dental care and how to navigate the dental care system. The hope is that when CHWs include oral health in their outreach, community members will access dental care available to them.

Community health workers	
<b>Strategies</b>	<ul style="list-style-type: none"> <li>• Utilize social media and networking to stay abreast of policy changes in the state</li> <li>• Collaborate with other states to learn best practices</li> <li>• Identify leaders who represent diverse populations and can be a liaison in the community</li> <li>• Cross train dental assistants and CHWs</li> <li>• Avoid silos by working collaboratively across professions</li> <li>• Educate oral health professionals on Wisconsin statutes</li> <li>• Work with legislators to have community health workers recognized and include oral health education in the CHW curriculum</li> </ul>
<b>Questions</b>	<ul style="list-style-type: none"> <li>• What are our resources? <ul style="list-style-type: none"> <li>○ Professional development/learning from other states</li> </ul> </li> <li>• How do we start the conversation to move forward?</li> <li>• How do we collaborate without fear of competition?</li> <li>• How do we identify unique and sustainable funding sources?</li> <li>• How will legislature recognize community health workers in Wisconsin as a dental profession?</li> <li>• Why would someone want to be a community health worker?</li> <li>• What ways can we incentivize community health workers to include oral health education?</li> </ul>

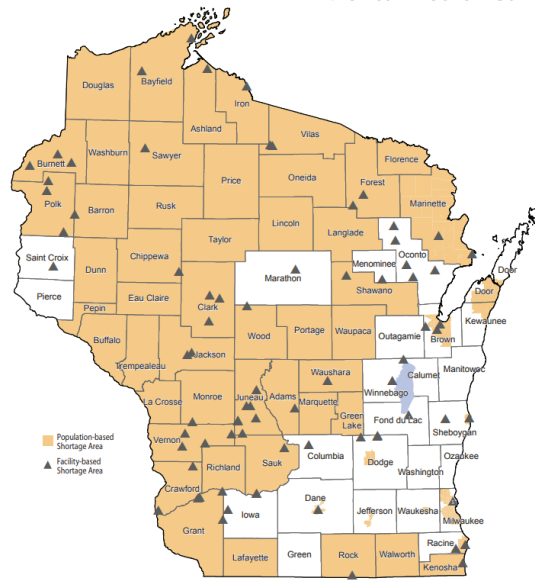
## **STRATEGY 7: CONSIDERATION OF RURAL AREAS AND ALLOCATION OF RESOURCES**

### **Increase access to dental care in rural areas and Health Professional Shortage Areas (HPSAs)**

Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in primary care, dental health or mental health. The shortages may be geographic-based, population-based or facility-based. Below is a map of the HPSAs in Wisconsin (Figure I).<sup>xv</sup> Collaboration amongst the oral health workforce, community leaders, oral health education centers and other health professionals can help to meet the needs of Wisconsin residents in rural areas and HPSAs.

Figure 1

## Health Professional Shortage Areas Dental Health Care



To determine if a specific location has a HPSA designation, visit [HPSA Find](#).

Source: Health Resources and Services Administration, Geospatial Data Warehouse, April 2018.



xvi

There are existing programs that can be utilized to increase access to dental care in rural areas and HPSAs. The National Health Service Corps (NHSC) is part of the Health Resources and Services Administration's (HRSA) Bureau of Health Workforce, which improves the health of underserved populations by strengthening the health workforce and connecting skilled professionals to communities in need. NHSC has a loan repayment program, a scholarship program and a students to service loan repayment program.

The loan repayment program offers fully-trained primary care clinicians loan repayment in exchange for service in a HPSA. Eligibility requires that applicants are United States citizens, currently work or are applying to work at an NHSC-approved site, have unpaid government or commercial loans for school tuition, reasonable educational expenses, reasonable living expenses and are licensed to practice dentistry in the state where the employer is located.<sup>xvii</sup>

The scholarship program is for students committed to pursuing careers in primary care, which includes dentistry. The scholarship includes payment of tuition, other educational costs and a monthly living stipend. Scholarship recipients commit to serving at least two years in a HPSA, which begins upon graduation. Eligibility requires that each applicant is a United States citizen, a full-time student at an accredited school and pursuing a degree in dentistry (DMD or DDS), medicine, nurse practitioner, certified nurse-midwife or physician assistant.

The third program offered by NHSC is the student to service loan repayment program, which offers up to \$120,000 in tax-free loan repayment for three years of full-time service or six years of half-time service in a HPSA. With continued service, eligible providers may be able to pay off all their student loans. Eligibility requires that each applicant is a United States citizen, is a full-time student in their final



year at an accredited school and pursuing a degree in dentistry or medicine. Increasing the number of dentists in HPSAs will improve access to dental care, which will serve underserved populations, promote oral health and spark interest in oral health professions.

An additional strategy to increase access to dental care in rural areas and HPSAs is to increase the number of Marquette University School of Dentistry rotations in rural Wisconsin communities.

Rural areas/allocation of resources	
<b>Strategies</b>	<ul style="list-style-type: none"> <li>• Create an incentive program for dental workforce to practice in rural areas</li> <li>• Target academic programs</li> <li>• Market the programs to diverse populations</li> <li>• Develop employee incentives in rural businesses               <ul style="list-style-type: none"> <li>○ i.e. Dental Day</li> </ul> </li> </ul>
<b>Questions</b>	<ul style="list-style-type: none"> <li>• What or who would it take to make this happen?</li> <li>• What are the current barriers to minority populations taking advantage of these programs?</li> <li>• Why is it important to put resources into this?</li> <li>• What are benefits to the HPSA communities?</li> </ul>

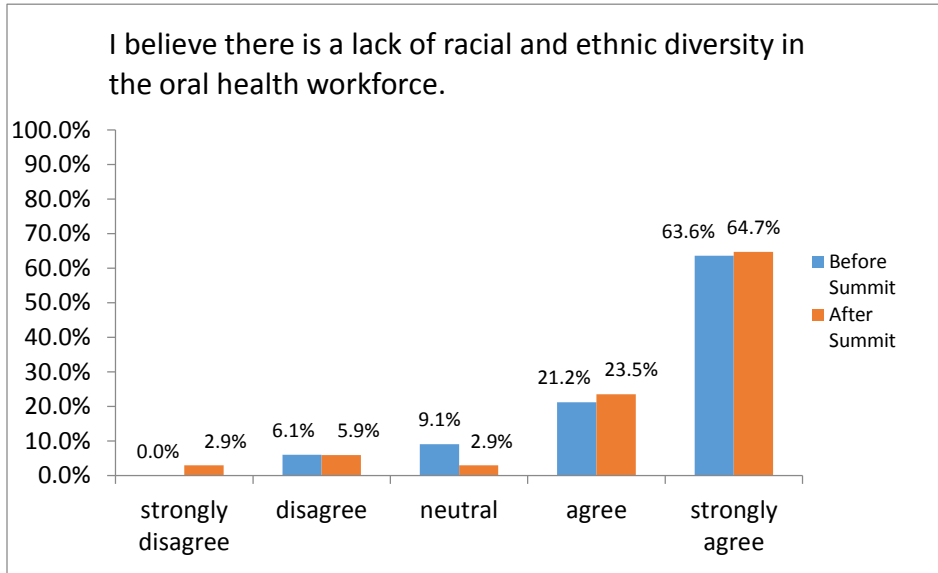
## 7. SUMMIT EVALUATION

Summit attendees were asked to provide feedback on their experience. The survey contained questions that assessed attitudes, beliefs and knowledge related to diversity issues in the oral health field. There were 51 attendees at the summit; 34 attendees submitted a completed survey for a response rate of 66.7 percent. The evaluation survey can be found in Appendix E.

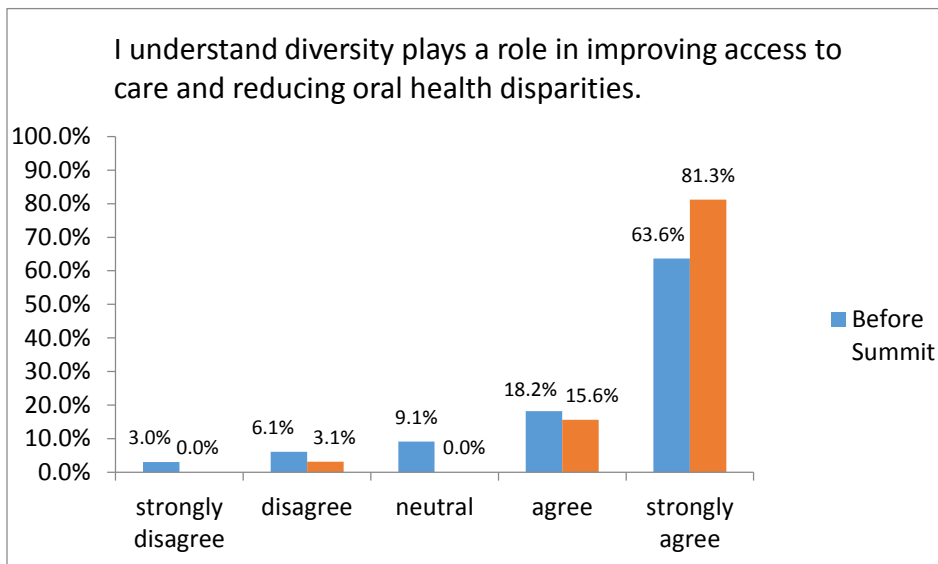
Key findings from the evaluation include:

- Half of all respondents reported a health-related profession (dental health professional, public health professional or health care provider). About 58.8 percent of those respondents identified as dental health professionals.
- In general, most of the respondents strongly agree (before 63.6 percent, after 64.7 percent) that there is a lack of racial and ethnic diversity in the oral health workforce. Refer to Figure I.
- After the summit, 81.3 percent of respondents strongly agree that diversity plays a role in improving access to care and reducing oral health disparities as compared to 63.6 percent prior to the summit. Refer to Figure J.
- Before the summit, more than half of the respondents (56.3 percent) reported they were neutral on being knowledgeable about strategies to enhance diversity in the oral health workforce. After the summit, more than half (83.9 percent) of the respondents agree to strongly agree that they were knowledgeable. Refer to Figure K.

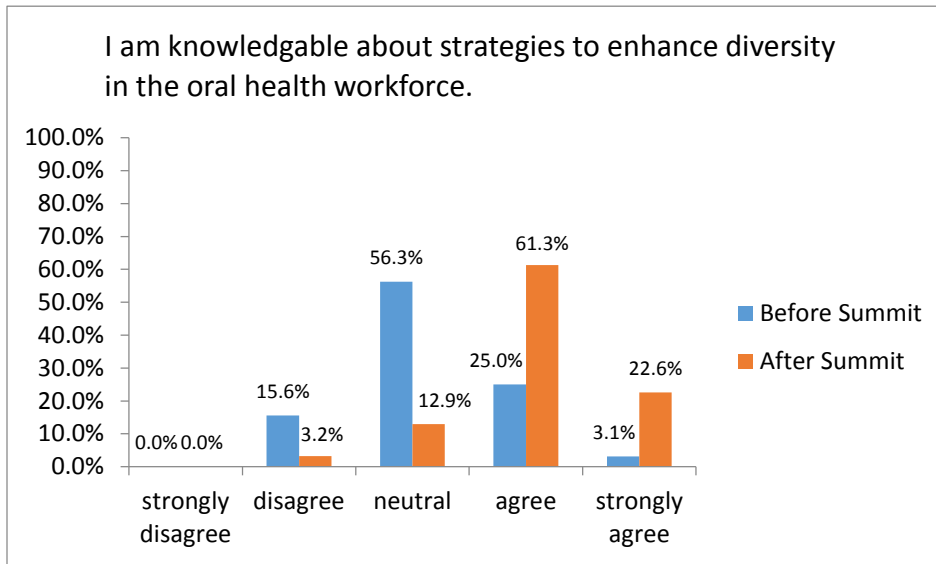
**Figure J**



**Figure K**



**Figure L**



## **8. CONCLUSION**

Diversity in the oral health workforce plays a critical role in improved health care access and patient outcomes. In order to enhance diversity in the oral health profession, concerted efforts must be made to address barriers which prevent underrepresented groups from entering the profession, as well as advancing to levels of leadership, including becoming educators. The Alliance hopes that the plan can be used as a guide for statewide partners to implement strategies to increase diversity in Wisconsin's oral health workforce. Statewide partners are encouraged to utilize the strategies discussed throughout the plan and outlined below by taking action on applicable items and by assembling and engaging partners in discussions and strategic plans to regarding diversity in the oral health workforce.

Strategies identified by summit attendees are the following:

1. Increase data collection and evaluation
2. Increase oral health professions education to Wisconsin's youth through those seeking higher education
3. Increase mentorship opportunities in oral health careers
4. Educate oral health professional students and current oral health workforce members on working with minorities and increase cross-cultural training
5. Increase access to dental care
6. Utilize community health workers to provide oral health education and promote collaboration among oral health professions
7. Increase access to dental care in rural areas and Health Professional Shortage Areas (HPSA)

Common themes identified throughout the plan include the importance of data, oral health education, mentorship opportunities and increasing access to dental care in order to increase the diversity in the oral health workforce. Broad dissemination of the plan aims to increase collaboration, awareness of promising strategies, and impact diversity in the oral health workforce in Wisconsin. The plan is available

on [chawisconsin.org](http://chawisconsin.org). Please reach out to the Wisconsin Oral Health Coalition at [rwolfe@chw.org](mailto:rwolfe@chw.org) or 414-337-4576 if you have questions or would like assistance in implementing strategies outlined in the plan.

## 9. APPENDIX A: DEFINITIONS

### **Racial Minority Groups\***

For the purposes of this report, a racial minority group is defined as a subordinate group whose members are classified according to obvious physical characteristics (e.g. skin color) and have significantly less control or power over their lives than members of a dominant or majority group.

*Groups who are U.S. Racial Minority Groups: Black, American Indian, Asian American and Hawaiian.*

### **Ethnic Minority Groups\***

For the purposes of this report, an ethnic minority group is defined as a subordinate group whose members are differentiated on the basis of culture such as language, food, etc.

*US Ethnic Minority Groups: Hispanic or Latino such as Chicano, Puerto Rican, Cuban; Jewish is also considered a cultural minority instead of a religious minority.*

Note: Ethnic minority can be Black, White, Asian American or Native American.

*\*Based on Richard T. Schaefer, Racial and Ethnic Groups 5 – 10 (1993).*

## 10. APPENDIX B: PARTICIPANT LIST

**Representatives from the following organizations participated in the summit and contributed to the ideas and themes outlined in the report.**

Access Community Health Centers	Marquette University
Allied Community Solutions	Marquette University School of Dentistry
American Dental Partners	Marquette University, Office of Public Affairs
Centro Hispano Milwaukee	Midwest Center for Cultural Competence, LLC
Centro Hispano Milwaukee Head Start	Milwaukee Area Health Education Center
Children’s Health Alliance of Wisconsin	Milwaukee Area Technical College
Community Health Systems	Family Health La Clinica
Children’s Community Health Plan	Milwaukee Public Schools – North Division High School
Family Health Center of Marshfield, Inc.	Diversity Matters Wisconsin
HealthNet of Rock County, Inc.	North Central Wisconsin Area Health Education Center, Inc.
Lakeshore Community Health Center, Inc.	

Rebalanced-Life Wellness Association  
 Northern Highland Area Health Education Center  
 NorthLakes Community Clinic  
 Oneida Tribe of Wisconsin Indians  
 Partnership Community Health Center

University of Wisconsin School of Medicine and Public Health  
 Wisconsin Dental Association  
 Wisconsin Department of Health Services  
 Wisconsin Department of Health Services' Oral Health Program

## 11. APPENDIX C: AGENDA

TIME	SESSIONS
7:30 – 8:00 a.m.	<b>Registration and breakfast</b>
8:00 – 8:15 a.m.	<b>Welcome and purpose/outcomes</b> <i>(Rachael Wolfe, JD and Marisa Voelker, MPH)</i>
8:15 – 9:45 a.m.	<b>Understanding the system of inequity</b> <i>(Shakti Butler, PhD)</i> <ul style="list-style-type: none"> <li>This will be an interactive presentation outlining the elements of the system of racial inequity and how they work together</li> </ul>
9:45 – 10:00 a.m.	<b>Networking break</b>
10:00 a.m. – 12:00 p.m. (noon)	<b>Introduction to strategic questioning: A strategy for social change</b> <i>(Shakti Butler, PhD)</i> <ul style="list-style-type: none"> <li>This interactive session will teach people how to ask questions differently, and how to ask a different kind of question, to create movement and change</li> </ul>
12:00 (noon) – 12:45 p.m.	<b>Lunch and learn</b> <i>(Moderator: Rachael Wolfe, JD)</i> <ul style="list-style-type: none"> <li>Attendees will hear about initiatives geared at increasing diversity of the oral health workforce               <ul style="list-style-type: none"> <li>Jaime Olson (Student loan repayment program)</li> <li>Kim Salas Harris (Health Careers Opportunity Program)</li> </ul> </li> </ul>
12:45 – 1:45 p.m.	<b>Group activity</b> <i>(Facilitator: Shakti Butler, PhD)</i> <ul style="list-style-type: none"> <li>Attendees will break into small groups and use strategic questioning and other tools to (1) identify key areas this group can impact and (2) come up with strategies on how to increase diversity in the oral health workforce</li> </ul>
1:45 – 2:45 p.m.	<b>Report out</b> <i>(Moderator: Shakti Butler, PhD)</i> <ul style="list-style-type: none"> <li>Attendees will reconvene as a large group and each small group will report out on strategies/themes for change</li> </ul>
2:45 – 3:30 p.m.	<b>Next steps and closing</b> <i>(Rachael Wolfe, JD)</i>

## 12. APPENDIX D: ACTIVITY INSTRUCTIONS

Designate one person to be the reporter in the large group session.

Activity - 55 minutes

- **Goal** is to identify as many strategies that would enhance the racial and ethnic diversity of the oral health workforce. Read the following prompt: ***What strategies/solutions should be implemented to improve the racial and ethnic diversity of the oral health workforce?***
- Each participant writes down strategies on post-it notes.
- Participants will take turns sharing their responses and placing it up on a blank poster page. Continue sharing until all the post-it notes are on the wall/board. 30 min
- Group will organize the strategies into 'themes' or groupings and short, medium and long-term goals. Feel free to write/circle/draw arrows to identify themes or groups. 15 min

Reporting out

- Small group reporters will take turns summarizing 1 strategy/theme, until all strategies/themes are listed. Group reporters should be mindful not to repeat a strategy/theme already listed. After each strategy/theme, Dr. Butler will "poll" the remaining groups by asking them to raise their hands if they listed that among one of their strategies.
- Are you Hispanic or Latino?
  - Yes
  - No

## 13. Appendix E: SUMMIT EVALUATION SURVEY

1. What is your race?
  - White
  - African American/Black
  - Asian/Hmong/Pacific Islander
  - American Indian/Alaska Native
  - Other
2. What agency or organization do you represent? (Optional)
3. Please provide two responses for each statement below. On the left, circle the rating that describes your viewpoint now that we have finished the summit. Then on the right, circle the rating that describes your viewpoint before the summit. **(1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly disagree.)**

After the summit						Before the summit				
1	2	3	4	5	I believe there is a lack of racial and ethnic diversity in the oral health workforce.	1	2	3	4	5
1	2	3	4	5	I understand diversity plays a role in improving access to care and reducing oral health disparities.	1	2	3	4	5
1	2	3	4	5	I am knowledgeable about strategies to enhance diversity in the oral health workforce.	1	2	3	4	5

4. Please rate the summit content on the following. (Place an X in the appropriate place).

	Very Poor	Fair	Good	Very Good	Excellent
Organization					
Facilitation					
Session 1: Understanding the system of inequity					
Session 2: Strategic questioning: A strategy for social change					
Lunch and Learn: Student loan repayment program					
Lunch and Learn: Health Careers Opportunity Program					
Group activity					
Overall rating of summit					

5. What information have you gained from this summit that will help you personally or professionally to increase diversity among the oral health workforce?

- 
- <sup>i</sup> Diversity Matters’ Marketing Outreach Plan
- <sup>ii</sup> Wisconsin’s Roadmap to Improving Oral Health
- <sup>iii</sup> *Strategic Questioning: An Approach to Creating Personal and Social Change*, by Fran Peavey
- <sup>iv</sup> *Strategic Questioning: An Approach to Creating Personal and Social Change*, by Fran Peavey
- <sup>v</sup> Institute of Medicine (US) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care; [Smedley BD](#), [Stith AY](#), [Nelson AR](#), editors.
- <sup>vi</sup> *Cultural Competence in Health Care: Is it Important For People With Chronic Conditions?* Emily Ihara, Georgetown Health Policy Institute, Issue 5 of Issue Briefs on Challenges for the 21<sup>st</sup> Century: Chronic and Disabling Conditions.
- <sup>vii</sup> “Career Day” Presentation Outline for Elementary School Audiences, American Dental Association
- <sup>viii</sup> Management Mentors; <https://www.management-mentors.com/resources/corporate-mentoring-programs-resources-faqs#Q1>
- <sup>ix</sup> <https://ahec.wisc.edu/> Wisconsin Area Health education Centers
- <sup>x</sup> <https://www.wda.org/dental-professionals/mentor-program>.
- <sup>xi</sup> Institute of Medicine (US) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care; [Smedley BD](#), [Stith AY](#), [Nelson AR](#), editors.
- <sup>xii</sup> Diversity Matters’ Key Findings Report, Creative Marketing Resources, Inc., 2015
- <sup>xiii</sup> <http://www.ada.org/en/public-programs/action-for-dental-health/access-to-care>
- <sup>xiv</sup> <https://www.apha.org/apha-communities/member-sections/community-health-workers>
- <sup>xv</sup> <https://bhwh.hrsa.gov/shortage-designation/hpsas>.
- <sup>xvi</sup> <http://worh.org/library/health-professional-shortage-area-map-%E2%80%93-dental-health-care>
- <sup>xvii</sup> <https://www.nhsc.hrsa.gov/loanrepayment/loanrepaymentprogram.html>