**Practice Number:** 53005  
**Submitted By:** Division of Dental Health, Virginia Department of Health  
**Submission Date:** February 2002  
**Last Updated:** February 2002

## SECTION I: PRACTICE OVERVIEW

<table>
<thead>
<tr>
<th>Name of the Practice:</th>
<th>Dental Scholarship and Loan Repayment Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Functions:</td>
<td>Assurance – Access to Care and Health System Interventions</td>
</tr>
<tr>
<td><strong>HP 2010 Objectives:</strong></td>
<td></td>
</tr>
<tr>
<td>21-10</td>
<td>Increase utilization of oral health system.</td>
</tr>
<tr>
<td>21-12</td>
<td>Increase preventive dental services for low-income children and adolescents.</td>
</tr>
<tr>
<td>21-2</td>
<td>Reduce untreated dental decay in children and adults.</td>
</tr>
</tbody>
</table>

| State: | Virginia |
| Region: | East  
Region IV |

| Key Words: | Dental scholarship, loan repayment, access to care, dental providers, dentists, workforce |

**Abstract:**

The Virginia Department of Health, Division of Dental Health administers a Dental Scholarship and Loan Repayment Program, as enacted by the Virginia State Legislature (Section 32.1-122.9). The dental scholarship part of the program has been ongoing since 1952 and presently grants a one-year scholarship to qualified dental students sufficient to cover tuition. A student may be given up to five scholarships during their dental school studies. For each year of scholarship obtained, the dentist must serve one year in a shortage area as determined by the State Health Department or in a Federally Designated Professional Shortage Areas (HPSA). They must also agree to treat Medicaid and low-income patients. The dentist may elect employment with a state agency that provides dental treatment in lieu of private practice. The loan repayment part of the program was enacted in 2000 and offers dentists, wishing to relocate in a shortage area in Virginia, funds to assist in the establishment of his/her office and have the funds forgiven by service in the community. The loan repayment aspect of the program is currently not active as all funds are being utilized for the dental scholarships.

**Contact Persons for Inquiries:**

Karen Day, DDS, MS, MPH, Director, Division of Dental Health, Virginia Department of Health, 109 Governor Street, Richmond, VA 23219, Phone: 804-864-7774, Fax: 804-864-7783, Email: karen.day@vdh.virginia.gov
SECTION II: PRACTICE DESCRIPTION

History of the Practice:
The dental scholarship program was enacted by the legislature in 1952 because of the difficulty of obtaining dental care in the rural areas. Originally the scholarship recipient had to work in the dental clinic of one of the local health departments. This was changed in 1972 to require service in a state institution or in a dental shortage area as designated by the state health department. In 2000, a dental loan repayment was added to the program to assist dentists in the establishment of his/her office in a shortage area and have the funds forgiven by service in the community, but no additional funds were appropriated to implement it.

Justification of the Practice:
Virginia has more than 7 million people is served by 2,824 general dentists, 573 specialists and 64 public health dentists 65 years of age or younger. The population to dentist ration is 2,084. Thirty-one of its 135 communities have a ratio of 1 dentist per 5,000 or greater. Ninety of the cities or counties jurisdictions do not meet the ratio of 1: 2,084. If we are to make dental treatment available to all the citizens of Virginia, then we need more dentists in the rural and inner city areas of the state.

Administration, Operations, Services, Personnel, Expertise and Resources of the Practice:
The Dental Scholarship and Loan Repayment Program is enacted by the Virginia State Legislature (Section 32.1-122.9). The Division of Dental Health under the direction of the Commissioner of Health in cooperation with Virginia Commonwealth University School of Dentistry administers the program. Administration requires about 0.25 of a FTE's time.

The dental scholarship program grants a one-year scholarship to qualified dental students sufficient to cover tuition. A student may be given up to five scholarships during their dental school studies. The amount of scholarship funds appropriated each year has changed over the years, but is currently set at $25,000. Originally ten scholarships of $2,500 were granted each year, but this has been changed to reflect student's tuition costs of approximately $11,000 resulting in only two scholarships per year.

For each year of scholarship obtained, the dentist must serve one year in a shortage area as determined by the State Health Department or in a Federally Designated Professional Shortage Areas (HPSA). Shortage areas have been defined as any city or county that falls above the state dentist to population ratio.

The scholarship recipients must also agree to treat Medicaid and low-income patients. The dentist may also elect employment with a state agency that provides dental treatment. Failure to fulfill contract carries a 3:1 payback. Well over a hundred individual dentists have benefited from the scholarship program.

Budget Estimates and Formulas of the Practice:
The scholarship program presently receives $25,000 annually to fund scholarships and an additional cost of $12,000 for 0.25 FTE to administer the program.

Lessons Learned and/or Plans for Improvement:
The scholarship amount must be sufficient to make it attractive to the student to accept it. Because some of the large urban communities are growing so fast, some of the census tracks qualify as shortage areas based on the dentist to population ratio even though the need might not be there in the community as a whole.

Available Resources - Models, Tools and Guidelines Relevant to the Practice:
- Law and applicable rules and regulations
- Scholarship contract
SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness
Does the practice demonstrate impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence and outcomes of the practice)?

Over the years the program has had a significant impact on many of Virginia’s rural communities that have had dental care available to them for the first time.

Well over a hundred individual dentists have benefited from this program.

Efficiency
Does the practice demonstrate cost and resource efficiency where expenses are appropriate to benefits? Are staffing and time requirements realistic and reasonable?

For the scholarship program, cost vs. benefit is very reasonable. The cost of the program is $25,000 for two scholarships and a 0.25 FTE ($12,000) to administer the program. The program places individuals in needy communities many times for the practice life of the dentist.

Demonstrated Sustainability
Does the practice show sustainable benefits and/or is the practice sustainable within populations/communities and between states/territories?

The program, providing funds are appropriated by the Legislature, is easily sustainable and appreciated by the individuals and communities effected. The program has been in effect since 1952 without default (i.e., a dental student fail to fulfill the stipulations of the contract, to serve in an area of need, work for a state institution or pay back with interest the funds received).

Collaboration/Integration
Does the practice build effective partnerships/coalitions among various organizations and integrate oral health with other health projects and issues?

Effective partnerships have been built with dental school, the students receiving the scholarships, agencies concerned with the placement of health personnel in needy areas, and Virginia Dental Association and the legislature.

Objectives/Rationale
Does the practice address HP 2010 objectives, the Surgeon General’s Report on Oral Health, and/or build basic infrastructure and capacity for state/territorial oral health programs?

This program potentially impacts on several of the HP 2010 objectives including:
  21-2  Reduce untreated dental decay in children and adults
  21-10 Increase utilization of the oral health system
  21-12 Increase preventive dental services for low-income children and adolescents

Extent of Use Among States
Is the practice or aspects of the practice used in other states?

Not known.