



**Testimony of Kaitlyn Goode, Data Visualization Specialist, and  
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Pennsylvania**

**Rural Dental Care**

**Senate Majority Policy Committee**

**Lehigh Carbon Community College Tamaqua at the Morgan Center,  
Tamaqua, PA**

**June 18, 2025**

Good morning, Chairman Argall and members of the Senate Majority Policy Committee. Thank you for this opportunity to speak before you today. My name is Kaitlyn Goode, and I serve as the Data Visualization Specialist at the Center for Rural Pennsylvania. I am joined today by our Assistant Director, Dr. Laura R. Dimino.

The Center is a bipartisan, bicameral legislative research agency of the General Assembly. The Center's legislative mandates include two broad charges: 1) conducting and sponsoring applied policy research to benefit our rural communities; and 2) maintaining a comprehensive collection of data to assist policymakers in meeting the needs of rural Pennsylvania. Our role is to provide information to support your decisions about whether, and how, to act.

The information I provide here today allows you to understand the growing concern Pennsylvania is facing when it comes to dental care. I will focus on three topics today: the current landscape of dental providers in Pennsylvania, rural-urban disparities in dental care access, and designated dental health professional shortage areas.

**Current Landscape of Dental Providers in Pennsylvania**

As of 2023, there are 9,402 dentists in Pennsylvania with an National Provider Identifier (NPI), which is a unique identifier required for billing health insurance, Medicaid, and Medicare. However, it is important to note that just because an individual has an NPI, does not mean that they are actively practicing within their field.

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In 2022, only 7,304 dentists were professionally active. Of these, 6,648 were working in private practice, which makes up roughly 91% of the Commonwealth's dental workforce. This trend remains consistent within both rural and urban Pennsylvania, with 93 percent of rural dentists and 91 percent of urban dentists working in private practice.

In terms of gender, Pennsylvania's dental workforce continues to be predominantly male, with men outnumbering women across both rural and urban settings.

It is important to note that county-level provider totals may not tell the full story. Some counties may appear to have fewer dentists than expected or even zero active dentists, but that doesn't always mean dental care is unavailable. For example, Forest County is listed as having zero active dentists, yet we know there is a correctional institution located there that typically may provide dental care. In such cases, the provider may travel in from another county or serve multiple correctional facilities. These data limitations are important to keep in mind when evaluating service availability or identifying areas in need.

To provide additional context, Pennsylvania had 7,854 professionally active dental hygienists statewide as of 2022. These professionals are key partners in delivering preventive care and improving oral health, particularly in areas with limited dental availability. The dental hygiene profession is a female dominated field, with 97 percent of Pennsylvania's dental hygienists identifying as female. In addition, in 2022, there were 9,535 dental assistants working across the state, and again, the field is predominantly female, with 94% of the dental assistant workforce in Pennsylvania identifying as female.

### **Rural-Urban Disparities in Dental Access**

While dental shortages exist statewide, rural communities bear the brunt of access issues. Rural counties consistently have fewer active dentists per capita (3.7 active dentists per 10,000 rural residents) than urban ones (6.3 active dentists per 10,000 urban residents). This is compounded by the fact that dental practices in rural areas are more likely to be solo or small practices, which may face greater challenges with sustainability, recruitment, and retirement transitions.

The age of rural dentists is also a concern. In January 2024, the Center published a fact sheet on [The Graying of the Workforce](#), which showed that the number of rural Pennsylvanians aged 65 and older in the workforce increased by 50% between 2012 and 2022. In dentistry specifically, 23% of all dentists statewide are 65 or older, but that number climbs to 25% in rural counties. An additional 23% of the dental workforce is between ages 55 and 64.

This means nearly half of the state's dental workforce is nearing retirement and, unfortunately, rural areas often lack a sufficient professional pipeline to replace them.

Without intervention, rural Pennsylvania may face even more severe access gaps than we are currently measuring.

### **Dental Health Professional Shortage Areas (HPSAs)**

As of 2025, Pennsylvania has 48 Dental Health Professional Shortage Areas (HPSAs) designated by the Health Resources and Services Administration (HRSA).

In Pennsylvania, the dental health HPSAs are categorized as Population HPSAs, meaning they reflect a shortage of providers for a specific group of people within a defined geographic area, such as low-income populations, migrant farm workers, or individuals experiencing homelessness.

In addition to these population HPSAs, Pennsylvania also has 100 facility HPSAs. These include correctional facilities, Federally Qualified Health Centers (FQHCs), FQHC Look-Alikes, and Rural Health Clinics.

Over half of these dental HPSAs, both geographic and facility, are located in rural counties, underscoring the stark disparities in care availability, insurance acceptance, and provider capacity in rural regions.

### **Conclusion**

Dental health is directly tied to overall health. Poor oral health can contribute to serious complications and can also impact a person's self-confidence, employability, and quality of life. Yet, many Pennsylvanians may delay or forgo dental care due cost, travel distance, lack of providers, and more importantly lack of affordable and accessible insurance.

It is also important to recognize that there are notable gaps in our dental workforce data. While we can identify broad trends, smaller trends such as mobile providers, dental office locations, or care offered in institutional settings like correctional facilities are often not fully captured in county-level statistics. This lack of granular, real-time dental data makes it harder to create targeted solutions and fully understand the scale of access issues across Pennsylvania.

The data we do have clearly shows that unless there is an intervention these gaps will continue to grow. At the Center for Rural Pennsylvania, we support data-informed policymaking. As you consider strategies to improve rural dental care, the Center is here as a resource to provide maps and trends that can guide targeted, sustainable solutions. Thank you, again, for the invitation to speak before the Committee, and we are happy to answer any questions that you may have.