WPHCA

Wisconsin Primary Health Care Association

WORKFORCE ISSUE BRIEF

A Spotlight on Oral Health and Behavioral Health Staffing at Community Health Centers

AUGUST 2026

A Spotlight on Oral Health and Behavioral Health Staffing at Community Health Centers

KEY FINDINGS

- The Community Health Center workforce is growing, but not fast enough to meet the demand for oral health and behavioral health services, particularly in rural areas.

- Community Health Centers reported that it takes more than nine months to fill an open Dentist position and approximately 11 months to fill an open Dental Hygienist position. One in three Dental Hygienist positions remain unfilled, resulting in care gaps, reimbursement issues, and lack of access.

- Psychiatric Mental Health Nurse Practitioners (PMHNPs) are among the most sought-after behavioral health professionals and represent one of the most difficult positions to fill with a vacancy rate of 32%.

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Staffing Landscape

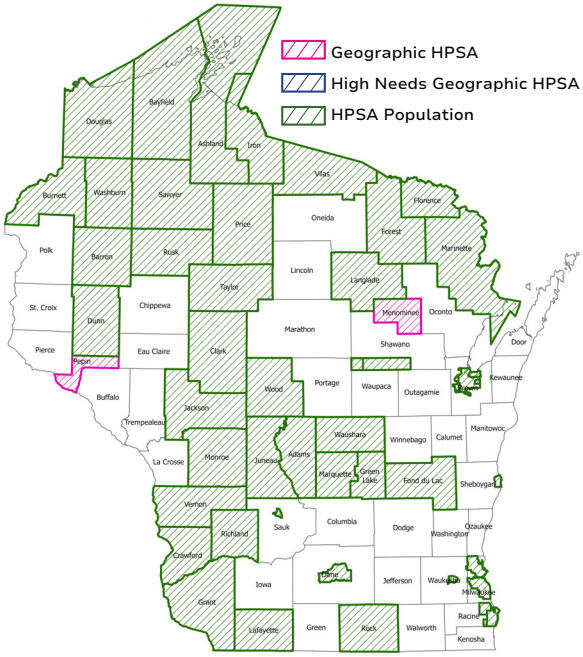
Health care workforce shortages are pervasive across the United States but are particularly acute in Wisconsin due to the changing age distribution. Wisconsin's population growth continues to slow, with growth occurring almost exclusively among residents age 65 and older. According to state Department of Administration projections, Wisconsin's over-65 population increased from 777,314 in 2010 to 1,060,017 in 2020 and is expected to increase to over 1.3 million by 2030.[1]

Meanwhile, the working age population (ages 18-64) stayed level and the younger population (under age 18) declined during that time. The shift has been termed the "Silver Tsunami," and creates an added challenge for the health care sector – an increased demand for health care services for older adults who require more care and waves of workers reaching retirement age, depleting the available labor force providing services. Demographic experts state that the shift is uneven across the state's 72 counties. **Several northern, rural counties, for example, are experiencing acute challenges with more than one-third of their population over the age of 65.**[2]

Oral Health Workforce

Health Professional Shortage Areas (HPSAs) are federal designations identifying communities, specific population groups, or facilities that do not have enough health care providers to meet local needs. In Wisconsin, there are currently 165 designated Dental HPSAs. A 2025 KFF report found that over 1.1 million Wisconsinites are living in Dental HPSAs and that the state would need an additional 205 Dentists to achieve a provider-to-population ratio of one Dentist per 5,000 residents in all designated dental shortage areas.[3]

Dental Health
Professional Shortage Area Designation



Last updated: 06/30/2026

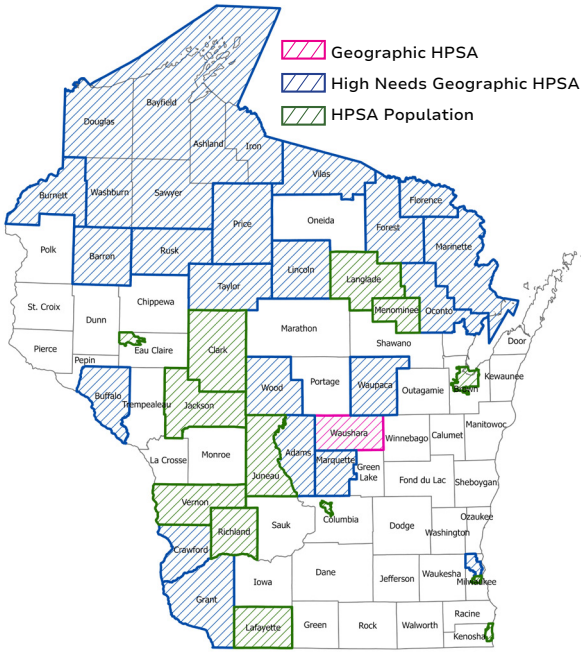
The Wisconsin oral health workforce has been particularly hard hit by the "Silver Tsunami." According to the 2020 DHS Wisconsin Dentist Workforce Report, 75% of Dentists in the state are age 40 or older, and nearly 35% are age 60 or older.[4] Additionally, nearly 30% of Dentists practicing in the state plan to leave the profession within the next five years. Access challenges are exacerbated by low Medicaid participation rates; only 29% of Dentists in Wisconsin serve patients enrolled in Medicaid, and 34% of Medicaid providers plan to retire in the next five years. In Wisconsin, all WI CHCs accept Medicaid patients.

Only 29% of Dentists in Wisconsin serve patients enrolled in Medicaid, and 34% of Medicaid providers plan to retire in the next five years.

Behavioral Health Workforce

Statewide workforce shortages are even more pronounced in behavioral health. Wisconsin has 174 federally designated Mental Health HPSAs, and 20 of the state's 72 counties lack a practicing Psychiatrist, according to an analysis by the Wisconsin Policy Forum.[5] A 2025 KFF report found that nearly 2.2 million people – or one-third of the state population – in Wisconsin are living in Mental Health HPSAs and that the state would need an additional 92 Psychiatrists to eliminate all mental health HPSA designations.[6] **Note that Psychiatrists are only a small portion of the mental health care delivery system, but the data suggests a strong indicator of barriers to access.**

Mental Health
Professional Shortage Area Designation



Community Health Centers: Meeting the Need for Care

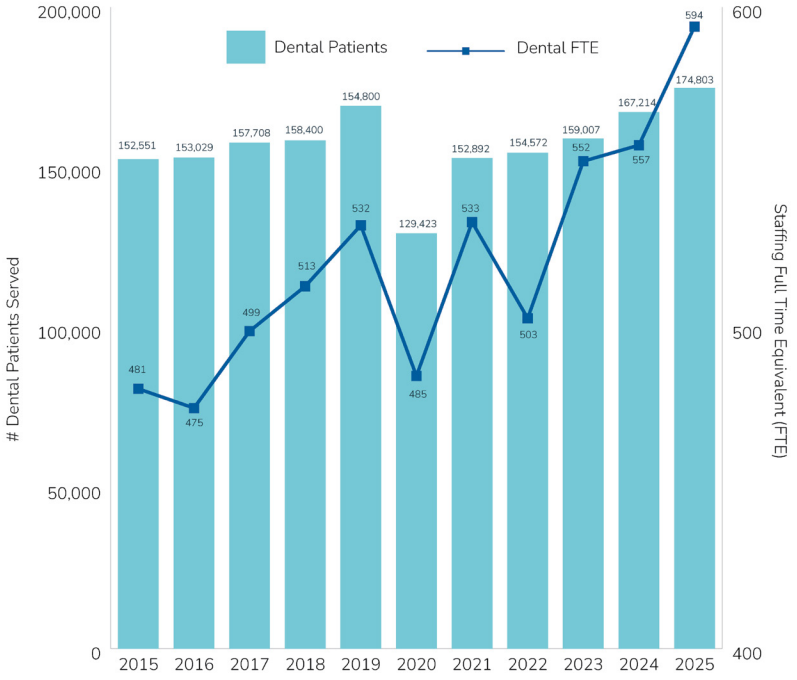
Wisconsin Community Health Centers are at the forefront of addressing gaps in care and expanding access to affordable primary care, behavioral health care, and oral health care in both rural and urban communities. **As of April 2026, Community Health Centers provided care through 277 service delivery sites, including 181 school-based sites, 91 brick-and-mortar clinics, and five mobile units.**[7] The Community Health Center workforce continues to grow to meet increasing demand, particularly within behavioral health and oral health services.

In spring 2026, WPHCA conducted a workforce survey of Wisconsin's 18 Community Health Centers, focusing on clinical team staffing where shortages are most acute and impacting patient access to care: behavioral health and oral health.

Community Health Center Oral Health Teams and Barriers to Growth

Oral health teams in Community Health Centers include Dentists, Dental Hygienists, Dental Assistants, Sterilization Technicians, and two newer roles: Expanded Function Dental Auxiliaries (EFDAs) and Dental Therapists.

Community Health Center Dental Patients and Dental Team Staffing[13]



Wisconsin Community Health Centers employ nearly 600 dental team members, and report nearly 150 vacant positions.[8]

DENTAL TEAM MEMBER[14]	# of Full-Time Equivalents (FTEs)*
Dentists	141.19
Dental Hygienists	99.34
Other Dental Personnel (EFDAs, Dental Assistants, Dental Therapists, and Sterilization Technicians)	353.17
Total Dental Team Members	**593.7**

**Full-Time Equivalent (FTE): The total number of hours worked by part-time and full-time dental team members including Dentists, Dental Hygienists, and other dental personnel, divided by the number of hours in a full-time schedule.*

While the Community Health Center dental workforce has grown in recent years, expansion is constrained by persistent vacancies and high turnover rates. The most significant barriers to hiring were an insufficient applicant pool and competition from higher-paying employers. Many Wisconsin Community Health Centers reported that recruiting providers to rural communities is particularly difficult, and **Dental Hygienists are the most challenging role to fill.**

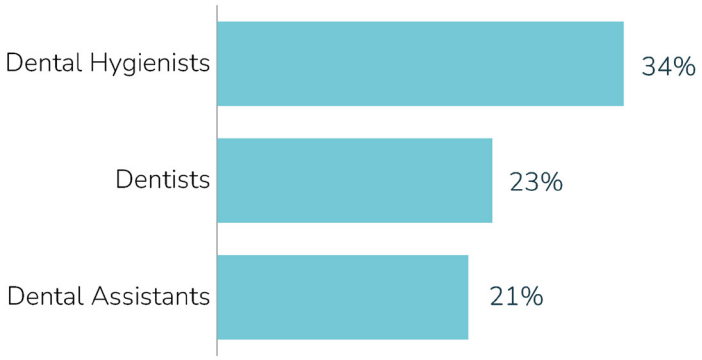
Community Health Centers report a vacancy rate of 34% Centers for Dental Hygiene, meaning that one out of every three positions for a Hygienist sits unfilled, resulting in access gaps.[8]

While recruitment of dental staff is a top priority, retention is just as important and is an ongoing challenge. Dental Hygienists and Dental Assistants have some of the highest turnover rates (separations in 2025 per total positions) at Wisconsin Community Health Centers with 33% and 35% respectively.[8] As one respondent noted:

"By far, the most difficult position for us to hire across any of our clinics is for Dental Hygienists. We have never been fully staffed with Dentists or Dental Hygienists. Even with a full press of recruitment for Hygienists, in the past 3 years we have only been able to recruit one, and they left after a year. Our lack of ability to recruit Hygienists is a retention risk for our Dentists as well."

Not only are there significant vacancies, but many positions remain open for months – or even years. On average, **Community Health Centers reported that it takes more than nine months to fill an open Dentist position and approximately 11 months to fill an open Dental Hygienist position,** where positions can be filled at all.[8] One Community Health Center reported: ***"We are consistently looking to fill our Dentist position at one of our locations. It is never filled."***

Community Health Center Dental Team Vacancy Rates* (April 2026, N=5 Health Centers)[8]



**Vacancy Rate: Percentage of unoccupied or open positions relative to the total number of approved or budgeted roles.*

Dental workforce shortages lead to longer patient wait times, impacting patients' access to timely care. In addition, the severe shortage of Dental Hygienists often requires Dentists to provide routine hygiene services to fill staffing gaps. As a result, Dentists are not consistently practicing at the full scope of their license, which can reduce job satisfaction and increase the cost of care by having higher-cost providers perform services that could be delivered by a Dental Hygienist. As one Community Health Center CEO noted:

"Wisconsin's dental workforce challenges have become a whole-health issue. Workforce shortages – particularly among Dental Hygienists – are limiting access for new patients, constraining preventative care, and increasing pressure on dental practices still working through the effects of pandemic-delayed treatment. These gaps in care allow preventable oral health conditions to worsen, placing greater strain on patients and providers and contributing to broader health concerns. Addressing the Dental Hygienist shortage through sustainable workforce solutions is essential to ensuring timely access to care, improving oral and overall health outcomes, and reducing months-long wait times for patients across Wisconsin."

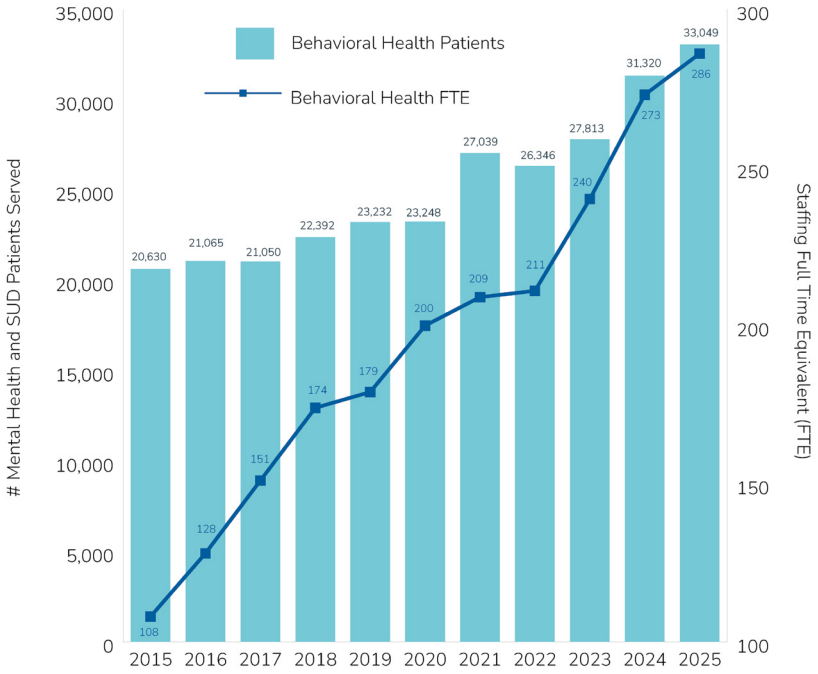
Community Health Center Behavioral Health Teams and Barriers to Growth

Wisconsin Community Health Centers provide a broad range of behavioral health services including outpatient mental health and substance use disorder recovery services. Providers range from Psychiatrists to Masters-prepared Clinical Social Workers, Licensed Professional Counselors, and Peer Recovery Specialists. **Wisconsin Community Health Centers employ 286 behavioral health team members, and report over 35 vacant positions.**[8]

Community Health Centers identified an insufficient applicant pool as the leading barrier to hiring behavioral health providers, followed closely by wage competition across the health care sector.

"We are in a competitive regional market and sustain high demand across all care settings. The supply of licensed and specialty behavioral health providers has not kept pace with community need. In terms of wage, pay is low for these masters-prepared roles."

Community Health Center Behavioral Health Patients and Behavioral Health Team Staffing[13]



BEHAVIORAL HEALTH TEAM MEMBER[14]	# of Full-Time Equivalents (FTEs)*
Psychiatrists	9.84
Licensed Clinical Psychologists	16.61
Licensed Clinical Social Workers	31.53
Other Licensed Mental Health Providers	162.17
Other Mental Health Personnel	32.72
SUD Services Personnel	33.49
Total Behavioral Health Team Members	**286.35**

**Full-Time Equivalent (FTE): The total number of hours worked by part-time and full-time behavioral health team members including Psychiatrists, licensed clinical psychologists, licensed clinical social workers, and other mental health providers and personnel, divided by the number of hours in a full-time schedule.*

Several respondents noted that while all behavioral health provider roles are difficult to hire for, hiring for Psychiatric Mental Health Nurse Practitioners, providers with Substance Abuse Certification (SAC), and pediatric behavioral health providers are especially challenging. One Community Health Center stated, ***"We are having difficulty hiring enough counselors who are comfortable working with children, especially young children."***

Psychiatric Mental Health Nurse Practitioners (PMHNPs) are among the most sought-after behavioral health professionals and represent one of the most difficult positions to fill with a vacancy rate of 32% across responding Community Health Centers.[8]

Community Health Centers report that on average it takes about **10 months to fill Licensed Clinical Social Worker positions and six months for open Psychiatrist positions.[8]**

Community Health Center Behavioral Health Team Vacancy Rates* (April 2026, N=12 Health Centers)[8]

**Vacancy Rate: Percentage of unoccupied or open positions relative to the total number of approved or budgeted roles.*

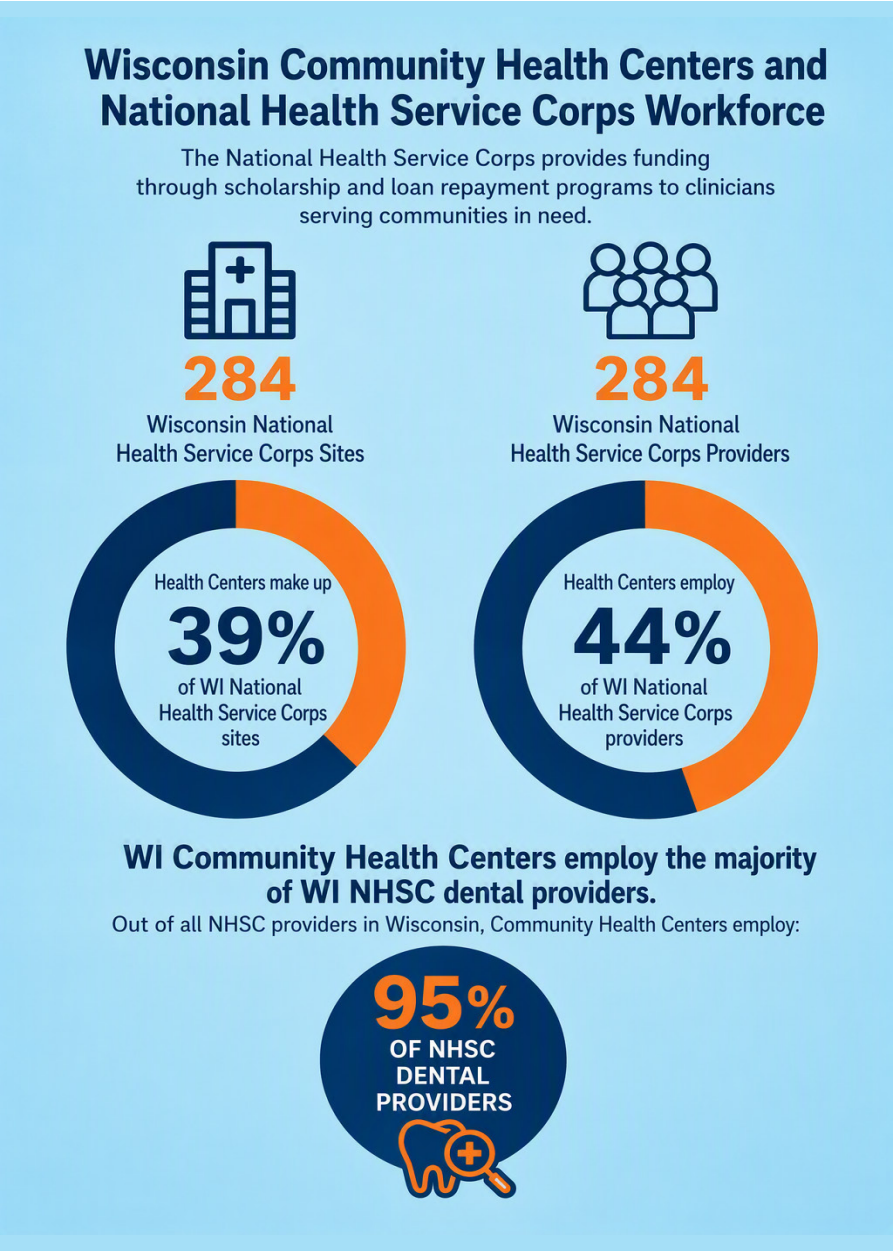
Addressing Workforce Challenges

Wisconsin has invested heavily in training opportunities to help grow the health care workforce. "Grow our own" grants and other efforts to increase Physician training opportunities have focused on investing in Wisconsin's medical workforce, which continues to have shortage issues; however, attention is also needed in other health care fields. Funding through programs such as the Advanced Practice Clinician (APC) and Allied Health training grants are helpful and some have supported oral health and behavioral health partnerships. **DHS has awarded a total of 144 grants to healthcare entities in the state, creating a $98 million investment to grow Wisconsin's health care workforce.**[9] The Wisconsin legislature also recently infused $20 million via one-time funding in Wisconsin Technical Colleges to add and expand oral health program infrastructure, **leading to development of Wisconsin's first Dental Therapy program at Northcentral Technical College which will enroll its first cohort of students in fall 2026.** These investments will make a dent addressing staffing challenges but more resources are needed to significantly improve access.

Loan Assistance Opportunities

Federal and state loan assistance programs are critical recruitment and retention programs for Community Health Centers. The National Health Service Corps (NHSC) and Nursing Corps place providers in high-need areas in exchange for scholarships or loan repayment.[11] The NHSC gives clinicians the opportunity to reduce their student loan burden, while earning a competitive salary, in exchange for providing health care in urban, rural or tribal communities with limited access to care. Program participants generally commit to two years of full-time service and receive up to $50,000 in loan assistance.

The Wisconsin Office of Rural Health manages the two state loan assistance programs that help to place providers in health professional shortage areas in exchange for up to $50,000 in loan assistance.[12] **However, most behavioral health professionals are not eligible for the state programs that are currently offered.**



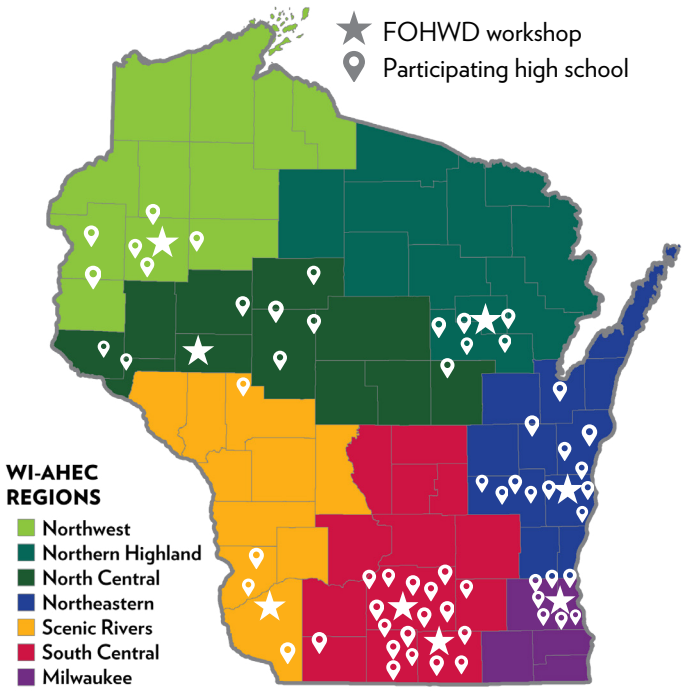
Community Health Center Health Professions Training Pipelines

Community Health Centers are increasingly looking to their own "grow our own" strategies, training community members from the local areas as a staff recruitment and retention strategy. Employees from within the community are more likely to continue practicing locally, and training locations strongly predict practice location. Most Community Health Centers train Dental Assistants (DAs) on-site as Wisconsin does not require a formal certification for DAs. Some Community Health Centers also leverage earn-while-you-learn youth apprenticeships to start training high school students as DAs.

Early exposure to various health care professions within a Community Health Center is a successful recruitment strategy, and Community Health Centers partner with regional Area Health Education Centers (AHECs) to increase student opportunities.

Wisconsin AHEC is a federally funded health profession and outreach program that is part of a nationwide network aimed at improving accessibility to primary health care, with an emphasis on exposure to professions for students. Several Community Health Centers enjoy close partnerships with AHEC's seven regional centers, providing opportunities for students to learn about practice at a rural or urban primary care site. One way that Community Health Centers partner with AHEC is through the Future Oral Health Workforce Day workshops and Virtual Dental Career Chat webinars.[11] Community Health Centers serve as hosts for the one-day workshops where students participate in hands-on activities, learn about the prerequisites needed for certain professions, and network with practicing dental professionals to learn from their personal experiences and career pathways.

Future Oral Health Workforce Day Workshop & School Participation Map



63% of high schools were located in a Dental Health Professional Shortage Area (HPSA)

Incorporating clinical training at Community Health Centers exposes students to the Health Center model and service-oriented positions and builds interest in practicing at these sites. **Many Community Health Centers are building or expanding their relationships with local technical colleges, universities, and private institutions to build capacity for student learning and strengthen pipelines.** Several Community Health Centers host dental students for externships, partner with technical colleges for dental hygiene rotations, and serve as training sites for behavioral health providers "in-training" so that these professionals can complete their required clinical hours for independent licensure. While Community Health Centers enjoy and benefit from clinical rotations, training students includes tradeoffs for many clinics, and current workforce shortages may impact a clinic's capacity to host students, particularly behavioral health providers where providing supervision can impede patient care. One Community Health Center noted, ***"There is a general lack of behavioral health candidates. We may reach a point where we have the lack of resources and capacity to train/mentor "in-training" hires."***

▲ *High school students who attended the Future Oral Health Workforce Day workshop at Lakeshore Community Health Care in Sheboygan, Wisconsin pose in front of the Community Health Center's mobile unit.*

Public Policy Considerations

As Community Health Centers continue to invest in offering competitive wages, innovative training models, and clinical rotations, system-wide investments are needed to educate the next generation of health care talent. WPHCA and Community Health Centers are dedicated to working with federal, state, and local partners to grow and stabilize Wisconsin's oral and behavioral health workforce.

STATE POLICY RECOMMENDATIONS

- Add ongoing operational funding for oral health programs at the Wisconsin Technical College System following an initial one-time investment of $20 million in 2024.
- Increase recruitment and retention of behavioral health providers and substance use disorder professionals in rural and under-resourced areas through expansion of the State Loan Assistance Program.
- Improve license portability for clinical professionals already licensed to practice in other states via sufficient staffing at DSPS, adoption of interstate compacts, and new pathways for foreign-trained providers.
- Provide state funding for regional Area Health Education Centers (AHECs) to expand pathways to primary care professions for students in rural and under-resourced areas.

FEDERAL POLICY RECOMMENDATIONS

- Increase investments in the National Health Service Corps and other health care incentive programs.
- Provide start-up funding for Allied Health Professions partnerships by passing the Health Care Workforce Innovation Act, H.R. 925 / S. 4254.
- Permanently fund Community Health Center-based residency training programs such as the Teaching Health Center Graduate Medical Education program by committing to long-term funding and prioritizing 10% of federal GME funding for CHC-based programs.
- Remove unnecessary barriers to practice for foreign-trained providers, such as Dentists trained abroad seeking H-1B visas for practice in high-need, under-resourced regions subject to high upfront fees.

Looking Forward

Community Health Centers are expanding and continue to build their capacity to meet community needs for dental and behavioral health care. As workforce shortages continue across the health sector, Community Health Centers are building new partnerships and developing their own in-house training programs and career ladders. While recruitment remains a top priority for Community Health Centers, they are also dedicated to retaining their mission-oriented team members who have a passion for providing care to low-income and underserved patients for years to come.

Community Health Centers occupy a unique role in the health care ecosystem, caring for many patients in small rural communities, individuals without insurance, and families on Medicaid who do not have other high-quality care options. **When safety net clinics like Community Health Centers experience staffing shortages, patients do not seek care elsewhere – they are unable to receive care at all.** Through continued investments, unique partnerships, and emphasizing primary care access, Community Health Centers are stepping up to address access barriers and make affordable care a reality in under-resourced communities. **These critical workforce investments aim to ensure that CHCs can continue to play a vital role in the community.**

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Sources

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