Highlights

- While there is significant regional variation in the number of active dentists per 100,000 population in New York, most regions of the state are well above the national rate of 55 dentists per 100,000 population.
- Sixty-three percent of the state’s dentists graduated from a New York dental school.
- Most dentists in New York are self-employed and work full time in private practice.
- A small percentage of active New York dentists (13%) provide care to the majority of Medicaid patients who receive oral health services. Over half of New York dentists do not treat any Medicaid patients.
- A higher percentage of minority dentists treat Medicaid patients compared to non-minority dentists.
- Between 9% and 10% of the state’s dentists report plans to either reduce hours or stop providing patient care services in New York.

BACKGROUND

Concern about uneven access to oral health care is growing. Despite efforts to improve the oral health of the nation’s population, oral health disparities persist. These disparities are characterized by poor oral health status and manifested by emergency room visits for preventable oral health conditions. Populations at greater risk for these disparities include the poor, children, racial/ethnic minorities, rural populations, and the elderly. The supply and distribution of the oral health workforce is one of the factors that affect access to oral health services.

This research brief examines the demographic, educational, and practice characteristics of the state’s active dentists. Data for this brief were drawn from a re-registration survey of dentists licensed in New York. The Center, with support from the New York State Departments of Health and Education, conducts this survey of dentists at the time of license renewal. Between September 2007 and December 2012, 7,997 surveys were completed, representing 44% of the 18,067 dentists licensed in New York. Ninety-five percent of survey respondents reported actively working in dentistry in New York (6,434 dentists) and 5% reported being either retired or inactive.

New York has 79 dentists per 100,000 population, which is well above the national rate of 55 dentists per 100,000 population.¹

The distribution of dentists in New York varied widely by region, ranging from 103 dentists per 100,000 population in Long Island to 53 and 54 dentists per 100,000 in the North Country and Mohawk Valley, respectively. While the rate of active dentists per 100,000 in New York is well above the national rate, access to oral health services is problematic for underserved populations in many areas. There are four federally designated geographic dental health professional shortage areas (DHPSAs) in the state and 35 special population DHPSAs for either Medicaid-eligible or low-income New Yorkers.

Figure 1: Active Dentists per 100,000 Population by Region

Demographics

The median age of actively practicing dentists in New York (53) was older than the median age of dentists in the U.S. (50).² The gender distribution of dentists in New York was 76% male and 24% female, similar to the gender distribution of dentists in the U.S. (77% male and 23% female).³

Whites (non-Hispanic) were overrepresented among New York’s dentists relative to the state’s population (80% compared to 58%), as were Asian/Pacific Islanders (11% compared to 7%). However, Black/African American dentists were underrepresented relative to the state’s population (2% compared to 14%), as were Hispanic/Latino dentists (4% compared to 18%). The racial/ethnic representation of New York’s dentists was similar to the distribution for dentists nationwide.⁴

The majority of dentists are self-employed and work full time in private practices.

Eighty-one percent of dentists reported working full time (30 hours per week or more), while 19% report working part time (less than 30 hours per week). Ninety-one percent of New York’s dentists work in private practice and 82% are self-employed. The remaining 18% indicated they were salaried employees at work settings that included hospitals, community health centers, and public clinics or facilities.

Figure 2: Race/Ethnicity of NY Dentists Compared to the NY Population

Figure 3: Principal Specialty Among NY Dentists

Specialty dentists comprise a larger proportion of dentists in New York compared to dentists nationally.

Approximately 76% of New York dentists indicated a primary practice in general dentistry. A larger percentage of dentists practiced in a dental specialty in New York (24%) than did dentists nationally (20%). The most common dental specialties among New York dentists were orthodontics (5%), oral and maxilla facial surgery (5%), and pediatric dentistry (4%). The remainder of New York dentists indicated specialties in periodontics, endodontics, prosthodontics, oral and maxillofacial pathology, dental public health, or oral and maxillofacial radiology.
Dentists with higher Medicaid patient caseloads have significant variation in their practice characteristics.

A small number of the state’s dentists treated most of the Medicaid patients who received oral health services. The majority of actively practicing dentists in New York reported no Medicaid patients on their caseload (54%), while 10% of dentists indicated that 60% or more of their caseload was Medicaid patients.

A higher percentage of minority dentists treat Medicaid patients compared to non-minority dentists

A significantly greater percentage of racial/ethnic minority dentists reported higher Medicaid patient caseloads, compared to non-minority dentists. Forty-two percent of Black/African American (non-Hispanic) dentists, 35% of Hispanic/Latino dentists, and 18% of Asian/Pacific Islander dentists reported Medicaid patient caseloads of 60% or higher, compared to only 6% of White, non-Hispanic dentists.

The majority of dentists working in community health centers (77%), hospitals (59%) and public clinics/facilities (55%) reported Medicaid patient caseloads of 60% or higher. Only 6% of dentists working in private office settings reported Medicaid patient caseloads of 60% or higher, while 57% of dentists working in private dental practices reported no Medicaid patients in their caseloads. Nearly one-third (31%) of dentists with Medicaid patient caseloads of 60% or more were salaried employees, compared to only 6% of self-employed/owner-operated dentists.

Sixty-three percent of the state’s dentists graduated from a New York dental school.

Among the dentists who reported attending a New York dental school, 61% graduated from New York University, 22% graduated from SUNY Buffalo, 11% graduated from Columbia University, and 6% graduated from SUNY Stony Brook. About 74% of New York dentists reported graduating from a high school in the state. Three-quarters (75%) of New York’s dentists indicated they completed a dental residency program in either general or specialty dentistry.
Nearly 10% of the state’s dentists report plans to either reduce hours or stop providing patient care services in New York.

Based on dentists’ reported plans to reduce hours or stop providing patient care in New York in the following year (the year following their survey response year), 7% planned to significantly reduce time spent in patient care, 1% planned to stop providing patient care, and 2% planned to move their practices out of state. Among dentists who reported no Medicaid patients, 8% planned to either reduce work hours or stop providing patient care services. Among dentists whose Medicaid patient caseload was 60% or higher, 11% expected to reduce hours or stop practicing.

METHODS

Data for this research brief were drawn from an ongoing survey of licensed dentists in New York which was conducted by the Center for Health Workforce Studies between September 2007 and December 2012. Data from nearly 8,000 surveys, representing 44% of dentists licensed in New York, were compiled.

A respondent was determined to be an actively practicing dentist if the individual reported working in dentistry either full time or part time within New York. Dentists who reported retired or inactive status were excluded from this analysis. The region in which a dentist practiced was based on the principal practice zip code reported on the survey. If the principal practice zip code was missing or outside of New York, the secondary practice location zip code, if located in New York, was used for determining regional rates. To estimate total dentists in a region, data were weighted (weight=N/n).

With a survey response rate of 44%, results should be interpreted cautiously. However, as the number of survey responses increases, this limitation will be reduced.

CONCLUSION

New York’s actively practicing dentists, are older on average than dentists in the U.S. They are also much less diverse than the state’s population, with proportionately fewer Black/African American and Hispanic/Latino dentists relative to the general population. The majority of active dentists graduated from a New York high school and completed their dental education in New York.

Most regions of the state enjoy a dentist-to-population ratio well above the national rate of 55 dentists per 100,000 population. Despite the large supply of dentists, however, lack of access to dental care for underserved populations remains problematic. A small number of dentists in New York treat most of the Medicaid patients in the state. Hospitals, community health centers, and public clinics constitute nearly half of practice settings (47%) where a high percentage of Medicaid patients (60% or more) are treated. Nearly one-third (31%) of dentists with Medicaid patient caseloads of 60% or more are salaried employees, compared with only 6% of self-employed/owner-operated dentists. Proportionately more dentists with high Medicaid patient caseloads plan to either stop practice or reduce hours in the near future compared to dentists with no Medicaid patients in their caseloads (11% versus 8%, respectively).

Currently, there are about 40 federally designated dental shortage areas across the state, reflecting limited access in some geographic areas and for some populations, including Medicaid-eligible and low-income populations. Efforts to address lack of access to dental services should include strategies to increase the supply of dentists serving underserved populations in New York.

Findings from an analysis of the dentist re-registration survey make a vital contribution to our understanding of active dentists in New York. The survey is a meaningful tool for monitoring the state’s oral health workforce and helps to inform programs and policies designed to increase access to oral health services for all New Yorkers.