

Preliminary Findings from the New York Dentist Re-registration Survey

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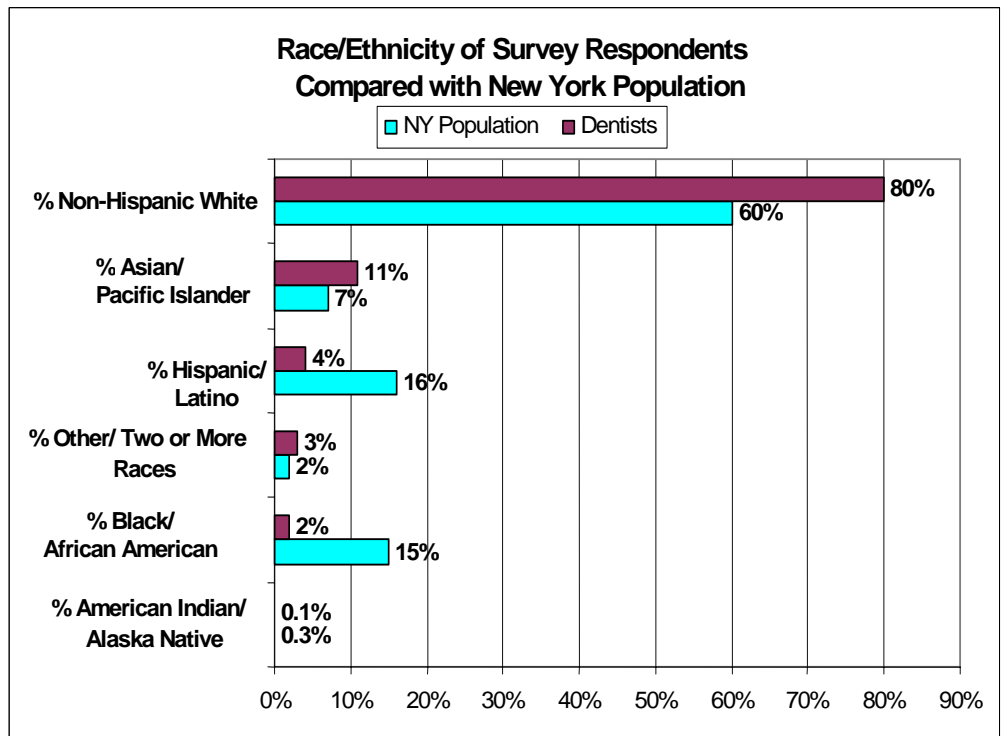
Background

Beginning in September 2007, the Center for Health Workforce Studies, with support from the New York State Department of Health and the New York State Education Department, began conducting a survey of dentists at the time of license renewal. Approximately 46% (4,371) of dentists who received the survey completed it. Of the total number of respondents, 972 (22% of survey respondents) were inactive, retired, or practicing outside of the state. This research brief focuses on basic characteristics of the 3,399 active patient care dentists in New York who completed the survey. Since this represents only 24% of all licensed dentists in New York, caution should be taken in drawing conclusions from the findings presented below.

Preliminary Findings

The majority of dentists in New York were non-Hispanic White, male, and, on average, in their early 50's.

- Non-Hispanic Whites were overrepresented among dentists relative to the state's population (80% compared to 60%), as were Asians (11% compared to 7%), while Blacks/African Americans, Hispanic/Latinos, and American Indians were underrepresented.
- The majority of dentists were male (77%).
- The median age of dentists was 53, older than the median age of physicians in the state (51) and much older than the median age of the civilian labor force (41).



The majority of dentists reported one practice location.

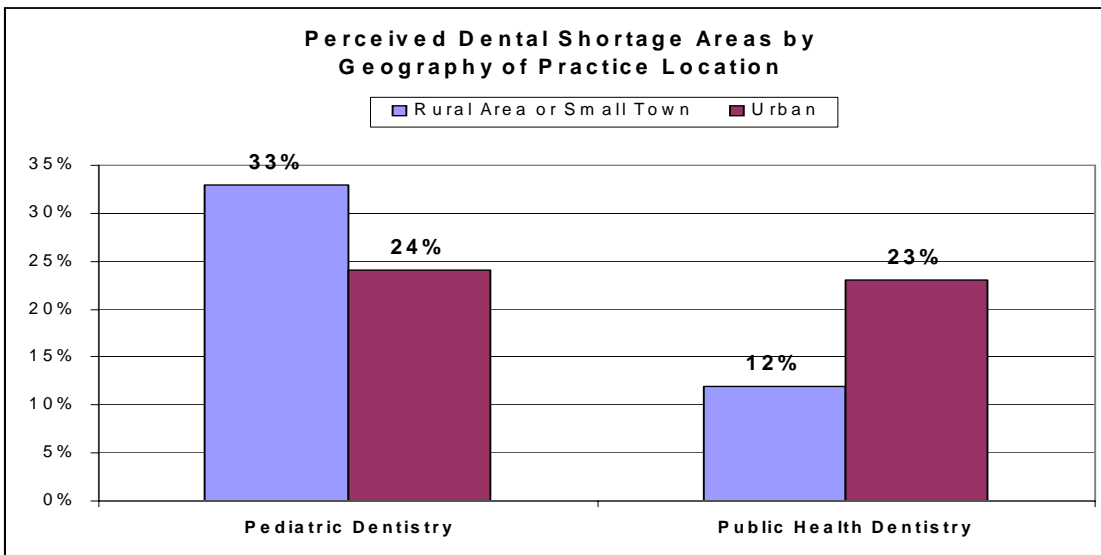
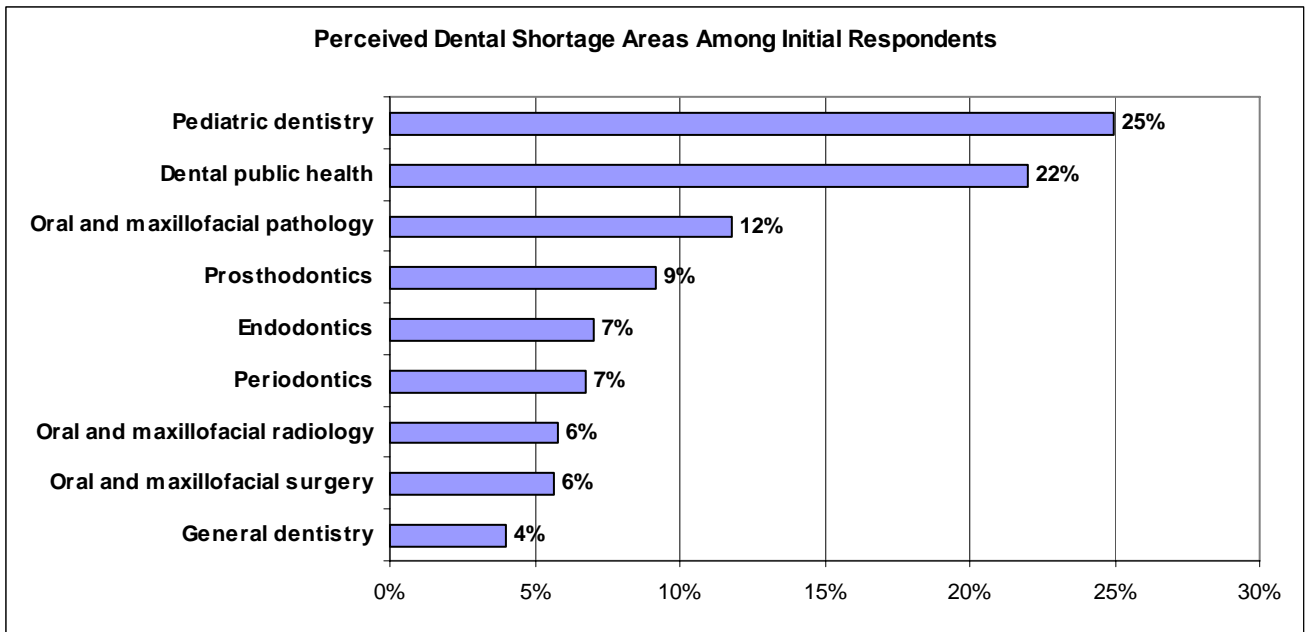
Seventy-seven percent of dentists had one primary practice location, while 23% reported both a primary and a secondary practice location. Dentists with one work location averaged 33 hours of patient care per week. Those with two work locations averaged 39 hours per week of patient care, 26 hours at their primary location and 13 hours at their secondary work location. Just over two-thirds (68%) of all dentists reported spending 30 hours or more per week on patient care.

The vast majority of practice settings were private offices, either solo or group practices.

Slightly more than 90% of dentists reported a private office work setting for their principal worksite. Within principal work settings, 58% worked in solo private offices and 33% worked in private office partnerships or group practices. Most dentists who worked in a secondary practice location reported working in a private office, either in a partnership or group practice (42%) or a solo practice (30%).

The most frequently perceived dental specialty shortages were in pediatric dentistry and public health dentistry.

Thirty-nine percent (1,338) of dentists failed to indicate a perceived area of greatest shortage. Among the remaining 61% (2,061), 25% cited pediatric dentistry in short supply, while 22% cited public health dentistry.



One-third of dentists practicing in rural areas or small towns perceived pediatric dentistry to be in short supply, compared to one-quarter of dentists practicing in urban areas. Conversely, 23% of dentists practicing in urban areas perceived public health dentistry to be in short supply, compared to just 12% of dentists practicing in rural areas or small towns.

Conclusion

These initial findings from the dentist re-registration survey provide an important contribution to our understanding of the supply and distribution of dentists in New York. As the number of survey responses increases, a more detailed profile of dentists practicing in New York will be developed, including analysis at county and sub-county levels.

The Center for Health Workforce Studies

This brief was prepared by the Center for Health Workforce Studies at the School of Public Health, University at Albany, State University of New York. The Center’s mission is to provide timely, accurate data and conduct policy-relevant research about the health workforce.

The New York Dentist Re-registration Survey is part of the Center’s New York Health Workforce Data System which is designed to support ongoing monitoring of the state’s health workforce. The components of the system include licensure re-registration surveys for physicians, dentists, dental hygienists, and registered nurses; annual surveys of residents completing training in the state and registered nursing education programs; and the annual state health workforce tracking report.