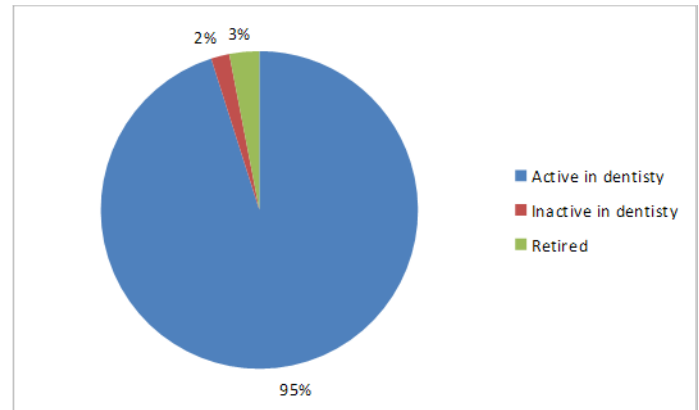


BACKGROUND

Over the past decade, access to oral health care has become a growing concern. Despite efforts to improve the oral health of the nation’s population, oral health disparities continue. These disparities are characterized by compromised oral health status for certain segments of the U.S. population, including the poor, children, racial/ethnic minorities, people with special needs, and the elderly. Two important factors believed to limit access to oral health care and contribute to these disparities are the available supply of oral health professionals and resources to pay for needed oral health services.

Beginning in September 2007, the Center for Health Workforce Studies, with support from the New York State Departments of Health and Education, began conducting a survey of dentists at the time of license renewal. Between September 2007 and September 2010, more than 7,500 surveys were completed, representing 42% of the 17,909 licensed dentists in the state. Nearly 95% of the survey respondents reported actively working in dentistry and 5% reported being retired or inactive. This research brief is based on survey responses and presents information about active dentists in New York, including demographic, educational, and practice characteristics.

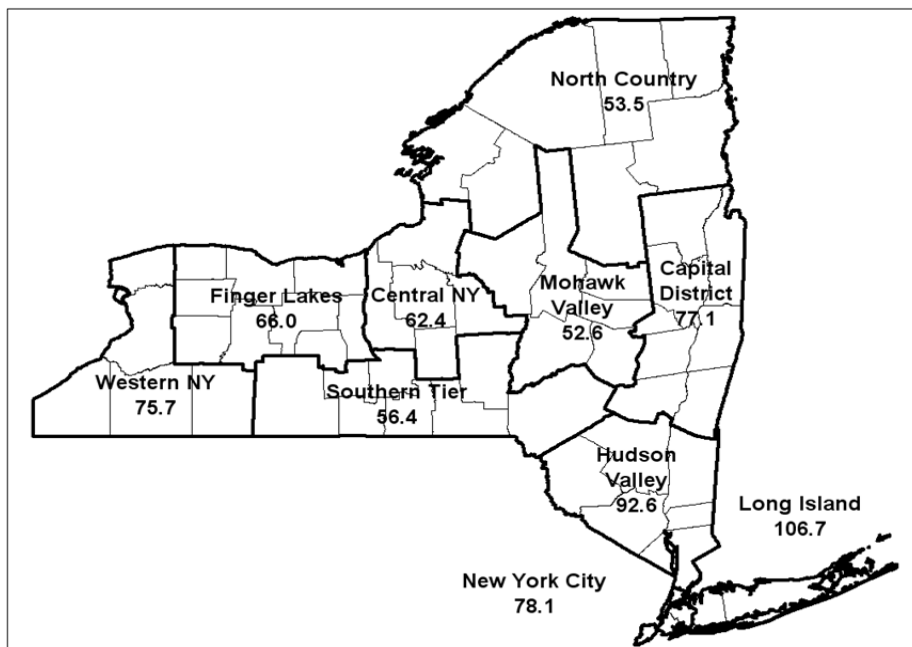
Figure 1: Work Status among New York Dentists



KEY OBSERVATIONS

New York, with over 80 dentists per 100,000 population, is well above the national ratio. Most regions of the state either meet or exceed the national ratio of 58 dentists per 100,000 population.¹

Figure 2: Active Dentists per 100,000 Population by Region



There is wide regional variation in the distribution of dentists in New York ranging from over 106 dentists per 100,000 population on Long Island to 54 and 53 per 100,000 in the North Country and Mohawk Valley, respectively. While the ratio of active dentists per capita in the state is well above the national ratio, access to oral health services in the state is problematic in certain geographic areas and for certain underserved population groups. There are currently six federally-designated geographic dental health professional shortage areas (DPSAs) in the state and 41 federally-designated special population DPSAs for either Medicaid-eligible or low income New Yorkers.

¹ Valachovic, Richard W. *Current Demographics and Future Trends of the Dentist Workforce*. Power Point presentation to the Institute of Medicine, The U.S. Oral Health Workforce in the Coming Decade Workshop, February 9, 2009. Accessed January 27, 2011 from: <http://www.iom.edu/~media/Files/Activity%20Files/Workforce/oralhealthworkforce/2009-Feb-09/1%20-%20Valachovic.pdf>.

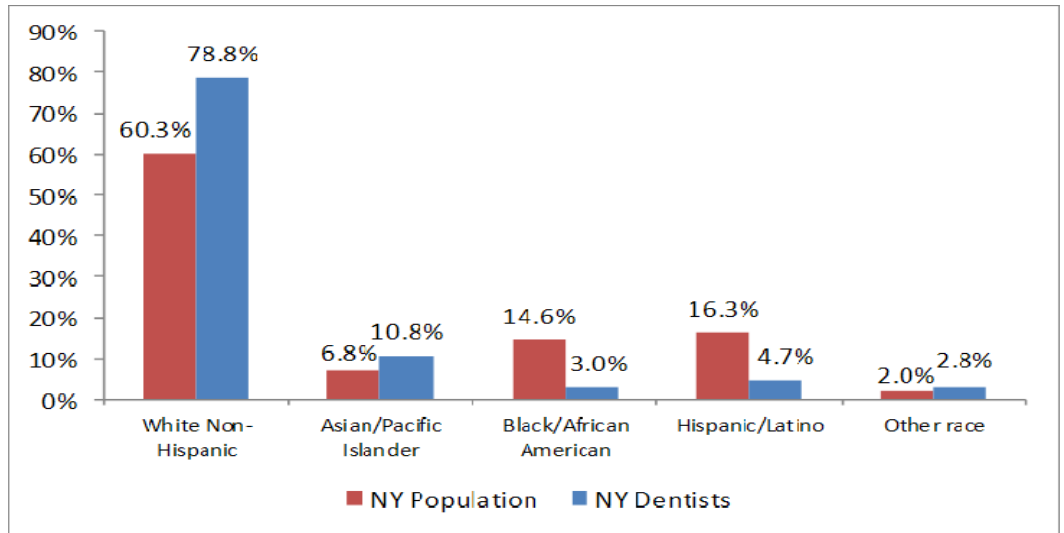
New York’s dentists are older than dentists nationwide.

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

New York’s dentists are much less diverse than the state’s population.

Whites are overrepresented among dentists in New York relative to the state’s population (79% compared to 60%), as are Asians (11% compared to 7%). Meanwhile, Black/African Americans are underrepresented among dentists in New York (3% compared to 15%), as are Hispanics/Latinos (5% compared to 16%). The racial/ethnic representation of New York’s dentists is similar to all dentists in the U.S. (78% Non-Hispanic White, 12% Asian, 3% Black/African American, and 5% Hispanic/Latino).²

Figure 3: Race/Ethnicity of New York Dentists Compared To New York’s Population

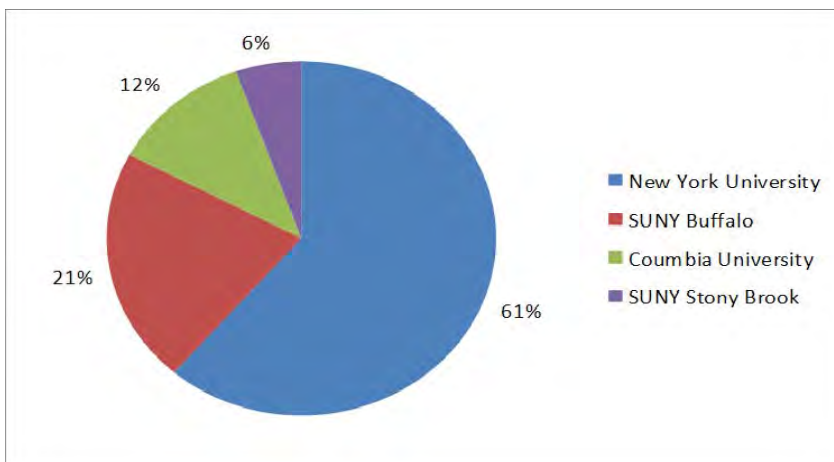


More than three-quarters of New York dentists (77%) report working full time, while 18% report working part time (less than 30 hours per week). The vast majority of dentists are self-employed.

Among responding dentists, 79% indicate they are self-employed (owner/partner), 20% indicate they are salaried employees, and 1% indicate they are volunteers. Approximately 89% of New York dentists indicate their principal practice setting is a private office (either solo or partnership/group). The next most common practice settings are hospitals (2.9%) and government institutions (2.4%). The remainder of dentists in New York report working at schools, community health centers, public health clinics, and nursing homes.

Over 60% of New York’s dentists report having graduated from a dental school in New York, and 70% of New York’s dentists report having graduated from a high school in the state.

Figure 4: Dental School Attended among New York



Among dentists who report having attended a New York dental school, 61% graduated from New York University, 21% from SUNY Buffalo, and the remaining 12% and 6% from Columbia University and SUNY Stony Brook, respectively.

Over three-quarters (77%) of New York’s dentists indicate they completed a dental residency training program at some point in their professional career.

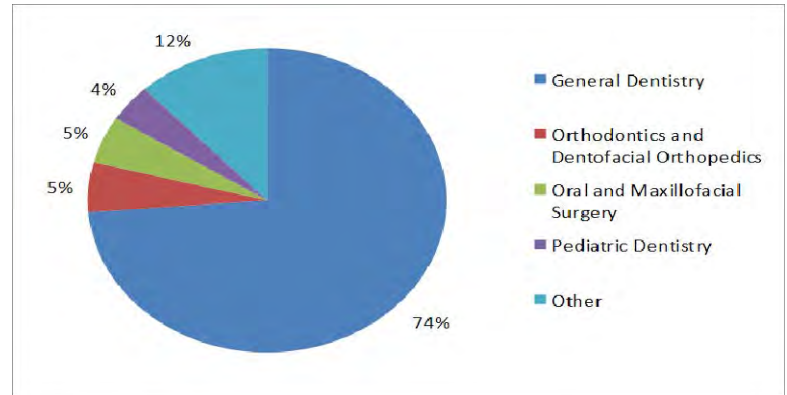
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² U.S. Census Bureau. American Community Survey, 2006 - 2008 three-year estimates.

Specialty dentists make up a larger proportion of dentists in New York than do specialty dentists nationwide.

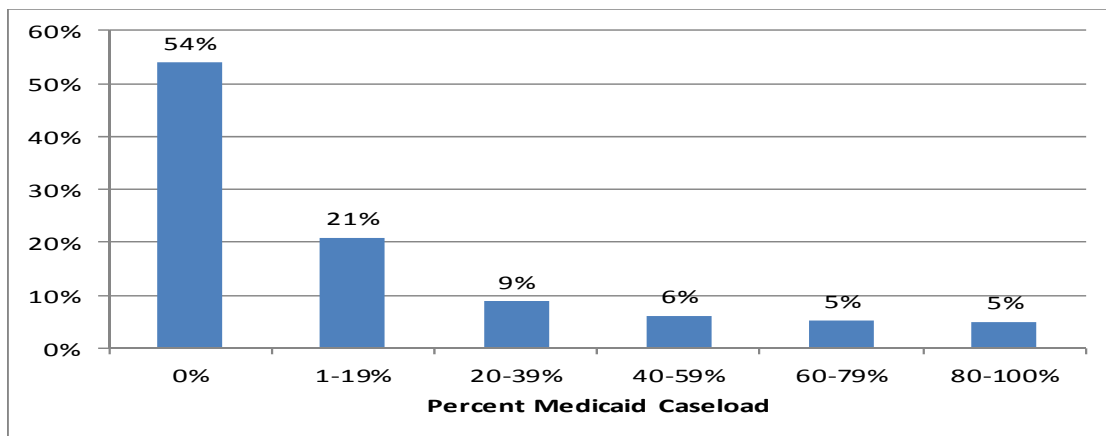
There is a larger percentage of specialty dentists in New York (26%) than in the U.S. (20%).³ About 74% of New York dentists indicate their principal work is in general dentistry. The most common dental specialties among New York dentists are orthodontics (5%), oral and maxillofacial surgery (5%), and pediatric dentistry (4%). The remainder of New York dentists indicate specialties in periodontics, endodontics, prosthodontics, oral pathology, dental public health, and oral radiology.

Figure 5: Principal Specialty among New York Dentists



A small number of New York dentists treat the majority of Medicaid patients receiving oral health care. A majority of New York dentists do not treat Medicaid patients.

Figure 6: Medicaid Caseloads among New York Dentists

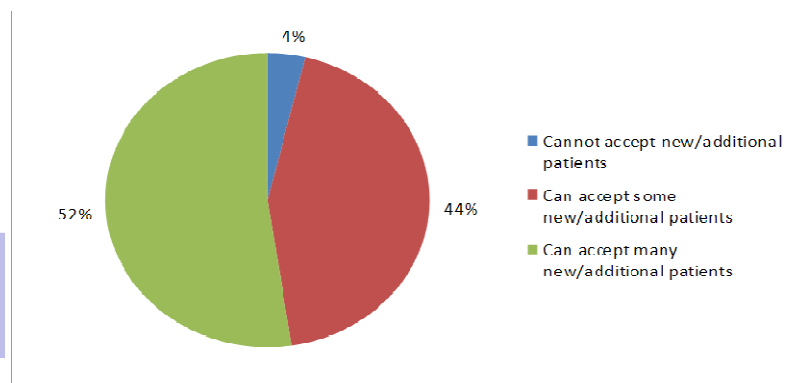


Fifty-four percent of the state’s dentists report no Medicaid patients on their caseloads, while 10% report that 60% or more of their caseloads are Medicaid patients.

Most of New York’s dentists can provide services to at least some additional patients.

Forty-four percent of New York dentists indicate their practices can accept some additional patients, while 52% indicate they can accept many additional patients.

Figure 7: Practice Capacity among New York Dentists



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Within the next year, more than 11% of dentists plan to reduce or stop providing patient care services in New York.

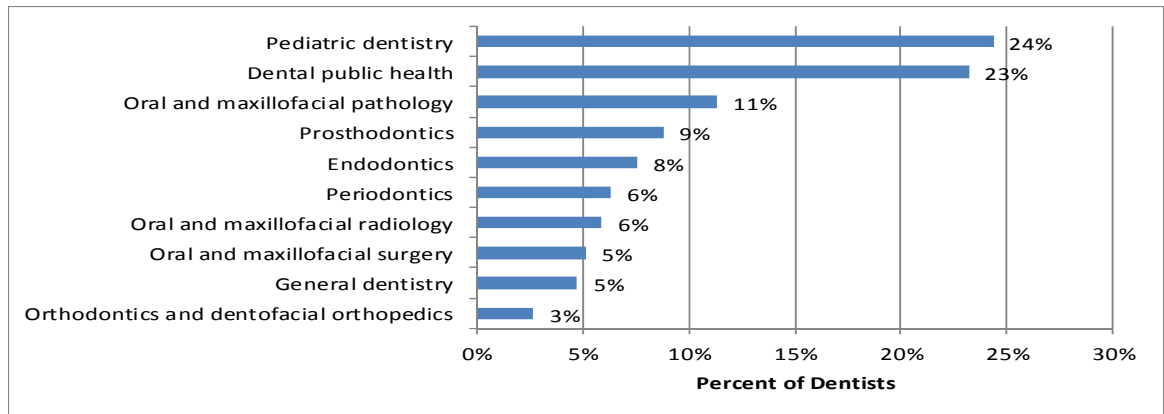
Among dentists who report plans to reduce or stop providing patient care in New York, more than 7% plan to significantly reduce time spent in patient care, about 2% plan to stop providing patient care completely, and over 2% plan to move their practices out of New York.

³ Valachovic, Richard W. *Current Demographics and Future Trends of the Dentist Workforce*. Power Point presentation to the Institute of Medicine, The U.S. Oral Health Workforce in the Coming Decade Workshop, February 9, 2009. Accessed January 27, 2011 from: <http://www.iom.edu/~media/Files/Activity%20Files/Workforce/oralhealthworkforce/2009-Feb-09/1%20-%20Valachovic.pdf>.

New York dentists cite dental shortages most frequently in pediatric and public health dentistry.

The survey asked dentists to assess dental shortages in their geographic areas. Twenty-four percent of New York dentists report shortages in pediatric dentistry and 23% in public health dentistry.

Figure 8: Perceived Shortages by Specialty among New York Dentists



METHODS

Data for this research brief were drawn from an ongoing survey of dentists licensed in New York conducted by the Center. Between September 2007 and September 2010, more than 7,500 surveys were completed and entered into a database, representing 42% of licensed dentists in New York.

A respondent was determined to be an active dentist if the individual reported working in dentistry either full or part time. Dentists who reported being retired or inactive were excluded from the analysis. The region in which the dentist practiced was based on the principal practice zip code reported on the survey. To estimate total dentists per region, data were weighted (weight = N/n).

LIMITATIONS

With a response rate of 42% of all licensed dentists in New York, some caution should be exercised in interpreting the results. The analysis presented in this brief has intentionally not pushed the data beyond its limits. However, as the number of survey responses increases, these limitations will be greatly reduced and a more detailed profile of dentists practicing in New York will be developed, including analysis at the county level.

CONCLUSION

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

New York enjoys a dentist-to-population ratio well above the national ratio, with most regions of the state either meeting or exceeding the national ratio of 58 dentists per 100,000 population. Despite the large supply of dentists, however, lack of access to dental care for underserved populations remains problematic. Currently, there are nearly 50 federally-designated dental shortage areas across the state, with the majority of them targeting either Medicaid-eligible or low income populations. Efforts to address lack of access to dental services should focus on strategies designed to increase the supply of dentists serving underserved populations in the state.

Findings from the dentist re-registration survey make an important contribution to our understanding of active dentists in New York. The survey is an important tool for monitoring the state's oral health workforce and provides the information necessary to inform programs and policies designed to increase access to oral health services.

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. Center staff who worked on the report include Mark Dionne, Margaret Langelier, Tracey Continelli, and Jean Moore. Support for this analysis was provided by the New York State Department of Health and the New York State Education Department.

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