



Underrepresented Minority Dentists' Contribution to Health Equity

Elizabeth Mertz, PhD, MA, Aubri Kottek, MPH, Cynthia Wides, MA, and Paul Gates, DDS, MBA

Objective: Despite initiatives at the local, state, and federal levels, the underrepresentation of Blacks, Hispanic/Latinos (H/L), and American Indian/Alaska Natives (AI/AN) among dentists persists. Improving workforce diversity promotes social justice and also increases access, health equity, and health care quality, particularly for minority populations. The purpose of this study was to quantify the shortage of underrepresented minority (URM) dentists and their contributions to health equity by examining practice patterns in relation to characteristics of the communities they serve.

Methods: Analysis of a 2012 national sample survey of URM dentists in combination with publicly available data sources allowed us to assess the concentration of URM dentists and populations across the US. We examined population, economic and social indicators in counties with and without at least one URM dentist known to be present. Descriptive statistics and two-tailed tests of significance were performed.

Results: The URM dentist workforce is disproportionately smaller than, and unevenly distributed in relation to, minority populations in the US. Furthermore, URM dentists provide care for a disproportionately large share of URM patients. Compared to counties with no URM dentists, counties with one or more URM dentists are more racially diverse and have greater economic and social inequality. Despite URM dentists' motivations to serve low-income and racially concordant patient populations, they are less likely to work in rural and poorer counties.

Conclusions: These patterns reflect both the factor of racial concordance and the limitations of the current practice model. Current policy approaches are inadequate to address workforce diversity and health equity in the dental field.

Key Words: Dentists, Underrepresented Minorities, Workforce Diversity, Practice Patterns

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