Health Workforce Policy Brief

August 2017

OHWRC
Oral Health Workforce Research Center

www.oralhealthworkforce.org

The Evolving Pipeline of Hispanic Dentists in the United States

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Introduction/Background

Improving the racial and ethnic diversity of the nation's dentists is critical in efforts to reduce disparities in access to care and health outcomes and to better address the oral health needs of an increasingly diverse US population. The Hispanic/Latino (H/L) dentist workforce, in particular, is disproportionately small compared with the rapidly growing and historically underserved H/L population.[1] Enrollment of H/L students in US dental schools increased from 5.4% in 2000 to 9.1% in 2016[2] but remains far below 17.1%, the proportion of the US population that is H/L.[3] This suggests that the gap in parity will continue to grow. Half of the H/L dentists in the US are foreign born, and about 1 in 4 were initially trained outside the US, indicating that domestic enrollment numbers may underestimate future supply.[1] This study examines the trends in H/L dentists' education and pathways to practice, analyzes practice patterns of H/L dentists by pathway, and describes the licensure and educational environment for foreign-trained dentists (FTDs), with a focus on opportunities to enhance workforce diversity and improve access to care for both underserved and H/L populations.

Methods

Mixed methods were employed for this study. Data from a 2012 national sample survey of underrepresented minority dentists in the US were coded to reflect three pathways to practice for H/L dentists: 1) US-trained only, 2) FTD only, and, 3) completing an International Dentist Program/Advanced Standing (IDP/AS) program. Descriptive and multivariate statistics were computed to determine dentist and practice characteristics. States' practice acts and educational programs were analyzed in conjunction with interviews conducted with key stakeholders in dental education and state policy to gauge the impact of changing licensure pathways and the growth of IDP/AS programs on H/L dentists and their practices.

Conclusions and Policy Implications

1) Among H/L dentists, younger FTDs complete IDP/AS programs at higher rates than do older graduates, who historically could obtain licensure directly with their foreign credentials, thus changing the composition of the H/L dentist pipeline. The impact on the overall size of the pipeline from these changes is unclear.

2) All FTDs, including H/L FTDs, face increasingly rigid and expensive educational requirements in order to qualify for licensure. There is great variability among states in the educational and licensure pathways available to FTDs.

3) Among H/L dentists, completing an IDP/AS program predicts greater service to H/L patients and to publicly insured patients. However, working in nontraditional settings was the most important factor predicting service to publicly insured patients, while completing a dental residency was important in predicting practice in nontraditional settings. Being an FTD or an FTD who completed an IDP/AS program did not predict practicing in nontraditional settings.

Findings

Evolving licensure laws in concert with IDP/AS program expansion are changing the pathways to practice for H/L FTDs. Younger FTDs complete IDP/AS programs at higher rates than do older graduates, who historically could obtain licensure directly with their foreign credentials. Among H/L dentists, being initially foreign trained predicts greater service to H/L patients and to publicly insured patients. However, the most important factor predicting service to publicly insured patients was their primary work setting, with those in nontraditional settings (eg, safety net) providing greater service to this population.

This work is funded through HRSA Cooperative Agreement U81HP27843: Health Workforce Research Centers Program.

The biggest predictor of H/L dentists having had a first job in nontraditional settings was having completed a dental residency and expressing a personal motivation to treat underserved patients. Being an FTD or an FTD who completed an IDP/AS program did not predict current or initial dental practice in a nontraditional setting.

Conclusions

There is a confluence of policy issues impacting the pipeline of H/L dentists in the US, which may affect future supply and practice patterns. The domestic production of H/L dentists has increased but still lags behind population parity, even with the foreign-trained providers who currently make up 25% of the H/L dentist workforce. FTDs face evolving educational and licensure pathways to practice, along with considerable cost in navigating these pathways. Yet foreign-trained H/L dentists serve higher percentages of H/L and publicly insured patients than do their US-trained counterparts, despite not being more likely to work in nontraditional settings, where residency training and personal motivation seem to have more of an impact across the H/L dentist workforce. With no clear strategy for increasing the H/L dentist pipeline, the current system is likely to continue under producing culturally competent providers needed to serve the significant and growing H/L population in the US.

Policy Implications

The H/L dentist workforce is a critical component of our dental delivery system and is shown to contribute to improved access for H/L populations and underserved populations. Whether foreign or domestic, no clear policies are in place to address the shortage of H/L dentists, nor to monitor the pipeline effectively. A strong domestic production should be paramount for US policy, as the US should not rely on other countries to provide well-educated, qualified dentists as a substitute for investing in our own H/L youth. At the same time, foreign-trained H/L dentists clearly contribute both to overall dentist workforce diversity and to improved access for H/L and underserved patients. These immigrants should be able to come to the US and apply their skills and education in their field of training. The educational and regulatory environments in the US have moved toward a system that rigorously ensures standardized qualifications, and the debt burden has not decreased demand for IDP/AS enrollment. However, this essentially creates an import tax on FTDs that has ethical implications, particularly given H/L FTDs' propensity to serve historically underserved populations at even higher rates than their domestic H/L peers. A final finding from this work is the importance of residency training in the pipeline for H/L dentists in relation to working in nontraditional settings. Training models in US dental schools that focus on residency training in locations with underserved populations may produce a larger cohort of providers willing to work in these settings in which vulnerable patients are treated. This pathway needs further research to assess which types of residency training programs have the greatest effect and whether this effect extends beyond the H/L dentist experiences described in this study.

References

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