



A National Study of the Practice Characteristics of Women in Dentistry and Potential Impacts on Access to Care for Underserved Communities

Simona Surdu, MD, PhD, Margaret Langelier, MSHSA, Yuhao Liu, MPA, Nubia Goodwin, MPH

Objectives: To evaluate the differences by gender of dental professionals in age, race/ethnicity, and practice characteristics including employment status, working hours, and practice location.

Design/Methods: The study consisted of 3 major parts:

- 1. Literature review.** An extensive literature review of peer-reviewed journal articles and other published documents was conducted to better understand the impact of gender diversification in dentistry on dental services delivery.
- 2. Secondary data analysis of the ADA Masterfile.** This study used ADA Masterfile data from 2010, 2012, 2014, and 2016 to describe trends in the demographics and practice characteristics of the US dental workforce across years.
- 3. Secondary data analysis of the ADA Survey of Dental Practice (SDP).** The study used data from the SDP conducted in 2017 (containing dentists' responses pertaining to 2016) to evaluate differences in the practice patterns of female and male dentists.

Results: In 2016, nearly 30% of all dentists in the US were female, and the female dentist population was younger and more racially/ethnically diverse than the male dentist population. In 2010-2016, the proportion of female dentists increased from 24.5% to 29.8% (21.7% change). Over the study period, there was an increase in the proportion of Asian female dentists (5.1% change) as well as Asian (16.5% change) and Hispanic (8.3% change) male dentists. A statistically significant larger proportion of female than male dentists were foreign-trained (8.3% vs 4.4%), completed a dental residency (39.2% vs 32.0%), particularly in pediatric dentistry (15.6% vs 7.0%) and general practice dentistry (54.1% vs 41.1%), and worked as pediatric dentists (6.1% vs 2.8%).

Female dentists were more likely to be employees or independent contractors, to work part-time, and to practice in suburban/urban areas. Female dentists were significantly more likely to report being overworked or too busy to treat all patients (27.9% vs 23.5%, $P=.0076$) and/or experiencing an increase in patient volume in the last year than male dentists (44.9% vs 31.1%,

$P=.0056$). Similarly, in the 36-65 year age cohorts and particularly in the 56-65 year-old cohort, female dentists were 80% more likely than their male counterparts to treat patients covered by public insurance.

Conclusions: The findings from this study suggest that trends in the diversification of the dental workforce should be monitored over time so that pipeline programs, policy advocates, and professional stakeholders can be proactive in responding to changes in practice preferences, especially those related to the geography of dental practices. This study found small differences in practice hours by gender but compensating differences in patient volume, suggesting that concerns about substantial changes in capacity within the dental delivery system may be unfounded.

Gender diversification of the dental workforce is only one aspect of our changing health care and oral health care delivery systems. Dental professionals and others are making personal choices about work in the context of a fast-changing policy environment, so it is difficult to attribute changes in workforce preferences to gender alone. Many factors, including generational differences, will continue to affect the practice configurations in dentistry. It is important to continually monitor the workforce in order to ensure the adequate supply and appropriate distribution of dental professionals to meet the needs of the growing, aging, and also changing US population.

Key Words: Female Dentists, Pediatric, Access to Care

HWRC Website Link: <http://www.oralhealthworkforce.org/reports/>

This work is supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) as part of an award totaling \$449,821. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the US Government.