

## Introduction

The oral health workforce is critical to achieving Healthy People 2020 objectives focused on promoting and sustaining oral health for all Americans. Dentists and dental hygienists are licensed health professionals whose primary focus is dental disease prevention and oral health promotion and restoration. These professions are the foundation of the oral health workforce.

Understanding the number, distribution and characteristics of dentists and dental hygienists can be useful to inform policy discussions related to oral health and access to dental care. Information on inclusion and exclusion criteria can be found in the Data Report: 2016 Indiana Oral Health Licensure Survey.<sup>1</sup>

Although great strides have been made to advance oral health in recent years, there is more work to be done. Nationally, 35.6% of adults over the age of 18 did not see a dentist in 2014,<sup>2</sup> and 26% of adults age 20 to 64 were found to have untreated decay.<sup>3</sup> Closer to home, there are Hoosier children who also struggle with dental diseases. A survey administered by the Indiana State Department of Health in 2013 revealed that 51% of Indiana third graders had a history of dental decay and 17% had untreated dental decay at the time of the survey.<sup>4</sup>

Barriers to dental care access, such as cost and availability of care, perpetuate poor oral health and dental disease among certain populations. Difficulty accessing oral health care is documented among populations with lower incomes, those from racial/ethnic minority groups, and the elderly.<sup>5</sup> In order to reach these populations with the dental care they need, the oral health workforce must practice in settings that are accessible to them, such as health centers, public health settings, and long-term care/nursing home facilities. More than 364,000 Hoosiers accessed health services at health centers in 2013. A shortage of dentists practicing in community health centers across Indiana is a barrier to dental care access among Hoosiers who rely on health centers.<sup>6</sup>

### Indiana Dentist Primary Practice Setting



92.2% - Dental Office



2.3% - Public Health

## Demographics and Characteristics

Data on the demographic characteristics of the oral health workforce are critical to understanding current and future capacity and to inform strategies to diversify the workforce. The majority of Indiana dentists identify themselves as non-Hispanic (88.9%) and white (89.2%) males (72.2%), differing slightly from the demographic breakdown of Indiana's population. While it is not necessary for the demographics of Indiana's dental workforce to match those of Indiana's population for successful oral health care delivery, greater levels of diversity are linked to advancing cultural competency, increasing access to high-quality healthcare services, and optimal management of the health system.<sup>7</sup>

### Indiana Dentist Diversity



90.2%  
White



9.8%  
Non-White

### Indiana Population Diversity

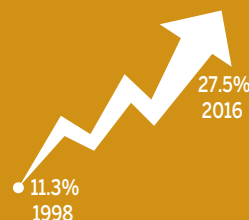


86.4%  
White



13.6%  
Non-White

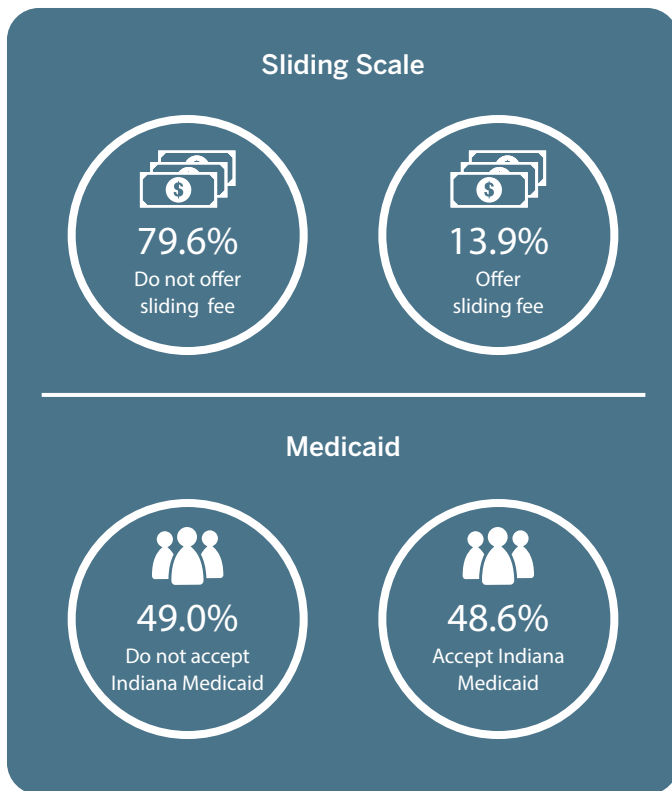
### Women in Dentistry



Nearly  
**40%**  
of dentists  
are over the  
age of 55

# Oral Health Workforce

## Safety Net Providers - Who Are They?



Core safety net providers deliver a significant amount of health care to uninsured, Medicaid, and other vulnerable patients. “Core Safety Net Providers” exhibit two distinguishing characteristics:<sup>8</sup>

1. Either by legal mandate or explicitly adopted mission, they offer care to patients regardless of their ability to pay for those services; and
2. Substantial shares of their patient mix are uninsured, Medicaid, and other vulnerable patients.

Core safety net providers in the dentist workforce (or dental safety-net providers) include those providers that meet the characteristics mentioned above. These include Indiana dentists that offer sliding fee scales (for patients with payment barriers) or those that accept Indiana Medicaid.

The dental safety net provides services to vulnerable populations that struggle with access to oral health services. Unfortunately, only 13.9% of Indiana dentists report offering a sliding fee scale to their patients. The proportion of dentists who accept Indiana Medicaid is much greater, at 48.6%. However, the proportion of Indiana dentists who report accepting Indiana Medicaid is much less than the proportion of *physicians* that report accepting Indiana Medicaid (84.0%).<sup>9</sup> Targeted strategies to increase recruitment of dentists to enroll and serve in Indiana Medicaid may strengthen the dental safety net.

## Indiana Dental Hygienists

Preventive oral health care is critical to promoting and maintaining good oral health. Dental hygienists are trained to provide a range of preventive oral health services. While dentists are also qualified to provide preventive oral health care, their training extends far beyond preventive services and includes diagnosis, restorative procedures, etc. It is therefore more cost-effective for dental hygienists to provide preventive services.

All Hoosiers should have access to preventive oral health care, but dental hygienists' practice settings may influence whether certain individuals can access this care. The distribution of reported practice settings for dental hygienists reflect practice settings reported by dentists. The relatively low number of dental hygienists that report practicing in these settings may be a barrier to preventive oral health service access for populations that seek care there.

As a result of being consistently listed as a fast growing job at the national and state level, there has been an expansion of dental hygiene programs in Indiana and across the country. Monitoring employment plans among dental hygienists is important to understanding the labor market during a period of growth. Research is needed to understand why a relatively high percentage of dental hygienists report desiring more hours in patient care.

### Dental Hygienists Primary Practice Setting



95.0% - Dental Office



1.3% - Public Health

### Dental Hygienists Employment Plans



12.1% increase patient care hours



81.7% no change in patient care hours

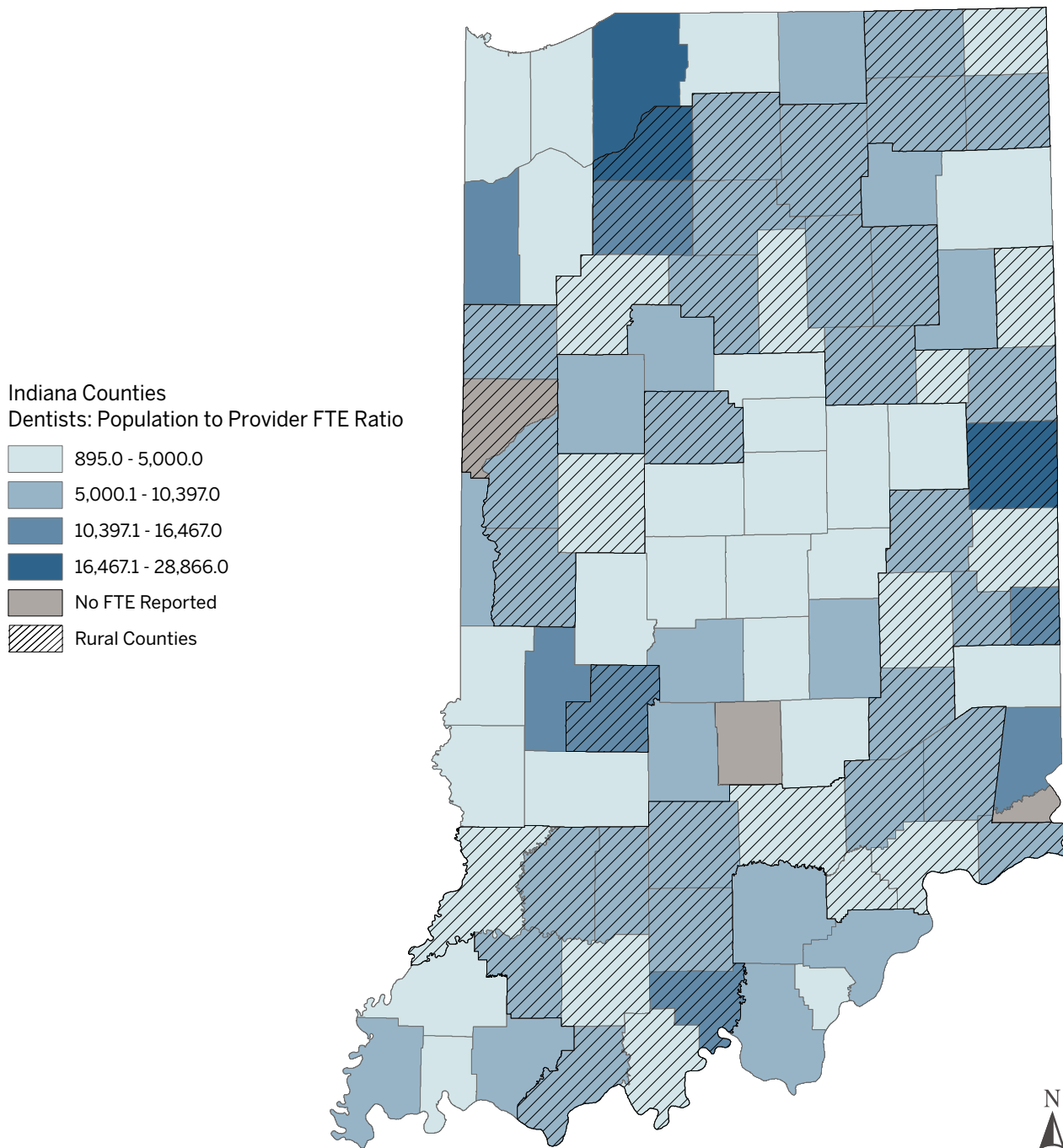


2.7% decrease patient care hours

**#21**  
on the  
Hoosier Hot  
50 Jobs<sup>10</sup>

# Oral Health Workforce

## Dentist Population to Provider Ratio



Source: Indiana Oral Health Re-Licensure Survey, 2016  
US Census Bureau, ACS 5-year estimates, 2015

In order to adequately deliver dental services to Hoosiers, dentists must be geographically well-distributed throughout the state. The federal benchmark for ratio of population to dentist is 5,000 residents to one (1) provider. If a geographic area has greater than 5,000 residents to one provider, that area is considered to be in a shortage of dentists.<sup>11</sup> Three (3) Indiana counties do not have a dentist reporting a practice location within the county. An additional 51 of Indiana's 92 counties do not meet sufficient capacity for population to dentist provider ratios.



12.1%

of Indiana dental  
hygienists would prefer  
to increase their hours  
of work



38

of Indiana's 92 counties  
meet sufficient capacity for  
population to dentist  
provider ratios<sup>12</sup>



49.0%

of Indiana dentists do not  
accept Medicaid

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