



**COMBATING THE SILENT EPIDEMIC:  
THE SHORTAGE OF DENTISTS IN  
AMERICA**

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## Oral Health in America

In 2000 the Surgeon General David Satcher released the first ever report on oral health in which he described oral health in America as a “silent epidemic.” Dr. Satcher said, “Oral health is integral to general health. You cannot be healthy without oral health” and his report illuminated all the complexities of this epidemic. There are a number of reasons why this crisis exists including, an inadequate supply of dentists, maldistribution of the supply, patient socioeconomic and demographic factors, insufficient insurance plans, and optional coverage in Medicaid.

Traditionally the average American dental patient has a retrospective attitude about their own dental needs. They go to the dentist if they have a tooth ache, if their gums start to bleed, or something else occurs which drives them to a dental office. This mentality about dental care is probably why dental caries (tooth decay) is the single most common chronic childhood disease. It is why most adults show signs of periodontal or gingival disease and why 22% of adults reported some form of oral-facial pain in the past 6 months<sup>1</sup>. America is not preventive when it comes to oral health. Water fluoridation is a good example of that fact. Over one third of the US population has no access to community water fluoridation and according to the Surgeon General the effects of water fluoridation during the 70’s and 80’s reduced dental caries by up to 40%<sup>2</sup>.

### *Demand for Dentistry*

Tastes and preferences can and do shift, especially in different generations, and these shifts can be seen through changes in societal norms. Today, society seems to have taken a stance that appearance is especially important, a fact underscored by the general acceptance of cosmetic surgery<sup>3</sup>. Dentistry is not much different, as today we see more concern for a healthy smile amongst the younger generation. Another factor affecting dental demand is increases in consumer wealth. In general, society is better off than it was before in terms of wealth and purchasing power, and as incomes rise so does the demand for dentistry.

According to the Bureau of Labor Statistics demand for dental care is only going to rise as the baby-boom generation grows older. Baby-boomers will require more services than ever before because edentulism, living without teeth, is not as prevalent today as in previous generations. These supply and demand trends, according to the Bureau of Labor Statistics, show a potential

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<sup>1</sup> U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

<sup>2</sup> <sup>2</sup> U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

<sup>3</sup> According to the American Society of Plastic Surgeons, there was a 32% increase in cosmetic procedures in 2003. This was cited in an article by the National Geographic, [http://news.nationalgeographic.com/news/2004/04/0420\\_040420\\_TVplasticsurgery.html](http://news.nationalgeographic.com/news/2004/04/0420_040420_TVplasticsurgery.html).

disparity of future dental care, “*However, employment of dentists is not expected to grow as rapidly as the demand for dental services. As their practices expand, dentists are likely to hire more dental hygienists and dental assistants to handle routine services*”<sup>4</sup>.”

## Access to the Dentist

### *Where did all the dentists go?*

Standing in front of a group of dentists and trying to convince them there is a shortage of professionals in their field would be a daunting task. They might tell you that there are plenty of dentists and in some cases there are too many dentists. They may point to national indicators and tell you that a 1 to 1,507 dentist to population ratio gives dentists an adequate patient population to establish a practice. This is true, but the fact of the matter is this issue is not about national averages. Dentist to population ratios vary on the county and city level. We will cover more on this issue in The Maldistribution Effect section of this paper. The problem is not just the distribution of dentists it is also the number of dentists in specific specialties, or lack there of.

### *Dentist Supply Trends*

According to the Kaiser Family Foundation and the Bureau of Labor Statistics, there were about 198,967 dentists in the U.S. in 2006. This equates to about 66.3 dentists per 100,000 people. This number itself doesn’t suggest any problem with the total number of dentists and is most likely why most dentists will tell you we don’t have a shortage. But if you take a closer look at the division of labor according to specialty we get a different story.

**Table 1**

<b>Specialty</b>	<b>Number of Dentists (2006)</b>	<b>Dentists Per 100,000</b>
Dental Public Health	1,076	0.36
Endodontics	4,445	1.48
General Practice	163,563	54.52
<b>Oral and Maxillofacial</b>	<b>85</b>	<b>0.03</b>
Oral Pathology	476	0.16
Oral Surgeon	6,450	2.15
Orthodontics	9,475	3.16
Pedodontics	4,932	1.64
Periodontics	5,106	1.70
Prosthodontics	3,359	1.12
<i>Total</i>	<i>198,967</i>	<i>66.32</i>

Source: Kaiser Family Foundation<sup>5</sup>

<sup>4</sup> U.S. Department of Labor, Bureau of Labor Statistics, Occupational Description. <http://www.bls.gov/oco/ocos072.htm>.

<sup>5</sup> <http://statehealthfacts.org/cgi-bin/healthfacts.cgi?action=compare&category=Providers+%26+Service+Use&subcategory=Dentists&topic=Dentists+by+Specialty+Field&gsaview=1>

The figures in Table 1 suggest that there is a severe shortage of dentist in all nine specialty areas. Oral Health America, a non-profit advocacy organization promoting oral health education for all Americans, states that “an adequate supply of dentists is one factor in ensuring access to dental care...” One of the many publications that Oral Health America puts together is the National Grading Project, where they define an adequate ratio of dentists to population as 1 to 1,500. This number encompasses all dentists and does not specify the acceptable ratios for specialists, whose numbers are disconcerting; look specifically at the number of oral and maxillofacial surgeons in the US. There is approximately 1 oral and maxillofacial surgeon for every 3.5 million people. In California, there is 1 Pedodontist for every 25,000 children. These numbers are troubling and are only getting worse as the number of dental school graduates stagnates and our population increases and grows older.

The number of dental schools in America also helps shed light on the dental shortage problem. According to the data provided by U.S. Department of Health and Human Services, the U.S. has closed more dental schools than it has opened since the 1980’s. This obviously is correlated to the number of dental school graduates America produces each year which has also been on a decline. Some of the decrease in dental manpower comes from within the schools themselves and their inability to retain faculty. Currently there are over 350 vacant faculty positions at dental schools across the U.S. These factors and more are contributing to the shortage we face today.

### ***The Maldistribution Effect***

The figures in *Table 1* explain the problem on the national level but fail to examine it on the county level. The U.S. Department of Health and Human Services has attempted to identify this shortage by designating Health Professional Shortage Areas<sup>6</sup> (HPSAs) which are specific geographic areas facing a shortage. This has allowed us to identify the distribution of dentists on a city and county level to help identify needs in these “shortage areas”. HPSAs indicate that every single state, including the states with the highest dentist to population ratios, have dental workforce shortages. According to the Department of Health and Human Services there are approximately 1,480 areas that are designated as suffering from a dental shortage in the United States. This number has doubled since 1990. California, for example has a dentist to population ratio of 1 dentist for every 1,221 people (higher than the national average), by contrast in Los Angeles County the dentist to population ratio is 1 to 3,100. This implies a serious maldistribution of the workforce<sup>7</sup>. The problem is not only on the county level but also on the

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<sup>6</sup> The HPSAs designates shortage areas using specific criteria. <http://bhpr.hrsa.gov/shortage/hpsacritdental.htm>

<sup>7</sup> Data provided by estimates from the Bureau of Labor Statistics [www.bls.gov](http://www.bls.gov)

metropolitan level. The people who are hit the hardest by these shortages are the low-income and rural families in America. This is probably why poor children suffer twice as much dental caries as their more affluent peers<sup>8</sup>.

### ***Demographics***

The complexity of this issue is broader than just a lack of supply of dentists. By taking a closer look into the demographics of the dental workforce the problem compounds. In the September 1996 *Journal of the American Dental Association* cover story, the American Dental Association mapped out the demographics of dentistry. It found that the median age of male dentists in 1995 was about 48 years old and about 62% of dentists fell in the age cohort 30-49 years old. Their prediction was by 2020 we would see that percentage fall to 47%. It also determined that about 88% of dentists were male and about 85% of all dentists were white. Females at that time represented only 12% of the active dentist population and were 36% of total graduates. Today the landscape is much different. Females comprise about 21% of the active dentist population and 45% of total graduates. The median age of a male dentist is now closer to 52 years old while the median age of his female counterpart is about 39 years old<sup>9</sup>. Female dentists tend to be younger than their male colleagues and because their enrolment in dental schools is increasing, we are seeing a shift in demographics within the dental community. This implies that there are potential exoduses of dentists in the next 10 to 15 years as older white male dentists retire.

### ***Insurance and Public Policy***

Over 108 million children and adults lack dental insurance, which is 2.5 times the number who lack medical insurance. Children from families without dental insurance are 3 times more likely to have dental needs than children with either public or private insurance<sup>10</sup>. These barriers to dental care access only magnify the shortage problem. If our citizens were accessing dental care as they should we would see about a 30% increase in the demand for dentists in the United States<sup>11</sup>.

Medicare does not provide dental insurance. Medicare enrollees (65 and older) are typically more vulnerable to dental disease. 23% of people between the ages of 65-74 have severe periodontal disease. Neglecting dental care in this age cohort can lead to other serious medical

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<sup>8</sup> U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

<sup>9</sup> Data provided by estimates from the Bureau of Labor Statistics [www.bls.gov](http://www.bls.gov) and the Current Population Survey

<sup>10</sup> U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

<sup>11</sup> Data taken from [www.statehealthfacts.org](http://www.statehealthfacts.org). This conclusion was drawn from the percentage of people who accessed dental services in the past year. See Appendix A

issues which Medicare will inevitably pay for. This is a strain on the Medicare system which is preventable.

States have taken positive action with regard to new Medicaid policy. Policy makers have increased provider payments in 45 of 50 states. 13 states have expanded their benefits and 25 have expanded their eligibility standards. The challenge is to persuade the majority of dentists to accept Medicaid. States have the option of covering additional services with federal matching funds, but because of the high cost of long term care a majority of these monies go towards elderly and disabled beneficiaries<sup>12</sup>. This limits incentives for dentists to accept Medicaid who are concerned about getting paid for the services they provide.

### ***The New Dentist: Evolving strategies for the dental practitioner.***

Dentists are starting to recognize the shortage problem and see the demand for a more specialized dentist. Staff Care has noticed a trend of dentists transitioning into a more specialized field to service the demand in their respective communities. So we are slowly seeing a shift of dentists opening boutique dental clinics or spas as they are sometimes called and hiring associates to keep their general practice running.

Another trend we are starting to see is practice ownership. This is where a dentist will build their practice and patient population enough to hire an associate to take care of them and then move on to start another practice. After doing that a few times the dentist will have enough practices to not have to work. This will only increase the demand for dentists as practice owners exit from the job market and hire more dentists.

### ***The Locum Tenens Market***

The locum tenens provider is not a new concept and Staff Care, the nations leading locum tenens staffing firm, has been placing temporary providers since 1991. Offering unmatched service to clients and providers is why Staff Care is the largest locum tenens provider in the world.

The locum tenens market for dentistry is strong for a variety of reasons such as, increasing demand for dentists, dental supply maldistributions, lack of dental insurance and public policy amongst others. The majority of our clients fall into four categories:

1. Community Health Clinics
2. Small/Private Practitioners
3. Group Practices
4. Correctional Facilities

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<sup>12</sup> Kaiser Family Foundation, Kaiser Commission on Medicaid Facts. [www.kff.org/kcmu](http://www.kff.org/kcmu)

Community Health Clinics depend on Staff Care because of the maldistribution of dentists working in low-income or rural areas (in an attempt to provide a service that would otherwise be neglected). If a Community Health Clinic does not provide dentistry services they risk losing their funding for that service permanently, which is where Staff Care steps in by providing the clinic with a continuity of care.

Small and private practices use Staff Care to help cover for vacations, medical leave or as a recruiting technique to “screen” dentists for permanent placement. Locums in this case help to provide a continuity of care to the patient and prevent outward migration from the practice.

Larger group practices utilize Staff Care for similar reasons a small practice would. They also use locums to provide continuous care to their patients which helps to keep a constant cash flow into the practice that could potentially be lost. They may be expanding their current services to address the demand in their community for a specific specialty.

Correctional Facilities use locum tenens dentists for a variety of reasons. Many have trouble competing directly with private practices so Staff Care is a viable alternative to permanent placement.

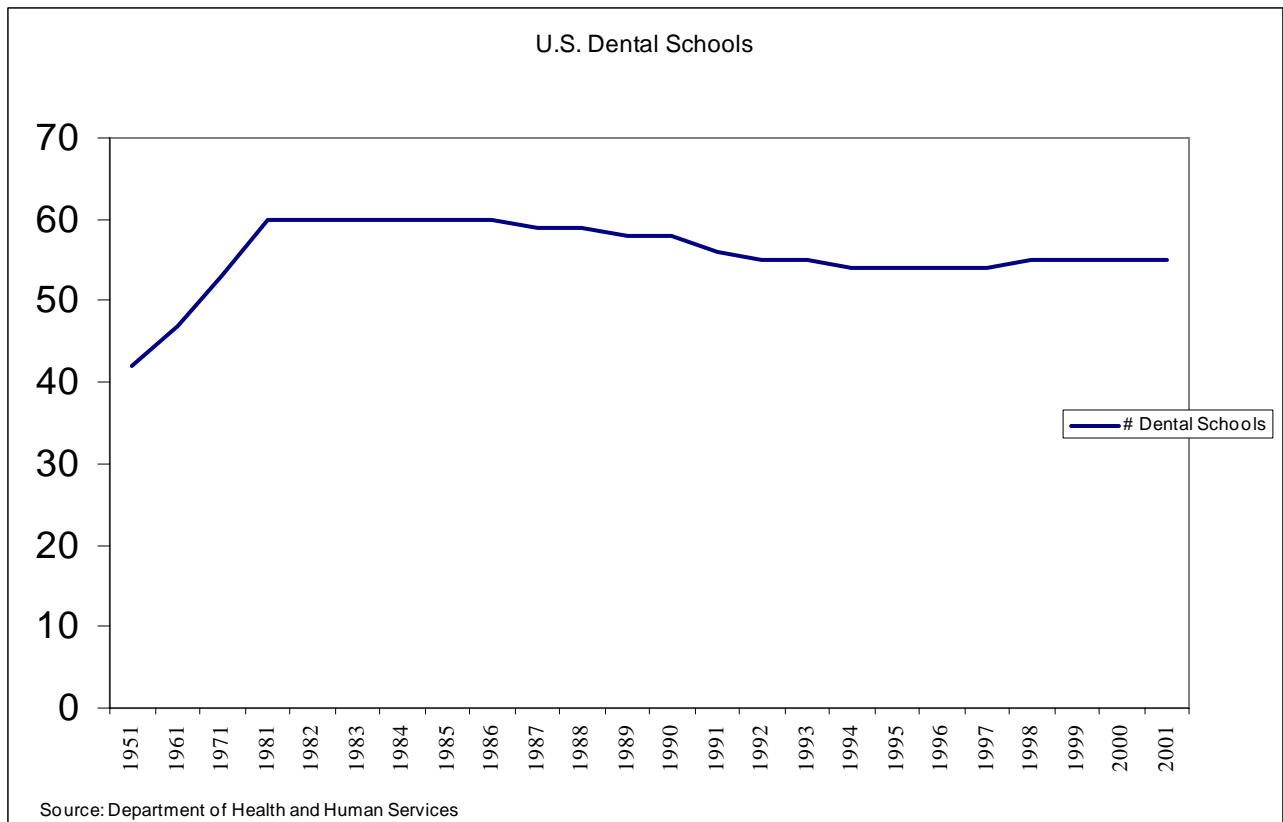
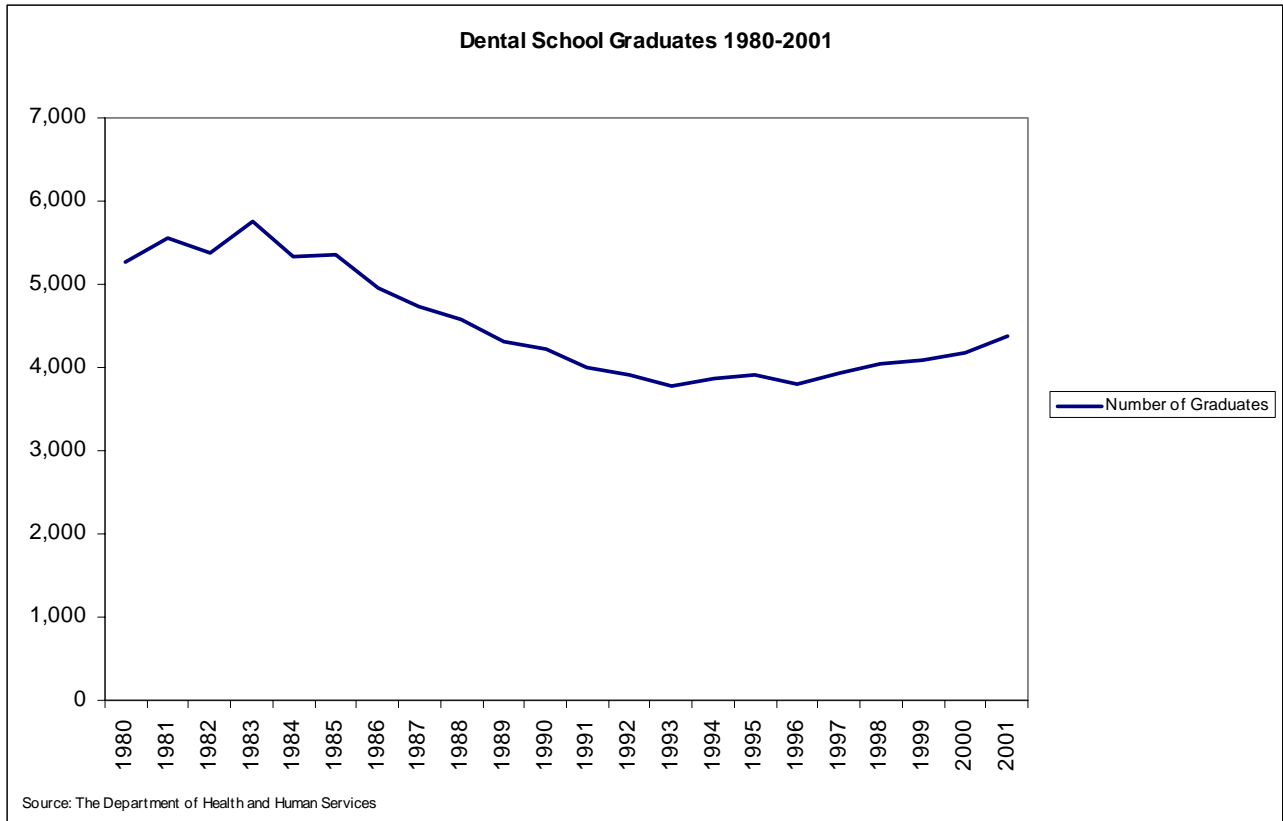
Staff Care provides the dentist with a competitive salary minus all the paperwork. Staff Care takes care of arranging all travel including housing, airfare, rental car, and provides the dentist with malpractice insurance. Locum dentists enjoy flexible schedules and experience none of the hassles of owning a business. Staff Care provides clients and dentists in-depth knowledge of the market place and access to jobs and dentists in all 50 states. The goal is to consult and provide clients with the knowledge to make good decisions.

### ***In Closing***

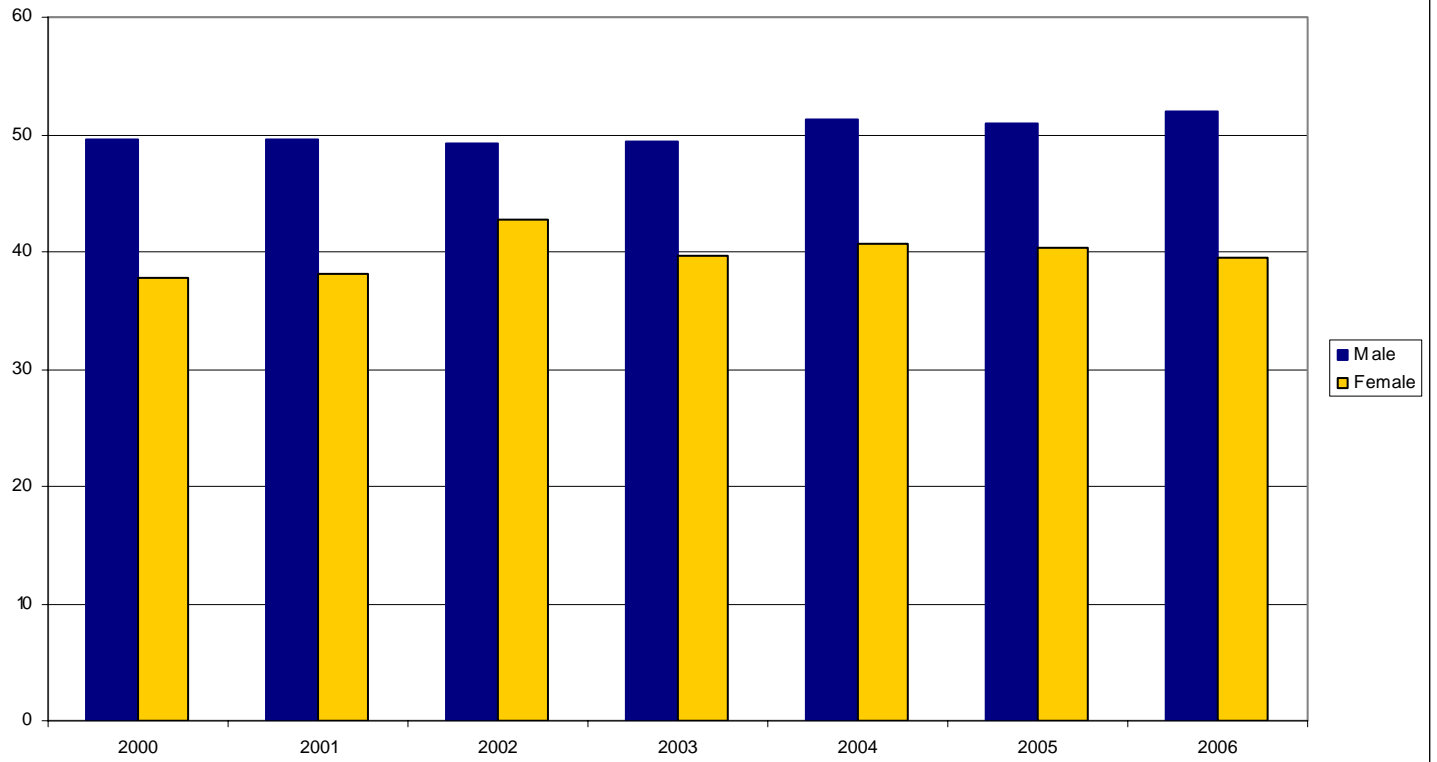
America is facing a dental shortage crisis. As the baby-boomer generation gets older, access to dental care will be paramount. Trends in dental school graduation rates and demographics suggest that the number of dental graduates will be insufficient to replace a departing dentist. Geographic supply trends show a major maldistribution of dentists limiting access to the poor and/or rural American. Insurance is another limiting factor in oral health and currently over a third of Americans don't have dental insurance. Special populations such as the indigent and geriatric are denied oral healthcare which can be a precursor to other major health issues.

The average American is not accessing dental care either due to individual preference, local dentist supply, geographic or socioeconomic constraints. This is a trend that the Surgeon General calls a “silent epidemic.” Access to dental professionals and preventive oral health will help relieve stresses on the Medicare system and increase general health and well-being of our country.

# APPENDIX



Dentists Median Age by Gender 2000-2006



Source: The Bureau of Labor Statistics

### % Population who failed to visit the dentist in 2004

