The Evolving Pipeline of Hispanic Dentists in the US: Practice and Policy Implications

**Description and Policy Relevance:** In the field of dentistry, Blacks, Hispanics, and American Indian/Alaska Natives have long been underrepresented.\(^1\) Improving the diversity of the dentist workforce is considered 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 to the rapidly growing and historically underserved H/L population. Enrollment of H/L students in US dental schools has increased marginally from 5.4% in 2000 to 8.5% in 2014,\(^2\) but remains far below 16.2%, the current H/L population in the U.S., meaning the gap in parity will continue to grow. Soon-to-be published national sample survey data shows that half of the H/L dentists in the U.S. are foreign-born, and about 1 in 5 were trained outside the US.\(^3\) Changing licensure laws have limited the historic pathways for foreign-trained providers. Today, only 17 states allow qualification via standardized testing into licensure, and International Dentist Programs (IDP), also known as Advanced Standing Programs, have grown significantly. In an IDP program, a foreign-trained dentist repeats the second 2 years of dental school at significant out-of-pocket cost and then becomes a U.S. graduate of that school. Preliminary analysis shows the educational debt burden of an IDP foreign graduate can be as much as 10 times greater than that of foreign graduates without an IDP degree. Using a nationally representative sample survey of H/L dentists and a literature and state policy review, this study will elucidate trends and challenges in H/L dentists' pathways to practice, examine the changing patterns of care delivery, and identify access and care delivery goals for the H/L population.

**Hypotheses, Design, and Analysis:** We hypothesize that H/L dentists’ practice patterns, and in particular their propensity to serve Hispanic and low income communities, may be changing over time in relation to the changing policy driving pathways to practice, debt burden, and demographic shifts. We hypothesize that younger H/L graduates may be more likely to be US-trained in either a standard or advanced standing Commission on Dental Accreditation (CODA-accredited) program compared to their older counterparts. Further, we hypothesize that this may impact the next generation's capacity to work in lower income communities and to provide care for a higher proportion of racially and/or ethnically concordant minorities.

The specific aims of this project are:

- To define key outcome indicators of H/L dentists' practice patterns, including geographic location, practice type, specialty, patient populations and payer mix, and to develop a summary (or index) variable of service to underserved populations.

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To assess variance in practice patterns by 3 pathways to practice (1) U.S.-Trained vs (2) Foreign-Traine ed vs (3) Foreign-Trained and IDP, and then further by completion of residency training.

- To model predictors of service to underserved populations in relation to demographics, training pathway, debt and other related variables.
- To describe changing state licensure laws and immigration laws governing foreign-trained H/L dental graduates' ability to establish practices in the US.
- To qualitatively assess the potential future impact of these changing pathways on H/L provider supply and distribution through discussions with policy makers, educators and graduates of these programs.

The data analysis will include descriptive and multivariate statistics including, where relevant, a comparison of provider profiles to published data by the American Dental Association (ADA) and American Dental Education Association (ADEA). A comprehensive literature review will be conducted to establish current knowledge, and a state-by-state policy analysis will be conducted to determine current policy. Every IDP program will be contacted to collect enrollment and tuition information. Finally, key informant interviews will be conducted to better understand trends and impacts on the workforce and access over time.

**Data Sources:** The H/L dentist data will come from a nationally representative sample survey of underrepresented minority (URM) dentists in the US supplied by the co-investigator, Dr. Elizabeth Mertz, at the Healthforce Center at UCSF. This data set has already been cleaned, weighted and merged with US Census data, provider counts from the Area Health Resource File, the Behavioral Risk Factor Surveillance System (BRFSS) oral health status data, and County Health Rankings data on economic and social inequality. Policy data will come from a state-by-state analysis of state practice acts and educational data on tuition, and enrollment trends will come directly from each IDP program (ADEA does not collect this data separately from traditional programs). Expert interviews with key stakeholders in dental education and state policy making will provide data on the drivers of policy change and trends.

**Human Subjects Research:** Human subjects are involved in the URM survey research, and protection will be necessary for ongoing data analysis. IRB approval has already been obtained: UCSF IRB Number 11-07905. Data have already been cleaned and de-identified and, therefore, should be classified as exempt for the purposes of the proposed project. A separate IRB approval will be obtained to collect the policy and qualitative expert interview data.

**Deliverables:** Researchers will provide HRSA with a technical report and a research brief describing study findings. OHWRC staff will work with the Project Officer to determine whether the findings from this project merit the preparation of a peer reviewed journal article.

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