Are Minority Dentists More Likely to Care for Medicaid Patients?

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INTRODUCTION

- Racial/ethnic minorities and Medicaid patients are disproportionately affected by dental disease.
- Medicaid is the largest program in the federal safety net.
- Access to dental care for Medicaid patients is a significant public health problem.

INTRODUCTION

- Workforce issues are a significant barrier to accessing quality care.
- There are policies and innovative programs to address oral health disparities.
- Little attention has been given to racial/ethnic workforce disparities.

OBJECTIVES

 To examine factors associated with acceptance of new Medicaid patients by dentists.

 To determine specifically whether minority dentists are more likely to accept new Medicaid patients.

METHODS

- Analyzed data collected in 2001 and 2003 Wisconsin Dentist Workforce Survey.
- Survey completed as part of the dentist license renewal process.

METHODS

- Data collected included: dentists' education information, patient related data, practice information, and race/ethnicity information.
- Race/ethnicity was dichotomized as White vs. Minority based on selfidentification.

STATISTICAL ANALYSES

- Bivariate analysis used to identify significant independent variables.
- Multivariable logistic regression analyses performed.
- Backward elimination selection procedure employed in analyses.
- 0.05 statistical significance level used.

RESULTS

- 94% of Wisconsin licensed dentists responded in 2001; 55% in 2003.
- 2,078 dentists practicing in Wisconsin reported their race/ethnicity in 2001; 1,684 reported in 2003.
- Minority dentists constituted 5% of the dental workforce in Wisconsin.

Study Population Characteristics

	% of Dentists Who Are		
	Whites	Minorities	
Characteristic	(N=1,980)	(N=98)	P
Accepts New Patients Yes No Unknown	93 6 1	94 2 4	0.006
Accepts New Medicaid Patients Yes No Unknown	19 78 3	35 60 5	<0.001
Serves Medicaid Patients Yes No Unknown	41 57 2	52 43 5	0.009
Year degree granted Prior to 1980 1980-1999	36 28	22 43	<0.001
2000 or later Unknown	36 28 1 35	22 43 4 31	

Study Population Characteristics

	% of Dentists Who Are		
	Whites	Minorities	
Characteristic	(N=1,980)	(N=98)	P
Location of Degree Granting Inst. USA Abroad Unknown	99.5 0.2 0.3	90 9 1	<0.001
Practice Size Small (1-3 dentists) Large (> 3 dentists) Unknown	72 14 14	58 32 10	<0.001
Practice Type Non-government Government Unknown	82 1 17	83 4 13	0.032
Provide Charity Work Yes	17	26	<0.001
No Unknown	47 47 6	26 64 10	

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Bivariate Analysis: Factors Associated with Dentist Accepting New Medicaid Patients

	Proportion of Dentists Accepting New Medicaid		
Characteristic	%	Crude Odds Ratio (95% CI)	Р
Race/Ethnicity White Minorities	19 35	Referent 2.35 (1,52, 3.64)	<0.001
Year degree granted Prior to 1980 1980-1999 2000 or later Unknown	22 21 16 17	Referent 0.94 (0.72, 1.23) 0.65 (0.19, 2.26) 0.76 (0.58, 0.98)	0.223
Location of degree granting Inst USA Abroad Unknown	20 58 14	Referent 9.20 (2.37, 35.71) 0.66 (0.08, 5.47)	0.001

Bivariate Analysis: Factors Associated with Dentist Accepting New Medicaid Patients

	Proportion of Dentists Accepting New Medicaid		
Characteristic	%	Crude Odds Ratio (95% CI)	Р
Practice Size Small Large Unknown	16 31 26	Referent 2.41 (1.82, 3.20) 1.93 (1.43, 2.61)	<0.001
Practice Type Non-government Government Unknown	19 44 24	Referent 5.11 (2.19,11.93) 1.46 (1.11, 1.93)	<0.001
Charity work No Yes Unknown	19 19 27	Referent 1.02 (0.82, 1.28) 2.23 (1.41, 3.50)	<0.001

Multivariable Analysis: Factors Associated with Accepting New Medicaid Patients

Independent Variable	Odds Ratio (95% CI) of Accepting New Medicaid Patients	Р
Race/ethnicity (referent: white) Minority (non-white)	2.06 (1.30, 3.25)	0.002
Practice Type (referent: non-government) Government Unknown	5.00 (2.07,12.08) 1.06 (0.70, 1.61)	0.002
Practice size (referent: small) Large (>3 dentists) Unknown	2.25 (1.69, 3.00) 1.93 (1.25, 2.99)	<0.001
Charity work (referent: No) Yes Unknown	1.11 (0.88, 1.40) 2.31 (1.45, 3.68)	0.002

CONCLUSIONS

- Racial/ethnic minority dentists are significantly more likely than white dentists to accept new Medicaid patients.
- In Wisconsin, minorities comprise 12% of the population but only 5% of dentists.

LIMITATIONS

- Responding to the question on dentists' race/ethnicity was optional.
- Data is from 2001.

 This study only reflects dental workforce issues in the state of Wisconsin.

IMPLICATIONS

 Increasing dental workforce diversity to match the diversity of the general US population may significantly increase access to dental care for poor and racial/ethnic minority Americans.

POSSIBLE SOLUTIONS

- Collaborative recruitment programs based on groups of regional schools.
- Workshops that focus on the effective operation of admissions committees.
- Summer enrichment programs for minority college students interested in dentistry.