

# Pediatric Dental Workforce in 2016 and Beyond



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# Why Did We Do The Study?

## *Quick review of last webinar*

- \* The number of pediatric dentists has grown, yet disparities continue
- \* New national evidence suggests that more treatment is being provided to young children, and those from underrepresented groups and we see those kids
- \* Previous studies show that pediatric dentists fill a niche in the oral care system for special needs
- \* Like dentists in general, pediatric dentists tend to stay in populated areas



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# What's Next for Us?

## *What Are the Policy and Other Implications?*

- \* Are there too many pediatric dentists?
- \* Are we in the right places to help children?
- \* What do the results mean for access to care?
- \* How about some policy recommendations?

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***Some answers to the above are what the rest of this webinar will be about***



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# How Many Are Too Many...

## .....Or Too Few?

Measure	Year	Metric
Millennial Growth of Pediatric Dentists	<b>2001</b>	<b>4,213</b>
	<b>2018</b>	<b>8,033</b>
Δ Ratio of Pediatric Dentists to Kids	<b>2016</b>	<b>9/ 100,000</b>
	<b>2030</b>	<b>14/ 100,000</b>
Growth Of Pediatric Dentists	<b>2018</b>	<b>6,533</b>
	<b>2030</b>	<b>10,560 (62%)</b>

# Comparative Perspectives

- \* 91,915 pediatricians in US with 118.5/100K US children (2017)
- \* From 2002-2017 pediatrician workforce increased 18.3%
- \* 199,486 DDSs with 61/100K US citizens
- \* DDSs/100K in 2002 was 57.6 and estimated will be 62.9 in '32
- \* What does it mean?



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# The Great Unknown....

## *...and Known*

- \* Caries rate in the future – will it improve?
- \* True population growth and where – likely to grow in poorer segments of society
- \* Economy – will we see oral health become a luxury rather than a value or vice versa
- \* Practice size and ownership – will business models drive workforce?
- \* Payment mechanisms – will we see pay for performance replace fee-for-service?
- \* Will others do pediatric dentistry?



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# The Great Unknown....

## *...and Known*

- \* Healthcare reform – will oral health be a mandate?
- \* Gender mix of specialty – does it make a difference?
- \* General dentist engagement – will highly indebted GPs refer more kids or fewer?
- \* Will demand increase?
- \* Will the look of pediatric dental practice change?



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# Are We Where We Should Be?

AAPD Region	Full Time Equivalents	FTEs per 100,000 Children
Northeast	1,378	12
Midwest	1,037	7
South	2,376	8
West	1,742	12
<b>Nationwide</b>	<b>6,533</b>	<b>9</b>



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# Where Do We Need You?

**Table 37: Location of Primary Work Setting of Pediatric Dentists by Size of County and Region in the US, 2016**

County Population Group	Northeast Region	Midwest Region	South Region	West Region	Nationwide
88,000 or less	2.2%	12.0%	10.1%	6.0%	7.7%
88,001 to 275,000	9.4%	26.4%	25.0%	12.3%	18.7%
275,001 to 675,000	26.8%	24.4%	21.0%	18.0%	22.1%
675,001 to 1,500,000	42.2%	25.5%	27.8%	20.6%	28.6%
1,500,001 or more	19.3%	11.8%	16.1%	43.1%	23.0%
Total N	454	383	758	557	2,152



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# Women in Pediatric Dentistry

Table 42: Percentage of Pediatric Dentists by Gender and Size of County in Which Primary Work Setting is Located, 2016

Gender	88,000 or less	88,001 to 275,000	275,001 to 675,000	675,001 to 1,500,000	1,500,001 or more
Male	58.2%	53.9%	49.8%	42.9%	44.6%
Female	41.8%	46.2%	50.2%	57.2%	55.4%
Total N	165	402	475	614	497

- **Women increasing percentage and most**
- **Women work the same hours as men**
- **Women more likely to see special patients**



# Our Growth & Access to Care

- \* Over 70% of us see Medicaid children, the most in dentistry
- \* 100% of us see special patients
- \* We and oral surgeons are most likely to be in hospitals and interdisciplinary teams
- \* We are most likely to do case management
- \* We are most likely to treat very young children
- \* We are most likely to see infants
- \* We are the only ones managing behaviors



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# Policy Dreaming....

- \* Reorient Title VII to get pediatric dentists into lower population areas
- \* In health care reform, build in pay-for-performance to acknowledge early prevention and unique treatment abilities
- \* Work for a meaningful mandate in healthcare reform
- \* Add differentials for case management, behavior guidance and prevention



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# Going Forward....

## *Building on the Workforce Study*

- \* Numbers tell only a part of the story, but are a solid beginning in effecting change
- \* More research is needed into successful integration of pediatric dentistry in small and underserved communities
- \* Workforce/workplace models need to be studied: groups, embedded pediatric dentists, hospital-based care
- \* Pediatric dentistry remains a solid career choice and sorely needed specialty



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# Look for More from AAPD

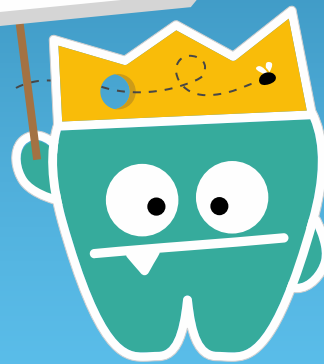
- \* **Our work is just beginning and we need feedback on this study's findings**
- \* **Our plan is to disseminate findings to and solicit responses from a broad community interested in children's oral health**
- \* **We encourage comments and suggestions on this study and directions for the future**



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**THANK  
YOU**



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