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Report on the 2011- 2012 Florida Workforce Survey of Dentists

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April 2014

**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
Surgeon General and Secretary of Health

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## Florida Department of Health

### Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

### Vision:

To be the Healthiest State in the Nation

### Values:

#### INNOVATION

We search for creative solutions and manage resources wisely.

#### COLLABORATION

We use teamwork to achieve common goals and solve problems.

#### ACCOUNTABILITY

We perform with integrity and respect.

#### RESPONSIVENESS

We achieve our mission by serving our customers and engaging our partners.

#### EXCELLENCE

We promote quality outcomes through learning and continuous performance improvement

Division of Community Health Promotion

Bureau of Family Health Services

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## Acknowledgements

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## Executive Summary

In 2009, the Florida Department of Health developed a workforce survey for dentists. The survey was administered on a voluntary basis in conjunction with biennial renewal of dental licenses in February 2010. The second administration of this survey coincided with the renewal deadline of February 28, 2012. All responses are self-reported. Eighty-seven percent of dentists with an active Florida license responded to the 2011-2012 survey. The survey was designed to obtain an understanding of the changing landscape of the dental practitioner workforce. The survey is not designed to address population growth and maintenance of the current level of service and does not address portions of the population not currently served. The main purpose is to identify the supply of workforce professionals relative to the overall Florida population and examine factors related to dental practice location and career plans; assist those in the oral health career industry and other decision makers to better prepare strategic efforts for enhancing the dental health care of all people in Florida.

### Summary of Findings

Key Findings from this report include the following:

- Of dentists with an active license, 99.2% possessed a “CLEAR” status (Clear indicates that the practitioner is clear to practice her/his profession in the state of Florida.). The vast majority of Florida dentists with active licenses are 40 – 69 years of age.
- Nearly three-quarters of Florida’s actively practicing dentists are male.
- Hispanics constitute 23.0% of the state’s population (Data Source: Department of Health, Office of Health Statistics and Assessment, 2012) and about 19.0% of active dentists. African-Americans constitute 17.0% of the state’s population (Department of Health, Office of Health Statistics and Assessment, 2012) and 3.0% of Florida’s dentists.
- Evidence of a change in gender composition within the profession is found among the younger dentists. For dentists 29 years of age or younger, females slightly outnumber males.
- Of 8,740 active dentists in Florida who responded to the survey, less than 14% (approximately 1,200) are enrolled as Medicaid providers; several hundred of these practitioners are not treating Medicaid patients.

The age distribution of the workforce potentially has important ramifications. Among survey respondents who practice in Florida, the mean age was 42 years and 51 years for females and males, respectively. Nearly half of respondents (47.6%) were 50 years or older. Based on survey responses, plans to leave the profession are infrequent until age 50 – 59, after which they rise rapidly. Still, less than half of the respondents aged 60 – 69 years, and less than half of respondents 70 – 79 years, plan retirement or reduction in hours worked within the next five years. Only in the age group 80 – 89 years does the percentage of respondents with retirement plans increase dramatically (50.0%). An estimated 8.3% of Florida’s actively licensed dentists practicing in-state plan to retire within the next five years. In particular, certain northern Florida counties with small, largely rural populations may be much more susceptible to an adverse impact from the retirement of dentists than are counties in other parts of the state.

An overwhelming majority of respondents (92.0%) who currently practice in Florida practice in a private office setting. Most frequently, the office is a solo practice (59.7%), but nearly a third of respondents (32.3%) belong to a group practice. Respondents who practice in non-office settings (8.0%) generally practice in government-operated or government-supported settings. These settings are intended either for select populations—state correctional inmates, veterans or active military personnel—or for lower income persons—county health departments, academic institutions, community health centers, federally qualified health centers and other state government clinical settings. Nearly 91% of respondents who work in a solo practice setting are practice owners.

Just over three-quarters of survey respondents (77.8%) reported their practice type as general dentistry. Dental public health (Administrative Services) was the lowest practice type sub-category with 62 respondents. Dental public health (Clinical Services) was significantly higher with 696 respondents. With regard to the geographic distribution of specialists within Florida, the general pattern observed revealed a noticeable absence of providers in many Panhandle counties, as well as adjacent counties, who provide specialized services. In general, dental specialists practice in the more highly populated areas of the state.

The uneven geographic distribution of dentists in Florida is not confined to specialists. Generally, dentists are disproportionately concentrated in the more populous areas of the state, particularly the coastal counties of southern Florida. With regard to residents-to-dentist ratios, these counties tend to have the best availability of care, and the interior counties of south Florida, along with many central Panhandle counties, the least availability.

With regard to practice time, nearly three-fifths of the survey respondents work 31 – 40 hours per week, while an additional 10.7 % exceed 40 hours weekly, and still another 2.1% report working in excess of 50 hours per week. For purposes of analysis, full-time work is defined as 31 or more hours per week. Slightly less than a third of respondents (29.9%) practice dentistry part-time, with the large majority of these working 21 – 30 hours weekly.

Patterns of part-time practice vary by gender and age. Across most age groups, male respondents practicing in Florida are more likely to work 31 or more hours per week than are female respondents. For respondents aged 60 years or older, full-time practice declines to less than 60% for each respective age group.

Among survey respondents with an active Florida license, 21.3% reported that they currently do not practice in the state. Thus, 8,740 of the 11,111 reporting dentists holding an active Florida license were in-state practitioners. Among the non-practicing Florida dentists, nearly 82.1% reported plans for future practice in the state.

A number of barriers may block access to oral healthcare, including lack of knowledge of need or motivation, phobias, poverty, language or cultural differences, disability and inadequate availability of a provider. Among the barriers, poverty may be the most tangible and pervasive. Public assistance in the form of Medicaid and volunteer service are two means for surmounting this barrier. Among the 8,740 active dentists in Florida who responded to the survey, approximately 1,200 are enrolled as Medicaid providers. However, several hundred of these practitioners are not treating Medicaid patients. Nearly a third of Medicaid enrolled providers report that they have seen 50 or fewer Medicaid patients in the past 12 months. During fiscal year 2011-2012, a total of 2.2 million children were eligible for

Medicaid services in Florida, but less than 26% received one or more dental services paid for by the Medicaid program (CMS-416, Agency for Health Care Administration, 2012). Private dentists provided the large majority of Medicaid services because of the much greater number of private providers relative to other providers. The average number of Medicaid patients treated per dentist was considerably higher in publicly sponsored practices, particularly county (local) health departments.

Extending Medicaid dental services to a broader segment of eligible persons rests on increasing the number of dentists in private practice who accept Medicaid and encouraging new and existing dentists to select careers in public health dentistry. Among survey respondents, the single most cited reason for not accepting Medicaid is low compensation (70.5%). Of note, black dentists (46.7%), based on survey responses, have higher rates of active Medicaid participation than do white or Hispanic dentists. Furthermore, the majority of counties in Florida have a low percentage of Medicaid participation by dentists (Figure 44). As an alternative or supplement to Medicaid for surmounting access to care barriers based on poverty, increasing the level of volunteer services may help many individuals who might otherwise not receive oral healthcare. The number of participating dentists and the scope of their activity however suggest that volunteer services reach only a small percentage of Floridians in need of care.

## INTRODUCTION

This report from the Florida Department of Health presents data from the 2011 - 2012 workforce survey of dentists. The survey was designed to obtain information concerning Florida's dental workforce that would better inform healthcare policymakers and shape oral healthcare policy development. Florida statute and administrative rules require renewal of dental licenses every two years, with the most recent period ending on February 28, 2012.

The Florida Department of Health, Division of Community Health Promotion, in collaboration with the Division of Medical Quality Assurance, prepared and administered separate workforce surveys of dentists and dental hygienists to coincide with the license renewal process (Appendix A). The survey consisted of questions soliciting responses regarding demographics, education and training, practice characteristics and status, specialties, retention and access to oral healthcare in the state. Licensure data maintained by the Florida Department of Health, Division of Medical Quality Assurance, provided the source material for the analysis. A summary of the survey methodology used follows in the next section of this report. A more detailed statement of survey methods is included in Appendix B.

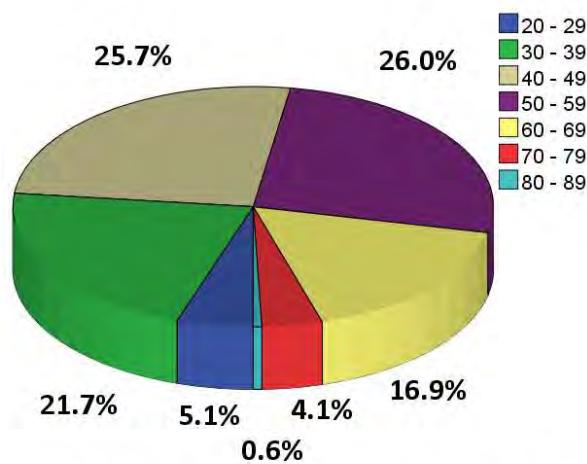
The response rates overall were acceptable: for all four surveys at least 85.9% of practitioners renewing their professional dental licenses completed the questionnaire. It should be noted however that the number of responses for individual questions varied since respondents may not have completed all of the questions. Any changes in dental practice status occurring between survey completion and the report reference date would not be reflected in the data. Therefore, counts or estimates of dentists actively practicing or not practicing in Florida are approximate with respect to the report's reference date.

## FINDINGS

### Licensed Dentists Practicing in Florida – Demographics

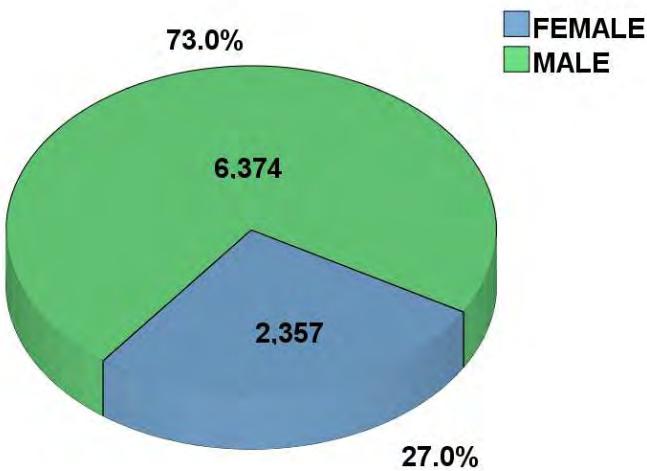
Of the 8,740 dentists with active licenses practicing in Florida who responded to the 2011 - 2012 Florida Workforce Survey, the vast majority are between the ages of 40 and 69 years (Figure 1), male (Figure 2), and white (Figure 5). Seventy-three percent of respondents are male and 27% female (Figure 2). Gender distribution varies by age, with males constituting a larger proportion of dentists than do females across most age groups (Figure 3).

**Figure 1. Age Distribution of Dentists Practicing in Florida**

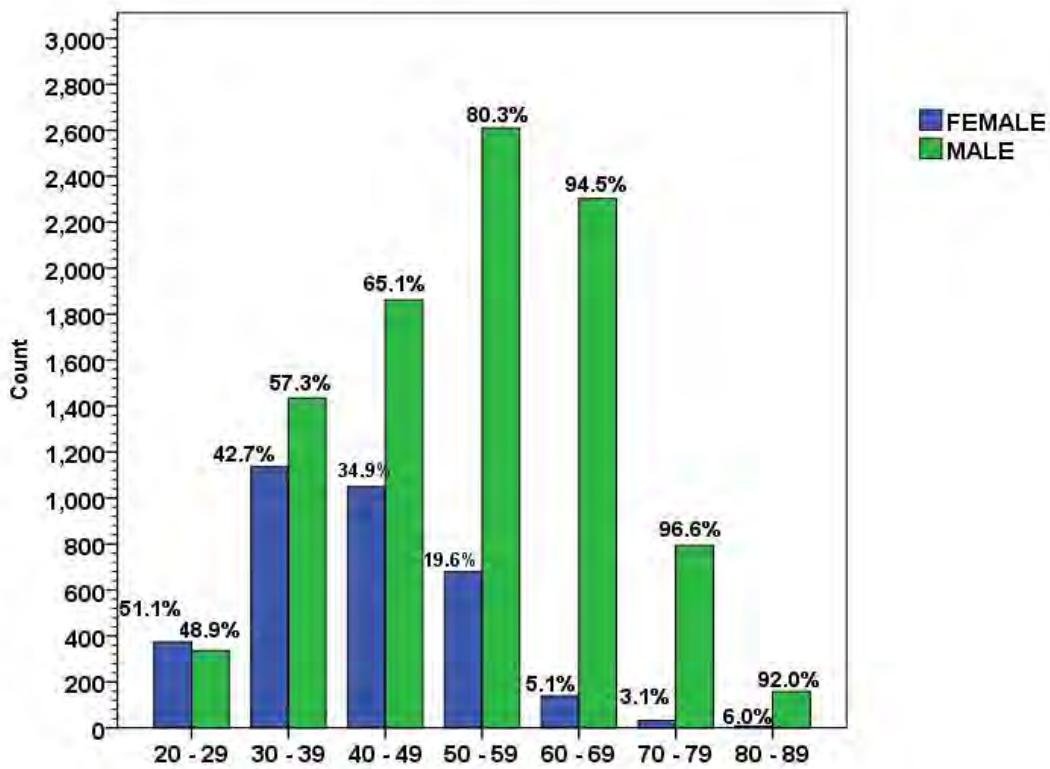


\*Percentages follow the order of the legend in a clockwise direction.

**Figure 2. Gender Distribution of Dentists Practicing in Florida**

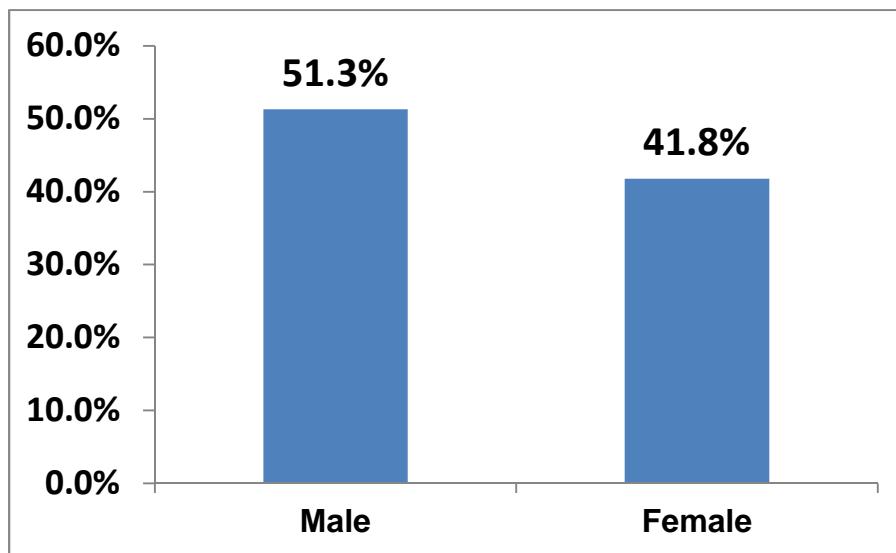


**Figure 3. Gender by Age Group for Dentists Practicing in Florida**



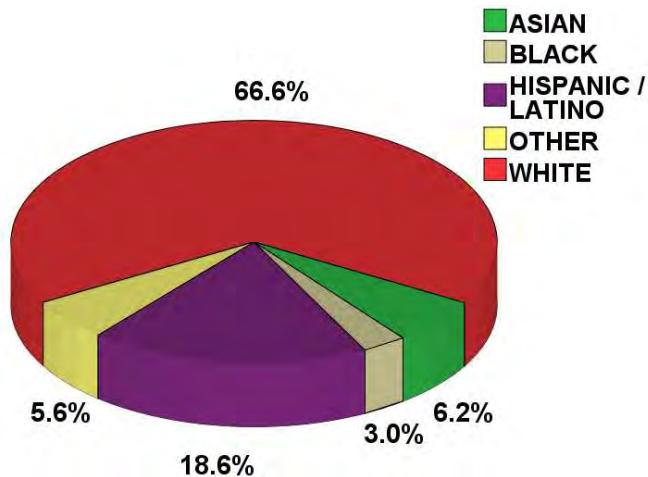
As shown in Figure 4, the average age for respondents with active licenses practicing in Florida is 51.3 years for males and 41.8 years for females.

**Figure 4. Average Age by Gender for Dentists Practicing in Florida**



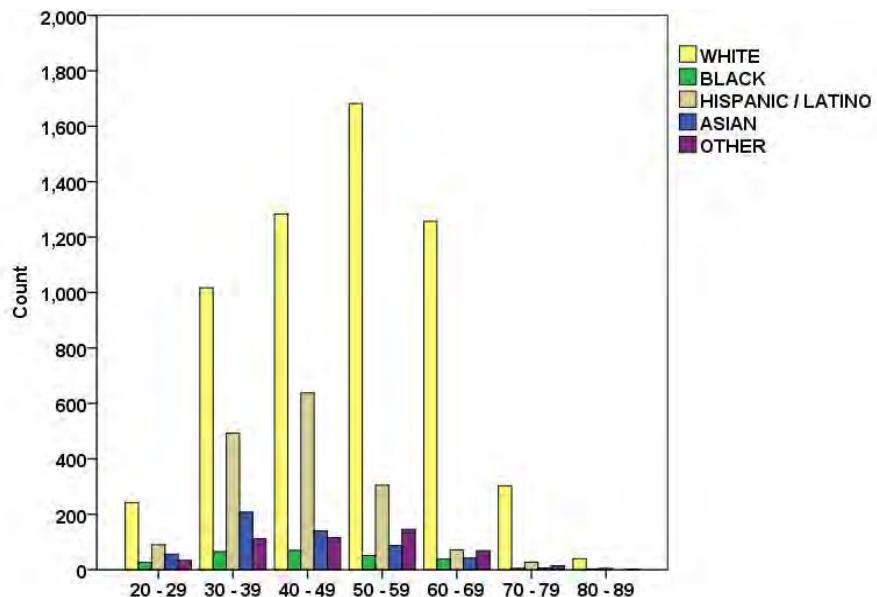
Whites, Hispanics/Latinos and Asians constitute 91.4% of Florida's practicing dentists (Figure 5). The percentage of black dentists (3.0%) is disproportionately low compared to the percentage of black adult Floridians in 2012 (19.1%). Hispanic/Latino representation among dentists (18.6%) corresponds more closely in 2012 to the Hispanic/Latino distribution in the adult population (23.4 %).

**Figure 5. Distribution of Race/Ethnicity of Dentists Practicing in Florida**



The race/ethnicity frequencies of respondents are displayed by age group in Figure 6. There is a peak in the number of white dentists in the 50 to 59 year age group. For Hispanics/Latinos and blacks, the peak number of respondents occurs in the 40 to 49 year age group. For Asians this peak occurs in the 30 to 39 year age group.

**Figure 6. Race/Ethnicity of Dentists Practicing in Florida by Age Group**



## Licensed Dentists Practicing in Florida – Professional Education

A large majority of respondents who practice in Florida trained at out-of-state dental schools. Respondents who graduated from the University of Florida College of Dentistry had the highest overall rate of in-state practice, though not necessarily the highest rate in every age and race/ethnicity group.

Figure 7 displays the percentage of respondents who practice in Florida by the schools or school locations from which they received a degree. Percentages sum to more than 100% because six percent of respondents received a dental degree from more than one program or school. Nearly 32% of respondents received a dental degree from a Florida school, most often the University of Florida College of Dentistry (24.4%).

**Figure 7. Percentage of Dentists Practicing in Florida by Dental School of Graduation**

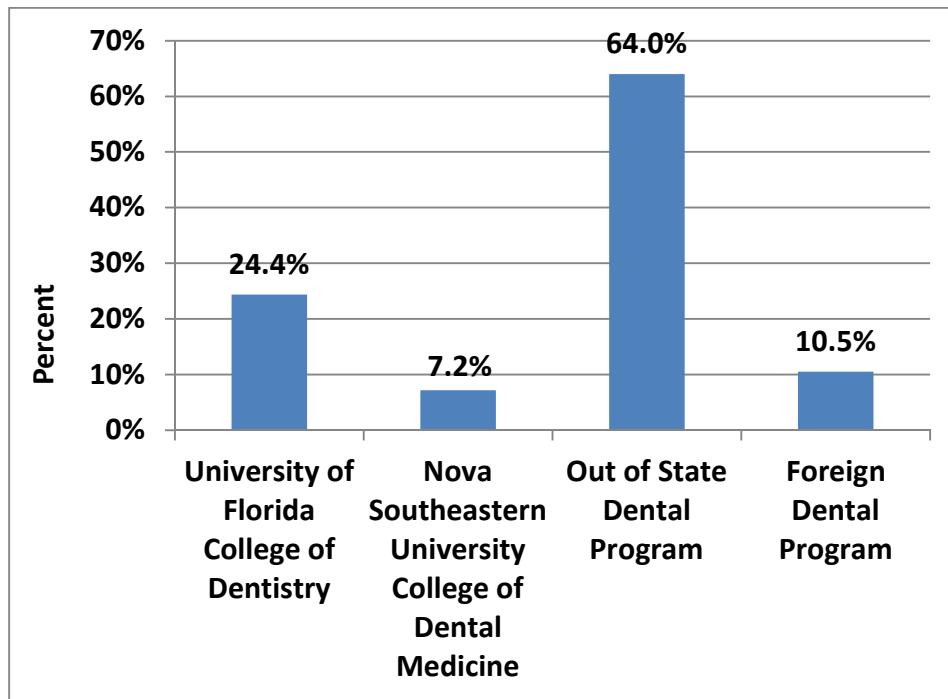
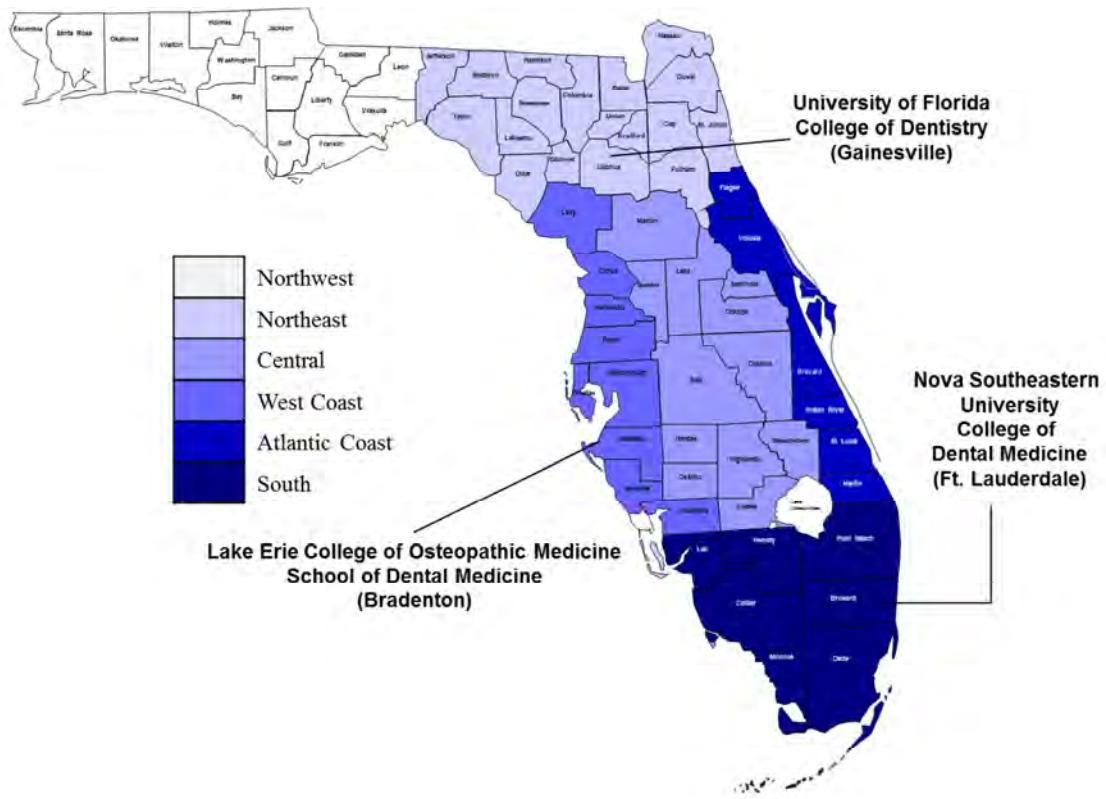


Figure 8 illustrates the regions of Florida and the location of the state's three dental schools. The School of Dental Medicine at the Lake Erie College of Osteopathic Medicine began its operation in July 2012.

**Figure 8. Florida Dental Schools and Regions**



## **Licensed Dentists Practicing in Florida – Practice Characteristics**

As Figure 9 illustrates, of those respondents who practice in Florida, just over three-quarters (77.8%) report that their practice is a general practice.

**Figure 9. Dental Practice Types among Dentists Practicing in Florida**

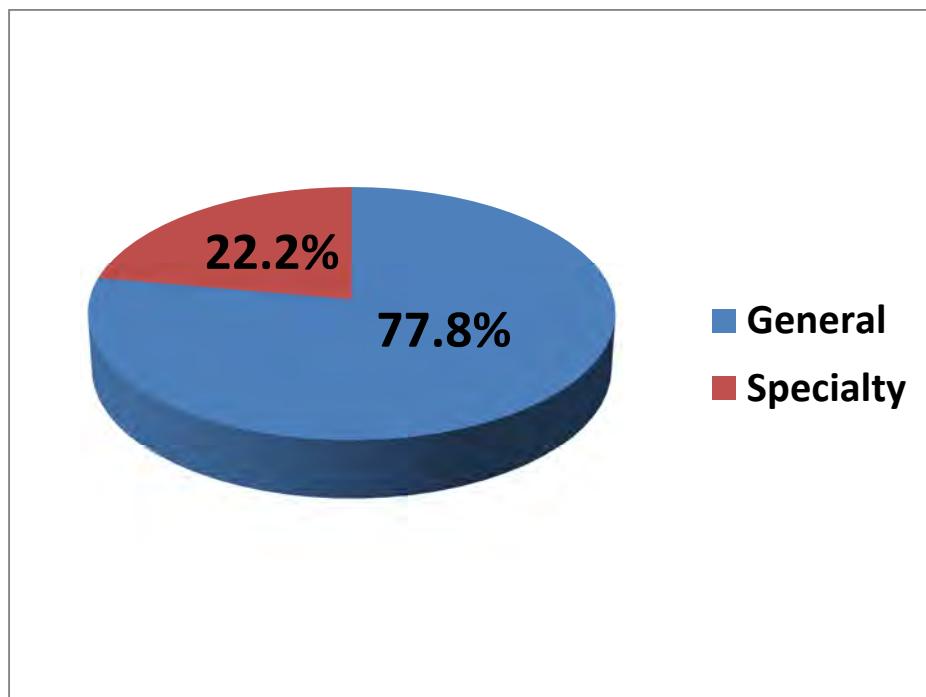
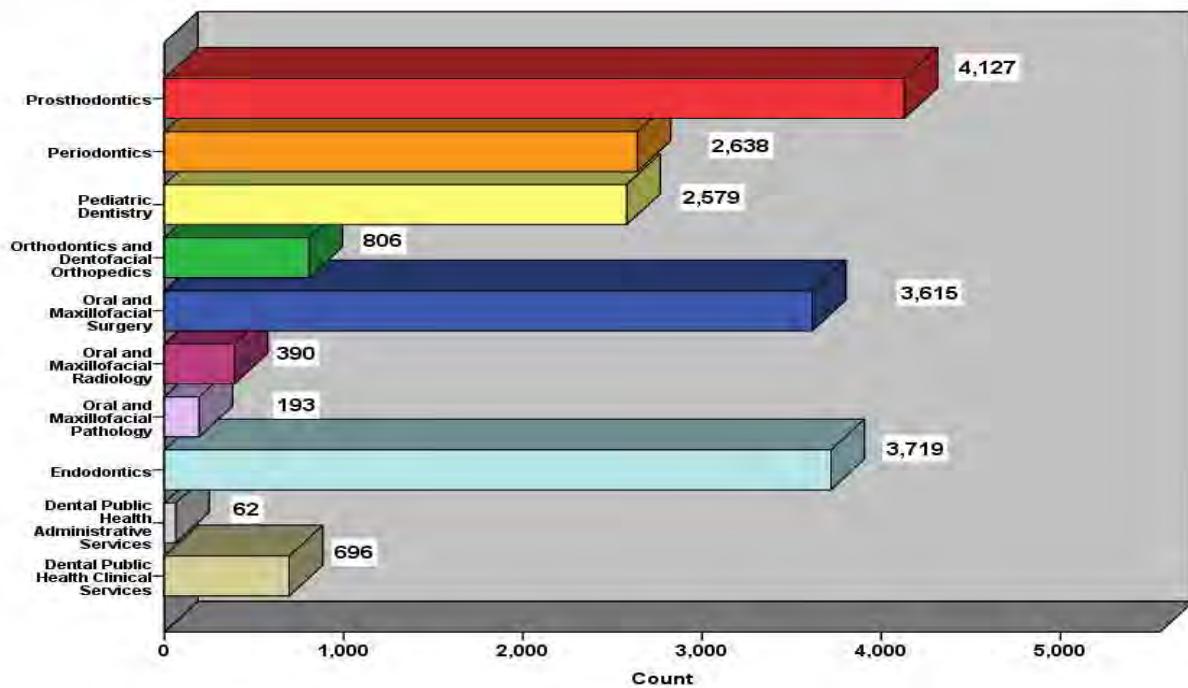


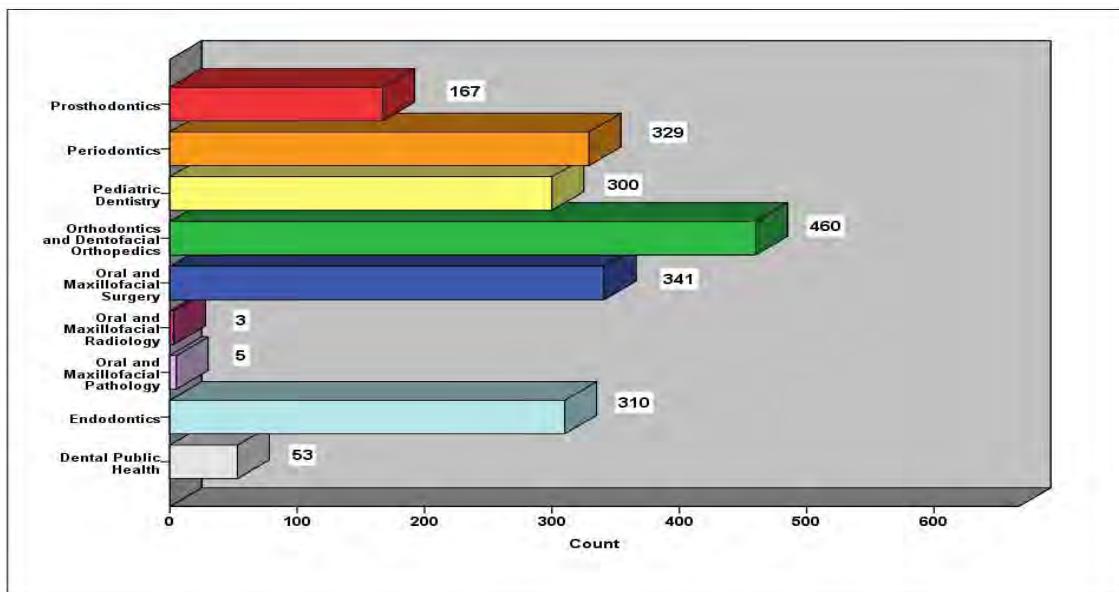
Figure 10 displays the frequency of respondent general practitioners in Florida who provide services in a particular sub-area of dentistry. The counts are duplicated because respondents were allowed to choose up to five different sub-areas. The most frequently cited dental practice sub-types include prosthodontics, oral and maxillofacial surgery and endodontics.

**Figure 10. Number of Dentists by Dental Practice Sub-Type (General Practice)**



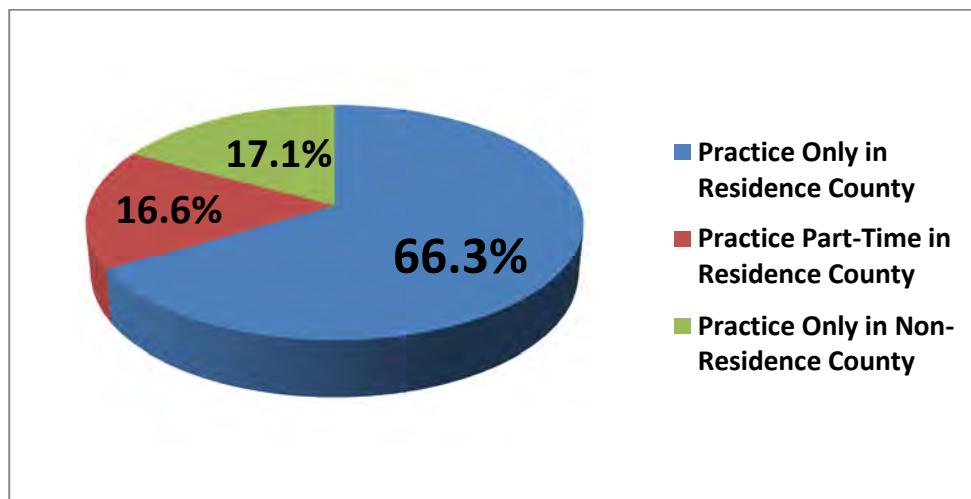
Of the nine recognized specialties in dentistry, orthodontics and dentofacial orthopedics is the most frequently cited specialty reported by survey respondents, followed by oral and maxillofacial surgery and endodontics, respectively (Figure 11).

**Figure 11. Number of Dentists by Dental Practice Sub-Type (Specialty Practice)**



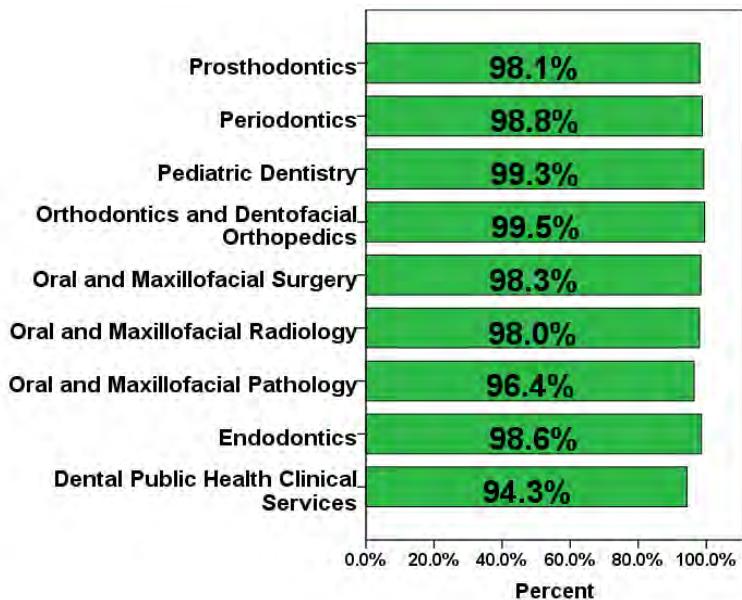
The geographic distribution of dental practices is one factor impacting the availability of care. With regard to the location of their practice, approximately two-thirds of respondents (66.3%) who currently practice in Florida reside and work in the same county. The others are divided almost evenly between those who practice part-time in the county of their residence and those who practice only in other counties. Overall, nearly 83% of respondents practice full- or part-time in their residence county. Figure 12 illustrates this pattern.

**Figure 12. Practice Location among Dentists Who Currently Practice in Florida**



Another factor impacting the availability of care is whether a practice accepts new patients. Figures 13 and 14 show that the vast majority of survey respondents currently accept new patients, regardless of practice sub-area. For general practice and all of the specializations, 96% or more of respondents affirm current acceptance of new patients. The lowest rate (94.3%) is reported by dentists working in dental public health practices, possibly indicating higher demand relative to supply in this area of general dentistry practice.

**Figure 13. Percentage of General Practice Dentists in Florida Who Currently Accept New Patients**



**Figure 14. Percentage of Specialty Practice Dentists in Florida Who Currently Accept New Patients**

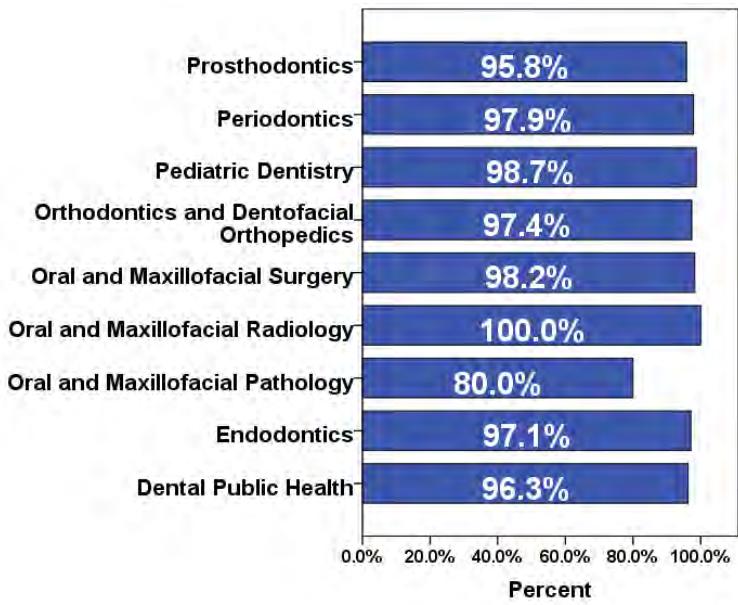
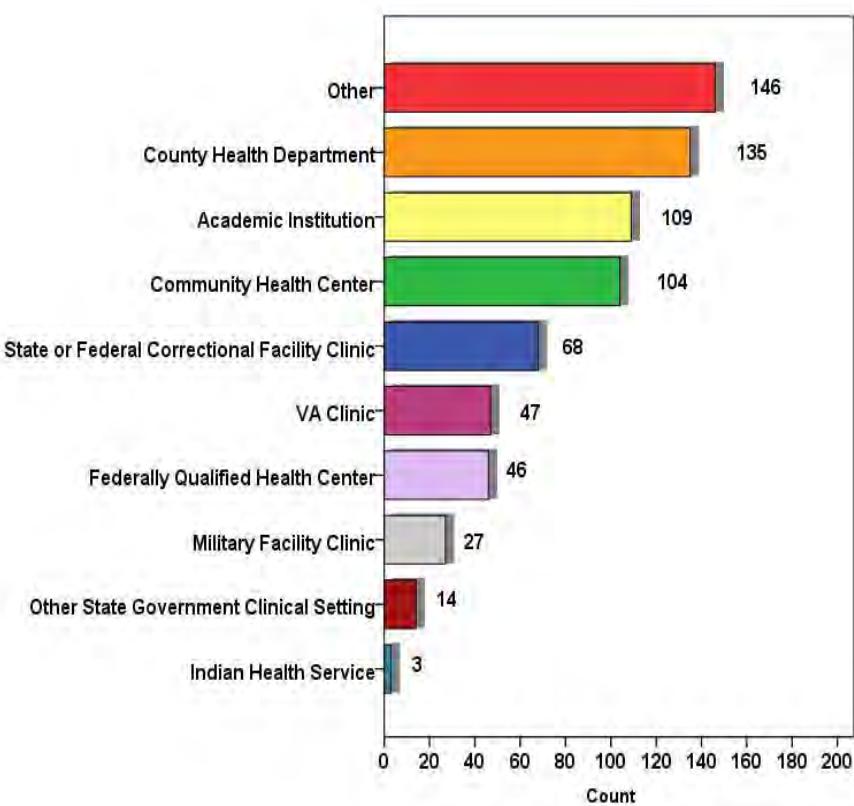


Figure 15 displays the number of respondents practicing in a non-office setting by practice setting type. County health departments and the “Other” category lead in frequency, with 135 and 146 respondents, respectively. Academic institutions (109) and community health centers (104) follow. Five other setting types each have 50 or fewer respondents. In general, non-office settings are either operated or supported by government entities. Three of the settings—state or Federal correctional facility clinic, Veterans Administration (VA) clinic, and military facility clinic—serve specific populations not determined by income level. With the exception of the unspecified “Other” setting type, the other five settings serve lower income populations. These settings—county health departments, academic institutions, community health centers, federally qualified health centers, and other state government clinical settings—constitute “safety net” providers for individuals who might otherwise lack access to dental care.

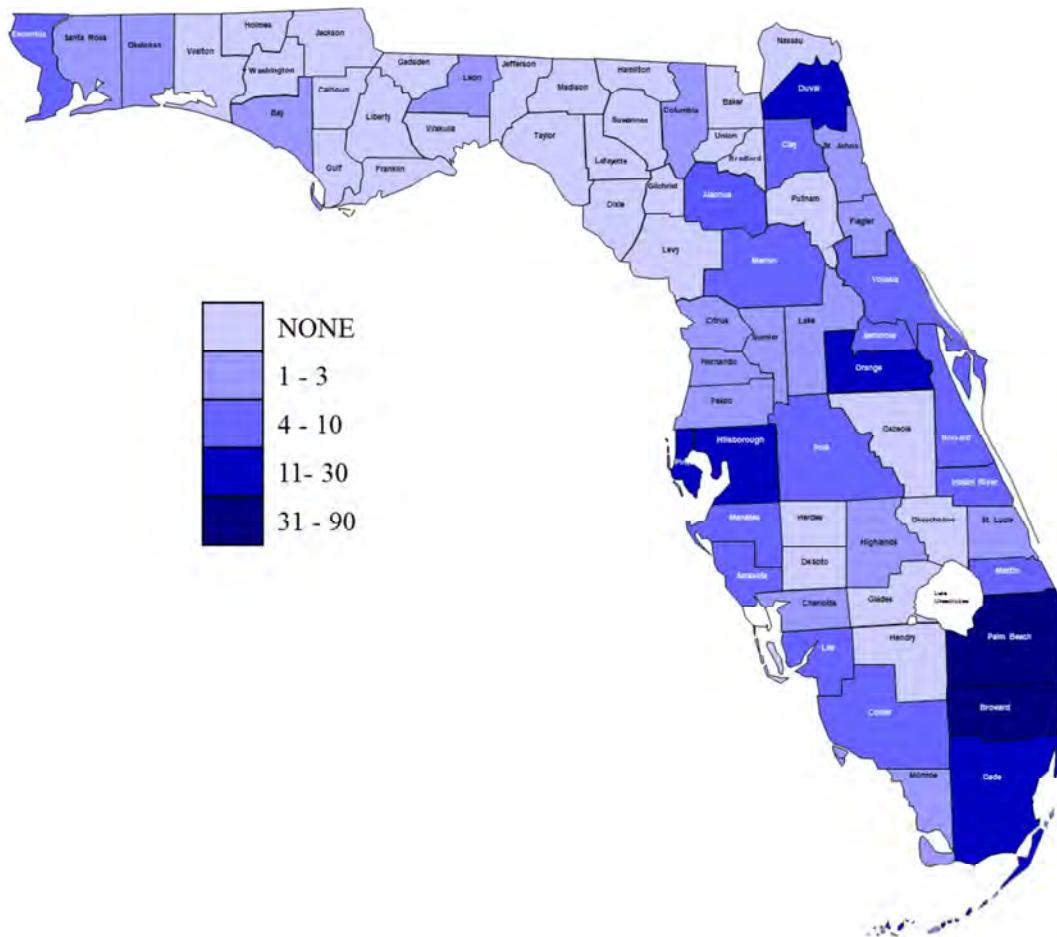
**Figure 15. Dentists Practicing in a Non-Office Setting by Practice Setting Type**



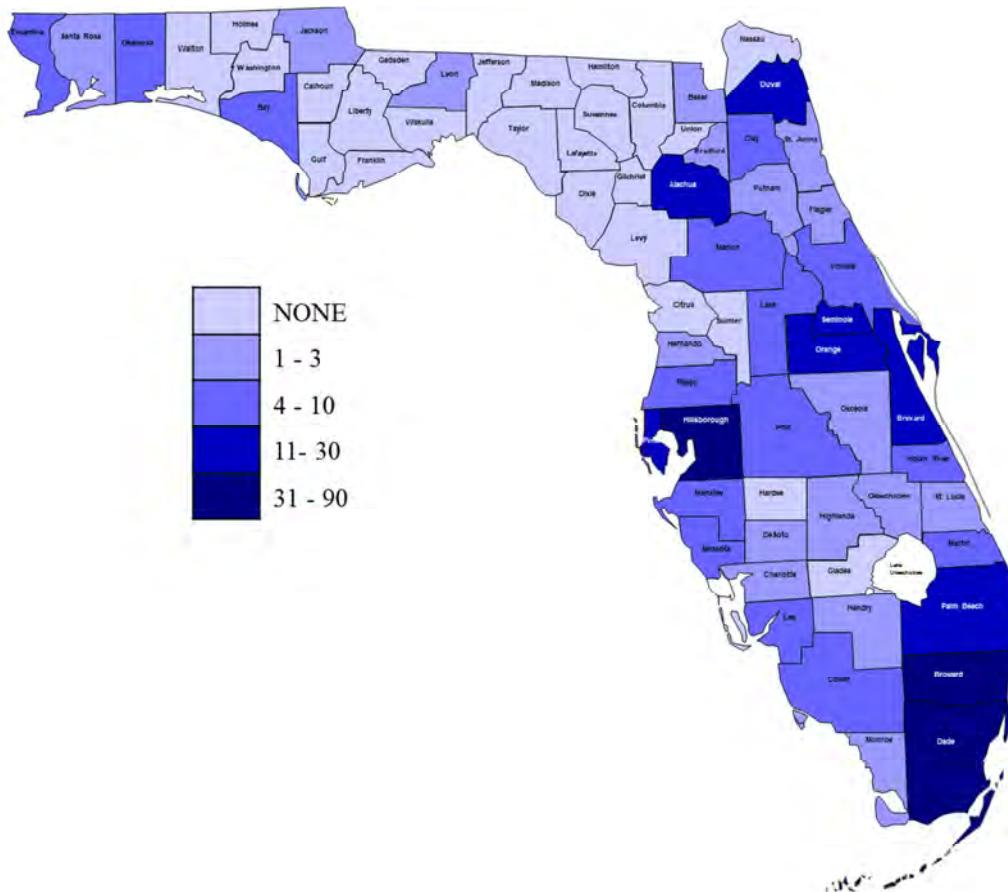
## Licensed Dentists Practicing in Florida – Practice Characteristics by County

The geographic distribution of dental specialists in Florida has an important bearing on the availability of specialty care. Figures 16-21 display the number of specialists by county in a series of Florida maps, each devoted to a single specialty. Dentists with more than one specialty are counted separately for each. In general, dental specialists practice in the more highly populated areas of the state.

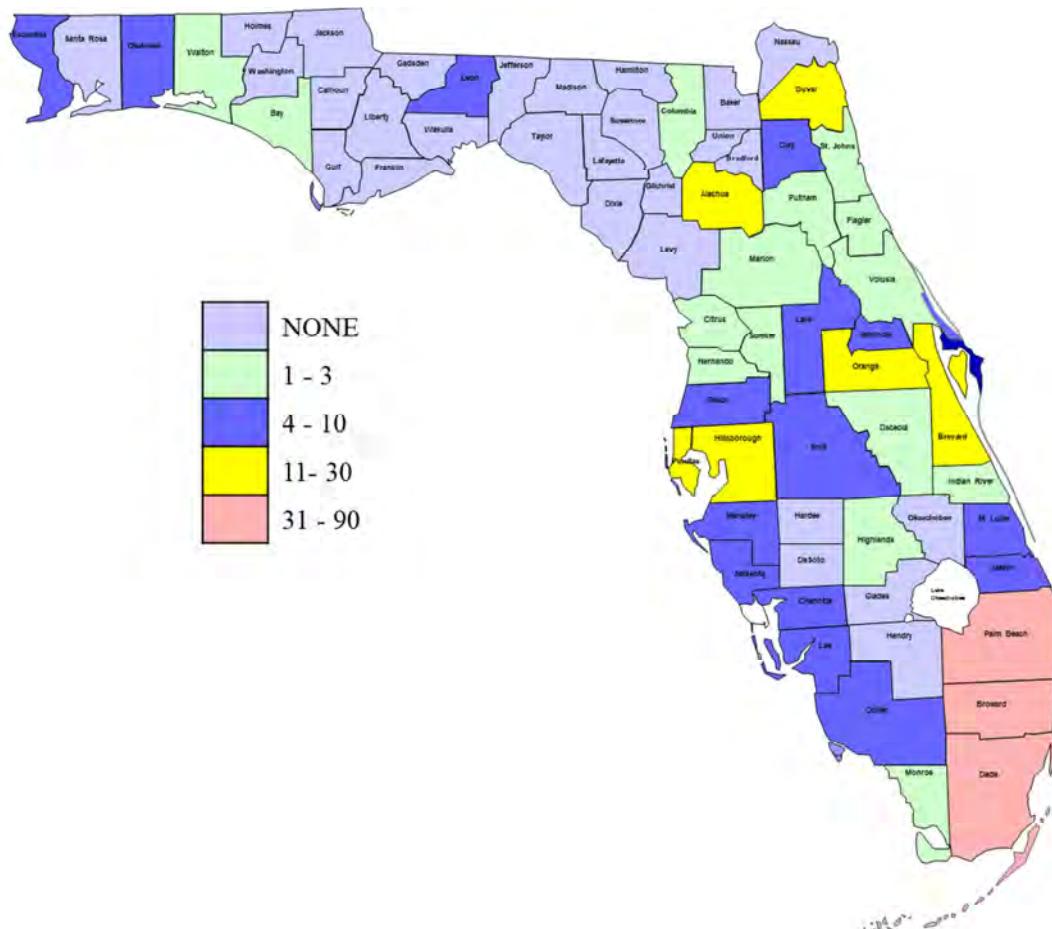
**Figure 16. Number of Practicing Specialists by County (Endodontics)**



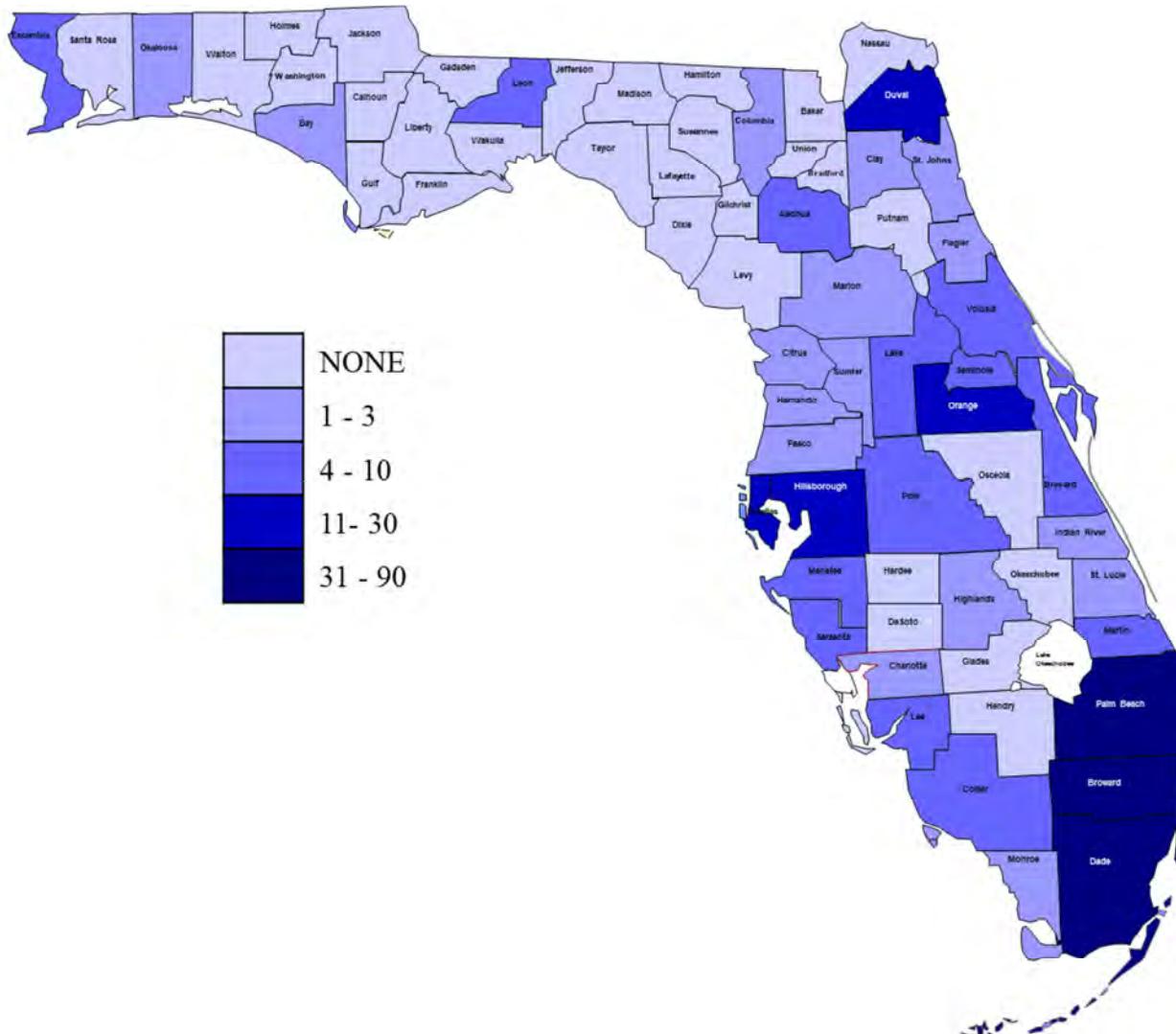
**Figure 17. Number of Practicing Specialists by County (Orthodontics and Dentofacial Orthopedics)**



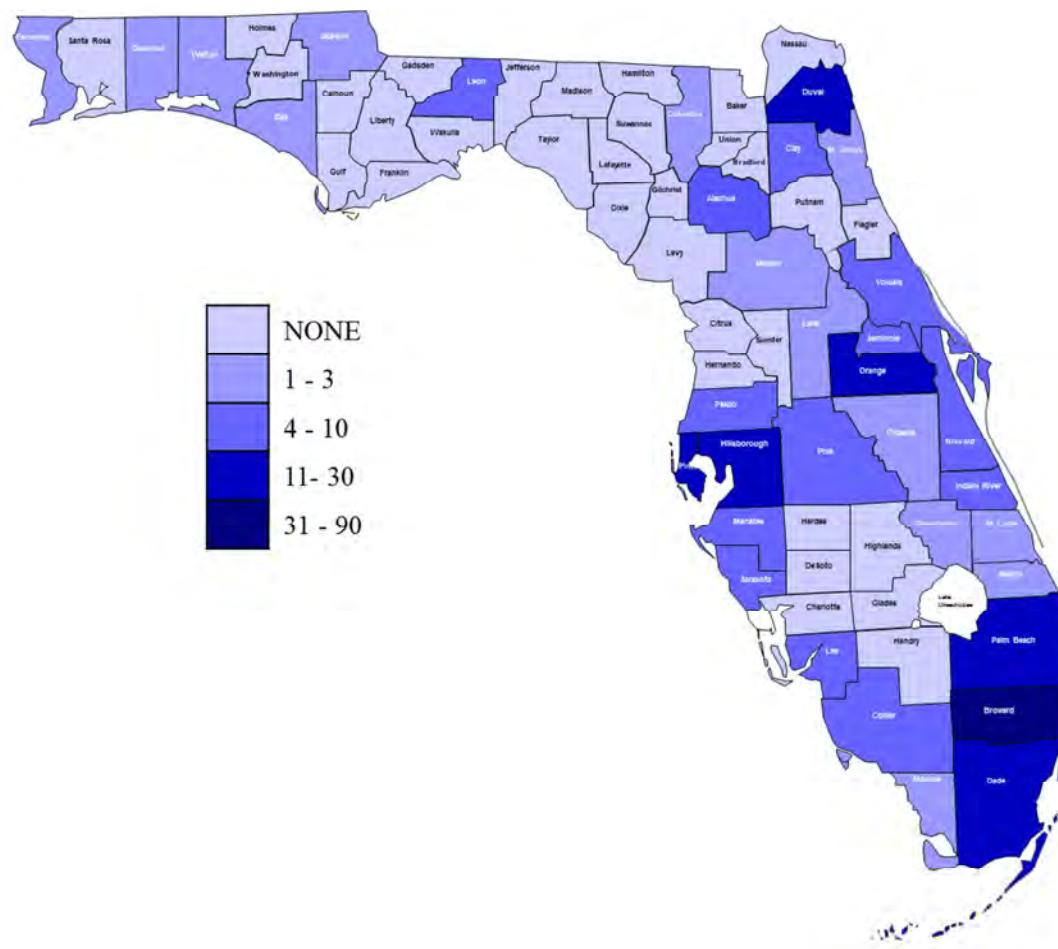
**Figure 18. Number of Practicing Specialists by County (Oral and Maxillofacial Surgery)**



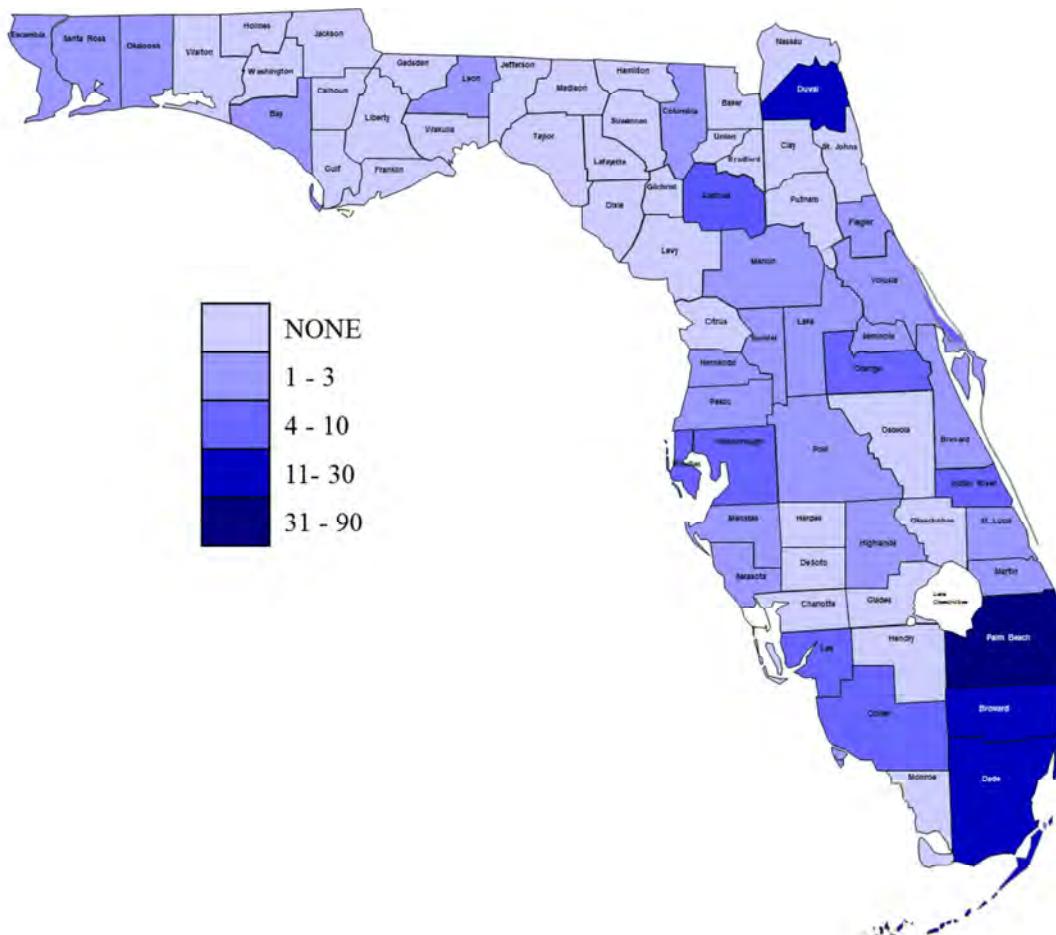
**Figure 19. Number of Practicing Specialists by County (Periodontics)**



**Figure 20. Number of Practicing Specialists by County (Pediatric Dentistry)**



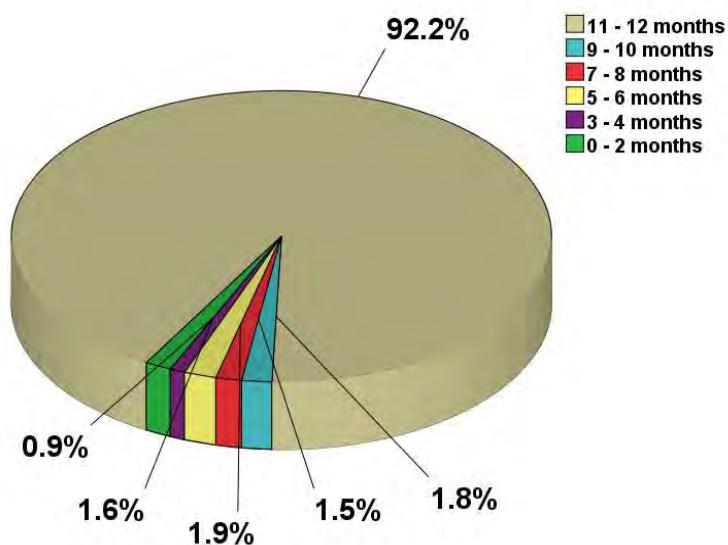
**Figure 21. Number of Practicing Specialists by County (Prosthodontics)**



## Licensed Dentists Practicing in Florida – Productivity

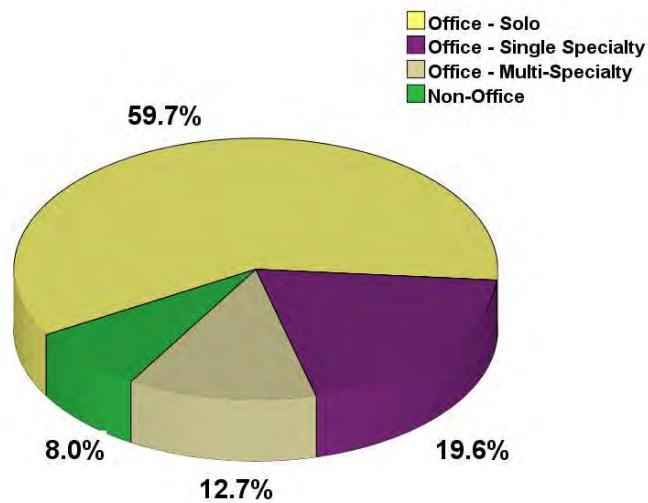
Overall, more than 90% of respondents who practice in Florida worked 11-12 months in the previous year (Figure 22), and 70% practiced more than 30 hours per week (Figure 23).

**Figure 22. Number of Practice Months in the Past Year among Dentists Practicing in Florida**



More than half of survey respondents work 31 – 40 hours weekly, while an additional 10.7% work 41-50 hours, and 2.1% work in excess of 50 hours per week (Figure 23). Approximately 30% practice dentistry part-time (<31 hours per week). Less than 16% of respondents work  $\leq$  20 hours per week.

**Figure 23. Distribution of Dentists Practicing in Florida by Hours of Practice per Week**



As shown in Figure 24, full-time practice ( $\geq 31$  hours per week) varies by gender and age. A higher percentage of male respondents report working full-time than do female respondents for all age groups except ages 60-69 years. However, the gender difference is more pronounced among respondents 30-59 years of age, differing by at least 11 percentage points. For both men and women, full-time practice declines significantly after age 59.

**Figure 24. Percentage of Dentists Practicing in Florida Who Work Full Time by Gender and Age Group**

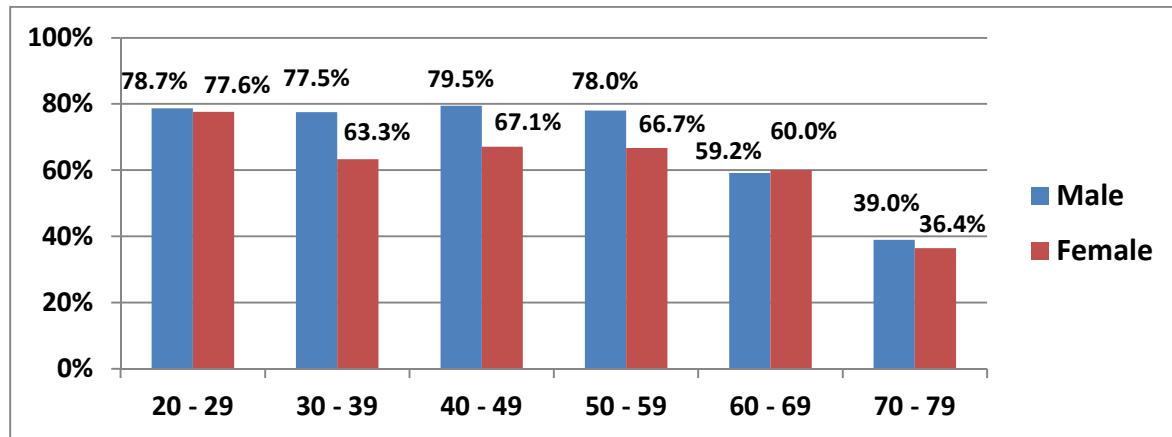
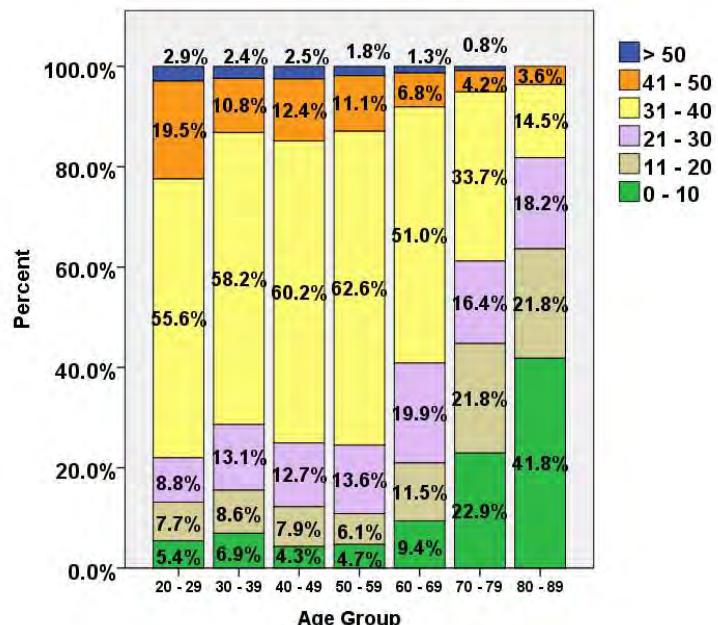


Figure 25 provides further detail on the age-related reduction in practice time worked. From age 20 through 59, at least 70 percent worked full-time ( $\geq 31$  hours per week). The percentage of respondents who work full-time steadily declines beginning at age 60. Among older respondents, as full-time work decreases, part-time work increases.

**Figure 25. Hours Worked Per Week by Age Group for Dentists Practicing in Florida**



In Figure 26, productivity, as measured by the average number of patient encounters per week, is presented for respondents who work full-time in general practice or public health practice. Nearly two-thirds (65.7%) of respondents see more than 50 patients per week. Approximately 35.5% of the respondents see more than 75 patients per week.

**Figure 26. Average Number of Patient Encounters per Week among Florida Dentists Who Practice Full Time as a General Practitioner**

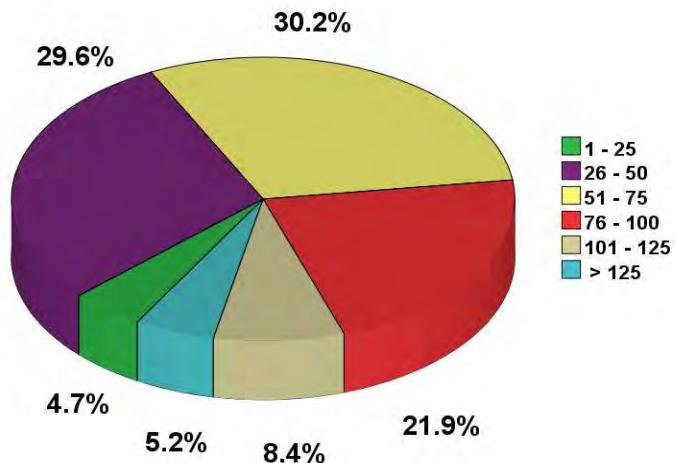
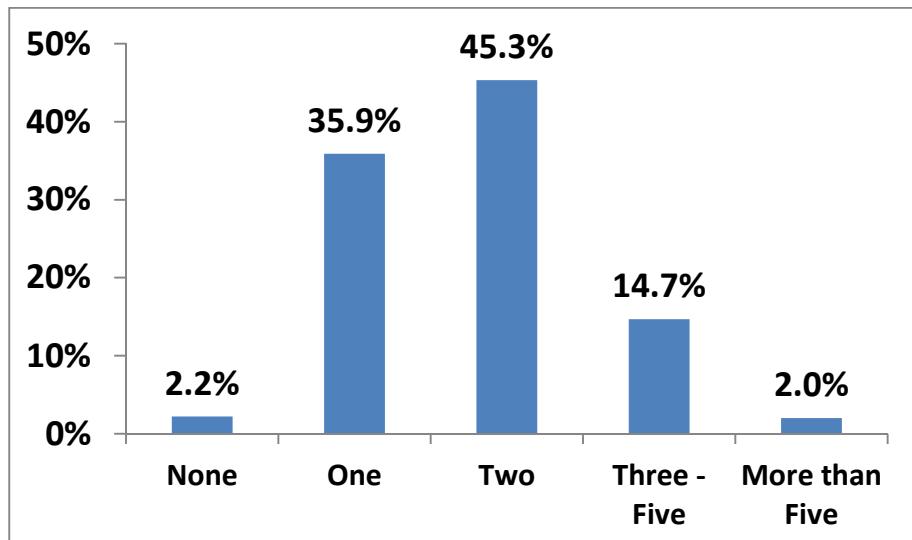


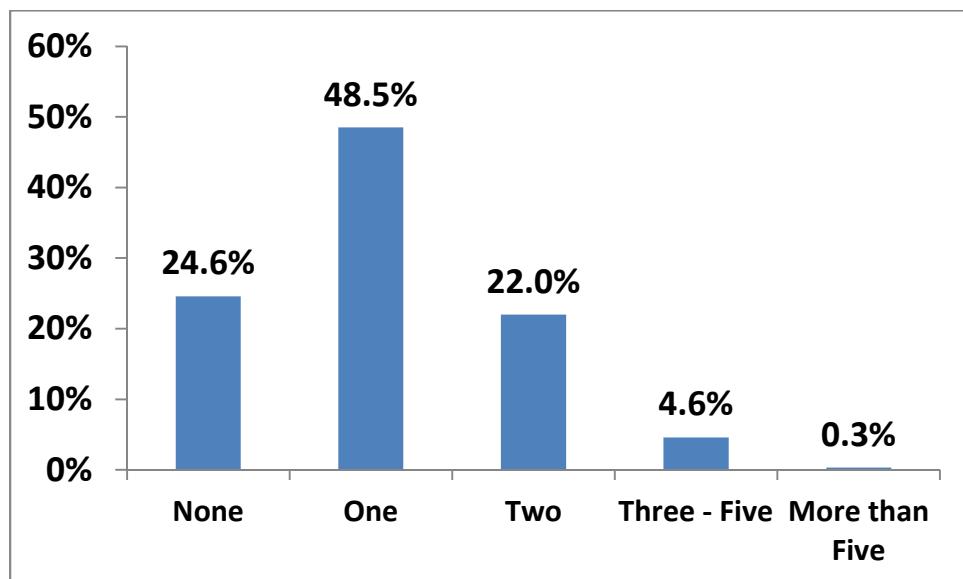
Figure 27 depicts the percentage of dental practices in Florida by number of dental assistants on duty at any given time during the work day. A large majority of dental practices (81.2%) utilize one or two dental assistants on duty at any one time during the work day. Almost 15 percent of dental practices have 3-5 dental assistants on duty at the same time during the work day.

**Figure 27. Percentage of Dental Practices in Florida by Number of Dental Assistants on Duty at Any Given Time During the Work Day**



As shown in Figure 28, almost half of dental practices in Florida have one dental hygienist on duty during the work day. Nearly a quarter of dental practices utilize no dental hygienist on staff, and 22.0% of practices have two dental hygienists on duty during the work day.

**Figure 28. Percentage of Dental Practices in Florida by Number of Dental Hygienists on Duty at Any Given Time During the Work Day**



Licensed Dentists Practicing in Florida – Productivity by County

For most counties in Florida, the majority of respondents practice full-time. Figure 29 displays the percentage of survey respondents who practice full-time by county. This figure does not include respondents who practice in more than one county. Counties with higher percentages of full-time practitioners tend to cluster in central and north Florida. These counties typically have small populations served by a small number of dentists.

**Figure 29. Percentage of Dentists Practicing Full-Time by County**

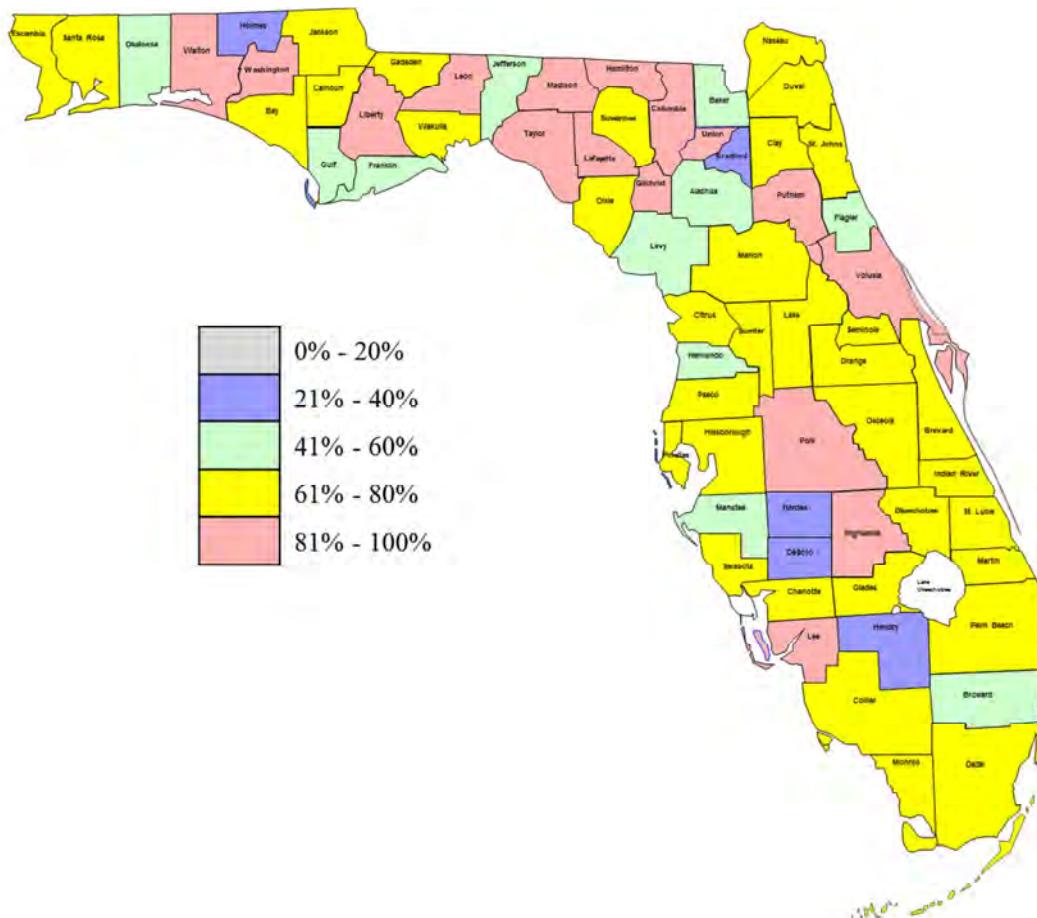
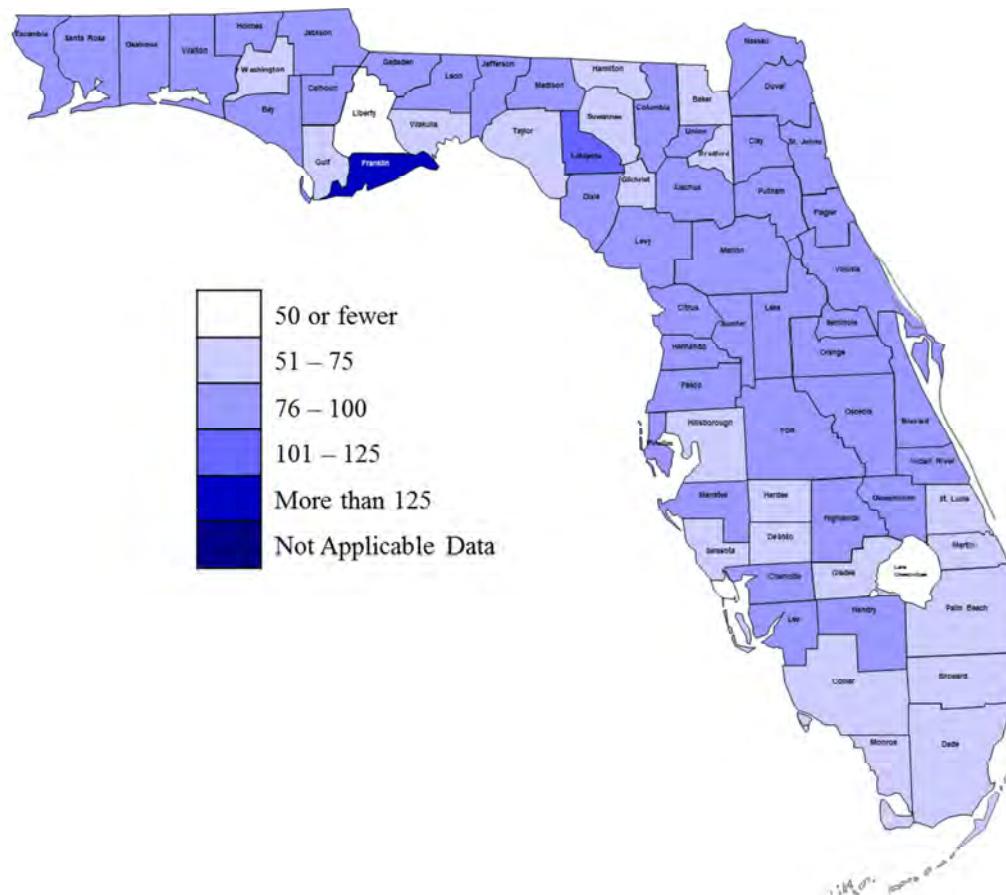


Figure 30 shows the average number of patients seen per week by county among respondents working full-time in general or dental public health practices. In the majority of Florida counties, the average workload reaches 76-100 patients per week. The highest average numbers of patients seen per week generally are found in the northern and central counties of Florida.

**Figure 30. Average Number of Patients per Week among Dentists Practicing Full-Time in General Practice**



## Dentists Practicing in Florida – Retention and Attrition

Figure 31 displays the distribution of respondents by age group and future plans to leave the profession within the next five years. The majority of respondents do not plan to leave the profession within the next five years. About eight percent of respondents in general practice plan to end their practice in Florida within the next five years and almost 10% plan to reduce their practice. The question of age is particularly important for anticipating reduction in the dental workforce associated with retirement. As practitioners become older, they increasingly report plans to reduce their practice hours over the next five years.

**Figure 31. Distribution of Dentists Practicing in Florida by Age Group and Future Plans to Leave the Profession within Five Years**

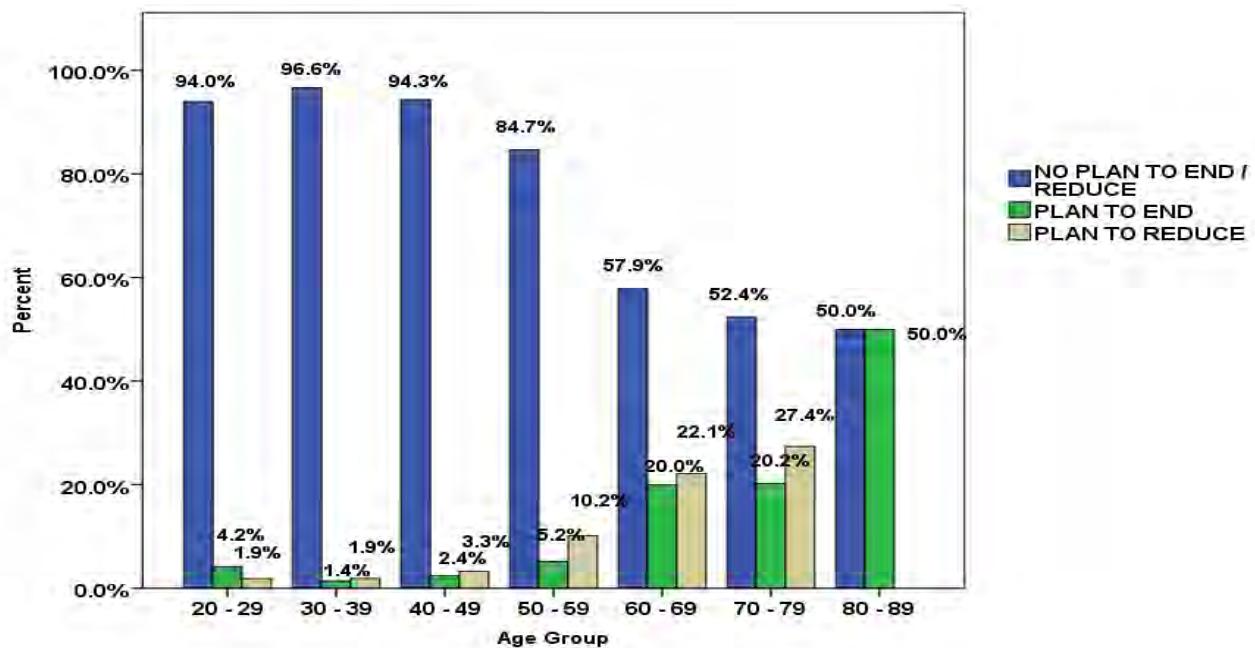
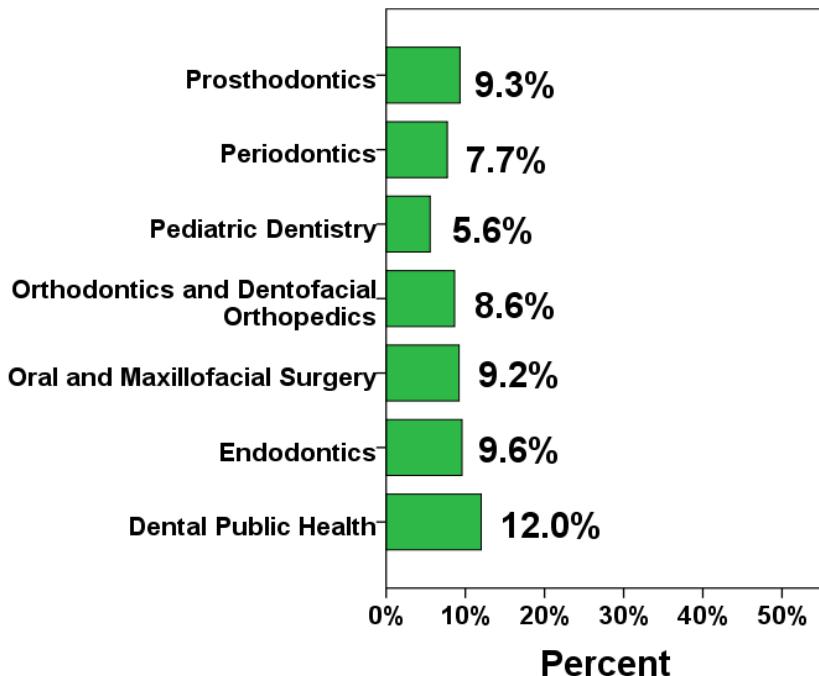


Figure 32 shows the percentage of Florida dentists in specialty practice who plan to retire within five years by practice sub-type. The percentage of planned retirement within five years is spread fairly evenly across all practice types, ranging from 5.6% of pediatric dentists to 12.0% of respondents working in dental public health practice.

**Figure 32. Percentage of Florida Dentists in Specialty Practice Who Plan Retirement within Five Years by Practice Sub-Type**

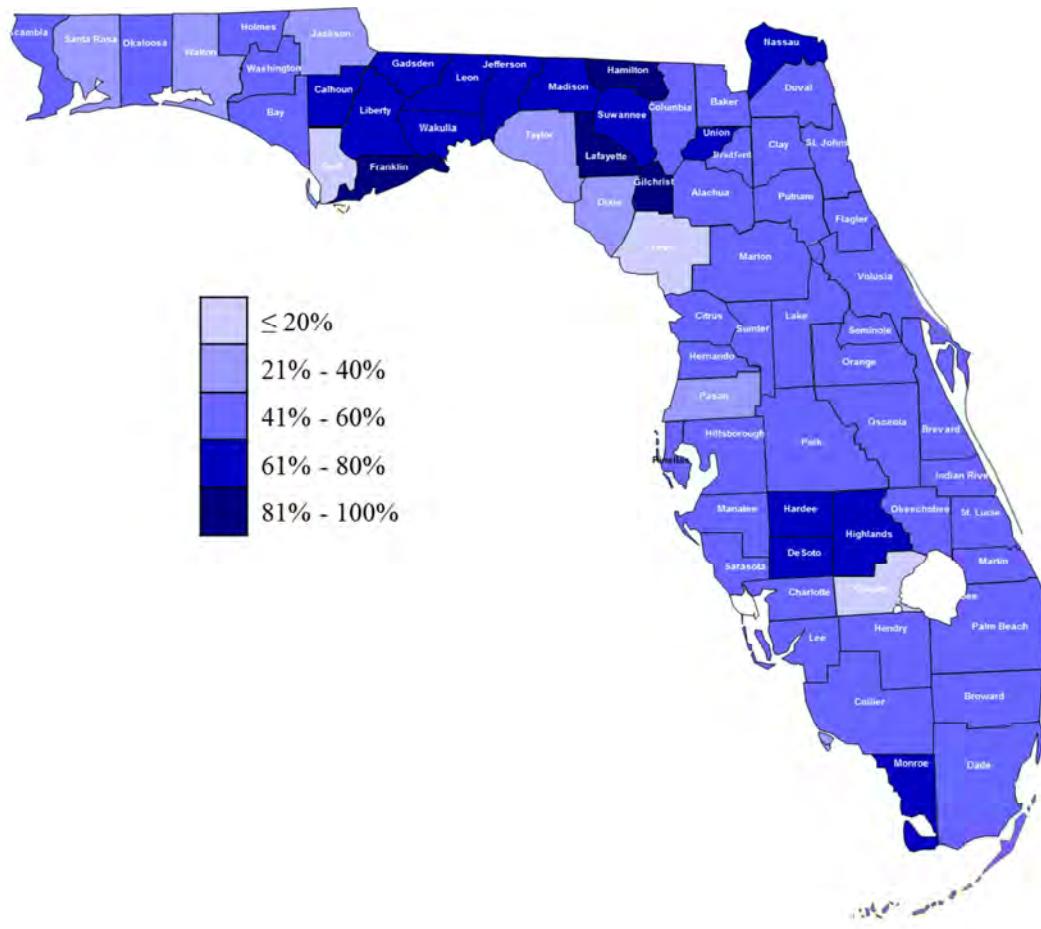


## Dentists Practicing in Florida – Retention and Attrition by County

Certain counties in northern Florida with relatively small populations and only a few dentists may be subject to an adverse impact resulting from the retirement of dentists. The impact of retirement by dental provides would be felt disproportionately throughout Florida.

Figure 33 illustrates the geographic distribution of practicing dentists 50 years or older as a percent of all practicing dentists within a county. For the large majority of Florida counties, the percentage of practicing dentists 50 or older ranges from 41 to 60. In Hamilton, Franklin, Lafayette, and Gilchrist, practicing dentists 50 or older represent 81% – 100% of all practicing dentists within the county. These counties are all in north Florida. All have relatively small populations and only a few dentists. Future retirement of dentists serving these counties may have a greater impact on the availability of dental care than would retirement of dentists practicing in other parts of the state.

**Figure 33. Percentage of Practicing Dentists Aged 50 Years or Older By County**

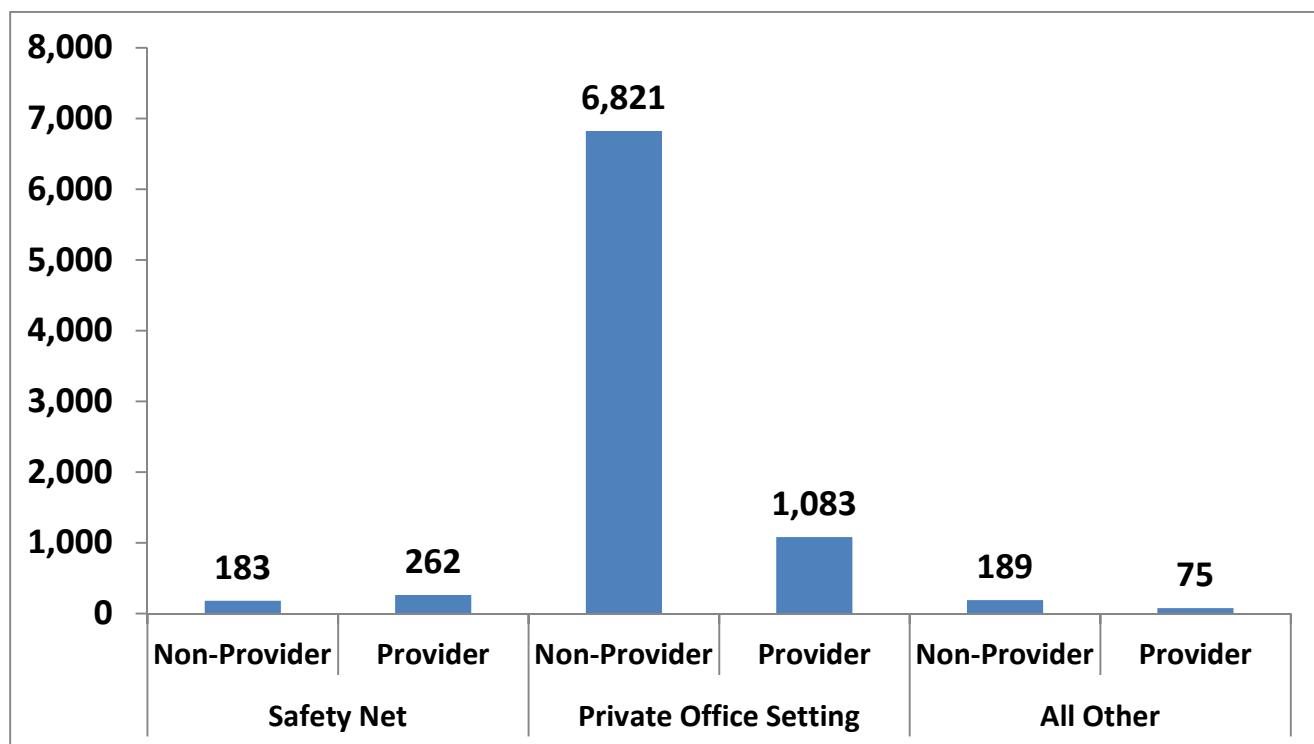


## Dentists Practicing in Florida – Access to Healthcare and Size of the Workforce

The size of Florida's dental workforce is an important factor influencing access to dental health services, which is an essential component of healthcare.

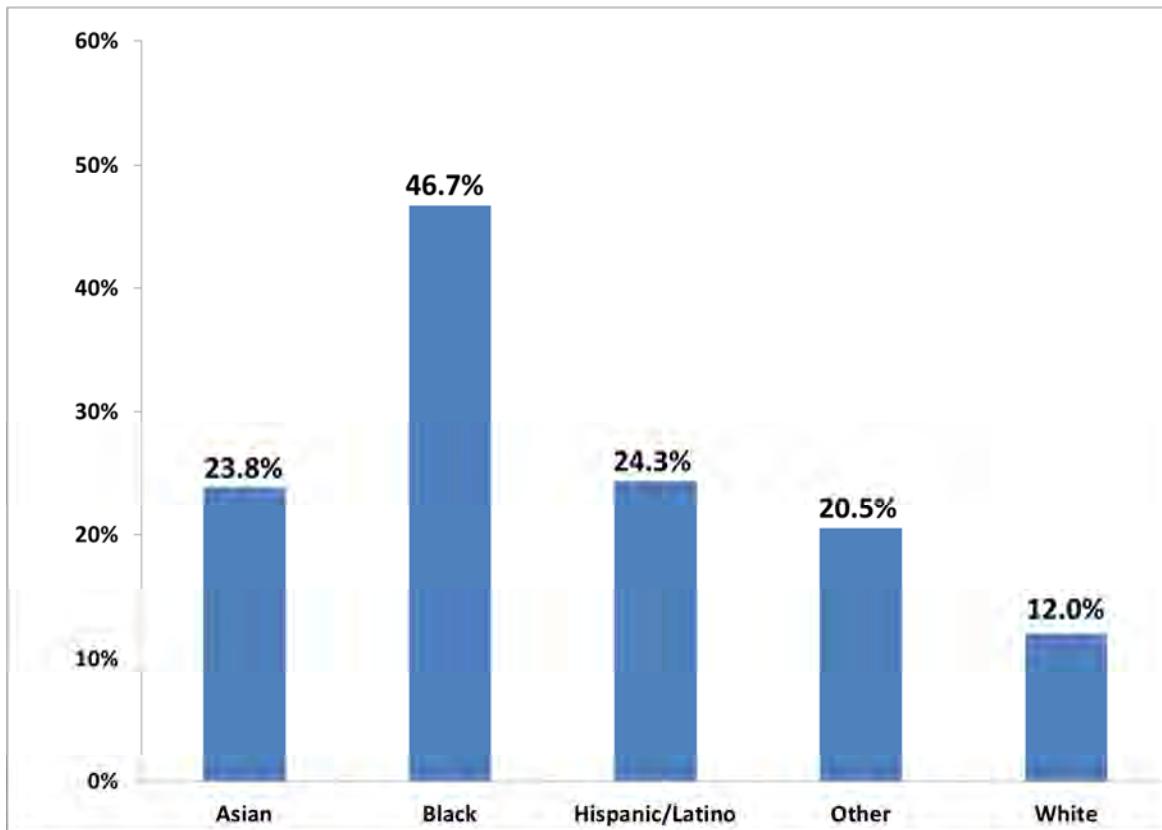
Figure 34 displays the number of respondents practicing in Florida who report being a Medicaid provider, by practice setting type. More than 1,200 respondents report that they are a Medicaid provider. Among 7,904 respondents who practice in private office settings, 1,083 (13.7%) serve as Medicaid providers. In contrast, over 60% of respondents who practice in safety net settings report that they serve Medicaid patients. In addition to Medicaid clients, safety net clinics also provide services on a sliding fee scale to low income patients who have no dental insurance, thereby extending greater access to needed care.

**Figure 34. Number of Dentists Practicing in Florida Who are Medicaid Providers by Practice Setting Type**



Medicaid participation of providers, however, varies by race/ethnicity (Figure 35). Compared to white respondents, the proportion of black respondents currently enrolled as a Medicaid provider is almost four times greater (46.7% versus 12.0%). Nearly twice as many black respondents as Hispanic respondents are enrolled as a Medicaid provider (46.7% versus 24.3%). Among racial and ethnic groupings of Medicaid providers, minority respondents more frequently report that they currently accept new Medicaid patients than do their white counterparts (data not shown).

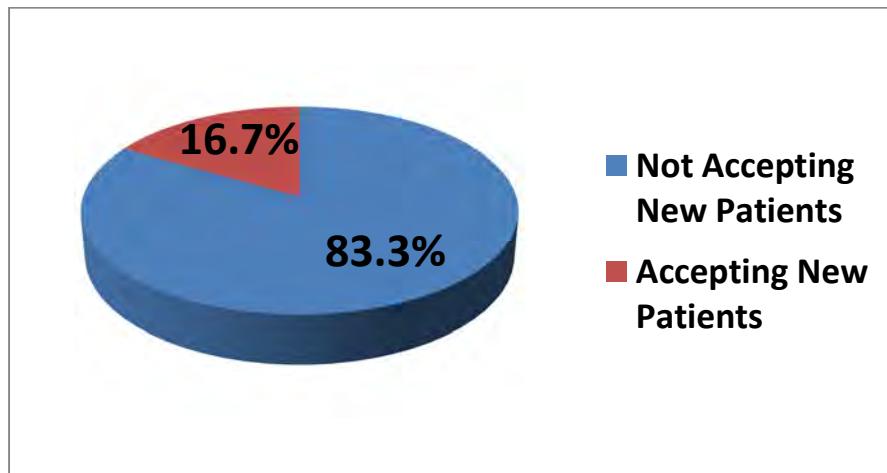
**Figure 35. Percentage of Dentists Practicing in Florida Who are Enrolled as Medicaid Providers by Race/Ethnicity**



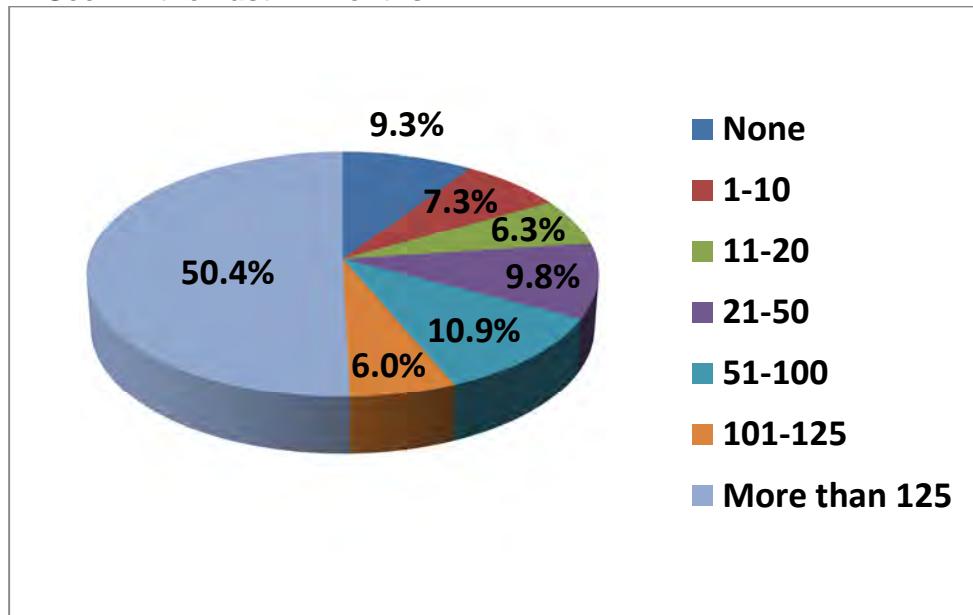
## Access to Healthcare – Socioeconomic Barriers

Workforce productivity, size and geographic distribution are not the only factors that facilitate or hinder access to oral healthcare. Barriers in the form of poverty, language, culture and special patient needs may serve to preclude services for persons in need of them. Overall, 83% of Florida's Medicaid dental care providers report that they accept new Medicaid patients (Figure 36). Having a Medicaid provider number does not imply that the practitioner is providing services to Medicaid patients. As Figure 37 shows, nearly a third of Medicaid enrolled providers report that they have seen 50 or fewer Medicaid patients in the past 12 months.

**Figure 36. Percentage of Dentists Who are Accepting New Medicaid Patients**

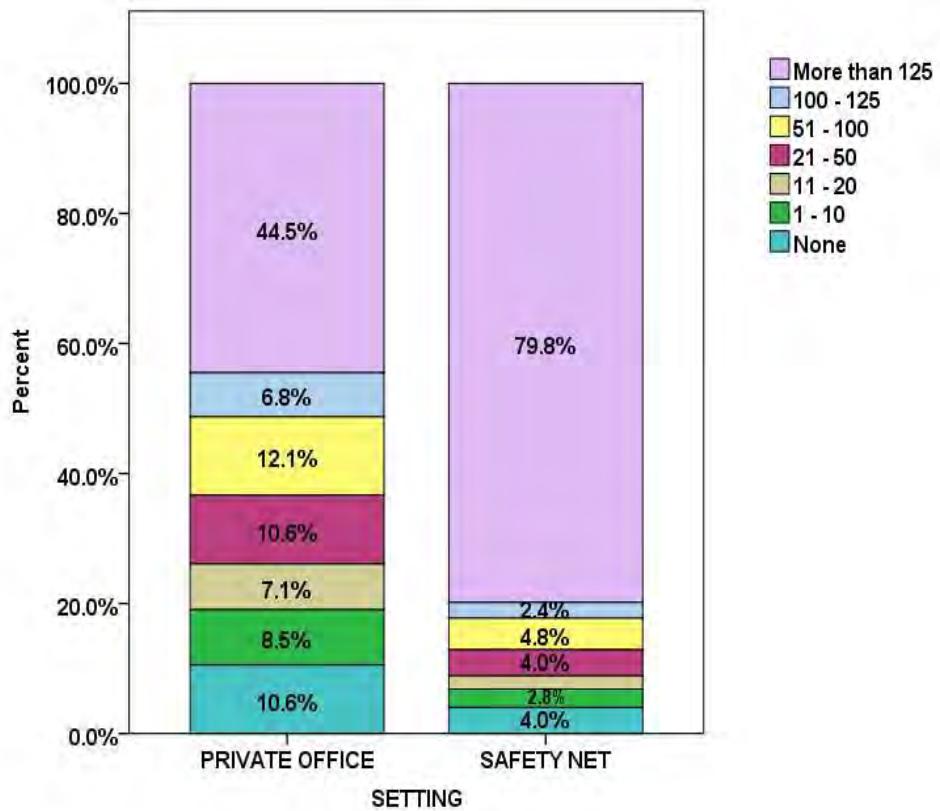


**Figure 37. Percentage of Medicaid Enrolled Providers by Number of Medicaid Patients Seen in the Last 12 months**



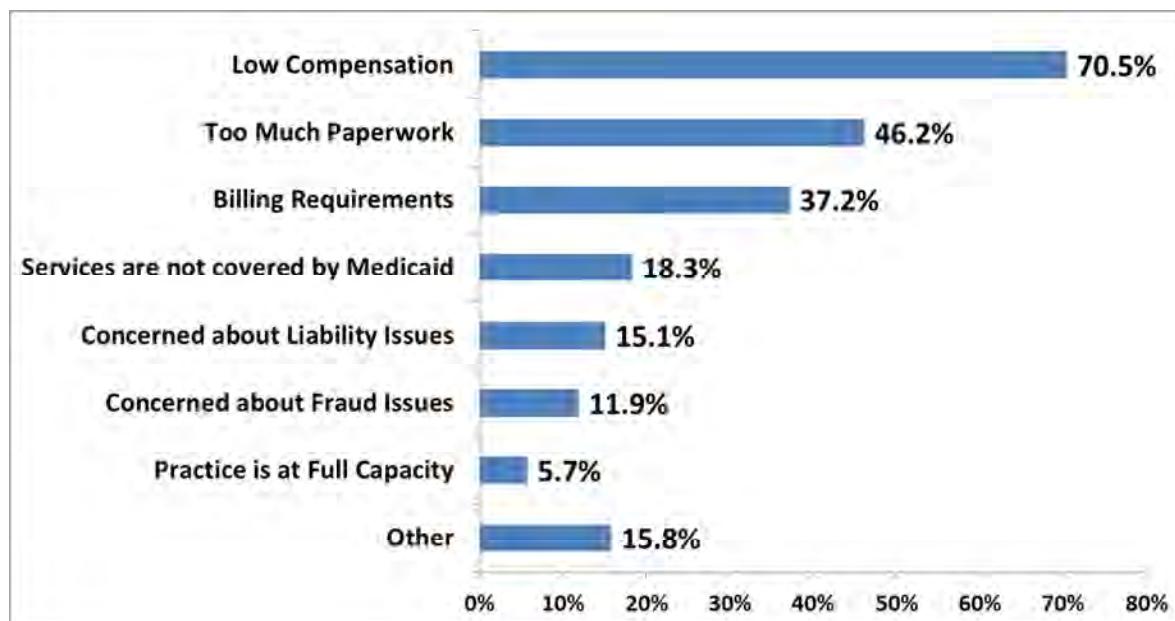
Productivity in treating Medicaid patients varied considerably between respondents in private practices versus those in safety net settings (Figure 38). Among survey respondents reporting having a Medicaid provider number, more than three-fourths of safety net practitioners treated more than 125 Medicaid patients in the past year, compared to about 45% of respondents in private practice.

**Figure 38. Distribution of Medicaid Patients Treated in the Last Year among Dentists with a Medicaid Number by Practice Setting Type**



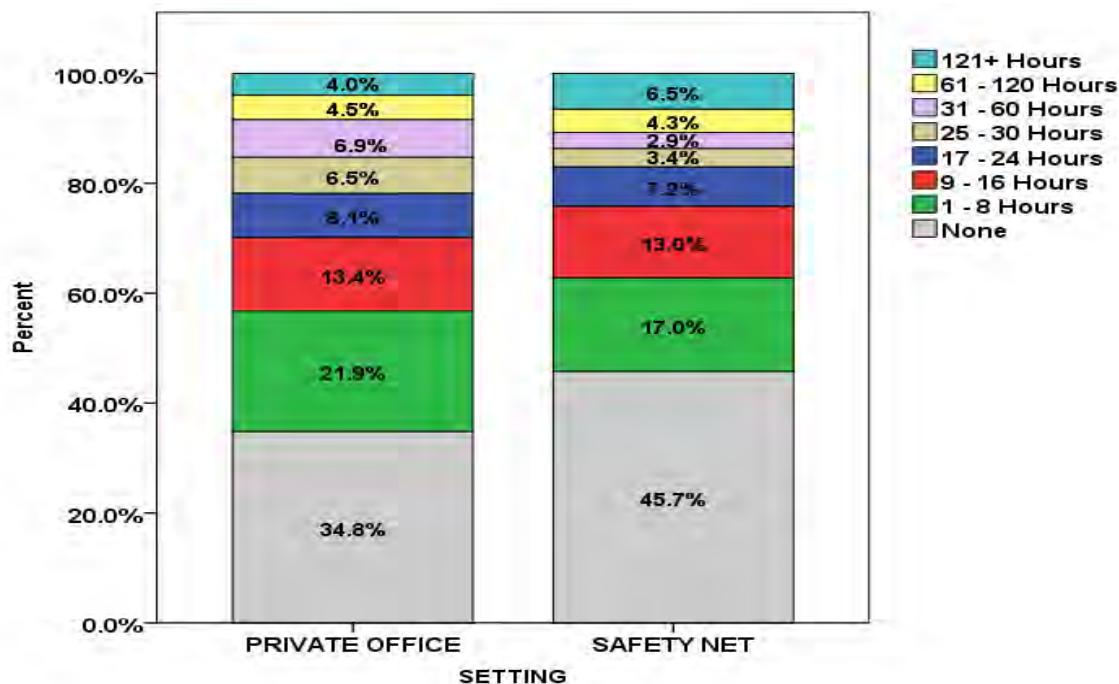
Extending Medicaid dental services to a broader segment of the Medicaid eligible population is dependent largely on increasing the number of dentists who accept Medicaid and new Medicaid patients. Figure 39 presents reasons why survey respondents are not enrolled in Medicaid or are not accepting new Medicaid patients. Respondents were able to select more than one explanation. The reason cited by more than 70% of the respondents is low compensation. Excessive paperwork and cumbersome billing requirements were cited by 46.2% and 37.2% of respondents, respectively. Broader participation in Medicaid among dentists in private practice or safety net settings may require raising reimbursement rates to acceptable levels and streamlining administrative processes associated with provider enrollment and billing.

**Figure 39. Reasons Dentists Practicing in Florida Do Not Accept Medicaid**



Medicaid is not the only means by which persons with lower incomes may receive dental care. Volunteer services provided by dentists are available on a limited basis. The vast majority of respondents reported offering volunteer services in some capacity. Figure 40 displays the distribution of hours of volunteer work performed in the past two years, by practice type. Dentists in private practice are more likely to provide volunteer services than are dentists in a safety net setting, 65.2% versus 54.3%. Volunteerism by region of the state varies considerably. Respondents in the South region report the lowest level of volunteerism (*i.e.*, none or 1-8 hours) during the past two years, whereas respondents in the Northwest report the highest level ( $\geq 9$  hours; data not shown).

**Figure 40. Amount of Volunteer Dental Service Provided in the Last Two Years by Practice Type**



The last potential barrier to oral healthcare considered in this section involves care for persons with special needs. Such needs may involve physical disabilities, developmental disabilities or mental impairments. Physical disabilities include impairments of vision or hearing, impairments of mobility and certain severe illnesses. Developmental disabilities include mental retardation, cerebral palsy, autism, spina bifida and Prader-Willi syndrome. Mental impairments include learning disorders, metabolic disorders, Alzheimer's, dementia and mental illnesses, such as depression and schizophrenia. These examples are not intended to be exhaustive. It is clear however that "special needs" do not pose a single set of specific barriers to oral healthcare.

Figure 41 presents the percentage distribution of special needs patients treated in the past year by practice type. A larger percentage of respondents in private practice treated 1–10 special needs patients in the past year than did respondents in a safety net setting (56.9% versus 28.2%). Safety net respondents however more frequently treated large numbers (*i.e.*, more than 125) of special needs patients than did private practice respondents (17.5% versus 3.0%).

**Figure 41. Number of Special Needs Patients Treated in the Past Year by Practice Type**



Language or cultural differences between patients and providers may impede an individual in seeking or optimizing available healthcare opportunities. As shown in Figure 42, the percentage of respondents practicing in Florida who speak a foreign language is lowest among whites (24.0%) and highest among Hispanics (97.6%). Although the majority of Hispanic respondents speak a non-English language, they are the least likely to speak more than one foreign language. Foreign language proficiency is also high among Asian and "Other" respondents, with 50% or more in each group bi- or multi-lingual.

**Figure 42. Percentage of Dentists with Non-English Language Speaking Ability by Race/Ethnicity**

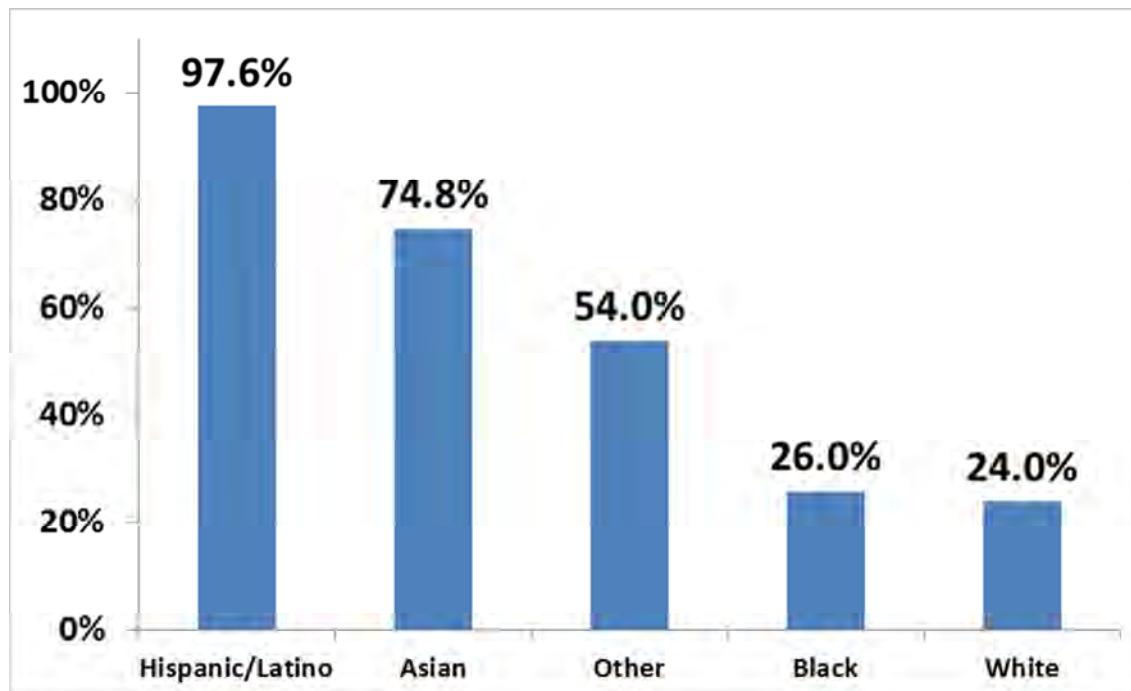


Table 1 identifies the foreign languages spoken by respondents with active licenses practicing in Florida who reported speaking a language in addition to English. The table provides the number and percentage of these respondents aggregated by language spoken and race/ethnicity. For each race/ethnicity group, the most frequently spoken language is highlighted in yellow, and the second most is highlighted in gray. Spanish is the most frequently spoken second language for all race/ethnicity groups except Asians. Spanish is the only foreign language spoken by all race/ethnicity groups. Nearly 90% of the Hispanic respondents who reported speaking a non-English language identified Spanish as a second language.

**Table 1. Languages Spoken by Dentists with Active Licenses Practicing in Florida by Race/Ethnicity**

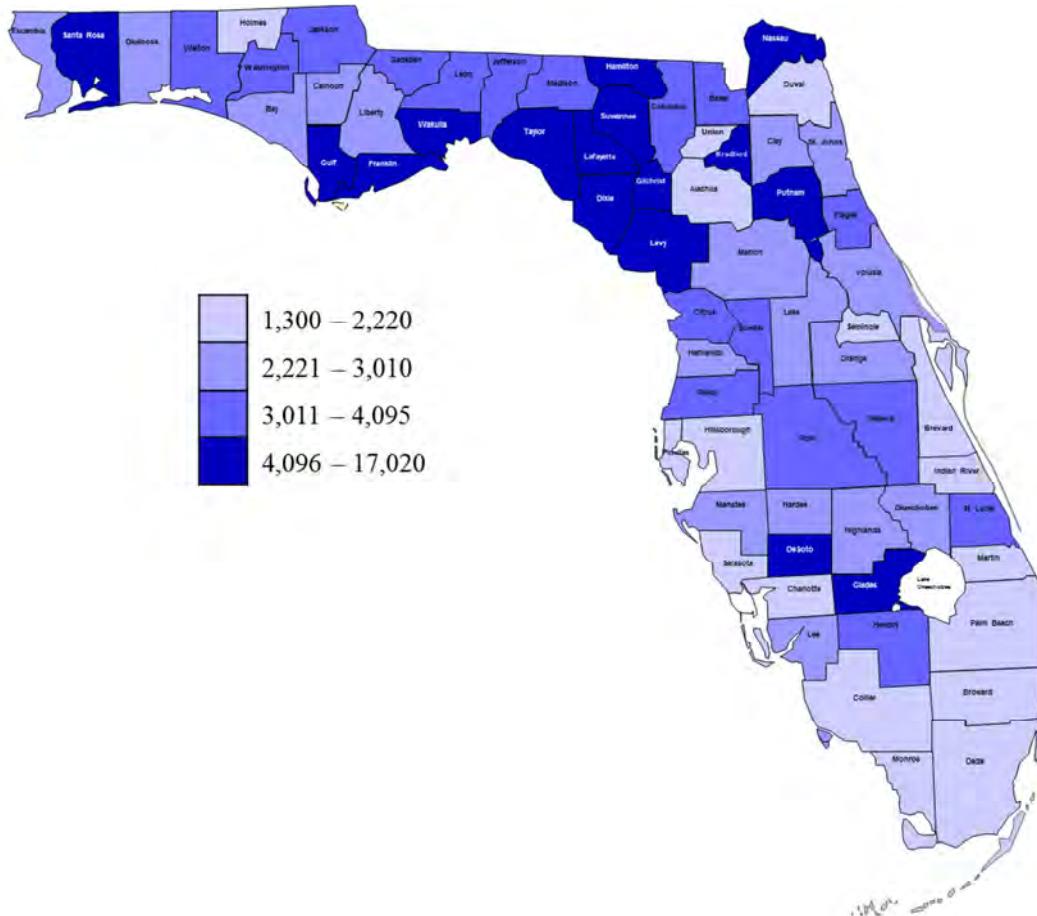
Language	ASIAN		BLACK		HISPANIC / LATINO		WHITE		OTHER	
	No.	%	No.	%	No.	%	No.	%	No.	%
Arabic	1	0.2%	0	0.0%	2	0.1	83	4.6%	42	11.2%
Chinese (Mandarin or Cantonese)	50	10.4%	0	0.0%	0	0.0%	1	0.1%	5	1.3%
Creole	0	0.0%	20	18.9%	0	0.0%	12	0.7%	7	1.9%
French	13	2.7%	28	26.4%	45	2.6%	202	11.1%	35	9.3%
German	2	0.4%	1	0.9%	8	0.5%	120	6.6%	12	3.2%
Hebrew	0	0.0%	0	0.0%	8	0.5%	88	4.8%	3	0.8%
Italian	1	0.2%	0	0.0%	38	2.2%	73	4.0%	11	2.9%
Japanese	4	0.8%	0	0.0%	3	0.2%	3	0.2%	1	0.3%
Korean	24	5.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other African language	6	1.2%	6	5.7%	0	0.0%	4	0.2%	4	1.1%
Other Asian language	172	35.7%	0	0.0%	0	0.0%	4	0.2%	32	8.5%
Other European language	2	0.4%	1	0.9%	3	0.2%	138	7.6%	8	2.1%
Other language (unspecified)	27	5.6%	2	1.9%	2	0.1%	39	2.1%	19	5.1%
Other Middle Eastern language	1	0.2%	1	0.9%	1	0.1%	44	2.4%	32	8.5%
Polish	0	0.0%	0	0.0%	1	0.1%	19	1.0%	10	2.7%
Portuguese	2	0.4%	0	0.0%	71	4.0%	63	3.5%	15	4.0%
Russian	0	0.0%	0	0.0%	3	0.2%	95	5.2%	2	0.5%
Spanish	62	12.9%	47	44.3%	1571	89.5%	829	45.5%	132	35.1%
Tagalog	24	5.0%	0	0.0%	0	0.0%	2	0.1%	3	0.8%

## Dentists Practicing in Florida – Access to Healthcare by County

Florida's dentists are located disproportionately in the more populous areas of the state, particularly the coastal counties of south Florida. Geographic proximity to a provider is an important factor in determining accessibility of dental care. The next two figures provide county level information pertaining to the supply of dentists in Florida's counties.

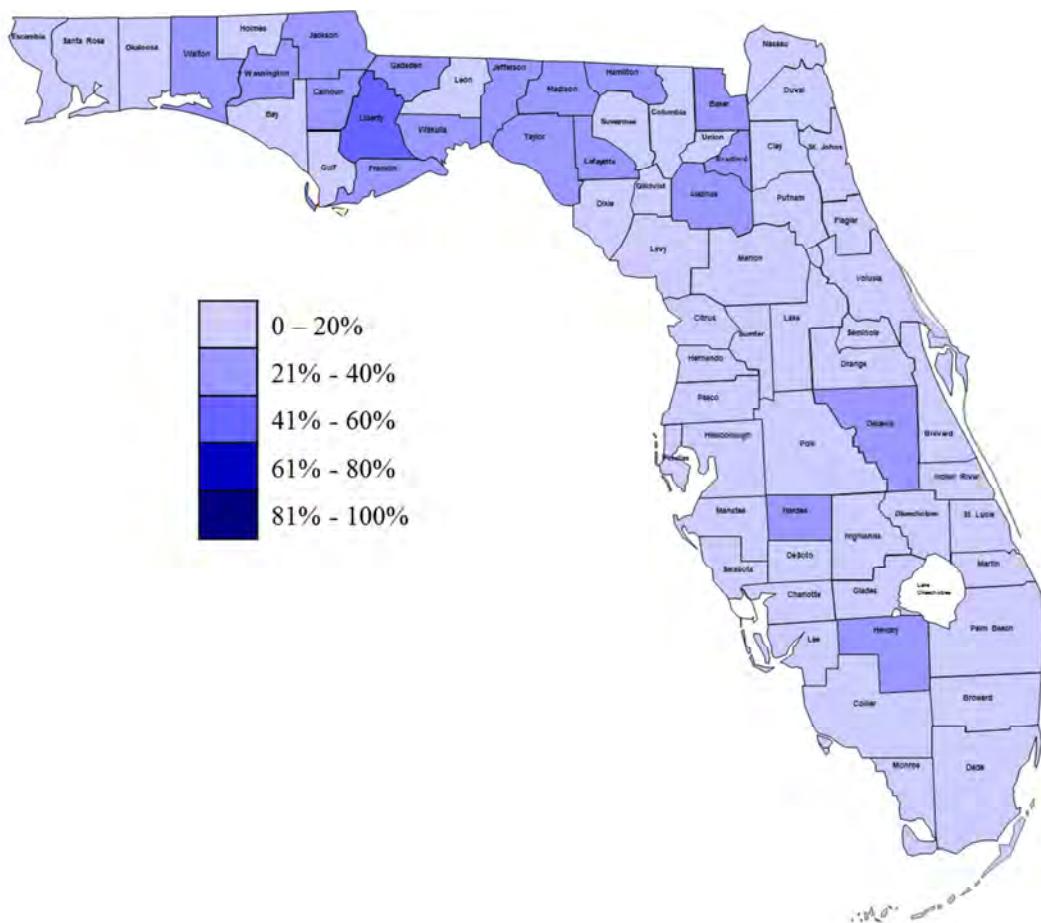
Figure 43 illustrates the geographic distribution of residents to dentist ratios. Each ratio range represents about 25% of Florida's 67 counties. Overall, the coastal counties of south Florida have the highest availability of dentists (lower residents to dentist ratios), and the interior counties of south Florida, along with many central Panhandle counties, have the least availability (higher resident to dentist ratios). Because no standard or optimal ratio for care exists, the county resident to dentist ratios cannot be characterized further as sufficient or insufficient.

**Figure 43. Florida Residents to Dentist Ranges by County**



Participation in Medicaid by dentists practicing in Florida varies by county. Figure 44 shows the estimated participation rates grouped into five ranges, each representing about 20% of Florida's counties. Counties with few practicing dentists are subject to impact from even minor changes in Medicaid participation. Because of the small number of practicing dentists, one dentist's participation or lack of participation in Medicaid may significantly change the provider participation rate within a county. It is critical to bear in mind that comparison of counties with regard to their population-to-dentist ratios only shows relative standings among the counties. Such standings do not establish whether an area is underserved with respect to the needs of its residents. At best, population counts serve as highly inexact proxies for measures of dental service needs. Other factors unrelated to population size, including income and education levels of a county's residents, impact demand for dental services. Among counties with at least 50 active licensed dentists, the level of respondent participation in Medicaid varies greatly (range of participation: 7.3% to 33.8%).

**Figure 44. Estimated Ranges in Percentage of Active Dentists Who Treat Medicaid Patients by County**



### **Dentists Not Practicing in Florida – Profile**

As shown in Figure 45, just over one fifth (20.9%) of survey respondents with an active Florida license currently do not practice in the state.

**Figure 45. Dental Practice Location of Survey Dentists Having an Active Florida License**

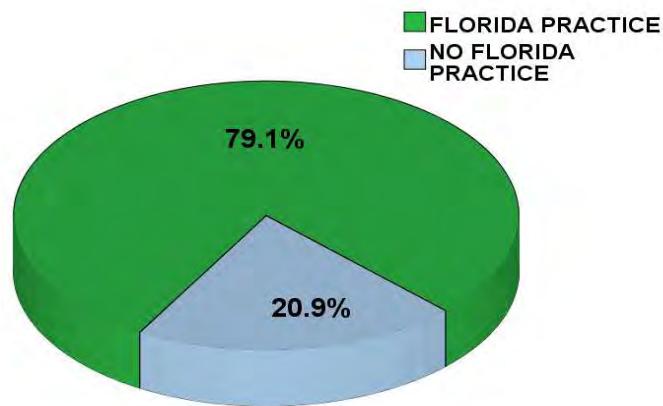


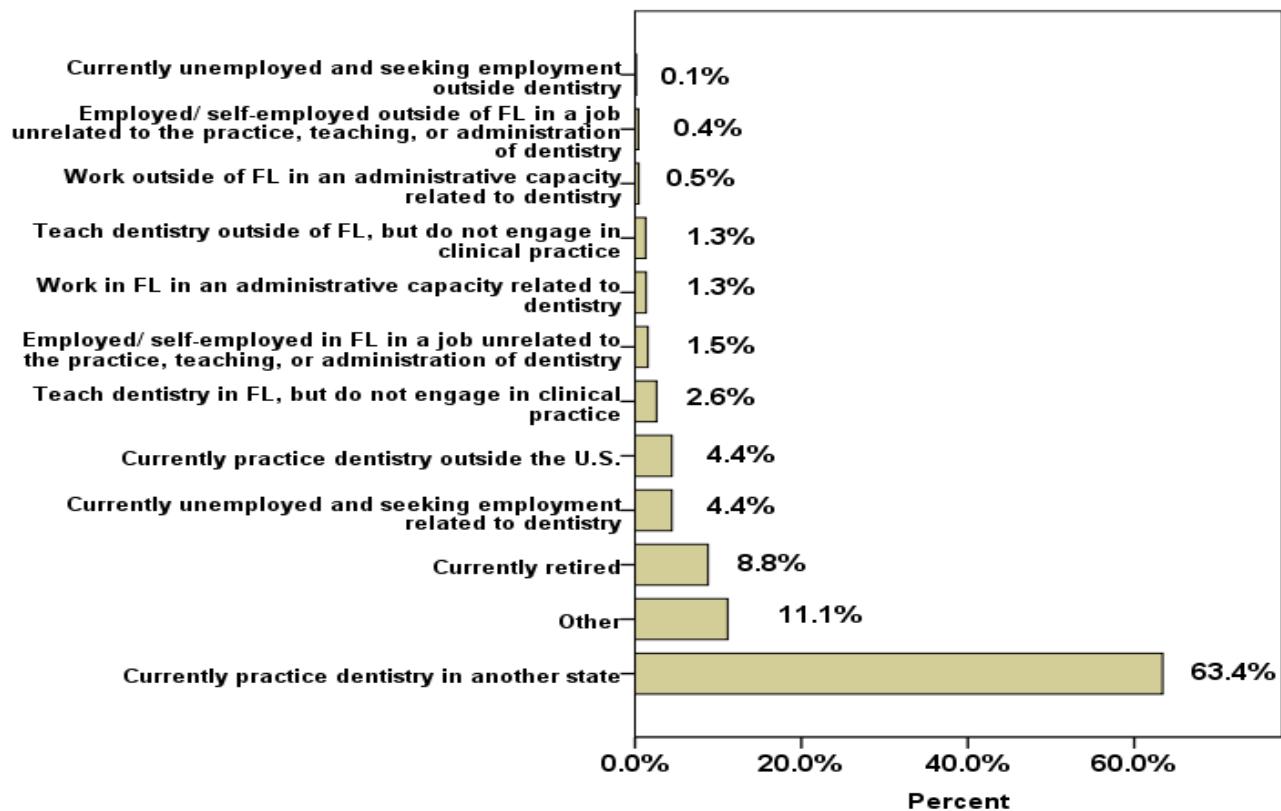
Table 2 summarizes key differences between respondents who practice in Florida and those who do not. Compared to respondents practicing in Florida, respondents not practicing in the state are more likely to have an out-of-state address and a dental degree from another state; more likely to be white and less likely to be Hispanic; are slightly older; and have a greater likelihood of reporting that they have practiced dentistry more than 20 years. Almost 78% of respondents who do not practice in Florida reside in another state. The second most pronounced difference shown in the table is the percentage of each group licensed to practice in another state: 74.4% among respondents who do not practice in Florida compared to 17.5% among those who do.

**Table 2. Profile of Dentists with an Active Florida License by Florida Practice Status**

CHARACTERISTICS	PRACTICE IN FLORIDA	DOES NOT PRACTICE IN FLORIDA
AVERAGE AGE	48.7	49.7
% WHITE	66.6	75.2
% HISPANIC	18.6	8.7
% CURRENTLY RESIDES OUT OF STATE	1.3	77.8
% LICENSED IN ANOTHER STATE	17.5	74.4
% RECEIVED DEGREE FROM UF	23.7	14
% RECEIVED DEGREE FROM NSU	6.9	8.1
% PRACTICED DENTISTRY > 20 YEARS	51.6	54.5

Figure 46 illustrates the distribution of the main reason for not practicing in Florida reported by survey respondents with an active Florida license. Practicing in another state was the single most reason cited for not practicing in Florida. This response represents nearly two-thirds (63.4%) of all reasons shared by respondents in reply to the survey question.

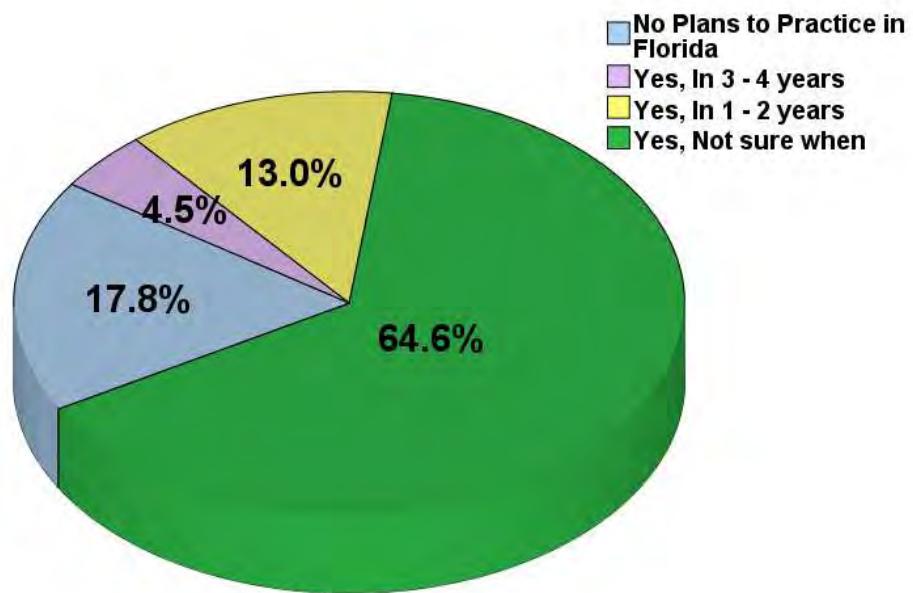
**Figure 46. Main Reason Why Dentists Licensed in Florida Do Not Practice Dentistry in the State**



### Dentists Not Practicing in Florida – Future Plans

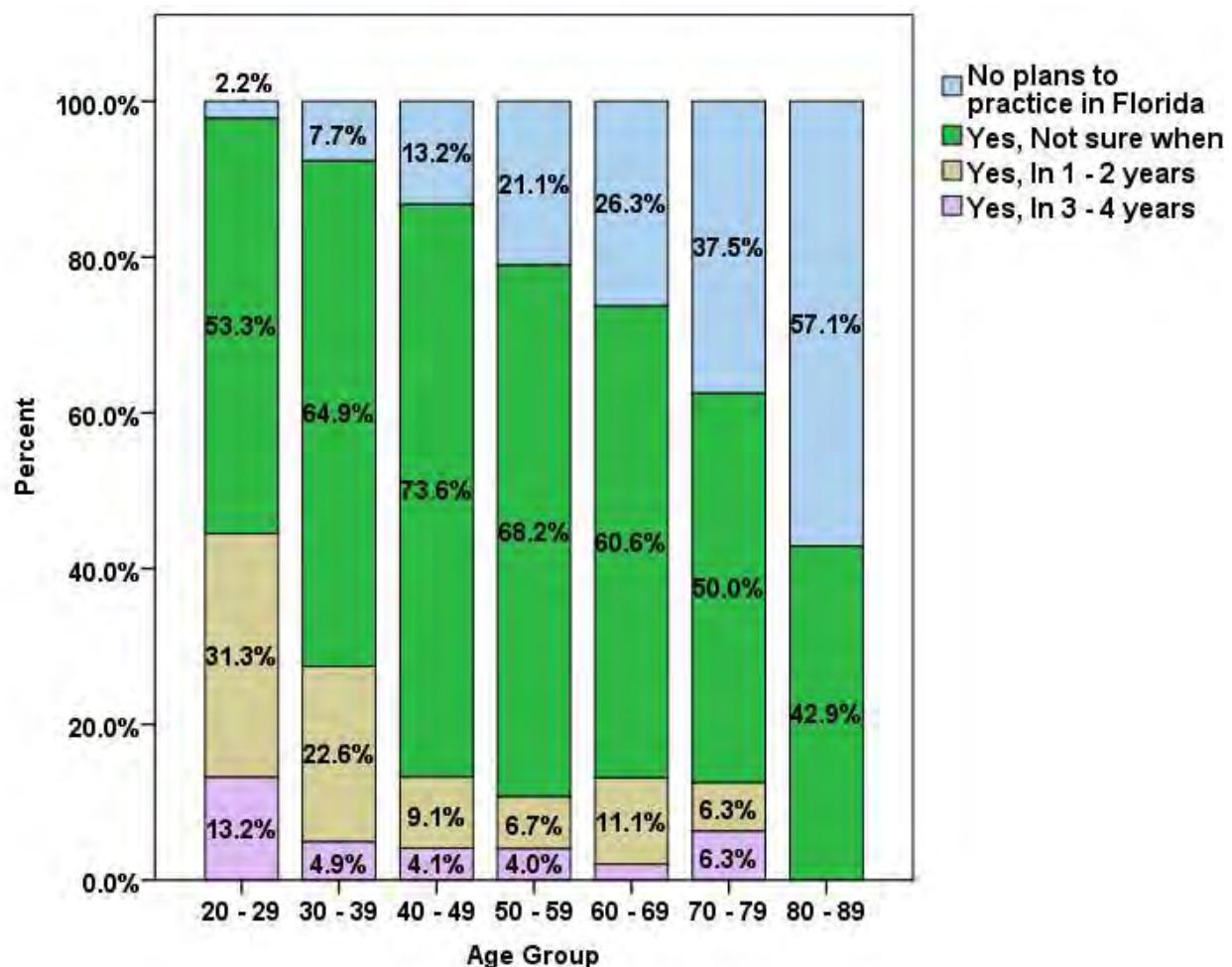
More than 82 percent of respondents not currently practicing in Florida have plans for future practice in the state. As shown in Figure 47, the majority of respondents with an active Florida license who currently do not practice in the state report that they intend to do so at some point in the future. Only 17.8% indicate no such future plans. Among those with reported plans for future practice, 64.6% have no definite time frame for practicing in Florida, 13.0% plan to practice in one to two years and 4.5% plan to practice in three to four years.

**Figure 47. Future Plans to Practice in Florida among Dentists Not Currently Practicing in the State**



Plans for future practice in Florida are related to the respondent's age (Figure 48). The percentage of respondents with no anticipation of future Florida practice increases for each age group, rising from 2.2% of respondents aged 20 – 29 to 57.1% of respondents aged 80 – 89. Respondents aged 20 – 29 have the highest percentage reporting a definite time frame for future Florida practice, with 31.3% indicating practice in one to two years and 13.2% indicating practice in three to four years. Respondents aged 30 – 39 have the second highest percentage reporting a definite time frame for future Florida practice (27.5%). Respondents aged 40 – 49 have the largest percentage reporting an indefinite time frame for future Florida practice (73.6%). This may suggest a peak period for uncertainty surrounding career options, particularly in comparison with younger colleagues. The number of respondents for the age category 80-89 years is low (21) as compared with the number of respondents for the other age categories (at least 112).

**Figure 48. Future Plans to Practice in Florida among Respondents with an Active Florida License not Currently Practicing in the State by Age Group**



## **Appendix A: Dental Workforce Survey for Dentists (2011 - 2012)**

Governor Rick Scott, State Surgeon General \_\_\_\_\_ and the Florida Legislature recognize the importance of assessing Florida's current and future dental workforce. Your responses, which constitute a public record, will be instrumental in shaping Florida's healthcare policies. Your time and effort in completing the questions below is appreciated.

License Number\_\_\_\_\_

1. Do you hold an active dental license in any state or states other than Florida?
  - Yes. Please specify all applicable states (drop-down list) \_\_\_\_\_
  - No.
2. Please indicate all of the dental schools or programs from which you received a DDS, DMD, or equivalent degree.
  - Nova Southeastern University College of Dental Medicine
  - University of Florida College of Dentistry
  - Out-of-state dental school (Please answer 2a.)
  - Foreign dental school or program (Please answer 2b.)
- 2a. If you are an out-of-state dental school graduate, please indicate the state where you received your dental education. (drop-down list of states)\_\_\_\_\_
- 2b. If you are a foreign-trained provider, please indicate the country where you earned your dental degree other than the United States. (drop-down list)
  - Argentina
  - Australia
  - Bahamas
  - Brazil
  - Canada
  - China
  - Columbia
  - Cuba
  - Egypt
  - England
  - France
  - Germany
  - Haiti
  - India
  - Ireland
  - Israel
  - Italy
  - Japan

- Korea
- Mexico
- Nigeria
- Philippines
- Poland
- Portugal
- Russia
- Saudi Arabia
- Scotland
- South Africa
- Spain
- Ukraine
- Venezuela
- Vietnam
- Other Central or South American country
- Other African country
- Other Asian country
- Other European country
- Other Middle Eastern country
- Other country (unspecified)
- 

3. Please indicate all of the dental schools or programs you attended from which you received an advanced education or graduate school degree or certificate.

- Nova Southeastern University College of Dental Medicine
- University of Florida College of Dentistry
- Out-of-state dental school
- Foreign dental school or program

4. Please indicate the state (or foreign country) where the high school from which you graduated is located. \_\_\_\_\_ (drop-down box)

4a. If you graduated from a Florida high school, please indicate the county where the high school is located. \_\_\_\_\_ (drop-down box)

5. How many years of active dental practice do you have?

- 0 – 1.
- 2 – 5.
- 6 – 10.
- 11 – 15.
- 16 – 20.

- More than 20.

6. At present, do you practice dentistry in Florida or have you accepted employment for practicing dentistry in Florida?

- Yes. If yes, proceed to question 8. **Do not answer 6a, 6b, or 6c.**
- No. If no, please answer the following (6a, 6b, 6c).

6a. The main reason you are not using your Florida license to practice dentistry in Florida is: (choose only one)

- I currently practice dentistry in another state.
- I currently practice dentistry outside the U.S.
- I teach dentistry in Florida but do not engage in clinical practice.
- I teach dentistry outside Florida but do not engage in clinical practice.
- I work in Florida in an administrative capacity related to dentistry but do not practice dentistry.
- I work outside Florida in an administrative capacity related to dentistry but do not practice dentistry.
- I am employed or self-employed in Florida in a job unrelated to the practice, teaching, or administration of dentistry.
- I am employed or self-employed outside Florida in a job unrelated to the practice, teaching, or administration of dentistry.
- I am currently unemployed and seeking employment related to dentistry.
- I am currently unemployed and seeking employment outside dentistry.
- I am currently retired.
- Other

6b. Do you currently reside in Florida?

- Yes.
- No.

6c. If you do not currently practice dentistry in Florida, do you plan to practice dentistry in Florida in the future?

- Yes, in 1-2 years.
- Yes, in 3-4 years.

- Yes, but I am not sure when.
- I do not plan to practice dentistry in Florida.

If you DO NOT practice dentistry in Florida or HAVE NOT accepted employment for practicing in the state, you are now finished with the survey. Thank you for your participation.

If you currently practice dentistry in Florida, please continue with the survey.

7. How many months did you practice in Florida in the last 12 months?

- 0-2 Months
- 3-4 Months
- 5-6 Months
- 7-8 Months
- 9-10 Months
- 11-12 Months

8. Approximately how many hours do you practice in a typical week? If you are employed to practice but have not yet started, select "not applicable."

\_\_\_\_\_ (Drop-down list for individual hours 1 through 60, more than 60, and not applicable.)

8a. If you routinely practice fewer than 40 hours per week, please select the reason or reasons from the list below. Choose all that apply. Do not answer this question if you practice 40 or more hours per week.

- I prefer limited work hours to allow time for leisure, relaxation, or hobbies.
- I prefer limited work hours to allow time for family.
- I prefer limited work hours to allow time for volunteer (uncompensated) work.
- I prefer limited hours to allow time for other compensated work.
- I maintain limited work hours for health-related reasons.
- I am phasing in retirement.
- I adjust my hours to fit the patient workload.
- I am employed in a part-time position.
- Other

9. Does your practice offer appointments in the evening or on Saturdays?

- Yes

- No

10. On average, how many patient encounters do you have in a typical work week? If you have accepted employment to practice but have not yet begun, select “not applicable.”

- 1 – 25
- 26 – 50
- 51 – 75
- 76 – 100
- 101 – 125
- More than 125
- Not applicable

11. For routine (non-emergency) appointments that require your involvement, how long do patients typically have to wait after scheduling an appointment?

- 0 – 14 days
- 15 – 28 days
- 29 – 42 days
- 43 – 56 days
- More than 56 days
- Not sure

12. Please indicate your primary type of practice.

- General practice. Please answer 12a.
- Specialty practice. Please answer 12b.

12a. If your primary type of practice is general practice, please use the drop-down list to select the type(s) of specialty services that you routinely perform. (Check all that apply).

- Dental Public Health Clinical Services
- Dental Public Health Administrative Services
- Endodontics
- Oral and Maxillofacial Pathology
- Oral and Maxillofacial Radiology

- Oral and Maxillofacial Surgery
- Orthodontics and Dentofacial Orthopedics
- Pediatric Dentistry
- Periodontics
- Prosthodontics
- None of the above

12b. If your primary type of practice is a specialty, please use the drop-down list to select the type(s) of specialty board or specialty certifications that you hold. (Check all that apply.)

- Dental Public Health
- Endodontics
- Oral and Maxillofacial Pathology
- Oral and Maxillofacial Radiology
- Oral and Maxillofacial Surgery
- Orthodontics and Dentofacial Orthopedics
- Pediatric Dentistry
- Periodontics
- Prosthodontics

13. Please use the drop-down box to indicate which type of anesthesia or sedation services your practice offers. (Check all that apply).

- None
- Local anesthesia
- Nitrous oxide inhalation analgesia
- General anesthesia
- Conscious sedation
- Pediatric conscious sedation

14. Which description best describes your primary practice setting?

- Office Practice-Solo Practice
- Office Practice-Group Practice-Single Specialty

- Office Practice-Group Practice-Multi Specialty
- County Health Department
- Community Health Center
- Federally Qualified Health Center
- State or Federal Correctional Facility Clinic
- Other State Government Clinical Setting
- Military Facility Clinic
- VA clinic
- Academic Institution
- Indian Health Services
- Other

15. Which best describes your practice arrangement?

- Sole Owner
- Co-owner
- Employee
- Independent Contractor
- Other

16. How many years have you been in your current primary practice setting and/or position?

- 0 – 1
- 2 – 5
- 6 – 10
- 11 – 15
- 16 – 20
- More than 20

17. Do you practice in the county where you reside?

- Yes, some of the time
- Yes, all of the time
- No

18. In what Florida county or counties do you practice dentistry? (You may select up to five counties.) Please indicate the number of hours dedicated to each location.

County \_\_\_\_\_ Hours \_\_\_\_\_ (0-10 Hrs Per Week, 11-20 Hrs Per Week, 21-30 Hrs Per Week, 31-40 Hrs Per Week, 41-50 Hrs Per Week, More than 50 Hrs Per Week)

19. Regarding your primary practice location, which of the following statements apply? (Check all that apply.)

- I have parents or siblings (including spouse's family) living within 100 miles of my practice location.
- I have parents or siblings (including spouse's family) living in Florida more than 100 miles from my practice location.
- I grew up in the part of Florida where I practice.
- I first came to Florida to go to dental school and decided to remain in the state.
- I came to Florida to practice in a military facility or in a state or federal program and decided to remain in the state.
- My practice location is the result of a specific job offer or opportunity.
- The area of Florida where I practice offers recreational and leisure activities that I value.
- My practice location allows me to live in a geographically desirable area.
- My practice location allows me to live in a community with a comfortable life style.
- Other

20. Are you currently accepting new patients?

- Yes. Please proceed to 20a.
- No. Please proceed to 21.

20a. By what percentage would you like to increase your patient volume?

- None
- 1 – 10%
- 11 – 20%
- 21 – 30%
- 31 – 40%
- 41 – 50%
- 51 – 60%
- More than 60%

21. Are you currently enrolled as a Medicaid provider?

- Yes. If yes, please answer 21a.
- No. If no, please proceed to 21b.

21a. Are you currently accepting new Medicaid patients?

- Yes. Please proceed to 21.
- No. Please proceed to 21b.

21b. Which of the following reasons best explains why you are not enrolled in Medicaid or are not accepting new Medicaid patients? (Check all that apply)

- Low compensation
- Billing requirements
- Too much paperwork
- Practice is at full capacity
- Concerned about fraud issues
- Concerned about liability issues
- Specialty or adult primary practice services not covered by Medicaid
- Other

22. Approximately how many Medicaid patients did you see in the last 12 months?

- None
- 1 – 10

- 11 - 20
- 21 – 50
- 51 – 100
- 100 – 125
- More than 125

23. In your dental practice, how many dental assistants are typically on duty at any given time during your work day?

- None
- One
- Two
- Three – Five
- More than Five

24. In your dental practice, how many dental hygienists are typically on duty at any given time during your work day?

- None
- One
- Two
- Three – Five
- More than Five

25. How many hours of volunteer dental service did you provide in the last 24 months?

- None
- 1-8 hours
- 9-16 hours
- 17-24 hours
- 25-30 hours
- 31-60 hours
- 61-120 hours
- More than 120 hours

26. Regarding your practice of dentistry in Florida in the next five years, which of the following apply? (Choose only one.)

- I plan to end my practice in Florida. (Please answer 26a.)
- I plan to reduce my practice hours but continue practicing in Florida. (Please continue to 27.)
- I have no plans to end or reduce my Florida practice within the next five years. Please continue to 27.

26a. If you plan to end your Florida practice in the next five years, what is your main reason? (Check only one):

- Retirement (Please answer 26b.)
- Non-clinical employment in dentistry in Florida
- Non-dental employment in Florida
- Clinical practice in another state or country
- Non-clinical employment in dentistry in another state or country
- Non-dental employment in another state or country
- Other

26b. If you plan to retire, do you plan to maintain a license to volunteer or practice in a public health setting?

- Yes
- No

27. Approximately how many patients with special health care needs (physically or mentally disabled) did you see in the last 12 months?

- None
- 1 – 5
- 6 - 10
- 11 – 20
- 21 – 50
- 51 – 100
- 101 - 125
- More than 125

28. Do you speak any language other than English?

- Yes. If yes, please answer 28a.
- No.

28a. What foreign languages do you speak? (Select all that apply.)

- Spanish
- Portuguese
- French
- German
- Italian
- Russian
- Polish
- Creole
- Chinese (Mandarin or Cantonese)
- Japanese
- Korean
- Vietnamese
- Tagalog
- Arabic
- Hebrew
- Other Asian language
- Other European language
- Other African language
- Other Middle Eastern language
- Other language (unspecified)

29. Based strictly on the availability of practitioners in the area of Florida where you practice, how well served do you think the population is in each of the following types of dentistry? Use the 1 - 5 scale below for each answer.

5 = Well served

4 = Adequately served

3 = No opinion

2 = Somewhat underserved

1 = Highly underserved

General Dentistry

Dental Public Health

Endodontics

Oral and Maxillofacial Pathology

Oral and Maxillofacial Radiology

Oral and Maxillofacial Surgery

Orthodontics and Dentofacial Orthopedics

Pediatric Dentistry

Periodontics

Prosthodontics

Thank you for completing this survey.

## Appendix B: Methodology

Florida statute and administrative rules require renewal of dental licenses biennially by the end of February of even-numbered years. The most recent renewal period ended on February 28, 2012. The Florida Department of Health (DOH) prepared and administered a workforce survey of dentists to coincide with the license renewal process. As part of their on-line renewal, dentists were asked to voluntarily complete the survey.

The survey was designed to serve as a census of Florida's dental workforce to better inform and shape public healthcare policy and plan for future workforce needs. To supplement information obtained from the survey, additional information from the Florida Legislature's Office of Economic and Demographic Research and the Florida Department of Health, Division of Medical Quality Assurance, was incorporated into the analysis. Licensure status is relative to the date the survey was closed. In contrast to licensure information, practice status as summarized in this report is not linked to a single, specific reference date. Information concerning practice status was obtained from the workforce survey. Changes in practice status occurring between survey completion and the report reference date are not reflected in the data. Thus, counts or estimates of dentists actively practicing or not practicing in Florida are approximate with respect to the report's completion date.

Given that practicing dentists are a subset of dentists with active licenses, licensure information maintained by DOH helps to screen respondents by identifying dentists who are ineligible to practice. Only three categories represent individuals eligible for active practice in Florida which are: Clear, Obligations and Probation. At the time of this survey there were 11,626 dentists with Active-Clear status, 55 with Active-Obligations status and 10 with Active-Probation status. The remainder are dentists with a license status that has changed since the survey (e.g., because of death) or those with renewal of non-active licenses (e.g., inactive licenses, which also are subject to renewal requirements). For purposes of analysis, respondents with non-active licenses are of limited interest and are excluded from the analysis. The survey respondents with an active license represent approximately 87 percent of all Florida dentists with active licenses as of the time of this report.

Survey respondents with an active Florida license constitute a large representation of the population of Florida dentists. The survey's high response rate does not imply a high completion rate. The actual number of required questions varies by respondent based on answers to specific prior questions. Patterns of full completion reflect differences in gender, age and race/ethnicity of respondents. The reason why a respondent may choose not to respond to a specific question or questions varies greatly. This is not uncommon for many state and national surveys whether voluntary or required. The information gathered provides insight into the practice characteristics of the profession and to better address the oral health needs of Florida's residents.

While the survey focused on all dentists with a Florida license, the analysis centered on Florida active licensees practicing in the state. Non-response items are excluded from the analysis because all items were not completed by or applicable to all survey takers. The survey consisted of 29 items regarding the education and practice characteristics of respondents. Additional demographic information was obtained from the DOH Division of Medical Quality Assurance. Descriptive statistical techniques were used to provide the characteristic profiles of respondents using SPSS Version 21. Marginal tabulations are reported for the summary descriptions and relationships presented throughout the report.