



DENTAL CATEGORY

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USPHS Dental Category

White Paper

2010 DePAC Minority Issues Subcommittee

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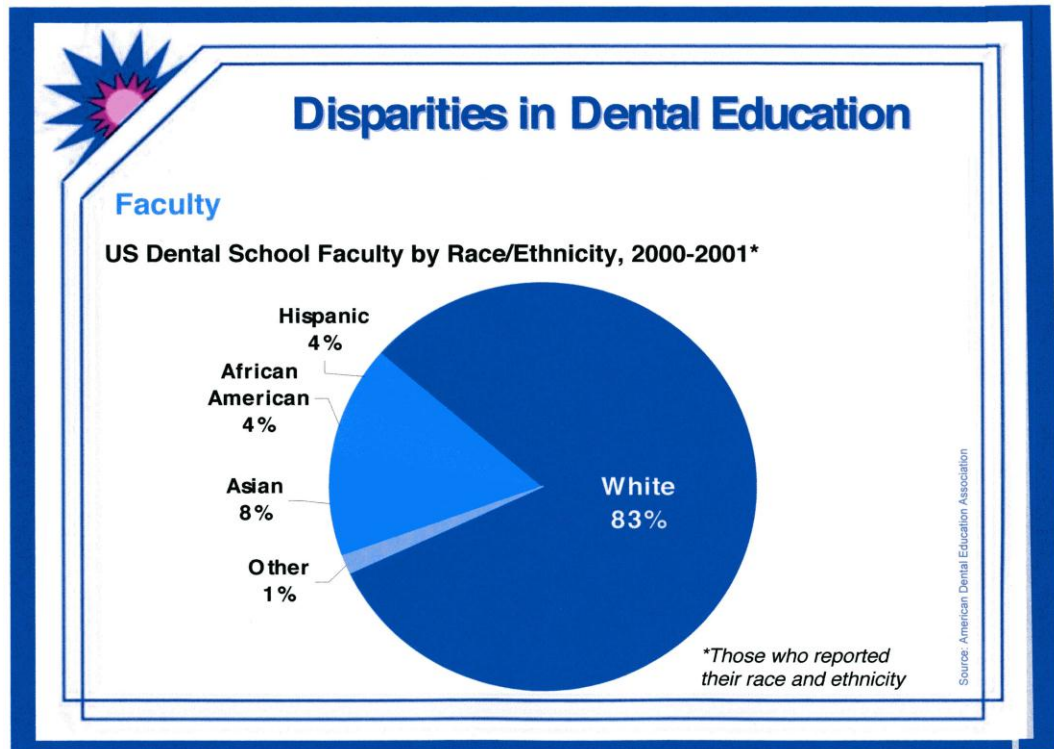
The Minority Issues Sub-Committee (MIS) provides advice and consultation to the Dental professional Advisory Committee (DePAC) on issues related to the professional practices and personnel activities of Civil Service and Commissioned Corps minority dental professionals. In carrying out its responsibilities, MIS operates in a staff capacity and does not substitute for line management or in any way exercise the prerogatives of the operating programs. While its members are chosen from the respective PHS agencies and organizations, they neither represent agency management nor speak for the agency. They are knowledgeable health professionals who represent a cross section of the interests, concerns, and organizations staffed by PHS personnel. In addition to the above mentioned items, the MIS serves to provide DePAC with recommendations and advice, acts as a resource to DePAC for career development of minority dental professionals, and also provides advice and assistance to DePAC.

Underrepresented minorities (URM) are defined as ethnic and racial populations that are underrepresented in the medical and dental professions relative to their numbers in the general population (Please see tables which follow). Currently the racial distribution of active minority US dentists is as follows, African Americans make up three and a half percent, American Indians make up less than one percent, Asians make up close to seven percent, and Hispanics make up three and a half percent. As for the number of minorities on faculty at US dental schools, according to the most recent data from the American Dental Education Association in 2006, minorities make up approximately three and a half percent of all faculties.

The percentage representation of minorities among active US dentists is not similar to their representation in the general US population. According to Table 1.1a, in *Strategies for Improving the Diversity of the Health Professions* (August 2003), 72% of the US population is Non-Hispanic White, 88.8% are dentists; 11.2% are Non-Hispanic Black, 1.5% are dentists; 11% are Hispanic, 2.4% are dentists; 3.8% are Asian/Pacific Islander, 7.1% are dentists; and .7% are American Indian/Eskimo Aleutian, .2% are dentists. Data Source: HRSA, US Census 2000 (this is shown in the table below).

U.S. Racial/Ethnic Representation in the Active Dental Profession

Racial/Ethnic Population	For US Population	For Active US Dentists
Native American	0.7	0.2
Asian/Pacific Islander	3.8	8.1
African American	12	3.5
Hispanic	13	3.3
Non-Hispanic White	68	92



Disparities in the representation of underrepresented minorities in the dental profession are further elucidated in a 2003 report from California entitled, *Strategies for Improving the Diversity of the Health Professions*. According to this report, the lack of minorities entering dentistry or any health profession has its roots in the disparities in their earlier education; these roots can be traced back to the earliest days of their education, their formative years and family influences. These differences continue over the progression of their pre-dental educational years, resulting in less qualified applicants who could apply to professional schools. The report states, “Dentistry is the only major health profession that experienced a steady decrease throughout the 1990’s in underrepresented minorities as a proportion of matriculates.”

The reasons why a disproportionate representation of minorities in the U.S. oral health workforce matters is clear – reports have established that minority health care providers are more likely to serve in minority and medically underserved communities; additionally, patients tend to select providers who look like them, or come from their cultural, racial or ethnic group. The reasons are unclear, but often relate to issues of cultural competency, similar language, etc. Regardless of the reasons, researchers have also linked disproportionate representation within the healthcare professions to the issue of quality of care. The 2002 Institute of Medicine Report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, established that more minority health care providers are needed, and the report recommends that more interpreters be available in clinics and hospitals to overcome language barriers that may also affect the quality of care

According to an earlier report, ***“Oral Health in America (2000), A Report of the Surgeon General,”*** deep differences exist for certain distinct U.S. populations which have serious consequences. Minorities, the poor, and the elderly suffer the worst oral health and oral health care. Factors cited are lack of financial resources, lack of dental insurance, lack of fluoride in drinking water, lack of transportation to medical appointments, lack of time off from work, lack of awareness of prevention and the importance of maintaining good oral health. Additionally, the **National Health Care Disparities Report (2003)** is significant as it gives a complete look at unequal healthcare, when it comes to patient race, ethnicity, income, education, and place of residence. The report identifies seven key findings related to health disparities; these can be used to ultimately improve equal healthcare for the whole population. Six findings identified are as follows:

1. Inequality in quality persists.
2. Disparities come at a personal and societal price.
3. Differential access may lead to disparities in quality.
4. Opportunities to provide preventive care are frequently missed.
4. Knowledge of why disparities exist is limited.
5. Improvement is possible.
6. Data limitations hinder targeted improvement efforts.

Last but not least, **The 2004 Sullivan Report, “Missing Persons: Minorities in the Healthcare Professions”**, discusses a strategy to increase the percentage of minority healthcare professionals, including dentists, to eliminate and reduce health disparities across ethnicity. The differences are grave as they affect a population’s activities in school, work, home and quality of life. Minorities receive less and lower quality healthcare than whites which leads to higher mortality rates. Research indicates that minority dentists are more likely to practice in underserved minority communities and serve disadvantaged patients. (Moy and Bartman, 1995; Cantor et al, 1996; Komaromy et al, 1996; Mertz and Grumbach, 2001)

There are some studies that show many minorities prefer to receive care from dentists of the same ethnicity and are more satisfied with this care. (Saha et al, 1999; Saha et al, 2000) The percentage of minorities in the US is increasing each year, making disparities more apparent. This report looks at the educational and training environment as a way to increase minority healthcare professionals, and according to the Sullivan Report, businesses have long known of the economic benefits of having a workforce that reflects the customer base. Schools of dentistry have been slow to integrate their student body as well as their faculty. With this in mind, the Sullivan Report outlines three overlying principles essential for a health care system modeled on excellence, access and quality for all people. Those principles include a change in the admissions process at health professions schools, the exploration of new and nontraditional paths

to the health professions, and commitments at the highest level of government and educational institutions.

Currently the United States Public Health Service has ninety-one self-reported minority dental officers out of 347 active duty dental officers. This is commendable, and a shining example, when one considers percent minority representation within the broader US population. However, due to the disproportionate representation of minority dentists relative to their representation in the general US population, it is recommended that we continue vigilance in pursuit of a more diverse dental workforce. The USPHS has a unique opportunity to support studies about minority differences in healthcare and culturally competent care, as well as enhancing development of public awareness campaigns aimed at encouraging minorities to enter the oral health professions.

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