

**Sociodemographic Characteristics of Illinois Dentists - 2000**

**Study Purpose**

The Illinois dental workforce was examined as part of a study on access to dental care for low-income children.<sup>1</sup> Socio-demographic data for all Illinois dentists were obtained from the American Dental Association in February 2000. For this analysis, only active<sup>i</sup> dentists under 75 years of age were included.

**All Specialties**

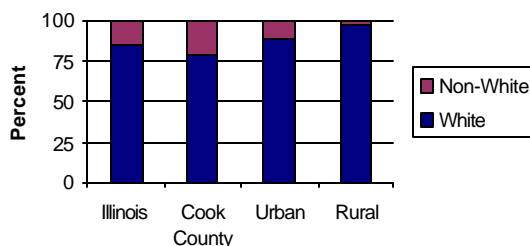
Of the 6,920 active Illinois dentists, 83% (5,766) were general practitioners, 5% were orthodontists, 4% were oral surgeons, 3% were periodontists, 2% each were pediatric dentists (137) and endodontists, 1% were prosthodontists, and 0.1% each were oral pathologists and public health dentists. The more rural areas of Illinois tended to have fewer specialists (9%). Eighty-two of the 84 rural counties did not have a pediatric dentist.

**Characteristics of Active Patient Care General and Pediatric Dentists**

The remainder of this workforce summary focuses on active general and pediatric dentists, or primary care dentists.

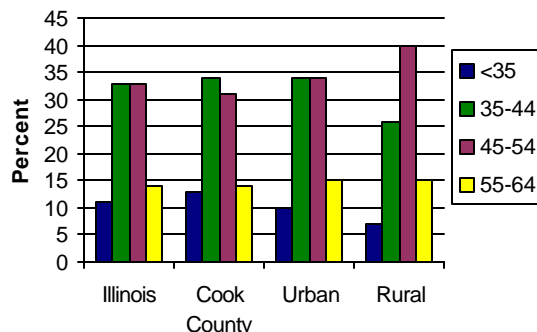
*Race/Ethnicity.* The majority of dentists were white (85%), followed by Asian American, African-American and Hispanic. The proportion of dentists who were white ranged from 79% in Cook County to 97% in rural Illinois counties.

**Race of Illinois Dentists**



*Age.* Eleven percent of Illinois active dentists are under 35 years of age, with the lowest proportion of young dentists (7%) in the rural area. Twenty-three percent of Illinois active dentists were 55 years of age or older. Over 27% of active dentists in the rural region were 55 years or older. Based on the total number of active rural dentists, about 178 of 648 dentists could be expected to retire over the next decade.

**Age of Illinois Dentists**

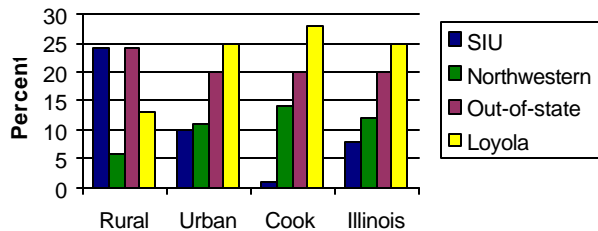


*Gender.* Statewide, 83% of Illinois dentists were men. In Cook County, 79% were men, while in rural Illinois counties, 93% of dentists were men.

*Dental School Attended.* Until recently, Illinois had four dental schools: University of Illinois at Chicago (UIC), Southern Illinois University (SIU), Loyola, and Northwestern University. However, only two Illinois dental schools remain. Loyola closed its dental school in 1994-95 and Northwestern graduated its last class of dental students in 2001. Due to these closures, and the downsizing of the UIC dental school, the number of Illinois dental graduates has decreased from 460 in 1980 to about 110 in 2002.<sup>2</sup>

About 80% of Illinois dentists attended dental school in Illinois. Thirty-five percent of Illinois dentists attended UIC, 25% attended Loyola, 12% attended Northwestern, and 8% attended SIU. However, SIU graduates accounted for a higher proportion (24%) of dentists in the rural counties.

**Dental School Attended**



### Discussion

Sociodemographic characteristics are important in that they affect productivity and willingness to participate in Medicaid. Some research has shown that women and older dentists are less likely to accept Medicaid patients, while minority dentists are more likely to participate in Medicaid than white dentists. Pediatric dentists also tend to treat higher numbers of Medicaid patients than general practice dentists.<sup>3</sup> Note the high proportion of older dentists and low proportion of minority and pediatric dentists in Illinois, especially in rural counties. National ADA data indicate that older dentists treat fewer patients per year and that women dentists are more likely to work part-time.<sup>4,5</sup>

With about one fourth of dentists in rural counties approaching retirement age, and a marked reduction in the number of graduates from Illinois dental schools, the state may well face difficulty in maintaining an adequate overall supply of dentists, especially in underserved areas. Thirty-seven percent of current Illinois dentists (47% of Illinois dentists who attended dental school in Illinois) are graduates of Northwestern and Loyola, both of which have closed. There is currently no mechanism for replacing this significant source of future dentists. Competition for new graduates will likely favor metropolitan over rural areas and smaller towns. As older dentists retire, and there are inadequate numbers of new dentists to replace them, it will affect access for everyone, especially those people with Medicaid coverage or who are uninsured.

More information on Illinois dentist characteristics, including Medicaid enrollment and participation, as

well as data on access to dental care for low-income children in Illinois, is found in:

Byck GR, Russinof HJ, Cooksey JA. Access to Dental Care for Low-Income Children in Illinois. December 2000

Byck GR, Cooksey JA, Walton S. Access to Oral Health Care for Medicaid Children in Illinois: A Focus on Rural Illinois.

[www.uic.edu/sph/ichws/pub.html](http://www.uic.edu/sph/ichws/pub.html)

### References

1. Byck GR, Russinof HJ, Cooksey JA, 2000. Access to Dental Care for Low-Income Children in Illinois. ICHWS: Chicago, IL.
2. American Dental Association, 1997. 1996/1997 Survey of Predoctoral Dental Educational Institutions: Academic Programs, Enrollment, & Graduates, Vol. 1. Chicago, IL.
3. Mayer ML, Stearns SC, Norton EC, Rozier RG. The effects of Medicaid expansions and reimbursement increases on dentists' participation. *Inquiry*. Spring 2000;37:33-44.
4. American Dental Association, 2001. 1999 Survey of Career Patterns: A comparison of Dentists by Gender and Age Group. Chicago, IL
5. American Dental Association, 1997. 1995 Survey of Dentists: A comparison of Male and Female Dentists: Work Related Issues. Chicago, IL

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This is a publication of the Illinois Center for Health Workforce Studies, Judith A. Cooksey, MD, MPH, Director.

Funding for this project was provided by the Illinois Primary Health Care Association & the Health Resources and Services Administration.

<sup>i</sup> Active Dentist includes private practice >30 hours, private practice < 30 hours, hospital staff dentist, and PT faculty/PT practice.